Notice of Proposed Submission and Request for Consent by:

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC

In connection with the proposed Asset Purchase Agreement between

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC dba PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER, PROVIDENCE MEDICAL FOUNDATION, NORTHBAY NAPA HOSPITAL CORP., AND NORTHBAY HEALTHCARE CORPORATION

Prepared for the Office of the Attorney General

California Department of Justice
Charitable Trusts Division

May 13, 2026

Title 11, California Code of Regulations, § 999.5(d)(1)

DESCRIPTION OF THE TRANSACTION

11 Cal. Code Reg. Section 999.5(d)(1)(A)

A full description of the proposed agreement and transaction

St. Joseph Health Northern California, LLC, a California limited liability company ("SJHNC"), submits this Notice to the California Attorney General under California Corporations Code Section 5920 (this "Notice") in accordance with the requirements of Section 999.5(a) at the express request of the Office of the California Attorney General.[1]

I. The Parties

The parties to the proposed transaction are (a) SJHNC, (b) Providence Medical Foundation, a California nonprofit public benefit corporation ("PMF"), (c) NorthBay Napa Hospital Corp., a California nonprofit public benefit corporation ("NorthBay Napa"), and (d) NorthBay Healthcare Corporation, a California nonprofit public benefit corporation ("NorthBay Parent" and, together with NorthBay Napa "NorthBay").

a. QVMC & Applicant SJHNC

SJHNC is the Applicant.[2] SJHNC owns and operates Providence Queen of the Valley Medical Center, an acute care hospital located at 1000 Trancas Street, Napa, California 94558 (the "QVMC"). The ultimate parent entity of SJHNC is Providence St. Joseph Health ("PSJH"), a nonprofit health system that provides a comprehensive range of health care services across California, Alaska, Montana, New Mexico, Oregon, Texas and Washington. PSJH strives to increase access to health care and bring quality, compassionate care to its patients, with a focus on those most in need. QVMC operates within PSJH's Northern California health network.

b. PMF

PMF is a medical foundation that owns and operates multi-specialty clinics pursuant to Section 1206(l) of the California Health & Safety Code, including certain clinics located in Napa County, California (the "Napa Clinics"). PMF was founded in 1994 and contracts with medical groups across California to provide high-quality outpatient health care services across a variety of specialties.

c. NorthBay

NorthBay Napa is the Transferee. NorthBay Napa is wholly owned by NorthBay Parent. NorthBay Napa was formed by NorthBay Parent for the purpose of owning and operating QVMC after the closing of the proposed transaction.

NorthBay is a locally-governed, nonprofit health care system serving Solano County and surrounding communities in Northern California. NorthBay owns and operates NorthBay Health Medical Center, an acute care hospital at 200 B Gale Wilson Blvd, Fairfield, California 94533 and NorthBay VacaValley Hospital, an acute care hospital located at 1000 Nut Tree Road, Vacaville, California 95687. NorthBay also owns and operates primary care and specialty clinics and four urgent care centers across the region. NorthBay Health is committed to advancing clinical excellence, compassionate service, and community well-being.

[1] Section references are to Title 11 of the California Administrative Code, unless otherwise indicated.
[2] Capitalized terms used but not defined in this Notice have the meanings given in Section 999.5.

II. Overview of the Transaction: Asset Purchase Agreement

On the terms and conditions set forth in the Asset Purchase Agreement, dated April 7, 2026, by and among SJHNC, PMF, and NorthBay (the "Asset Purchase Agreement"), SJHNC will sell to NorthBay substantially all of the assets used in the operation of QVMC, and PMF will sell to NorthBay substantially all of the assets used in the operation of the Napa Clinics (the "Transaction"). The Asset Purchase Agreement is attached to Section 999.5(d)(1)(b) as **Exhibit 1**. Each of SJHNC, PMF, and NorthBay believe that the Transaction will further the sustained provision of health care services for patients located in Napa County and the surrounding areas, in furtherance of the charitable purposes of SJHNC, PMF, and NorthBay.

a. Key Provisions of the Asset Purchase Agreement

i. Purchase Price

Pursuant to the Asset Purchase Agreement, SJHNC and PMF will sell substantially all of the assets used in the operation of QVMC and the Napa Clinics for a purchase price equal to Four Hundred Fifty Million Dollars ($450,000,000).

ii. *Transferred and Excluded Assets*

The transferred assets (the "Transferred Assets") include substantially all of the tangible and intangible assets associated with the operation of QVMC and the Napa Clinics, including substantially all personal property located at QVMC and the Napa Clinics, substantially all leased and owned real property associated with the operation of QVMC and the Napa Clinics, transferrable permits and licenses, certain contracts held by SJHNC and PMF for the operation of QVMC and the Napa Clinics, inventory located at QVMC and the Napa Clinics, and certain intellectual property, goodwill, intangible assets and other assets associated with the operation of QVMC and the Napa Clinics.

The excluded assets that will not be transferred to NorthBay include, among other assets, cash, accounts receivable relating to periods prior to the closing date of the Transaction, bank accounts of SJHNC and PMF, company-wide policies and procedures, certain intellectual property, Providence regional or system-wide contracts and assets, and certain Catholic-related historical and religious artifacts.

iii. *Employee Matters*

NorthBay, or an affiliate of NorthBay, will offer employment to all employees of SJHNC and PMF who primarily provide services to QVMC and the Napa Clinics, subject to the standard hiring practices and policies of NorthBay or the relevant NorthBay affiliate. The employees who accept such offer of employment will be employed in the same or comparable positions to their current employment (including the same or better job title) for a minimum of twelve (12) months after the Transaction closes. NorthBay or the relevant NorthBay affiliate will ensure that each employee that accepts their offer of employment will be provided with: (i) base salary or wages, applicable pay differentials, and target annual bonus and/or incentive compensation opportunities at least equal to the base salary or wages and target annual bonus and/or incentive compensation made available to such employee prior to closing; (ii) severance benefits at least as favorable as those in effect for such employee prior to closing; and (iii) other benefits and terms and conditions of employment that are either: (A) substantially comparable in the aggregate to those in effect for such employee prior to closing; or (B) substantially comparable to those provided to similarly situated employees of NorthBay or the relevant NorthBay affiliate. In addition, NorthBay will assume all existing collective bargaining agreements in place with respect to SJHNC employees who primarily provide services to QVMC and the Napa Clinics and accept employment with NorthBay or an affiliate of NorthBay.

iv. *PMF Napa Clinic Providers*

PMF maintains a professional services agreement with Providence Medical Group, Northern California ("PMGNC"). PMGNC employs physicians that provide professional services at the Napa Clinics pursuant to such professional services agreement. PMF will reasonably cooperate with NorthBay in transitioning such PMGNC physicians who provide professional services at the Napa Clinics to a NorthBay-affiliated medical group.

v. *Mission Commitments*

For a period of at least 3 years after the Transaction closes, NorthBay will continue use of and respect for sacred spaces, mental health services, and spiritual care at QVMC and the Napa Clinics, continue the provisions of spiritual care, continue the provision of palliative care at QVMC at historical levels of investment by QVMC, and collaborate with SJHNC and PMF on the transition of visual elements at QVMC and the Napa Clinics that acknowledge their heritage and legacy.

Additionally, during the 3 year period after closing of the Transaction, NorthBay will: (i) continue to operate QVMC as a licensed general acute care hospital; (ii) continue to have QVMC and the Napa Clinics participate as enrolled providers in Medicare and Medicaid, as applicable; (iii) provide charity care at QVMC pursuant to a charity care policy no less favorable than QVMC's charity care policies in effect as of execution of the Asset Purchase Agreement; and (iv) continue to provide each of the following specific community benefit programs at the same levels and scope as provided as of execution of the Asset Purchase Agreement:

- A comprehensive care coordination and assistance program offered to low-income Napa County residents with complex medical and social challenges who are underinsured or uninsured;
- A mobile dental clinic providing dental care to children and young adults throughout Napa County;
- A naloxone distribution box placed outside of QVMC's emergency room, providing 24/7 free access to life-saving naloxone and fentanyl testing strips;
- A primary prevention program offering a range of maternal and child health education classes and community health services for mothers, children, and families; and
- QVMC's 12-week cancer wellness program available free of charge to cancer patients who reside in the Napa Valley, regardless of where they are treated, and for all patients treated at QVMC, regardless of where they live.

Further, during the 3-year period after closing of the Transaction, NorthBay will establish, through written charter, a Mission Effectiveness Committee to oversee NorthBay's adherence to the mission commitments described above with the goal of ensuring seamless, mission-driven care for the patients in the Napa community. Key principles of the Mission Effectiveness Committee's charter will include, without limitation: (i) ensuring that local QVMC charitable commitments are honored and expanded, (ii) guiding local community benefit initiatives, including the QVMC Community Health Needs Assessment process, and (iii) collaborating with local religious leaders and members of the QVMC community stakeholders to promote a vision of care consistent with the principles described above.

11 Cal. Code Reg, Section 999.5(d)(1)(B)

A complete copy of all proposed written agreements or contracts to be entered into by the applicant and the transferee that relate to or effectuate any part of the proposed transaction.

Attached to this Section are the following documents:

- **Exhibit 1** to Section 999.5(d)(1)(B), a copy of the Asset Purchase Agreement, including the exhibits thereto.

- SJHNC is requesting confidential treatment of the disclosure schedules and Exhibit 1.13(f) (Transition Services Agreement) to the Asset Purchase Agreement, which will be submitted under separate cover to the Office of the Attorney General in accordance with Section 999.5(c)(3).

EXHIBIT 1 TO

SECTION 999.5(d)(1)(B)

ASSET PURCHASE AGREEMENT

by and among

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC dba PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER,

PROVIDENCE MEDICAL FOUNDATION,

NORTHBAY NAPA HOSPITAL CORP.,

and

NORTHBAY HEALTHCARE CORPORATION

Dated: April 7, 2026

ASSET PURCHASE AGREEMENT

This Asset Purchase Agreement (the "**Agreement**") is made and entered into as of April 7, 2026 (the "**Execution Date**"), by and among St. Joseph Health Northern California, LLC, a California limited liability company doing business as Providence Queen of the Valley Medical Center ("**QVMC"**), Providence Medical Foundation, a California nonprofit public benefit corporation ("**PMF**" and together with QVMC, "**Sellers**") and NorthBay Napa Hospital Corp., a California nonprofit public benefit corporation ("**Buyer**"). Each of QVMC, PMF and Buyer are also referred to herein individually as a "**Party**" and collectively as the "**Parties**". NorthBay Healthcare Corporation, a California nonprofit public benefit corporation ("**NorthBay Parent**"), joins this Agreement solely for the purposes of Section 1.16.

R E C I T A L S

A. QVMC (i) is engaged in the business of delivering healthcare services to the public through the ownership and operation of the land and improvements thereon constituting the licensed general acute care hospital and associated structures that comprise Providence Queen of the Valley Medical Center, which is located at 1000 Trancas Street, Napa, California 94558 (the "**Hospital**") and (ii) owns the Owned Real Property (as defined herein).

B. PMF is a medical foundation that (i) owns and operates multi-specialty clinics pursuant to Section 1206(l) of the California Health & Safety Code, including those PMF clinics located in Napa County, California and set forth on Exhibit A (the "**Napa Clinics**"), and (ii) contracts with Providence Medical Group, Northern California, a California professional corporation ("**PMGNC**"), for physicians employed or contracted by PMGNC to provide professional medical services at the Napa Clinics.

C. Sellers have a history of providing healthcare services for individuals located in Napa County and surrounding areas, and the Parties believe the transactions described herein would best serve the healthcare needs of the communities historically served by the Facilities (as defined herein).

D. Buyer desires to purchase from Sellers, and Sellers desire to sell to Buyer, the assets described in Section 1.1 below for the consideration and upon the terms and conditions contained in this Agreement.

E. Capitalized terms used in this Agreement shall have the meanings ascribed to such terms in Exhibit B, attached hereto and incorporated herein.

AGREEMENT

NOW, THEREFORE, in consideration of the mutual promises and covenants contained in this Agreement, and for their mutual reliance and incorporating into this Agreement the above recitals, the Parties hereby agree as follows:

ARTICLE 1
SALE AND TRANSFER OF ASSETS; CONSIDERATION; CLOSING

1.1 **Transfer of Sellers' Assets.** On the Closing Date, subject to the terms and conditions of this Agreement, Sellers shall sell, assign, transfer, convey and deliver to Buyer, and Buyer shall acquire, all of Sellers' rights, titles and interests in and to the Transferred Assets, free and clear of all Encumbrances other than the Assumed Liabilities and Permitted Encumbrances. "**Transferred Assets**" means all assets, properties, rights, and interests of every description and of whatever kind and nature, whether real, personal

or mixed, tangible or intangible, owned or leased by a Seller to the extent assignable or transferable by such Seller and, (x) if tangible, located at the Facilities and primarily, except as specifically noted below in this Section 1.1, used or held for use in the operation of, or relating to, the Business, and (y) if intangible, exclusively, except as specifically noted below in this Section 1.1, used or held for use in the operation of, or relating to, the Business, in each case other than the Excluded Assets, including the following items:

(a) all of the tangible personal property owned by Sellers, or to the extent assignable or transferable by Sellers, located at the Facilities and primarily used or held for use in the operation of, or relating to, the Business, including equipment, furniture, fixtures, machinery, office furnishings and leasehold improvements and, to the extent assignable or transferable by Sellers, all rights in all warranties of any manufacturer, vendor, or other Person with respect thereto (the "**Personal Property**");

(b) the real property set forth on Exhibit 1.1(b), together with all plants, buildings, structures, installments, improvements, fixtures, betterments, additions and improvements in the progress of construction and situated or located thereon, all appurtenances and hereditaments, rights, development rights, and all privileges and appurtenances thereto and all easements and rights-of-way used or useful in connection therewith (the "**Owned Real Property**"), and also together with all of Sellers' right, title and interest in and to: (i) all of the Service Contracts set forth on Exhibit 1.1(b)(i), and (ii) each Lessor Lease set forth on Exhibit 1.1(b)(ii) and any and all prepaid deposits, rents or other consideration and any and all unapplied security deposits ("**Security Deposits**") applicable to the Lessor Leases, that, as of the Closing Date, a Seller is required to hold on behalf of tenants under the Lessor Leases;

(c) to the extent transferrable under applicable Law, (i) all permits, licenses, certificates, Approvals, consents, notices, authorizations, variances, waivers, franchises, registrations, filings, accreditations, provider numbers or other similar authorizations issued, granted, or required by any legal requirement, Governmental Authority, or Contract and (ii) all accreditations that are used or held for use in, have been obtained by or issued to or on behalf of a Seller, in each case of (i) and (ii) relating to the Business, the Facilities, the Owned Real Property, the Leased Real Property, or the Purchased Assets and set forth on Exhibit 1.1(c) (the "**Permits**");

(d) all of the rights and interests of Sellers in the Contracts that are set forth on Exhibit 1.1(d) (the "**Assumed Contracts**");

(e) all real property that is leased, subleased, licensed or used by Sellers as tenant, subtenant or licensee for use in the operation of the Business and set forth on Exhibit 1.1(e) (the "**Leased Real Property**"), with all plants, buildings, structures, installations, fixtures, fittings, improvements, betterments and additions situated thereon, all privileges and appurtenances thereto, all easements and rights-of-way used or useful in connection therewith, and all rights and privileges thereto pursuant to any written or oral lease (excluding any Seller intercompany cost allocation arrangements), sublease, license, occupancy agreement or similar agreement, including all amendments, extensions, renewals, guaranties, and other agreements with respect thereto (the "**Assumed Leases**"), and all Contracts for use thereof;

(f) subject to Section 1.2(p), all Books and Records; *provided*, *however*, that, prior to the Effective Time, Sellers shall be permitted to make or retain copies of all records included in the Transferred Assets that Sellers reasonably determine may be permitted by Law to retain for the purpose of complying with the obligation of Sellers or Sellers' Affiliates pursuant to Law or related to patient care or billing and collection for patient care rendered prior to the Effective Time;

(g) all medical and non-medical inventory and supplies located at the Facilities and primarily used or held for use in the operation of, or relating to, the Business (the "**Inventory**"), including any rights to rebates, refunds or discounts due with respect to the Inventory;

(h) the Transferred Intellectual Property;

(i) all portions of goodwill exclusively associated with the Business;

(j) all intangible rights (to the extent transferrable) held by a Seller and exclusively used or held for use in the operation of, or relating to, the Business;

(k) all insurance proceeds and condemnation awards relating to property damage or taking of any Transferred Asset, to the extent not expended prior to the Closing Date on the repair or restoration of such Transferred Asset;

(l) to the extent assignable or transferable under applicable Law, all Prepaid Expenses;

(m) to the extent assignable or transferable under applicable Law, any claims, causes of action or rights against third parties (including those arising under warranties, indemnities, rebates and guarantees), contractual or otherwise, to the extent related to the Transferred Assets, the Business or the Assumed Liabilities and arising before or after the Effective Time (collectively, the "**Assumed Third-Party Claims**");

(n) all Credentialing and Medical Staff Records;

(o) all telephone numbers and facsimile numbers exclusively used at or in the operation of the Facilities; and

(p) to the extent not included in any of the foregoing, all other assets (other than the Excluded Assets) that are owned, leased or used (including pursuant to an Affiliate of a Seller) by a Seller and exclusively used or held for use in the operation of, or relating to, the Business, whether or not scheduled or described herein.

Notwithstanding anything to the contrary contained herein, if any Transferred Asset is, as of immediately prior to the Closing, owned or held by an Affiliate of Seller rather than by Seller, and such Transferred Asset is exclusively used or held for use in the operation of, or relating to, the Business, Sellers shall cause such Affiliate to transfer, assign, convey, and deliver to Buyer all of such Affiliate's right, title, and interest in and to such Transferred Asset at the Closing, free and clear of all Encumbrances (other than Permitted Encumbrances), on the same terms and conditions as would apply to a transfer of such Transferred Asset by Seller hereunder.

1.2 **Excluded Assets.** Notwithstanding anything to the contrary in Section 1.1, Sellers shall retain all right, title and interest in and to all of the following assets of Sellers (collectively, the "**Excluded Assets**"):

(a) cash, cash equivalents, marketable securities, notes and other investments of Sellers;

(b) the Sellers' rights pursuant to or under this Agreement (including the right to receive and retain the Purchase Price) and any ancillary document hereto;

(c) all accounts receivable and interest thereupon, notes and interest thereupon and other receivables of Sellers, including all claims, rights, interests and proceeds related thereto, including all accounts and other receivables, both billed and unbilled, in each case arising from the rendering of services or provision of goods, products or supplies to inpatients and outpatients at the Business provided by Sellers on or prior to the Closing Date;

(d) all rights to settlements and retroactive adjustments, if any, of payments made to Sellers for Medicare, Medi-Cal and any other Cost Reports, for cost reporting periods ending prior to the Effective Time pursuant to the auditing and settlement of Sellers' Cost Reports, appeals and other risk settlements, including Medicare bad debt, including, but not limited to (i) Sellers' Medicare and Medi-Cal disproportionate share payments related to periods prior to the Closing Date regardless of when the payments are received and regardless of whether the payments are calculated based on data after the Closing Date, (ii) any payments due to the Sellers under the California Department of Health Care Services Quality Assurance Fee Program from the State of California or any of its administrative entities or other entities, including without limitation, Medi-Cal managed care plans, payments or grants due to the Sellers from the California Health Foundation & Trust, Cost Report, claims, or similar appeals and the Sellers' Cost Report settlements in each case arising from the rendering of services and the provision of goods, products or supplies to inpatients and outpatients at QVMC prior to the Closing Date (subject to pro rata adjustments related to post-Closing funding or reconciliations by QVMC for pre-Closing time periods), and any Requests for Public Assistance (RPA) payments owed to Sellers for any periods prior to the Closing Date pursuant to the Federal Emergency Management Act;

(e) all bank accounts of the Sellers;

(f) all organizational record books, corporate minutes and minute books of any Sellers;

(g) any assets of Sellers or Sellers' Affiliates that are policies, procedures, plans and forms created and distributed by Sellers or Sellers' Affiliates and used on a company-wide or region-wide basis, or relating to or involving other hospitals or facilities of any Seller or Affiliate of any Seller other than the Facilities (except for documents that shall be copied and provided to Buyer in accordance with this Agreement);

(h) all insurance policies and Contracts and coverages obtained by Sellers or listing any Seller as an insured party, a beneficiary or loss payee, including Excluded Prepaid Expenses, and all subrogation proceeds related to any insurance benefits arising from or relating to (i) Transferred Assets prior to the Effective Time, or (ii) Excluded Assets;

(i) all refunds and deposits of Sellers, including tax refunds and rights to tax refunds, for periods (or portions thereof) prior to the Effective Time related to the ownership of the Transferred Assets;

(j) all Intellectual Property set forth on Exhibit 1.2(j) (collectively, the "**Excluded Intellectual Property**");

(k) all Seller Plans (as defined below) and the assets of all Seller Plans;

(l) all leases that have not been designated as Assumed Leases, and all Contracts that have not been designated as Assumed Contracts (collectively, the "**Excluded Contracts**"), and all rents, deposits, prepayments, and similar amounts relating thereto, and the right to payment of all Unpaid Amounts;

(m) all related-party agreements, including intercompany receivables, between any Sellers and any Affiliate of Sellers;

(n) all writings and other items that are protected from discovery by the attorney-client privilege, the attorney work product doctrine or any other cognizable privilege or protection;

(o) computer Software, programs, hardware, data processing equipment, manuals and related documentation which are proprietary to Sellers or Sellers' Affiliates and set forth on Exhibit 1.2(o);

(p) any (i) personnel files for employees of Sellers, (ii) all documents, records, correspondence (including with respect to any employees), work papers, patient records or other Books and Records that Sellers are required by Law to retain;

(q) any services, participation or provider agreements with private health plans, insurers or other third party payors and any managed care, prepaid, capitated or other full-risk health plan agreements, in each case held by Sellers or an Affiliate of Sellers;

(r) all unclaimed property of any third party as of the Effective Time, including property that is subject to applicable escheat Laws;

(s) any (i) Permits or accreditations not exclusively used or held for use in, or otherwise not exclusively relating to, the Business or the Transferred Assets, and (ii) Permits or accreditations exclusively used or held for use in, or otherwise exclusively relating to, the Business or the Transferred Assets, but that are not assignable to Buyer pursuant to applicable Laws or the requirements of applicable accreditation organizations;

(t) any claims or causes of action of Sellers or their Affiliates against third parties to the extent that such claims or causes of action relate to the Excluded Assets or the Excluded Liabilities;

(u) any pharmaceuticals that cannot, by applicable Law, be sold by Sellers to Buyer;

(v) Contracts and fee-sharebacks made available through participation in a group purchasing organization;

(w) the religious symbols and artifacts located at the Hospital or the Napa Clinics and set forth on Exhibit 1.2(w) and any other such symbols or artifacts identified by Sellers to Buyer in writing prior to the Closing Date (collectively, the "**Excluded Religious Items**"); *provided* that, during the Interim Period, Sellers may remove from Exhibit 1.2(w) religious symbols and artifacts identified as Excluded Religious Items and include such religious symbols and artifacts as Remaining Religious Items on Exhibit 9.8(e); and

(x) those assets of Sellers specifically identified on Exhibit 1.2(x).

Except as otherwise set forth in this Agreement, at any time within three (3) months following the date of this Agreement, Buyer may, by written notice to Sellers, designate any of the Transferred Assets that are tangible in nature (which shall not include any real property) as Excluded Assets if Buyer reasonably determines that such assets (i) are materially damaged or in material disrepair, (ii) materially fail to meet applicable legal requirements or industry standards, (iii) are technologically or commercially obsolete or do not have reasonable availability of replacement parts or service support, or (iv) are not used in the operation of the Business as currently conducted at the Facility, which written notice shall set forth in reasonable detail such assets so designated ("**Designated Excluded Assets**"). Sellers shall use commercially reasonable efforts to remove such Designated Excluded Asset from the Facility or, in Sellers' sole discretion and subject to prior written approval by Sellers, reimburse the Buyer for the reasonable and documented third-party expenses for removing such Designated Excluded Assets. Sellers and Buyer each acknowledge and agree that there shall be no increase or decrease in the Purchase Price if Buyer elects to designate any Transferred Assets as Excluded Assets pursuant to the operation of this paragraph.

1.3 **Assumed Liabilities.** On the terms and conditions set forth in this Agreement, at the Closing, Sellers shall assign the Assumed Liabilities to the Buyer, and the Buyer shall assume the Assumed Liabilities from the Sellers and thereafter pay, perform, discharge, satisfy and observe the Assumed Liabilities in accordance with their respective terms. The "**Assumed Liabilities**" consist of the following liabilities of Sellers:

(a) all liabilities arising under the Assumed Contracts and Assumed Leases, but only to the extent of the liabilities first arising thereunder from periods on or after the Effective Time and relating (and only to the extent so relating) to facts, circumstances or occurrences first arising on or after the Effective Time and that do not directly arise from any event, circumstance or condition occurring or existing prior to the Effective Time that, with or without notice or lapse of time, would constitute or result in a breach, violation or default under applicable Law or any such Assumed Contracts or Assumed Leases by Sellers or the their Affiliates prior to Closing;

(b) all liabilities and obligations arising out of or relating to any act, omission, event or occurrence connected with the use, ownership or operation by Buyer of the Business or any of the Transferred Assets on or after the Effective Time and relating (and only to the extent so relating) to facts, circumstances or occurrences first arising on or after the Effective Time and that do not directly arise from any event, circumstance or condition occurring or existing prior to the Effective Time that, with or without notice or lapse of time, would constitute or result in a breach, violation or default under any Contract related thereto or applicable Law;

(c) all liabilities and obligations for real and personal property Taxes attributable to the ownership or operation of the Transferred Assets from and after the Effective Time, subject to the prorations provided in Section 1.15;

(d) all liabilities and obligations relating to utilities being furnished to the Business and the Transferred Assets from and after the Effective Time, subject to the prorations provided in Section 1.15;

(e) all liabilities and obligations arising under the Worker Adjustment and Retraining Notification Act and California Assembly Bill AB 2957, as codified at California Labor Code Sections 1400 to 1408 (collectively "**WARN**") caused by any actions taken by Buyer and its Affiliates with respect to the operation of QVMC on or after the Effective Time;

(f) all liabilities and obligations related to the Transferred Employees arising on or after the Effective Time (which for avoidance of doubt and by way of examples, does not include any duties, obligations or liabilities arising from or related to employment-related documentation required to be maintained by such Seller prior to the Effective Time, including documentation of U.S. Citizenship and Immigration Services Form I-9 compliance for Sellers' employees, any employee benefit contribution obligations of Seller prior to the Effective Time, and any alternative work schedule compliance duties, obligations or liabilities that relate to Sellers' employees prior to the Effective Time); and

(g) such other liabilities, including without limitation, capital leases, as the Parties may designate by mutual written agreement executed prior to the Closing (collectively, "**Additional Assumed Liabilities**"), which Additional Assumed Liabilities shall be set forth on Schedule 1.3(g) (as may be amended from time to time prior to Closing upon mutual written consent of the Parties).

1.4 **Excluded Liabilities.** Other than the Assumed Liabilities, Buyer shall not be responsible to pay, perform, discharge or assume, and none of the Transferred Assets shall be or become liable for or subject to any liabilities of Sellers or any Affiliates of Sellers related to the ownership, occupancy or operation of the Business, the Facilities, Leased Real Property or the Transferred Assets, or any liabilities

of Sellers or the their Affiliates related to any acts or omissions by Sellers or their Affiliates, or any other liabilities of Sellers or their Affiliates (the "**Excluded Liabilities**").

1.5 **Risk of Loss**. The risk of loss or damage to any of the Transferred Assets, Owned Real Property, the Business and all other property, transfer of which is contemplated by this Agreement, shall remain with Sellers until the Effective Time and Sellers shall maintain such insurance policies of Sellers as are in effect on the date of the execution of this Agreement, or comparable policies of insurance or self-insurance covering the Transferred Assets, Owned Real Property, the Business and all other property until the Effective Time.

(a) With respect to the Owned Real Property, if prior to the Closing, all or any material part of the Owned Real Property is destroyed or damaged by fire or the elements or by any other cause (any such damage or destruction, a "**Casualty**") or is made subject to an eminent domain Proceeding ("**Condemnation**"), Sellers shall promptly (but not more than ten (10) Business Days after obtaining actual knowledge of such destruction, damage, or condemnation) deliver written notice of such destruction, damage or condemnation to Buyer, which notice shall describe such destruction or damage or Proceeding in reasonable detail; *provided, however*, that no notice shall be required with respect to any Casualty that is fully covered by insurance (subject to customary deductibles) and which will be materially restored prior to the Closing.

(b) With respect to any Transferred Assets, including, without limitation, any Owned Real Property, that are destroyed or materially damaged by a Casualty or are subject to Condemnation prior to the Closing (the "**Damaged Assets**"), Buyer may, at its option, (i) reduce the Purchase Price by the greater of (A) the fair market value of the Damaged Assets as reasonably determined by Buyer and Sellers (such value to be determined as of the date immediately prior to such damage, loss or destruction) or (B) the estimated cost to replace or restore the Damaged Assets as reasonably determined by Buyer and Sellers, or (ii) require Sellers to assign, transfer and set over to Buyer all of Sellers' right, title and interest to any insurance proceeds on account of such damage or destruction, or rights with respect to eminent domain Proceedings, plus an amount equal to any deductible Buyer is required to pay in connection with the receipt of such insurance proceeds or any uninsured loss.

1.6 **Purchase Price.** Subject to the terms and conditions of this Agreement, the aggregate consideration to be paid to Sellers by Buyer as consideration for the purchase of the Transferred Assets shall be (collectively, the "**Purchase Price**"):

(a) an amount of cash equal to (the "**Cash Purchase Price**"):

(i) Four Hundred Fifty Million Dollars ($450,000,000);

(ii) *plus* the result of the amount of any Real Estate Prorations apportioned to Buyer but paid by Seller prior to Closing, *minus* the amount of any Real Estate Prorations apportioned to Sellers but to be paid by the Buyer post-Closing;

(iii) *plus or minus* the amount, if any, of the Operating Surplus or Operating Shortfall; and

(iv) *minus* the aggregate amount any Additional Assumed Liabilities.

(b) the assumption by Buyer from Sellers of the Assumed Liabilities pursuant to Section 1.3.

1.7 **Delivery of Estimated Closing Statement**. Sellers shall prepare and deliver to Buyer, not more than seven (7) Business Days (but at least three (3) Business Days) prior to the Closing Date, a statement (the "**Estimated Closing Statement**") setting forth Sellers' (a) written estimate of (i) the Real Estate Prorations attributed to Buyer, (ii) the Real Estate Prorations attributed to Sellers, (iii) the Operating Surplus or Operating Shortfall, and (iv) the aggregate amount of any Additional Assumed Liabilities, and (b) a calculation of the Cash Purchase Price payable at Closing in accordance with Section 1.6 (the Cash Purchase Price as so estimated, the "**Estimated Purchase Price**"). Sellers will consider any potential adjustments to the Estimated Closing Statement or the Estimated Purchase Price raised in good faith by Buyer in writing prior to the Closing, and Sellers will make any corresponding changes to the Estimated Closing Statement or the Estimated Purchase Price that Sellers reasonably deem appropriate based on Buyer's proposed adjustments.

1.8 **Funds Flow**. No later than three (3) Business Days prior to the Closing, Sellers shall deliver to Buyer a funds flow memorandum (the "**Funds Flow**") setting forth a statement of the recipient and amount of all disbursements to be made pursuant to Section 1.6. The Funds Flow shall set forth the wire transfer instructions of a payment to Sellers of the Estimated Cash Purchase Price, by wire transfer of immediately available funds at Closing.

1.9 **Post-Closing Adjustment to Cash Purchase Price**.

(a) Not more than sixty (60) days after the Closing Date, Buyer shall prepare and deliver to Sellers a statement (the "**Closing Statement**") setting forth Buyer's calculation of (i) (x) the actual amount of each of the elements of the Cash Purchase Price in accordance with Section 1.6 as of the Effective Time, including (w) the Real Estate Prorations attributed to Buyer, (x) the Real Estate Prorations attributed to Sellers, (y) the Operating Surplus or Operating Shortfall, and (z) the aggregate amount of any Additional Assumed Liabilities; and (ii) the Cash Purchase Price in accordance with Section 1.6 resulting from such actual amounts.

(b) During the thirty (30) days after delivery of the Closing Statement, Buyer will provide Sellers and its accountants reasonable access, during normal business hours and upon reasonable notice, (i) to review the financial books and records of Buyer to the extent related to the Closing Statement, including any of Buyer's accountants' work papers related to the calculation of amounts in the Closing Statement (subject to the execution of any access letters that such accountants may reasonably require in connection with the review of such work papers), and (ii) to the employees and other Representatives of Buyer who were responsible for the preparation of the Closing Statement to respond to questions relating to the preparation of the Closing Statement and the calculation of the items thereon, in each case solely to allow Seller to determine the accuracy of Buyer's calculation of the items set forth on the Closing Statement. Any information shared with Sellers or its accountants will be subject to Section 12.9, and Buyer shall not have any obligation to provide information or access to information, materials or Persons if doing so could reasonably be expected to result in the waiver of any attorney-client privilege or the disclosure of any trade secrets or violate any Law. If Sellers disagree with any of Buyer's calculations set forth in the Closing Statement, Sellers may, within thirty (30) days after delivery of the Closing Statement, deliver a written notice of its disagreement (a "**Post-Closing Notice of Disagreement**") to Buyer disagreeing with such calculations. Such Post-Closing Notice of Disagreement shall specify those items or amounts with which Sellers disagree, and shall set forth Sellers' calculation, based on such objections, of each of the elements of the Cash Purchase Price in accordance with Section 1.6, and the Cash Purchase Price resulting therefrom. To the extent not set forth in such Post-Closing Notice of Disagreement, Sellers shall be deemed to have agreed with Buyer's calculation of all items and amounts contained in the Closing Statement. If Buyer does not receive a Post-Closing Notice of Disagreement from Sellers within such thirty (30) day period, then the amounts set forth in the Closing Statement shall become Final and Binding.

(c) If a Post-Closing Notice of Disagreement is received by Buyer on or prior to the thirtieth (30th) day following Buyer's delivery of the Closing Statement, then Buyer and Sellers shall, during the fifteen (15) days following Buyer's receipt of such Post-Closing Notice of Disagreement, seek to resolve any differences that they may have with respect to the matters specified in such Post-Closing Notice of Disagreement. If Buyer and Sellers are not able to resolve their differences during such fifteen (15)-day period, then such dispute shall be resolved in accordance with Section 12.19.

(d) If the Cash Purchase Price as finally determined pursuant to this Section 1.9 is less than the Estimated Purchase Price (the absolute value of such difference, the "**Closing Payment Shortfall Amount**"), then within five (5) Business Days after the Final Resolution Date, Sellers shall pay or cause to be paid, to Buyer, via wire transfer of immediately available funds to an account designated in writing by Buyer, an amount equal to the Closing Payment Shortfall Amount.

(e) If the Cash Purchase Price as finally determined pursuant to this Section 1.9 is greater than the Estimated Purchase Price, then within five (5) Business Days after the Final Resolution Date, Buyer shall pay, or cause to be paid, to Sellers an amount equal to the amount of such excess via wire transfer of immediately available funds to an account designated in writing by Sellers.

(f) If the Cash Purchase Price as finally determined pursuant to this Section 1.9 is equal to the Estimated Purchase Price, there will be no adjustment to the Cash Purchase Price pursuant to this Section 1.9.

(g) Any payments made pursuant to this Section 1.9 shall be treated as an adjustment to the Cash Purchase Price by the Parties for Tax purposes unless otherwise required by applicable Law.

1.10 **Withholding Rights**. Without limiting any other provision of this Agreement, Buyer and any of its Affiliates shall be entitled to deduct and withhold from any consideration otherwise payable to any other Person pursuant to this Agreement such amounts as it is required to deduct and withhold with respect to the making of such payment under the Code or any other provision of applicable Tax Law; *provided*, *however*, that if Buyer reasonably determines that an amount is required to be deducted and withheld with respect to any amounts payable by Buyer following the Closing, Buyer shall provide Sellers with advance written notice of its intent to deduct and withhold and shall cooperate with Sellers in good faith to obtain reduction of or relief from such deduction or withholding as permitted under applicable Tax Law. To the extent that such amounts are so withheld and timely remitted to the appropriate Governmental Authority, such withheld amounts shall be treated for all purposes of this Agreement as having been paid to the applicable Person in respect of which such deduction and withholding was made.

1.11 **Physical Inventory; Prepaid Expenses**.

(a) Within the five (5)-day period preceding the Closing Date (or such other time as the Parties may agree), Buyer will perform a physical count of Inventory in a manner consistent with Sellers' past practice to verify the levels and amounts of the Inventory. Representatives of both Sellers and Buyer will be permitted to observe such physical count of Inventory and will be permitted to make test counts of Inventory and receive copies of the records related to such physical count of Inventory. In connection with such physical count of Inventory, Sellers and Buyer (each acting reasonably) shall jointly determine if any items of Inventory are unusable or obsolete, which unusable or obsolete items of Inventory shall be excluded from the calculation of the value of the Inventory calculated pursuant to this Section 1.11. To the extent the physical count of Inventory is completed at least two (2) days prior to the Closing Date, prior to the Closing Date, Sellers shall remove items of Inventory from the Hospital and the other Facilities that, based upon such physical count of Inventory, have been determined by the Parties to be unusable or obsolete. Following completion of the physical count of Inventory, Sellers shall prepare and deliver to

Buyer a comparison of the results of such physical count to the Inventory Target. In the event that the value of the Inventory reflected by the physical count of Inventory is (i) less than the Inventory Target, such difference is the "**Inventory Shortfall**", or (ii) greater than the Inventory Target, such difference is the "**Inventory Surplus**". The "**Inventory Target**" is Four Million Two Hundred Fifty Thousand Dollars ($4,250,000).

(b) In the event that the value of the Prepaid Expenses included in the Transferred Assets at the Closing is (i) less than the Prepaid Expenses Target, such difference is the "**Prepaid Expenses Shortfall**", or (ii) greater than the Prepaid Expenses Target, such difference is the "**Prepaid Expenses Surplus**". The "**Prepaid Expenses Target**" is Three Hundred Fifty Thousand Dollars ($350,000).

(c) If the aggregate sum of (i) the Inventory Shortfall or Inventory Surplus, plus (i) the Prepaid Expenses Shortfall or Prepaid Expenses Surplus, is (A) less than the Operating Target by more than Five Percent (5%) of the Operating Target, such difference in excess of such Five Percent (5%) is the "**Operating Shortfall**", or (ii) greater than the Operating Target by more than Five Percent (5%) of such Operating Target, such difference in excess of such Five Percent (5%) is the "**Operating Surplus**". The "**Operating Target**" is Four Million Six Hundred Thousand Dollars ($4,600,000).

1.12 **Closing Date; Proceedings at Closing.**

(a) The consummation of the Contemplated Transactions (the "**Closing**") shall take place remotely via the exchange of documents, signature pages and payments (the day on which Closing actually occurs, the "**Closing Date**") on (i) the day that is the last day of the calendar month in which the conditions set forth in ARTICLE 6 and ARTICLE 7 have been satisfied or waived, or (ii) such other date as the Parties may mutually designate in writing. The Closing shall be deemed to occur and to be effective as of 12:01 a.m. Pacific Time on the day immediately after the Closing Date (the "**Effective Time**").

(b) All Proceedings to be taken and all documents to be executed and delivered by all parties at the Closing will be deemed to have been taken, executed and delivered simultaneously, and no Proceedings will be deemed taken nor any documents executed or delivered until all have been taken, executed and delivered.

1.13 **Items to be Delivered by Sellers at Closing.** At or before the Closing, Sellers shall deliver to Buyer (or if indicated below, to the Title Company) the following:

(a) a Bill of Sale substantially in the form of Exhibit 1.13(a) attached hereto (the "**Bill of Sale**"), duly executed by Sellers;

(b) an assignment and assumption of the Assumed Leases (the "**Real Estate Assignment**") in the form of Exhibit 1.13(b) attached hereto, duly executed by Sellers;

(c) an assignment and assumption of the Assumed Contracts (the "**Contracts Assignment**") in the form of Exhibit 1.13(c) attached hereto, duly executed by Sellers;

(d) to the Title Company, grant deeds in the form attached hereto as Exhibit 1.13(d) duly executed by the applicable Seller conveying to Buyer fee simple title to the Owned Real Property deeds with respect to all of the Owned Real Property;

(e) to the Title Company, owner's affidavits acceptable to the Title Company in a form reasonably acceptable to Sellers, together with such other customary affidavits and instruments as are reasonably required by the Title Company to issue the Title Policy and endorsements in the form reasonably

acceptable to Buyer; *provided* that Sellers shall not be required to provide any indemnity other than customary gap, mechanic's lien (including FATICO's customary Indemnity Agreement I, if applicable, in a form reasonably modified by Sellers), and accuracy of Seller's customary affidavits.

(f) the Transition Services Agreement (the "**Transition Services Agreement**") in the form attached hereto as Exhibit 1.13(f), duly executed by Sellers;

(g) A duly executed California Form 593-C (Real Estate Withholding Certificate), or such other form required under applicable California Law to establish an exemption from withholding, if applicable;

(h) Any required documentary transfer Tax declarations or affidavits required by the applicable county and/or city in connection with recording the grant deeds in a form reasonably acceptable to Sellers;

(i) the Funds Flow, duly executed by Sellers;

(j) a certificate of good standing with respect to Sellers, issued by the Secretary of State of the State of California, dated no earlier than a date which is fifteen (15) calendar days prior to the Closing Date;

(k) certificates of incumbency for the respective officers of Sellers executing this Agreement and the other Transaction Documents, dated as of the Closing Date;

(l) copies of resolutions duly adopted by the board of directors of Sellers authorizing and approving Sellers' performance of the Contemplated Transactions and the execution and delivery of this Agreement and the other Transaction Documents, certified as true and in full force and effect as of the Closing Date by the appropriate officers of each Seller;

(m) a certificate of each Seller, dated as of the Closing Date, certifying that the conditions set forth in Section 6.3 and Section 6.4 have been satisfied;

(n) Limited Power of Attorney for use of DEA and Other Registration Numbers, and DEA Order Forms, in the form of Exhibit 1.13(n) attached hereto (the "**Power of Attorney**"), duly executed by Sellers and any other signatories set forth therein;

(o) an executed IRS Form W-9 from each Seller;

(p) an assignment and assumption of the Lessor Leases (the "**Lessor Leases Assignment**") in the form of Exhibit 1.13(p) attached hereto, duly executed by Sellers

(q) a trademark assignment agreement ("**Trademark Assignment Agreement**") in the form of Exhibit 1.13(q) attached hereto, duly executed by Sellers;

(r) evidence of payment and procurement of Tail Policies; and

(s) any such other instruments, certificates, consents or other documents which Sellers and Buyer mutually deem reasonably necessary to carry out the Contemplated Transactions and to comply with the terms hereof.

1.14 **Items to be Delivered by Buyer at Closing.** At or before the Closing, Buyer shall deliver or cause to be delivered to Sellers (or if indicated below, to the Title Company) the following:

(a) payment of the Estimated Cash Purchase Price;

(b) a certificate of good standing with respect to Buyer, issued by the Secretary of State of the State of California, dated no earlier than a date which is fifteen (15) calendar days prior to the Closing Date;

(c) certificates of incumbency for the respective officers of Buyer executing this Agreement and the other Transaction Documents, dated as of the Closing Date;

(d) copies of resolutions duly adopted by the board of directors of Buyer authorizing and approving Buyer's performance of the Contemplated Transactions and the execution and delivery of this Agreement and the other Transaction Documents, certified as true and in full force and effect as of the Closing Date, by the appropriate officers of Buyer;

(e) a certificate of Buyer, dated as of the Closing Date, certifying that the conditions set forth in Section 7.3 and Section 7.4 have been satisfied;

(f) to the Title Company, any and all documents, affidavits and/or instruments in forms reasonably acceptable to Buyer required to be filed in connection with the payment of any state, county or local transfer taxes required to be paid by Buyer in connection with the transfer of the Owned Real Property to Buyer;

(g) the Transition Services Agreement, duly executed by Buyer;

(h) the Bill of Sale, duly executed by Buyer;

(i) the Real Estate Assignment, duly executed by Buyer;

(j) the Contracts Assignment, duly executed by Buyer;

(k) the Funds Flow, duly executed by Buyer;

(l) the Power of Attorney, duly executed by Buyer;

(m) a duly executed Preliminary Change of Ownership Report in the form required by the applicable county recorder;

(n) the Assumed Foundation Services Agreement, duly executed by Buyer;

(o) the Trademark Assignment Agreement, duly executed by Buyer; and

(p) any such other instruments, certificates, consents or other documents which Buyer and Sellers mutually deem reasonably necessary to carry out the Contemplated Transactions and to comply with the terms hereof.

1.15 **Real Estate Prorations**.

(a) General. Subject to the following provisions of this Section 1.15, real property Taxes and Operating Expenses (as defined below) affecting the Real Property, which are customarily

prorated by buyers and sellers of real property located in the County of Napa, shall be prorated on an accrual basis as of the Effective Time (collectively, the "**Real Estate Prorations**").

(b) Taxes and Assessments. All non-delinquent real estate Taxes, personal property Taxes and current installments of assessments affecting the Real Property shall be prorated as of the Closing Date based on the actual current tax bill, or if such tax bill is not available, the latest available tax information for the Tax year in which the Closing occurs (the "**Current Tax Year**") (with the Parties each being responsible for a pro rata share of such Taxes and assessments based upon the number of days in the Current Tax Year occurring prior to the Effective Time, in the case of a Seller, and on and after the Effective Time, in the case of Buyer). All delinquent Taxes and assessments, if any, affecting the Real Property which are payable by a Seller shall be paid at the Closing from funds accruing to Sellers. Any refunds of real estate Taxes and assessments attributable to the period prior to the Effective Time received from a Governmental Authority in cash shall be paid to Sellers upon receipt, whether such receipt occurs before or after the Effective Time; *provided, however*, that in the event that any such refund is subsequently determined by any Governmental Authority to be less than the amount paid to any Seller, such Seller shall promptly return any such disallowed amounts (plus any interest in respect of such disallowed refunds owed to a Governmental Authority) to Buyer.

(c) Operating Expenses. All utility service charges for electricity, water, sewer, gas and other utilities, Taxes (other than real estate Taxes and income Taxes), expenses and other obligations under the Service Contracts (which are assumed by Buyer as provided in this Agreement), and other expenses affecting the Real Property which are payable by a Seller and any other costs incurred in the Ordinary Course of Business or the management and operation of the Real Property (collectively, "**Operating Expenses**"), which are customarily prorated by buyers and sellers of real property located in the County of Napa, shall be prorated on an accrual basis. Sellers shall pay all such expenses that accrue prior to the Effective Time and Buyer shall pay all such expenses accruing on and after the Effective Time. To the extent possible, Sellers and Buyer shall obtain billings and meter readings as of the Closing Date to aid in such prorations.

(d) Rental Income. Sellers shall be entitled to all rents and other payments under Lessor Leases owing or accruing for or with respect to the period prior to the Effective Time ("**Pre-Effective Time Lease Amounts**"), and Buyer shall be entitled to all rents and other payments under Lessor Leases owing or accruing for or with respect to the period from and after the Effective Time ("**Post-Effective Time Lease Amounts**" and together with the Pre-Effective Time Lease Amounts, the "**Lease Amounts**"). All Lease Amounts that are collected prior to the Closing shall be prorated as of the Closing in accordance with the immediately preceding sentence, including all rents and other tenant reimbursements relating to the property or building containing the leased premises, including, without limitation, parking revenues, additional rent, common area maintenance charges, contributions and reimbursements from tenants for operating expenses. To the extent the amount of any portion of such Lease Amounts have accrued prior to the Effective Time but are subject to adjustment between landlord and tenant (e.g., tenant's reimbursements for operating expenses), such Lease Amounts shall nevertheless be prorated at Closing based on such estimates, and such prorations shall be subject to post-Closing adjustment or reconciliation between Sellers and Buyer. All Lease Amounts that are accrued or owing with respect to the period prior to the Effective Time, but unpaid as of the Closing (including rents and other payments accrued prior to the Closing but payable in arrears after the Closing) (collectively, the "**Unpaid Amounts**"), shall not be prorated at Closing and belong to Sellers. Any Lease Amounts collected by Sellers or Buyer after the Closing shall be held in trust for the other Party and applied as follows: (i) first, to any Unpaid Amounts, (ii) second, to Lease Amounts due and payable for the calendar month (or other applicable collection period) in which the Closing occurs, if unpaid, and (iii) third, to any months (or periods) subsequent to the month (or period) in which the Closing occurs, until all such outstanding amounts are paid in full. Seller agrees to remit to Buyer within ten (10) days of receipt thereof any and all Lease Amounts collected by Sellers

from and after the Closing, and Buyer shall within ten (10) days of receipt thereof remit to Sellers any such Lease Amounts as to which Sellers are entitled as herein provided. Buyer shall exercise commercially reasonable and good faith efforts to collect any Unpaid Amounts; *provided*, *however*, that Buyer shall not be required to incur any out-of-pocket costs (other than de minimis costs such as the cost of postage or similar costs) or evict any tenant or commence litigation against any tenant. As to any Unpaid Amounts which are not collected and paid to Sellers within ninety (90) days after the Closing Date, Sellers may pursue all lawful collection efforts against the delinquent tenant; *provided*, *however*, that Sellers shall not have any right to commence dispossessory action or otherwise evict any tenant from its premises.

(e) Security Deposits. At the Closing, Sellers shall, at Sellers' option, either deliver to Buyer any refundable Security Deposits actually held by Sellers pursuant to the Lessor Leases or credit to Buyer the amount of such Security Deposits (in each case less the amount of such Security Deposits as have been applied as provided in the applicable Lessor Leases) and, if so credited, such amount of the Security Deposits shall be included in the calculation of the Real Estate Prorations.

(f) Assumed Leases Proration. All amounts payable or receivable by a Seller as tenant under the Assumed Leases, including without limitation base rent, additional rent, percentage rent, operating expenses, common area maintenance charges, real estate Taxes and assessments (including any passthroughs), utilities, insurance premiums, maintenance charges, service contract charges, tenant improvement amortizations, and any other sums payable by tenant as "rent" or as monetary obligations under the Assumed Leases (collectively, the "**Lease Costs**") shall be prorated on an accrual basis between Sellers and Buyer, with Sellers responsible for all Lease Costs relating to the period prior to the Effective Time, regardless of when such amounts become due or payable and Buyer responsible for all Lease Costs relating to the period from and after the Effective Time, regardless of when such amounts become due or payable. If any Lease Costs or other reconciliation or year-end adjustment under any Assumed Lease is issued after the Closing Date, the Parties shall make further adjustments so that each Party bears the Lease Costs attributable to its respective period of ownership or tenancy. Each Party shall cooperate in good faith and provide copies of applicable invoices, statements, or reconciliation schedules. If applicable, any security deposit, letter of credit, or other collateral delivered by a Seller to the landlord under any Assumed Lease shall be assigned to Buyer or credited on the Closing Date, and, if so credited (i) the amount of such security deposits, letters of credit, and other collateral shall be included in the calculation of the Real Estate Prorations, and (ii) Buyer shall assume all obligations relating to such security deposits letters of credit, and other collateral first accruing from and after the Effective Time.

(g) This Section 1.15 shall survive Closing.

1.16 **Parent Guaranty**. NorthBay Parent unconditionally and irrevocably guarantees to Sellers the full and prompt payment and performance of all Buyer's covenants, agreements, and obligations under this Agreement and the other Transaction Documents (the "**Guaranteed Obligations**"); *provided* that (i) NorthBay Parent's aggregate liability hereunder shall not exceed the aggregate liability of Buyer under this Agreement, and (ii) NorthBay Parent shall be entitled to assert any defense, set-off, counterclaim, or other right that Buyer could assert against Sellers.

ARTICLE 2
REPRESENTATIONS AND WARRANTIES OF SELLERS

As an inducement to Buyer to enter into this Agreement and to consummate the Contemplated Transactions, Sellers, jointly and severally, hereby represent and warrant to Buyer, as to the following

matters as of the date of this Agreement and the Closing Date, and except as disclosed in the disclosure schedule, as may be amended pursuant to the terms of this Agreement (the "**Disclosure Schedule**"):

2.1 **Authorization.** Sellers have all necessary corporate power and authority to enter into this Agreement and the other Transaction Documents to which a Seller is or will become a party, and have the full power and authority to perform their respective obligations hereunder and to carry out the Contemplated Transactions. Except as set forth in Schedule 2.1, no additional internal consents, including sponsor consents, are required in order for Sellers to perform their respective obligations and agreements hereunder.

2.2 **Binding Agreement**. This Agreement has been duly and validly executed and delivered by Sellers and, assuming due and valid execution by Buyer, this Agreement and the other Transaction Documents to which a Seller is or will become a party are and will constitute the valid and binding obligations of Sellers enforceable in accordance with its terms subject to (a) applicable bankruptcy, reorganization, insolvency, moratorium and other Laws affecting creditors' rights generally from time to time in effect, and (b) limitations on the enforcement of equitable remedies. No other action on the part of the Sellers is necessary to authorize the execution and delivery of this Agreement.

2.3 **Organization and Good Standing; No Violation.** QVMC and PMF are each non-profit public benefit corporations duly organized, validly existing and in good standing under the laws of the State of California. Each Seller has all necessary power and authority to own, operate and lease its properties and to carry on the operation of the Business as currently conducted. Except as set form on Schedule 2.3, neither the execution and delivery by Sellers of this Agreement nor the consummation of the Contemplated Transactions by Sellers, nor compliance with any of the provisions hereof by Sellers, will (a) violate, conflict with or result in a breach of any material provision of the Articles of Incorporation, Bylaws or other organizational documents of Sellers, (b) violate any Law, rule, regulation, or ordinance to which a Seller is or may be subject, (c) violate any judgment, Order or decree of any court or other Governmental Authority to which a Seller is subject, or (d) violate, conflict with or result in a breach of any material provision of any Assumed Contract or Assumed Lease.

2.4 **Title to Transferred Assets.** At the Closing, Sellers will transfer, convey, assign and deliver to Buyer, and Buyer will acquire, good and marketable title to, or valid and subsisting leasehold interests in or rights to use, all of the Transferred Assets (tangible or intangible), free and clear of all Encumbrances, other than the Permitted Encumbrances. There are no outstanding rights (including any right of first refusal or right of first offer), options, or Contracts giving any Person any current or future right to require a Seller to sell or transfer to such Person or to any third party any interest in any of the Transferred Assets. To the Knowledge of Sellers, there are no facts or conditions affecting the Transferred Assets that could, individually or in the aggregate, interfere in any material respect with the use, occupancy or operation of the Transferred Assets as currently used, occupied or operated as of the date of this Agreement or as of the date immediately prior to Closing, as the case may be, other than (a) as shown in documents recorded in the applicable land records, (b) as expressly set forth in the applicable Contracts delivered by or on behalf of Sellers to Buyer, or (c) as otherwise disclosed in writing by Buyer.

2.5 **Joint Venture Interests.** The Transferred Assets do not include any ownership interests, partnership interests, membership interests or capital stock held by Seller in any Person.

2.6 **Inventory.** The level of Inventory that will exist on the Closing Date will be substantially consistent with level of Inventory existing on the Execution Date. The Historical Financial Statements accurately and fairly reflect the level of Inventory existing on the Execution Date. Except to the extent of reserves reflected in the financial statements of the Business, all of the Inventory on hand consists of items of a quality usable or saleable in the Ordinary Course of Business, except as would not, either individually or in the aggregate, reasonably be expected to be material to the Business.

2.7 **Contracts and Leases.**

(a) Schedule 2.7(a) sets forth an accurate and complete list (including a description of any oral Contracts) of each of the following Contracts to which a Seller is a party or is bound and that primarily relates to the Business (the "**Material Contracts**"), all of which have been provided to Buyer:

(i) a Contract with a Governmental Authority, including without limitation, any settlement or corporate integrity agreements;

(ii) all Contracts that are settlement, conciliation or similar agreements pursuant to which the Business will have any outstanding obligation after the Closing Date, including any such Contracts with Governmental Authorities;

(iii) a Contract with a hospital or other health facility involving amounts in excess of Two Hundred Fifty Thousand Dollars ($250,000);

(iv) a Contract with a physician, physician organization, or any source or recipient of referrals including allied health professionals or other professional personnel, corporations or partnerships comprised of or owned by them, including, without limitation, all employment agreements; arrangements for the lease, sublease or license of space; Contracts to provide administrative or professional services; recruitment, retention, relocation or income guarantee agreements; loans and guarantees; and acquisitions of private professional practices or their assets;

(v) a Contract for a joint venture, strategic alliance, partnership or similar arrangement;

(vi) a Contract in excess of Two Hundred Fifty Thousand Dollars ($250,000) to provide or receive management services;

(vii) a Contract pursuant to which any Seller leases space as a tenant, subtenant, licensee, lessee or sublessee, including, without limitation, all Assumed Leases;

(viii) a Contract pursuant to which any Seller is the landlord, sublandlord, licensor, lessor or sublessor, including, without limitation, all Lessor Leases;

(ix) a Contract involving the borrowing of money or guarantee of any financial obligation of any other Person creating an Encumbrance secured by any of the Transferred Assets;

(x) an Intellectual Property Agreement except, for scheduling purposes only, licenses for commercially available off-the-shelf Software, non-exclusive licenses that are merely incidental to the Contracts in which such licenses are granted, and Contracts with employees that include Intellectual Property assignment provisions;

(xi) any current employment, consulting or other Contract or agreement with an employee, officer, worker, independent contractor, agent, consultant, or director of the Sellers, in each case involving amounts in excess of Two Hundred Fifty Thousand Dollars ($250,000);

(xii) any Contract, collective bargaining agreement, memorandum of understanding, side agreement, arbitration decision, settlement agreement, or other similar contracts or agreements with any labor union or labor organization;

(xiii) any Contract with any staffing, leasing, or employment agency or recruiter regarding temporary, leased, or non-permanent labor or employees;

(xiv) a Contract restricting Sellers from competing in any line of business or with any Person in any geographical area or soliciting or hiring any Person with respect to employment; and

(xv) except as otherwise disclosed on Schedule 2.7(a), all Contracts involving aggregate annual consideration in excess of Five Hundred Thousand Dollars ($500,000).

(b) Each Material Contract is valid and binding on the applicable Seller in accordance with its terms and is in full force and effect in all material respects. Except as set forth in Schedule 2.7(b), no Seller is in breach or default of any Material Contract and to Sellers' Knowledge, no counterparty to any Material Contract is in breach or default of any Material Contract. Neither Seller has received or given written notice that it or any Person intends to cancel, extend, expand the scope of, or terminate any Material Contract.

(c) Schedule 2.7(c) sets forth a complete list of all consents required to be made to any counterparty to an Assumed Contract or Assumed Lease in connection with the assignment thereof to Buyer. Subject to obtaining the consents to the assignment of the Assumed Contract or Assumed Lease from the counterparties to the Assumed Contract or Assumed Lease under which consent is required to assign the Assumed Contract or Assumed Lease to Buyer (the "**Contract and Lease Consents**"), the consummation of the Contemplated Transactions will not constitute and, to Sellers' Knowledge, no event has occurred, with or without the passage of time or the giving of notice, which would constitute a material breach or material default by any party to any Assumed Contract or Assumed Lease or which would cause the acceleration of any material obligation of any party thereto or the creation of any Encumbrance against the material Transferred Assets (other than Permitted Encumbrances). Sellers have not waived in writing any material right exercisable or accruing after the Closing Date under any Assumed Contract or Assumed Lease.

2.8 **Compliance with Law.** Except as set forth in Schedule 2.8, the Business is in, and has been in for the past three (3) years, compliance in all material respects with all applicable Laws. Except as set forth in Schedule 2.8, the Business has not, in the past three (3) years, been charged with or given notice of, and to the Knowledge of Sellers, is not under investigation by a Governmental Authority with respect to, any material violation of any (a) Laws, (b) license or certificate issued to a Seller for operation of the Business, or (c) Order, judgment or decree entered, by any federal, state, local or foreign court or Governmental Authority against a Seller in relation to the Business. Except as set forth in Schedule 2.8, to the Knowledge of Seller, no event has occurred in the past three (3) years, and no condition exists, that would reasonably be expected to (with or without notice or lapse of time) constitute or result directly or indirectly in (i) a material violation by a Seller of, or a failure on the part of a Seller to comply with, in any material respects, any applicable Law relating to the operation and conduct of the Business or (ii) any obligation on the part of a Seller to undertake, or to bear all or any portion of the cost of, any material remedial action with respect to a violation of such Laws.

2.9 **Environmental Matters.** Except as disclosed in Schedule 2.9:

(a) The Transferred Assets and the Business are and have at all times in the past three (3) years been in compliance in all material respects with all applicable Environmental Laws.

(b) Sellers have obtained all Permits required by Environmental Laws for the conduct of the Business and operation of the Transferred Assets as currently conducted and operated, all such Permits are in full force and effect and there are no Proceedings pending (or to the Knowledge of Sellers threatened) to revoke or adversely modify any of those Permits.

(c) There are no Proceedings pending (or to the Knowledge of Sellers threatened) alleging any violation of or liability under Environmental Laws with respect to the Business, the Facilities or the Transferred Assets. Sellers have not received written notice from any Person of any actual or alleged violation of, or liability under, Environmental Laws in connection with the Business or relating to any of the Transferred Assets, except for such notices that have been fully and finally resolved with no unfulfilled obligations by the Sellers. Neither the Business nor any of the Transferred Assets is subject to any orders of any Governmental Authority imposing material requirements or restrictions pursuant to Environmental Laws.

(d) There has been no release of Hazardous Materials by Sellers or, to Seller's Knowledge, by any other Person, in violation of Environmental Law at, on, under or about any of the Facilities, Owned Real Property or Leased Real Property that requires any investigatory or remedial action pursuant to any Environmental Laws.

(e) Sellers have provided to Buyer copies of all material environmental reports, audits, Permits and other material documents in the possession or reasonable control of Sellers concerning the environmental condition of the Transferred Assets, the Owned Real Property, the Leased Real Property or the non-compliance of the Business or Transferred Assets with Environmental Laws. Buyer specifically acknowledges that to the extent any of the foregoing reports and documents have been prepared by third parties, Sellers make no representation or warranty of any nature concerning the accuracy or completeness thereof, other than providing a complete copy of what was provided to Sellers.

2.10 **Title; Sufficiency; Real Property Matters.**

(a) Sellers own good and marketable fee simple title to the Owned Real Property, and Sellers are the owners and holders of all interests and leasehold estates purported to be granted for all Leased Real Property, free and clear of all Encumbrances except for the Permitted Encumbrances. Other than the right of Buyer pursuant to this Agreement, there are no outstanding agreements, options, rights of first offer or rights of first refusal to sell or purchase such Owned Real Property or any portion thereof or interest therein.

(b) With respect to the Real Property, as of the date of this Agreement: (i) Exhibit 1.1(b) sets forth a true and complete list of the street address of each parcel of the Owned Real Property and the name of the fee simple title holder of each parcel of the Owned Real Property; (ii) Exhibit 1.1(b)(ii) sets forth a true and complete list of each Lessor Lease, including the identification of the lessor and lessee thereunder, and the street address of property under each such Lessor Lease; and (iii) Exhibit 1.1(e) sets forth a true and complete list of all of the Assumed Leases for each parcel of the Leased Real Property, including the identification of the lessee and lessor thereunder, and the street address of property under each such Assumed Lease.

(c) There are no eminent domain Proceedings or zoning or other public land use Proceedings pending and served upon Sellers, or to Sellers' Knowledge, threatened in writing by a Governmental Authority against the Owned Real Property.

(d) Except as disclosed in Schedule 2.10(d):

(i) As to each written lease, sublease, license, occupancy agreement or similar agreement, including all amendments, extensions, renewals, guaranties, and other agreements with respect thereto for which a Seller is the landlord (a "**Lessor Lease**"), except for any possessory rights of the tenant under the Lessor Lease and any permitted subtenant or licensee thereunder which has been identified by Sellers to Buyer in writing, there is no Person in possession of any portion of the premises leased under such Lessor Lease. As to each Lessor Lease, except for any sublease or license agreement scheduled by

Sellers and provided to Buyer for review, there are no Contracts entered into by Sellers which grant any party the right to lease, use, occupy or acquire the leasehold interests in the premises leased thereunder or any portion thereof. Sellers have delivered to the Buyer true and complete copies of each Lessor Lease in Sellers' possession or control. With respect to each Lessor Lease: (i) to Sellers' Knowledge, such Lessor Lease is legal, valid, binding, enforceable (subject to applicable bankruptcy, insolvency, reorganization and similar laws affecting creditors' rights generally and general principles of equity) and in full force and effect; (ii) to Sellers' Knowledge, neither Seller nor any other party to such Lessor Lease is in breach or default thereunder, and no event has occurred or circumstance exists which, with the delivery of notice, the passage of time or both, would constitute such a breach or default by Sellers thereunder, and Sellers have received no written notice of any such breach by tenant thereunder; (iii) no security deposit or portion thereof deposited with respect such Lessor Lease has been applied in respect of a breach or default under such Lessor Lease which has not been redeposited in full or otherwise accounted for in accordance with such Lessor Lease; (iv) Sellers have not incurred, and will not incur, any brokerage commissions or finder's fee payable by Sellers with respect to such Lessor Lease; (v) except as disclosed to Buyer in writing, the other party to such Lessor Lease is not an affiliate of, and otherwise does not have any economic interest in, Sellers; (vi) to Seller's Knowledge, except as permitted pursuant to the applicable Lessor Lease, the other party to such Lessor Lease has not subleased, licensed or otherwise granted any Person the right to use or occupy, the premises demised thereunder or any portion thereof; and (vii) no Seller has consented to any collateral assignment or grant of security interest in such Lessor Lease by the tenant except as disclosed to Buyer in writing. Except for the Lessor Leases, Sellers have not leased, subleased or otherwise permitted occupancy of the Owned Real Property or any portion thereof to an entity other than Sellers. There are no oral Lessor Leases.

(ii) As to each Assumed Lease, except for such Seller, there is no other Person in possession of any portion of the premises leased thereunder other than as disclosed in writing to Buyer. As to each Assumed Lease, there are no Contracts entered into by Sellers which grant to any party the right to lease, sublease, use, occupy or acquire the leasehold interests in the premises leased thereunder or any portion thereof. None of Sellers is a sublessor of, and has not assigned any Assumed Lease covering, any portion of the Leased Real Property. Seller's possession and quiet enjoyment of the Leased Real Property under each Assumed Lease has not been disturbed. Sellers have delivered to Buyer accurate, correct, and complete copies of each Assumed Lease. With respect to each Assumed Lease: (i) the lessee under the Assumed Lease is in possession of the premises demised thereunder, (ii) the lessee under the Assumed Lease is the sole present holder of all of the lessee's interest in the Assumed Lease, free and clear of any assignments or subleases created by Seller (other than as disclosed in writing to Buyer), (iii) to Seller's Knowledge, the Assumed Lease is in full force and effect and no material default exists on the part of the lessee thereunder, and there is no material default by the lessor thereunder that remains uncured, (iv) the Assumed Lease constitutes the entire agreement of the parties with respect to the leasing of the premises described therein by the lessor to the lessee, (v) Sellers have not received written notice of any outstanding dispute with the lessor thereunder that remains unresolved, (vi) Sellers have not been granted any concessions not set forth in the Assumed Lease or in written agreements delivered to Buyer, and (vii) to Sellers' Knowledge, all rent and other sums due and payable to the lessor under the Assumed Leases, are current except for (A) amounts being contested in good faith as set forth on Schedule 2.10(d)(ii), and (B) any amounts that are not delinquent and are subject to final reconciliation or true-up of common area maintenance charges, operating expenses, real estate taxes or similar pass-through items in accordance with the terms of the Assumed Lease. There are no oral Assumed Leases.

(iii) Except for this Agreement, Sellers have not entered into any Contract which grants any party the right to acquire the Owned Real Property or portion thereof and which remains pending;

(iv) Sellers have not received written notice of any assessment by a taxing or other Governmental Authority or an assessment under a private declaration or easement agreement, in either case encumbering title to the Owned Real Property or any portion thereof, and applicable to the current tax year or billing period, and for which a copy has not been made available to Buyer or is not set forth in the Title Commitment or in a recorded title exception document listed in the Title Commitment;

(v) Sellers have not received any written notice from a Governmental Authority or from a party to a private declaration or easement agreement that the current use and occupancy of the Owned Real Property violates any easement, covenant, condition, restriction or similar provision in any instrument of record or unrecorded agreement encumbering or otherwise applicable to the Owned Real Property or the use and occupancy thereof, which notice of violation remains uncured and pending; and

(vi) Sellers have not received any written notice from any utility company or municipality of any threat of material impairment or discontinuation by such utility company or municipality of currently available sewer, water, electric, gas or telephone utilities or services for such Owned Real Property.

(e) Sellers have not received any written notice from any Governmental Authority that the improvements and fixtures located on any of the Owned Real Property are in material violation of occupancy, land use, and zoning Laws or recorded restrictions applicable to such Owned Real Property, which notice of violation remains uncured and pending.

(f) The service, maintenance, management and other agreements entered into by Sellers and affecting the Owned Real Property that (i) do not cover facilities of any Seller or its Affiliates other than those that are part of the Transferred Assets and (ii) are in effect on the Execution Date are listed on Schedule 2.10(f) attached hereto (collectively, the "**Service Contracts**").

(g) The Real Property constitutes all material interests in real property currently owned or leased by Sellers in connection with the Business as currently conducted.

(h) Sellers have not received written notice alleging that the location, construction, occupancy, operation or use of the buildings located on the Real Property materially violates any restrictive covenant or deed restriction recorded against such Real Property or any Law affecting such Real Property.

(i) Sellers have not received written notice alleging any material non-compliance with any applicable zoning, building, health, fire, water, use, or similar statutes, codes, ordinances, laws, rules, or regulations. To Sellers' Knowledge, the current zoning of the Real Property permits the existing improvements and the continuation of the Business as presently conducted thereon.

(j) Sellers have delivered to the Buyer true and complete copies of all title reports and surveys, if any, in Sellers' possession related to the Real Property; *provided, however*, Buyer specifically acknowledges that the title reports and surveys have been prepared by third parties and Sellers make no representation or warranty of any nature concerning the accuracy or completeness thereof, other than providing a complete copy of what was provided to Sellers.

(k) To Sellers' Knowledge, there are no material defects in any of the major systems or components of the buildings, structures and other improvements located on the Real Property that would reasonably be expected to materially impair the continued operation of the Business as presently conducted. Except as expressly set forth in this Agreement and the documents delivered by Sellers at Closing, Sellers make no representation or warranty regarding the condition of the Real Property, which is being conveyed "AS IS, WHERE IS," subject to the terms of this Agreement.

(l) To Sellers' Knowledge, all water, sewer, gas, electric, telephone utilities and storm water drainage facilities required by the present use of the Real Property, are all connected and operating, and are adequate in all material respects for the Business as presently conducted at the Real Property. Seller has not received written notice from any utility service provider of any threatened material interruption of such services.

(m) To Sellers' Knowledge, there are no pending or threatened proceedings by a Governmental Authority seeking to materially alter or restrict the zoning or other use restrictions applicable to the Real Property.

2.11 **Healthcare Matters.**

(a) Except as set forth in Schedule 2.11(a), all activities of Sellers with respect to the Business have been during the four (4) years prior to the Closing Date, and are currently being, conducted in compliance in all material respects with all Healthcare Laws. All compensation and other arrangements with actual or potential referral sources are in compliance with applicable Healthcare Laws in all material respects.

(b) Except as set forth in Schedule 2.11(b), during the four (4) years prior to the Closing Date, there have been no, and currently there are no legal Proceedings, audits or recoupments pending or threatened by or before any Governmental Authority alleging any actual or potential material violation of Healthcare Laws by Sellers with respect to the Business, or, to the Knowledge of Sellers, its employees, officers, directors and managers (each in their respective capacity as an employee, officer, director or manager of Sellers with respect to the Business), other than billing audits and recoupments in the Ordinary Course of Business. All billing practices of the Sellers with respect to Government Programs and other third-party payor programs have been conducted in material compliance with all Laws and/or billing guidelines of such Government Programs and third-party payors. Except as set forth on Schedule 2.11(b), during the four (4) years prior to the Closing Date, Sellers have not, and to the Knowledge of Sellers, none of its employees, officers, directors and managers (each in their respective capacity as an employee, officer, director or manager of Sellers with respect to the Business) has committed a violation of any Law in any material respect relating to payments or reimbursements under any payor agreement, whether with a Governmental Authority or otherwise.

(c) Except as set forth in Schedule 2.11(c), during the four (4) years prior to the Closing Date, neither Sellers nor, to the Knowledge of Sellers, any of their respective employees, officers, directors and managers (each in their respective capacity as an employee, officer, director or manager of Sellers with respect to the Business) has received any written notice of any pending or threatened investigation from any Governmental Authority with respect to an alleged material violation of any Healthcare Law in the conduct of the Business. Sellers have timely and properly filed all material reports, data, and other information required to be filed with Governmental Authorities regarding the Business.

(d) Sellers maintain a compliance program that includes the Business ("**Compliance Program**") and has provided Buyer with policies and procedures applicable to such program, as well as has fully disclosed all compliance matters under review that relate to the Business. The Compliance Program is designed in accordance with the elements set forth in the Federal Sentencing Guidelines relating to corporate compliance programs. During the six (6) years prior to the Closing Date, Sellers have conducted the Business in material accordance with the Compliance Program (as then in effect).

(e) Sellers have all material licenses, permits, certificates and other authorizations, consents and Approvals of any Governmental Authority as set forth on Schedule 2.11(e), including but not limited to the Permits, which are required to operate the Business as currently operated in the ordinary course under any Law, including provider agreements with the Medicare and Medi-Cal programs (including

their respective administrative contractors) and TRICARE, all of which are current, valid, and in good standing, except where the failure to have such licenses, permits, certificates or other authorizations, consents, or Approvals would not and would not reasonably be expected to interfere, in any material respect, with the operation of the Business. There are no pending, or to the Knowledge of Sellers threatened, proceedings to revoke, cancel or rescind any licenses, permits, certificates, authorizations, consents or Approvals (including but not limited to the Permits). In the past four (4) years, Sellers have not received any written notice from any Governmental Authority regarding any material violation of licenses or permits, other than surveys or deficiency reports for which Sellers have submitted a plan of correction that has been accepted or approved by the applicable Governmental Authority. No material consent, permit, order, declaration or filing with, or notice to, any Governmental Authority is required by or with respect to Sellers in connection with Sellers' execution and delivery of this Agreement and consummation of the Contemplated Transactions, except for (i) approval of the California Attorney General, (ii) such filings as may be required under the HSR Act, and (iii) as set forth on Schedule 2.11(e).

(f) Schedule 2.11(f) sets forth an accurate and complete list of all material accreditations and certifications held by the Facilities or otherwise in relation to the Business. All such accreditations and certifications are effective, unrestricted and in good standing in all material respects. Since the date of the most recent accreditation survey, there have been no changes in policy or operations that could reasonably be expected to cause the Facility to lose such accreditation. To the Knowledge of Sellers, no other event or fact exists that would cause such accreditation to be suspended, terminated, or non-renewed.

(g) The Hospital is certified for participation in the Medicare, Medi-Cal and TRICARE programs, has current and valid provider contracts with each of such programs and is in compliance in all material respects with the conditions of participation of such programs and the terms, conditions, and provisions of such provider contracts. To the Knowledge of Sellers, no event or fact exists that would cause any such provider contract to be suspended, terminated, restricted, withdrawn, or subject to administrative action or holds.

(h) Sellers have duly filed all required Cost Reports relating to the Business for all periods ending on or prior to the Closing Date that Sellers have had ownership. All such Cost Reports accurately reflect in all material respects the information required to be included therein. Such Cost Reports do not claim, and Sellers have not received reimbursement for, any amount in excess of the amounts provided by Law or any applicable agreement. Sellers have provided all Cost Reports filed for the past three (3) years relating to the Hospital, including status of all related audits and Cost Report settlements.

(i) Schedule 2.11(i) sets forth an accurate and complete list of all Medicare Accelerated and Advance Payments that were received by Sellers in relation to the Business, including the amounts received. Any and all amounts identified on Schedule 2.11(i) have been returned to, recouped, or forgiven by the applicable Governmental Authority. All information submitted and certifications made by Sellers in connection with the request for or receipt of such Medicare Accelerated and Advance Payments are true, accurate, and complete in all material respects.

(j) Sellers have not received any loans, grants, loan guarantees, donations, funds, or other financial assistance pursuant to the Hill-Burton Act, Health Professional Educational Assistance Act, Nurse Training Act, National Health Planning and Resources Development Act, Community Mental Health Centers Act, as all may have been amended from time to time, or similar Laws relating to the Business that remain unpaid or which impose any restrictions on the Business or the Transferred Assets.

(k) No current employee of the Business has been excluded from participating in any federal healthcare program (as defined in 42 U.S.C. §1320a-7b(f)). None of Sellers' or the Business' current officers, directors, employees or independent contractors, has been excluded from Medicare, any

federal healthcare program (as defined in 42 U.S.C. §1320a-7b(f)) or Medicaid or been subject to sanction pursuant to 42 U.S.C. §1320a-7a or §1320a-8 or been convicted of a crime described at 42 U.S.C. §1320a-7b. To the Knowledge of Sellers, no individual providing services to the Hospital has failed to maintain such individual's current license to provide the services required to be provided by it to or on behalf of the Hospital.

(l) Except as set forth in Schedule 2.11(l):

(i) Sellers are, and for the past four (4) years, have been in compliance in all material respects and are conducting the Business in compliance with applicable Information Privacy and Security Requirements. Sellers have undertaken surveys, audits, inventories, reviews, analyses and/or assessments on all areas of the Business as required by HIPAA, including periodic security risk assessments in accordance with the HIPAA Security Rule.

(ii) Sellers have provided to Buyer accurate and complete copies of the Information Privacy and Security Policies and Procedures and Information Privacy Notices of Sellers relating to HIPAA and the other applicable Information Privacy or Security Laws.

(iii) Sellers have entered into "Business Associate Agreements" (as described in 45 C.F.R. § 164.504(e)) with all third parties acting as a "Business Associate" (as defined by 45 C.F.R. § 160.103) or "Subcontractor" (as defined at 45 C.F.R. § 160.103) of Sellers to the extent required by HIPAA. Sellers have not materially breached any "Business Associate Agreement" and, to Sellers' Knowledge, no Business Associate or Subcontractor has materially breached any such Business Associate Agreement with Sellers during the four (4) years prior to the Closing Date.

(iv) Sellers' employees and other "Workforce" (as defined by 45 C.F.R. § 160.103) who have access to Protected Health Information or other Personal Information have received documented training, as necessary and appropriate for such employees to carry out their respective functions in accordance with HIPAA and applicable Information Privacy or Security Laws.

(v) Sellers are not involved in and have not received written notice of any Proceeding, and to the Knowledge of Sellers, Sellers are not under investigation by any Governmental Authority, for a violation of HIPAA or any other applicable Information Privacy or Security Law and have not received any written notices from the United States Department of Health and Human Services Office for Civil Rights, the Attorney General of any state or territory of the United States or other Governmental Authority relating to any such violations, which written notice has not been resolved.

(vi) Sellers have taken commercially reasonable steps to protect the confidentiality, integrity, availability, and security of Personal Information and other information Processed in the operation of the Business ("**Business Data**") against damage, loss, misuse and other unauthorized Processing. Sellers have implemented, maintain and comply with commercially reasonable physical, technical, and administrative safeguards, including written policies and procedures, that (A) are designed to identify and address internal and external risks to the privacy and security of Personal Information and Business Data, (B) are designed to protect against anticipated threats or hazards to the confidentiality, integrity, availability, and security of Personal Information and Business Data, (C) include business continuity and disaster recovery plans and procedures, and (D) comply in all material respects with all Information Privacy and Security Requirements.

(vii) During the past four (4) years, no Data Breach, including any "Breach" (as such term is defined in 45 C.F.R. § 164.402) of "Unsecured Protected Health Information" (as such term is defined in 45 C.F.R. § 164.402) maintained by Sellers, or to the Knowledge of Sellers, for Sellers or the Business, has occurred for which notification was required. During the past four (4) years, all notifications

and reports to affected individuals, Governmental Authorities, credit reporting agencies and other Persons required by Information Privacy and Security Requirements have been made with respect to any and all Data Breaches for which notification or reporting was required. No Seller, nor any Person acting on behalf of or at the direction of a Seller has: (i) paid any perpetrator of any Data Breach, or (ii) paid any Person with actual or alleged information about a Data Breach, pursuant to a request for payment from or on behalf of such Person.

(viii) No Personal Information is stored or otherwise maintained outside of the United States by Sellers or any third party on behalf of Sellers in a manner that violates any Information Privacy or Security Requirements.

(ix) Sellers are not parties to any corporate integrity agreement with the United States Department of Health and Human Services, Office of the Inspector General or any other monitoring agreement, deferred prosecution agreement or similar agreement with any Governmental Authority.

(x) Sellers have provided all notices and obtained all consents required in connection with any use of cookies, pixels, cross-device tracking, or other user, device, account or other tracking technology or similar technology, in accordance with Information Privacy and Security Requirements. There has been no interception, disclosure of, provision of access to, or other Processing of electronic communications or other information in violation of any Information Privacy and Security Requirements by or for Sellers.

(xi) Sellers are and for the last three (3) years have been in compliance in all material respects with applicable requirements of the PCI-DSS.

(xii) To the extent that Sellers have de-identified, anonymized, or pseudonymized any Personal Information (the "**De-Identified Information**"), the Personal Information has been de-identified, anonymized, or pseudonymized in accordance with all Information Privacy and Security Requirements, and Sellers have obtained or provided, or confirmed that other Persons have obtained or provided all required consents, authorizations, approvals, licenses, notifications, or other legal permissions, or permitted waivers of, the same to create, use and disclose the De-Identified Information. No De-Identified Information is Processed by or, to the Knowledge of Sellers, on behalf of Sellers for any purpose that is not permitted under the Information Privacy and Security Requirements and other applicable Law.

2.12 **Financial Statements.**

(a) Schedule 2.12(a) contains the following financial statements and financial information of the Business (collectively, the "**Historical Financial Statements**"):

(i) unaudited consolidated balance sheets (with respect to the operation of QVMC) and income statements of the Business (including the accompanying consolidating schedules of income statement information) as of, and for the twelve (12) month period ended December 31, 2025 and December 31, 2024; and

(ii) an unaudited consolidated balance sheet (with respect to the operation of QVMC) and income statement of the Business (including the accompanying consolidating schedules of income statement information) income statement information) for the two (2)-month period ended on the Financial Statements Date.

(b) The information contained in the Historical Financial Statements is complete and accurate in all material respects and present, fairly in all material respects, the results of the operations of Sellers as of and for the periods covered therein. The consolidated financial statements included in the

Historical Financial Information have been prepared in all material respects accordance with GAAP, applied on a consistent basis throughout the periods indicated (subject, in the case of the unaudited Historical Financial Information, to the absence of notes and normal year-end audit adjustments, the effect of which is not material, individually or in the aggregate), and are based in all material respects on the Books and Records of Sellers. Sellers have not changed in any material respect any accounting policy or methodology during the periods presented in the Historical Financial Information (including the accounting policies and methodologies for determining the obsolescence of Inventory or in calculating reserves).

2.13 **Legal Proceedings.** Except as set forth on Schedule 2.13, there is, and for the past two (2) years there have been, no Proceedings, investigations or material claims pending or, to Sellers' Knowledge, threatened by or against a Seller, any Affiliate of such Seller, any current or former Seller employee, or any Seller practitioner primarily relating to the Business or any of the Transferred Assets. Sellers are not subject to any judgment, Order, decree or other governmental restriction applicable to it, the Business, or the Transferred Assets.

2.14 **Employee Benefits.**

(a) Schedule 2.14(a) contains a complete and accurate list of (i) each pension, profit sharing, bonus, deferred compensation, or other retirement plan or arrangement sponsored, maintained, or contributed by Sellers with respect to the operation of the Business, which constitutes an "employee pension benefit plan" as defined in Section 3(2) of ERISA, (ii) each medical, health, disability, insurance or other plan or arrangement sponsored, maintained, or contributed by Sellers with respect to the operation of the Business, which constitutes an "employee welfare benefit plan" as defined in Section 3(1) of ERISA, and (iii) each other employee benefit or perquisite plan, agreement, contract, or arrangement, whether oral or written, qualified or nonqualified, and whether or not subject to ERISA, in each case of (i), (ii), and (iii), which is sponsored, maintained, or contributed to (or required to be contributed to) by a Seller for the benefit of any current or former employees, service providers, directors or officers of the Business, or the beneficiaries or dependents of any of the foregoing persons, or with respect to which a Seller has any Liability, whether actual or contingent with respect to the operation of the Business, in which any employee of Sellers participates in his/her capacity as such (collectively, the "**Seller Plans**").

(b) Each Seller Plan, including any related trust or other funding arrangement, has been established, maintained, operated, administered and funded in compliance in all material respects in form and operation with its terms and all applicable Laws. There is no pending or, to Sellers' Knowledge, threatened Proceeding relating to a Seller Plan, other than routine claims for benefits. With respect to each Seller Plan that is intended to meet the requirements of a "qualified plan" under Section 401(a) of the Code, (i) such Seller Plan meets all requirements for qualification under Section 401(a) of the Code, and (ii) such Seller Plan has received a favorable determination or opinion letter from the IRS as to such Seller Plan's qualification under the Code, and nothing has occurred since the date of such determination that could adversely affect the qualified status of such Seller Plan or related trust. No act or omission has occurred and no condition exists with respect to any Seller Plan (including each Seller Plan that is maintained by an ERISA Affiliate) that would reasonably be expected to subject any Seller to any material fine, penalty, Tax or other Liability of any kind imposed under ERISA or the Code or other applicable Law.

(c) Except as set forth on Schedule 2.14(c), no Seller Plan is and neither Sellers nor their ERISA Affiliates have, within the past four (4) years, sponsored, maintained, contributed to or been required to contribute to, or had any Liability (contingent or otherwise) with respect to: (i) a plan that is subject to Title IV of ERISA or Section 412 or 430 of the Code, (ii) a "multiemployer plan" as defined in Section 3(37) of ERISA or Section 414(f) of the Code, (iii) a "multiple employer welfare arrangement" within the meaning of Section 3(40) of ERISA, (iv) a "multiple employer plan" subject to Section 413(c) of the Code, or (v) an employee benefit plan providing post-employment or post-retirement health or

welfare benefits to any active or former employee or other service provider of a Seller and their immediate family members, dependents, and beneficiaries) other than health continuation coverage pursuant to COBRA.

(d) Except as set forth in Schedule 2.14(d), neither the execution of this Agreement, any ancillary document hereto nor any of the Contemplated Transactions will (either alone or upon the occurrence of any additional or subsequent events): (i) result in the payment to any employee, director or consultant of the Business of any money or other property, (ii) result in "excess parachute payments" within the meaning of Section 280G(b) of the Code, or (iii) require a "gross-up" or other payment to any "disqualified individual" within the meaning of Section 280G(c) of the Code.

2.15 **Employees.** Schedule 2.15(a) contains a complete and accurate list of all of the employees of the Sellers as of the Execution Date (which shall be updated as of the Closing Date) who primarily provide services to the Business ("**Business Employees**"), describing for each such Business Employee: (i) the position held and employing entity; (ii) whether classified as exempt or non-exempt for wage and hour purposes; (iii) date of hire; (iv) work location (city and state); (v) whether paid on a salary, hourly or commission basis; (vi) regular hourly wage, annual salary or commission rate, as applicable; (vii) full or part time; (viii) bonus and commission potential; (ix) leave status (i.e., active or inactive and if inactive, the type of leave and estimated duration); and (x) accrued, unused PTO or vacation balance. Sellers shall provide an updated list to Buyer on or before the Closing Date. All Business Employees are employees "at-will," unless otherwise set forth on Schedule 2.15(a).

(b) Except as set forth on Schedule 2.15(b) neither Seller is a party to any (i) employment agreement, (ii) consulting agreement, or (iii) independent contractor agreement with any Person, in each case exceeding $200,000 per year.

(c) Except as set forth on Schedule 2.15(c)(i), there is no, and during the past three (3) years there has been no, labor strike, picketing of any nature or lockout pending or, to the Sellers' Knowledge, threatened, against or affecting the Business. Except as set forth on Schedule 2.15(c)(i), there is no, and during the past three (3) years there has been no, material labor dispute, work stoppage, slowdown or any other material concerted interference with normal operations, pending or, to Sellers' Knowledge, threatened, against or affecting the business of the Company. Schedule 2.15(c)(ii) sets forth, with respect to the Sellers, (i) each union or labor organization or other person purporting to act as exclusive bargaining representative ("**Union**") of any Business Employees or Contingent Workers; and (ii) all collective bargaining, Union or other employee association agreements in effect in the past three (3) years, whether written or oral. Except as set forth in Schedule 2.15(c)(ii), the Sellers have no duty to bargain with any Union representing any Business Employees or Contingent Workers with respect to the wages, hours or other terms and conditions of employment of any Business Employee or Contingent Worker. To the Sellers' Knowledge and except as set forth in Schedule 2.15(c)(iii), no Union claims or demands to represent any Business Employees or Contingent Workers, there are no organizational campaigns in progress with respect to any of the Business Employees or Contingent Workers and no question concerning representation of such individuals exists. Except as stated in the collective bargaining agreements listed in Schedule 2.15(c)(i), there are no work rules or practices agreed to with any Union, that are binding on the Sellers with respect to any of the operations of the Sellers, or with respect to any Business Employee or Contingent Worker. Except as set forth in Schedule 2.15(c)(iv), the Sellers have not engaged in any unfair labor practice with respect to the Business Employees or Contingent Workers. Sellers have not failed to make any required employee benefit contributions. Except as set forth in Schedule 2.15(c)(iv), there is no unfair labor practice charge or complaint pending, or to Sellers' Knowledge, threatened against or otherwise affecting the Sellers. Except as set forth in Schedule 2.15(c)(v), no grievance brought by a Union or pursuant to a collective bargaining agreement is pending or, to the Sellers' Knowledge, threatened which, if adversely decided, could have a Seller Material Adverse Effect.

(d) Except as set forth in Schedule 2.15(d): (i) the Sellers are, and for the last three (3) years have been, in material compliance with all applicable Laws respecting labor, employment, human rights, pay equity, fair employment practices, workplace safety and health, workers' compensation, unemployment insurance, terms and conditions of employment, immigration and work authorization, classification as exempt or non-exempt for purposes of the Fair Labor Standards Act and analogous Laws, classification as independent contractors or employees, and wages and hours; (ii) Sellers are not delinquent in any payments to any Business Employee for any wages, salaries, commissions, bonuses, fees or other compensation due with respect to any services performed for it to the date hereof or amounts required to be reimbursed to such Business Employees; (iii) there are no, and within the last three (3) years there have been no material formal or informal grievances, complaints or charges with respect to employment or labor matters (including, without limitation, allegations of employment discrimination, sexual or other discriminatory harassment, sexual assault, retaliation or unfair labor practices) pending or, to the Knowledge of Sellers, threatened against the Sellers in any judicial, regulatory or administrative forum, under any private dispute resolution procedure or internally; (iv) none of the employment policies or practices of the Sellers are currently being audited or investigated, or to the Knowledge of Sellers, subject to imminent audit or investigation, in each case by any Governmental Entity or any third party; (v) the Sellers are not, and within the last three (3) years have not been, subject to any order, decree, injunction or judgment by any Governmental Entity or private settlement contract in respect of any labor or employment matters; and (vi) the Sellers are in material compliance with the requirements of the Immigration Reform Control Act of 1986.

(e) The Sellers have not, within the past three (3) years, experienced a "plant closing," "business closing," or "mass layoff" as defined in the WARN Act or any similar state, local or foreign Law or regulation affecting any site of employment of the Sellers or one or more facilities or operating units within any site of employment or facility of the Sellers, and, during the ninety (90) day period preceding the date hereof, no Business Employee has suffered an "employment loss," as defined in the WARN Act or any similar state, local or foreign Law or regulation, with respect to the Sellers.

(f) Within the last three (3) years: (i) no Business Employee has made any material allegation of discrimination or harassment (including, without limitation, sexual harassment) against the Sellers or against any Business Employee; and (ii) the Sellers have not entered into any settlement agreements related to allegations of discrimination or harassment (including, without limitation, sexual harassment) made by an applicant for employment or Business Employee or Contingent Worker.

(i) To the Knowledge of the Sellers, there is no, and during the last three (3) years there has been no consensual or non-consensual sexual relationship between: (i) any owner, officer or executive-level employee of the Sellers on the one hand, and any current or former Business Employee or Contingent Worker on the other hand; or (ii) between any supervisory employee of the Sellers on the one hand, and any current or former Business Employee or Contingent Worker within the same reporting structure on the other hand.

(j) To Sellers' Knowledge, there have been no workplace accidents, injuries, or exposures (including without limitation viral exposure, and including without limitation COVID-19) in the last twelve (12) months involving any Business Employee which are likely to result in, but have not yet resulted in, a material claim for worker's compensation payments or benefits, or issuance of a citation seeking material penalties or fines pursuant to OSHA or state or local equivalent.

(k) To the Knowledge of Sellers, no representative of the Sellers has made any representation, promise or guarantee to any Business Employee regarding: (i) whether the Sellers intend to retain such individual; or (ii) terms and conditions on which the Sellers may retain or offer to retain such individual.

(l) Except as set forth on Schedule 2.15.1(l): (i) no Business Employee is on a visa sponsored by the Sellers which visa will require continued sponsorship; and (ii) the Sellers have not, within the past three (3) years, received a "no match" letter from the Social Security Administration concerning any current or former Business Employee; and (iii) the Sellers have not, within the past three (3) years, received any written or informal notice from the Internal Revenue Service of a mismatch between a name of a Business Employee and a social security number provided on a Form 1095-C that the Sellers were unable to rectify as a clerical error. A USCIS Form I-9 has been prepared and retained for each Business Employee as required by Law. To the Knowledge of Sellers, no such Form I-9 was improperly prepared and no false documentation was provided in connection with satisfying the requirements of such Form I-9.

2.16 **Insurance.** Sellers maintain self-insurance or policies or binders of insurance covering such risks and events, including personal injury, property damage, malpractice and general liability, to provide commercially reasonable insurance coverage for the operations of the Business. Schedule 2.16 contains an accurate and complete list of all insurance policies and self-insurance funds maintained by Sellers with respect to the operations of the Business, indicating with respect to each such policy or fund, the type of insurance, identity of the insurer and whether such policies are on an occurrence or claims made basis. All of the insurance policies are in full force and effect and have not been subject to any lapse in coverage.

2.17 **Medical Staff Matters.** Sellers have made available to Buyer true, correct and complete copies of the bylaws and rules and regulations of the medical staff of the Hospital, as well as a list of all current members of such medical staff. Except as set forth on Schedule 2.17 there are no (a) pending or, to the Knowledge of Sellers, threatened adverse actions with respect to any medical staff member of the Hospital or any applicant thereto, including any adverse actions for which a medical staff member or applicant has requested a judicial review hearing that has not been scheduled or that has been scheduled but has not been completed, or (b) pending or, to the Knowledge of Sellers, threatened disputes with applicants, medical staff members or health professional affiliates, and all appeal periods in respect of any medical staff member or applicant against whom an adverse action has been taken have expired.

2.18 **Experimental Procedures.** During the past two (2) years, Sellers have not performed or permitted the performance of any experimental or research procedure or study involving patients at the Facilities that were not authorized and/or conducted in accordance with the policies and procedures of the Facilities that comply with applicable Law, including applicable U.S. Food and Drug Administration regulations.

2.19 **Sufficiency of Assets.** Except as set forth on Schedule 2.19, the Transferred Assets and assets and services provided under the Transition Services Agreement constitute all of the material assets, properties and rights held for use or necessary to operate and conduct the Business in substantially the same manner as the date of this Agreement or the Closing Date, as the case may be.

2.20 **Taxes.**

(a) Each Seller has filed on a timely basis all income and other material Tax Returns required to be filed by it (taking into account extensions of time properly obtained), with respect to the Business and the Transferred Assets. All such Tax Returns are true, complete and correct in all material respects and were prepared in substantial compliance with applicable Law. All material Taxes due and owing by each Seller with respect to the Business and the Transferred Assets have been timely paid. No Seller is, with respect to the Business and the Transferred Assets, the beneficiary of any extension of time within which to pay any Tax that is currently in effect.

(b) Each Seller has withheld and paid all material Taxes required to have been withheld and paid in connection with the Business and the Transferred Assets with respect to amounts paid or owing to any employee, independent contractor, creditor, customer, or other third party and have complied in all material respects with all related Tax information reporting and backup withholding provisions of applicable Law. All Forms W-2 and Forms 1099 required with respect to such withholding and payment have been properly completed and timely filed in all material respects.

(c) No extensions or waivers of statutes of limitations have been given or requested in writing with respect to any material Taxes of Sellers related to the Business or the Transferred Assets, which are still outstanding as of the date of this Agreement. All material Tax deficiencies asserted, or material Tax assessments made, against any Seller with respect to the Business or the Transferred Assets as a result of any examinations by any Taxing Authority have been paid. Sellers have not received any written notice of any proposed assessments of material Taxes against or in respect of the Business or the Transferred Assets, or of any proposed adjustments to any material Tax Returns filed with respect to the Business or the Transferred Assets, in each case, which are still outstanding.

(d) There is no litigation, suit, action, proceeding, arbitration, mediation, claim, investigation or audit now pending, proposed or, to the Knowledge of Sellers, threatened, against any Seller with respect to any Taxes related to the Business or the Transferred Assets. No Seller has been notified in writing by any Taxing Authority in any audit or other proceeding that any issues have been raised with respect to any material Tax Return related to the Business or the Transferred Assets. There has not been, within the past five (5) calendar years, an examination or written notice of potential examination of the material Tax Returns filed with respect to the Business or the Transferred Assets by any Taxing Authority.

(e) There are no Encumbrances for Taxes upon any of the Transferred Assets or otherwise other than Permitted Encumbrances.

(f) No written claim with respect to the Business or the Transferred Assets has ever been made by any Taxing Authority in a jurisdiction where any Seller does not file Tax Returns that any such Seller is or may be subject to taxation by that jurisdiction.

(g) No Seller is a party to any Tax allocation, sharing, indemnity, or reimbursement agreement or arrangement pertaining to the Business or the Transferred Assets (other than any such agreement or arrangement entered into in the Ordinary Course of Business, the primary purpose of which does not relate to Taxes).

(h) No Seller has, with respect to the Business or the Transferred Assets, an office or fixed place of business or a permanent establishment in any country other than the country in which it is organized.

2.21 **Intellectual Property.** A true and complete list of all Transferred Intellectual Property is set forth in Schedule 2.21. Except as set forth on Schedule 2.21, Sellers own or are validly licensed to use, all Intellectual Property used in or necessary for the operation of the Business, and no rights to the Transferred Intellectual Property have been granted to others by Sellers. All Transferred Intellectual Property is valid and enforceable, and Sellers have not received any written allegations contesting or challenging the validity, enforceability, or Sellers' ownership or use of the Transferred Intellectual Property. No Intellectual Property is necessary to conduct or to continue the Business as currently conducted, except the Transferred Intellectual Property. Sellers have taken the reasonably necessary steps to maintain the confidential Trade Secrets and to otherwise protect the Transferred Intellectual Property. Sellers are not party to or otherwise bound by any settlement or consent agreement, covenant not to sue or other agreement that could reasonably be expected, individually or in the aggregate, to materially and adversely affect the Transferred Intellectual Property or the rights to own, use, make, transfer, encumber,

assign, license, distribute, convey, sell or otherwise exploit the same. All Intellectual Property developed by or for the Business either (i) constitutes a "work made for hire" under applicable Law, or (ii) has been assigned to Sellers via a valid assignment agreement. The conduct of the Business and Sellers' use of the Transferred Intellectual Property does not infringe upon or otherwise violate the rights of others (and has not infringed upon or otherwise violated the rights of others), and, to the Knowledge of Sellers, none of the Transferred Intellectual Property is being infringed upon or otherwise violated by others. Sellers have not received any written notice alleging that Sellers, the conduct of the Business, or Transferred Intellectual Property infringes or otherwise violates the rights of others. Sellers have not made any written allegations that any others have infringed or otherwise violated the Transferred Intellectual Property. The Transferred Intellectual Property owned by Sellers does not include any proprietary Software developed by or for the Business. No director, officer, or employee of Sellers or any predecessor has any interest in or claim to any Transferred Intellectual Property. Subsequent to the Closing, and without further action or the payment of additional royalties or other compensation to any Person, Buyer shall be entitled to unrestricted use of all Transferred Intellectual Property, including all computer Software, programs, and similar systems owned by Sellers or licensed by Sellers under an Assumed Contract.

2.22 **Affiliate Transactions**. Except as set forth in Schedule 2.22, no Affiliate of Sellers is a counterparty to a Seller for any of the Assumed Contracts.

2.23 **Absence of Changes**. Since the Financial Statements Date, Sellers have conducted the Business in the Ordinary Course of Business and there has not occurred any change in the operation of the Business or any event or development that, individually or in the aggregate, has had or could reasonably be expected to have a Seller Material Adverse Effect. Since the Financial Statements Date, Sellers have not taken any action that, if taken after the date of this Agreement, would constitute a breach of any of the covenants set forth in Section 4.5.

2.24 **Brokers and Finders.** Except as set forth on Schedule 2.24, neither Sellers nor any affiliate thereof nor any officer or director thereof have engaged or incurred any liability to any finder, broker or agent in connection with the Contemplated Transactions.

2.25 **No Other Representations and Warranties.** Except for the representations and warranties contained in this Agreement (including the related portions of the Disclosure Schedules) and the documents delivered by Sellers at Closing, neither Sellers nor any other Person has made or makes any other express or implied representation or warranty, either written or oral, on behalf of Sellers, including any representation or warranty as to the accuracy or completeness of any information regarding the Business and the Transferred Assets furnished or made available to Buyer and its Representatives (including any information, documents or material made available to Buyer in the virtual data room, management presentations or in any other form in expectation of the Contemplated Transactions) or as to the future revenue, profitability or success of the Business, or any representation or warranty arising from statute or otherwise in law. Sellers acknowledge that the only representations and warranties made by Buyer are those expressly set forth in ARTICLE 3, that Sellers have not relied upon any other representation, warranty, projection, statement, or information made or furnished by or on behalf of Buyer or its Affiliates or Representatives, and that Sellers shall have no right or remedy arising therefrom.

2.26 **AS IS, WHERE IS.** EXCEPT AS EXPRESSLY SET FORTH IN THIS AGREEMENT, THE TRANSFERRED ASSETS ARE BEING CONVEYED "AS IS", "WHERE IS", AND "WITH ALL FAULTS" AS OF THE DATE OF THIS AGREEMENT, WITHOUT ANY REPRESENTATION OR WARRANTY WHATSOEVER AS TO ITS CONDITION, FITNESS FOR ANY PARTICULAR PURPOSE, MERCHANTABILITY OR ANY OTHER WARRANTY, EXPRESS OR IMPLIED. SELLERS SPECIFICALLY DISCLAIMS ANY WARRANTY, GUARANTY OR REPRESENTATION, ORAL OR WRITTEN, PAST OR PRESENT, THERETO EXCEPT AS OTHERWISE SET FORTH IN

THIS AGREEMENT. BUYER IS HEREBY ACQUIRING THE TRANSFERRED ASSETS BASED UPON BUYER'S OWN INDEPENDENT INVESTIGATIONS AND INSPECTION OF SUCH PROPERTY AND THE REPRESENTATIONS AND WARRANTIES OF SELLERS EXPRESSLY SET FORTH IN THIS AGREEMENT, AND NOT IN RELIANCE UPON ANY OTHER INFORMATION PROVIDED BY SELLERS OR SELLERS' AGENTS OR CONTRACTORS. NOTWITHSTANDING THE FOREGOING OR ANYTHING TO THE CONTRARY IN THIS AGREEMENT, NOTHING IN THIS SECTION OR ELSEWHERE IN THIS AGREEMENT SHALL LIMIT, RESTRICT, OR OTHERWISE AFFECT ANY RIGHTS OR REMEDIES AVAILABLE TO BUYER, OR ANY CLAIMS BUYER MAY HAVE AGAINST SELLERS, IN THE CASE OF FRAUD OR INTENTIONAL MISREPRESENTATION BY SELLERS.

ARTICLE 3
REPRESENTATIONS AND WARRANTIES OF BUYER AND NORTHBAY PARENT

As an inducement to Sellers to enter into this Agreement and to consummate the Contemplated Transactions, Buyer and NorthBay Parent each hereby represents and warrants to Sellers as to the following matters as of the date of this Agreement and as of the Closing Date:

3.1 **Authorization.** Buyer and NorthBay Parent each has all necessary corporate power and authority to enter into this Agreement and the other Transaction Documents to which Buyer or NorthBay Parent, as applicable, is or will become a party, and has the full power and authority to perform its obligations hereunder and to carry out the Contemplated Transactions. No additional internal consents are required in order for Buyer or NorthBay Parent to perform its respective obligations and agreements hereunder.

3.2 **Binding Agreement.** This Agreement has been duly and validly executed and delivered by Buyer and NorthBay Parent and, assuming due and valid execution by Sellers, this Agreement and the other Transaction Documents to which Buyer or NorthBay Parent is or will become a party are and will constitute valid and binding obligations of Buyer or NorthBay Parent, as applicable, enforceable in accordance with its terms subject to (a) applicable bankruptcy, reorganization, insolvency, moratorium and other laws affecting creditors' rights generally from time to time in effect, and (b) limitations on the enforcement of equitable remedies.

3.3 **Organization and Good Standing; No Violation.** Each of Buyer and NorthBay Parent is a non-profit public benefit corporation duly organized, validly existing and in good standing under the laws of the State of California, is duly authorized to transact business in the State of California, and has full power and authority to own, operate and lease its properties and to carry on its business as now conducted. Except as set forth in Schedule 3.3, neither the execution and delivery by Buyer or NorthBay Parent of this Agreement nor the consummation of the Contemplated Transactions nor compliance with any of the provisions hereof by Buyer or NorthBay Parent, as applicable, will (a) violate, conflict with or result in a breach of any material provision of the Articles of Incorporation, Bylaws or other organizational documents of Buyer or NorthBay Parent, or any Contract, lease or other instrument by which Buyer or NorthBay Parent is bound, (b) violate any Law, rule, regulation, or ordinance to which Buyer or NorthBay Parent is or may be subject, or (c) violate any judgment, Order or decree of any court or other Governmental Authority to which Buyer or NorthBay Parent is subject.

3.4 **Brokers and Finders.** Except as set forth on Schedule 3.4, neither Buyer nor any affiliate thereof nor any officer or director thereof have engaged or incurred any liability to any finder, broker or agent in connection with the Contemplated Transactions.

3.5 **Legal Proceedings.** There are no claims, Proceedings or investigations pending or, to the Knowledge of Buyer or NorthBay Parent, threatened by or against Buyer or any affiliate of Buyer before any court or Governmental Authority in which an adverse determination would materially and adversely affect Buyer's ability to consummate the Contemplated Transactions. Neither Buyer nor any Affiliate of Buyer is subject to any judgment, Order, decree or other governmental restriction specifically (as distinct from generically) applicable to Buyer or any affiliate of Buyer which would materially and adversely affect Buyer's or NorthBay Parent's ability to consummate the Contemplated Transactions.

3.6 **No Other Representations and Warranties.** Except for the representations and warranties contained in this ARTICLE 3 (including the related portions of the Disclosure Schedules), neither Buyer nor any other Person has made or makes any other express or implied representation or warranty, either written or oral, on behalf of Buyer, including any representation or warranty as to the accuracy or completeness of any information furnished or made available to Sellers and their Representatives (including any information, documents or material made available to Seller in the virtual data room, management presentations or in any other form in expectation of the Contemplated Transactions) or any representation or warranty arising from statute or otherwise in law.

3.7 **Independent Investigation.** Buyer and NorthBay Parent have each conducted its own independent investigation, review and analysis of the Business and the Transferred Assets, and acknowledges that it has been provided adequate access to the personnel, properties, assets, premises, Books and Records, and other documents and data of Sellers for such purpose. Buyer and NorthBay Parent each acknowledge and agree that: (a) in making its decision to enter into this Agreement and to consummate the Contemplated Transactions, each has relied solely upon its own investigation and the express representations and warranties of Sellers set forth in ARTICLE 2 of this Agreement (including related portions of the Disclosure Schedules); and (b) neither Sellers nor any other Person has made any representation or warranty as to Sellers, the Business, the Transferred Assets or this Agreement, except as expressly set forth in ARTICLE 2 of this Agreement (including the related portions of the Disclosure Schedules).

3.8 **NorthBay Medical Foundation.** Buyer and NorthBay Parent each agree that, if, in accordance with Section 12.2, Buyer designates NorthBay Medical Foundation as the party that will acquire any of the Transferred Assets, assume any of the Assumed Liabilities and/or employ any of the Transferred Employees, at the time of such designation by Buyer, Buyer and NorthBay Parent shall be deemed to have automatically made all of the representations and warranties set forth in this ARTICLE 3 on behalf of NorthBay Medical Foundation.

ARTICLE 4
PRE-CLOSING COVENANTS OF SELLERS AND BUYER

4.1 **Access and Information; Inspections.** Between the Execution Date and the Closing Date (the "**Interim Period**"), upon at least five (5) days' advance notice to Sellers, Sellers shall afford to the officers and agents of Buyer (which shall include accountants, attorneys, bankers and other consultants and authorized agents of Buyer) reasonable access during normal business hours, the right to inspect, the books, accounts, records and other relevant documents and information related to the Business as Buyer may reasonably request, and Sellers shall furnish Buyer with copies of such additional financial and operating data and other information in Sellers' possession or control related to the Business as Buyer or its Representatives may from time to time reasonably request; *provided*, *however*, that (i) the Parties shall continue to follow existing protocols for access to and protection of competitively sensitive information, (ii) Sellers are not obligated to provide information or access to information, materials or Persons if doing so could reasonably be expected to result in the waiver of any attorney-client privilege or the disclosure of any trade secrets or violate any Law, and (iii) Sellers shall not be required to incur any third-party expenses

in connection with providing access to or producing information pursuant to this Section 4.1 (excluding reasonable costs for attorneys, accountants, revenue cycle vendors, and other advisors or service providers currently engaged by Sellers in connection with the Contemplated Transactions); *provided*, *further*, that all disclosures of information shall be consistent with the confidentiality agreements and any other non-disclosure agreements entered into among Buyer, its Representatives and Sellers or its Representatives. Buyer's right of access and inspection shall be exercised in such a manner as not to interfere with the operations of Sellers or the Business.

4.2 **Cooperation and Consents.**

(a) General. The Parties shall reasonably cooperate with each other and their respective authorized Representatives and attorneys in: (i) all efforts to obtain all consents, Approvals, authorizations, clearances and licenses required to carry out the Contemplated Transactions (including those of governmental and regulatory authorities), and (ii) the preparation of any document or other material which may be required by any Governmental Authority as a predicate to or result of the Contemplated Transactions. Upon reasonable request of Buyer, Sellers shall promptly provide information specific to Sellers that is necessary for Buyer to obtain all governmental consents, Approvals, assignments, authorizations, clearances, permits and licenses necessary to consummate the Contemplated Transactions.

(b) California Attorney General. As soon as reasonably practicable following the Execution Date, Sellers shall notify the California Attorney General (the "**CAG**") in writing of the proposed transaction in accordance with Section 999.5 of Title 11 of the California Code of Regulations, and Buyer shall cooperate with Sellers and provide all information reasonably necessary to assist Sellers in preparing such notice to the CAG. Each Party will notify the other of communications from the CAG relating to such notice or approval. Sellers shall use commercially reasonable efforts to provide such other information as the CAG shall request in connection with the CAG's review of the Contemplated Transactions. Buyer, on behalf of itself and NorthBay Parent, shall provide such information to Sellers and the CAG that Sellers or the CAG may reasonably request in connection with the CAG's review of the Contemplated Transactions and shall otherwise cooperate with Sellers in obtaining the CAG's approval of the transaction. To the extent Sellers or Buyer information and documentation is eligible for confidential treatment from the CAG, the Parties shall request such confidential treatment. Each Party shall be entitled to participate, to the extent practicable, in conversations with personnel in the Office of the CAG in connection with the Contemplated Transactions. Buyer shall be responsible for paying all costs associated with the CAG's review of the Contemplated Transactions, including, without limitation, the cost of the CAG's outside consultants.

(c) HSR Act.

(i) To the extent required by law, Sellers and Buyer will, following the Execution Date, promptly file with the Federal Trade Commission and the Department of Justice the notification and report forms required for the Contemplated Transactions and any supplemental information that may be reasonably requested in connection therewith pursuant to the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended (the "**HSR Act**"), which notification and report forms and supplemental information will comply in all material respects with the requirements of the HSR Act. The Parties shall furnish to each other such information and assistance as a Party shall reasonably require in connection with the preparation and submission to, or agency Proceedings by, any Governmental Authority under the HSR Act, and the Parties shall keep each other promptly apprised of any communications with, and inquiries or requests for information from, such Governmental Entities.

(ii) Buyer agrees to be responsible for one hundred percent (100%) of the total filings fees associated with the HSR Act filing by the Parties.

(iii) Each of Sellers and Buyer will use reasonable best efforts to respond to any inquiry of a Governmental Authority in connection with the HSR Act filing and to resolve any objections asserted by any applicable Governmental Authority with respect to the Contemplated Transactions under the HSR Act or any other federal antitrust laws; *provided, however*, that such reasonable best efforts shall not require Buyer to commit to: (i) sell or otherwise dispose of any of Buyer's assets; or (ii) divest, hold separate or restrict Buyer from acquiring any of the Transferred Assets or portion of the Business.

(d) Contracts. Sellers will use commercially reasonable efforts to obtain, prior to the Closing Date, the Contract and Lease Consents; *provided, however*, that Sellers shall not be required to expend funds or incur additional liability as a condition or requirement to obtaining any Contract or Lease Consents (other than as may be expressly provided in an Assumed Contract or Assumed Lease and payable to the contract party or landlord in connection with providing such a consent).

4.3 **Closing Conditions.** During the Interim Period, each of Buyer and Sellers shall use their commercially reasonable efforts to satisfy all of the conditions precedent set forth in ARTICLE 6 and ARTICLE 7 to Sellers' or Buyer's obligations under this Agreement to the extent that a Party's action or inaction can control or materially influence the satisfaction of such conditions; *provided, however*, that, with respect to the condition precedent set forth in Section 7.7, Sellers shall not be required to pay or commit to pay any amount to (or incur any obligation in favor of) any Person that is not explicitly addressed in this Agreement or in the Assumed Contracts or Assumed Leases applicable to the Material Contract Consents.

4.4 **Business Operations.** During the Interim Period, Sellers shall (a) operate the Business in the ordinary course, consistent with the usual day-to-day customs and practices of Sellers as of the Execution Date (the "**Ordinary Course of Business**"); (b) preserve intact its legal existence and business organization; and (c) use commercially reasonable efforts to preserve the goodwill and present business relationships (contractual or otherwise) with those having material business relationships with it, in each case with respect to the Business, subject to ordinary course terminations; *provided*, *however*, that actions or inactions that a Seller reasonably believes are required to comply with applicable Law shall be considered to have been taken in the Ordinary Course of Business; *provided*, *further*, that subject to applicable Law, Sellers shall give Buyer prompt written notice subsequent to taking any such act described in the immediately preceding clause.

4.5 **Negative Covenants.** Without limiting the covenants in Section 4.4, during the Interim Period, and except as set forth in Exhibit 4.5, Sellers shall not, with respect to the operations of the Business, directly or indirectly, do, agree or commit to do, or take any action, or fail or omit to take any action that would result in, any of the following actions without the prior written consent of Buyer (which shall not be unreasonably withheld) or except as may be required by Law:

(a) amend, accelerate, waive or terminate any of the Assumed Contracts, Assumed Leases or Material Contracts or enter into a new Material Contract, in each case, except in the Ordinary Course of Business (which shall only include renewals or extensions of the term of any Contract);

(b) (i) increase compensation or benefits payable or to become payable or make any bonus payment to or otherwise enter into one or more bonus agreements with any employee or any other service provider of the Business, (ii) grant or increase any rights to change in control, severance or termination payments or benefits to, or enter into any change in control, employment, consulting or severance agreement with, any Seller employee or any other service provider of the Business; or (iii) establish, adopt, enter into, terminate, amend or modify any Seller Plan, in each case of (i), (ii) and (iii), except in the Ordinary Course of Business, in accordance with Sellers' customary personnel policies, or as otherwise required by Law or Contract;

(c) create, assume, permit to exist or otherwise become liable for any new debt or other Encumbrance upon any of the Transferred Assets (other than Permitted Encumbrances or Encumbrances to be terminated at or prior to the Closing); *provided* that with respect to the Leased Real Property, this covenant shall apply only to Sellers' leasehold interest therein;

(d) sell, assign, lease, or otherwise transfer or dispose of any Transferred Asset, except in the Ordinary Course of Business with comparable replacement thereof;

(e) except with respect to previously budgeted expenditures (or in the Ordinary Course of Business), make any acquisition of, or investment in, or otherwise acquire, any capital assets, any Real Property, any real estate that is not Real Property, securities, business, or incur material costs in respect of construction in progress with respect to the operation of the Business;

(f) (i) abandon, cancel, fail to renew or permit to lapse (1) any Transferred Intellectual Property or (2) any other Intellectual Property used in the Business and to be provided pursuant to the Transition Services Agreement, or (ii) sell, transfer, license, lease, sublease, pledge or otherwise encumber any (1) Intellectual Property that is included in the Transferred Intellectual Property or (2) Intellectual Property provided to Buyer or the Business pursuant to the Transition Services Agreement to the extent such sale, transfer, license lease, sublease, pledge, or encumbrance would adversely affect Buyer's or the Business' ability to receive the services contemplated under the Transition Services Agreement;

(g) amend in any material respect, cancel or permit to terminate any material insurance policy providing coverage to the Business without first obtaining comparable substitute insurance coverage with no lapse in coverage;

(h) hire, engage, terminate (without cause), furlough, or temporarily layoff any employee or independent contractor of the Business with annual compensation in excess of $500,000;

(i) (i) implement or announce any employee layoffs, reductions in force, or other such actions that could trigger the WARN Act; (ii) except as set forth on Schedule 4.5(i), negotiate, modify, extend, or enter into any collective bargaining agreement or recognize or certify any labor union, labor organization, or group of employees as the bargaining representative for any Seller employees, or (iii) modify the job duties of any employee of Sellers such that he or she would or would not be considered a Business Employee; in each case, except as otherwise required by Law or Contract;

(j) waive, release, assign, settle or compromise any material rights or claims (including any noncompetition, nonsolicitation or other restrictive covenant obligations of any current or former Seller employee), or any pending or threatened material litigation or arbitration to the extent related to the Business, the Transferred Assets or the Assumed Liabilities, except in cases involving solely monetary damages not in excess of $250,000 (which damages, for the avoidance of doubt, whether below or exceeding such thresholds, will constitute Excluded Liabilities; other than liability claims covered entirely by insurance policies);

(k) make any changes in the financial accounting policies, practices, principles, methods or procedures of the Business, other than as required by GAAP or by applicable Laws;

(l) (i) make (other than in the Ordinary Course of Business), revoke or change, in any material respect, any election concerning Taxes relating to the Transferred Assets or the Business; (ii) enter into any closing agreement or settle any material Tax claim or assessment relating to the Transferred Assets or the Business; (iii) consent to any extension or waiver of the limitation period applicable to any material Tax Proceeding or assessment relating to the Transferred Assets or the Business; or (iv) omit to

take any action relating to the filing of any material Tax Return or the payment of any material Tax in each case, relating to the Transferred Assets or the Business;

(m) move or relocate any Transferred Assets from the Facilities to any other location that is not a Facility;

(n) directly or indirectly, in any capacity, encourage, induce, solicit or attempt to encourage, induce or solicit, or employ, hire or contract with any healthcare provider employed or contracted at the Facilities, to practice or provide services at another Seller owned or managed facility; *provided* that the foregoing shall not apply to any direct or indirect general solicitation by Sellers or their Affiliates that is not directed specifically to any such healthcare provider; or

(o) agree or commit to take any of the actions set forth in this Section 4.5.

For purposes of this Section 4.5, Sellers shall be deemed to have obtained Buyer's prior written consent to undertake the actions otherwise prohibited by this Section 4.5 if a Seller gives Buyer written notice of a proposed action and the Seller does not receive from Buyer a written notice of objection to such action within seven (7) days after Buyer receives a Seller's written notice. Notwithstanding any provision to the contrary contained in this Agreement, neither Section 4.4 nor this Section 4.5 shall be construed to prohibit Sellers from engaging in any act which Sellers reasonably believes is necessary (i) to preserve and protect the condition or continued operations of the Business, (ii) for patient safety needs, or (iii) to comply with the requirements of any Law; *provided*, that subject to applicable Law, Sellers shall give Buyer prompt written notice subsequent to taking any act described in the immediately preceding clause.

4.6 **Exclusivity.** From and after the execution of this Agreement until the earlier of the Closing Date or the termination of this Agreement (the "**Exclusivity Period**"), Sellers shall not (and shall cause its Representatives not to), without the prior written consent of Buyer: (a) offer for sale the Transferred Assets (or substantially all of the Transferred Assets) or any ownership interest in any entity owning any of the Transferred Assets (by merger, consolidation, sale of assets, or other form of transaction that results in a change in control); (b) solicit offers for any such transaction; or (c) enter into any agreement or other understanding with any Person (other than Buyer or any affiliate of Buyer) with respect to any such transaction. Notwithstanding the foregoing, nothing in this Section 4.6 shall prohibit or limit Sellers or their Representatives from indicating to any Person or entity that Sellers are not permitted to respond to any such transaction during the Exclusivity Period.

4.7 **Real Estate Matters.**

(a) Title Matters. At any time prior to the date that is thirty (30) days before the Closing Date, Buyer may cause to be delivered to Sellers (a) a preliminary binder or title commitment(s) for the Owned Real Property (the "**Title Commitment**") issued by First American Title Insurance Company (the "**Title Company**"), together with true, correct and legible (or, if not legible, the best available) copies of all instruments referred to therein as conditions or exceptions to title (the "**Title Instruments**"), and (b) an ALTA survey or surveys of the Owned Real Property complying with the Minimum Standard Detail Requirements for ALTA/ACSM Land Title Surveys for the Owned Real Property in a form reasonably acceptable to Buyer and the Title Company (the "**Surveys**"), sufficient for the issuance of an ALTA Extended Coverage Owner's Title Insurance Policy with respect to the Owned Real Property (the "**Title Policy**"). The costs and expenses of the Title Commitment, the Title Policy and the Surveys shall be borne by Buyer. At the Closing, Sellers shall deliver to the Title Company an owner's affidavit of title in a form reasonably acceptable to Sellers and the Title Company and adequate to cause Title Company to delete the standard pre-printed exceptions in the Title Commitment (other than as and to the extent such deletion requires the delivery to Title Company of an ALTA survey approved by Title Company, and Sellers shall have no duty hereunder to provide such a survey), together with evidence of

authority; releases of liens; or customary affidavits and instruments as are reasonably required by the Title Company to issue the Title Policy in accordance with the terms of this Agreement; *provided* that Sellers shall not be required to provide any indemnity other than customary gap, mechanic's lien **(**including FATICO's customary Indemnity Agreement I, if applicable, in a form reasonably modified by Sellers), and accuracy of Seller's customary affidavits.

(b) Inspections. Subject to the rights of any invitees, tenants, licensees or users of the Owned Real Property, Buyer, at its sole cost and expense, shall have the right, upon no less than forty-eight (48) hours' prior written notice to Sellers, to enter upon the Owned Real Property at all reasonable times between the Execution Date and the Closing Date in order to conduct such inspections, tests or studies as Buyer deems appropriate, including, without limitation, non-invasive environmental testing or engineering surveys of the Owned Real Property; *provided, however*, in no event shall Buyer conduct any invasive investigations or testing of the land or improvements thereon or conduct interviews of any parties to the Lease Agreements without Sellers' prior written consent, which consent shall not be unreasonably withheld, conditioned or delayed. Sellers agree to reasonably cooperate with any such investigations made by Buyer; *provided, however*, Sellers may, if they so desire, have a representative present in connection with such investigations or interviews. Buyer shall use commercially reasonable efforts to conduct its investigations at the Owned Real Property in a manner that minimizes disruption to Sellers' operation of the Owned Real Property. Buyer shall restore the Owned Real Property to its condition existing immediately prior to Buyer's inspection thereof, and Buyer shall be liable for all damage or injury to any person or property resulting from, relating to or arising out of any inspection, whether occasioned by the acts of Buyer or any of its employees, agents, contractors, or other representatives and Buyer shall indemnify and hold harmless Sellers and their agents, employees, officers, directors, Affiliates, asset managers and other representatives from any liability resulting therefrom. Notwithstanding the foregoing, in no event shall Buyer's indemnification obligations contained in this Section apply to any cause of action, liability, loss, damage, cost or expense incurred or suffered by Sellers (i) which was caused by Sellers, or Sellers' employees, agents, contractors, or invitees, or (ii) to the extent resulting from pre-existing conditions merely discovered, and not created or exacerbated, by Buyer or its representatives in connection with such inspections. This indemnification by Buyer shall survive the Closing Date or the termination of this Agreement, as applicable.

(c) Insurance. Prior to Buyer entering upon the Owned Real Property, or any other Person entering upon the Owned Real Property pursuant to Buyer's rights under Section 4.7(b) above (each, a "**Consultant**"), Buyer shall, and shall cause each and every such Consultant, to furnish Sellers with a certificate of insurance evidencing that Sellers have been added as an additional insured under an insurance policy maintained by Buyer or such Consultant, as applicable. Each such insurance policy shall be issued by a licensed insurance company qualified to do business in the State of California and provide coverage against any claim for personal liability or property damage caused by Buyer or such Consultant, as applicable, and its respective agents or representatives, with the following insurance coverage and limits:

(i) Commercial General Liability Insurance in a minimum amount of $1,000,000 per occurrence for, and in a minimum of $2,000,000 for any aggregate of occurrences for death, bodily injury, and property damage;

(ii) Automobile Liability Insurance in a minimum amount of $1,000,000 per occurrence for, and in a minimum amount of $2,000,000 for any aggregate of occurrences for death, bodily injury, and property damage;

(iii) Pollution Liability Insurance in a minimum amount of $1,000,000 per occurrence for, and in a minimum amount of $2,000,000 for any aggregate of occurrences for death, bodily injury, and property damage;

(iv) Umbrella Liability Insurance in a minimum amount of $1,000,000 per occurrence for death, bodily injury, and property damage; and

(v) Workers Compensation Insurance with statutory limits as required by applicable law.

(vi) To the extent permitted by Law, all such insurance policies required to maintain under this Section shall provide for waiver of all rights of subrogation which such insurance carriers might exercise against Buyer or such Consultant, as applicable.

(d) Natural Hazard Disclosure Statement. Within twenty (20) days of the Execution Date, Sellers shall request that Title Company make a property disclosure report (the "**Disclosure Report**") available to Buyer. The Disclosure Report fully and completely discharges Sellers from their disclosure obligations, if any, which may be required under the Natural Hazard Disclosure Act, California Government Code Sections 8589.3, 8589.4, and 51183.5, California Public Resources Code Sections 2621.9, 2694, and 4136, and California Civil Code Section 1103.2, and any successor Law, and, for the purposes of this Agreement, the provisions of Civil Code Section 1102.4 regarding the non-liability of Sellers for errors and/or omissions not within its personal knowledge shall be deemed to apply and the preparer of the Disclosure Report shall be deemed to be an expert, dealing with matters within the scope of its expertise with respect to the examination and Disclosure Report. Nothing set forth in the Disclosure Report shall (i) require Sellers to remediate any matter referred to in the Disclosure Report or (ii) create any liability by Sellers to Buyer therefor and Sellers shall in no event be required to expend funds to remediate any matters disclosed in the Disclosure Report, unless, in each case, specifically required otherwise pursuant to the terms of this Agreement. Notwithstanding Buyer's receipt and review of the Disclosure Report, Buyer hereby knowingly, voluntarily and intentionally waives its right to disclosure by Sellers of natural hazards found in Natural Hazard Disclosure Act, California Government Code Sections 8589.3, 8589.4, and 51183.5, California Public Resources Code Sections 2621.9, 2694, and 4136, and California Civil Code Section 1103.2, and any similar or successor law. Following the Closing Date, Buyer shall be solely responsible for preparing and delivering its own disclosure report to any subsequent prospective buyers of the Owned Real Property.

4.8 **Waiver of Bulk Sales Law Compliance.** Buyer and Sellers hereby waive compliance by Seller with the requirements, if any, of Article 6 of the Uniform Commercial Code as in force in any state in which the Transferred Assets are located and all other Laws applicable to bulk sales and bulk transfers.

4.9 **Disclosure Schedules.**

(a) Each Schedule, certificate and written disclosure required hereby is incorporated by reference into this Agreement and will be considered a part hereof as if set forth herein in full. Prior to the Closing, Sellers will, as soon as practicable after discovery, deliver to Buyer written notice of any event, fact, circumstance or condition that does or could reasonably be expected to cause a breach of any of such Party's representations, warranties or covenants under this Agreement. Prior to the Closing, Buyer will, as soon as practicable after discovery, deliver to Sellers written notice of any event, fact, circumstance or condition that does or could reasonably be expected to cause a breach of any of Buyer's or NorthBay Parent's representations, warranties or covenants under this Agreement.

(b) Until the Closing, Sellers, on the one hand, and Buyer, on the other hand, will, as soon as practicable after discovery, deliver to the other Party written notice (each, a "**Disclosure Schedule Update**") updating any information in the Disclosure Schedules to the extent necessary to (i) reflect any event occurring or fact, circumstance or condition arising after the date of this Agreement that, if such event occurred or such fact, circumstance or condition arose before or on the date of this Agreement, would have been required to be disclosed in the Disclosure Schedules or that are necessary to correct any

disclosures in the Disclosure Schedule that have been rendered inaccurate thereby or (ii) correct any existing inaccuracy or deficiency in the Disclosure Schedules based on any event that occurred or fact, circumstance or condition that existed before or on the date of this Agreement. Buyer may not refuse to close the Contemplated Transactions as a result of any such Disclosure Update unless a fact, circumstance or condition disclosed in such Disclosure Schedule Update has had or is reasonably expected to constitute a Seller Material Adverse Effect that causes the condition in Section 6.3 (with respect to certain breaches of the representations and warranties of Sellers) not to be satisfied as of the Closing Date. Notwithstanding the forgoing, a Disclosure Schedule Update shall not modify the corresponding Disclosure Schedule or qualify the representations and warranties in this Agreement corresponding to such Disclosure Schedule and will not cure any inaccuracy in or breach of representation or warranty that otherwise might have existed hereunder by reason of the subject matter so disclosed or otherwise prejudice any indemnification rights under Section 10.2.

(c) The disclosures in the Disclosure Schedules of any information shall not be deemed to constitute an acknowledgement that such information is required to be disclosed in connection with the representations and warranties by Sellers in this Agreement or that it is material, nor shall such information be deemed to establish a level or standard of materiality for purposes of this Agreement. The disclosures in the Disclosure Schedules and in this Agreement set forth exceptions to the representations, warranties and other agreements made by Sellers in this Agreement and are intended to qualify such representations, warranties and other agreements.

4.10 **Buyer Financing Updates; No Financing Contingency**.

(c) Buyer acknowledges that it intends to fund the Cash Purchase Price or a portion thereof by securing financing from a third party lender ("**Third Party Financing**"). During the Interim Period, Buyer will provide Sellers with monthly updates on the status of such Third Party Financing and otherwise provide Sellers with material changes regarding the status of such Third Party Financing promptly as they occur.

(d) Within ninety (90) days after the Execution Date (the "**Financing Negotiation Period**"), Buyer shall deliver to Sellers reasonable written evidence, in form and substance reasonably satisfactory to Sellers, that Buyer has negotiated and finalized definitive loan agreements with one or more institutional lenders providing Third Party Financing sufficient, when funded, to pay the Cash Purchase Price and all related costs payable by Buyer at Closing under this Agreement. Such reasonable written evidence shall include a true, complete and correct copy of the loan agreement and related financing documents (collectively, the "**Loan Agreement**") that (i) is in final form and is capable of being executed by Buyer and the lender(s) at or immediately prior to the Closing (subject only to ordinary course modifications and/or information refreshes requested by the applicable lender(s)) for purposes of demonstrating the availability of committed Third Party Financing sufficient to fund the Closing, and (ii) provides for committed Third-Party Financing that, upon execution, will be binding on the lender(s). To the extent the lender(s) requests any modification to the Loan Agreement between the end of Financial Negotiation Period and the execution of the Loan Agreement, Buyer shall promptly notify Sellers of such modification.

(e) In the event (i) Buyer has not provided Sellers the written evidence required under Section 4.10(b) within the Financing Negotiation Period (or such other date as mutually agreed upon by the Parties) or (ii) Buyer has not obtained such Third Party Financing by the time all closing conditions in ARTICLE 6 and ARTICLE 7 have been met or waived by the applicable Party, the Sellers shall have the right to terminate this Agreement immediately by providing written notice to Buyer.

(f) At Buyer's reasonable request, Sellers shall, prior to the Closing, use commercially reasonable efforts to cooperate, and cause the Affiliates of Seller to use commercially

reasonable efforts to cooperate, with Buyer in connection with any Third Party Financing, as may be reasonably requested by Buyer; *provided, however*, that such commercially reasonable efforts shall be limited to (i) Sellers and their Affiliates providing information regarding the Business that is reasonably requested by Buyer and (ii) Sellers using commercially reasonable efforts to obtain (A) to the extent a lender of Third Party Financing requires an estoppel certificate with respect to a Lease Agreement, an estoppel certificate form the other parties to such Lease Agreement, (B) to the extent a lender of Third Party Financing requires non-disturbance agreement with respect to an Assumed Lease, a non-disturbance agreement from the respective lender encumbering any real property underlying the Leased Real Property for such Assumed Lease.

(g) Notwithstanding anything in this Agreement, including anything in this Section 4.10, that may be construed to the contrary, Buyer expressly acknowledges and agrees that Buyer's obligation to purchase the Transferred Assets and to close the Contemplated Transactions shall not be subject to, or conditioned or contingent on, Buyer securing any Third Party Financing.

4.11 **Additional Financial Information**. Within thirty (30) days following the end of each calendar month between the date of this Agreement and the Closing Date, Sellers will deliver to Buyer copies of the unaudited balance sheets (with respect to the operation of QVMC) and the related unaudited statements of operations relating to the Business for each month then ended. Such financial statements shall be prepared from and in accordance with the Books and Records of Sellers, and shall fairly present in all material respects the financial position and results of operations of the Business as of the date and for the period indicated.

4.12 **Insurance Policies.**

(a) **Tail Policies**. For the claims-made insurance policies held for the benefit of the Business and set forth on Exhibit 4.12 (the "**Claims-Made Insurance Policies**"), Sellers will obtain supplemental insurance policies (the "**Tail Policies**") providing for extended reporting periods for claims made on or after the Effective Time in respect of events occurring prior to the Effective Time relating to all periods prior to the Effective Time. Such Tail Policies shall extend for at least six (6) years after the Effective Time and shall provide minimum coverages in an amount no less than the coverage currently maintained under the applicable Claims-Made Insurance Policy. The cost of the Tail Policies shall be borne by Sellers.

(b) **Nose Policy**. Sellers shall reimburse Buyer for the reasonable, direct cost incurred by Buyer in obtaining a prior acts "nose" policy (the "**Nose Policy**") covering professional liability claims that may be made against the PMGNC Napa Providers on or after the Effective Time with respect of events occurring prior to the Effective Time, provided that such Nose Policy coverage extends for a period of up to six (6) years after the Effective Time and provides professional liability coverage in commercially reasonable amounts for the benefit of the PMGNC Napa Providers.

4.13 **Buyer Tax-Exempt Status**. From the date hereof until the earlier of the Closing or the termination of this Agreement in accordance with ARTICLE 8, NorthBay Parent shall use good faith efforts to file an application for recognition of tax-exempt status under Section 501(c)(3) of the Code (or such other applicable provision) with the Internal Revenue Service prior to Closing; *provided* that the receipt or approval of such tax-exempt status shall not be a condition to Closing.

4.14 **Shared Contracts**. Within three (3) months after the Execution Date, Sellers shall deliver to Buyer copies of all documents in the possession of Sellers and their Affiliates that may constitute Shared Contracts (as defined below) within their possession; provided, however, the delivery of such Shared Contracts shall be subject to and in accordance with all applicable Law and neither Sellers nor any of their Affiliates shall be required to disclose any Shared Contracts or information therein to the extent such

disclosure would violate applicable Law For purposes of this Agreement, "**Shared Contracts**" means Contracts that are used in, or necessary for, the operation of the Business as currently conducted as of the Execution Date and do not relate exclusively to the operation of the Business, the Transferred Assets or the Facilities, including, multi-facility Contracts in which one or more other hospitals, facilities or operations of Sellers or any of their Affiliates that are not Facilities participate. From and after the Execution Date until the Closing, Sellers shall, and shall cause their Affiliates to, reasonably cooperate with Buyer in connection with Buyer's transition planning with respect to such Shared Contracts, including: (a) cooperation around planning and implementing the Transition Services Agreement, (b) cooperation around Buyer's evaluation of the necessary replacement of goods, services or other benefits provided under the Shared Contracts.

4.15 **Medical Staff Matters**. As soon as reasonably practicable after the Execution Date, Sellers shall provide Buyer with a list of all members of the Hospital's medical staff that have resigned while under investigation or had their privileges at the Hospital revoked or suspended in the six (6) year period prior to the Execution Date; provided, however, Sellers shall not be required to disclose any information protected under any Laws, rules or regulations applicable to medical staff peer review.

4.16 **Virgin Mary Statue**. Prior to the Closing, the Parties shall discuss in good faith and mutually agree on: (a) whether the statue of Virgin Mary located on the façade of the Hospital building shall be treated as a Transferred Asset or an Excluded Asset, and (b) if the statue is deemed to be an Excluded Asset, the post-Closing process, and allocation of costs, associated with removing the statue from the Hospital building.

ARTICLE 5
ADDITIONAL AGREEMENTS

5.1 **Certain Employee Matters**

(a) During the Interim Period, Buyer or one of its Affiliates ("**Buyer Employer**"), subject to Buyer Employer's standard hiring practices and policies applied in a consistent and non-discriminatory manner, shall offer employment to commence at the Effective Time to all Business Employees who are actively employed as of the Effective Time, excluding any Leave Employees (as defined below). Such Business Employees that accept employment with Buyer Employer shall be referred to herein as "**Transferred Employees**." For the avoidance of doubt, employment of each Transferred Employee shall commence immediately upon the Effective Time with no interruption in employment for purposes of applicable Law. All such Transferred Employees who remain continuously employed by Buyer Employer will be employed in the same or comparable positions (including the same or better job title and responsibilities as may be required by existing collective bargaining agreements and the National Labor Relations Act) for a minimum of twelve (12) months after the Closing Date, unless a Transferred Employee voluntarily terminates employment or employment is terminated by Buyer Employer for cause. Any Business Employee who is on a leave of absence as of the Effective Time (each, a "**Leave Employee**") shall not transfer to Buyer and shall remain employed by Sellers. Notwithstanding the foregoing, if a Leave Employee is cleared to return to work within such employee's protected leave period, but in no event later than six (6) months following the Effective Time, Buyer Employer shall, subject to the terms and conditions of this Section 5.1, offer employment to such Leave Employee, and any such Leave Employee who accepts such offer shall be deemed a Transferred Employee for purposes of this Agreement (the date of such acceptance, the "**Leave Employee Effective Time**"). Sellers shall retain all obligations and liabilities with respect to each Leave Employee until such Leave Employee's Leave Employee Effective Time, including without limitation any obligations relating to short-term disability benefits, long-term disability benefits, workers' compensation, and any other employment-related obligations arising from or in connection with such leave. Unless otherwise set by applicable law or in a collective bargaining agreement applicable to

any of the Business Employees, Buyer will ensure that each Transferred Employee be provided with: (i) base salary or wages, applicable pay differentials, and target annual bonus and/or incentive compensation opportunities at least equal to the base salary or wages and target annual bonus and/or incentive compensation made available to such Transferred Employee prior to the Closing Date; (ii) severance benefits at least as favorable as those in effect for such Transferred Employee prior to the Closing Date; and (iii) other benefits and terms and conditions of employment that are either: (A) substantially comparable in the aggregate to those in effect for such Transferred Employee prior to the Closing Date; or (B) substantially comparable to those provided to similarly situated employees of Buyer Employer; *provided* that Sellers make available to Buyer such documentation, Seller Plan documents, summaries of benefits coverage and other records or data reasonably required for such commitment.

(b) Transferred Employees shall be given credit for the most recent continuous period of employment with Sellers prior to the Effective Time or the Leave Employee Effective Time, as applicable, which, for avoidance of doubt, includes any leave of absence pursuant to any Seller's policies, the Family and Medical Leave Act of 1993 or other similar Law, for purposes of determining eligibility to participate in, vesting and levels of benefits under Buyer Employer 's employee benefit plans in which such Transferred Employees are eligible to participate following the Closing and will waive any waiting period for participation in Buyer Employer's health and medical plans, *provided* that Sellers provide Buyer with service records reasonably required for such service crediting and no such prior service shall be taken into account to the extent it would result in the duplication of benefits to any Transferred Employee or to the extent not counted under the corresponding Seller Plan in which the Transferred Employee participated immediately prior to the Effective Time. Buyer shall, or shall cause Buyer Employer to, take commercially reasonable steps to ensure that preexisting condition limitations will be waived with respect to Transferred Employees and their covered dependents unless such preexisting condition limitations were applicable under the corresponding Seller Plans prior to the Effective Time. During the Interim Period, the Parties shall cooperate in good faith to identify and implement reasonable measures to minimize any negative impact on Transferred Employees arising from the transition of such employees from Sellers' medical and health plans to Buyer's medical and health plans, including with respect to any amounts paid by Transferred Employees or their covered dependents toward deductibles or out-of-pocket maximums under Sellers' plans prior to the Effective Time.

(c) On the Closing Date, Sellers shall payout to each Transferred Employee the accrued and unused paid time off of each Transferred Employee as of the Closing Date ("**PTO**"). Promptly following such payment, Sellers shall provide Buyer with documentation reasonably requested by Buyer supporting the PTO amounts paid to each Transferred Employee, including records of PTO accrual and usage. Buyer shall reimburse Sellers for one hundred percent (100%) of the PTO paid by Sellers pursuant to this Section 5.1(c) no later than ten (10) days after Buyer has received such supporting documentation and has had a reasonable opportunity to verify the accuracy of such payments.

(d) Prior to the Effective Time, Sellers shall be solely responsible for complying with WARN and all other obligations under applicable Law requiring notice of plant closings, relocations, mass layoffs, reductions in force or similar actions (and for any failures to so comply), in any case applicable to Business Employees as a result of any action by Sellers or any Affiliate of Sellers prior to the Effective Time or following the Effective Time with respect to any Business Employees who do not become a Transferred Employee. Notwithstanding the foregoing, Buyer shall not, at any time prior to ninety (90) days after the Effective Time, effectuate a "plant closing" or "mass layoff," as those terms are defined in WARN, affecting in whole or in part any site of employment, facility, operating unit or Business Employee, without notifying Sellers in advance and without complying with the notice requirements and other provisions of WARN. With respect to terminations of employees on or after the Effective Time, Buyer shall be responsible for any notification required under WARN.

(e) Prior to the Closing, Sellers shall provide notice to any union representatives of the Transferred Employees and engage in effects bargaining in compliance with applicable collective bargaining agreements and bargaining obligations under the National Labor Relations Act. Buyer shall, from the Effective Time, assume any existing collective bargaining agreements with Transferred Employees and will cooperate with Sellers to transition such Contracts to Buyer during the Interim Period. During the Interim Period, Sellers shall keep Buyer reasonably informed of all communications with, and the status of any effects bargaining with, any union or other collective bargaining representative of the Transferred Employees, including by providing Buyer with copies of all written communications to or from such representatives relating to the transactions contemplated by this Agreement within a reasonable timeframe of sending or receipt thereof. Sellers shall consult with Buyer in good faith and consider Buyer's reasonable input prior to taking any material position or making any material commitment in connection with such effects bargaining.

(f) The representations, warranties, covenants and agreements contained herein are for the sole benefit of the Parties, and the Business Employees, Unions, and Transferred Employees are not intended to be and shall not be construed as beneficiaries hereof. This Section 5.1 shall be binding upon and inure solely to the benefit of each of the Parties, and (i) nothing in this Section 5.1, express or implied, shall confer upon any other Person any rights or remedies of any nature whatsoever under or by reason of this Section 5.1; and (ii) nothing contained herein, express or implied, shall be construed to establish, amend or modify any Seller Plan or any other benefit plan, program, agreement or arrangement.

5.2 **PMGNC Napa Providers**. As of the Execution Date, Sellers have provided Buyer with a list of all physicians employed or contracted by PMGNC that primarily provide professional services at the Napa Clinics and/or QVMC (the "**PMGNC Napa Providers**"). Buyer or an Affiliate of Buyer shall have the right to provide offers of employment with Buyer (or an affiliate of Buyer or a medical group within Buyer's physician network) to the PMGNC Napa Providers, with such employment to be effective as of the Closing; *provided, however*, during the period beginning as of the Execution Date and ending on the first (1st) anniversary of the Closing Date, Buyer shall not, and shall cause the Buyer's Affiliates not to, directly or indirectly, in any capacity, encourage, induce, solicit or attempt to encourage, induce or solicit or hire any physician or advanced practice provider who provides professional services on behalf of PMF other than the PMGNC Napa Providers and who was introduced to Buyer through the negotiation of this Agreement and the Contemplated Transactions; *provided* that the foregoing shall not apply to any direct or indirect general solicitation by Buyer or any Affiliate of Buyer that is not directed specifically to any such Person. Each of Sellers shall use commercially reasonable efforts to support and facilitate Buyer's engagement of the PMGNC Napa Providers in the manner reasonably requested by Buyer, including cooperating and facilitating (a) the transition of employment or contractual relationships to Buyer or an Affiliate of Buyer, and (b) waiving, or causing to be waived, any restrictive covenants, non-competition provisions, non-solicitation provisions, or other contractual or policy-based restrictions that would otherwise limit or impede Buyer's ability to engage the PMGNC Napa Providers. Notwithstanding anything to the contrary in this Agreement, Buyer's obligation to close the Contemplated Transactions shall not be conditioned in any way on a minimum number of PMGNC Napa Providers accepting employment with Buyer, an Affiliate of Buyer or a medical group within Buyer's physician network.

5.3 **Queen of the Valley Medical Center Foundation.** The Parties acknowledge and agree that Queen of the Valley Medical Center Foundation, a tax-exempt California nonprofit public benefit corporation ("**Foundation**") is a philanthropic foundation with a principal fund established to maintain and/or aid activities supporting QVMC. Pursuant to a Services Agreement between Foundation and QVMC (the "**Foundation Services Agreement**"), QVMC provides to Foundation, among other things, administrative employees and office facilities at no cost to the Foundation and Foundation agrees to perform ongoing fundraising services for QVMC. As of the Closing Date, Buyer will assume the Foundation Services Agreement (the "**Assumed Foundation Services Agreement**"). Buyer hereby agrees that,

following the Closing, Buyer shall match the Foundation's support of QVMC's identified priority capital expenditure projects in an amount up to Ten Million Dollars ($10,000,000).

5.4 **Credentialing and Medical Staff Transition Activities**. Prior to the Closing, Sellers shall use commercially reasonable efforts to cooperate with Buyer in appropriately transitioning any pending professional review Proceedings. Prior to the Closing, to the extent permitted under applicable Laws, and without any requirement that Sellers act in a manner that voids or violates any applicable Facility medical staff bylaws, policies and procedures, Sellers or its Affiliates, as applicable, shall also use commercially reasonable efforts to cooperate with Buyer and with any member of the medical staff of any Facility regarding any reasonably needed access or transfer of information or copies of documents comprising credentialing and medical staff records as may be reasonably requested in connection with new or adopted credentialing transition activities.

ARTICLE 6
CONDITIONS PRECEDENT TO OBLIGATIONS OF BUYER

Buyer's obligation to purchase the Transferred Assets and to close the Contemplated Transactions shall be subject to the satisfaction of each of the following conditions on or prior to the Closing Date unless specifically waived in writing by Buyer in whole or in part at or prior to the Closing:

6.1 **Closing Deliveries.** Sellers shall have executed and delivered all documents, instruments and certificates required to be executed and delivered pursuant to Section 1.13 hereof.

6.2 **No Restraints.** No temporary restraining order, preliminary or permanent injunction or other Order preventing the consummation of the Contemplated Transactions shall have been issued by any court of competent jurisdiction or any other Governmental Authority and remain in effect on the Closing Date; *provided, however*, prior to Buyer invoking this condition, Buyer shall have used commercially reasonable efforts to remove any such restriction.

6.3 **Representations and Warranties.** The representations and warranties of Sellers contained in ARTICLE 2 (other than the Seller Fundamental Representations) shall be true and correct (without giving duplicative effect to any limitation or qualification as to Seller Material Adverse Effect, materiality or similar phrases set forth therein) as of the Closing Date as though made at and as of the Closing Date (except to the extent expressly made as of an earlier date, in which case only at and as of such date), except where the failure of such representations and warranties (giving effect to the applicable exceptions set forth in the Disclosure Schedule) to be so true and correct has not had, and would not reasonably be expected to have, individually or in the aggregate, a Seller Material Adverse Effect. The Seller Fundamental Representations (other than the representations and warranties set forth in Section 2.4) shall be true and correct in all respects (other than de minimis inaccuracies therein) as of the date of this Agreement and as of the Closing Date (except to the extent that such representations and warranties address matters as of particular dates, in which case, such representations and warranties shall be true and correct (other than de minimis inaccuracies therein) on and as of such dates). The representations and warranties set forth in Section 2.4 shall be true and correct in all material respects as of the date of this Agreement and as of the Closing Date (except to the extent that such representations and warranties address matters as of particular dates, in which case, such representations and warranties shall be true and correct in all material respects on and as of such dates).

6.4 **Performance of Covenants.** Each and all of the terms, covenants, and agreements in this Agreement to be complied with or performed by Sellers on or before the Closing Date shall have been complied with and performed by Sellers, in each case in all material respects.

6.5 **HSR Act.** The applicable waiting period under the HSR Act shall have expired or been earlier terminated.

6.6 **CAG Approval.** The CAG shall have approved or conditionally approved the Contemplated Transactions in accordance with Section 999.5 of Title 11 of the California Code of Regulations and all conditions to approval of the Contemplated Transactions imposed by the CAG shall be Reasonable Conditions (as hereafter defined). For purposes of this Agreement, a "**Reasonable Condition**" means a condition to the CAG's approval of the Contemplated Transactions that is either: (i) substantially similar to a condition imposed by the CAG on a transaction involving the change of control of a general acute care hospital that was consummated within the twenty-four (24) months prior to December 10, 2025; or (ii) a condition that does not materially and adversely impact Buyer's ability to operate the Business after the Closing.

6.7 **Material Contract Consents.** The Parties shall have received consents to the assignment of the material Assumed Contracts and Assumed Leases listed in Exhibit 6.7 (the "**Material Contract Consents**").

6.8 **Material Governmental Consents.** The Parties shall have obtained the material Governmental Authority consents or Approvals described in Exhibit 6.8 (the "**Material Governmental Consents**").

6.9 **No Material Adverse Effect.** Since the date hereof, there has not been a Seller Material Adverse Effect.

6.10 **Title Policy**. At Closing, the Title Company shall deliver to Buyer a Title Policy (which may be in the form of a signed mark-up of a pro forma of the Title Commitment), insuring Buyer's fee simple title to each Owned Real Property as of the Closing Date, subject only to Permitted Encumbrances, in such amount equal to the portion of the Purchase Price allocated to such Owned Real Property in accordance with the terms of this Agreement. Such Title Policy shall include such endorsements as reasonably requested by Buyer, in form and substance reasonably satisfactory to Buyer.

ARTICLE 7
CONDITIONS PRECEDENT TO OBLIGATIONS OF SELLERS

Sellers' obligation to sell the Transferred Assets and to close the transactions as contemplated by this Agreement shall be subject to the satisfaction of each of the following conditions on or prior to the Closing Date unless specifically waived in writing by Sellers in whole or in part at or prior to the Closing:

7.1 **Closing Deliveries.** Buyer shall have executed and delivered all documents, instruments and certificates required to be executed and delivered pursuant to Section 1.14 hereof.

7.2 **No Restraints.** No temporary restraining order, preliminary or permanent injunction or other Order preventing the consummation of the Contemplated Transactions shall have been issued by any court of competent jurisdiction or any other Governmental Authority and remain in effect on the Closing Date; *provided, however*, prior to Sellers invoking this condition, Sellers shall have used commercially reasonable efforts to remove any such restriction.

7.3 **Representations and Warranties.** The representations and warranties of Buyer and NorthBay Parent contained in ARTICLE 3 (other than the Buyer Fundamental Representations) shall be true and correct (without giving duplicative effect to any limitation or qualification as to Buyer Material Adverse Effect, materiality or similar phrases set forth therein) as of the Closing Date as though made at

and as of the Closing Date (except to the extent expressly made as of an earlier date, in which case only at and as of such date), except where the failure of such representations and warranties (giving effect to the applicable exceptions set forth in the Disclosure Schedule) to be so true and correct has not had, and would not reasonably be expected to have, individually or in the aggregate, a Buyer Material Adverse Effect. The Buyer Fundamental Representations shall be true and correct in all respects (other than de minimis inaccuracies therein) as of the date of this Agreement and as of the Closing Date (except to the extent that such representations and warranties address matters as of particular dates, in which case, such representations and warranties shall be true and correct (other than de minimis inaccuracies therein) on and as of such dates).

7.4 **Performance of Covenants.** Each and all of the terms, covenants, and agreements in this Agreement to be complied with or performed by Buyer on or before the Closing Date shall have been complied with and performed by Buyer in all material respects.

7.5 **HSR Act.** The applicable waiting period under the HSR Act shall have expired or been earlier terminated.

7.6 **CAG Approval.** The CAG shall have approved or conditionally approved the Contemplated Transaction in accordance with Section 999.5 of Title 11 of the California Code of Regulations and all conditions to approval of the Contemplated Transaction imposed by the CAG shall be Reasonable Conditions.

7.7 **Material Contract Consents.** The Parties shall have received the Material Contract Consents.

7.8 **Material Governmental Consents.** The Parties shall have obtained the Material Governmental Consents.

7.9 **Internal Approvals.** Sellers shall have received the consent or Approval of all sponsors of Sellers and their Affiliates necessary for consummation of the Contemplated Transactions.

7.10 **Appraisal of Purchase Price.** Sellers shall have received an appraisal from an independent third party supporting the fair market value of the Purchase Price.

ARTICLE 8
TERMINATION

8.1 **Termination.** Notwithstanding anything in this Agreement to the contrary, this Agreement may not be terminated except as follows:

(a) prior to the Closing, by the mutual written agreement of the Parties;

(b) by either Buyer or Sellers if the Closing has not occurred (other than through the failure of any Party seeking to terminate this Agreement to comply fully with its obligations under this Agreement) on or before December 31, 2026 (the "**Drop Dead Date**");

(c) prior to the Closing, by Sellers upon delivery of written notice to Buyer, if there has been a breach of any representation, warranty, covenant or agreement made by Buyer in this Agreement or in any other Transaction Document, which breach (i) would give rise to the failure of a condition set forth in ARTICLE 6 to be satisfied and (ii) either (A) cannot be cured prior to the Drop Dead Date, or (B) if capable of being cured, shall not have been cured by Buyer to the reasonable satisfaction of Sellers by the earlier of (1) thirty (30) days following receipt of written notice from Sellers of such breach (which

describes the nature of such breach and acceptable cure actions) or (2) the date that is three (3) days prior to the Drop Dead Date; *provided, however*, that Sellers shall not be permitted to terminate this Agreement pursuant to this Section 8.1(c) if Sellers are also in material breach of this Agreement;

(d) prior to the Closing, by Buyer upon delivery of written notice to Sellers, if there has been a breach of any representation, warranty, covenant or agreement made by Sellers in this Agreement or in any other Transaction Document, which breach (i) would give rise to the failure of a condition set forth in ARTICLE 7 to be satisfied and (ii) either (A) cannot be cured prior to the Drop Dead Date, or (B) if capable of being cured, shall not have been cured by Sellers to the reasonable satisfaction of Buyer by the earlier of (1) thirty (30) days following receipt of written notice from Buyer of such breach (which describes the nature of such breach and acceptable cure actions) or (2) the date that is three (3) days prior to the Drop Dead Date; *provided, however*, that Buyer shall not be permitted to terminate this Agreement pursuant to this Section 8.1(d) if Buyer are also in material breach of this Agreement;

(e) prior to the Closing, by Sellers, in accordance with Section 4.10; or

(f) prior to the Closing, by Sellers or Buyer in the event that (i) any court or Governmental Authority has issued an Order, decree or ruling or taken any other action restraining or otherwise prohibiting the consummation of the Contemplated Transactions, or (ii) any court or Governmental Authority has commenced any Proceeding before any Governmental Authority that seeks to restrain or prohibit the consummation of the Contemplated Transactions; except, in any case, actions or events of Governmental Authorities relating to or contemplated by Section 4.2 or Section 4.8.

8.2 **Break Fee.**

(a) Notwithstanding anything to the contrary contained herein, in the event that (i) Sellers terminate this Agreement in accordance with Section 8.1(c) or Section 8.1(e), or (ii) the Closing does not occur prior to the Drop Dead Date and, prior to such time, all conditions to Closing set forth in ARTICLE 6 have been satisfied or waived (any such termination described in clause (i) or (ii), a "**Break Fee Termination**"), and in each case, Sellers are not in breach of this Agreement, Buyer shall promptly, but in no event later than thirty (30) Business Days after the Break Fee Termination, pay or cause to be paid to the account(s) designated in writing by Sellers an amount equal to Twenty Million Dollars ($20,000,000) (the "**Break Fee**") by wire transfer of immediately available funds.

(b) Buyer acknowledges and agrees that the agreements contained in this Section 8.2 are an integral part of the transactions contemplated by this Agreement, and that, without such agreements, Sellers would not enter into this Agreement. Each of Buyer, on the one hand, and Sellers, on the other hand, acknowledges and agrees that the Break Fee payable pursuant to this Section 8.2 are not penalties, but constitute liquidated damages in a reasonable amount that will compensate Sellers and their Affiliates for the efforts and resources expended and the opportunities foregone while negotiating this Agreement and in reliance upon this Agreement and on the expectation of the consummation of the transactions contemplated hereby, and for the losses suffered by reason of the failure of such consummation, which amounts would otherwise be uncertain and incapable of accurate determination. Each of Buyer and Sellers covenants and agrees that it will not take any position that is in any way inconsistent with the immediately preceding sentence.

8.3 **Termination Consequences.** If this Agreement is terminated pursuant to Section 8.1, except as set forth in Section 8.2 or any other provision of this Agreement that by its terms expressly survive the termination of the Agreement, all further obligations of the Parties under this Agreement shall terminate and this Agreement shall forthwith become void, and there shall be no Liability on the part of any Party or any of its Affiliates to any other Person resulting from, arising out of, relating to, or in connection with this Agreement or any other Transaction Document, except that nothing in this Agreement or any other

Transaction Document will relieve any Party from any willful and intentional breach of this Agreement prior to such termination or for Fraud. In the event of a Break Fee is paid pursuant to Section 8.2, notwithstanding anything in this Agreement or in any other Transaction Document to the contrary, (i) except in the event of Fraud, the maximum aggregate Liability of Buyer under this Agreement shall not exceed the Break Fee; and (ii) in no event shall any Party have any Liability under this Agreement for any consequential, special, incidental, indirect, multiplied, exemplary or punitive damages, lost profits or similar items (including loss of revenue, income or profits, diminution of value or loss of business reputation or opportunity relating to a breach or alleged breach of this Agreement). Each Party acknowledges that the agreements contained in this Section 8.3 are an integral part of the Contemplated Transactions and that without these agreements such Party would not have entered into this Agreement.

ARTICLE 9
POST-CLOSING MATTERS AND ADDITIONAL AGREEMENTS OF BUYER

9.1 **Receipt of Assets.**

(a) Subject to Section 9.2 hereof, any Excluded Asset (or proceeds thereof) pursuant to the terms of this Agreement or as otherwise determined by the Parties' mutual written agreement, which comes into the possession, custody or control of Buyer (or its respective successors-in-interest, assigns or affiliates) shall, within twenty (20) Business Days following receipt, be transferred, assigned or conveyed by Buyer (and its respective successors-in-interest, assigns and affiliates) to Sellers at Sellers' cost. Until such transfer, assignment and conveyance, Buyer and its respective successors-in-interest, assigns and Affiliates, shall not have any right, title or interest in or obligation or responsibility with respect to such Excluded Asset except that Buyer shall hold such Excluded Asset in trust for the benefit of Sellers. Additionally, to the extent any Excluded Religious Items remain located at the Hospital or any of the Napa Clinics following the Closing, Buyer shall reasonably cooperate with Sellers in connection with the removal of such Excluded Religious Items; *provided, however*, that (i) Sellers shall reasonably coordinate in advance with Buyer regarding the timing, manner, and logistics of any such removal, (ii) any removal activities shall be conducted in a manner that does not unreasonably interfere with or interrupt Buyer's operations, including, to the extent reasonably practicable, conducting such removal outside of normal business hours, (iii) Sellers shall comply with Buyer's policies and procedures applicable to access to and activities within the Hospital and the Napa Clinics, and (iv) Sellers shall, at their sole cost and expense, promptly repair and restore the affected facilities to substantially the same condition that existed immediately prior to such removal. Sellers shall not remove any Excluded Religious Items in a manner that would adversely affect patient care, safety, or regulatory compliance.

(b) In addition to any misdirected payments to which Buyer is entitled pursuant to this ARTICLE 9, any other remittances and all mail and other communications that belong to Buyer, any Transferred Asset or any Assumed Liability, that comes into the possession, custody or control of Sellers (or their successors-in-interest, assigns or Affiliates) shall within twenty (20) Business Days following receipt be transferred, assigned or conveyed by Sellers (and their successors-in-interest, assigns and Affiliates) to Buyer at Buyer's cost. Until such transfer, assignment and conveyance, Sellers and their successors-in-interest, assigns and Affiliates shall not have any right, title or interest in or obligation or responsibility with respect to such Transferred Asset or Liability except that Sellers shall hold such Transferred Asset in trust for the benefit of Buyer.

9.2 **Preservation and Access to Records After the Closing.**

(a) From the Closing Date until seven (7) years after the Closing Date or such longer period as required by Law (the "**Document Retention Period**"), Buyer shall use commercially reasonable efforts to keep and preserve all Medical Records, patient records, medical staff records and other Books

and Records which are among the Transferred Assets as of the Effective Time, but excluding any records which are among the Excluded Assets. For the avoidance of doubt, Buyer's legal responsibility related to the documents and records set forth in this Section 9.2(a) shall be solely to the extent arising from periods occurring on or after the Effective Time that relate (and only to the extent so relating) to facts, circumstances or occurrences first arising after the Effective Time and that do not directly arise from any event, circumstance or condition occurring or existing at or prior to the Effective Time that, with or without notice or lapse of time, would constitute or result in a breach or violation of applicable Law, all of which shall constitute Excluded Liabilities. Upon a Seller's reasonable request, Buyer will afford to the Representatives of Sellers and any of its affiliates, including their counsel and accountants ("**Seller Parties**"), full and complete access to, and copies of (either copied by Buyer for Seller at Sellers' expense, or removed by Sellers from the premises, copied by Sellers and promptly returned to Buyer), such records with respect to time periods prior to the Closing Date (including access to records of patients treated at the Facilities prior to the Closing Date) during normal business hours after the Closing Date all in such manner as to not interfere unreasonably with the operations of the Facilities, to the extent reasonably needed by any Seller Party for any lawful purpose. After the expiration of the Document Retention Period, if Buyer intends to destroy or otherwise dispose of any of the documents described in this Section 9.2(a) outside of Buyer's standard document retention procedures, Buyer shall provide written notice to Sellers of Buyer's intention no later than forty-five (45) calendar days prior to the date of such intended destruction or disposal. Any of the Seller Parties shall have the right, at their sole cost, to take possession of such documents during such forty-five (45) calendar day period. If any of the Seller Parties do not take possession of such documents during such forty-five (45) calendar day period, Buyer shall be free to destroy or otherwise dispose of such documentation upon the expiration of such forty-five (45) calendar day period.

(b) Provided that Buyer shall not incur any out-of-pocket costs, Buyer shall provide reasonable cooperation to Sellers and their insurance carriers in respect of the defense of claims by third parties against Sellers or any affiliate of Sellers, in respect of events occurring prior to the Effective Time with respect to the operations of the Business. Such cooperation shall include, without limitation (and at Sellers' sole expense for material time expended by the Transferred Employees or other employees of Buyer), (i) making the Transferred Employees reasonably available for interviews, depositions, hearings and trials, and (ii) making its employees available to assist in the securing and giving of evidence and in obtaining the presence and cooperation of witnesses. In addition, Sellers and Sellers' Affiliates shall be entitled to remove from the Facilities originals of any such records, but (x) only for purposes of pending litigation involving the Persons to whom such records refer, as certified in writing prior to removal by counsel retained by Sellers or any of Sellers' Affiliates in connection with such litigation, and (y) only if Sellers and Sellers' Affiliates leave a copy thereof with Buyer. Any records so removed from the Facilities shall be promptly returned to Buyer following Sellers' or Sellers' Affiliate's use of such records.

(c) Upon Buyer's reasonable request, Buyer and its Representatives shall be given access by Sellers during normal business hours to the extent needed by Buyer for business purposes to all documents, records, correspondence, work papers and other documents retained by Sellers pertaining to the Business with respect to time periods prior to the Closing Date (excluding confidential employee information and privileged materials), all in such manner as to not interfere unreasonably with Sellers. Such documents and other materials shall be, at Sellers' option, either (i) copied by Sellers for Buyer at Buyer's expense, or (ii) removed by Buyer from the premises, copied by Buyer and promptly returned to Sellers.

(d) Buyer shall comply with, and be solely responsible for, all obligations under the Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164) promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 and any and all corresponding California state law requirements with respect to the operation of the Hospital on and after the Effective Time. For the avoidance of doubt, Buyer's legal responsibility shall be solely to the extent arising from periods occurring on or after the Effective Time that relate (and only to the extent so relating)

to facts, circumstances or occurrences first arising after the Effective Time and that do not arise from or relate to, and are not in connection with any event, circumstance or condition occurring or existing at or prior to the Effective Time that, with or without notice or lapse of time, would constitute or result in a breach or violation of applicable Law, all of which shall constitute Excluded Liabilities.

(e) Buyer shall cooperate with Sellers, on a timely basis and as reasonably requested by Sellers, in connection with the provision of all data of the Facilities and other information required by Sellers for reporting to the applicable accrediting agencies.

(f) To the maximum extent permitted by Law, if any Person requests or demands, by subpoena or otherwise, any documents relating to the Excluded Liabilities or Excluded Assets, including documents relating to the operations of the Business or any of the Hospital's committees prior to the Closing Date, prior to any disclosure of such documents, Buyer shall notify Sellers and shall provide Sellers with the opportunity to object to, and otherwise coordinate with respect to, such request or demand.

9.3 **Provision of Benefits of Certain Contracts.** Anything contained herein to the contrary notwithstanding, this Agreement shall not constitute an agreement to assign any Assumed Contract or Assumed Lease if an attempted assignment thereof without the consent of another party thereto would constitute a breach thereof or in any material way adversely affect the rights of a Seller thereunder (or the rights of Buyer thereunder following the Effective Time), unless such consent is obtained. If, as of the Effective Time, Sellers are unable to obtain any consent required to the assignment of Sellers' interest in an Assumed Contract or an Assumed Lease, until such consent is obtained, (a) Sellers shall use commercially reasonable efforts to provide Buyer the benefits of any such Assumed Contract or Assumed Lease, as applicable, cooperate in any reasonable and lawful arrangement designed to provide such benefits to Buyer, and allow Buyer to directly enforce such Assumed Contract or Assumed Lease against the applicable third parties thereto; *provided, however*, Sellers shall not be responsible to Buyer for any loss of benefit or similar damages, except as expressly set forth herein, and (b) to the extent that Buyer receives the benefits of such Assumed Contract or Assumed Lease, as applicable, Buyer shall use commercially reasonable efforts to perform and assume, on behalf of Sellers, the obligations of Sellers and Sellers' Affiliates thereunder or in connection therewith. To the extent Buyer cannot receive the benefit of an Assumed Contract or an Assumed Lease due to the failure or inability to obtain the necessary consent from the counterparty to such Assumed Contract or Assumed Lease, then, at Buyer's option, such Contract or Assumed Lease shall be deemed an Excluded Contract, and all Liabilities with respect to such Contract or Assumed Lease shall be Excluded Liabilities.

9.4 **General Cooperation and Turnover Obligations.** The Parties shall cooperate to ensure that any and all payments that constitute "Excluded Assets" shall be paid to and received by Sellers, with any payments that constitute "Transferred Assets" transferred to Buyer pursuant to Section 1.1 or that otherwise arise from services rendered by Buyer on or after the Closing Date be paid to and received by Buyer. In the event that payments that constitute a Transferred Asset are deposited to a bank account of Sellers which is not automatically swept or transferred to Buyer, then Sellers, within ten (10) Business Days of notice of the receipt of such payments, shall turn over and pay Buyer said funds. In the event that a deposit representing payment of any Excluded Assets is received by Buyer, then Buyer, within ten (10) Business Days of notice of the receipt of funds representing any Excluded Assets, shall turn over and pay Sellers such funds.

9.5 **Medical Staff.** To ensure continuity of care in the community, Buyer agrees that it will permit the Hospital to retain a separate, independent medical staff accountable to Buyer's board of directors, and the Hospital's medical staff members in good standing as of the Closing Date shall maintain medical staff privileges at the Hospital as of the Closing Date. As of the Closing Date, the medical staff will be subject to the Hospital's medical staff bylaws then currently in effect, *provided* that such bylaws are in

compliance with all applicable Laws and regulations and contain customary obligations. Buyer agrees that Buyer shall not require or take any action as a condition of or in connection with the transaction contemplated herein that would change any officers or committee chairs of the Hospital's medical staff. Buyer agrees that such changes may occur only after the Closing Date and only in accordance with the provisions of the Hospital's medical staff bylaws and applicable Laws.

9.6 **Straddle Patients**. To compensate Sellers for services rendered and medicine, drugs and supplies provided by the Hospital up to the Effective Time with respect to patients who are admitted to the Hospital prior to the Effective Time and whose care is reimbursed by any Government Program or other third party payor but who are not discharged until after the Effective Time (such patients being referred to herein as the "**Straddle Patients**" and services rendered to them being referred to herein as the "**Straddle Patient Services**"), the Parties shall take the following actions:

(a) To the extent required by applicable Law, or to the extent the applicable third party payor will accept interim billing, Sellers shall prepare the interim billings for the period prior to the Effective Time ("**Interim Billing**") for each Straddle Patient for which Interim Billing is required or permitted, and shall send such Interim Billing to the applicable Straddle Patient or third party payor. Sellers shall be entitled to all amounts received by Sellers or the Hospital pursuant to any such Interim Billings. Sellers shall maintain records of such Interim Billing and, subject to applicable Law, provide to Buyer copies of such records as soon as reasonably practicable following the Closing Date.

(b) For Straddle Patients for whom Interim Billing is not accepted by the applicable third party payor (the "**Non-Interim Billing Straddle Patients**"), as soon as practicable after the Closing Date, Sellers shall deliver to Buyer a statement specifying the Non-Interim Billing Straddle Patients and the expected reimbursement for each such Non-Interim Billing Straddle Patient. Such statement shall also identify which Non-Interim Billing Straddle Patients (i) are receiving medical care that is paid for, in whole or in part, by a third party payor that pays on a diagnostic related group ("**DRG**"), case rate, or other similar basis and for whom the Hospital is paid on a per-claim basis (the "**DRG Straddle Patients**") and/or (ii) are receiving medical care that is paid for on a non-DRG basis ("**Non-DRG Straddle Patients**"). Buyer shall be responsible for submitting such billings to the applicable third party payor for the entire portion of each of the Non-Interim Billing Straddle Patients' respective stays.

(c) For Straddle Patient Services provided to a DRG Straddle Patient, upon receipt of payment, Sellers shall be entitled to an amount equal to (i) the total DRG payment received by Buyer and Sellers (including disproportionate share, uncompensated care, low volume adjustment, indirect medical education, outlier, and capital payments and any deposits, deductibles, copayments paid, whether received by Buyer or Sellers), multiplied by a fraction, the numerator of which shall be the number of days prior to the Effective Time that the DRG Straddle Patient was an inpatient at the Hospital and the denominator of which shall be the total number of days that such DRG Straddle Patient was an inpatient at the Hospital minus (ii) any deposits, deductibles or co-payments paid by or on behalf of the applicable DRG Straddle Patient to Sellers or any of Sellers' Affiliates prior to the Effective Time. Buyer will make such payments to Sellers within ten (10) Business Days after receipt of such payment.

(d) For Straddle Patient Services provided to a Non-DRG Straddle Patient, Sellers shall be entitled to an amount equal to (i) the total payments received by Buyer and Sellers for such Non-DRG Straddle Patient (including any deposits, deductibles, or copayments, whether received by Buyer or Sellers), multiplied by a fraction, the numerator of which shall be the total number of days prior to the Effective Time on which the applicable Hospital provided Straddle Patient Services to such Non-DRG Straddle Patient and the denominator of which shall be the total number of days with respect to such Non-DRG Straddle Patient's stay at the applicable Hospital minus (ii) any deposits, deductibles or co-payments paid by or on behalf of the applicable Non-DRG Straddle Patient to Sellers or any of Sellers' Affiliates

prior to the Effective Time. Buyer will make such payments to Sellers within ten (10) Business Days after receipt of such payment.

(e) In addition to the other payments contemplated by this Section 9.6 (or elsewhere in this Agreement), (i) if Sellers or the Sellers' Affiliates receives any amount from patients, or any third party payor that relates to services rendered by the Facilities after the Effective Time, Sellers or Sellers' Affiliate will remit such amount to Buyer within ten (10) Business Days after receiving such amount; and (ii) if Buyer receives any amount from patients, or any third party payor that relates to services rendered by the Facilities prior to the Effective Time, Buyer will remit such amount to Sellers within ten (10) Business Days of receiving such amount.

(f) Notwithstanding anything to the contrary in this Agreement, no Party shall be entitled to withhold any of the respective payments due and owing under this Section 9.6 by means of setoff against any amount owed by any other Party.

9.7 **Cost Report Matters; Periodic Interim Payments; Disproportionate Share Hospital Surveys and Information.**

(a) Sellers, at Sellers' own cost and expense, shall prepare and timely file all Cost Reports relating to the periods ending prior to the Effective Time or required to be filed as a result of the consummation of (a) the transfer of the Transferred Assets to Buyer, and (b) the Contemplated Transactions (the "**Seller Cost Reports**"). All such Cost Reports shall be filed by Sellers in a manner that is in compliance with applicable Law.

(b) Buyer shall cooperate with Sellers as reasonably requested by Seller, in the preparation of Seller Cost Reports and in responding to audit and other supplemental information requests from Government Programs related to Seller Cost Reports, including, without limitation, by permitting Sellers reasonable access to all Business Books and Records to prepare the Seller Cost Reports. Buyer shall forward to Sellers any and all correspondence relating to the Seller Cost Reports within ten (10) Business Days after receipt by Buyer. Seller shall retain the originals of the Seller Cost Reports, correspondence, work papers, and other documents relating to the Seller Cost Reports.

(c) Buyer shall file all future period Cost Reports required to be filed and work cooperatively with Sellers to include Sellers' Medicare bad debt claims provided to Buyer and related to periods prior to the Effective Time. Buyer shall be responsible for their own Cost Report filings relating to the Business beginning at the Effective Time. Buyer shall remit to Sellers any Cost Report settlements received for periods prior to the Effective Time, within thirty (30) days of receipt by Buyer.

(d) If Buyer receives any Medicare Interim Payments from the Medicare program associated with the operations of the Hospital relating solely to periods prior to the Effective Time, Buyer shall pay Sellers an amount equal to such Medicare Interim Payment(s) received by Buyer within ten (10) Business Days after receipt. If Buyer receives any Medicare Interim Payments from the Medicare program associated with the operations of the Hospital relating to the period commencing prior to and ending after the Effective Time, Buyer shall pay Seller within ten (10) Business Days after receipt an amount equal to the Medicare Interim Payment(s) actually received by Buyer for such period multiplied by a fraction, the numerator of which shall be the total number of days prior to the Effective Time and the denominator of which shall be the total number of days attributable to such Medicare Interim Payment(s). If Sellers receive any Medicare Interim Payments from the Medicare program associated with the operations of the Hospital relating solely to periods on or after the Effective Time, Sellers shall pay Buyer within ten (10) Business Days after receipt an amount equal to such Medicare Interim Payment(s) received by Sellers. If Sellers receive any Medicare Interim Payments from the Medicare program associated with the operations of the Hospital relating to the periods commencing prior to and ending after the Effective Time, Sellers shall pay

Buyer within ten (10) Business Days after receipt an amount equal to the Medicare Interim Payment(s) actually received by Sellers for such period multiplied by a fraction, the numerator of which shall be the total number of days after the Effective Time and the denominator of which shall be the total number of days attributable to such Medicare Interim Payment(s). It is the intent of the Parties that Buyer and Sellers shall receive all third-party payments applicable to the period of time that the Hospital is owned by the respective Parties.

(e) If Sellers receive any amount from patients, third-party payors, group purchasing organizations or suppliers which, under the terms of this Agreement, belongs to Buyer, Sellers shall remit within ten (10) Business Days the full amount so received to Buyer. If Buyer receives any amount from patients, third-party payors, group purchasing organizations or suppliers which, under the terms of this Agreement, belongs to Sellers, Buyer shall remit within ten (10) Business Days the full amount so received to Sellers.

(f) Subject to applicable Laws, Sellers will reasonably cooperate with Buyer in providing pre-Closing patient data and any documents Buyer reasonably believes are necessary or appropriate for Buyer to file with respect to Medicaid disproportionate share hospital surveys, to the extent applicable in the jurisdiction of the Business for the fiscal periods prior to and after the Effective Time.

(g) Notwithstanding anything to the contrary in this Agreement, neither Buyer nor Sellers shall be entitled to recover any of the respective payments due and owing under this Section 9.7 by means of setoff against any amount owed by any other Party.

9.8 **Mission Commitments.**

(a) Following the Closing Date for a period of at least three (3) years (the "**Commitment Period**"), Buyer shall: (i) continue use of/respect for sacred spaces, mental health services and spiritual care at the Facilities; (ii) ensure established access to liturgy or sacraments at the Facilities; (iii) support the transition and relocation of ecclesiastical goods and/or sacred spaces located from the Facilities; (iv) continue the provision of spiritual care, defined by either the direct at-will employment or contracting of chaplains; (v**)** continue the provision of palliative care at the Hospital at historical levels of investment by QVMC; and (vi) collaborate with Sellers on the transition of visual elements at the Facilities that acknowledge the heritage and legacy of the Facilities. Buyer acknowledges that, as of the Closing Date, the Hospital provides spiritual care services consistent with its current practice, including through the engagement of chaplains, whether employed directly or through contractual arrangements. Buyer affirms that it has no present intent to discontinue such spiritual care services and expects such services to continue following Closing consistent with current practice, subject to future operational decisions made in the ordinary course of business.

(b) For as long as Sellers or Affiliates of Sellers provides transition services to Buyer under the Transition Services Agreement or other employee lease agreement that involve the utilization of employees employed by Sellers or any Affiliate of Sellers, such employees will continue to conduct activities consistent with all aspects of the then most recent edition of the Ethical and Religious Directives for Catholic Health Care.

(c) During the Commitment Period, Buyer shall: (i) continue to operate the Hospital as a licensed general acute care hospital, (ii) continue to have the Facilities participate as an enrolled provider in Medicare and Medicaid, as applicable, (iii) provide charity care at the Hospital pursuant to a charity care policy no less favorable than the QVMC's charity care policies in effect as of the Execution Date, and (iv) continue to provide each of the following specific community benefit programs at the same levels and scope as provided as of the Execution Date:

(i) **Care Network.** A comprehensive care coordination and assistance program offered to low-income Napa County residents with complex medical and social challenges who are underinsured or uninsured.

(ii) **Mobile Dental Clinic.** A mobile dental clinic providing dental care to children and young adults throughout Napa County.

(iii) **Naloxone Distribution Box.** A naloxone distribution box placed outside of the Hospital's emergency room, providing 24/7 free access to life-saving naloxone and fentanyl testing strips.

(iv) **Perinatal and Health Education.** A primary prevention program offering a range of maternal and child health education classes and community health services for mothers, children, and families.

(v) **Soules Family Cancer Wellness Program.** The Hospital's 12-week cancer wellness program available free of charge to cancer patients who reside in the Napa Valley, regardless of where they are treated, and for all patients treated at the Hospital, regardless of where they live.

(d) Promptly as reasonably practicable following the Closing and for the duration of the Commitment Period, Buyer shall establish, through written charter, a Mission Effectiveness Committee (the "**MEC**") to oversee Buyer's adherence to the commitments set forth in this Section 9.8 and the transition and integration of the Business and Transferred Assets to Buyer with the goal of ensuring seamless, mission-driven care for the patients in the QVMC community. The MEC shall consist of six (6) total members, three (3) of whom shall be representatives of QVMC's local operations, and three (3) of whom shall be representatives of Buyer's larger health system (including NorthBay Parent's Chief Executive Officer). The MEC shall report to Buyer's board of directors at least semi-annually. Key principles of the MEC's charter will include, without limitation: (i) ensuring that local QVMC charitable commitments are honored and expanded, (ii) guiding local community benefit initiatives, including the QVMC Community Health Needs Assessment process, and (iii) collaborating with local religious leaders and members of the QVMC community stakeholders to promote a vision of care consistent with the principles set forth in this Section 9.8.

(e) The religious symbols and artifacts set forth on Exhibit 9.8(e) ("**Remaining Religious Items**") shall remain at the Hospital or the Napa Clinics, as applicable, after the Effective Time and Buyer shall use commercially reasonable efforts to keep such Remaining Religions Items in good order, condition, and repair. To the extent Buyer decides to remove, retire or otherwise dispose of any Remaining Religious Items during the Commitment Period, Buyer shall provide Sellers with not less than twenty (20) days prior written notice (a "**Removal Notice**") of such decision. In the event Buyer discovers the Time Capsule in between the Effective Time and the expiration of the Commitment Period, Buyer shall provide Sellers written notice of such discovery as soon as reasonably practicable. Upon receipt of such notice or a Removal Notice, Sellers shall have the right, but not the obligation, to enter the property where such Remaining Religious Items are located at reasonable times and remove and take possession of such Remaining Religious Items, at Sellers' sole cost and expense; provided, however, that (i) Sellers shall reasonably coordinate in advance with Buyer regarding the timing, manner, and logistics of any such removal, (ii) any removal activities shall be conducted in a manner that does not unreasonably interfere with or interrupt Buyer's operations, including, to the extent reasonably practicable, conducting such removal outside of normal business hours, (iii) Sellers shall comply with Buyer's policies and procedures applicable to access to and activities within the Hospital and the Napa Clinics, and (iv) Sellers shall, at their sole cost and expense, promptly repair and restore the affected facilities to substantially the same condition that existed immediately prior to such removal. Sellers shall not remove any Remaining Religious Items in

a manner that would adversely affect patient care, safety, or regulatory compliance. Prior to the Closing, Buyer and Sellers shall mutually agree on the form, content, and placement of a plaque or similar notification to be installed adjacent to each of the Remaining Religious Items. Such plaque or notification shall acknowledge the historical and religious significance of the Remaining Religious Items as part of the Hospital's Catholic heritage and shall further note that, as of the Closing, ownership of the Hospital has transferred to a non-Catholic owner.

9.9 **Hospital Name**. Prior to Closing, Sellers and Buyer will mutually agree on the manner in which the pre-Closing name of the Hospital will be incorporated in the name of the Hospital after the Closing; *provided*, that, Buyer agrees that the name "Queen of the Valley Medical Center" shall be retained and incorporated in some form into the name of the Hospital for a period of at least three (3) years, provided that (a) Buyer continues to operate the Hospital as an acute care hospital, and (b) Buyer or Buyer's Affiliate continues to own the Hospital.

9.10 **Use of Business Names**. From and after the Closing, Buyer covenants that it and its Affiliates shall not use the Trademarks (as well as any abbreviations, variations or derivations thereof) of Sellers or any of their respective Affiliates, including, the names "Providence", "Providence St. Joseph Health", and "Providence Health & Services", and any other names or symbols that are not used exclusively at the Facilities prior to the Closing Date (the "**Providence Marks**"), in Buyer's or its Affiliates' respective trades or businesses nor any promotional material, educational material, signage, stationery, supplies or other items of inventory bearing either such names, marks, trade dress, logos or symbols or abbreviations, variations or derivations thereof. Notwithstanding the foregoing, the Sellers or their assigns, from and after the Closing, shall grant a nonexclusive license to Buyer to use (a) durable personal property containing the Providence Marks (such as bed sheets, laundry and cafeteria trays) for a period of one hundred and eighty (180) days after the Closing, (b) any signage or advertisements containing the Providence Marks on the exterior of the Facilities for a period of ninety (90) days after the Closing (provided that Buyer shall use reasonable efforts to remove or replace all such signage as soon as practicable following the Closing), and (c) any existing advertisements and listings in telephone directories for a period of not to exceed the date the next such directory is published. This nonexclusive license shall not apply to, and Buyer after the Closing shall not use, any office supplies containing the Providence Marks (such as letterhead, purchase order forms, bills and admitting forms).

9.11 **AS-IS**. BY EXECUTING THIS AGREEMENT, EXCEPT AS SET FORTH IN THIS AGREEMENT AND THE TRANSACTION DOCUMENTS, BUYER AFFIRMS AND AGREES THAT (A) BUYER HAS NOT RELIED ON ANY SELLER'S SKILL OR JUDGMENT TO SELECT OR FURNISH THE REAL PROPERTY OR ANY COMPONENT THEREOF FOR ANY PARTICULAR PURPOSE, (B) SELLERS MAKES NO WARRANTY THAT THE REAL PROPERTY OR ANY COMPONENT THEREOF ARE FIT FOR ANY PARTICULAR PURPOSE, (C) THERE ARE NO REPRESENTATIONS OR WARRANTIES, EXPRESS, IMPLIED, STATUTORY, OR BY OPERATION OF LAW, WITH RESPECT TO THE REAL PROPERTY OR ANY COMPONENT THEREOF, (D) BUYER HAS BEEN GIVEN THE OPPORTUNITY TO INSPECT THE REAL PROPERTY AND EACH COMPONENT THEREOF AND HAS DETERMINED TO PURCHASE THE REAL PROPERTY AND EACH COMPONENT THEREOF BASED ON SUCH INSPECTION, AND (E) UPON CLOSING, EXCEPT AS OTHERWISE EXPRESSLY PROVIDED HEREIN AND THE TRANSACTION DOCUMENTS, BUYER SHALL ASSUME THE RISK THAT ADVERSE MATTERS, INCLUDING, BUT NOT LIMITED TO, CONSTRUCTION DEFECTS AND ADVERSE PHYSICAL CONDITIONS, MAY NOT HAVE BEEN REVEALED BY BUYER'S INVESTIGATIONS AND BUYER, ON CLOSING, SHALL BE DEEMED TO HAVE WAIVED, RELINQUISHED, AND RELEASED SELLERS AND THEIR RESPECTIVE MEMBERS, PARTNERS, PARENTS, AFFILIATED AND SUBSIDIARY ENTITIES AND ALL OF THEIR RESPECTIVE MEMBERS, OFFICERS, DIRECTORS, SHAREHOLDERS, TRUSTEES, PARTNERS, EMPLOYEES, MANAGERS AND AGENTS FROM

AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION (INCLUDING, WITHOUT LIMITATION, CAUSES OF ACTION IN TORT, LOSSES, DAMAGES, LIABILITIES, COSTS, AND EXPENSES (INCLUDING, WITHOUT LIMITATION, ATTORNEYS' FEES AND COURT COSTS) OF ANY AND EVERY KIND OR CHARACTER, KNOWN OR UNKNOWN, THAT BUYER MIGHT HAVE ASSERTED OR ALLEGED AGAINST A SELLER AT ANY TIME BY REASON OF OR ARISING OUT OF ANY LATENT OR PATENT CONSTRUCTION DEFECTS OR PHYSICAL CONDITIONS, VIOLATIONS OF ANY APPLICABLE LAWS AND ANY AND ALL OTHER ACTS, OMISSIONS, EVENTS, CIRCUMSTANCES, OR MATTERS REGARDING THE REAL PROPERTY. THE RELEASE SET FORTH IN THIS SECTION 9.11 SPECIFICALLY INCLUDES, WITHOUT LIMITATION, ANY CLAIMS UNDER ANY AND ALL ENVIRONMENTAL REQUIREMENTS OR UNDER THE AMERICANS WITH DISABILITIES ACT OF 1990, AS ANY OF THE SAME MAY BE AMENDED FROM TIME TO TIME AND ANY REGULATIONS, ORDERS, RULES OF PROCEDURES OR GUIDELINES PROMULGATED IN CONNECTION THEREWITH, REGARDLESS OF WHETHER THEY ARE IN EXISTENCE ON THE DATE OF THIS AGREEMENT AND BUYER DOES HEREBY WAIVE ANY AND ALL RIGHTS UNDER CALIFORNIA CIVIL CODE SEC. 1542, WHICH SECTION HAS BEEN DULY EXPLAINED AND READS AS FOLLOWS:

> "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY."

Buyer acknowledges that Buyer is granting this release of its own volition and after consultation with its counsel. The foregoing release shall be effective as of the Effective Date and shall be deemed to be remade and reaffirmed as of the Closing Date. The provisions of this Section 9.11 shall survive the Closing Date.

9.12 **Non-Competition; Non-Solicitation**. In further consideration for the payment of the Purchase Price and to protect the value of the Transferred Assets purchased by Buyer (including the goodwill inherent in the Business as of the Effective Time), and as a material inducement to Buyer and Sellers to enter into and perform their respective obligations under this Agreement, effective as of the Effective Time, Sellers and Buyer agree as follows:

(a) Each Seller shall not use for itself or any other Person, or disclose to any other Person, any Confidential Information included in the Transferred Assets, except to the extent such use or disclosure is (i) approved in writing in advance by Buyer, (ii) expressly permitted or required pursuant to the terms of this Agreement, (iii) required by applicable Law or any Order (in which event, to the extent legally permissible, Sellers shall inform Buyer in advance of any such required disclosure, shall cooperate with Buyer in all reasonable respects in obtaining a protective Order or other protection in respect of such required disclosure (at the sole cost and expense of Buyer) and shall limit such disclosure to the extent reasonably possible while still complying with such requirements), or (iv) related to information that relates to, or is aggregated or combined with information from, healthcare facilities of Sellers or their Affiliates other than the facilities included in the Contemplated Transactions, including without limitation aggregated quality metrics, purchasing data, supply chain information, and operational or financial benchmarking data. Sellers shall use commercially reasonable efforts to safeguard Confidential Information included in the Transferred Assets and to protect it against disclosure, misuse, espionage, loss and theft.

(b) During the Restricted Period, Sellers shall not (and shall not take any steps to, or prepare to), and shall cause their Affiliates not to, directly or indirectly, in any capacity, engage in or operate a Restricted Business within the Restricted Area. Notwithstanding the forgoing, this clause (b) shall not

apply to (i) the continued operation of any existing operations of Sellers or their Affiliates that are not included in the Contemplated Transactions and set forth on Exhibit 9.12(b), (ii) any activity or operation consented to in writing by the Buyer and (iii) the acquisition, ownership, operation or investment in any business, entity or assets (the "**Target**") that includes a Restricted Business within the Restricted Area if and only if such acquisition, ownership, operation or investment is part of a larger transaction or series of related transactions and the Restricted Business within the Restricted Area constitutes an incidental or immaterial portion of the overall transaction or the Target's business (a "**Larger Transaction**"). For purposes of this Section 9.12(b), the Restricted Business within the Restricted Area of a Larger Transaction shall be deemed incidental or immaterial if following the consummation of the Larger Transaction revenues attributable to such Restricted Business within the Restricted Area as conducted as of the closing date of such Larger Transaction does not exceed fifteen percent (15%) of the Target's revenues; provided, Sellers shall not thereafter, directly or indirectly, open, establish, acquire or operate any additional facility within the Restricted Area for purposes of conducting such Restricted Business beyond the facilities operated by the Target as of the closing date of such Larger Transaction.

(c) During the period beginning as of the Effective Time and ending on the first (1^{st}) anniversary of the Effective Time, Sellers shall not, and shall cause the their Affiliates not to, directly or indirectly, in any capacity, encourage, induce, solicit or attempt to encourage, induce or solicit or hire (i) any officer, director, manager, employee or independent contractor of Buyer who primarily provides services to the Business or who has been introduced to Seller and their Affiliates through the negotiation of this Agreement and the Contemplated Transactions or (ii) any Transferred Employee to leave the employ of Buyer or any of Buyer's Affiliates or terminate or diminish any relationship with Buyer or any of Buyer's Affiliates; *provided* that the foregoing shall not apply to (A) any direct or indirect general solicitation by Sellers or their Affiliates that is not directed specifically to any such Person or (B) any such Person whose employment has been terminated by Buyer or any of Buyer's Affiliates for a period of twelve (12) months.

(d) Seller and Buyer recognize that the covenants in this Section 9.12, and the territorial, time and other limitations with respect thereto, are reasonable and properly required for the adequate protection of Sellers and Buyer and the acquisition of the Transferred Assets by Buyer and agree and acknowledge that such limitations are reasonable with respect to Buyer's and Sellers' activities, business and public purpose. Sellers and Buyer acknowledge and represent that: (i) sufficient consideration has been given by each Party to the other as it relates to the covenants set forth in this Section 9.12; (ii) the restrictions and agreements in this Section 9.12 are reasonable in all respects and necessary for the protection of Buyer and its Affiliates and the goodwill primarily associated with the Business and without such protection, Buyer's competitive advantage would be materially adversely affected; and (iii) the agreements in this Section 9.12 are an essential inducement to Buyer to enter into this Agreement and they are in addition to, rather than in lieu of, any similar or related covenants to which Buyer or Sellers are party or by which it is bound. Sellers agree and acknowledge that the violation of the covenants or agreements in this Section 9.12 would cause irreparable injury to Buyer and its Affiliates and that monetary damages and any other remedies at law for any violation or threatened violation thereof would be inadequate, and that, in addition to whatever other remedies may be available at law or in equity, Buyer and its Affiliates shall be entitled to equitable relief without the necessity of proving actual damages or posting a bond or other security.

(e) It is the intention of each Party that the provisions of this Section 9.12 shall be enforced to the fullest extent permissible under the Law and the public policies of the State of California and of any other jurisdiction in which enforcement may be sought, but that the unenforceability (or the modification to conform with such Laws or public policies) of any provisions hereof shall not render unenforceable or impair the remainder of this Agreement. Accordingly, if any term or provision of this Section 9.12 shall be determined to be illegal, invalid or unenforceable, either in whole or in part, this Agreement shall be deemed amended to delete or modify, as necessary, the offending provisions and to

alter the balance of this Agreement in order to render the same valid and enforceable to the fullest extent permissible as aforesaid, with the maximum period, scope or geographical area permitted under applicable Law being substituted for the period, scope or geographical area hereunder.

ARTICLE 10
SURVIVAL AND INDEMNIFICATION

10.1 **Survival.** All representations and warranties set forth in ARTICLE 2 and ARTICLE 3 will survive the Closing (and none will merge into any instrument of conveyance) as follows (the "**Survival Period**"):

(a) The representations and warranties made in the Seller Fundamental Representations and the Buyer Fundamental Representations, will survive for the applicable statute of limitations periods; and

(b) All other representations and warranties made in ARTICLE 2 and ARTICLE 3 other than the Seller Fundamental Representations and the Buyer Fundamental Representations will survive until the date that is eighteen (18) months after the Closing Date.

No Party may bring a claim for indemnification pursuant to Section 10.2(a)(i) or Section 10.3(a)(i) for any reason after the expiration of the Survival Period; *provided, however*, if there is an outstanding notice of an indemnification claim provided pursuant to Section 10.2 or Section 10.3 at the end of the Survival Period, the Survival Period shall not end in respect of such indemnification claim until such indemnification claim is resolved in accordance with this ARTICLE 10. The Parties' post-Closing covenants and agreements will survive until fully performed according to their terms.

10.2 **Indemnification of Buyer by Sellers.**

(a) Subject to the limitations set forth in this ARTICLE 10, after the Effective Time, Sellers shall indemnify and hold harmless Buyer, Buyer's Affiliates, and their respective directors, officers, members, employees, agents and other Representatives (collectively, the "**Buyer Indemnitees**"), from and against any and all actions, awards, suits, Proceedings, obligations, judgments, liabilities, penalties, interest, violations, fees, fines, claims, losses, costs, demands, damages, deficiencies, liens, encumbrances and expenses including reasonable attorneys' fees (collectively, "**Damages**"), to the extent connected with or arising or resulting from any of the following:

(i) any breach of any representation or warranty of Sellers set forth in ARTICLE 2 (as qualified by the Disclosure Schedules) as if such representation or warranty was made on and as of the Closing Date (except for representations and warranties that expressly relate to a specified date, the inaccuracy in or breach of which will be determined with reference to such specified date), in each case without giving effect to any "materiality", "material adverse effect" or similar qualifications therein for purposes of calculating Damages;

(ii) any breach or default by Sellers under any covenant or agreement of Sellers under this Agreement;

(iii) any of the Excluded Assets;

(iv) Excluded Liabilities;

(v) Indemnified Taxes; and

(vi) to the extent Buyer conducts a Phase II environmental investigation (the "**Phase II**") of the 10,000-gallon diesel underground storage tank beneath Hospital's west wing (the "**West Wing UST**") during the Interim Period, and (A) the Phase II confirms the presence of Hazardous Materials released from the West Wing UST prior to the Closing Date, and (B) Buyer removes the West Wing UST within 12 months following the Closing Date, then Sellers shall indemnify Buyer for reasonable costs incurred by Buyer in the on-site remediation of Hazardous Materials released from the West Wing UST prior to the Closing Date, as confirmed in the Phase II, but not costs for Buyer's removal of the West Wing UST.

(b) The indemnification provided for in Section 10.2(a) will be subject to the following limitations:

(i) Sellers will not be liable to the Buyer Indemnitees for indemnification under Sections 10.2(a)(i), 10.2(a)(iii) and 10.2(a)(iv) for any single claim of Damages for which Sellers are responsible under this Agreement unless and until the Damages resulting from such claim exceed Twenty-Five Thousand Dollars ($25,000) (the "**Basket**"), at which point Sellers shall be liable for the full amount of such Damages resulting from such claim.

(ii) Buyer Indemnitees' aggregate Damages in respect of all claims for indemnification against Sellers pursuant to Sections 10.2(a)(i), 10.2(a)(iii) and 10.2(a)(iv) shall not exceed an amount equal to ten percent (10%) of the Cash Purchase Price (the "**Cap**"), except for: (A) claims of Fraud by a Seller, and (B) a claim for breach of a Seller Fundamental Representation.

10.3 **Indemnification of Sellers by Buyer.**

(a) Buyer shall indemnify and hold harmless Sellers, Sellers' Affiliates, and their respective directors, managers, officers, employees, sponsors, members, agents and other Representatives (the "**Seller Indemnitees**"), from and against any and all Damages, to the extent connected with or arising or resulting from any of the following:

(i) any breach of any representation or warranty of Buyer or NorthBay Parent set forth in ARTICLE 3 (as qualified by the Disclosure Schedules) as if such representation or warranty was made on and as of the Closing Date (except for representations and warranties that expressly relate to a specified date, the inaccuracy in or breach of which will be determined with reference to such specified date), in each case without giving effect to any "materiality", "material adverse effect" or similar qualifications therein for purposes of calculating Damages;

(ii) any breach or default by Buyer under any covenant or agreement of Buyer under this Agreement;

(iii) any of the Transferred Assets; and

(iv) Assumed Liabilities.

(b) The indemnification provided for in Section 10.3(a) will be subject to the following limitations:

(i) Buyer will not be liable to the Seller Indemnitees for indemnification under Sections 10.3(a)(i), 10.3(a)(iii) and 10.3(a)(iv) for any single claim of Damages for which Buyer is responsible under this Agreement unless and until the Damages resulting from such claim exceed the Basket, at which point Buyer shall be liable for the full amount of such Damages resulting from such claim.

(ii) Sellers Indemnitees' aggregate Damages in respect of all claims for indemnification against Buyer pursuant to Sections 10.3(a)(i), 10.3(a)(iii) and 10.3(a)(iv) shall not exceed the Cap, except for: (A) claims of Fraud by Buyer, and (B) a claim for breach of a Buyer Fundamental Representation.

10.4 **Duty to Mitigate.**

(a) Each Indemnified Party shall take, and cause its affiliates to take, all reasonable steps to mitigate any Damages upon becoming aware of any event or circumstance that would be reasonably expected to, or does, give rise thereto, including incurring costs only to the minimum extent necessary to remedy the breach that gives rise to such Damages.

(b) Following indemnification as provided in this ARTICLE 10, the Indemnifying Party shall be subrogated, solely to the extent of such payment, to all rights of the Indemnified Party with respect to all non-affiliated third-parties relating to the matter for which indemnification has been made; *provided*, *however*, that (i) the Indemnified Party shall retain control of any claim or action to the extent necessary to protect its remaining interests, and (ii) the Indemnifying Party shall not settle, compromise, or release any such claim in a manner that would impose any obligation on, or otherwise adversely affect, the Indemnified Party without the Indemnified Party's prior written consent.

(c) The amount of Damages otherwise payable to an Indemnified Party under this ARTICLE 10 will be reduced by any insurance and indemnity proceeds or other reimbursement arrangements with respect to such Damages that the Indemnified Party has received for such Damages (net of any costs of recovery, including any related premium increases), it being understood that the Indemnified Party shall reasonably cooperate with the Indemnifying Party to seek out any available insurance proceeds (other than from the Indemnified Party's insurance policies, programs, coverage, carriers or beneficiaries); *provided* that, with regard to real estate matters, the Indemnified Party shall have an express duty to seek reimbursement under available title insurance, if applicable. If an Indemnified Party receives any such insurance, indemnity or other proceeds after a payment is made that relates thereto, the Indemnified Party will promptly deliver to the Indemnifying Party such amount of the indemnification payment as would not have been paid had the insurance and indemnity proceeds (net of any costs of recovery, including any related premium increases) reduced the original payment. The foregoing provisions of this Section 10.4 notwithstanding, an Indemnified Party may submit and pursue indemnity claims in accordance with this ARTICLE 10, and, to the extent the Indemnifying Party agrees that such indemnity claims are valid pursuant to this ARTICLE 10, the Indemnifying Party will be obligated to indemnify such Indemnified Party in accordance with this ARTICLE 10, before such Indemnified Party has pursued any available recovery from insurers.

(d) Any payments made pursuant to this ARTICLE 10 shall be treated as an adjustment to the Purchase Price by the Parties for Tax purposes, unless otherwise required by applicable law.

10.5 **Exclusive Remedies; Specific Performance; Determination of Loss Amount.**

(a) Subject to Section 10.5(b), and except for claims of Fraud, the Parties acknowledge and agree that their sole and exclusive remedy with respect to any and all claims for any breach of any representation, warranty, covenant, agreement or obligation set forth herein shall be pursuant to the indemnification provisions set forth in this ARTICLE 10. Subject to Section 10.5(b), and except for claims of Fraud, in furtherance of the foregoing, each Party hereby waives, to the fullest extent permitted under law, any and all rights, claims and causes of action for any breach of any representation, warranty, covenant, agreement or obligation set forth herein it may have against the other Parties hereto and their affiliates and each of their respective Representatives arising under or based upon any law, except pursuant

to the indemnification provisions set forth in this ARTICLE 10. Nothing in this Section 10.5 shall limit any Person's right to seek and obtain any equitable relief to which any Person shall be entitled pursuant to Section 10.5(b).

(b) The Parties agree that irreparable damage would occur in the event that any of the provisions of this Agreement were not performed in accordance with their specific terms or were otherwise breached. Accordingly, each Party agrees that, in the event of any breach or threatened breach by any Party of any covenant or obligation contained in this Agreement, the non-breaching Party shall be entitled (in addition to any other equitable remedy that may be available to it and in addition to the right to seek indemnification pursuant to this ARTICLE 10) to seek and obtain a decree or other Order for specific performance to enforce the observance and performance of such covenant or obligation, an injunction restraining such breach or threatened breach and/or other equitable relief. Each Party acknowledges and agrees that (i) it will not oppose any equitable relief or equitable remedy referred to in this Section 10.5(b) on the grounds that any other remedy is available at law or in equity, and (ii) no Party will be required to obtain, furnish or post any bond or similar instrument in connection with, or as a condition to, obtaining any equitable relief or equitable remedy referred to in this Section 10.5 (and it hereby irrevocably waives any right it may have to require the obtaining, furnishing or posting of any such bond or similar instrument).

10.6 **Method of Asserting Claims.** All claims for indemnification by an Indemnified Party under this ARTICLE 10 will be asserted and resolved as follows:

(a) In the event any claim or demand, for which an Indemnifying Party would be liable for the Damages to an Indemnified Party, is asserted against or sought to be collected from such Indemnified Party by a Person other than Sellers, Buyer or their Affiliates (a "**Third Party Claim**"), the Indemnified Party shall deliver a notice of its claim (a "**Claim Notice**") to the Indemnifying Party within thirty (30) calendar days after the Indemnified Party receives written notice of such Third Party Claim which Claim Notice specifies the nature of and specific basis for such Third Party Claim and the amount or the estimated amount of such Third Party Claim (if known); *provided*, *however*, that notice shall be provided to the Indemnifying Party within fifteen (15) calendar days after receipt of a complaint, petition or institution of other formal legal action by the Indemnified Party. If the Indemnified Party fails to provide the Claim Notice within such applicable time period after the Indemnified Party receives written notice of such Third Party Claim and thereby materially prejudices the Indemnifying Party's ability to protect its interests, the indemnity with respect to the subject matter of the Claim Notice shall be limited to the Damages that would have nonetheless resulted absent the Indemnified Party's failure to notify the Indemnifying Party in the time required above after taking into account such actions as could have been taken by the Indemnifying Party had it received timely notice from the Indemnified Party. The Indemnifying Party will notify the Indemnified Party within thirty (30) calendar days (and within fifteen (15) calendar days if such Claim Notice relates to a complaint, petition or institution of other formal legal action by the Indemnified Party), after receipt of the Claim Notice (the "**Notice Period**") whether the Indemnifying Party desires, at the sole cost and expense of the Indemnifying Party, to defend the Indemnified Party against such Third Party Claim. Notwithstanding the foregoing, the Indemnified Party may file during the Notice Period any motion, answer or other pleadings that the Indemnified Party may deem necessary or appropriate to protect its interests or those of the Indemnifying Party and which is not materially prejudicial to the Indemnifying Party.

(b) If the Indemnifying Party notifies the Indemnified Party within the Notice Period that the Indemnifying Party desires to defend the Indemnified Party with respect to the Third Party Claim pursuant to Section 10.6(a), then the Indemnifying Party will have the right to defend, at its sole cost and expense, with counsel selected by the Indemnifying Party (reasonably acceptable to the Indemnified Party) such Third Party Claim by all appropriate proceedings, which proceedings shall be diligently prosecuted by the Indemnifying Party to a final conclusion or settled; *provided, however, that* (i) the Indemnifying

Parties timely notified the Indemnified Parties pursuant to Section 10.6(a), including an acknowledgement that the Indemnifying Parties will indemnify the Indemnified Parties from and against all Damages that the Indemnified Parties may suffer resulting from or related to the Third Party Claim; (ii) the Indemnifying Parties provide the Indemnified Parties with evidence reasonably acceptable to the Indemnified Parties that the Indemnifying Parties will have the financial resources to defend against such Third Party Claim and fulfill their indemnification obligations under this Agreement, (iii) the Third Party Claim involves only money damages and does not seek an injunction or other equitable relief, (iv) settlement of, or an adverse judgment with respect to, the Third Party Claim is not, in the Indemnified Parties' good faith judgment, likely to establish a precedential custom or practice adverse to any Indemnified Party or their businesses and (v) the Indemnifying Parties conduct the defense of the Third Party Claim actively and diligently. The foregoing notwithstanding, the Indemnifying Parties may not assume control of, or continue to control, the defense of any Third Party Claim that (y) involves alleged criminal liabilities of any Indemnified Party or non-monetary claims by any Governmental Authority or third party payor, or (z) seeks to impose any substantive equitable remedy that would bind any Indemnified Party. The Indemnified Party may participate in (including engaging counsel of its choice, at its expense), but not control, any defense or settlement of any Third Party Claim controlled by the Indemnifying Party pursuant to this Section 10.6(b), and except as specifically provided in this Section 10.6(b), the Indemnified Party will bear its own costs and expenses with respect to such participation.

(c) If (i) the Indemnifying Party fails to notify the Indemnified Party within the Notice Period that the Indemnifying Party desires to defend the Indemnified Party pursuant to this Section 10.6, (ii) the Indemnifying Party gives such notice but fails to prosecute diligently or settle the Third Party Claim, (iii) the Indemnifying Party is not eligible to assume control of the Third Party Claim pursuant to the terms of Section 10.6(b), or if the Indemnifying Party gives such notice but any condition in Section 10.6(b) becomes unsatisfied, or (iv) the Indemnifying Party fails to give any notice whatsoever within the Notice Period, then the Indemnified Party will have the right to defend, at the sole cost and expense of the Indemnifying Party, the Third Party Claim by all appropriate Proceedings, which Proceedings will be promptly and reasonably prosecuted by the Indemnified Party to a final conclusion or will be settled at the discretion of the Indemnified Party. The Indemnified Party will have full control of such defense and Proceedings, including any compromise or settlement thereof; *provided*, *however*, that if requested by the Indemnified Party, the Indemnifying Party agrees, at the sole cost and expense of the Indemnifying Party, to cooperate with the Indemnified Party and its counsel in contesting any Third Party Claim which the Indemnified Party is contesting or, if appropriate and related to the Third Party Claim in question, in making any counterclaim against the Person asserting the Third Party Claim, or any cross-complaint against any Person (other than the Indemnifying Party or any of its affiliates). Subject to the above terms of this Section 10.6(c), the Indemnifying Party may participate in, but not control, any defense or settlement controlled by the Indemnified Party pursuant to this Section 10.6(c), and the Indemnifying Party will bear its own costs and expenses with respect to such participation. The Indemnified Party shall give sufficient prior notice to the Indemnifying Party of the initiation of any discussions relating to the settlement of a Third Party Claim to allow the Indemnifying Party to participate therein.

(d) In the event any Indemnified Party should have a claim against any Indemnifying Party hereunder that does not involve a Third Party Claim being asserted against or sought to be collected from the Indemnified Party, the Indemnified Party shall deliver an Indemnity Notice (as hereinafter defined) to the Indemnifying Party. The term "**Indemnity Notice**" shall mean written notification of a claim for indemnity under ARTICLE 10 hereof (which claim does not involve a Third Party Claim) by an Indemnified Party to an Indemnifying Party pursuant to this Section 10.6, specifying the nature of and specific basis for such claim and the amount or the estimated amount of such claim. The failure by any Indemnified Party to give the Indemnity Notice shall not impair such party's rights hereunder except to the extent that an Indemnifying Party demonstrates that it has been materially prejudiced thereby.

(e) If the Indemnifying Party does not notify the Indemnified Party within sixty (60) calendar days following its receipt of a Claim Notice or an Indemnity Notice that the Indemnifying Party disputes its liability to the Indemnified Party hereunder, such claim specified by the Indemnified Party will be conclusively deemed a liability of the Indemnifying Party hereunder and the Indemnifying Party shall pay the amount of such liability to the Indemnified Party on demand, or on such later date (i) in the case of a Third Party Claim, as the Indemnified Party suffers the Damages in respect of such Third Party Claim, or (ii) in the case of an Indemnity Notice in which the amount of the claim is estimated, when the total amount of such claim becomes finally determined. If the Indemnifying Party has timely disputed its liability with respect to such claim, as provided above, the Indemnifying Party and the Indemnified Party agree to proceed in good faith to negotiate a resolution of such dispute, and if not resolved through negotiations, such dispute will be resolved in accordance with Section 12.19.

(f) The Indemnified Party agrees to give the Indemnifying Party reasonable access to the Books and Records and employees of the Indemnified Party in connection with the matters for which indemnification is sought hereunder, to the extent the Indemnifying Party reasonably deems necessary in connection with its rights and obligations hereunder.

(g) The Indemnified Party shall assist and reasonably cooperate with the Indemnifying Party in the conduct of litigation, the making of settlements and the enforcement of any right of contribution to which the Indemnified Party may be entitled from any Person or entity in connection with the subject matter of any litigation subject to indemnification hereunder. In addition, the Indemnified Party shall, upon reasonable request by the Indemnifying Party or counsel selected by the Indemnifying Party, attend hearings and trials, assist in the securing and giving of evidence, assist in obtaining the presence or cooperation of witnesses, and make available its own personnel; and shall do whatever else is reasonably necessary and appropriate in connection with such litigation. The Indemnified Party shall not make any demand upon the Indemnifying Party or counsel for the Indemnifying Party in connection with any litigation subject to indemnification hereunder, except a general demand for indemnification as provided hereunder. If the Indemnified Party shall fail to perform such obligations as Indemnified Party hereunder or to reasonably cooperate with the Indemnifying Party in Indemnifying Party's defense of any suit or Proceeding, then, except where such failure does not have a material adverse effect on the Indemnifying Party's defense of such claims, the Indemnifying Party's liability to the Indemnified Party shall be limited to the Damages that would have nonetheless resulted absent the Indemnified Party's failure after taking into account such actions as could have been taken by the Indemnifying Party had it received full cooperation.

(h) If the Indemnifying Party assumes control of the defense of a Third Party Claim pursuant to Section 10.6(b), the Indemnifying Party may not settle any such Third Party Claim without the consent of the Indemnified Party (which consent shall not be unreasonably withheld) if the settlement (i) involves any legal or equitable relief other than the payment of monetary damages, or involves monetary damages to be paid by the Indemnified Party, (ii) requires any admission of liability or fault by the Indemnified Party, (iii) does not unconditionally release the Indemnified Party from any and all obligations related to the Third Party Claim, or (iv) that would, or would reasonably be expected to, result in (A) the imposition of any corporate integrity agreement, deferred or non-prosecution agreement or any Governmental Authority monitoring or oversight agreement on Buyer, (B) any revocation of a Permit that is necessary to operate the Facilities or a department of the Facilities or a service line of the Facilities, (C) any restriction or limitation on the use of any Government Program provider agreements, provider numbers or related NPIs, or (D) any restriction or limitation on the ability of the Facilities to participate in and/or to receive payments from any Government Program; provided, however, that the Indemnified Party shall be deemed to have consented to such settlement unless it delivers written notice of its refusal to consent within ten (10) Business Days after receipt of written notice from the Indemnifying Party setting forth the material terms of such proposed settlement. If the Indemnified Party controls the defense of a Third Party Claim,

the Indemnified Party may not settle any such Third Party Claim without the consent of the Indemnifying Party (which consent shall not be unreasonably withheld, conditioned or delayed) if the settlement involves monetary damages to be paid by the Indemnifying Party; provided, however, that the Indemnifying Party shall be deemed to have consented to such settlement unless it delivers written notice of its refusal to consent within ten (10) Business Days after receipt of written notice from the Indemnified Party setting forth the material terms of such proposed settlement.

ARTICLE 11
TAXES

11.1 Tax Matters; Allocation of Purchase Price.

(a) After the Closing Date, the Parties shall reasonably cooperate with each other and shall make available to each other, as reasonably requested, all information, records or documents relating to preparation and filing of any Tax Return, determining a liability for Taxes or a right to a refund of Taxes or participating in or conducting any audit or other proceeding in respect of Taxes, in each case, relating to the Transferred Assets or the Business. Such cooperation and information shall include providing copies of relevant Tax Returns or portions thereof to the extent exclusively related to the Transferred Assets and the Business, together with related work papers and documents relating to rulings or other determinations by Taxing Authorities to the extent exclusively related to the Transferred Assets and the Business and the Parties shall preserve all such information, records and documents at least until the expiration of any applicable statute of limitations or extensions thereof. The Parties shall also make available to each other to the extent reasonably required, and at the reasonable cost of the requesting Party (for out-of-pocket costs and expenses only), personnel responsible for preparing or maintaining information, records and documents in connection with tax matters and as the other Party may reasonably request in connection with the completion of any post-Closing audits of the Business. Notwithstanding anything to the contrary in this Agreement, Buyer shall not have any obligation to provide or furnish to Seller any income Tax Return or portion thereof (including any work papers or related documentation) of Buyer or its Affiliates.

(b) Solely for purposes of Tax reporting, Schedule 11.1 sets forth the methodology for allocating the Purchase Price (including any liabilities that are considered to be an increase to the Purchase Price for United States federal income tax purposes) (i) between the Sellers and (ii) among the respective Transferred Assets of each Seller for purposes of Section 1060 of the Code and the Treasury Regulations promulgated thereunder. Between the Execution Date and the Closing, Buyer and Sellers shall work together in good faith to develop and mutually agree upon the methodology for allocating the Purchase Price among the Transferred Assets, and, once agreed, such methodology shall be attached to this Agreement as Schedule 11.1 (the "**Purchase Price Allocation**"). Within ninety (90) days after the Purchase Price has been finalized pursuant to this Agreement, Buyer will send to the Sellers an allocation schedule prepared in a manner consistent with the Purchase Price Allocation, which will be subject to Sellers' review and comment. The Sellers shall have thirty (30) days to review the determinations set forth in the Purchase Price Allocation. If the Sellers disagree with any determinations set forth in the Purchase Price Allocation, the Sellers shall deliver a written notice to Buyer setting forth its objections. Unless the Sellers deliver such notice to Buyer within the thirty (30) day review period, Sellers shall be deemed to have accepted the determinations set forth in the Purchase Price Allocation. If the Sellers deliver the notice to Buyer within the thirty (30) day review period, Buyer and Sellers shall, during the thirty (30) days following such delivery or any mutually agreed extension thereof, use their commercially reasonable efforts to reach agreement on the disputed determinations. Any remaining dispute among Buyer and the Sellers shall be resolved by a mutually agreeable independent accounting firm of recognized national standing (the "**Accounting Firm**"); *provided*, that the Accounting Firm's determination shall be limited to whether Sellers' or Buyer's position with respect to each of the remaining points in dispute better reflects the principles set forth in this Section

11.1(b). The Parties will file all Tax Returns in a manner consistent with the Purchase Price Allocation, as finally determined under this Section 11.1(b), and not take any inconsistent position for Tax purposes unless otherwise required by a determination within the meaning of Section 1313(a) of the Code. Buyer and Seller shall each be responsible for fifty percent (50%) of the fees and expenses of the Accounting Firm.

(c) All transfer, conveyance, sales, use, stamp, recording, license, documentary, conveyance, deed, recordation, registration, excise and similar state and local Taxes and fees arising from the sale of the Transferred Assets hereunder ("**Transfer Taxes**") shall be the responsibility of, and allocated to, Buyer, and shall be paid by Buyer when due. The Party so required by applicable Law shall prepare and file timely all Tax Returns, declarations and filings with respect to such Transfer Taxes and the non-filing shall reasonably cooperate in connection therewith.

(d) Each Seller shall cause all Tax sharing, allocation, and indemnification Contracts with respect to the Business or the Transferred Assets to be terminated as of the Closing such that, after the Closing, Buyer will not be bound thereby or have any liability thereunder.

(e) Sellers shall bear all property and *ad valorem* Tax liability with respect to the Transferred Assets if the lien or assessment date arises on or prior to the Closing Date irrespective of the reporting and payment dates of such Taxes. For purposes of determining the amount of Taxes that relate to a Straddle Period (other than as described in Section 1.9(a) or the first sentence of this Section 11.1(f)), Sellers and Buyer agree as follows:

(i) in the case of all property and other similar Taxes imposed on a periodic basis, the portion of any such Tax that is attributable to the portion of the Straddle Period ending prior to the Closing Date shall be determined by multiplying an amount equal to the amount of Taxes for the entire Straddle Period by a fraction the numerator of which is the number of calendar days in the portion of the period ending on (and including) the Closing Date and the denominator of which is the number of calendar days in the entire Straddle Period; and

(ii) in the case of all other Taxes (including income Taxes or any other Taxes resulting from, or imposed on, sales, receipts, uses, transfers or assignments of property or other assets, payments or accruals to other persons (including wages), or any other similar transaction or transactions), the portion of any such Tax that is attributable to the portion of the Straddle Period ending on (and including) the Closing Date shall be determined as if the relevant Tax period ended on the Closing Date.

ARTICLE 12
MISCELLANEOUS PROVISIONS

12.1 **Further Assurances and Cooperation.** Each Party shall execute, acknowledge and deliver to the other Party any and all other assignments, consents, Approvals, conveyances, assurances, documents and instruments reasonably requested by such Party at any time and shall take any and all other actions reasonably requested by such Party at any time, as may be reasonably necessary or appropriate to effectuate this Agreement and consummate the transactions hereunder. After consummation of the Contemplated Transactions, the Parties agree to cooperate with each other and take such further actions as may be necessary or appropriate to effectuate, carry out and comply with all of the terms of this Agreement, the documents referred to in this Agreement and the Contemplated Transactions.

12.2 **Successors and Assigns.** All of the terms and provisions of this Agreement shall be binding upon and shall inure to the benefit of and be enforceable by the respective successors and assigns of the Parties hereto; *provided, however,* that no Party hereto may assign any of its rights or delegate any of its duties under this Agreement without the prior written consent of the other Parties which consent shall not be unreasonably withheld or delayed. At any time at least ten (10) Business days prior to the Closing,

notwithstanding the foregoing, Buyer will be entitled, by written notice to Sellers, to designate NorthBay Medical Foundation to (a) purchase any portion of the Transferred Assets pertaining exclusively to the operation of the Napa Clinics and pay the corresponding Purchase Price amount, as applicable, or (b) assume any portion of the Assumed Liabilities pertaining exclusively to the Napa Clinics; provided that the Buyer will remain obligated for the obligations set forth in the preceding clauses (a) and (b) until satisfied by NorthBay Medical Foundation. In addition, and for the avoidance of doubt, NorthBay Medical Foundation shall be entitled to employ any of the Transferred Employees who provide services exclusively on behalf of the Napa Clinics on and after the Closing Date and to perform any other covenants or agreements of Buyer under this Agreement that directly relate to the purchase of Transferred Assets, assumption of Assumed Liabilities and employment of Transferred Employees, in each case exclusively relating to the operation of the Napa Clinics.

12.3 **Governing Law; Venue.** This Agreement shall be construed, performed, and enforced in accordance with, and governed by, the laws of the State of California (without giving effect to the principles of conflicts of laws thereof). Each Party agrees that all proceedings (in contract, in tort or otherwise) arising out of or relating to this Agreement, any transactions contemplated hereby, any relationships between the Parties hereunder and any disputes with respect to any of the foregoing shall be commenced and prosecuted exclusively in the courts of the State of California sitting in Napa County or in the United States District Court of the Northern District of California and any appellate court from any thereof. The Parties hereby consent to the jurisdiction of such court and waive their right to challenge any Proceeding involving or relating to this Agreement on the basis of lack of jurisdiction over the Person or *forum non conveniens*.

12.4 **Amendments.** This Agreement may not be amended other than by written instrument signed by the Parties.

12.5 **Exhibits, Schedules and Disclosure Schedules.** The Disclosure Schedules and all exhibits and schedules referred to in this Agreement shall be attached hereto and are incorporated by reference herein. **Notices.** Any notice, demand, letter or other communication required, permitted, or desired to be given hereunder shall be deemed effectively given (a) when either personally delivered, (b) on the date transmitted via electronic mail with a delivery receipt requested, if sent on a Business Day between 9:00 AM and 9:00 PM in the time zone of the recipient, or if sent outside of such hours, on the next Business Day at 9:00 AM in the time zone of the recipient, (c) one (1) Business Day after being sent by the addressee if sent by a nationally recognized overnight courier, or (d) five (5) calendar days after being deposited in the United States mail, with postage prepaid thereon, certified or registered mail, return receipt requested, addressed as follows:

If to Sellers: Providence St. Joseph Health
1801 Lind Ave SW
Renton, WA 98057
Attention: President & CEO
Email: erik.wexler@providence.org

With a copy to: Providence St. Joseph Health – Department of Legal Affairs
1801 Lind Ave SW, Suite 9016
Renton, WA 98057
Attention: Chief Legal Officer
Email: anna.newsom@providence.org

If to Buyer: NorthBay Health
4500 Business Center Drive
Fairfield, CA 94534

Attention: President & CEO
Email: mark.behl@northbay.org

With a copy to: NorthBay Health
4500 Business Center Drive
Fairfield, CA 94534
Attention: Vice President, Chief Legal Officer
Email: sukhwinder.bajwa@northbay.org

or at such other address as one Party may designate by notice hereunder to the other Parties.

12.8 **Headings.** The section and other headings contained in this Agreement and in the Disclosure Schedules, exhibits and schedules to this Agreement are included for the purpose of convenient reference only and shall not restrict, amplify, modify or otherwise affect in any way the meaning or interpretation of this Agreement or the Disclosure Schedules, exhibits and schedules hereto.

12.9 **Confidentiality and Publicity.** The Parties acknowledge and agree that the Nondisclosure Agreement, dated as of dated April 18, 2024, between Buyer and Providence St. Joseph Health (the "**Confidentiality Agreement**") remains in full force and effect. In accordance with the provisions of the Confidentiality Agreement, the Parties shall hold in confidence the information contained in this Agreement, and all information related to this Agreement, which is not otherwise known to the public, shall be held by each Party as confidential and proprietary information and shall not be disclosed without the prior written consent of the other Party. Prior to the Closing Date, Sellers and Buyer shall consult with each other as to the form and substance of any press release or other public disclosure materially related to this Agreement or any other transaction contemplated hereby and each shall have the right to review and comment on the other's press releases at least forty-eight (48) hours prior to issuance; *provided, however*, that nothing in this Section 12.9 shall be deemed to prohibit either Sellers or Buyer from making any disclosure that its counsel deems necessary or advisable in order to satisfy either Party's disclosure obligations imposed by Law subject to reasonable prior written notice to the other Party thereof.

12.10 **Fair Meaning.** This Agreement shall be construed according to its fair meaning and as if prepared by all Parties.

12.11 **Gender and Number; Construction; Affiliates.** All references to the neuter gender shall include the feminine or masculine gender and vice versa, where applicable, and all references to the singular shall include the plural and vice versa, where applicable. Unless otherwise expressly provided, the word "**including**" followed by a listing does not limit the preceding words or terms and shall mean "**including, without limitation**." The term "**control**" (including the terms "**controlled by**" and "**under common control with**") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a Person, whether through the ownership of voting securities, by Contract or otherwise. References to any agreement (including this Agreement) are references to that agreement as amended, consolidated, supplemented, novated or replaced in accordance with the terms and conditions therein from time to time. References to "day" shall mean calendar day, unless otherwise specified herein. When calculating the period of time before which, within which or following which any act is to be done or step taken pursuant to this Agreement, the date that is the reference date in calculating such period will be excluded. If the last day of such period is a day other than a Business Day, the period in question will end on the next succeeding Business Day.

12.12 **Third Party Beneficiary.** The provisions contained in this Agreement are not intended by the Parties, nor shall they be deemed, to confer any benefit on any Person not a party to this Agreement, except for the Parties' successors and permitted assigns.

12.13 **Expenses and Attorneys' Fees.** Except as otherwise provided in this Agreement, each Party shall bear and pay its own costs and expenses relating to the preparation of this Agreement and to the Contemplated Transactions, or the performance of or compliance with any condition or covenant set forth in this Agreement, including the disbursements and fees of their respective attorneys, accountants, advisors, agents and other Representatives, incidental to the preparation and carrying out of this Agreement, whether or not the Contemplated Transactions are consummated. If any action is brought by any Party to enforce any provision of this Agreement, the prevailing Party shall be entitled to recover its court costs and reasonable attorneys' fees. As used herein, the term "**reasonable attorneys' fees**" shall mean reasonable attorneys' fees actually incurred at standard hourly rates.

12.14 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement, binding on all of the Parties hereto. The Parties agree that .PDF copies of signatures shall be deemed originals for all purposes hereof and that a Party may produce such copies, without the need to produce original signatures, to prove the existence of this Agreement in any Proceeding brought hereunder. Signatures sent by facsimile or electronic transmission shall be deemed to be originals for all purposes of this Agreement.

12.15 **Entire Agreement.** This Agreement, the Transaction Documents, the Disclosure Schedules, the exhibits and schedules, and the documents referred to in this Agreement contain the entire understanding between the Parties with respect to the Contemplated Transactions and supersede all prior or contemporaneous agreements, understandings, representations and statements, oral or written, between the Parties on the subject matter hereof.

12.16 **No Waiver.** Any term, covenant or condition of this Agreement may be waived at any time by the Party which is entitled to the benefit thereof but only by a written notice signed by the Party expressly waiving such term or condition. The subsequent acceptance of performance hereunder by a Party shall not be deemed to be a waiver of any preceding breach by any other Party of any term, covenant or condition of this Agreement, other than the failure of such other Party to perform the particular duties so accepted, regardless of the accepting Party's knowledge of such preceding breach at the time of acceptance of such performance. The waiver of any term, covenant or condition shall not be construed as a waiver of any other term, covenant or condition of this Agreement.

12.17 **Severability.** If any term, provision, condition or covenant of this Agreement or the application thereof to any Party or circumstance shall be held to be invalid or unenforceable to any extent in any jurisdiction, then the remainder of this Agreement and the application of such term, provision, condition or covenant in any other jurisdiction or to Persons or circumstances other than those as to whom or which it is held to be invalid or unenforceable, shall not be affected thereby, and each term, provision, condition and covenant of this Agreement shall be valid and enforceable to the fullest extent permitted by law.

12.18 **Time is of the Essence.** Time is of the essence for all dates and time periods set forth in this Agreement and each performance called for in this Agreement.

12.19 **Dispute Resolution.** Except for equitable remedies, the Parties shall resolve any disagreement, dispute or claim arising out of or relating to this Agreement, or the breach, termination or invalidity hereof (each, a "**Dispute**"), under the provisions of this Section 12.19. The procedures set forth in this Section 12.19 shall be the exclusive mechanism for resolving any Dispute that may arise from time to time, and Section 12.19(a) and Section 12.19(b) are express conditions precedent to binding arbitration of the Dispute.

(a) Negotiations. A Party shall send written notice to the other Party of any Dispute ("**Dispute Notice**"). The Parties shall first attempt in good faith to resolve any Dispute set forth in the Dispute Notice by negotiation and consultation between themselves. If a Dispute is not resolved within thirty (30) Business Days after one Party delivers the Dispute Notice to the other Party, either Party may, by written notice to the other Party ("**Escalation to Executive Notice**"), refer such Dispute to an executive officer of each Party ("**Executive(s)**"). For purposes of clarification, the Party sending the Dispute Notice and the Escalation to Executive Notice shall send such notices in compliance with Section 12.6 of this Agreement. If the Executives cannot resolve any Dispute during the time period ending thirty (30) days after the date of the Escalation to Executive Notice (the last day of such time period, the "**Escalation to Mediation Date**"), either Party may initiate mediation under Section 12.19(b).

(b) Mediation. Subject to Section 12.19(a), the Parties may, at any time after the Escalation to Mediation Date, submit the Dispute to any mutually agreed mediation service for mediation by providing to the mediation service a joint written request for mediation, setting forth the subject of the Dispute and the relief requested. The Parties shall cooperate with one another in selecting a mediation service, and shall cooperate with the mediation service and with one another in selecting a neutral mediator and in scheduling the mediation Proceedings. The Parties covenant that they will use commercially reasonable efforts in participating in the mediation. Except as otherwise set forth in Section 12.19(c), the Parties agree that the mediator's fees and expenses and the costs incidental to the mediation will be shared equally between the Parties.

(c) Arbitration. If the Parties cannot resolve any Dispute for any reason, including, but not limited to, the failure of either Party to agree to enter into mediation or agree to any settlement proposed by the mediator, within sixty (60) days after the Escalation to Mediation Date, either Party may commence binding arbitration. The arbitration will be conducted before a single arbitrator under the then current Commercial Arbitration Rules of the American Arbitration Association. Such arbitrator will be an attorney with experience in the healthcare industry and who is unaffiliated with either Party. In the event the Parties cannot agree on the appointment of the single arbitrator within thirty (30) days of the written request for arbitration, the American Arbitration Association shall appoint the single arbitrator in accordance with the procedures set forth in the Commercial Arbitration Rules, in which case the American Arbitration Association shall select an arbitrator having the qualifications referenced above. The arbitrator is directed to hear and decide dispositive motions in advance of the hearing-on-the-merits by applying the law of the State of California. The arbitration will be held in a location to be mutually agreed upon by the Parties within the State of California. The arbitrator will enforce the terms of this Agreement and will have no authority to award punitive damages, non-compensatory damages or any damages other than direct damages, or to award direct damages in excess of the limitations and exclusions set forth in this Agreement. The existence of the arbitration, the arbitration Proceedings and the outcome of such arbitration will be treated as Confidential Information subject to Section 12.19 and will not be disclosed by either Party.

12.20 **No Recordation or Lis Pendens**. The Parties hereby acknowledge that neither this Agreement nor any memorandum or affidavit thereof shall be recorded in the County of Napa or any other county. Should Buyer ever record or attempt to record this Agreement, or a memorandum or affidavit thereof, or any other similar document, then, notwithstanding anything herein to the contrary, said recordation or attempt at recordation shall constitute a breach by Buyer hereunder and, in addition to the other remedies provided for herein, Sellers shall have the express right to file a notice of termination of this Agreement in the county in which the Real Property is located. In no event will Buyer be entitled to record a lis pendens against any portion of the Owned Real Property prior to the filing of a lawsuit by Buyer seeking to specifically enforce this Agreement against Sellers, and hereby waives any such right as may be permitted at law or in equity.

[REMAINDER OF PAGE IS BLANK]

IN WITNESS WHEREOF, this Asset Purchase Agreement has been entered by each Party's duly authorized officer effective as of the date first written above.

BUYER:

NorthBay Napa Hospital Corp.

Signature: _____
Print Name: Mark Behl, MHA, MBA
Title: President & CEO

SELLERS:

QVMC:

St. Joseph Health Northern California, LLC, dba Providence Queen of the Valley Medical Center

Signature: _____
Print Name: Laureen Driscoll
Title: President

PMF:

Providence Medical Foundation

Signature: _____
Print Name: Jill Duplechan
Title: President

NORTHBAY PARENT:

Solely with respect to Section 1.16:

NorthBay Healthcare Corporation

Signature: _____
Print Name: Mark Behl, MHA, MBA
Title: President & CEO

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Exhibit A

Napa Clinics

1. Providence Medical Group – Urgent Care Napa:1621 W Imola Avenue, Napa, CA 94559
2. Providence Medical Group – General Surgery: 3434 Villa Lane, Suite 260, Napa, CA 94558
3. Providence Medical Group – Cardiology: 3448 Villa Ln, Suite 102, Napa, CA 94558
4. Providence Medical Group – Medical Oncology: 1000 Trancas Street, Suite 1, Napa, CA 94558
5. Providence Medical Group – Internal Medicine: 1100 Trancas Street, Suite 201, Napa, CA 94558
6. Providence Medical Group – Neurology: 1100 Trancas Street, Suite 205, Napa, CA 94558
7. Providence Medical Group – Vacant/Storage – 1100 Trancas St, Suite 207, Napa CA 94558
8. Providence Medical Group – Admin/Breakroom – 1100 Trancas St, Suite 208, Napa CA 94558
9. Providence Medical Group – Obstetrics and Gynecology: 1100 Trancas Street, Suite 209, Napa, CA 94558
10. Providence Medical Group – Multispecialty Clinic – 1100 Trancas St, Suite 212A, Napa CA 94558
11. Providence Medical Group – Urology: 1100 Trancas Street, Suite 213, Napa, CA 94558
12. Providence Medical Group – Cardiac Rehab: 1100 Trancas Street, Suite 252, Napa, CA 94558
13. Providence Medical Group – Primary Care: 1100 Trancas Street, Suite 256, Napa, CA 94558
14. Providence Medical Group – Gastroenterology: 1100 Trancas Street, Suite 350, Napa, CA 94558

EXHIBIT B

DEFINITIONS

"**Accounting Firm**" shall have the meaning as set forth in Section 11.1(b).

"**Additional Assumed Liabilities**" shall have the meaning as set forth in Section 1.13(e).

"Affiliate" shall mean, with respect to any Person, any other Person that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with, such Person. For this purpose, "control" shall include the power to direct or cause the direction of the management and policies of a Person, whether through the ownership of memberships, securities, election, or appointment of directors, by Contract or otherwise.

"Agreement" shall mean this Asset Purchase Agreement together with all Exhibits and Schedules hereto, as amended, consolidated, supplemented, or replaced by the Parties from time to time in accordance with this Agreement.

"ALTA" shall mean American Land Title Association.

"Approval" shall mean any approval, authorization, consent, notice, qualification or registration, or any extension, modification, amendment, waiver, or early termination of any of the foregoing, of or from, or any notice, statement, filing or other communication to be filed with or delivered to, any Governmental Authority or any other Person.

"Assumed Contracts" shall have the meaning as set forth in Section 1.1(d).

"Assumed Foundation Services Agreement" shall have the meaning as set forth in Section 5.3.

"Assumed Leases" shall have the meaning as set forth in Section 1.1(e).

"Assumed Liabilities" shall have the meaning as set forth in Section 1.3.

"**Assumed Third-Party Claims**" shall have the meaning as set forth in Section 1.1(m).

"Basket" shall have the meaning as set forth in Section 10.2(b)(i).

"Books and Records" shall mean originals, or where not available, copies (including in electronic format), of books and records maintained in connection with the Business or the Transferred Assets, including Medical Records and books and records relating to books of account, ledgers and general financial accounting records, machinery and equipment maintenance files, patient and customer lists, price lists, distribution lists, supplier lists, quality control records and procedures, customer and patient complaints and inquiry files, research and development files, records and data (including all correspondence with any Governmental Authority), sales material and records, strategic plans, marketing plans, internal financial statements and marketing and promotional surveys, pricing and cost information, material and research, in each case, only to the extent such books and records (i) are located at the Facilities, and (ii) are primarily used or held for use in, or otherwise primarily relate to, the Business.

"Bill of Sale" shall have the meaning as set forth in Section 1.13(a).

"Break Fee" shall have the meaning as set forth in Section 8.2(a).

"Break Fee Termination" shall have the meaning as set forth in Section 8.2(a).

"Business" shall mean the businesses operated by the Sellers at the Hospital and Napa Clinics, as conducted by the Sellers as of the Execution Date.

"**Business Data**" shall have the meaning as set forth in Section 2.11(l)(vi).

"Business Day" shall mean any day of the year on which national banking institutions in California are open to the public for conducting business and are not required or authorized to close.

"Business Employee" shall have the meaning as set forth in Section 2.15(a).

"Buyer" shall have the meaning as set forth in the preamble to this Agreement.

"Buyer Employer" shall have the meaning set forth in Section 5.1(a).

"Buyer Fundamental Representation" shall mean a representation or warranty made by a Seller under Section 3.1 (Authorization), Section 3.2 (Binding Agreement), Section 3.3 (Organization and Good Standing; No Violation) and Section 3.4 (Brokers and Finders).

"Buyer Indemnitees" shall have the meaning as set forth in Section 10.2(a).

"Buyer Material Adverse Effect" shall mean any event, circumstance, fact, condition, occurrence, result, change or effect regardless of whether such event, circumstances, fact, condition, occurrence, result, change or effect occurred before the date hereof or during the Interim Period, that individually or in the aggregate, does, or would reasonably be expected to prevent Buyer's consummation of the Contemplated Transactions and fulfillment of Buyer's obligations hereunder; *provided, however,* that "Buyer Material Adverse Effect" shall not include any event, circumstance, fact, condition, occurrence, result, change or effect, directly or indirectly, arising out of or attributable to any of the following: (i) changes in the financial or operating performance caused by any announcement of the Contemplated Transactions, including any impact thereof on relationships, contractual or otherwise, with any patients, vendors, partners, physicians or employees, (ii) general business, industry or economic conditions affecting the industries in which Buyer operates, (iii) any change or proposed change in the requirements, reimbursement rates, policies or procedures of third-party payors or accreditation organizations that are generally applicable to hospitals or health care facilities, (iv) any changes in financial, banking or securities markets in general, including any disruption thereof and any decline in the price of any security or any market index or any change in prevailing interest rates, (v) local, regional, national or international political or social conditions, including the engagement by the United States in hostilities, whether or not pursuant to the declaration of a national emergency or war, or the occurrence of any military or terrorist attack (or the escalation or worsening of any of the foregoing), (vi) any action required or permitted by this Agreement or any action taken (or omitted to be taken) with the written consent of or at the written request of Sellers, (vii) any natural or man-made disaster or acts of God or other force majeure events, (viii) any pandemic, epidemic, public health emergency or similar infectious disease emergency or any escalation or worsening thereof, (ix) changes in any Law or other binding directives issued by any Governmental Entity, (x) any existing event, change or circumstance of which Sellers have knowledge as of the Execution Date, solely to the extent of the scope and magnitude of such event, change or circumstance known to Sellers as of such date, (xi) any changes in GAAP, or (xii) any adverse event, change or circumstance that is cured prior to the Closing; *provided*, that any fact, circumstance, condition, change, event or occurrence resulting from the matters referred to in clauses (ii), (iii), (iv), (v), (vii), (viii), (ix), and (xi) shall be included in the definition of Buyer Material Adverse Effect if the impact of such matters is disproportionate on Buyer as compared to other Persons operating in the industry in which the Buyer participates.

"CAG" shall have the meaning as set forth in Section 4.2(b).

"Cap" shall have the meaning as set forth in Section 10.2(b)(ii).

"Cash Purchase Price" shall have the meaning as set forth in Section 1.6(a).

"Casualty" shall have the meaning as set forth in Section 1.5(a).

"Claim Notice" shall mean the meaning as set forth in Section 10.6(a).

"Claims-Made Insurance Policies" shall mean the meaning as set forth in Section 4.12(a).

"Closing" shall have the meaning as set forth in Section 1.12.

"Closing Date" shall have the meaning as set forth in Section 1.12.

"**Closing Payment Shortfall Amount**" shall have the meaning as set forth in Section 1.9(d).

"**Closing Statement**" shall have the meaning as set forth in Section 1.9(a).

"COBRA" shall mean the Consolidated Omnibus Budget Reconciliation Act of 1985, the Public Health Service Act, codified as 42 USC *§§* 300bb-1 through 300bb-8, and any similar state or federal continuation of coverage Laws.

"Code" shall mean the Internal Revenue Code of 1986, as amended.

"Commitment Period" shall have the meaning as set forth in Section 9.8(a).

"**Compliance Program**" shall have the meaning as set forth in Section 2.11(d).

"Condemnation" shall have the meaning as set forth in Section 1.5(a).

"Confidential Information" shall mean all information (whether or not specifically identified as confidential), in any form or medium that relates to the Business, Transferred Assets or Assumed Liabilities, including: (a) internal business information related to the Business (including, information relating to strategic plans and practices, business, accounting, financial or marketing plans, practices or programs, training practices and programs, salaries, bonuses, incentive plans and other compensation and benefits information and accounting and business methods); (b) identities of, individual requirements of, specific contractual arrangements with, and information about, the Business, Transferred Assets or Assumed Liabilities; (c) any confidential or proprietary information of any third-party that Sellers or any of Sellers' Affiliates has a duty to maintain confidentiality of, or use only for certain limited purposes; (d) industry research compiled by Sellers, or any Affiliate of Sellers with respect to the Business, including, identities of potential target companies, management teams, and transaction sources identified by, or on behalf of, Sellers or any Affiliate of Sellers; (e) compilations of data and analyses, processes, methods, track and performance records, data and data bases relating thereto; (f) Trade Secrets related to the Transferred Intellectual Property and updates of any of the foregoing; and (h) information obtained in connection with Section 10.6 during the prosecution or defense of any Third-Party Claim; *provided*, *however*, that "Confidential Information" shall not include any information that has become generally known to and widely available for use within the industry other than as a result of the acts or omissions of Sellers or a Person that Sellers have any direct control over to the extent such acts or omissions are not authorized by Sellers in the performance of such Person's assigned duties for Sellers.

"Confidentiality Agreement" shall have the meaning as set forth in Section 12.9.

"Consultant" shall have the meaning as set forth in Section 4.7(c).

"Contemplated Transactions" shall mean, collectively, the transactions contemplated by, or related to, this Agreement and the other Transaction Documents, including (a) the sale and purchase of the Transferred Assets and (b) the execution, delivery and performance of this Agreement and the other Transaction Documents.

"**Contingent Workers**" shall mean any independent contractors, consultants, temporary employees, leased employees or any other servants or agents performing services with respect to the operation of the Business and classified by the Sellers as other than an employee or compensated other than through wages paid by the Sellers through its payroll department and reported on a Form W-2 and where such individual has access to Sellers' human resources and information system.

"Contract" shall mean any legally binding oral or written commitment, promise, contract, lease, sublease, license, sublicense, guaranty, contractor or equipment warranty, prepaid services agreement, indenture, occupancy or other agreement or arrangement of any kind and all amendments, side letters, modifications and supplements thereto.

"Contract and Lease Consents" shall have the meaning as set forth in Section 2.7(c).

"Contracts Assignment" shall have the meaning as set forth in Section 1.13(c).

"Copyrights" shall mean all copyrights, whether in published or unpublished works, which include literary works, and any other original works of authorship fixed in any tangible medium of expression (including nutritional and weight loss manuals and written programs); website and online application content; rights to compilations, collective works and derivative works of any of the foregoing; all moral rights associated therewith, if applicable, and all registrations and applications for registration for any of the foregoing and any renewals or extensions thereof.

"Cost Reports" shall mean all cost and other reports related to the Facilities filed pursuant to the requirements of the Medical Reimbursement Programs and other third-party payor programs for cost-based payments or reimbursement due to or claimed by Sellers from the Medical Reimbursement Programs and other third-party payor programs or their fiscal intermediaries or payor agents, including all cost report receivables or payables and all related appeals and appeal rights.

"**Credentialing and Medical Staff Records**" means, to the extent Sellers lawfully own or has control of such records and information and such records and information are disclosable by applicable Law, all credentialing records with respect to the credentialling of any provider at a Facility, all minutes of the meetings of the medical staffs of each Facility and any committees thereof, and all other records directly related to the administrative operations of each Facility's medical staff for the period prior to the Effective Time.

"Current Tax Year" shall have the meaning as set forth in Section 1.15(b).

"**Damaged Assets**" shall have the meaning as set forth in Section 1.5(b).

"Damages" shall have the meaning as set forth in Section 10.2(a).

"Data Breach" shall mean any (i) "Breach" of "Unsecured Protected Health Information" (as such terms are defined by HIPAA); (ii) Security Incident (as defined by HIPAA) resulting in unauthorized access to, use of, or disclosure of Unsecured Protected Health Information; (iii) a denial of service, ransomware, successful phishing, social engineering, business email compromise incident, or other cyber-attack or cyber incident affecting systems used to process Personal Information; and (iv) any other incident that has resulted in unauthorized access, disclosure, use, denial of use, alteration, corruption, destruction, or loss of Personal Information Processed by or on behalf of the Business or that has caused a material disruption to the conduct of the Business or Sellers.

"**De-Identified Information**" shall have the meaning as set forth in Section 2.11(l)(xii).

"**Designated Excluded Assets**" shall have the meaning as set forth in Section 1.2.

"Disclosure Report" shall have the meaning as set forth in Section 4.7(d).

"Disclosure Schedule" or **"Schedule"** shall mean the disclosure schedules and any other schedule to this Agreement.

"Document Retention Period" shall have the meaning as set forth in Section 9.2(a).

"Domain Names" shall mean Internet electronic addresses, uniform resource locators and alphanumeric designations associated therewith registered with or assigned by any domain name registrar, domain name registry or other domain name registration authority as part of an electronic address on the Internet, rights in social media accounts and social media pages.

"**Disclosure Schedule Update**" shall have the meaning as set forth in Section 4.9(b).

"Dispute" shall have the meaning as set forth in Section 12.19.

"Dispute Notice" shall have the meaning as set forth in Section 12.19(a).

"Drop Dead Date" shall have the meaning as set forth in Section 8.1(b).

"DRG" shall have the meaning as set forth in Section 9.6(b).

"DRG Straddle Patients" shall have the meaning as set forth in Section 9.6(b).

"Effective Time" shall have the meaning as set forth in Section 1.12(a).

"Encumbrances" shall means all easements, servitudes, assessments, encroachments, defects in title, bailments (in the nature of a pledge or for purposes of security), liens, privileges, pledges, security interests, rights of first refusal or first offer, options, encumbrances, mortgages, deeds of trust, the grants of a power to confess judgment, conditional sales and title retention, leases, subleases, hypothecations, restrictions, licenses, or other similar arrangements or interests in real or personal property, whether imposed by Contract, Law, equity or otherwise.

"Environmental Laws" shall mean all Laws relating to health (to the extent related to exposure to Hazardous Materials) or safety (to the extent related to exposure to Hazardous Materials), pollution, protection of the environment or natural resources, or the generation, handling, use, storage, treatment, transport, disposal, release or remediation of Hazardous Materials. Without limiting the generality of the foregoing, Environmental Laws includes all of the following statutes and their implementing regulations

(and any state and local analogs) all as amended from time to time: the Clean Air Act (42 U.S.C. §7401 et seq.), the Comprehensive Environmental, Response, Compensation, and Liability Act of 1980 (42 U.S.C. § 9601 et seq.), the Federal Water Pollution Control Act (33 U.S.C. §1251 et seq.), the Resource Conservation and Recovery Act of 1976 (42 U.S.C. §6901 et seq.), the Safe Drinking Water Act (42 U.S.C. § 300f et seq.), the Toxic Substances Control Act (15 U.S.C. §2601 et seq.), Section 10 of the Rivers and Harbors Act of 1899 (33 U.S.C. § 403), and the Emergency Planning and Community Right-to-Know Act (42 U.S.C. § 11001 et seq.).

"ERISA" shall mean the Employee Retirement Income Security Act of 1974, as amended.

"**ERISA Affiliate**" means any Person engaged in a trade or business that would at any relevant time be treated together with a Seller as a "single employer" under Section 414 of the Code or Section 4001 of ERISA.

"Escalation to Executive Notice" shall have the meaning as set forth in Section 12.19(a).

"Escalation to Mediation Date" shall have the meaning as set forth in Section 12.19(a).

"**Estimated Closing Statement**" shall have the meaning as set forth in Section 1.7.

"**Estimated Purchase Price**" shall have the meaning as set forth in Section 1.7.

"Excluded Assets" shall have the meaning as set forth in Section 1.2.

"Excluded Contracts" shall have the meaning set forth in Section 1.2(l).

"**Excluded Intellectual Property**" shall have the meaning as set forth in Section 1.2(j).

"Excluded Liabilities" shall have the meaning as set forth in Section 1.4.

"**Excluded Prepaid Expenses**" shall mean Sellers' prepaid expenses, claims for refunds and rights to offset in respect thereof, in each case relating to the Sellers' and their Affiliates' insurance policies.

"Excluded Religious Items" shall have the meaning as set forth in Section 1.2(w).

"Exclusivity Period" shall have the meaning as set forth in Section 4.6.

"Executive(s)" shall have the meaning as set forth in Section 12.19(a).

"Exhibits" shall mean the exhibits to this Agreement.

"Facilities" means (i) the Hospital, (ii) the Napa Clinics and (iii) the Fitness Center.

"Final Resolution Date" shall mean the earliest to occur of (a) thirty (30) days after delivery of the Closing Statement if a Post-Closing Notice of Disagreement is not timely received by Buyer in accordance with Section 1.9(b), and (b) the date all disputed matters set forth in a Post-Closing Notice of Disagreement delivered to Buyer are finally resolved in writing in accordance with Section 1.9(c).

"**Financial Statements Date**" shall mean February 28, 2026.

"Financing Negotiation Period" shall have the meaning as set forth in Section 4.10(b).

"Fitness Center" shall mean that certain fitness center and club located at 3421 Villa Lane, Napa, California 94558, which is commonly referred to as "Active Wellness Center Napa."

"Foundation" shall have the meaning as set forth in Section 5.3.

"Foundation Services Agreement" shall have the meaning as set forth in Section 5.3.

"Fraud" means, with respect to any Person, actual and intentional fraud against another Person as interpreted applying California common law.

"Funds Flow" shall have the meaning as set forth in Section 1.8.

"Government Programs" shall mean the Medicare (including Medicare Part D and Medicare Advantage), Medicaid, Medicaid-waiver and CHAMPUS/TRICARE programs, any other similar or successor federal health care program (as defined in 42 U.S.C. §1320a-7b(f)) and any similar state or local programs.

"Governmental Authority" shall mean all agencies, authorities, bodies, boards, commissions, courts, instrumentalities, legislatures, and offices of any nature whatsoever of any federal, state, county, district, municipal, city, or other government or quasi-government unit or political subdivision.

"**Hazardous Materials**" means any material, substance, chemical, waste, product, derivative, compound, mixture, solid, liquid, mineral or gas, in each case, whether naturally occurring or man-made, that is listed, defined, or regulated as a pollutant, contaminant, hazardous substance, hazardous waste, special waste, toxic substance, toxic chemical, or words of similar import or regulatory effect, under any applicable Environmental Law, including any petroleum or petroleum-derived products, asbestos, per- and poly-fluoroalkyl substance, polychlorinated biphenyl, or radioactive compound.

"Healthcare Laws" means all Laws relating to the licensure, certification, qualification or authority to transact business relating to the provision of, or payment for, or both the provision of and payment for, health benefits, healthcare or insurance coverage, including ERISA, COBRA, the State Children's Health Insurance Program, Medicare, Medicaid, TRICARE, and Laws relating to the regulation of fraud and abuse, false claims and patient referrals; Laws governing Government Programs and the delivery and payment of healthcare services; Laws governing billing and submission of a claim to a Government Program or other payor, including reimbursement, payments, and cost reporting and other Government Program or healthcare services reimbursement requirements; the federal Anti-kickback Statute (42 U.S.C. § 1320a-7b(b)) and the regulations promulgated thereunder, and its state law counterparts; the federal Civil Monetary Penalty Provisions (collectively, 42 U.S.C. § 1320a-7a and 31 U.S.C. § 3801 *et seq*.); the federal False Claims Act (31 U.S.C. § 3729 *et seq*.) and the regulations promulgated thereunder, and its state law counterparts; the Stark Law (42 U.S.C. § 1395nn) and the regulations promulgated thereunder, and its state law counterparts; survey, certification and standards as each relates to the eligibility of Sellers for obtaining governmental authorizations required in any state where they conduct business or required for Sellers to participate in any Government Program; Laws governing treatment and reporting by Sellers relating to infectious diseases; corporate practice of medicine doctrines and similar restrictions on ownership of any Person and the performance of professional medical services by any Person.

"HIPAA" shall mean the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. § 1320d-1 *et seq.)* and all regulations promulgated thereunder, as each of the foregoing has been amended.

"Historical Financial Statements" shall have the meaning as set forth in Section 2.12(a).

"**Historical Inventory Average**" shall have the meaning as set forth in Section 1.11.

"HITECH Act" shall mean the Health Information Technology for Economic and Clinical Health Act and all regulations promulgated thereunder, as each of the foregoing has been amended.

"Hospital" shall have the meaning as set forth in the Recitals.

"HSR Act" shall have the meaning as set forth in Section 4.2(c)(i).

"Indebtedness" shall mean, at any specified time (without duplication), any of the following Liabilities of any Person (whether or not contingent and including any and all principal, accrued and unpaid interest, prepayment premiums or penalties, related expenses, commitment and other fees, sale or liquidity participation amounts, reimbursements, indemnities and other amounts which would be payable in connection therewith): (a) any Liabilities of such Person for borrowed money or in respect of loans or advances; (b) any Liabilities of such Person evidenced by bonds, debentures, notes, or other similar instruments or debt securities; (c) any Liabilities of such Person as lessee under any lease or similar arrangement required to be recorded as a capital lease in accordance with GAAP; (d) all Liabilities of such Person under or in connection with letters of credit or bankers' acceptances, performance bonds, sureties or similar obligations; (e) any Liabilities of such Person to pay the deferred purchase price of property, goods or services; (f) all Liabilities of such Person arising from cash/book overdrafts; (g) all Liabilities of such Person under conditional sale or other title retention agreements; (h) all Liabilities of such Person with respect to vendor advances or any other advances made to such Person; (i) all Liabilities of such Person arising out of interest rate and currency swap arrangements and any other arrangements designed to provide protection against fluctuations in interest or currency rates; (j) all Liabilities to purchase, redeem, retire, defease or otherwise make any payment in respect of any equity interests or any warrant, right or option to acquire such equity interest, valued, in the case of a redeemable preferred interest, at the greater of its voluntary or involuntary liquidation preference plus accrued and unpaid dividends; (k) any Liabilities of such Person related to unfunded 401(k) plans, pension plans, profits sharing plans or similar retirement plan or obligations (including the employer portion of payroll, employment, or similar Taxes incurred in connection with any of the foregoing); and (1) any Liabilities of others guaranteed by, or secured by any Encumbrance on the assets of, such Person, whether or not such indebtedness, liabilities or obligations shall have been assumed by such Person or is limited in recourse.

"Indemnified Party" shall mean any Person entitled to indemnification under ARTICLE 10.

"Indemnified Taxes" means (a) any Taxes relating to the Business or Transferred Assets for Pre-Closing Tax Periods, (b) any Taxes relating to the Excluded Assets or any Excluded Liability, in each case, for any period, and (c) any Taxes (i) of Sellers (including any Taxes of any Seller for which Buyer may have liability under any jurisdiction's successor liability rules) or (ii) of another Person imposed on the Sellers as a transferee or successor, by operation of Law (including as a result of having been a member of a consolidated, combined or unitary group for Tax purposes), by contract, or otherwise.

"Indemnifying Party" shall mean any Person obligated to indemnify another Person under ARTICLE 10.

"Indemnity Notice" shall have the meaning as set forth in Section 10.6(d).

"**Information Privacy Consents**" means any consents, authorizations, waiver of authorization or other permission pursuant to which any Business Processed or Processes Personal Information.

"**Information Privacy Contract**" means all Contracts between the Business and any Person that are applicable to the Processing of Personal Information, including terms of use or terms of service for websites or mobile applications.

"Information Privacy or Security Laws" shall mean any and all Laws applicable to Sellers relating to the Processing of any Personal Information, including, but not limited to, privacy and security breach disclosure Laws and implementing Laws, in each case, of any Governmental Authority, including, as applicable, HIPAA, the Federal Wiretap Act, the Electronic Communications Privacy Act of 1986, and the Children's Online Privacy Protection Act (COPPA) of 1998, the Telephone Consumer Protection Act of 1991, the Do-Not-Call Implementation Act of 2003, the Fair Credit Reporting Act, the Fair and Accurate Credit Transaction Act, the Gramm-Leach-Bliley Act, the Telemarketing and Consumer Fraud and Abuse Prevention Act, the Controlling the Assault of Non-Solicited Pornography and Marketing Act of 2003, Section 5 of the Federal Trade Commission Act of 1914 (as the same has been interpreted to apply to privacy, data protection, breach disclosure or data transfer issues), the California Consumer Privacy Act, the PCI-DSS, as each of the foregoing has been amended.

"Information Privacy and Security Policies and Procedures" shall mean Sellers' internal policies, procedures and plans concerning the privacy and security of Personal Information, the protection of the environments, systems, networks and other technology that Process Personal Information, and the prevention, detection, containment, and remediation of security breaches, security incidents and other security violations respecting information systems.

"**Information Privacy and Security Requirements**" shall mean (i) Information Privacy and Security Laws, (ii) Information Privacy Consents, (iii) Information Privacy Contracts, (iv) Information Privacy Notices and (v) Information Privacy and Security Policies and Procedures.

"**Information Privacy Notices**" shall mean the Sellers' external, written privacy policies or notices or other written representations to any Persons who are the subject of Personal Information, including any Notice of Privacy Practices, website or mobile app privacy policy or privacy notice.

"Intellectual Property" shall mean any and all of the following, and rights in, arising out of, or associated therewith, throughout the world: Copyrights, Domain Names, Patents, Trademarks, Software and Trade Secrets, the right to use the names and likenesses of natural persons and publicity and privacy rights generally, any other proprietary rights now known or hereafter recognized in any jurisdiction worldwide, copies and tangible embodiments thereof (in whatever form or medium), and the right to sue and recover damages or other remedies for past, present and future infringement, misappropriation, dilution, or other violation thereof.

"**Intellectual Property Agreements**" shall mean all licenses, sublicenses, consent to use agreements, settlements, coexistence agreements, covenants not to sue, waivers, releases, permissions, and other Contracts relating to Transferred Intellectual Property to which Sellers are a party, beneficiary, or otherwise bound.

"Interim Billing" shall have the meaning as set forth in Section 9.6(a).

"Interim Period" shall have the meaning as set forth in Section 4.1.

"**Inventory**" shall have the meaning as set forth in Section 1.1(g).

"**Inventory Shortfall**" shall have the meaning as set forth in Section 1.11(a).

"**Inventory Surplus**" shall have the meaning as set forth in Section 1.11(a).

"**Inventory Target**" shall have the meaning as set forth in Section 1.11(a).

"IRS" shall mean the Internal Revenue Service.

"Knowledge of Buyer" shall mean the actual knowledge of Buyer's or NorthBay Parent's: (i) Chief Executive Officer, (ii) Chief Financial Officer, and (iii) Chief Strategy Officer.

"Knowledge of Sellers" or **"Sellers' Knowledge"** shall mean the actual knowledge of: (i) Chief Executive Officer of Providence Northern California, (ii) Chief Financial Officer of Providence Northern California, (iii) Chief Executive Officer of Providence South Division, (iv) Chief Financial Officer of Providence South Division, (v) Chief Strategy Officer of Providence South Division, (vi) Providence Chief Financial Officer, (vii) Chief Executive Officer of Providence St. Joseph Health, and (viii) Providence Chief Information and Digital Officer.

"Larger Transaction" shall have the meaning as set forth in Section 9.12(b).

"Law" shall mean, with respect to any Person, all statutes, ordinances, codes, rules or regulations of any Governmental Authority, and any restrictions, judgments, Orders, writs, injunctions, decrees, determinations or awards of any Governmental Authority having jurisdiction over such Person or any of such Person's assets or businesses.

"Lease Amounts" shall have the meaning as set forth in Section 1.15(d).

"Lease Costs" shall have the meaning as set forth in Section 1.15(f).

"Leased Real Property" shall have the meaning as set forth in Section 1.1(e).

"Leave Employee" shall have the meaning as set forth in Section 5.1(a).

"Leave Employee Effective Time" shall have the meaning as set forth in Section 5.1(a).

"**Lessor Leases Assignment**" shall have the meaning as set forth in Section 1.13(p).

"Liability" shall mean any liability, Indebtedness, obligation recoupment, interest, Tax, penalty, fine, claim, demand, judgment, or other losses (including loss of benefit or relief), cost or expense of any kind or nature whatsoever, whether known or unknown, asserted or unasserted, absolute, fixed or contingent, accrued or unaccrued, liquidated or unliquidated, recorded or unrecorded, due or to become due or otherwise, and regardless of when asserted.

"Lease Agreements" shall mean the Lessor Leases and the Assumed Leases.

"Lessor Lease" shall have the meaning as set forth in Section 2.10(d)(i).

"**Loan Agreement**" shall have the meaning as set forth in Section 4.10(b).

"Material Contract Consents" shall have the meaning as set forth in Section 6.7.

"Material Contracts" shall have the meaning as set forth in Section 2.7(a).

"Material Governmental Consents" shall have the meaning as set forth in Section 6.8.

"MEC" shall have the meaning as set forth in Section 9.8(d).

"Medicaid" shall mean any state program for medical assistance administered under Title XIX of the Social Security Act.

"**Medicare Interim Payments**" means payments made to the Hospitals on an interim basis under the Medicare program on a bi-weekly pass-thru or interim payment basis.

"Medical Records" shall mean originals, or where not available, copies (including in electronic format), of all medical records, patient files, and other written accounts of the medical history of the Business' patients maintained in connection with the Business.

"Medical Reimbursement Program" shall mean Medicare, Medicaid, Tri-Care, and any other, similar or successor federal, state or local health care payment programs with or sponsored by a Governmental Authority (as defined in 42 U.S.C. § 1320 a-7b(f)) in which the Facilities participate.

"Medicare" shall mean the health insurance program administered under Title XVIII of the Social Security Act.

"Napa Clinics" shall have the meaning as set forth in the Recitals.

"Non-DRG Straddle Patients" shall have the meaning as set forth in Section 9.6(b).

"Non-Interim Billing Straddle Patients" shall have the meaning as set forth in Section 9.6(b).

"**NorthBay Medical Foundation**" shall mean NorthBay Medical Foundation, a California nonprofit public benefit corporation.

"**NorthBay Parent**" shall have the meaning as set forth in the preamble to this Agreement.

"Nose Policy" shall mean the meaning as set forth in Section 4.12(b).

"Notice Period" shall have the meaning as set forth in Section 10.6(a).

"Operating Expenses" shall have the meaning as set forth in Section 1.15(c).

"**Operating Shortfall**" shall have the meaning as set forth in Section 1.11(c).

"**Operating Surplus**" shall have the meaning as set forth in Section 1.11(c).

"**Operating Target**" shall have the meaning as set forth in Section 1.11(c).

"Order" shall mean any judgment, order, writ, injunction, decree, determination, or award including an arbitration award of any Governmental Authority or arbitrator.

"Ordinary Course of Business" shall have the meaning as set forth in Section 4.4.

"OSHA" shall mean the Occupational Safety and Health Act, 29 U.S.C. § 600, *et seq.*

"Owned Real Property" shall have the meaning as set forth in Section 1.1(b).

"Party" or **"Parties"** shall have the meaning as set forth in the preamble to this Agreement.

"Patents" shall mean all inventions (whether or not patentable and whether or not reduced to practice), patents and patent applications, invention disclosures, discoveries, any improvements thereto, industrial and utility models, industrial designs, certificates of invention, and any other indicia of invention ownership issued or granted by any Governmental Authority, including all provisional applications, priority and other applications, divisionals, continuations (in whole or in part), extensions, reissues, reexaminations or equivalents or counterparts of any of the foregoing.

"**PCI-DSS**" shall means the Payment Card Industry Data Security Standard.

"Permits" shall have the meaning as set forth in Section 1.1(c).

"Permitted Encumbrances" shall mean (a) any Encumbrances for Taxes not yet due and payable or which are being contested in accordance with applicable law for which an adequate reserve has been established in accordance with GAAP; (b) statutory liens to secure obligations to landlords, lessors or renters under leases or rental agreements arising in the Ordinary Course of Business securing amounts not yet due and payable and not resulting from a breach or default by Seller, (c) rights of way, easements, agreements, covenants, reservations, zoning ordinances, and other similar matters of record that do not individually or in the aggregate materially impair or interfere with the continued use and operation of the Real Property in the operation of the Business as presently conducted, (d) zoning regulations and other Laws, rules, regulations, codes, Orders and directives affecting the Owned Real Property that do not individually or in the aggregate materially impair or interfere with the continued use and operation of the Real Property in the operation of the Business as presently conducted; (e) any matters shown on any title report made available to Buyer or any Survey (or any update thereto) that do not individually or in the aggregate materially impair or interfere with the continued use and operation of the Real Property in the operation of the Business as presently conducted; (f) all Lessor Leases for any portion of the Owned Real Property; (g) Encumbrances affecting fee simple title to the Leased Real Property not created by a Seller; (h) Encumbrances that will be released, satisfied or otherwise discharged at or prior to the Closing; (i) in the case of any Intellectual Property, any non-exclusive license of such Intellectual Property; (j) Encumbrances arising out of any act of Buyer or its Representatives; and (k) Encumbrances arising out of, under or in connection with this Agreement or the other Transaction Documents. Notwithstanding anything to the contrary in this definition, in no event will "Permitted Encumbrances" include any mechanics' liens or materialmen's' liens arising from any work or improvements at the Real Property that encumber the Real Property on the Closing Date unless being contested in good faith by appropriate proceedings in accordance with applicable law for which an adequate reserve has been established in accordance with GAAP.

"Person" shall mean any individual, limited liability company, corporation, association, partnership, firm, joint venture, trust, trustee, Governmental Authority, or other form of business organization recognized under applicable Law.

"**Personal Information**" means (i) any information that identifies, or in combination with other information may identify, directly or indirectly, an individual, including name, address, telephone number, health information, Social Security Number, drivers' license number, government issued identification, financial account numbers or log-in information, internet protocol addresses or other persistent device identifiers, or any other data that can be used to identify, contact, locate an individual, or Protected Health Information; or (ii) is otherwise governed, regulated or protected by one or more Information Privacy or Security Laws.

"Personal Property" shall have the meaning as set forth in Section 1.1(a).

"**Phase II**" shall have the meaning as set forth in Section 10.2(a)(vi).

"PMF" shall have the meaning as set forth in the preamble to this Agreement.

"PMGNC" shall have the meaning as set forth in the Recitals.

"PMGNC Napa Providers" shall have the meaning as set forth in Section 5.2.

"**Post-Closing Notice of Disagreement**" shall have the meaning as set forth in Section 1.9(b).

"Post-Effective Time Lease Amounts" shall have the meaning as set forth in Section 1.15(d).

"Power of Attorney" shall have the meaning as set forth in Section 1.13(n).

"Pre-Closing Tax Period" means any taxable periods ending on or prior to the Closing Date and the portion through the Closing Date for any taxable period that includes (but does not end at) the Closing Date.

"Pre-Effective Time Lease Amounts" shall have the meaning as set forth in Section 1.15(d).

"**Prepaid Expenses**" shall mean Sellers' prepaid expenses and deposits (except for security deposits) in respect thereof relating solely to the Business or Facilities including utility deposits, but excluding the Excluded Prepaid Expenses and the exclusions of any assets within prepaid expenses that would be included within Excluded Assets.

"**Prepaid Expenses Shortfall**" shall have the meaning as set forth in Section 1.11(b).

"**Prepaid Expenses Surplus**" shall have the meaning as set forth in Section 1.11(b).

"**Prepaid Expenses Target**" shall have the meaning as set forth in Section 1.11(b).

"Proceeding" shall mean any action, arbitration, audit, hearing, investigation or suit (whether civil, criminal, administrative, judicial, or investigative) commenced, brought, conducted, or heard by or before, or otherwise involving, any (a) Governmental Authority, (b) Medicare fiscal intermediary or administrative contractor, recovery audit contractor, zone program integrity contractor, unified program integrity contractor or similar government program contractor or (c) arbitrator, whether at law or in equity.

"**Processing**" means any operation or set of operations which is performed on data, whether or not by automatic means, including the creation, receipt, maintenance, transmission, collection, use, disclosure, processing, analysis, retention, storage, protection (including security measures), transmission, dissemination, modification, transfer, cross-border transfer, disclosure, disposal or other activity or operations regarding or otherwise making available, alignment or combination, blocking, erasure or destruction of the applicable Personal Information.

"**Protected Health Information**" shall have the meaning set forth in 45 C.F.R. § 160.103.

"**Providence**" means Providence St. Joseph Health, a Washington nonprofit corporation.

"**Providence Marks**" shall have the meaning as set forth in Section 9.9.

"PTO" shall have the meaning as set forth in Section 5.1(c).

"Purchase Price" shall have the meaning as set forth in Section 1.6.

"Purchase Price Allocation" shall have the meaning as set forth in Section 11.1(b).

"QVMC" shall have the meaning as set forth in the preamble to this Agreement.

"Real Estate Assignment" shall have the meaning as set forth in Section 1.13(b).

"Real Estate Prorations" shall have the meaning as set forth in Section 1.15(a).

"Real Property" means the Owned Real Property and the Leased Real Property.

"Reasonable Conditions" shall have the meaning as set forth in Section 6.6.

"Remaining Religious Items" shall have the meaning as set forth in Section 9.8(e).

"Removal Notice" shall have the meaning as set forth in Section 9.8(e).

"Representatives" shall mean with respect to any Person, any of its Affiliates, directors, trustees, officers, members, employees, consultants, agents, attorneys, advisors, and other representatives.

"**Restricted Business**" means operating any business similar to the Business (but excluding tele-medicine or other remote platforms to the extent serving individuals whose primary residence is outside of the Restricted Area).

"**Restricted Area**" means Napa County, California.

"**Restricted Period**" means the period beginning as of the Effective Time and ending on the fourth (4^{th}) anniversary of the Effective Time.

"Security Deposits" shall have the meaning as set forth in Section 1.1(b).

"Seller Cost Reports" shall have the meaning as set forth in Section 9.7(a).

"Seller Fundamental Representation" means a representation or warranty made by a Seller under Section 2.1 (Authorization), Section 2.2 (Binding Agreement), Section 2.3 (Organization and Good Standing; No Violation), Section 2.4 (Title to Transferred Assets), and Section 2.23 (Brokers and Finders).

"Seller Indemnitees" shall have the meaning as set forth in Section 10.3(a).

"Seller Material Adverse Effect" shall mean any event, circumstance, fact, condition, occurrence, result, change or effect regardless of whether such event, circumstances, fact, condition, occurrence, result, change or effect occurred before the date hereof or during the Interim Period, that individually or in the aggregate results in, or would reasonably be expected to have, a material adverse effect on the Transferred Assets taken as a whole, the Business, financial condition, or results of operations of the Facilities taken as a whole; *provided, however*, that "Seller Material Adverse Effect" shall not include any event, circumstance, fact, condition, occurrence, result, change or effect, directly or indirectly, arising out of or attributable to any of the following: (i) changes in the financial or operating performance caused by any announcement of the Contemplated Transactions, including any impact thereof on relationships, contractual or otherwise, with any patients, vendors, partners, physicians or employees, (ii) general business, industry or economic conditions affecting the industries in which Sellers operate, (iii) any change or proposed change in the requirements, reimbursement rates, policies or procedures of third-party payors or accreditation organizations that are generally applicable to hospitals or health care facilities, (iv) any changes in financial, banking or securities markets in general, including any disruption thereof and any

decline in the price of any security or any market index or any change in prevailing interest rates, (v) local, regional, national or international political or social conditions, including the engagement by the United States in hostilities, whether or not pursuant to the declaration of a national emergency or war, or the occurrence of any military or terrorist attack (or the escalation or worsening of any of the foregoing), (vi) any action required or permitted by this Agreement or any action taken (or omitted to be taken) with the written consent of or at the written request of Buyer, (vii) any natural or man-made disaster or acts of God or other force majeure events, (viii) any pandemic, epidemic, public health emergency or similar infectious disease emergency or any escalation or worsening thereof; (ix) changes in any Law or other binding directives issued by any Governmental Entity, (x) any existing event, change or circumstance of which Buyer has knowledge as of the Execution Date, solely to the extent of the scope and magnitude of such event, change or circumstance known to Buyer as of such date (xi) any changes in GAAP, or (xii) any adverse event, change or circumstance that is cured prior to the Closing; *provided*, that any fact, circumstance, condition, change, event or occurrence resulting from the matters referred to in clauses (ii), (iii), (iv), (v), (vii), (viii), (ix), and (xi) shall be included in the definition of Seller Material Adverse Effect if the impact of such matters is disproportionate on the Business as compared to other Persons operating in the industry in which the Business participates.

"Seller Parties" shall have the meaning as set forth in Section 9.2(a).

"Seller Plans" shall have the meaning as set forth in Section 2.14(a).

"Sellers" shall have the meaning as set forth in the preamble to this Agreement.

"Service Contracts" shall have the meaning as set forth in Section 2.10(f).

"**Shared Contracts**" shall have the meaning as set forth in Section 4.14.

"Social Security Act" shall mean the Social Security Act of 1935 and all regulations promulgated thereunder.

"Software" shall mean any and all of the following: (a) computer programs and other software, including software implementations of algorithms, models, and methodologies, whether in source code, object code or other form, including libraries, subroutines and other components thereof; (b) computerized databases and other computerized compilations and collections of data or information, including all data and information included in such databases, compilations or collections (whether machine readable or otherwise) and rights therein; (c) screens, user interfaces, command structures, report formats, templates, menus, buttons and icons; (d) descriptions, flow- charts, architectures, development tools, and other materials used to design, plan, organize and develop any of the foregoing; and (e) documentation, including development, diagnostic, support, user and training documentation related to any of the foregoing.

"Straddle Patients" shall have the meaning as set forth in Section 9.6.

"Straddle Patient Services" shall have the meaning as set forth in Section 9.6.

"Straddle Period" shall mean any taxable period that includes, but does not end at, the Closing Date.

"Surveys" shall have the meaning as set forth in Section 4.7(a).

"Survival Period" shall have the meaning as set forth in Section 10.1.

"Tail Policies" shall mean the meaning as set forth in Section 4.12(a).

"Target" shall mean the meaning as set forth in Section 9.12(b).

"Tax" or **"Taxes"** shall mean (a) all federal, state, local, foreign or other Taxes, including any income, gross receipts, license, payroll, employment (including employee withholding or employer payroll Tax, FICA or FUTA), excise, severance, stamp, occupation, premium, windfall profits, environmental, customs duties, capital stock, capital gains, franchise, profits, withholding, social security (or similar), unemployment, disability, real property, personal property, stamp, capital, gains, sales, use, transfer, registration, liability or obligation under escheat or abandoned or unclaimed property Laws, value added, alternative or add-on minimum, estimated, or other Tax, assessment, charge, levy or fee of any kind whatsoever (however denominated), including interest or penalties thereon, additions to Tax and additional amounts with respect thereto that are due or alleged to be due to any Governmental Authority, whether disputed or not and (b) and any liability with respect to the foregoing as a result of being or formerly having been a member of any affiliated, consolidated, unitary or similar group or as a result of any transferee or successor liability in respect of the foregoing, or any obligation to indemnify or pay any of the foregoing to or on behalf of another Person, whether arising as a result of any Contract, by operation of law, or otherwise.

"Tax Return" shall mean any return, declaration, report, form, claim for refund, information return or statement or other document (including any Tax Return for estimated Taxes), including schedules and attachments and amendments, relating to Taxes.

"Third Party Claim" shall have the meaning as set forth in Section 10.6(a).

"Third Party Financing" shall have the meaning as set forth in Section 4.10(a).

"Time Capsule" shall mean that certain Remaining Religious Items identified as a time capsule on Exhibit 9.8(e).

"Title Company" shall have the meaning as set forth in Section 4.7(a).

"Title Commitment" shall have the meaning as set forth in Section 4.7(a).

"Title Instruments" shall have the meaning as set forth in Section 4.7(a).

"Title Policy" shall have the meaning as set forth in Section 4.7(a).

"Trade Secrets" shall mean anything that would constitute a "trade secret" under applicable Law, all other information that derives economic value from not being generally known, and, whether or not confidential, all business information (including ideas, research and development information, know-how, formulas, compositions, technical data, designs, drawings, specifications, research records, records of inventions, test information, financial, marketing and business data, customer and supplier lists and information, pricing and cost information, business and marketing plans and proposals).

"Trademarks" shall mean trademarks, service marks, trade names (including fictitious, assumed and d/b/a names), certification marks, collective marks, and other proprietary rights to any words, names, slogans, symbols, logos or combinations thereof used to identify, distinguish or indicate the source or origin of goods or services; registrations, renewals, applications for registration, equivalents and counterparts of the foregoing; and the goodwill of the business associated with each of the foregoing.

"**Trademark Assignment Agreement**" shall have the meaning set forth in Section 1.13(q).

"Transaction Documents" shall mean this Agreement, the deeds, Bill of Sale, the Power of Attorney, the Real Estate Assignment, the Lessor Leases Assignment, the Contracts Assignment, the Transition Services Agreement, and the other certificates, instruments, and documents prepared, executed, and delivered pursuant to this Agreement or in connection with the Contemplated Transactions.

"Transferred Assets" shall have the meaning set forth in Section 1.1.

"Transferred Employees" shall have the meaning set forth in Section 5.1(a).

"Transferred Intellectual Property" shall mean any and all Intellectual Property, to the extent used exclusively in connection with the Business or the Transferred Assets that is owned or purported to be owned or licensed or purported to be licensed, in whole or in part, by or to Sellers or any Sellers' Affiliates, other than any Intellectual Property included in the definition of Excluded Assets.

"Transition Services Agreement" shall have the meaning as set forth in Section 1.13(f).

"Treasury Regulations" means the final, proposed or temporary regulations of the U.S. Department of Treasury, promulgated under the Code.

"**Union**" shall have the meaning as set forth in Section 2.15(c).

"Unpaid Amounts" shall have the meaning as set forth in Section 1.15(d).

"WARN" shall have the meaning as set forth in Section 1.3(e).

"**West Wing UST**" shall have the meaning as set forth in Section 10.2(a)(vi).

Exhibit 1.1(b)

Owned Real Property

	Owner	Address
1.	St. Joseph Health Northern California, LLC	1000 Trancas Street Napa, CA 94558 (APN # 038-400-008-000)
2.	St. Joseph Health Northern California, LLC	980 Trancas Street Napa, CA 94558 (APN # 038-400-003-000)
3.	St. Joseph Health Northern California, LLC / Synergy Medical Fitness Center	3421 Villa Lane Napa, CA 94558 (APN # 038-250-078-000)
4.	St. Joseph Health Northern California, LLC	No SITUS address – Parking Area (APN # 038-400-005-000)
5.	St. Joseph Health Northern California, LLC	3443 Villa Lane #4 Napa, CA 94558 (APN # 038-530-007-000)
6.	St. Joseph Health Northern California, LLC	3443 Villa Lane #10 Napa, CA 94558 (APN # 038-530-002-000)
7.	St. Joseph Health Northern California, LLC	3465 Villa Lane Napa, CA 94558 (APN # 038-250-064-000)

Exhibit 1.1(b)(i)

Transferred Service Contracts

None.

Exhibit 1.1(b)(ii)

Lessor Leases

1. License Agreement, dated March 2, 2020, by and between Providence Medical Foundation (f/k/a St. Joseph Heritage Healthcare) and The Regents of the University of California for the premises located at 3443 Villa Lane, Suite 2, Napa, CA 94558.
    a. Amendment to License Agreement Number One, dated July 1, 2023, by and between Providence Medical Foundation (f/k/a St. Joseph Heritage Healthcare) and The Regents of the University of California.
2. Timeshare License Agreement, dated June 23, 2021, by and between Providence Medical Foundation and Sutter Bay Medical Foundation dba Sutter Pacific Medical Foundation for the premises located at 3443 Villa Lane, Suite 2, Napa, CA 94558.
3. Radiology Use Agreement, dated January 1, 2013, by and between St. Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Radiology Medical Group of Napa, Inc. for the premises located at 1000 Trancas Street, Radiology Reading Room # 1 and # 2, Napa, CA 94558.
    a. Amendment No. 1, dated February 17, 2014, by and between St. Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Radiology Medical Group of Napa, Inc.
    b. Amendment No. 2, dated January 1, 2016, by and between St. Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Radiology Medical Group of Napa, Inc.
    c. Amendment No. 3, dated January 1, 2019, by and between St. Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Radiology Medical Group of Napa, Inc.
    d. Amendment No. 4, dated January 1, 2021, by and between St. Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Radiology Medical Group of Napa, Inc.
4. Option and Lease Agreement, dated April 15, 2001, by and between Queen of the Valley Hospital and GTE Mobilnet of California Limited Partnership dba Verizon Wireless for the premises located at 1000 Trancas Street, Napa, CA 94558.
    a. First Amendment to Option and Lease Agreement, dated March 20, 2003, by and between Queen of the Valley Hospital and GTE Mobilnet of California Limited Partnership dba Verizon Wireless.
    b. Second Amendment to Option and Lease Agreement, dated January 30, 2018, by and between Queen of the Valley Hospital and GTE Mobilnet of California Limited Partnership dba Verizon Wireless.
5. Communications Site Lease Agreement, dated July 1, 1998, by and between Queen of the Valley Medical Center and T-Mobile West LLC, as successor-in-interest to Pacific Bell Mobile Services for the premises located at 1000 Trancas Street, Napa, CA 94558.
    a. Modification No. 1 to Communications Site Lease Agreement, dated June 6, 2002, by and between Queen of the Valley Medical Center and T-Mobile West LLC, as successor-in-interest to Pacific Bell Mobile Services.
    b. Second Modification, Reaffirmation and Restatement to Communications Site Lease Agreement, dated April 1, 2010, by and between Queen of the Valley Medical Center and T-Mobile West LLC, as successor-in-interest to Pacific Bell Mobile Services.
    c. Third Modification to Communications Site Lease Agreement, dated May 1, 2018, by and between Queen of the Valley Medical Center and T-Mobile West LLC, as successor-in-interest to Pacific Bell Mobile Services.
6. Full Service Gross Lease Agreement, dated May 1, 2019, by and between St. Joseph Health, Northern California, LLC dba Queen of the Valley Medical Center and Providence Medical Foundation (f/k/a

St. Joseph Heritage Healthcare) for the premises located at 1000 Trancas Street, Suite 1, Napa, CA 94558.

   a. Amendment No. 1, dated December 22, 2020, by and between St. Joseph Health, Northern California, LLC dba Queen of the Valley Medical Center and Providence Medical Foundation (f/k/a St. Joseph Heritage Healthcare).
   b. Internal Rent Expense Allocation, dated January 1, 2024, by and between St. Joseph Health Northern California and SJHH Trancas Oncology.

7. Lease, dated February 1, 2014, by and between Saint Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Marko Bodor, M.D., Inc. for the premises located at 3421 Villa Lane, Suites 2B, 2C, and 2D, Napa, CA 94558.[1]
   a. Amendment No. 1, dated February 14, 2017, by and between Saint Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Marko Bodor, M.D., Inc.
   b. Amendment No. 2, dated October 1, 2018, by and between Saint Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Marko Bodor, M.D., Inc.
   c. Amendment No. 3, dated January 22, 2020, by and between Saint Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Marko Bodor, M.D., Inc.
   d. Fourth Amendment to Lease, dated January 14, 2022, by and between Saint Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Marko Bodor, M.D., Inc.
   e. Fifth Amendment to Lease, dated February 1, 2024, by and between Saint Joseph Health Northern California LLC dba Queen of the Valley Medical Center and Marko Bodor, M.D., Inc.
8. Lease, dated February 1, 2013, by and between Saint Joseph Health Northern California, LLC dba Queen of the Valley Medical Center and Ruth Wilson, M.D. for the premises located at 980 Trancas Street, Suite 12, Napa, CA 94558.
   a. Amendment No. 1, dated January 15, 2014, by and between Saint Joseph Health Northern California, LLC dba Queen of the Valley Medical Center and Ruth Wilson, M.D.
   b. Memorandum, dated February 11, 2014, by and between Saint Joseph Health Northern California, LLC dba Queen of the Valley Medical Center and Ruth Wilson, M.D.
   c. Amendment No. 2, dated January 26, 2016, by and between Saint Joseph Health Northern California, LLC dba Queen of the Valley Medical Center and Ruth Wilson, M.D.
   d. Amendment No. 3, dated February 1, 2019, by and between Saint Joseph Health Northern California, LLC dba Queen of the Valley Medical Center and Ruth Wilson, M.D.
   e. Amendment No. 4, dated February 1, 2020, by and between Saint Joseph Health Northern California, LLC dba Queen of the Valley Medical Center and Ruth Wilson, M.D.
   f. Fifth Amendment to Lease, dated January 12, 2022, by and between Saint Joseph Health Northern California, LLC dba Queen of the Valley Medical Center and Ruth Wilson, M.D.
9. Lease Agreement, dated April 4, 2025, by and between St. Joseph Health Northern California, LLC and CP Napa N-CA Hospice, LLC, for the premises located at 980 Trancas Street, Suite 9, Napa, CA 94558.
   a. Delivery Date Certificate, dated October 15, 2025, by and between St. Joseph Health Northern California, LLC and CP Napa N-CA Hospice, LLC

[1] **Note to Draft:** A termination notice has been issued for this lease and it will terminate 4/30/26.

Exhibit 1.1(c)

Permits

#	NAME	ADDRESS	TYPE	ISSUING AGENCY	NUMBER
1.	St. Joseph Health Northern California LLC d/b/a Providence Queen of the Valley Medical Center	1000 Trancas St, Napa, CA 94558-2906	General Acute Care Hospital License	California Department of Public Health	110000060
2.	Queen of the Valley Medical Center	1000 Trancas St C/O Clinical Laboratory Napa, CA 94558	CLIA Certificate of Accreditation	Centers for Medicare and Medicaid Services	05D0599859
3.	St. Joseph Heritage Healthcare	1100 Trancas Street, Suite 256, Napa, CA 94558	CLIA Certificate of Waiver	Centers for Medicare and Medicaid Services	05D2303480
4.	Providence Medical Foundation	1100 Trancas St, Suite 201, Napa, CA 94558	CLIA Certificate of Waiver	Centers for Medicare and Medicaid Services	05D2313157
5.	Providence Medical Group	1100 Trancas St, Ste 209, Napa, CA 94558	CLIA Certificate for Provider-Performed Microscopy Procedures	Centers for Medicare and Medicaid Services	05D2011045
6.	Providence Medical Group Urology Trancas	1100 Trancas St, Suite 213, Napa, CA 94558	CLIA Certificate of Waiver	Centers for Medicare and Medicaid Services	05D2306516
7.	Providence Medical Group Urgent Care	1621 W Imola Ave, Napa, CA 94558	CLIA Certificate of Waiver	Centers for Medicare and Medicaid Services	05D2131238
8.	Providence Medical Foundation	1000 Trancas St, Ste 1, Napa, CA 94558	Clinic Pharmacy License	California Board of Pharmacy	CLN 4426
9.	Providence Medical Foundation	1000 Trancas St, Ste 209, Napa, CA 94558	Clinic Pharmacy License	California Board of Pharmacy	CLN 4427
10.	Providence Medical Foundation	1100 Trancas St, Ste 213, Napa, CA 94558	Clinic Pharmacy License	California Board of Pharmacy	CLN 4429
11.	Providence Medical Foundation	1100 Trancas St, Ste 205, Napa, CA 94558	Clinic Pharmacy License	California Board of Pharmacy	CLN 4431
12.	Providence Medical Foundation	1100 Trancas St, Ste 256, Napa, CA 94558	Clinic Pharmacy License	California Board of Pharmacy	CLN 4432
13.	Providence Medical Foundation	1100 Trancas St, Ste 201, Napa, CA 94558	Clinic Pharmacy License	California Board of Pharmacy	CLN 4433
14.	Providence Medical Foundation	3434 Villa Ln, Ste 260, Napa, CA 94558	Clinic Pharmacy License	California Board of Pharmacy	CLN 4434

#	NAME	ADDRESS	TYPE	ISSUING AGENCY	NUMBER
15.	Providence Medical Foundation	3443 Villa Ln, Ste 2 Napa, CA 94558	Clinic Pharmacy License	California Board of Pharmacy	CLN 4608
16.	Providence Medical Foundation	1621 W Imola Ave Napa, CA 94559	Radiation (X-ray) Machine Registration	California Department of Public Health – Radiologic Health Branch	FAC 87827
17.	St Joseph Health Northern California LLC dba Providence Queen of the Valley Medical Center	3421 Villa Lane Suite 2E Napa, CA 94558	Radiation (X-ray) Machine Registration	California Department of Public Health – Radiologic Health Branch	FAC 79116
18.	St Joseph Health Northern California LLC dba Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Radiation (X-ray) Machine Registration	California Department of Public Health – Radiologic Health Branch	FAC 81330
19.	Providence Medical Group	1100 Trancas St, Ste 209, Napa, CA 94558	Clinical and Public Health Laboratory Registration	California Department of Public Health	CDF-00340173
20.	Providence Medical Foundation	1100 Trancas St, Ste 201, Napa, CA 94558	Clinical Laboratory Registration	California Department of Public Health	CLR-90013515
21.	Queen of the Valley Medical Center Clinical Lab	1000 Trancas Street Napa, CA 94558	Clinical and Public Health Laboratory Registration	California Department of Public Health	CDF-00001132
22.	PMG Urology Trancas	1100 Trancas Street, Suite 213, Napa, CA 94558	Clinical Laboratory Registration	California Department of Public Health	CLR-90013048
23.	Providence Medical Group Urgent Care – Napa	1621 W Imola Ave, Napa, CA 94559	Clinical Laboratory Registration	California Department of Public Health	CLR-90011921
24.	Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	DEA Registration	Drug Enforcement Administration	FS7466421
25.	St. Joseph Heritage Healthcare	1100 Trancas Street, Suite 256, Napa, CA 94558	Clinical Laboratory Registration	California Department of Public Health	CLR-9000261
26.	Providence Queen of the Valley Medical Center	1000 Trancas Street West Wing Bldg 2nd Fl Rm 2029 Napa, CA 94558	Sterile Compounding Pharmacy License	California State Board of Pharmacy	LSC 101124
27.	Providence Queen of the Valley Medical Center	1000 Trancas Street West Wing Bldg 2nd Fl Rm 2029	Hospital Pharmacy License	California State Board of Pharmacy	HSP 55865

#	NAME	ADDRESS	TYPE	ISSUING AGENCY	NUMBER
		Napa, CA 94558			
28.	Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	FAA License	Federal Aviation Administration	Loc. Id. CN14 Site ID 01932.4*H
29.	Queen of the Valley Hospital Heliport	1000 Trancas St Napa, CA 94558	Heliport Permit	State of California Department of Transportation, Division of Aeronautics	NAP-002(H)
30.	Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	FCC Registration	Federal Communications Commission	FRN 0022068613
31.	Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	FCC Registration	Federal Communications Commission	FRN 0022006761
32.	St. Joseph Health Northern California LLC dba Queen of the Valley Hospital	1000 Trancas St Napa, CA 94558	FCC Registration	Federal Communications Commission	FRN 0027397439 Call Sign: WRQE418
33.	St Joseph Health Northern California LLC	1000 Trancas St Napa, CA 94558	Business Tax Standard License	City of Napa	11010712
34.	Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Annual Permit to Operate – Consolidated Operating Permit	County of Napa, California, Department of Planning, Building & Environmental Services	Establishment # 1445 CERS Tank IDs: 10171981-002; 10171981-003; 10171981-001
35.	Queen of the Valley Medical Center	10000 Trancas St Napa, CA 94558	Annual Permit to Operate – Medical Waste	County of Napa, California, Department of Planning, Building & Environmental Services	Permit # 742
36.	Queen of the Valley Medical Center	3421 Villa Ln Breast Center, Suite E, Napa, CA 94558	Breast US, CT, Mammo, MRI, Nuc Med, PET, RO, Stereo Accreditation	American College of Radiology	Modality: MAP
37.	Queen of the Valley Medical Center	3421 Villa Lane, Suite E, Napa, CA 94558	Breast US, CT, Mammo, MRI, Nuc Med, PET, RO, Stereo Accreditation	American College of Radiology	Modality: SBBAP
38.	Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Breast US, CT, Mammo, MRI, Nuc	American College of Radiology	Modality: MRAP

#	NAME	ADDRESS	TYPE	ISSUING AGENCY	NUMBER
			Med, PET, RO, Stereo Accreditation		
39.	Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Breast US, CT, Mammo, MRI, Nuc Med, PET, RO, Stereo Accreditation	American College of Radiology	Modality: CTAP
40.	Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA, 94558	Breast US, CT, Mammo, MRI, Nuc Med, PET, RO, Stereo Accreditation	American College of Radiology	Modality: PETAP
41.	Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Breast US, CT, Mammo, MRI, Nuc Med, PET, RO, Stereo Accreditation	American College of Radiology	Modality: NMAP
42.	Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Breast US, CT, Mammo, MRI, Nuc Med, PET, RO, Stereo Accreditation	American College of Radiology	Modality: BUAP
43.	Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Breast US, CT, Mammo, MRI, Nuc Med, PET, RO, Stereo Accreditation	American College of Radiology	Modality: RO
44.	Queen of the Valley Medical Cetner	1000 Trancas Street, Napa, CA 94558	Designated Level III Trauma Center	California Emergency Medical Services Authority	N/A
45.	St. Joseph Health Northern California LLC dba Providence Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Hospital Accreditation	Joint Commission	ID # 9974
46.	St. Joseph Health Northern California LLC dba Providence Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Advanced Certification – Primary Stroke Center	Joint Commission	ID # 9974
47.	St Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Laboratory Accreditation	Joint Commission	ID # 9974
48.	St Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Certificate of Distinction in Joint Replacement – Knee	Joint Commission	ID # 9974

#	NAME	ADDRESS	TYPE	ISSUING AGENCY	NUMBER
49.	St Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Certificate of Distinction in Joint Replacement – Hip	Joint Commission	ID # 9974
50.	St. Joseph Health Northern California LLC dba Providence Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Medicare Enrollment	Centers for Medicare & Medicaid Services	ID # O20180320003140
51.	St. Joseph Health Northern California LLC dba Providence Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Medicare Enrollment	Centers for Medicare & Medicaid Services	ID # O20180215000687
52.	Providence Medical Foundation	N/A	Medicare Enrollment	Centers for Medicare & Medicaid Services	Enrollment Number: O20040216001346 PTAN: CA201600
53.	St. Joseph Health Northern California LLC dba Providence Queen of the Valley Medical Center	1000 Trancas Street, Napa, CA 94558	Medi-Cal Enrollment	California Department of Health Care Services	1235218785
54.	Providence Medical Foundation	N/A	Medi-Cal Enrollment	California Department of Health Care Services	1871607762
55.	Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Permit to Operate	Bay Area Quality Management District	Facility ID: 1082
56.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	031822
57.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	031823
58.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	032071
59.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	060963
60.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	060964
61.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	060965
62.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	074481
63.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	077931
64.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	077932

#	NAME	ADDRESS	TYPE	ISSUING AGENCY	NUMBER
65.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	077933
66.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	077934
67.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	109195
68.	St. Joseph Health N. California LLC	3421 Villa Ln Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	139258
69.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	162419
70.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	163801
71.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	163803
72.	Providence Queen of the Valley	1000 Trancas St Napa, CA 94558	Conveyance Permit	California Department of Industrial Relations	163804
73.	Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Pressure Vessel Registration	California Department of Industrial Relations	A044928-07
74.	Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Pressure Vessel Registration	California Department of Industrial Relations	A018961-97
75.	Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Pressure Vessel Registration	California Department of Industrial Relations	B046703-15
76.	Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Pressure Vessel Registration	California Department of Industrial Relations	A044926-07
77.	Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Pressure Vessel Registration	California Department of Industrial Relations	A044931-12
78.	Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Pressure Vessel Registration	California Department of Industrial Relations	A019084-17
79.	Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Pressure Vessel Registration	California Department of Industrial Relations	A019082-17
80.	Providence Queen of the Valley Medical Center	1000 Trancas St Napa, CA 94558	Pressure Vessel Registration	California Department of Industrial Relations	B046704-15
81.	Queen of the Valley Medical Center	N/A	Transfusion Accreditation	Association for the Advancement of Blood and Biotherapies	N/A
82.	Providence Queen of the Valley Medical Center	Napa, CA	Certificate of Verification as a Level III Trauma Center	American College of Surgeons	N/A

#	NAME	ADDRESS	TYPE	ISSUING AGENCY	NUMBER
83.	Providence Queen of the Valley Medical Center	1000 Trancas Street Napa, CA 94558	Tissue Bank License	California Department of Public Health	CTB 00080470
84.	SJH-Queen of the Valley	1000 Trancas St Napa, CA 94558	Comprehensive Center Accreditation	Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program	Facility ID: 18329
85.	St Joseph Health Northern California LLC dba Providence Queen of the Valley Medical Center	1000 Trancas Street Napa, CA 94558	Radioactive Material License	California Department of Public Health – Radiologic Health Branch	0246-28
86.	St. Joseph Health Northern California, LLC	1000 Trancas St, Napa, CA 94558	Hospital Quality Assurance Fee (HQAF) Program	California Department of Health Care Services	1235218785

Exhibit 1.1(d)

Assumed Contracts

See attached Annex 1.1(d).

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Pending CRF	Queen of the Valley Medical Center	American Association of Blood Banks	Business Associate Agreement		Business Associate Agreement	7/1/2012
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	ASA for Clinical Research Coordinator	Staffing for PMF.	Health System Non-Standard	10/11/2021
Renewal in process	Queen of the Valley Medical Center	Queen of the Valley Medical Center Foundation	Services & Staffing for Foundation	DELETE FROM STAFFING REPORTS.	Health System Non-Standard	7/1/2011
Active - CDNR	Queen of the Valley Medical Center	Salo, John PA-C	Physician Assistant Preceptor Agreement - PLNU	For student at Point Loma Nazarene University.	Health System Non-Standard	6/9/2023
Active - CDNR	Queen of the Valley Medical Center	Salo, John PA-C	Physician Assistant Preceptor Agreement - Touro	For students at Touro University.	Health System Non-Standard	1/24/2025
Active	Queen of the Valley Medical Center	Bruu Bros Ventures, LLC	Coffee Kiosk Services Agreement		Health System Non-Standard	7/1/2025
Active	Queen of the Valley Medical Center	Newton, Rosie MFT	Stress Management Counseling		Independent Contractor Agreement	1/1/2026
Pending CRF	Queen of the Valley Medical Center	Catholic Charities of the Diocese of Santa Rosa	Respite Care and Housing Services		Independent Contractor Agreement	11/1/2016
Active	Queen of the Valley Medical Center	MENTIS fka Family Service of Napa Valley / North Bay	Behavioral Health Services RE: PEI		Independent Contractor Agreement	7/1/2023

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	JP Enterprise Group, Inc dba Home Instead Senior Care	Home and Community-Based Services	Home and Community-Based Services	Independent Contractor Agreement	5/1/2023
Active	Queen of the Valley Medical Center	Harter, Daniel J dba Harter Dental Equipment Sales and Service	Diagnostic and Maintenance Services for Dental Equipment		Independent Contractor Agreement	11/1/2023
Active - CDNR	Queen of the Valley Medical Center	Napa County Health & Human Services, Public Health Division	Lactation and Breastfeeding Training and Observation	Napa County Agreement No. 119	Independent Contractor Agreement	1/1/2024
Active - CDNR	Queen of the Valley Medical Center	American Medical Response West	Paramedic Training		Independent Contractor Agreement	2/1/2022
Active - CDNR	Queen of the Valley Medical Center	City of Napa Fire Department	Paramedic Training	City of Napa Agreement No. CY22-060	Independent Contractor Agreement	4/1/2022
Active - CDNR	Queen of the Valley Medical Center	California Highway Patrol (CHP)	Paramedic Training Agreement		Independent Contractor Agreement	7/26/2022
Active - CDNR	Queen of the Valley Medical Center	American Canyon Fire Protection District	Paramedic Training		Independent Contractor Agreement	8/14/2022
Active	Queen of the Valley Medical Center	Tulocay Funeral Home & Crematory	Transportation & Storage of Deceased Patients		Independent Contractor Agreement	1/10/2025
Active	Queen of the Valley Medical Center	Napa Biomedical Services, dba Neurovations Research	Radiology Imaging Services for Research Study Patients	Hospital provides the services.	Independent Contractor Agreement	4/15/2020

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Will not be renewed	Queen of the Valley Medical Center	Akeso Occupational Health	Hospital Radiology Imaging Services	Hospital provides services	Independent Contractor Agreement	6/1/2023
Active	Queen of the Valley Medical Center	SI-BONE, Inc.	Radiology Imaging Services	Hospital provides the services	Independent Contractor Agreement	11/25/2024
Active	Queen of the Valley Medical Center	One of a Kind Clinical Research Center CA, LLC	Radiology Imaging Services	Hospital provides the services.	Independent Contractor Agreement	6/3/2025
Pending CRF	Queen of the Valley Medical Center	Active Wellness, LLC	Fitness Center Management		Independent Contractor Agreement	10/24/2014
Active	Queen of the Valley Medical Center	Nobleman, Sylvia RN	Rosen Method Body Work		Independent Contractor Agreement	11/1/2025
Active	Queen of the Valley Medical Center	Pacific Crest Medical Physics, Inc.	Medical Physicist Services		Independent Contractor Agreement	5/24/2019
Active	Queen of the Valley Medical Center	Tabor Consulting	Consulting re: Community Benefit Strategic Plan and Grant Management		Independent Contractor Agreement	8/7/2017
Active - CDNR	Queen of the Valley Foundation	Ambulatory Surgery Access Coalition d/b/a Operation Access	MOU for Funding Napa Valley Vintners		Letter/Memo of Understanding	9/16/2015
Active	Queen of the Valley Medical Center	OLE Health	MOU for Coordination of Patient Health Care Services		Letter/Memo of Understanding	8/7/2012
Pending CRF	Queen of the Valley Medical Center	OLE Health	MOU for Electronic Health Record Access		Letter/Memo of Understanding	7/1/2015

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	Napa County Health & Human Services, Public Health Division	MOU for Placement of Naloxone Box		Letter/Memo of Understanding	11/1/2024
Active	Queen of the Valley Medical Center	St. Helena Unified School District	MOU for Children's Mobile Health Services Project (Dental Van)		Letter/Memo of Understanding	7/1/2025
Active	Queen of the Valley Medical Center	Napa Valley Unified School District	MOU for Space for Mobile Van	Space for mobile dental van.	Letter/Memo of Understanding	8/22/2025
Pending CRF	Queen of the Valley Medical Center	County of Napa w/Comm Health Clinic Ole, Kaiser, NSH, QVMC, St. Helena Hospital, Vets Hm	MOU for Medical Emergency Cooperation for Healthcare Organizations		Letter/Memo of Understanding	12/18/2007
Active	Queen of the Valley Medical Center	Napa County Child Welfare Services	MOU for Suspected Child Abuse		Letter/Memo of Understanding	1/1/2011
Active	Queen of the Valley Medical Center	San Jose Mothers' Milk Bank	MOU for the Use of Donor Milk	Donated Breast Milk	Letter/Memo of Understanding	10/1/2024
Active	Queen of the Valley Medical Center	SCAN Health Plan	Agreement for the Provision of Hospital Services (Capitation)		Payor Contract	1/1/2015

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	Health Net of California, Inc. on behalf of itself and the subsidiaries and affiliates of Health Net, LLC	Provider Participation Agreement		Payor Contract	3/1/2009
Active	Queen of the Valley Medical Center	The Permanente Medical Group, Inc. and Kaiser Foundation Hospitals	Health Care Services Agreement for Hospital and Professional Services		Payor Contract	7/1/2011
Active	Queen of the Valley Medical Center	Partnership Healthplan of California	Medical Services Agreement		Payor Contract	3/1/1998
Active	Queen of the Valley Medical Center	Western Health Advantage	Hospital and Health Care Services Agreement		Payor Contract	1/1/2013

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	UnitedHealthcare Insurance Company, contracting on behalf of itself, UHC of California dba UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, and other entities that are United's Affiliates	Facility Participation Agreement		Payor Contract	7/1/2013
Active	Queen of the Valley Medical Center	Affordable Health Care Concepts	Contract Agreement		Payor Contract	9/1/1988
Active	Queen of the Valley Medical Center	The First Health Network	Hospital Agreement		Payor Contract	11/1/2002
Active	Queen of the Valley Medical Center	CorVel Corporation	Hospital Agreement		Payor Contract	10/1/1998
Active	Queen of the Valley Medical Center	Interplan Corporation	Participating Hospital Agreement		Payor Contract	11/25/2002
Active	Queen of the Valley Medical Center	California Physicians' Service dba Blue Shield of California	Provider Agreement - Fee for Service Hospital		Payor Contract	4/1/2016

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	MultiPlan, Inc., on behalf of itself and its subsidiaries, including but not limited to Private Healthcare Systems, Inc. and Beech Street Corporation	Letter of Agreement		Payor Contract	4/1/2017
Active	Queen of the Valley Medical Center	Aetna Health of California, Inc., Aetna Health Management, LLC and their Affiliates	Hospital Services Agreement		Payor Contract	1/1/2012
Active	Queen of the Valley Medical Center	Adventist Health System/West	Letter of Agreement		Payor Contract	3/1/2020
Active	Queen of the Valley Medical Center	Blue Cross of California and Affilaite dba Anthem Blue Cross	Anthem Blue Cross State Sponsored Business Participating Hospital Agreement		Payor Contract	1/1/2012
Active	Queen of the Valley Medical Center	AgeWell PACE	Provider Agreement - Fee for Service Hospital		Payor Contract	1/25/2023
Active	Queen of the Valley Medical Center	Correctional Health Partners, LLC	Laboratory Provider Agreement		Payor Contract	8/1/2023
Active	Queen of the Valley Medical Center	BARInet Preffered Provider, LLC	Facility Agreement		Payor Contract	9/18/2025

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	Blue Cross of California d/b/a Anthem Blue	Anthem Blue Cross Facility Agreement		Payor Contract	1/1/2011
Active	Queen of the Valley Medical Center	Blue Cross of California and its Affiliates	Blue Cross Medicare Advantage Hospital Services Agreement		Payor Contract	9/1/2006
Active	Queen of the Valley Medical Center	Cigna Health and Life Insurance Company	Hospital Managed Care Agreement		Payor Contract	4/15/2005
Active	Queen of the Valley Medical Center	Razavi, Behzad MD	ASA for Chief of Staff		Physician Admin Services Agreement	1/1/2026
Active	Queen of the Valley Medical Center	Telemedicine Group DE, LLC fka Telemed2U	Physician Advisor for Antimicrobial Stewardship Program	Physician Advisor: Javeed Siddiqui, MD	Physician Advisor	5/1/2025
Active - CDNR	Queen of the Valley Medical Center	Smith, Timothy DO	Physician Preceptor Agreement - Touro	For PA and Medical Students at Touro Univ	Physician Health System Non Standard	1/24/2025
Renewal in process	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	MDA for Oncology		Physician Medical Director Agreement	8/1/2025
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	MDA for OB/GYN		Physician Medical Director Agreement	1/1/2024
Active	Queen of the Valley Medical Center	Napa Valley Orthopaedic Medical Group, Inc.	MDA for Spine Service Department		Physician Medical Director Agreement	6/1/2024

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	MDA for Neurology Stroke Program		Physician Medical Director Agreement	7/1/2024
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	MDA for Cardiology		Physician Medical Director Agreement	12/9/2024
Active	Queen of the Valley Medical Center	Perryman, Scott MD	MDA for Bariatric Surgery Program		Physician Medical Director Agreement	8/12/2021
Active	Queen of the Valley Medical Center	Pulmonary Medicine Associates Medical Group, Inc.	MDA for Respiratory Care Services		Physician Medical Director Agreement	9/1/2024
Active	Queen of the Valley Medical Center	Napa Valley Orthopaedic Medical Group, Inc.	MDA for Orthopedic Surgery		Physician Medical Director Agreement	1/1/2025
Active	Queen of the Valley Medical Center	Napa Valley Cardiothoracic & Cardiovascular Surgery, Inc.	MDA for Cardiothoracic Surgery		Physician Medical Director Agreement	7/1/2025
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	MDA for Palliative Care Program		Physician Medical Director Agreement	10/7/2025
Renewal in process	Queen of the Valley Medical Center	Parkin, Jay David MD	On Call for Orthopedics		Physician On-Call Agreement	5/1/2023

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Renewal in process	Queen of the Valley Medical Center	Freeto, Brian MD	On Call for Orthopedics		Physician On-Call Agreement	5/1/2023
Renewal Completed	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	On Call for OB/GYN		Physician On-Call Agreement	1/4/2025
Renewal in process	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	On Call for Cardiology		Physician On-Call Agreement	2/28/2022
Renewal in process	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	On Call for Neurology		Physician On-Call Agreement	7/1/2023
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	On Call for Urology		Physician On-Call Agreement	11/1/2023
Active	Queen of the Valley Medical Center	Colton House, Joyce MD	Per Response On Call for Otolaryngology Emergency Department and Acute Inpatient Onsite Consultation		Physician On-Call Agreement	11/10/2023

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	Montague, Glenda Lois MD dba Napa ENT Surgery LLC	Per Response On Call for Otolaryngology Emergency Department and Acute Inpatient Onsite Consultation		Physician On-Call Agreement	12/1/2023
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	On Call for Gastroenterology		Physician On-Call Agreement	1/1/2024
Active	Queen of the Valley Medical Center	Caravelli, Michael MD	On Call for Orthopedics		Physician On-Call Agreement	2/1/2024
Active	Queen of the Valley Medical Center	Pingree, Christian MD	Per Response On Call for Otolaryngology Emergency Department and Acute Inpatient Onsite Consultation		Physician On-Call Agreement	3/11/2024
Active	Queen of the Valley Medical Center	Birkbeck, Daniel MD	On Call for Orthopedics and Subspecialties of the Hand		Physician On-Call Agreement	10/1/2024
Active	Queen of the Valley Medical Center	Providence Medical Institute	Telemedicine Services (Call)	Telemed. Acute Telepsychiatry	Physician On-Call Agreement	1/1/2022
Active	Queen of the Valley Medical Center	Loja, Melissa MD, A Medical Corporation	Per Response On Call for Vascular Surgery		Physician On-Call Agreement	5/1/2025
Active	Queen of the Valley Medical Center	Skordas, Nicolas MD	On Call for Orthopedics		Physician On-Call Agreement	10/1/2025

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	Tolan, McKenzie	Per Response On Call for Otolaryngology Emergency Department and Acute Inpatient Onsite Consultation		Physician On-Call Agreement	11/1/2025
Active	Queen of the Valley Medical Center	Nimmich, Andrew dba ARN Vascular Consulting PC	On Call for Vascular Surgery (Unrestricted)		Physician On-Call Agreement	11/1/2025
Active	Queen of the Valley Medical Center	Loftus, John P. MD	Per Response On Call for Vascular Surgery		Physician On-Call Agreement	12/1/2022
Active	Queen of the Valley Medical Center	Napa Valley Cardiothoracic & Cardiovascular Surgery, Inc.	On Call for Cardiothoracic & Cardiovascular Surgery		Physician On-Call Agreement	1/1/2023
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	On Call for OB/GYN		Physician On-Call Agreement	5/2/2026
Active	Queen of the Valley Medical Center	University of California San Francisco	On Call/MDA for Neurosurgery	Med Dir: Vacant and not paid since 6/1/18.	Physician On-Call and Med Dir Agreement	9/1/2014
Renewed, just not in system yet	Queen of the Valley Medical Center	Pulmonary Medicine Associates Medical Group, Inc.	PSA/MDA for Intensive Care Unit		Physician Pro Srvc and Med Dir Agreement	7/1/2015
Active	Queen of the Valley Medical Center	Napa Valley Emergency Medical Group	PSA/MDA for Emergency Department (Exclusive)		Physician Pro Srvc and Med Dir Agreement	11/1/2023

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	PSA/MDA for Hospitalist		Physician Pro Srvc and Med Dir Agreement	6/2/2025
Active	Queen of the Valley Medical Center	Pacific Path, Inc.	PSA/MDA for Clinical Laboratory & Pathology (Exclusive)		Physician Pro Srvc and Med Dir Agreement	9/1/2025
Active	Queen of the Valley Medical Center	Atchison, M., CRNA, Inc.	PSA/On Call for Obstetrical Anesthesia (Exclusive)		Physician Pro Srvc and On-Call Agreement	6/1/2023
Renewal in process	Queen of the Valley Medical Center	Anesthesia and Analgesia Medical Group, Inc.	PSA/On Call/MDA for Surgical Services and Anesthesia Program (Exclusive)	No medical director is listed in agreement, but data entry sheet states it is Heather Hagerman, MD	Physician Pro Srvc, Med Dir and On-Call Agreement	4/1/2023
Renewal in process	Queen of the Valley Medical Center	Napa Valley Radiation Oncology	PSA/MDA/On Call for Radiation Oncology (Exclusive)		Physician Pro Srvc, Med Dir and On-Call Agreement	7/1/2024
Renewal in process	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	PSA/MDA/On Call for Rehabilitation	Med Dir: Alex Miner, MD	Physician Pro Srvc, Med Dir and On-Call Agreement	9/1/2023
Active	Queen of the Valley Medical Center	Radiology Medical Group of Napa, Inc.	PSA/MDA/On Call for Radiology (Exclusive)		Physician Pro Srvc, Med Dir and On-Call Agreement	5/1/2025

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	PSA/MDA for Trauma Program and General Surgery On Call (Restricted Call)		Physician Pro Srvc, Med Dir and On-Call Agreement	6/1/2025
Renewal in process	Queen of the Valley Medical Center	Jue, David MD	PSA for EKG Readings		Physician Professional Services Agreement	7/1/2022
Renewal in process	Queen of the Valley Medical Center	Kako, Rony MD	PSA for EKG Readings		Physician Professional Services Agreement	7/1/2022
Renewal in process	Queen of the Valley Medical Center	Paukert, Thomas MD	PSA for EKG Readings		Physician Professional Services Agreement	7/1/2022
Renewal in process	Queen of the Valley Medical Center	Cusick, Seric MD	PSA for EKG Readings		Physician Professional Services Agreement	4/1/2022
Renewal in process	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	PSA for EKG Readings		Physician Professional Services Agreement	7/1/2022
Renewal in process	Queen of the Valley Medical Center	Lopez, Nicholas MD	PSA for EKG Readings		Physician Professional Services Agreement	7/1/2022
Active	Queen of the Valley Medical Center	Telemedicine Group DE, LLC fka Telemed2U	Telemedicine Services for Infectious Disease	Telemed	Physician Professional Services Agreement	5/1/2025
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	PSA for Palliative Care		Physician Professional Services Agreement	10/1/2025

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	Hospice by the Bay	Inpatient Services Agreement		Services Contract	10/18/2016
Active	Queen of the Valley Medical Center	Collabria Care d/b/a Providence PACE	Services Agreement		Services Contract	1/1/2023
Active	Queen of the Valley Medical Center	Providence Medical Foundation fka St. Joseph Heritage Healthcare	Ancillary Agreement		Services Contract	4/1/2019
Active	Queen of the Valley Medical Center	Sonoma Valley Community Health Center	Non-Reciprocal Patient Transfer Agreement		Transfer Agreement	10/26/2021
Active	Queen of the Valley Medical Center	Napa Sonoma Oral Surgery and Dental Implants fka Napa Valley Oral & Maxillofacial Surgery LLC fka Napa Valley Oral Surgery	Non-Reciprocal Patient Transfer Agreement		Transfer Agreement	12/21/2021
Active	Queen of the Valley Medical Center	USRC Napa, LLC aka US Renal Care	Non-Reciprocal Patient Transfer Agreement		Transfer Agreement	2/8/2018
Active	Queen of the Valley Medical Center	Napa Solano Plastic Surgery Inc. fka Napa Valley Plastic Surgery, Inc.	Non-Reciprocal Patient Transfer Agreement		Transfer Agreement	4/18/2025

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active - CDNR	Queen of the Valley Medical Center	California Dept. of Health Care Services	340B Drug Pricing Program Provider Participation		Vendor Template	7/1/2018
Active - CDNR	Queen of the Valley Medical Center	Avella of Deer Valley, Inc and Optum Pharmacy 703, LLC	340B Pharmacy Services		Vendor Template	1/1/2020
Active - CDNR	Queen of the Valley Medical Center	Credena Health LLC	340B Pharmacy Services		Vendor Template	12/23/2019
Active - CDNR	Queen of the Valley Medical Center	TNH Advanced Specialty Pharmacy	340B Program Pharmacy Services		Vendor Template	1/1/2016
Active - PSJH IT	Queen of the Valley Medical Center	Elekta Inc	Purchase and License Agreement for Infinity/MOSAIQ System		Vendor Template	4/20/2016
Active	Queen of the Valley Medical Center	Kaiser Foundation Hospitals	Web Site License - Provider Entity Agreement		Vendor Template	8/22/2016
Active - CDNR	Queen of the Valley Medical Center	Society of Thoracic Surgeons	Business Associate and Data Use Agreement		Vendor Template	2/1/2004
Renewal in process	Queen of the Valley Medical Center	Kaiser Foundation Hospitals	Reciprocal Patient Transfer Agreement	Reciprocal between QVMC & Kaiser Hospital Vallejo (2711)	Vendor Template	10/1/2010
Renewal in process	Queen of the Valley Medical Center	American Heart Association	Community Training Center Agreement		Vendor Template	12/31/1999

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active - CDNR	Queen of the Valley Medical Center	Regents of the University of California, San Francisco	Affiliation Agreement	Pharmacy, Physical Therapy & grad/undergrad Nursing students	Vendor Template	1/2/2007
Active	Queen of the Valley Medical Center	Napa County Office of Education	Service Agreement for Local Oral Health Program	Hospital to provide Oral Screening Services at Napa County Schools via the Mobile Dental Clinic.	Vendor Template	7/1/2025
Active	Queen of the Valley Medical Center	County of Napa	PSA for Mental Health Services Act #250131B	Hospital is to provide 1.0 FTE bilingual LCSW and 1.0 FTE bilingual Social Worker in ED to conduct behavioral health screenings for Spanish-speaking patients.	Vendor Template	7/1/2024
Active	Queen of the Valley Medical Center	County of Napa	PSA for SHARE Program #A-250238B		Vendor Template	9/1/2024
Active	Queen of the Valley Medical Center	City of American Canyon	Use of Facilities Application and Agreement		Vendor Template	10/10/2016
Active	Queen of the Valley Medical Center	Partnership Healthplan of California	CalAIM IPP Directed Funding Agreement		Vendor Template	9/30/2025

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	County of Napa	PSA for Substance Use Navigation #250040B		Vendor Template	7/1/2024
Active	Queen of the Valley Medical Center	California Dept. of Public Health Office of AIDS	Funds for HOPWA Project #23-10401		Vendor Template	7/1/2023
Active	Queen of the Valley Medical Center	Connections Napa County (Napa County's Aging & Disability Resource Connection)	Extended Partner Membership Agreement		Vendor Template	2/4/2026
Active	Queen of the Valley Medical Center	California Dept. of Public Health Office of AIDS	Grant Agreement for HIV Care and Treatment #23-10975		Vendor Template	4/1/2024
Renewal in process	Queen of the Valley Medical Center	County of Napa	EMS Base Contractor #240067B (Designation)		Vendor Template	7/1/2023
Active - CDNR	Queen of the Valley Medical Center	County of Napa	Hospital Preparedness Program (HPP) Coalition Participation Agreement	This Ag and LOA replace the County's HRSA National Bioterrorism ag	Vendor Template	8/14/2013
Active	Queen of the Valley Medical Center	County of Napa	STEMI Receiving Hospital Agreement #250143D		Vendor Template	7/1/2024
Active	Queen of the Valley Medical Center	American College of Surgeons, The	Hospital Participation Agreement for Trauma Quality Improvement Program		Vendor Template	8/16/2016

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	NEWS Domestic Violence & Sexual Abuse Services	MOU for NEWS Services		Vendor Template	7/1/2023
Active	Queen of the Valley Medical Center	County of Napa	Stroke Receiving Center Agreement #250265C		Vendor Template	1/1/2025
Active	Queen of the Valley Medical Center	County of Napa	Designation as a Level III Trauma Center	Agreement 250335C	Vendor Template	7/1/2025
Pending CRF	Queen of the Valley Medical Center	U.S. Nursing Corporation	Job Action Staffing (for Strikes)	REMOVE FROM REPORTS.	Vendor Template	10/13/2024
Pending CRF	Queen of the Valley Medical Center	RapidStaff, LLC	Referral of Personnel (for Strike/Work Stoppage - Staffing)	REMOVE FROM REPORTS	Vendor Template	6/11/2019
Pending CRF	Queen of the Valley Medical Center	Regents of the University of California & UCSF Children's Hospital & its Center for Mothers and Newborns	Perinatal/Neonatal Affiliation	Consultation, continuing education and training for staff in OB unit and NICU.	Vendor Template	7/1/2019
Active	Queen of the Valley Medical Center	University of California San Francisco	Peer Review Sharing		Vendor Template	1/25/2013
Active	Queen of the Valley Medical Center	Garda CL West, Inc. fka AT Systems West	Armored Car Services	Used by Pt Access and possibly other depts.	Vendor Template	5/1/2009

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	National Healthcare Safety Network (NHSN)	Participation and Consent re Data Collections for Cntrs for Disease Control & Prevention		Vendor Template	1/7/2008
Active - PSJH IT	Queen of the Valley Medical Center	Merge Healthcare	Support & Maintenance for CAD stream Software		Vendor Template	11/23/2016
Renewal in process	Queen of the Valley Medical Center	Donor Network West fka California Transplant Donor Network	Affiliation Agreement for Organ Procurement	Organ Procurement	Vendor Template	1/4/2021
Active	Queen of the Valley Medical Center	California Nurses Association	Collective Bargaining Agreement		CBA	6/4/2023
Active	Queen of the Valley Medical Center	International Union of Operating Engineers, Stationary Engineers, Local 39 AFL-CIO	Collective Bargaining Agreement		CBA	6/4/2023
Active	Queen of the Valley Medical Center	National Union of Helathcare	Collective Bargaining Agreement		CBA	6/13/2025
Active	Queen of the Valley Medical Center	The Regents of the University of California, on behalf of the University of California, Davis Health System	Interfacility Patient Transfer Agreement No. UCD 02-00390TR		Transfer Agreement	6/12/2003

Annex 1.1(d)
Assumed Contracts

Status Name	Location Name	Company Name	Contract Title	Description	Type Name	Effective Date
Active	Queen of the Valley Medical Center	The Federation of State Medical Boards of the United States, Inc.	Agreement for Board Action Data Bank Services		Services Contract	2/20/2010
Active	Queen of the Valley Medical Center	PreCheck Inc.	Conusmer Report User Agreement		User Agreement	3/22/2011
Active	Queen of the Valley Medical Center	Pacific Summit Energy, LLC	Base Contract for Sale and Purchase of Natural Gas		Sale and Purchase Agreement	1/16/2018
Active	Queen of the Valley Medical Center	California Department of Public Health	Grant Agreement No. 23-10401		Grant Agreement	7/1/2023
Active	Queen of the Valley Medical Center	Pediatrix Medical Group of California	Professional Services, On-Call Services, and Medical Director Agreement		PSA, On-call, and MDA Agreement	10/1/2023
Active	Queen of the Valley Medical Center	NorCal HealthConnect, LLC d/b/a Healdsburg Hospital	Reference Laboratory Services Agreement		Lab Services Agreement	9/26/2022
Active	Queen of the Valley Medical Center	NorCal HealthConnect, LLC d/b/a Petaluma Valley Hospital	Reference Laboratory Services Agreement		Lab Services Agreement	7/26/2021

Exhibit 1.1(e)

Leased Real Property

1. Lease Agreement, dated August 1, 2017, by and between GAHC3 Napa Medical Center, LLC and St. Joseph Heritage Healthcare for the premises located at 1100 Trancas Street, Suites 201, 205, 207, 208, 209/212A, 213, 252, 256, 264, 265, and 350.
    a. First Amendment to Lease Agreement, dated September 13, 2018, by and between GAHC3 Napa Medical Center, LLC and St. Joseph Heritage Healthcare.
    b. Commencement Date Addendum, dated March 13, 2019, by and between GAHC3 Napa Medical Center, LLC and St. Joseph Heritage Healthcare.
    c. Second Amendment to Lease Agreement, dated January 7, 2020, by and between GAHC3 Napa Medical Center, LLC and St. Joseph Heritage Healthcare.
    d. Commencement Date Addendum, dated July 1, 2020, by and between GAHC3 Napa Medical Center, LLC and St. Joseph Heritage Healthcare.
    e. Third Amendment to Lease Agreement, dated November 5, 2020, by and between GAHC3 Napa Medical Center, LLC and St. Joseph Heritage Healthcare.
    f. Commencement Date Addendum, dated January 29, 2021, by and between GAHC3 Napa Medical Center, LLC and St. Joseph Heritage Healthcare.
    g. Fourth Amendment to Lease Agreement, dated September 9, 2025 by and between GAHC3 Napa Medical Center, LLC and St. Joseph Heritage Healthcare.
2. Office Lease Agreement, dated July 27, 2016, by and between Robert H. Dunham, M.D., Inc., and St. Jude Hospital Yorba Linda dba St. Joseph Heritage Healthcare for the premises located at 3434 Villa Lane, Suite 260, Napa, CA 94558.
3. Commercial Lease Agreement, dated December 1, 2013, by and between Villa Lane Properties, LLC and St. Jude Hospital, Yorba Linda, dba St. Joseph Heritage Healthcare for the premises located at 3443 Villa Lane, Suites 1, 2, 7, and 8, Napa, CA 94558.
    a. First Amendment to Commercial Lease Agreement, dated January 1, 2016, by and between Villa Lane Properties, LLC and St. Jude Hospital, Yorba Linda, dba St. Joseph Heritage Healthcare.
    b. Second Amendment to Commercial Lease Agreement, dated October 1, 2018, by and between Villa Lane Properties, LLC and St. Jude Hospital, Yorba Linda, dba St. Joseph Heritage Healthcare.
    c. Third Amendment to Lease, dated December 7, 2021, by and between Villa Lane Properties, LLC and St. Jude Hospital, Yorba Linda, dba St. Joseph Heritage Healthcare.
4. Full Service Gross Lease Agreement, dated May 1, 2019, by and between St. Joseph Health, Northern California, LLC dba Queen of the Valley Medical Center and Providence Medical Foundation (f/k/a St. Joseph Heritage Healthcare) for the premises located at 1000 Trancas Street, Suite 1, Napa, CA 94558.
    a. Amendment No. 1, dated December 22, 2020, by and between St. Joseph Health, Northern California, LLC dba Queen of the Valley Medical Center and Providence Medical Foundation (f/k/a St. Joseph Heritage Healthcare).
    b. Internal Rent Expense Allocation, dated January 1, 2024, by and between St. Joseph Health Northern California and SJHH Trancas Oncology.
5. Shopping Center Lease Agreement, dated May 1, 2015, by and between Imola Cabot Partners LLC as successor in interest to Napa River Park Center, LLC and Providence Medical Foundation as successor in interest to St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center for the premises located at 1621 and 1625 W. Imola Avenue, Napa, CA 94559.

a. Amendment No. 1, dated August 18, 2016, by and between Imola Cabot Partners LLC as successor in interest to Napa River Park Center, LLC and Providence Medical Foundation as successor in interest to St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center.
b. Assignment and Assumption of Risk, dated August 13, 2023, by and between Imola Cabot Partners LLC as successor in interest to Napa River Park Center, LLC and Providence Medical Foundation as successor in interest to St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center.
c. Second Amendment of Lease, dated October 28, 2024, by and between Imola Cabot Partners LLC as successor in interest to Napa River Park Center, LLC and Providence Medical Foundation as successor in interest to St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center.

6. Standard Multi-Tenant Office Lease – Gross, dated December 20, 2021, by and between Roberta Lee Kelly and Neil John Kelly as successors in interest to James F. Kelly and St. Joseph Health Northern California, LLC dba Queen of the Valley Medical Center for the premises located at 3448 Villa Lane, Suite 102, Napa, CA 94558.

    a. Addendum to December 20, 2021 Lease, dated August 18, 2025, by and between Roberta Lee Kelly and Neil John Kelly, Co-Trustees or the Roberta Lee Kelly and Neil John Kelly Revocable Trust for the premises located at 3448 Villa Lane, Suite 102, Napa, CA 94558.

Exhibit 1.2(j)

Excluded Intellectual Property

None.

Exhibit 1.2(o)

Proprietary Software

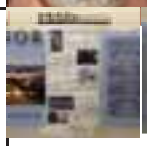
None.

Exhibit 1.2(w)

Excluded Religious Items

See attached Annex 1.2(w).

Annex 1.2(w)
Excluded Religious Items

Sacred Object	Location	Photo
Tabernacle and Light	Chapel	
Altar	Chapel	
Mary and Joseph	Chapel	
Dedication Plaque	Chapel	
Holy Family	Front Entrance	
Donor and Heritage Wall	Front Entry	
ERD acknowledgment	Front Entry	

Annex 1.2(w)
Excluded Religious Items

Sacred Object	Location	Photo
Cross	Hallway near Healing Garden	
Fr. Medaille Room	Hallway	
Le Puy Conference Room Signage	Hallway	
Mother Bernard Room	Hallway	
Plaque Sr. Ann McGuinn Nursing Pavilion	Hallway	
Quilt 50th Anniversary	Hallway	

Annex 1.2(w)
Excluded Religious Items

Sacred Object	Location	Photo
Historical Wall of Napa	Hallway	
Drawing of Church	Hallway	
Mother Fontbonne Room	Hallway	
St. Francis	Inside Healing Garden Hallway	
Our Lady of Guadalupe	Near front entrance	

Annex 1.2(w)
Excluded Religious Items

Sacred Object	Location	Photo
Mary Replica	Niche in hallway	
Kenzo Healing Garden	Outside Courtyard	
Mary Queen of Heaven & Infant Jesus	Outside Front Entrance	
Tabernacle	Prayer Room	
Crucifix	Prayer Room	
Red tabletop sanctuary lamp	Prayer Room	
John Swanson Print	Prayer Room	

Annex 1.2(w)
Excluded Religious Items

Sacred Object	Location	Photo
Cross	Prayer Room	
Framed Sr. Madeleva Print	Side building entrance	
Sisters of St. Joseph wooden crosses	Throughout the space	
chalice, paten and ciborium		
Artwork - Sister Bernadette McKeown (Spelling ?)	Wellness Center	
Framed Mission Statements	Various Locations	
All objects in Chapel Sacristy	sacristy of Chapel	(no photos yet)
Candlesticks	Chapel	(no photos yet)

Exhibit 1.2(x)

Other Excluded Assets

1. Beckman Coulter DXU Workcell (2 units) (urinalysis)
2. Radiometer ABL90 (3 units)
3. Cepheid GenXpert (molecular test platform)
4. Biomerieux Virtuous (4 units) (blood culture incubators)
5. Verigene (2 units) (molecular test platform)
6. Echo Lumena
7. Venatana BenchMark Special Stains
8. Venatana BenchMark Ultra Plus IHC
9. Nova Glucometers
10. The following software licenses:
    a. MediaLab
    b. Biomerieux Maestria
    c. Telcor/NovaNet
    d. Biorad Unity
    e. Immulink
    f. TEG Manager
    g. Stago Expert
    h. NeoLink
    i. Alcor IQAP

Exhibit 1.13(a)

Bill of Sale

See attached.

BILL OF SALE

THIS BILL OF SALE (this "Bill of Sale") is entered into as of [●], by and among St. Joseph Health Northern California, LLC, a California limited liability company doing business as Providence Queen of the Valley Medical Center ("QVMC"), Providence Medical Foundation, a California nonprofit public benefit corporation ("PMF" and together with QVMC, "Sellers") and NorthBay Napa Hospital Corp., a California nonprofit public benefit corporation ("Buyer"). Capitalized terms used but not otherwise defined herein shall have the meanings ascribed thereto in that certain Asset Purchase Agreement, dated [●] (the "Purchase Agreement"), by and among Buyer, Sellers, and NorthBay Healthcare Corporation, a California nonprofit public benefit corporation. Each of QVMC, PMF, and Buyer may be referred to herein individually as a "Party" and collectively as the "Parties."

RECITALS

A. Pursuant to the Purchase Agreement, Sellers have agreed to sell, assign, transfer, convey and deliver the Transferred Assets to Buyer and Buyer has agreed to purchase the Transferred Assets and assume the Assumed Liabilities, on the terms and conditions more particularly set forth in the Purchase Agreement.

B. The Transferred Assets other than Owned Real Property, the Assumed Contracts, the Lessor Leases, the Security Deposits, and the Assumed Leases (such subset of Transferred Assets, the "Applicable Assets") are subject to this Bill of Sale.

NOW, THEREFORE, for and in consideration of the foregoing premises, the mutual covenants and other agreements set forth herein and in the Purchase Agreement, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Sellers and Buyer hereby agree as follows:

1. Sale and Purchase. By execution hereof, effective as of the Effective Time, Sellers, in consideration of the Purchase Price and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, hereby irrevocably and unconditionally sell, assign, transfer, convey and deliver to Buyer all of Sellers' rights, titles and interests in and to the Transferred Assets, free and clear of all Encumbrances other than the Assumed Liabilities and Permitted Encumbrances. By execution hereof, Buyer hereby assumes, effective as of the Effective Time, the payment, performance, discharge, satisfaction, and observance of the Assumed Liabilities. For the avoidance of doubt, Seller shall retain the Excluded Assets and the Excluded Liabilities.

2. Other Assignment and Assumption Agreements. Notwithstanding the foregoing, this Bill of Sale is not applicable to the Sellers' assignment, conveyance, transfer or delivery of the Owned Real Property, the Assumed Contracts, the Lessor Leases, the Security Deposits, and the Assumed Leases, which are being transferred pursuant to a separate agreement.

3. Further Assurances. In accordance with, and as more specifically set forth in, Section 12.1 of the Purchase Agreement, each Party shall, from time to time after the delivery of this Bill of Sale, as and when reasonably requested by the other Party, acknowledge and deliver to such Party any and all other assignments, consents, Approvals, conveyances, assurances, documents and instruments reasonably requested by such Party at any time and shall take any and all other actions reasonably requested by such Party at any time, as may be reasonably necessary or appropriate to effectuate the Purchase Agreement and to consummate the Contemplated Transactions.

4. Miscellaneous. Article 12 (Miscellaneous Provisions) of the Purchase Agreement is incorporated as if set forth fully herein, *mutatis mutandis*.

5. Conflicts Between Agreements. This Bill of Sale is in all respects subject to the provisions of the Purchase Agreement and is not intended in any way to supersede, limit, qualify, modify or expand any rights and obligations under the Purchase Agreement. In case of contradiction between the provisions of this Bill of Sale and the provisions of the Purchase Agreement, the terms and conditions of the Purchase Agreement shall control.

[Signature Page Follows]

IN WITNESS WHEREOF, the Parties hereto have executed this Bill of Sale or caused this Bill of Sale to be executed by their duly authorized representatives as of the date first above written.

SELLERS:

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC, DBA PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER

By: _____
Name: [●]
Title: [●]

PROVIDENCE MEDICAL FOUNDATION

By: _____
Name: [●]
Title: [●]

BUYER:

NORTHBAY NAPA HOSPITAL CORP.

By: _____
Name: [●]
Title: [●]

Exhibit 1.13(b)

Real Estate Assignment

See attached.

ASSIGNMENT AND ASSUMPTION OF LEASE

(TENANT AS ASSIGNOR)

This Assignment and Assumption of Lease (this "**Assignment**") is made as of [●], 2026 (the "**Effective Date**"), by and between [●] ("**Assignor**"), and NorthBay Napa Hospital Corp., a California nonprofit public benefit corporation ("**Assignee**").

RECITALS

A. Assignor is the tenant under that certain lease dated [●], 20[●] (the "**Lease**"), with [●], as landlord (the "**Landlord**"), pursuant to which Assignor leased from Landlord approximately [●] square feet ("**Premises**"), located at [●] (the "**Property**").

B. Assignor and Assignee, and certain affiliates of Assignor and Assignee, are parties to that certain Asset Purchase Agreement, dated as of [●], 2026 (the "**Purchase Agreement**"). Capitalized terms used but not defined herein have the respective meanings for such terms as defined in the Purchase Agreement.

C. Pursuant to the Purchase Agreement, Assignor desires to assign all of its right, title and interest as tenant under the Lease to Assignee, and Assignee desires to assume the same, subject to the terms hereof.

NOW THEREFORE, in consideration of the foregoing premises, the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound, agree as follows:

1. Assignment. As of the Effective Date, Assignor hereby assigns, transfers, sets over and conveys to Assignee all of Assignor's estate, right, title and interest as tenant in and to the Lease (other than Real Estate Prorations (as such terms is defined in the Purchase Agreement)). For the avoidance of doubt, subject to Section 1.9 of the Purchase Agreement, all security deposits and prepaid rents under the Leases are hereby assigned to the Assignee.

2. Assumption. As of the Effective Date, Assignee hereby accepts the assignment of the Lease and assumes and agrees to and hereby does assume all of Assignor's duties and obligations under the Lease that constitute Assumed Liabilities and pay and perform such Assumed Liabilities that arise after the Effective Date. For the avoidance of doubt, Assignor shall retain the Excluded Liabilities.

3. Further Assurances. In accordance with, and as more specifically set forth in, Section 12.1 of the Purchase Agreement, each Party shall, from time to time after the delivery of this Assignment, as and when reasonably requested by the other Party, acknowledge and deliver to such Party any and all other assignments, consents, Approvals, conveyances, assurances, documents and instruments reasonably requested by such Party at any time and shall take any and all other actions reasonably requested by such Party at any time, as may be reasonably necessary or appropriate to effectuate the Purchase Agreement and to consummate the Contemplated Transactions.

4. Miscellaneous. Article 12 (Miscellaneous Provisions) of the Purchase Agreement is incorporated as if set forth herein, *mutatis mutandis*.

5. Reference to Purchase Agreement. The provisions of this Assignment are subject in all respects to the terms of the Purchase Agreement, including Section 9.3 of the Purchase Agreement, and is

not intended in any way to supersede, limit, qualify, modify or expand any rights and obligations under the Purchase Agreement. Nothing contained in this Assignment shall be deemed or construed to alter, modify, add to or waive any of the rights, obligations, terms, covenants, indemnities, conditions, or other provisions contained in the Purchase Agreement. In case of contradiction between the provisions of this Assignment and the provisions of the Purchase Agreement, the terms and conditions of the Purchase Agreement shall control.

[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and date set forth above.

ASSIGNOR:

[_____]

By: _____
Name: _____
Title: _____

ASSIGNEE:

NORTHBAY NAPA HOSPITAL CORP.

By: _____
Name: _____
Title: _____

LANDLORD JOINDER AND CONSENT[1]

By its execution hereof, the undersigned landlord ("**Landlord**") hereby joins in this Assignment and Assumption of Lease (this "**Assignment**") for the sole purpose of evidencing Landlord's consent to the assignment by Assignor to Assignee of Assignor's right, title and interest as tenant under the Lease described in the Assignment. As of the Effective Date, Landlord (i) consents to the Assignment, (ii) acknowledges that Assignee has assumed, and agrees to perform, all of the covenants, obligations and liabilities of the tenant arising or accruing under the Lease from and after the Effective Date, (iii) waives any and all rights that Landlord may have to terminate the Lease or seek damages or other penalties as a result of the Assignment, (iv) hereby releases and forever discharges Assignor from any and all obligations, covenants, liabilities and claims under the Lease arising or accruing from and after the Effective Date, and (v) agrees and acknowledges that the Lease will remain in full force and effect after the Effective Date on the same terms and conditions as in effect immediately prior to the consummation of such assignment except as waived or modified herein. Such consent is expressly limited to this particular assignment and is not a consent to any other or further assignment of Tenant's interest in and to the Lease. Landlord represents that the undersigned has full authority to bind Landlord. This joinder may be executed in counterparts and signatures received by facsimile or portable document format shall be deemed effective for the purposes of this joinder.

LANDLORD:

[_____]

By: _____
Name: _____
Title: _____

[1] **Note to Draft:** To be included as necessary.

Exhibit 1.13(c)

Contract Assignment

See attached.

CONTRACTS ASSIGNMENT AND ASSUMPTION AGREEMENT

THIS CONTRACTS ASSIGNMENT AND ASSUMPTION AGREEMENT (this "Contracts Assignment") is entered into as of [●], by and among St. Joseph Health Northern California, LLC, a California limited liability company doing business as Providence Queen of the Valley Medical Center ("QVMC"), Providence Medical Foundation, a California nonprofit public benefit corporation ("PMF" and together with QVMC, "Assignors") and NorthBay Napa Hospital Corp., a California nonprofit public benefit corporation ("Assignee"). Capitalized terms used but not otherwise defined herein shall have the meanings ascribed thereto in that certain Asset Purchase Agreement, dated [●], 2026, (the "Purchase Agreement"), by and among Assignors, Assignee, and NorthBay Healthcare Corporation, a California nonprofit public benefit corporation.

RECITALS

A. Pursuant to the Purchase Agreement, Assignors have agreed to sell to Assignee, and Assignee has agreed to purchase from Assignors, the Transferred Assets, including the Assumed Contracts, on the terms and conditions more particularly set forth in the Purchase Agreement.

B. Pursuant to the Purchase Agreement, Assignors have agreed to transfer to Assignee, and Assignee has agreed to accept from Assignor, all of Assignors' rights, titles and interests in the Assumed Contracts and Assignee has agreed to assume payment and performance of the Assumed Liabilities.

NOW, THEREFORE, in consideration of the foregoing premises, the mutual covenants and other agreements set forth herein and in the Purchase Agreement, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignors and Assignee hereby agree as follows:

1. Assignment. By execution hereof, Assignors hereby irrevocably assign, transfer and convey unto Assignee and its successors and assigns all of Assignors' rights, titles and interests in, to and under the Assumed Contracts, effective as of the Effective Time. For the avoidance of doubt, the Excluded Contracts are not Assumed Contracts.

2. Assumption. By execution hereof, as of the Effective Time, Assignee hereby accepts the assignment of the Assumed Contracts, and agrees to and hereby does assume all of Assignors' duties and obligations under the Assumed Contracts that constitute Assumed Liabilities and pay and perform such Assumed Liabilities. For the avoidance of doubt, Assignors shall retain the Excluded Liabilities.

3. Other Assignment and Assumption Agreements. Notwithstanding the foregoing, this Contracts Assignment is not applicable to the Assignors' assignment, conveyance, transfer or delivery of the Lessor Leases and Assumed Leases, which are being transferred pursuant to a separate agreement.

4. Further Assurances. In accordance with, and as more specifically set forth in, Section 12.1 of the Purchase Agreement, each Party shall, from time to time after the delivery of this Contracts Assignment, as and when reasonably requested by the other Party, acknowledge and deliver to such Party any and all other assignments, consents, Approvals, conveyances, assurances, documents and instruments reasonably requested by such Party at any time and shall take any and all other actions reasonably requested by such Party at any time, as may be reasonably necessary or appropriate to effectuate the Purchase Agreement and to consummate the Contemplated Transactions.

5. Miscellaneous. Article 12 (Miscellaneous Provisions) of the Purchase Agreement is incorporated as if set forth fully herein, *mutatis mutandis*.

6. Conflicts Between Agreements. This Contracts Assignment is in all respects subject to the provisions of the Purchase Agreement, including Section 9.3 of the Purchase Agreement, and is not intended in any way to supersede, limit, qualify, modify or expand any rights and obligations under the Purchase Agreement. In case of contradiction between the provisions of this Contracts Assignment and the provisions of the Purchase Agreement, the terms and conditions of the Purchase Agreement shall control.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have executed this Contracts Assignment or caused this Contracts Assignment to be executed by their duly authorized representatives as of the date first above written.

ASSIGNORS:

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC, doing business as PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER

By: _____
Name: [●]
Title: [●]

PROVIDENCE MEDICAL FOUNDATION

By: _____
Name: [●]
Title: [●]

ASSIGNEE:

NORTHBAY NAPA HOSPITAL CORP.

By: _____
Name: [●]
Title: [●]

Exhibit 1.13(d)

Grant Deed

See attached.

Recording Requested By and When Recorded Return To:

_____
_____
_____
Attention: _____

Mail tax bills to:

_____
_____
_____
Attn:_____

(Space above this line for Recorder's use)

APN: [_____]

The undersigned Grantor hereby declares:

DOCUMENTARY TRANSFER TAX IS: _____
[X] computed on the consideration or full value of the property conveyed
[ ] computed on the consideration or full value less the value of liens and encumbrances remaining at time of sale.
The property conveyed is located in the City of Napa, County of Napa, California.

EXEMPT FROM BUILDING HOMES AND JOBS ACTS FEE PER GOVERNMENT CODE 27388.1(a)(2)

GRANT DEED[1]

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **[_____]** ("**Grantor**") hereby grants to [_____] ("**Grantee**"), all of Grantor's right, title, fee, and interest in and to the real property situated in the City of Napa, County of Napa, State of California, described on **Exhibit A**, attached hereto and made a part hereof, together with all buildings and other improvements located on said real property, and all rights, privileges, easements and appurtenances thereto, including without limitation all mineral and water rights, appurtenant easements, rights-of-way and other appurtenances used in connection with or relating to such real property, buildings, structures and other improvements (the "**Property**") SUBJECT TO: (a) all real estate taxes and assessments which are not yet due and

[1] Subject to review and approval by First American Title Insurance Company.

payable, and (ii) the matters set forth on **Exhibit B** attached hereto and made a part hereof (but reference thereto shall not serve to reimpose the same).

[Signature Page to Follow]

IN WITNESS WHEREOF, Grantor has executed this Grant Deed as of [_____].

GRANTOR:

[____]

By: _____
Name:
Title:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

COUNTY OF _____)

On _____, 20__, before me, _____,
Date *(Here Insert Name and Title of the Officer)*

personally appeared_____
Name(s) of Signer(s)

,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature_____
Signature of Notary Public

Place Notary Seal Above

EXHIBIT A TO GRANT DEED

DESCRIPTION OF PROPERTY

[ADD LEGAL DESCRIPTION]

APN: [_____]

EXHIBIT B TO GRANT DEED[2]

[2] To be completed in connection with the Closing with the list of title exceptions in the pro forma owner's policy to be delivered to the purchaser at Closing.

Exhibit 1.13(n)

Power of Attorney

See attached.

LIMITED POWER OF ATTORNEY

_____, 2026

The registrant set forth on the signature page hereto (the "**Registrant**") operates a health care facility located at [_____] (the "**Facility**") and is authorized to sign the current application for registration of Registrant under the Controlled Substances Act (21 U.S.C. § 801 *et seq*.) (the "**Act**"). In connection with the operation of the Facility, the Registrant obtained and has to date maintained licensure with the California State Board of Pharmacy (the "**Board**"), under Board license number [_____], and registration with the United States Drug Enforcement Agency (the "**DEA**"). Registrant is authorized under the DEA controlled substance registration number(s) set forth in Exhibit A (the "**DEA Registration**") to sign the current applications for registration and licensure as the registrant under the Act.

The Registrant intends to transfer substantially all of the assets used in the operation of the Facility to NorthBay Napa Hospital Corp. (the "**Transaction**") at 12:00:01 a.m. Pacific Time on [_____], 2026, (the "**Effective Time**"). In connection with the Transaction, NorthBay Napa Hospital Corp. (the "**Agent**") will file new applications (the "**Applications**") with the DEA and the Board for a registration number under the Act and licenses under the Board's rules and regulations (the "**Agent's Registrations and Licenses**").

In order to enable Agent to continue to make available pharmacy services, including ordering, storing, distributing, dispensing, and handling of controlled substances (the "**Controlled Substance Activities**"), to patients of Agent and to operate the Facility during the interim period between the Effective Time and approval of the Applications (the "**Interim Period**"), it is necessary for Registrant to grant to Agent a temporary limited power of attorney for use of the DEA Registration during the Interim Period.

Registrant desires to grant to Agent and Agent desires to accept from Registrant such temporary limited power of attorney upon the terms and conditions described in this temporary Limited Power of Attorney for use of DEA Registration number(s), DEA order forms and electronic orders (this "**Temporary Limited Power of Attorney**").

In consideration of the mutual covenants and agreements herein set forth, Agent and Registrant do hereby covenant and agree as follows:

1. Temporary Limited Power of Attorney. In recognition of the need to continue to make available the Controlled Substance Activities for treatment of Agent's patients and to continue to operate the Facility during the Interim Period, Registrant hereby makes, constitutes and appoints Agent as its full and lawful attorney-in-fact during the Interim Period solely and exclusively for the limited purpose of and with power to use the DEA Registration for purposes of the Controlled Substance Activities at the Facility in the normal course of operations and in a manner reasonably consistent with operations prior to the Effective Time. Registrant further grants this limited power of attorney to Agent to act, during the term set forth in Section 2 below, as the true and lawful agent and attorney-in-fact of Registrant, and to act in the name, place, and stead of Registrant, to execute applications for books of official order forms and to sign such order forms in requisition for Schedules II, III, IV and V controlled substances, in accordance with the

DEA Registration, Section 308 of the Act (21 U.S.C. § 828) and part 1305 of Title 21 of the Code of Federal Regulations, as is necessary for the treatment of Agent's patients.

2. Term. The rights, powers and authority granted to Agent hereunder as attorney-in-fact for Registrant shall become effective at the Effective Time and shall continue in effect until the earlier of the following events: (a) Agent receives all notices of the DEA's approvals of its Applications and completes an inventory of all controlled substances then in its possession (the "**Notices**"); or (b) expiration of six (6) months following the Effective Time (the "**Initial Term**"); provided, however, that Registrant and Agent may agree to a reasonable extension of the Temporary Limited Power of Attorney if, despite Agent's commercially reasonable efforts to obtain the Agent's Registrations and Licenses, Agent has not obtained Agent's own DEA registration during the Initial Term.

3. Liability and Indemnification. In accordance with the requirements of the DEA and the Board, Registrant acknowledges that Registrant remains liable for actions taken by Agent during the period this Temporary Limited Power of Attorney is in effect. Therefore, Registrant grants this Temporary Limited Power of Attorney based upon the following covenants and warranties of Agent: (a) Agent shall not utilize this Temporary Limited Power of Attorney prior to the Effective Time and shall follow and abide by and comply with all federal and state laws governing the regulation of controlled substances and pharmacy practice at all times while utilizing this Temporary Limited Power of Attorney; and (b) Agent, or its designee, shall make application for and pursue the Agent's Registrations and Licenses as soon as practicable, and (c) Agent shall indemnify, defend and hold harmless Registrant for any and all costs, damages or liabilities that Registrant incurs arising from or relating to Agent's use of the DEA Registration or any other actions taken by Agent, its agents or representatives, pursuant to this Temporary Limited Power of Attorney.

4. Entire Agreement; Amendment Governing Laws; Headings; Severability. This Temporary Limited Power of Attorney constitutes the entire agreement of the parties with respect to use of the DEA Registration. Any alteration or modification of the provisions of this Temporary Limited Power of Attorney shall not be effective unless reduced to writing and executed by the parties. This Temporary Limited Power of Attorney is governed by and shall be construed under the laws of the State of California. Paragraph headings are for convenience of reference only and shall not be used in the interpretation of this Temporary Limited Power of Attorney. The terms and provisions of this Temporary Limited Power of Attorney are severable, and should any clause or provision hereof be unenforceable or be declared invalid for any reason whatsoever, this Temporary Limited Power of Attorney shall be construed and read as if such invalid or unenforceable clause or provision were omitted.

[signatures appear on following page]

IN WITNESS WHEREOF, Registrant and Agent have executed this Temporary Limited Power of Attorney for use of DEA Registration number(s), DEA Order Forms and Electronic Orders in multiple counterparts, each of which shall be considered an original, as of the date first written above.

AGENT:

NorthBay Napa Hospital Corp.

By: _____
Name:
Title:

Witnesses:

1. _____
Name:
Title:

2. _____
Name:
Title:

REGISTRANT:

[_____]

By: _____
Name:
Title:

Witnesses:

1. _____
Name:
Title:

2. _____
Name:
Title:

EXHIBIT A

DEA Registration

Licensee	Address	License No.	Issuing Agency	Expiration Date

Exhibit 1.13(p)

Lessor Leases Assignment

See attached.

ASSIGNMENT AND ASSUMPTION OF LEASES

(LANDLORD AS ASSIGNOR)

This Assignment and Assumption of Leases (this "**Assignment**") is made as of [●], 2026 (the "**Effective Date**"), by and between [●] ("**Assignor**"), and NorthBay Napa Hospital Corp., a California nonprofit public benefit corporation ("**Assignee**").

RECITALS

A. Assignor is the owner of that certain real property located at [●] (the "**Property**").

B. Assignor, as landlord, is party to certain leases affecting the Property, as more particularly described on Schedule A attached hereto (collectively, the "**Leases**").

C. Assignor and Assignee, and certain affiliates of Assignor and Assignee, are parties to that certain Asset Purchase Agreement, dated as of [●], 2026 (the "**Purchase Agreement**"). Capitalized terms used but not defined herein have the respective meanings for such terms as defined in the Purchase Agreement.

C. Pursuant to the Purchase Agreement, Assignor desires to assign to Assignee all of Assignor's right, title and interest in and to the Leases, and Assignee desires to assume the same, subject to the terms hereof.

NOW THEREFORE, in consideration of the foregoing premises, the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound, agree as follows:

1. Assignment. As of the Effective Date, Assignor hereby assigns, transfers, sets over and conveys to Assignee all of Assignor's estate, right, title and interest as landlord, in and to the Leases, together with all rights to rents and other amounts accruing thereunder from and after the Effective Date.

2. Assumption. As of the Effective Date, Assignee hereby accepts the foregoing assignment and assumes and agrees to and hereby does assume all of Assignor's duties and obligations under the Lease that constitute Assumed Liabilities and pay and perform such Assumed Liabilities that arise after the Effective Date. For the avoidance of doubt, Assignor shall retain the Excluded Liabilities.

3. Security Deposits. Assignor hereby transfers to Assignee all security deposits held by Assignor under the Leases, as set forth on Schedule B, and Assignee acknowledge receipt thereof (or credit therefor at closing).

4. Further Assurances. In accordance with, and as more specifically set forth in, Section 12.1 of the Purchase Agreement, each Party shall, from time to time after the delivery of this Assignment, as and when reasonably requested by the other Party, acknowledge and deliver to such Party any and all other assignments, consents, Approvals, conveyances, assurances, documents and instruments reasonably requested by such Party at any time and shall take any and all other actions reasonably requested by such Party at any time, as may be reasonably necessary or appropriate to effectuate the Purchase Agreement and to consummate the Contemplated Transactions.

5. Miscellaneous. Article 12 (Miscellaneous Provisions) of the Purchase Agreement is incorporated as if set forth herein, *mutatis mutandis*.

6. References to Purchase Agreement. The provisions of this Assignment are subject in all respects to the terms of the Purchase Agreement, including Section 9.3 of the Purchase Agreement, and is not intended in any way to supersede, limit, qualify, modify or expand any rights and obligations under the Purchase Agreement. Nothing contained in this Assignment shall be deemed or construed to alter, modify, add to or waive any of the rights, obligations, terms, covenants, indemnities, conditions, or other provisions contained in the Purchase Agreement. In case of contradiction between the provisions of this Assignment and the provisions of the Purchase Agreement, the terms and conditions of the Purchase Agreement shall control.

[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and date set forth above.

ASSIGNOR:

[_____]

By: _____
Name: _____
Title: _____

ASSIGNEE:

NORTHBAY NAPA HOSPITAL CORP.

By: _____
Name: _____
Title: _____

SCHEDULE A

LEASES

SCHEDULE B

SECURITY DEPOSITS

Exhibit 1.13(q)

Trademark Assignment Agreement

See attached.

TRADEMARK ASSIGNMENT

This Trademark Assignment (this "**Assignment**") is made as of [●], 2026 (the "**Effective Date**"), by and between St. Joseph Health System, a California Non-Profit Corporation ("**Assignor**"), and St. Joseph Health Northern California, LLC, a California limited liability company doing business as Providence Queen of the Valley Medical Center ("**Assignee**").

A. Assignor owns all right, title, and interest in and to the Trademarks set forth on Schedule A hereto, together with the goodwill associated therewith (collectively referred to as the "**Transferred Marks**"); and

B. Assignor desires to assign all of its right, title, and interest in and to the Transferred Marks to Assignee, and Assignee desires to acquire all right, title and interest in and to the Transferred Marks.

NOW, THEREFORE, for $10 USD and other good and valuable consideration set forth herein, the receipt and sufficiency of which is hereby acknowledged, Assignor and Assignee hereby agree as follows:

1. Assignor does hereby irrevocably sell, assign, transfer, convey and deliver to the Assignee, its successors and permitted assigns, all right, title and interest, in and to the Transferred Marks, and all of the goodwill of the business associated with the Transferred Marks, together with that portion of Assignor's business to which the Transferred Marks pertain, and all registrations and pending applications for the Transferred Marks, along with any renewals of the registrations, in all countries throughout the world, for the Assignee's own use and enjoyment, and for the use and enjoyment of the Assignee's successors, assigns or other legal representatives, as fully and entirely as the same would have been held and enjoyed by the Assignor if this Trademark Assignment had not been made, together with all causes of action for any and all previously occurring infringement of the rights being assigned and the right to receive and retain the proceeds relating to those infringements.

2. Assignor hereby requests the Commissioner for Trademarks at the United States Patent and Trademark Office (the "Commissioner"), as well as his or her counterparts at the corresponding entities or agencies in any country or jurisdiction that may exercise authority over any of the Transferred Marks, to record this Trademark Assignment.

3. Upon reasonable request by the Assignee, the Assignor will execute further papers (including, without limitation, the execution and delivery of any and all affidavits, declarations, oaths, samples, exhibits, specimens, assignments, powers of attorney or other documentation) and to do such other acts as may be necessary or reasonably requested by the Assignee to vest full title in and to the Transferred Marks in the Assignee or which may be necessary to obtain, renew, issue or enforce the Transferred Marks.

4. This Trademark Assignment may be executed in any number of counterparts (including by means of facsimile and electronically transmitted portable document format (pdf) signature pages), each of which shall be an original but all of which together shall constitute one and the same instrument.

5. No amendment of any provision of this Trademark Assignment shall be valid unless the same shall be in writing and signed by the Assignor and the Assignee. No waiver by any party of any provision of this Trademark Assignment or any default or breach of covenant hereunder, whether intentional or not, shall be

valid unless the same shall be in writing and signed by the party against whom the waiver is to be effective nor shall such waiver be deemed to extend to any prior or subsequent default or breach of covenant hereunder or affect in any way any rights arising by virtue of any prior or subsequent such occurrence.

6. This Trademark Assignment shall be binding upon, and shall inure to the benefit of, the parties hereto and their respective successors and assigns.

[*Signatures follow on next page*.]

IN WITNESS WHEREOF, Assignors and the Assignee have caused this Assignment to be effective as of the Effective Time.

ASSIGNOR:
[_____]
By: _____
Name: _____
Title: _____

ASSIGNEE:
[_____]

By: _____
Name: _____
Title: _____

Schedule A
Transferred Marks

Trademark	Serial No.	Reg. No.
QUEEN OF THE VALLEY MEDICAL CENTER	78376029	3303399

TRADEMARK ASSIGNMENT

This Trademark Assignment (this "**Assignment**") is made as of [●], 2026 (the "**Effective Date**"), by and between St. Joseph Health Northern California, LLC, a California limited liability company doing business as Providence Queen of the Valley Medical Center ("**Assignor**"), and NorthBay Napa Hospital Corp., a California nonprofit public benefit corporation ("**Assignee**").

RECITALS

A. Assignor and Assignee, and certain affiliates of Assignor and Assignee, are parties to that certain Asset Purchase Agreement, dated as of [●], 2026 (the "**Purchase Agreement**"), pursuant to which Assignee is acquiring the assets of the Business as defined in the Purchase Agreement. Capitalized terms used but not defined herein have the respective meanings for such terms as defined in the Purchase Agreement.

B. Assignor owns all right, title, and interest in and to the Trademarks set forth on Schedule A hereto, together with the goodwill associated therewith (collectively referred to as the "**Transferred Marks**").

C. Pursuant to the Purchase Agreement, Assignor agreed to, and hereby does, sell, transfer, convey and deliver all of Assignor's rights and interests in the Transferred Marks to Assignee.

NOW, THEREFORE, for the good and valuable consideration set forth herein and in the Purchase Agreement, the receipt and sufficiency of which is hereby acknowledged, Assignor and Assignee hereby agree as follows:

1. Assignment. Assignor hereby sells, assigns, transfers, conveys and delivers to Assignee, its successors and permitted assigns forever and exclusively throughout the world, all of Assignor's right, title and interest, in and to the Transferred Marks, together with the goodwill symbolized thereby, and together with a right to sue for and collect on all claims for damages by reason of past, present or future infringement of the Transferred Marks, for the Assignee's own use and enjoyment, and for the use and enjoyment of the Assignee's successors, assigns or other legal representatives, as fully and entirely as the same would have been held and enjoyed by Assignor if this Assignment had not been entered into.

2. Further Assurances. In accordance with, and as more specifically set forth in, Section 12.1 of the Purchase Agreement, each Party shall, from time to time after the delivery of this Assignment, as and when reasonably requested by the other Party, acknowledge and deliver to such Party any and all other assignments, consents, Approvals, conveyances, assurances, documents and instruments reasonably requested by such Party at any time and shall take any and all other actions reasonably requested by such Party at any time, as may be reasonably necessary or appropriate to effectuate this Trademark Assignment, the Purchase Agreement and to consummate the Contemplated Transactions, including executing any further papers or doing any such other acts as may be necessary or reasonably requested by the Assignee to vest full title in and to the Transferred Marks or that may be necessary to obtain, renew, issue or enforce the Transferred Marks.

3. Miscellaneous. Article 12 (Miscellaneous Provisions) of the Purchase Agreement is incorporated as if set forth herein, *mutatis mutandis*.

4. Reference to Purchase Agreement. The provisions of this Assignment are subject in all respects to the terms of the Purchase Agreement and are not intended in any way to supersede, limit, qualify, modify or expand any rights and obligations under the Purchase Agreement. In case of contradiction

between the provisions of this Assignment and the provisions of the Purchase Agreement, the terms and conditions of the Purchase Agreement shall control.

[*Signatures follow on next page*.]

IN WITNESS WHEREOF, Assignors and the Assignee have caused this Assignment to be effective as of the Effective Time.

ASSIGNOR:
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC, A CALIFORNIA LIMITED LIABILITY COMPANY DOING BUSINESS AS PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER

By: _____
Name: _____
Title: _____

ASSIGNEE:
NORTHBAY NAPA HOSPITAL CORP.

By: _____
Name: _____
Title: _____

Schedule A
Transferred Marks

Trademark	Serial No.	Reg. No.
QUEEN OF THE VALLEY MEDICAL CENTER	78376029	3303399

Exhibit 4.5

Absence of Changes

None.

Exhibit 4.12

Claims-Made Insurance Policies

1. Primary Health Professional/General Liability Policy issued by Providence Assurance LLC
2. Directors & Officers Primary Policy issued by Berkshire
3. Employment Practices Liability Primary Policy issued by AWAC BDA

Exhibit 6.7

Material Contract Consents

1. Declarations of Covenants Conditions and Restrictions of Medical-Surgical Associates, a Medical Office Condominium, in regard to the Owned Real Property Units 4 and 10, located at 3443 Villa Lane, Napa, CA 94558, in which Section 11.1 requires condominium board approval for the sale of the units to Buyer.

Exhibit 6.8

Material Governmental Consents

1. Change of ownership application approval by the California Board of Pharmacy with respect to the Hospital Pharmacy License (HSP 55865), the Sterile Compounding Pharmacy License (LSC 101124) and the Clinical Pharmacy Licenses (CLN 4426, CLN 4427, CLN 4429, CLN 4431, CLN 4432, CLN 4433, CLN 4434, CLN 4608) held by Sellers exclusively for the Facilities.

2. Change of ownership application approval with respect to the General Acute Care Hospital License (110000060) for St. Joseph Health Northern California LLC dba Providence Queen of the Valley Medical Center to be approved by the California Department of Public Health.

3. Change of ownership application approval by the California Department of Public Health with respect to the Hospital Tissue Bank License (CTB 00080470).

4. Change of ownership request approval by the Radiologic Health Branch of the California Department of Public Health with respect to the Hospital Radioactive Material License (0246-28).

Exhibit 9.8(e)

Remaining Religious Items

See attached Annex 9.8(e).

Annex 9.8(e)

Remaining Religious Items

Sacred Object	Location	Photo
Chapel Signage	Chapel Door	
Ambo	Chapel	
Mary	Chapel	
Bust of Mary	Courtyard	
Dos Padres Bird Bath	Courtyard	
Donor and Heritage Wall	Front Entry	

Annex 9.8(e)

Remaining Religious Items

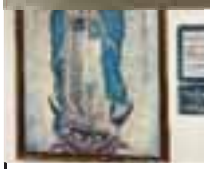
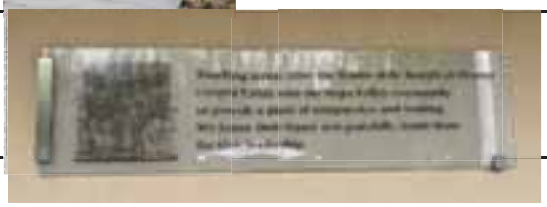
Sacred Object	Location	Photo
St. Francis	Inside Healing Garden Hallway	
Our Lady of Guadalupe	Near front entrance	
Mary Replica	Niche in hallway	
Kenzo Healing Garden	Outside Courtyard	
Cornerstone	Outside Front Entrance	

Exhibit 9.12(b)

Restricted Businesses

1. Providence at Home (Compassus JV):
    a. Hospice and Palliative – 414 S Jefferson Street, Napa, CA 94559
    b. Home Health – 980 Trancas Street, Suite 9, Napa, CA 94558
2. Providence PACE & Adult Day Health Napa Valley:
    a. 414 South Jefferson Street, Napa, CA 94559
3. Center for Maternal, Newborn, and Child Health LLC
4. La Boheme Thrift Store
    a. 1428 Main Street, St. Helena, CA 94574
5. Act Two Thrift Store
    a. 345-A La Fata Street, St. Helena, CA 94574

11 Cal. Code Reg, Section 999.5(d)(1)(C)

Statement of reasons that the applicant's board of directors believes that the proposed transaction is necessary or desirable

QVMC has been serving the Napa Valley community for over 65 years, and is well known for quality, compassion and outreach to those in need. QVMC is guided by a mission to serve all, especially those who are poor and vulnerable, and upholds core values of compassion, dignity, justice, excellence, and integrity through every aspect of care. As is the case with all PSJH ministries, SJHNC and PMF work to continuously ensure the sustainability of each facility they operate. In this spirit of sustainability, SJHNC and PMF determined that the Transaction is desirable and necessary to ensure that QVMC and the Napa Clinics continue to serve the Napa community with high quality health care and expanded access for years to come. This mission and focus aligns clearly with NorthBay's commitment to improving the well-being of the community through the provision of accessible and high-quality care.

The proposed transaction will allow the parties to further their charitable missions by improving the quality and access to healthcare throughout Napa County and the surrounding communities. The parties envision the transaction: (a) expanding access to healthcare services and strengthening clinical excellence at QVMC; (b) improving the healthcare facilities located on the QVMC campus; (c) sustaining and growing a diverse and collaborative physician community; and (d) enhancing levels of community benefit provided to the community.

Title 11, California Code of Regulations, § 999.5(d)(2)

FAIR MARKET VALUE

11 Cal. Code Reg. Section 999.5(d)(2)(A)

Estimated market value of all cash, property, stock, notes, assumption or forgiveness of debt, and any other thing of value that the applicant would receive for each health facility or facility that provides similar health care covered by the proposed agreement or transaction

Based on the Independent Valuation (as defined in Section 999.5(d)(2)(C)), SJHNC determined that the fair market value of the Transferred Assets supports the purchase price for the Transferred Assets of Four Hundred Fifty Million Dollars ($450,000,000).

11 Cal. Code Reg. Section 999.5(d)(2)(B)

Estimated market value of each health facility, facility that provides similar health care or other assets to be sold or transferred by the applicant under the proposed agreement or transaction

Please see Sections 999.5(d)(2)(A) and 999.5(d)(2)(C) of this Notice for information regarding the fair market value of the Transferred Assets.

11 Cal. Code Reg. Section 999.5(d)(2)(C)

A description of the methods used by the applicant to determine the market value of any assets involved in the proposed agreement or transaction. This description shall include a description of the efforts made by the applicant to sell or transfer each health facility or facility that provides similar health care that is the subject of the proposed agreement or transaction

In determining the fair market value of the Transferred Assets, the parties obtained an opinion of fair market value from an independent third-party valuation firm (the "Independent Valuation"). SJHNC is requesting confidential treatment of the Independent Valuation and is submitting a copy thereof to the California Attorney General under separate cover in accordance with Section 999.5(c)(3).

In 2025, PSJH began the process of soliciting proposals for the sale of QVMC and the Napa Clinics. PSJH sent a request for proposal (an "RFP") to five (5) potential transferees. By October 2024, PSJH received detailed responses from three potential transferees, including NorthBay. PSJH carefully evaluated the three responses by assessing and weighing a variety of factors, including, but not limited to, the proposed transferee's alignment with Providence's mission, shared cultural framework, and ability to continue to fulfill the healthcare needs of the Napa community. Upon an evaluation and comparison of NorthBay and the other potential transferees, it became clear that NorthBay was the one most capable of becoming a steward of QVMC and the Napa Clinics for years to come. In particular, PSJH valued that NorthBay's proposal reflected its commitment to partner with the Napa community, continue care for the poor and vulnerable, and maintain investment in key community programs. Thus, the PSJH board selected NorthBay to continue to provide high-quality, affordable, and mission-driven healthcare services to the Napa community well into the future.

A Copy of the RFP is attached to this Section 999.5(d)(2)(C) as **Exhibit 1** and copies of the responses received by PSJH and SJHNC to the RFP will be submitted to the Attorney General under separate cover as confidential documents in accordance with 11. Cal. Code. Reg. Section 999.5(c)(3) and, specifically, included within the confidential submission provided for Sections 999.5(d)(11)(A) and 999.5(d)(11)(B) of this Notice.

EXHIBIT 1 TO

SECTION 999.5(d)(2)(C)

Highly Confidential
July 25, 2025

Subject: Indication of Interest Submission Requirements for Providence Queen of the Valley Medical Center (Project Sonnet)

Thank you for your interest in a potential transaction (the "Transaction") with Providence St. Joseph Health (the "Company" or "Providence") regarding Providence Queen of the Valley Medical Center ("QVMC"). We are pleased to invite you to submit a preliminary, non-binding proposal ("Proposal") for the Transaction. Following receipt of Proposals, Providence may select a limited number of parties to conduct further due diligence and submit a revised Proposal.

A Confidential Information Memorandum ("CIM") has been provided to you to assist in your evaluation of the Transaction and has been shared under and subject to the terms and conditions of the previously signed Non-Disclosure Agreement ("NDA") with the Company. The existence and contents of this letter, as well as your participation in the process, are subject to the NDA. This letter shall not constitute a waiver or modification of any of the terms of the NDA, which terms shall continue in full force and effect in their entirety.

Your Proposal should be submitted to Providence via email as soon as possible, but in no event later than **5:00 P.M. Pacific Time on August 20, 2025.**

Your Proposal should include the following information in written form:

1. **Purchaser Description**: Provide an overview of the responding entity, including but not limited to your vision and mission, geographies served, resources and stability, historical operating performance, operational trends, and physician practice management expertise.
2. **Prior Transaction Experience**: Provide an overview and examples of your prior transaction experience, highlighting any transactions similar in nature to the Transaction contemplated herein.
3. **Proposed Transaction Structure**: Provide an overview of your contemplated structure for the Transaction, including the name, jurisdiction, description, and tax status of the legal entities that will be involved in the Transaction, and a description of how such entities fit within your overall legal entity structure.
4. **Financial Consideration**: Provide your preliminary purchase price for QVMC on a cash- and debt-free basis, excluding net working capital, along with (i) your methodology for determining the purchase price, and (ii) any material assumptions or conditions.
5. **Sources of Funds**: Provide your expected sources of financing for the Transaction and the anticipated time and steps required to secure the necessary funds including fully committed financing documentation.
6. **Religious Affiliation**: Discuss your ability and willingness to retain the Catholic identity and the commitment to continue the activities and provision of services that preserve the Catholic history and traditions of QVMC.
7. **Management and Employees**: Describe your preliminary plans following the Transaction, including your intentions and expectations with respect to the roles of existing management and employees.
8. **Approvals and Conditions**: Provide an indication of any required corporate, stakeholder, lender, or regulatory approvals that must be obtained, the time required to

obtain each such approval and any other facts or circumstances that might affect the timing and/or certainty of the closing of a Transaction. Include a description of any other material conditions that must be satisfied prior to the closing of a Transaction.

9. **Internal Review**: Confirm that your Proposal has been approved by the board of directors or an authorized committee thereof, or other applicable governing body or person with ultimate decision-making authority within your organization and an indication as to the expedited timing of additional review and approvals necessary to deliver a binding, definitive Proposal.
10. **Due Diligence Requirements and Timing**: Please describe the due diligence information, workstreams, topics, and documents that you expect to need to review in the next phase of the process that would enable you to finalize a definitive transaction expeditiously. Please indicate your proposed timeline to close a Transaction.
11. **External Advisors**: Provide the names of any external financial, legal, tax, or other advisors that you plan to engage regarding the Transaction. Please confirm whether each such advisor has been formally engaged prior to the submission of the Proposal.

Shortly following the submission of the Proposals and consideration by the Company and its advisors, we will contact each responding entity that has submitted a Proposal regarding whether it will be invited to continue due diligence, including participation in discussion with management. Management expects to host management meetings for selected parties in mid / late September.

The Company reserves the right, at any time, in its sole discretion and without specifying the reasons therefore, to alter or terminate this process, to terminate discussions with any or all prospective partners, to reject any and all offers, or to negotiate with one or more prospective partners and to enter into a definitive written agreement without prior written notice to you or any other prospective partner. The Company will not have any obligation to any prospective partner with respect to a Transaction other than pursuant to definitive documentation entered into with such prospective partner. None of the Company, its sponsors, affiliates or shareholders, or its and their representatives or advisors makes any representation or warranty, express or implied, on which you, your affiliates or your representatives may rely as to the accuracy or completeness of any information furnished to you. Neither this letter nor the release of any information to any prospective partner constitutes an offer to sell or purchase or tender for QVMC. You will be responsible for all of your own costs related to your investigation and evaluation of this Transaction, including the fees and disbursements of your own counsel and other advisors, whether your Proposal is accepted or rejected for any reason.

Under no circumstances should anyone other than the contacts listed below be contacted directly without prior approval from Providence. Proposals and questions should be directed to:

Brian Bernardo
Head of Corporate Development
(480) 678-1759
Brian.Bernardo@Providence.org

Charles Reis
Vice President of Corporate Development
(206) 661-2837
Charles.Reis@Providence.org

11 Cal. Code Reg. Section 999.5(d)(2)(D)

Reports, analysis, Requests for Proposal, and any other documents that refer or relate to the valuation of any asset involved in the agreement or transaction

See the responses to Section 999.5(d)(2)(A), 999.5(d)(2)(B) and 999.5(d)(2)(C) of this Notice and related exhibits for information regarding the reports, analysis, and other documentation relating to the valuation of the Transferred Assets.

11 Cal. Code Reg. Section 999.5(d)(2)(E)

For joint venture transactions, all asset contribution agreements and related valuations, all limited liability corporation or limited liability partnership operating agreements, management contracts, and put option agreements

The proposed Transaction is not a joint venture.

Title 11, California Code of Regulations, § 999.5(d)(3)

INUREMENT AND SELF-DEALING

11 Cal. Code Reg. Section 999.5(d)(3)(A)

Copies of any documents or writings of any kind that relate to or refer to any personal financial benefit that a proposed affiliation between applicant and the transferee would confer on any officer, director, employee, doctor, medical group or other entity affiliated with applicant or any family member of any such person as identified in Corporations Code Section 5227(b)(2)

The Transaction does not confer any personal financial benefit on any of the individuals and/or entities described in California Corporations Code Section 5227(b)(2).

11 Cal. Code Reg. Section 999.5(d)(3)(B)

The identity of each and every officer, trustee, or director of applicant (or any family member of such persons as identified in Corporations Code section 5227(b)(2)) or any affiliate of applicant who or which has any personal financial interest in any company, firm, partnership, or business entity (other than salary and directors'/trustees' fees) currently doing business with applicant, any affiliate of applicant, or the transferee or any affiliate of the transferee.

None.

11 Cal. Code Reg. Section 999.5(d)(3)(C)

A statement describing how the board of directors of the nonprofit corporations involved in the transaction are complying with the provisions of Health and Safety Code sections 1260 and 1260.1

In compliance with California Health and Safety Code sections 1260 and 1260.1, no member of the board of directors of SJHNC, PMF or any PSJH affiliated entity who negotiated the terms and conditions of the Transaction has received or will receive, directly or indirectly, any salary, compensation, payment, or other form of remuneration from NorthBay or any of its affiliated entities following the closing of the Transaction.

Each person who is a member of management of SJHNC, PMF or any other PSJH affiliated entity who presented information or opinions to the SJHNC or PMF boards of directors regarding the Transaction that were relied upon, or considered by, any members of the SJHNC or PMF boards of directors in making decisions regarding the sale or transfer, will not work for, or receive any form of remuneration from, NorthBay or any of its affiliated entities after the closing of the Transaction.

Title 11, California Code of Regulations, § 999.5(d)(4)

CHARITABLE USE OF ASSETS

11 Cal. Code Reg. Section 999.5(d)(4)(A)

The applicant's articles of incorporation and all amendments thereto and current bylaws, any charitable trust restrictions, and any other information necessary to define the charitable trust purpose of the applicant's assets

Attached to this Section 999.5(d)(4)(A) are the following:

- **Exhibit 1**, a copy of SJHNC's Articles of Organization
- **Exhibit 2**, a copy of SJHNC's Operating Agreement
- **Exhibit 3**, a copy of the Articles of Incorporation of PSJH, the ultimate non-profit corporate parent of SJHNC
- **Exhibit 4**, a copy of PSJH's Bylaws
- **Exhibit 5**, an organizational chart showing the organizational structure between PSJH and SJHNC.

EXHIBIT 1 TO

SECTION 999.5(d)(4)(A)

LLC-2	Amendment to Articles of Organization of a Limited Liability Company (LLC)

To change information of record for your California LLC, you can fill out this form, and submit for filing along with:

- A **$30** filing fee.
- A separate, non-refundable **$15** service fee also must be included, if you **drop off** the completed form.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State, or if suspended, this form can only be filed to list a new LLC name. To check the status of the LLC, go to kepler.sos.ca.gov.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to www.sos.ca.gov/business/be/statements.htm.

Items 4-6: **Only** fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

FILED
Secretary of State
State of California
DEC 27 2016

This Space For Office Use Only

For questions about this form, go to *www.sos.ca.gov/business/be/filing-tips.htm.*

① **LLC's Exact Name** (on file with CA Secretary of State)
St. Joseph Health Northern California, LLC

② **LLC File No.** (Issued by CA Secretary of State)
201630710112

Purpose

③ The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

New LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

④ _____
Proposed LLC Name

The proposed new name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, Inc., corporation, or corp., insurer, or insurance company.

Management (Check only one.)

⑤ The LLC will be managed by:

☐ One Manager ☑ More Than One Manager ☐ All Limited Liability Company Member(s)

Amendment to Text of the Articles of Organization (List both the current text, and the text as amended by this filing.)

⑥ See attached addendum.

Read and sign below: Unless a greater number is provided for in the Articles of Organization, this form must be signed by at least one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed. If the signing manager or member is a trust or another entity, go to www.sos.ca.gov/business/be/filing-tips.htm for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.

Shannon G. Dwyer
Sign here

Shannon G. Dwyer
Print your name here

Assistant Secretary of St. Joseph Health System, its sole member
Your business title

Make check/money order payable to: **Secretary of State**
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a $5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944228
Sacramento, CA 94244-2280

Drop-Off
Secretary of State
1500 11th Street, 3rd Floor
Sacramento, CA 95814

ADDENDUM
TO
ARTICLES OF ORGANIZATION
OF
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC
(LLC File No. 201630710112)

7. Member.

The sole corporate member of the limited liability company is St. Joseph Health System, a California nonprofit corporation and qualifying organization as such term is defined in Article 9 of these Articles.

8. Exempt Purposes.

A. The limited liability company is organized and shall be operated exclusively for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Federal Tax Code") and section 214 of the California Revenue and Taxation Code (the "California Tax Code"). It will be operated exclusively to further the exempt purposes of its members as specified in Federal Tax Code section 501(c)(3) and California Tax Code section 214.

B. No substantial part of the activities of the limited liability company shall consist of carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise provided in Section 501(h) of the Federal Tax Code), and the limited liability company shall not participate or intervene in any political campaign (including the publication or distribution of statements) on behalf of any candidate for public office.

C. All property and assets of the limited liability company are irrevocably dedicated to exempt purposes within the meaning of Federal Tax Code section 501(c)(3) and California Tax Code section 214. No part of the net income or assets of the limited liability company shall ever inure the benefit of any officer thereof or to the benefit of any other private person, except that the limited liability company is authorized and empowered to pay reasonable compensation for services rendered, and to make payments and distributions in furtherance of its exempt purposes.

9. Requirements for and Limitations on Membership.

Each member of the limited liability company must be a qualifying organization. A qualifying organization is an organization that is either: (i) an organization that qualifies for exemption under Federal Tax Code section 501(c)(3) and California Tax Code section 214; or (ii) a government entity that is considered a governmental unit or wholly owned instrumentality of a state or political subdivision for purposes of the Federal Tax Code and that is exempt from property taxation under section 3 of Article XIII of the California Constitution, as to property owned by the state under subdivision (a), or as to property owned by a local government under subdivision (b), or as to property used exclusively for public schools, community colleges, state colleges and state universities under subdivision (d). Any direct or indirect transfer of any

05/13/2026 NOTICE-000211

201630710112

Code section 501(c)(3) and California Tax Code section 214, and which has established its tax-exempt status under Federal Tax Code section 501(c)(3).

F. The limited liability company shall not distribute any assets to a member that ceases to be a qualifying organization, and the limited liability company, interests in the limited liability company (other than membership interests), or its assets may be availed of or transferred (whether directly or indirectly), to a nonmember that is not a qualifying organization only in exchange for fair market value.

11. Limitations on Amendments.

Any amendment to these Articles of Organization and the limited liability company operating agreement must be consistent with Federal Tax Code section 501(c)(3) and California Tax Code section 214, and such power to alter, amend or repeal the Articles of Organization and the Operating Agreement shall be vised with St. Joseph Health System, subject to the reserved rights of the Ministry.

12. Limitations on Mergers and Conversions.

The limited liability company is prohibited from merging with, or converting into, a for-profit entity.

13. Compliance with State Law.

These Articles of Organization are consistent with the California Revised Uniform Limited Liability Company Act, and are enforceable at law and in equity.

membership interest in the limited liability company to any person other than a qualifying organization is prohibited.

In the event that a member ceases to be a qualifying organization, such disqualified organization shall forfeit its membership interest in the limited liability company and all of its rights as member in the limited liability company shall be terminated no later than 90 days after the date on which it ceased to qualify as a qualifying organization. All qualifying members of the limited liability company will expeditiously and vigorously enforce all of their rights in the limited liability company and will pursue all legal and equitable remedies to protect their interests in the limited liability company.

10. Dedication of Assets.

A. The property owned by the limited liability company is irrevocably dedicated to exempt purposes within the meaning of Federal Tax Code section 501(c)(3) and California Tax Code section 214.

B. Upon dissolution, all assets remaining after the payment of liabilities shall be distributed for use in furtherance of the exempt purposes of the limited liability company set forth in Article 8 of these Articles, to the St. Joseph Health Ministry (the "Ministry"), a California nonprofit corporation and a qualifying organization that is organized and operated for exempt purposes within the meaning of Federal Tax Code section 501(c)(3) and California Tax Code section 214, if it is then in existence and a qualifying organization organized and operated exclusively for exempt purposes within the meaning of Federal Tax Code section 501(c)(3) and California Tax Code section 214.

C. If the Ministry is not then in existence or a qualifying organization being so operated, then all remaining assets shall be distributed to the Sisters of St. Joseph of Orange (the "Congregation"), a California nonprofit corporation and a qualifying organization that is organized and operated for exempt purposes within the meaning of Federal Tax Code section 501(c)(3) and California Tax Code section 214, if it is then in existence and a qualifying organization organized and operated exclusively for exempt purposes within the meaning of Federal Tax Code section 501(c)(3) and California Tax Code section 214.

D. If the Congregation is not then in existence or a qualifying organization being so operated, then all remaining assets shall be distributed to the participating health institutions of the limited liability company, all of which are qualifying organizations that are organized and operated for exempt purposes within the meaning of Federal Tax Code section 501(c)(3) and California Tax Code section 214, in such proportions as may be determined by Providence St. Joseph Health in its sole and reasonable discretion, if any such health institutions are still in existence and a qualifying organization organized and operated exclusively for exempt purposes within the meaning of Federal Tax Code section 501(c)(3) and California Tax Code section 214.

E. If there are no such health institutions in existence or being a qualifying organization so operated, then all remaining assets shall be distributed exclusively to another organization(s) organized and operated exclusively for exempt purposes within the meaning of Federal Tax

I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JAN 10 2017

FRV

Date: _____

ALEX PADILLA, Secretary of State

Secretary of State
Articles of Organization
Limited Liability Company (LLC)

LLC-1

201630710112

FILED
Secretary of State
State of California
OCT 27 2016

IMPORTANT — Read Instructions before completing this form.

Filing Fee - $70.00

Copy Fees - First plain copy free; Additional copies: First page $1.00 & .50 for each attachment page; Certification Fee - $5.00

Important! LLCs may have to pay an annual minimum $800 tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

IPC

This Space For Office Use Only

1. Limited Liability Company Name (See Instructions – Must contain an LLC ending such as LLC or L.L.C. "LLC" will be added, if not included.)

St. Joseph Health Northern California, LLC

2. Business Addresses

a. Initial Street Address of Designated Office in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
3345 Michelson Drive, Suite 100	Irvine	CA	92612
b. Initial Mailing Address of LLC, if different than item 2a	**City (no abbreviations)**	**State**	**Zip Code**

3. Agent for Service of Process

Item 3a and 3b: If naming an individual, the agent must reside in California and Item 3a and 3b must be completed with the agent's name and complete California street address.

Item 3c: If naming a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 3c must be completed (leave Item 3a-3b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Shannon		Dwyer	

b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
3345 Michelson Drive, Suite 100	Irvine	CA	92612

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b

4. Management (Select only one box)

The LLC will be managed by:

☐ One Manager ☐ More than One Manager ☑ All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. The information contained herein, including in any attachments, is true and correct.

Shannon Dwyer

Organizer sign here

Shannon Dwyer, Secretary

Print your name here

Secretary of State
Business Programs Division
Business Entities, 1500 11th Street, 3rd Floor, Sacramento, CA 95814

Welcome to California

Congratulations on the registration of your limited liability company with the California Secretary of State. Please see below for important information.

Required Statement of Information

California law requires limited liability companies to keep their public record updated by filing a Statement of Information with the California Secretary of State.

Limited liability companies must file a complete Statement of Information (Form LLC-12) within the first 90 days of filing the Articles of Organization or Application to Register, and then every 2 years after that before the end of the month of the registration date.

Statements of Information for limited liability companies must be submitted on paper to the California Secretary of State, and can be mailed or delivered in person (drop off) to the Sacramento office. Additional information regarding Statements of Information, including forms, instructions and current fees is available at www.sos.ca.gov/business/be/statements.htm.

Current processing times for Statements of Information may be found at www.sos.ca.gov/business/be/processing-times.htm.

Other Business Information and Resources

All business entities are subject to state and federal tax laws. You may wish to contact the following agencies to assist you with these issues:

- Internal Revenue Service – www.irs.gov or call (800) 829-1040 for forms and issues concerning Federal tax, employer identification numbers, subchapter S elections
- Franchise Tax Board – www.ftb.ca.gov or call (800) 852-5711 for forms and issues concerning franchise tax and state income tax requirements
- State Board of Equalization – www.boe.ca.gov or call (916) 445-6464 for forms and issues concerning sales taxes or use taxes

Please refer to www.sos.ca.gov/business/be/resources.htm for a list of other agencies you may need to contact to ensure proper compliance with the laws of the State of California. Please be aware that the California Secretary of State does not license limited liability companies. For licensing requirements, please contact the California city and/or county where the principal place of business is located and/or the state agency, or board with jurisdiction over the activities of the limited liability company.

EXHIBIT 2 TO

SECTION 999.5(d)(4)(A)

Docusign Envelope ID: 3394EE9B-5121-46D6-B34A-72BA5C691FD4

AMENDED AND RESTATED

OPERATING AGREEMENT

OF

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC

(a California Limited Liability Company)

Dated and Effective

as of

January 1, 2025

Docusign Envelope ID: 3394EE9B-5121-46D6-B34A-72BA5C691FD4

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AMENDED AND RESTATED OPERATING AGREEMENT

of

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC
(a California Limited Liability Company)

This Operating Agreement is dated effective as of January 1, 2025 by and between St. Joseph Health Northern California, LLC, a California limited liability company (the "**Company**") and St. Joseph Health System, a California nonprofit public benefit corporation, as the sole member of the Company ("**SJHS**" or the "**Member**"). Capitalized terms used in the text of this Agreement shall have the meanings ascribed, to them by definition in this Agreement or in Appendix A attached hereto and incorporated herein by this reference.

1. Articles of Organization. Articles of Organization for the Company were filed on October 27, 2016, the date on which the term of the Company began. The Articles of Organization were amended on December 27, 2016.

2. Name. The name of the Company is "St. Joseph Health Northern California, LLC." The business of the Company may be conducted under that name or, upon compliance with applicable laws, any other name that the Governing Board deems appropriate or advisable, including as to the four hospitals owned and operated by the Company, the following fictitious business names: Providence Santa Rosa Memorial Hospital, Providence Queen of the Valley Medical Center, Providence St. Joseph Hospital (Eureka) and Providence Redwood Memorial Hospital (the "**Hospitals**" or "**hospital ministries**"), subject to the reserved rights of the Member.

3. Purpose.

3.1. Principal Purpose. The principal purpose of the Company is to carry on any lawful business or activity which may be conducted by a limited liability company under the California Revised Uniform Limited Liability Company Act, as amended from time to time (the "**Act**"), including specifically the ownership, maintenance, promotion and operation of the four Hospitals as well as related charitable health programs and businesses, and to exercise all other powers necessary or reasonably connected or incidental to such purpose and business that may be legally exercised by the Company under the Act..

3.2. Agreement Regarding Furtherance of Charitable Purpose. The Company and its Member acknowledge that the Member is a California nonprofit public benefit corporation exempt from taxation pursuant to Federal Tax Code Section 501(c)(3). In this regard, the Company and the Member hereby agree as follows:

(a) The business of the Company shall at all times be operated and managed in compliance with the mission and charitable purposes of the Member within the meaning of Federal Tax Code Section 501(c)(3);

(b) The charitable purposes of the Member shall override any duty to maximize profits and shall serve as a guiding principle for the Member and the Governing Board in their decisions and voting on all matters;

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(c) In carrying out its Member's charitable purposes of promoting health and subject to the principle that community benefit overrides any duty to maximize profits, the Company will:

(i) Further the accomplishment of the tax-exempt purposes of the Member by enhancing the quality, availability, convenience, and access of health care services provided within the Service Areas of each of the Hospitals, and by otherwise promoting the general health and well-being of the persons residing in the Service Areas of each of the Hospitals;

(ii) Participate in Medicare and Medicaid programs to the extent permitted by applicable law;

(iii) Will cause Company providers to provide quality health care and health services to all persons needing care without regard to race, creed, color, religion, national origin, citizenship, sex, disability, age, insurance coverage, ability to pay, or all protected classes allowed under federal and state laws;

(iv) abide by a conflicts of interest policy that (1) requires members of the Governing Board to disclose relevant financial interests, (2) provides a procedure for the Company to determine whether a conflict of interest exists and (3) sets forth a process to address any conflicts that arise; such a policy would also address remedial action for members of the Governing Board that fail to comply with the policy;

(v) Act consistently with the charity care policies of the Member to ensure that quality care services are available and provided to all members of the community and that no individual will be denied care by the Company based on the individual's financial status or inability to pay for the full cost of services rendered by the Company; and

(vi) Request that the Governing Board provide to the Member, on an annual basis, a report summarizing the community benefits of the Company, including specifically charity care provided, for said period.

3.3. Compliance with Ethical and Religious Directives. For so long as SJHS or any of its Affiliates is a Member, the Company and SJHS acknowledge that the Member operates in a manner that is consistent with the SJHS Mission and Core Values and the Roman Catholic moral tradition as articulated in such documents as the ERDs.

3.4. Additional Exemption Provisions.

(a) Exempt Purposes.

(i) The Company is organized and shall be operated exclusively for one or more exempt purposes within the meaning of Federal Tax Code Section 501(c)(3) and Sections 214 and 23701d of the California Revenue and Taxation Code (the "California Tax Code"). It will be operated exclusively to further the exempt purposes of its members as specified in Federal Tax Code Section 501(c)(3) and California Tax Code Sections 214 and 23701d.

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(ii) No substantial part of the activities of the Company shall consist of carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise provided in Section 501(h) of the Federal Tax Code), and the Company shall not participate or intervene in any political campaign (including the publication or distribution of statements) on behalf of any candidate for public office.

(iii) All property and assets of the Company are irrevocably dedicated to exempt purposes within the meaning of Federal Tax Code Section 501(c)(3) and California Tax Code Section 214. No part of the net income or assets of the Company shall ever inure the benefit of any officer thereof or to the benefit of any other private person, except that the Company is authorized and empowered to pay reasonable compensation for services rendered, and to make payments and distributions in furtherance of its exempt purposes.

(b) Requirements for and Limitations on Membership.

(i) Each member of the Company must be a qualifying organization. A qualifying organization is an organization that is either: (i) an organization that qualifies for exemption under Federal Tax Code Section 501(c)(3) and California Tax Code Section 214; or (ii) a government entity that is considered a governmental unit or wholly owned instrumentality of a state or political subdivision for purposes of the Federal Tax Code and that is exempt from property taxation under Section 3 of Article XIII of the California Constitution, as to property owned by the state under subdivision (a), or as to property owned by a local government under subdivision (b), or as to property used exclusively for public schools, community colleges, state colleges and state universities under subdivision (d). Any direct or indirect transfer of any membership interest in the Company to any person other than a qualifying organization is prohibited.

(ii) In the event that a member ceases to be a qualifying organization, such disqualified organization shall forfeit its membership interest in the Company and all of its rights as member in the Company shall be terminated no later than 90 days after the date on which it ceased to qualify as a qualifying organization. All qualifying members of the Company will expeditiously and vigorously enforce all of their rights in the Company and will pursue all legal and equitable remedies to protect their interests in the Company.

(c) Dedication of Assets.

(i) The property owned by the Company is irrevocably dedicated to exempt purposes within the meaning of Federal Tax Code Section 501(c)(3) and California Tax Code Section 214.

(ii) Upon dissolution, all assets remaining after the payment or provision for payment of debts and liabilities shall be distributed for use in furtherance of the exempt purposes of the Company set forth in Article 3 of this Agreement, to the St. Joseph Health Ministry ("SJHM"), a California nonprofit corporation and a qualifying organization that is organized and operated for exempt purposes within the meaning of Federal Tax Code Section 501(c)(3) and California Tax Code Section 214, if it is then in existence and a qualifying organization organized and operated exclusively for exempt purposes within the meaning of

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Federal Tax Code Section 501(c)(3) and California Tax Code Section 214, as those sections now exist or may subsequently be amended.

(iii) If SJHM is not then in existence or a qualifying organization being so operated, then all remaining assets shall be distributed to the Sisters of St. Joseph of Orange (the "**Congregation**"), a California nonprofit corporation and a qualifying organization that is organized and operated for exempt purposes within the meaning of Federal Tax Code Section 501(c)(3) and California Tax Code Section 214, if it is then in existence and a qualifying organization organized and operated exclusively for exempt purposes within the meaning of Federal Tax Code Section 501(c)(3) and California Tax Code Section 214, as those sections now exist or may subsequently be amended.

(iv) If the Congregation is not then in existence or a qualifying organization being so operated, then all remaining assets shall be distributed to the participating health institutions affiliated with the Member, all of which are qualifying organizations that are organized and operated for exempt purposes within the meaning of Federal Tax Code Section 501(c)(3) and California Tax Code Section 214, in such proportions as may be determined by PSJH in its sole and reasonable discretion, if any such health institutions are still in existence and a qualifying organization organized and operated exclusively for exempt purposes within the meaning of Federal Tax Code Section 501(c)(3) and California Tax Code Section 214, as those sections now exist or may subsequently be amended.

(v) If there are no such health institutions in existence or being a qualifying organization so operated, then all remaining assets shall be distributed exclusively to another organization(s) organized and operated exclusively for exempt purposes within the meaning of Federal Tax Code Section 501(c)(3) and California Tax Code Section 214, and which has established its tax-exempt status under Federal Tax Code Section 501(c)(3) and California Tax Code Sections 214 and 23701d, as those sections now exist or may subsequently be amended.

(vi) The Company shall not distribute any assets to a member that ceases to be a qualifying organization, and the Company, interests in the Company (other than membership interests), or its assets may be availed of or transferred (whether directly or indirectly), to a nonmember that is not a qualifying organization only in exchange for fair market value.

(d) Limitations on Amendments. Any amendment to the Articles of Organization and the operating agreement must be consistent with Federal Code Section 501(c)(3) and California Tax Code Section 214, and such power to alter, amend or repeal the Articles of Organization and the Operating Agreement shall reside with the Member, subject to the reserved powers of PSJH.

(e) Limitations on Mergers and Conversions. The Company is prohibited from merging with, or converting into, a for-profit entity.

(f) Compliance with State Law. The Articles of Organization of the Company are consistent with the Act, and are enforceable at law and in equity.

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3.5. Hospital Ministries. Each of the four hospital ministries owned and operated by the Company shall be operated as a separate division, with its own budgets, financial statements, on-site management and workforce.

4. Term. The term of the Company shall be perpetual, unless the Company is earlier dissolved in accordance with Article 13.

5. Principal Place of Business. The principal place of business of the Company shall be in Irvine, California. The Manager may relocate the principal place of business or establish additional offices from time to time.

6. Registered Office and Registered Agent. The Company's registered agent is CT Corporation. The registered office and registered agent may be changed by the Governing Board from time to time in accordance with the requirements of the Act.

7. Member.

7.1. Name and Address. The name and address of the Member are as follows:

Name	Address
St. Joseph Health System	15480 Laguna Canyon Road. Irvine, CA 92618

7.2. Reserved Powers. The Company shall be operated and controlled by the Governing Board, except that certain powers shall be reserved to the Member and its corporate member, PSJH, to further the purposes and philosophy of the health care ministry of the Congregation, in accordance with the tradition, teachings, spirit and ethical principles of the Roman Catholic Church. The powers reserved to the Member may be initiated and exercised by the Member or if initiated by the Governing Board, must be submitted to and receive approval of the Member, and the action of the Member shall be final, subject to any further reserved rights of PSJH. The powers reserved to PSJH and the Member are set forth in the Authority Matrix.

7.3. Action by the Member. The Member shall act by vote of its governing board subject only to limitations or requirements imposed by the Articles of Incorporation, Bylaws, Authority Matrix of the Member, and/or applicable law.

7.4. Proof of Action. The vote, written assent or other action of the Member shall be evidenced by, and the Company shall be entitled to rely upon, a Certificate of the Secretary of the Member stating (i) the actions taken by the Member, (ii) that such actions were taken in accordance with the Articles of Incorporation and Bylaws of the Member, and (iii) the authorization of the Member for such certification.

7.5. Requests for Action by Member. Requests for action by the Member or its corporate member may be made through the Chief Executive of the Member or such other person as the Board of Trustees of the Member shall designate.

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7.6. Meetings of the Member. Meetings of the Member shall be held in accordance with its Bylaws and applicable law.

7.7. Limited Liability. Except as provided under the Act or as expressly set forth in this Agreement or another agreement (such as a guarantee), the Member shall not be personally liable for any debt, obligation or liability of the Company, whether that liability or obligation arises in contract, tort or otherwise.

8. Regulatory and Compliance Matters.

8.1. Compliance with Health Care Laws. The Member understands that the Company's operations are subject to the Health Care Laws, including the Anti-Kickback Statute. It is the intention of the Company and its Member that the Company be organized and operated in a manner that complies with the Anti-Kickback Statute and all other Health Care Laws.

8.2. Compliance Matters.

(a) The Member recognizes the need to conduct the operations of the Company in accordance with the highest standards of business ethics and integrity and in compliance with all applicable laws and regulations and governmental guidelines and pronouncements.

(b) The Company shall implement the Member's Integrity, Compliance and Privacy Program, which is substantially based on the seven (7) elements of an effective compliance program as defined in the United States Federal Sentencing Guidelines, Chapter 8, Part B and all applicable elements of the Health Insurance Portability and Accountability Act of 1996, 45 CFR, Parts 160 and 164 with respect to any of its activities that relate to such standards. The compliance plan shall require that any material or significant Compliance Issues be brought promptly to the Governing Board's attention. Upon request from either the Member or a member of the Governing Board, Company's counsel or a compliance officer shall cause a confidential report to be delivered to the Member and/or the Governing Board on material compliance-related issues.

9. Management of the Company.

9.1. Management by the Governing Board. The business, property and affairs of the Company shall be the responsibility of a board of managers (the "**Governing Board**"). Except for situations in which the approval of the Member is expressly required by the Articles of Organization, this Agreement, the Act, the Authority Matrix or the Operating Agreement of the Company, the Governing Board shall have, subject to this Agreement, and applicable law, full, complete and exclusive authority, power and discretion to oversee the business, property and affairs of the Company to make all decisions regarding the foregoing matters and to perform any and all other acts or activities customary or incident to the management of the Company's business, property, and affairs including resolving matters involving the scope and intent of the terms of this Agreement.

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9.2. Meetings of the Governing Board.

(a) Regular Meetings. Regular meetings of the Governing Board shall be held on such dates and at such times and places (not less than once each calendar quarter) as the Governing Board shall from time to time determine. Regular meetings may be held without notice.

(b) Special Meetings. Special meetings of the Governing Board shall be held whenever called by at least two (2) Managers, the Chair of the Governing Board or the President/Chief Executive of the Company, or the then applicable equivalent title. Special meetings of the Governing Board shall be held not less than ten (10) days after written notice is delivered to each Manager as provided in Section 17.11 (Notices). Notice of each such special meeting shall specify the date, time and place of the meeting, and shall specify the purpose of the meeting. Notice of any special meeting may be waived in writing (either before or after such meeting) and shall be waived by any Manager by attendance at or participation in the meeting, unless the Manager objects at the beginning of the meeting to the transaction of any business because the meeting is not lawfully called, noticed or convened.

(c) Waiver. Whenever any notice is required to be given to any Manager under this Agreement, a waiver thereof in writing signed by such individual, whether before or after the time stated therein, shall be equivalent to the giving of such notice. All such waivers shall be made a part of the minutes of the meeting.

(d) Quorum for Meetings; Adjournment. The presence of a majority of Managers shall constitute a quorum at any meeting of the Governing Board. A majority of the Managers present, whether or not a quorum is present, may adjourn any meeting to another time and place. Notice of any adjournment to another time or place shall be given prior to the time of the adjourned meeting to the Managers who were not present at the time of the adjournment.

(e) Voting. Each Manager shall have one (1) vote on all matters. Managers may not vote by proxy.

(f) Manner of Acting; Minutes. If a quorum is present, the affirmative vote of a majority of the Managers present at a meeting of the Governing Board shall constitute the formal act of the Governing Board, except as may be otherwise specifically provided by the Act or this Agreement. Minutes of all meetings shall be maintained and distributed to each Manager promptly after each meeting.

(g) Action by Written Consent. Action required or permitted to be taken at a meeting of the Governing Board may be taken without a meeting if the action is evidenced by one or more written consents describing the action taken, executed by all Managers, and such consent shall have the same force and effect as a vote at a duly held meeting.

(h) Meeting Held by Telephone or Similar Communications Equipment. Meetings of the Governing Board may be conducted by conference telephone, electronic video screen communication or similar communications equipment, as long as all Managers participating in the meeting can speak to and be heard by each other at the same time, and participation by such means shall constitute presence in person at a meeting.

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(i) Conflicts of Interest Policy. The Governing Board shall adopt the Member's conflicts of interest policy to be applied to all Managers (the "**Conflicts of Interest Policy**"). The Conflicts of Interest Policy shall provide mechanisms for ensuring the disclosure of relevant financial interests and the manner in which such financial interests will be handled to prevent participation of interested Managers in Governing Board actions. The Conflicts of Interest Policy shall also provide that a conflict of interest shall not exist with respect to a Manager on account of such Manager's simultaneous service as an officer of a Member and that, as such, Managers shall be able to act on matters presented to the Governing Board for decision with due regard for the interests of such Member, even if such interests conflict with the interests of the Company.

9.3. Designation of Managers.

(a) The Company shall have no less than eleven (11) and no more than seventeen (17) persons ("**Managers**") serving on the Governing Board. The Member shall have the power and authority to appoint the Managers to the Governing Board, subject to the reserved powers of PSJH and using the selection criteria set forth in Appendix B. The President/Chief Executive Officer of SJHS or designee shall serve as an ex officio Manager of the Governing Board with the right to vote. SJHM shall designate one (1) individual to serve as a Manager ("Designated Manager"). The designee of St. Joseph Health Ministry shall be, by preference, a member of the Congregation, but may be an otherwise qualified individual.

(b) The term of office of the Managers shall be three (3) years, provided that the then-current Managers shall continue to serve in such capacity until their successors are duly appointed. Designated Managers will not have stated terms in office, but shall serve at the pleasure of SJHS or SJHM, respectively.

(c) Managers may be removed at any time by the Member.

(d) Managers may be re-elected for up to three (3) consecutive terms. Consecutive terms shall not exceed a total of nine (9) years. However, Designated Members shall be *ex officio* voting members of the Governing Board.

(e) Any Manager may resign at any time by giving written notice to the Governing Board without prejudice to the rights, if any, of the Company under any contract to which that Manager is a party. The resignation of any Manager shall take effect upon receipt of that notice or at such later time as shall be specified in the notice; and, unless otherwise specified in the notice, the acceptance of the resignation shall not be necessary to make it effective.

(f) A vacancy shall be declared in a seat on the Governing Board held by a Manager upon the death, disability, resignation or removal of such Manager. The Member shall fill the vacancy by appointing a replacement Manager.

9.4. Performance of Duties; Liability of Managers.

(a) Fiduciary Duties of Managers and Member. Pursuant to Section 17704.09 of the Act (as applicable to a manager-managed limited liability company):

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(i) Each Manager owes the Company and the Member the fiduciary duties of loyalty and care.

(ii) Each Manager's duty of loyalty to the Company and the Member is limited to the following: (i) to account to the Company and hold as trustee for the Company any property, profit, or benefit derived by such Manager in the conduct and winding up of the activities of the Company or derived from a use by such Manager of the Company property, including the appropriation of a Company opportunity; (ii) to refrain from dealing with the Company in the conduct or winding up of the activities of the Company as or on behalf of a party having an interest adverse to the Company; and (iii) to refrain from competing with the Company in the conduct or winding up of the activities of the Company.

(iii) Each Manager's duty of care to the Company and the Member in the conduct and winding up of the activities of the Company is limited to refraining from engaging in grossly negligent or reckless conduct, intentional misconduct, or a knowing violation of law.

(iv) Each Manager and Member shall discharge its duties to the Company and the Member under the Act or this Agreement and exercise any rights consistent with the obligation of good faith and fair dealing.

(v) A Manager does not violate a duty or obligation under the Act or this Agreement merely because the Manager's conduct furthers the Manager's own interest.

(vi) Except as provided in the Act or this Agreement, a Member does not have any fiduciary duty to the Company or to any other Member solely by reason of being a Member.

(b) Certain Duties. In reference to the Managers' fiduciary duties under this Agreement, the Member acknowledges and agrees that (i) a Manager appointed to the Governing Board has and will continue to owe a fiduciary duty to the Member that appointed said Manager, (ii) a Manager is not required to disregard or subjugate his or her fiduciary duty to his or her appointing Member in order to meet any fiduciary obligation to the Company, and (iii) no Manager will be in breach of any fiduciary duty for acting consistently with the foregoing. Similarly, any officer or member of a committee of the Governing Board is not required to disregard or subjugate his or her fiduciary duty to his or her employer in order to meet a fiduciary obligation, if any, to the Company, and no such person will be in breach of any such fiduciary duty for acting consistently with the foregoing.

(c) Reliance on Others. In performing its duties, the Governing Board is entitled to rely on information, opinions, reports or statements, including, but not limited to, financial statements and other financial data, of the following persons or groups unless it has knowledge concerning the matter in question that would cause its reliance to be unwarranted, and provided that the Governing Board acts in good faith and after reasonable inquiry when the need therefor is indicated by the circumstances:

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(i) One or more officers, employees or other agents of the Company whom the Governing Board reasonably believes to be reliable and competent in the matters presented;

(ii) Any attorney, independent accountant, valuation consultant, or other person as to matters that the Governing Board reasonably believes to be within the person's professional or expert competence; and

(iii) A committee (acting by a majority of its members) designated by the Governing Board, as to matters within its designated authority, if the Governing Board reasonably believes the committee merits its confidence.

(d) Devotion of Time. No Manager is obligated to devote all of his or her time or business efforts to the affairs of the Company, but shall devote whatever time, effort and skill he or she reasonably determines to be necessary and appropriate to satisfy his or her duties and obligations as a Manager.

9.5. No Compensation. Managers shall not be compensated for their services; however, the Company may reimburse the Managers for reasonable travel and other expenses incurred.

9.6. Designation of Officers. The Governing Board may, from time to time, set forth in writing a designation of officers of the Company, delegation to such officers such authority and duties as the Governing Board may deem advisable, and assignment of titles (including, but not limited to, chair, vice-chair, president, chief executive, vice-president, secretary and/or treasurer) to any such officer. Unless the Governing Board otherwise sets forth in writing, if the title assigned to an officer of the Company is one commonly used for officers of a business corporation formed under the California General Corporation Law, the assignment of such title shall constitute the delegation to such officer of the authority and duties that are customarily associated with such office pursuant to the California General Corporation Law. Any number of titles may be held by the same officer. Any officer to whom a delegation is made pursuant to this Section shall serve in the capacity delegated unless and until such delegation is revoked by the Governing Board or such officer resigns.

9.7. Agents. The Governing Board may authorize one or more agents to enter into any contract or to otherwise act on behalf of the Company. Such authority may be general or defined to specific instances, but shall not exceed the authority of the Governing Board under this Agreement. Unless authorized to do so by this Agreement or by the Governing Board, no employee or other agent of the Company shall have any power or authority to bind the Company in any way, to pledge its credit or to render it liable for any purpose.

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9.8. Committees.

(a) Committees of the Governing Board. The Governing Board may from time to time establish committees and task forces as it deems necessary or appropriate and may by resolution, policy, or otherwise establish the composition, role, and duties of any committees; provided that, no committee shall have the power to take or approve action requiring approval of the Governing Board or the Member, other than the Executive Committee of the Governing Board (the "Executive Committee"), which shall solely consist of Governing Board members. The Governing Board may delegate to the Executive Committee any of the powers and authority of the Governing Board, provided that the Executive Committee shall have power to act only during interval periods between meetings of the Governing Board. Appointments to and removal from committees will be proposed by Board Chair in consultation with the South Division Chief Executive, and approved by the Governing Board. The rules regarding notice, quorum and valid action of the committees shall be the same in substance as the procedures in Section 9.2(a) (Regular Meetings), Section 10.2(b) (Special Meetings), Section 9.2(c) (Waiver), Section 9.2(d) (Quorum of Meetings; Adjournment), Section 10.2(e) (Voting), Section 9.2(f) (Manner of Acting), Section 9.2(g) (Action by Written Consent), and Section 9.2(h) (Meeting Held by Telephone or Similar Communications Equipment), or otherwise as the Governing Board may agree.

(b) Committees may be formed by the Governing Board, consistent with the Governance Redesign Principles.

(c) Community Ministry Board. The Governing Board may, from time to time, delegate certain Board responsibilities to a Community Ministry Board as set forth in Community Ministry Board Bylaws or by policy. In matters that have been delegated by the Governing Board to a Community Ministry Board, the Community Ministry Board shall have full authority and be accountable to the Governing Board with respect to the matters delegated and shall serve as the governing body of the Corporation's Ministry for fulfilling such delegated responsibilities consistent with applicable federal and state laws and regulations, meeting Medicare conditions of participation requirements, and fulfilling compliance with The Joint Commission's requirements. The Medical Staff and Quality of Professional Services functions set forth in Section 14 and Section 15 are hereby delegated to the Community Ministry Boards.

10. Financial Matters.

10.1. Capital Contribution. The initial capital of the Company shall be received by mechanism of the Contribution Agreements. The Member may make additional capital contributions as it deems necessary or desirable from time to time.

10.2. Distributions. The Member may, in its discretion, cause the Company to make distributions of cash or other assets of the Company to the Member from time to time as permitted by the Act.

10.3. Rights of Creditors and Third Parties. This Agreement is entered into between the Company and the Member for the exclusive benefit of the Company, the Member, and their successors and assigns. This Agreement is expressly not intended for the benefit of any creditor of the Company or any other person. Except and only to the extent provided by applicable

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statute, no creditor or third party shall have any rights under this Agreement or any agreement between the Company and the Member with respect to any contribution or otherwise.

10.4. Bank Accounts. All receipts, funds and income of the Company shall be deposited in an account or accounts in the name of the Company in such bank or banks as shall be designated by the Governing Board. All such bank accounts shall be owned by the Company, and the signatories for such bank accounts shall be persons designated by the Governing Board. The Governing Board may commingle the monies and funds of the Company with monies and funds of any other entity only pursuant to an appropriate cash management arrangement.

10.5. Accounting Decisions and Reliance on Others. All decisions as to accounting matters, except as otherwise specifically set forth herein, shall be made by the Member. The Governing Board may rely upon the advice of their accountants as to whether such decisions are in accordance with accounting methods followed for federal income tax purposes. Notwithstanding the foregoing, the Company shall be taxed as a corporation exempt from tax under Federal Tax Code Section 501(c)(3).

10.6. Accounting Year. The accounting year of the Company shall end on the last day of December of each year.

11. Accounting and Records. The books and records of the Company, showing the assets and liabilities, revenues and expenditures, and all other aspects of the operations, transactions and financial condition of the Company shall be kept, and the financial position and the results of its operations recorded, in accordance with the accounting method followed for federal income tax purposes. Such books initially shall be kept on an accrual basis; provided, however, that the Governing Board may from time to time change the accounting basis on which such books are kept as may be required or permitted by law. The books and records of the Company shall reflect all Company transactions and shall be appropriate and adequate for the Company's business. At a minimum, the Company shall keep at its principal place of business the following records:

(a) A current list of the full name and last known business or residence address of each Member set forth in alphabetical order, together with the capital contributions, Capital Account, Units and Percentage Interest of each Member;

(b) The full name and business or residence address of each Manager;

(c) A copy of the Articles of Organization and any and all amendments thereto together with executed copies of any powers of attorney pursuant to which the Articles or any amendments thereto have been executed;

(d) Copies of the Company's federal, state, and local income tax or information returns and reports, if any, for the six (6) most recent taxable years;

(e) A copy of this Agreement and, any all amendments hereto, together with executed copes of any powers of attorney pursuant to which this Agreement or any amendments thereto have been executed;

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(f) Copies of the financial statements of the Company for the six (6) most recent years;

(g) The books and records of the Company as they relate to the internal affairs of the Company for at least the current and past four fiscal years; and

(h) A true copy of business records relevant to the amount, cost, and value of all property owned, claimed, possessed by, or controlled by the Company within any county in California.

12. Dissolution and Liquidation.

12.1. Events of Dissolution. The Company shall dissolve upon the earlier of:

(a) the written agreement of the Member;

(b) the sale, transfer or other disposition of all or substantially all of the Company's assets unless otherwise determined by the Member in writing;

(c) the entry of a decree of judicial dissolution under the Act; or

(d) The occurrence of any other event that makes it unlawful, impossible, or impractical to carry on the business of the Company.

12.2. Certificate of Dissolution. As soon as possible following the occurrence of any of the events specified in Section 12.1 (Events of Dissolution), the Member shall execute a Certificate of Dissolution in the form prescribed by the California Secretary of State and file the Certificate of Dissolution as required by the Act.

12.3. Winding Up. Upon the occurrence of any event specified in Section 12.1 (Events of Dissolution), the Company shall continue solely for the purpose of winding up its affairs in an orderly manner, liquidating its assets, and satisfying the claims of its creditors. The Governing Board shall be responsible for overseeing the winding up and liquidation of the Company, shall take full account of the liabilities of the Company and assets, shall either cause its assets to be sold or distributed, and if sold, as promptly as is consistent with obtaining the fair market value thereof, shall cause the proceeds therefrom, to the extent sufficient therefor, to be applied and distributed as provided in Section 12.4 (Order of Payments Upon Dissolution). The Governing Board winding up the affairs of the Company shall give written notice of the commencement of winding up by mail to all known creditors and claimants whose addresses appear on the records of the Company.

12.4. Order of Payments upon Dissolution. The proceeds of liquidation shall be applied first to the payment of all known debts and liabilities of the Company to creditors other than the Member, then to the payment of the Company's debts and liabilities to Member, and thereafter as provided in Section 3.4(c) (Dedication of Assets).

12.5. Certificate of Cancellation. The Governing Board shall cause to be filed in the office of, and on a form prescribed by, the California Secretary of State, a certificate of

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cancellation of the Articles of Organization upon the completion of the winding up of the affairs of the Company.

13. Medical Staff.

13.1. Organization. The Community Ministry Board of each hospital ministry shall cause to be created a medical staff organization, to be known as the "Medical Staff" of the hospital ministry, whose membership shall be comprised of all physicians, dentists, podiatrists and clinical psychologists who are privileged to attend patients in the hospital ministry. The term "physician" shall include physicians licensed by the State of California regardless of whether they hold an M.D. or D.O. degree. Membership in this medical staff organization shall be prerequisite to the exercise of clinical privileges in each Hospital, except as otherwise specifically provided in the Medical Staff Bylaws.

13.2. Medical Staff Bylaws; the Rules and Regulations.

(a) Purpose. The Medical Staff shall have the initial responsibility to formulate, adopt, and recommend to the Community Ministry Board, Medical Staff Bylaws and the Rules and Regulations for its internal governance by a voting procedure specified in the Medical Staff Bylaws. Medical Staff Bylaws and the Rules and Regulations shall be effective only when approved by the Community Ministry Board, which approval shall not be unreasonably withheld. The Medical Staff Bylaws shall create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staff by the Community Ministry Board. The Medical Staff Bylaws and the Rules and Regulations shall state the purposes, functions and organization of the staff and shall set forth the policies by which the Medical Staff exercises and accounts for its delegated authority and responsibilities.

(b) Procedure. Proposed Medical Staff Bylaw changes will be presented to a meeting of the Community Ministry Board and mailed, including electronic mail, to each Community Ministry Board member at least seven (7) days prior to the meeting at which a vote is to be taken on adoption of the proposed change. No Medical Staff Bylaws or amendments shall become effective without approval by the Community Ministry Board as hereinabove provided. If approval is withheld, the reasons for doing so shall be specified by the Community Ministry Board in writing, and forwarded to the Chief of Staff, and the Medical Executive Committee and Bylaws (if applicable) Committee.

(c) The Community Ministry Board may propose amendments to the Medical Staff Bylaws that it considers necessary for compliance with laws or accreditation requirements or for effective operation of any Hospital. Notice of such proposals will be delivered in writing to the Medical Executive Committee of the Medical Staff for consideration and processing. If the Medical Staff informs the Community Ministry Board that it disagrees with the proposed amendments, the Community Ministry Board shall consider and give great weight to Medical Staff recommendations and views during its deliberations, and will initiate the conflict management process set forth in Section 13.6 if such disagreement cannot be resolved informally. If the Medical Executive Committee does not respond to the Community Ministry Board's proposal within one hundred and eighty (180) days after receiving notice of it, the proposed Medical Staff Bylaws amendments will be deemed approved by the Medical Staff and become effective automatically.

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13.3. Medical Staff Membership and Clinical Privileges.

(a) Delegation to the Medical Staff. The Medical Staff shall have the initial responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership, clinical privileges and corrective action, and shall make specific recommendations to the Community Ministry Board, in writing with appropriate supporting documentation, that will allow the Community Ministry Board to take informed action.

(b) Action by the Community Ministry Board. The Community Ministry Board shall consider all Medical Staff recommendations and take final action on all matters relating to Medical Staff membership, clinical privileges and corrective action. If the Community Ministry Board does not concur in a Medical Staff recommendation relative to Medical Staff membership, clinical privileges or corrective action, it shall refer the matter to an ad hoc committee consisting of three (3) members of the Medical Staff; one of whom shall be the Chief of Staff, three (3) non-physician members of the Community Ministry Board, and the Chief Executive Officer of the Hospital, for review and recommendation before a final decision is made by the Community Ministry Board. If the Medical Staff fails to adopt and submit any required recommendation within the time periods set forth in Medical Staff Bylaws, the Community Ministry Board shall act in any event. Such Community Ministry Board action without a Staff recommendation shall be based on the same kind of documented investigation and evaluation of current ability, judgment and character as is required for Staff recommendations.

(c) Criteria for Board Action. When acting on matters of Medical Staff membership, the Community Ministry Board shall consider the Medical Staff's recommendations, the needs of the ministry and the community, and the criteria set forth in the Medical Staff Bylaws and Rules. In determining whether to grant clinical privileges to a practitioner, the Community Ministry Board shall consider the Medical Staff's recommendations, the supporting information on which they are based, and the criteria set forth in the Medical Staff Bylaws. Membership and specific clinical privileges will be considered relative to, among other things, good patient care, professional qualifications, the Hospital's purposes, needs and capabilities, and community needs. Membership and privileges decisions shall be made in a non-discriminatory manner and no aspect of Medical Staff membership or clinical privileges shall be limited or denied to a practitioner on the basis of gender, age, race, creed, color or national origin, handicap or disability and all other protected classes under the federal and state laws.

(d) Terms and Conditions of Staff Membership and Clinical Privileges. The terms and conditions of Medical Staff membership and clinical privileges shall be specified in the Medical Staff Bylaws, and/or the Rules and Regulations (including any Department-specific rules and regulations), or as more specifically defined in the notice of individual appointment. Appointments to the Medical Staff may be for a maximum term of two (2) years.

(e) Procedure. The procedure to be followed by the Medical Staff and the Community Ministry Board in acting on matters of Medical Staff membership, clinical privileges and corrective action shall be specified in the Medical Staff Bylaws.

13.4. Fair Hearing Plan. Any adverse recommendation made by the Hospital's Medical Executive Committee and/or any adverse action taken by the Community Ministry Board with respect to a practitioner's Medical Staff membership, admitting prerogatives or clinical

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privileges shall, except under circumstances for which specific provision is made in the Medical Staff Bylaws and/or by contract, be accomplished in accordance with the Community Ministry Board approved Fair Hearing Plan then in effect. Such Plan shall provide for procedure to assure fair treatment and afford opportunity for the presentation of all pertinent information. For the purposes of this Section, an "adverse recommendation" of the Medical Staff Executive Committee and an "adverse action" of the Board shall be as defined in the Fair Hearing Plan.

13.5. Allied Health Professionals. The Medical Staff shall have the initial responsibility and authority to investigate and evaluate each application by an allied health professional for specified services, department affiliation and modification in the services such allied health professional may perform. The Medical Staff or a designated component thereof shall make recommendations to the Community Ministry Board or to its designee on each such application.

13.6. Conflict Resolution between the Medical Staff and the Community Ministry Board. Conflict between the Medical Staff and the Community Ministry Board is resolved according to the Dispute Resolution Policy, as such policy may be amended from time to time, subject to the approval of such policy by the Hospital's Medical Executive Committee and the Community Ministry Board.

14. Quality of Professional Services.

14.1. Community Ministry Board Responsibility. The Community Ministry Board is ultimately accountable for the safety and quality of care, treatment and services provided at each Hospital. The Community Ministry Board shall require that: (a) the Medical and Administrative Staffs prepare and maintain adequate and accurate medical records for all patients; (b) there is one level of patient care in each Hospital, so that all patients with the same health problems receive the same level of care, consistent with the professional standards of the community and the Hospital, and that no patient is discriminated against on the basis of race, creed, color, age, religion, sex or ability to pay; and (c) the person responsible for each basic and supplemental medical service cause written policies and procedures to be developed and maintained and that such policies be approved by the Community Ministry Board. The Community Ministry Board shall further require, after considering the recommendations of the Medical Staff, the conduct of specific review and evaluation activities to assess, preserve and improve the overall quality and efficiency of patient care in the ministry. The Community Ministry Board shall provide whatever administrative assistance is reasonably necessary to support and facilitate the implementation and ongoing operation of these review and evaluation activities.

14.2. Accountability to the Community Ministry Board. Each Medical Staff shall be accountable to the Community Ministry Board for conducting activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in each Hospital. These activities shall include:

(a) The conduct of periodic meetings at regular intervals to review and evaluate the quality of patient care through a valid and reliable patient care audit procedure based upon a review of patient medical records;

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(b) Ongoing monitoring of patient care practices through the defined functions of the Medical Staff, the other professional services and ministry administration;

(c) Definition of the clinical privileges which may be appropriately granted within the ministry and within each department, delineation of clinical privileges for members of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment, and assignment of patient care responsibilities to other health care professionals consistent with individual licensure, qualifications and demonstrated ability;

(d) Provision of continuing professional education, shaped primarily by the needs identified through the review and evaluation activities;

(e) Review of utilization of the Hospital's medical resources to provide for their allocation to meet the needs of the patients;

(f) Provision of input to and consultation on quality of care issues at the Hospital; and

(g) Such other measures as the Community Ministry Board may, after considering the advice of the Medical Staff and other professional services and ministry administration, deem necessary for the preservation and improvement of the quality and efficiency of patient care.

14.3. Documentation. The Community Ministry Board shall receive, consider and act upon the findings and recommendations emanating from the activities required by Section 14.2. All such findings and recommendations shall be in writing, signed by the persons responsible for conducting the review activities and supported and accompanied by appropriate documentation upon which the Community Ministry Board can take informed action.

15. Indemnification. The Company shall indemnify the Member and each Manager from and against any loss, liabilities, judgments, settlements, penalties, fines or expenses (including legal fees and expenses) incurred in a proceeding to which the Member (and the Member's officers, directors, trustees, members, officers and employees) or a Manager is a party because he, she or it is, or was, a Member or a Manager; *provided*, that a Member or a Manager shall not be indemnified from or on account of acts or omissions of the Member or the Manager finally adjudicated to be a breach of this Agreement, gross negligence or reckless or intentional misconduct or a knowing violation of law by the Member or the Manager, conduct of a Member or a Manager adjudged to be in violation of the Act, or any transaction with respect to which it was finally adjudged that such Member or Manager received a benefit in money, property or services to which such Member or Manager was not legally entitled. The right to indemnification conferred in this Section 16 shall be a contract right and shall include the right to be paid by the Company the expenses incurred in defending any such proceeding in advance of its final disposition; *provided*, that the payment of such expenses in advance of the final disposition of a proceeding shall be made only upon delivery to the Company of an undertaking, by or on behalf of such Member or Manager to repay all amounts so advanced if it shall ultimately be determined that such Member or Manager is not entitled to be indemnified under this Section 16 or otherwise; *provided, further*, no Member or Manager shall be entitled to be paid such expenses in advance of

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final disposition in a proceeding that is brought against such Member or Manager by the Company or the Member.

The right to indemnification and payment of expenses incurred in defending a proceeding in advance of its final disposition conferred in this Section 16 shall not be exclusive of any other right any Member or Manager may have or hereafter acquire under any statute, this Agreement, vote of the Member or otherwise.

No repeal or modification of the Act or this Section 16 shall adversely affect any right of a Member or a Manager to indemnification existing at the time of such repeal or modification for or with respect to indemnification related to an act or omission of such Member or Manager occurring prior to such repeal or modification.

The Governing Board may purchase insurance with respect to its indemnity obligations under this Section 16.

16. Limitation of Liability. No Member or Manager shall have liability to the Company or its Member for monetary damages for conduct as a Member or a Manager, except for acts or omissions that involve a breach of this Agreement, gross negligence or reckless or intentional misconduct, a knowing violation of law, conduct violating the Act, or for any transaction from which the Member or the Manager has personally received a benefit in money, property or services to which the Member or the Manager was not legally entitled. If the Act is hereafter amended to authorize Company action further limiting the personal liability of the Member or Managers, then the liability of each Member or Manager shall be eliminated or limited to the full extent permitted by the Act, as so amended. No repeal or modification of the Act or this Section 17 shall adversely affect any right or protection of a Member or a Manager existing at the time of such repeal or modification for or with respect to an act or omission of such Member or Manager occurring prior to such repeal or modification.

17. Miscellaneous.

17.1. Assignment. The Member may assign in whole or in part its membership interest in the Company, subject to the reserved powers of PSJH.

17.2. Governing Law. This Agreement shall be construed and enforced in accordance with the internal laws of the State of California, including without limitation, the Act, without regard to the conflict of law's provisions thereof.

17.3. Amendments. This Agreement may not be amended except by the written agreement of the Member.

17.4. Construction. Whenever the singular number is used in this Agreement and when required by the context, the same shall include the plural and vice versa, and the masculine gender shall include the feminine and neuter genders and vice versa.

17.5. Headings. The headings in this Agreement are inserted for convenience only and shall not affect the interpretation of this Agreement.

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17.6. Waivers. The failure of any person to seek redress for violation of or to insist upon the strict performance of any covenant or condition of this Agreement shall not prevent a subsequent act, which would have originally constituted a violation, from having the effect of an original violation.

17.7. Severability. If any provision of this Agreement or the application thereof to any person or circumstance shall be invalid, illegal or unenforceable to any extent, the remainder of this Agreement and the application thereof shall not be affected and shall be enforceable to the fullest extent permitted by law.

17.8. Counterparts; Electronic Signature. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which together shall be deemed to be one and the same agreement. This Agreement may be executed by facsimile or pdf signature by any party and such signature shall be deemed binding for all purposes hereof.

17.9. Successors and Assigns. Each and all of the covenants, terms, provisions and agreements herein contained shall be binding upon and inure to the benefit of the parties hereto and, to the extent permitted by this Agreement, their respective legal representatives, successors and assigns.

17.10. Entire Agreement. This Agreement, together with Appendices A and B, constitutes the entire Agreement between the parties hereto and supersedes any prior agreements, understandings and arrangements, oral or written, between the parties hereto with respect to the subject matter hereof.

17.11. Notices. All notices, demands, requests, consents, reports, approvals, or other communications which may be or are required to be given, served, or sent pursuant to this Agreement shall be in writing and shall be (i) provided through Electronic Transmission by the Company or Electronic Transmission to the Company, (ii) mailed by first-class, registered or certified mail, return receipt requested, postage prepaid, (iii) hand-delivered, or (iv) delivered by overnight carrier. Notices shall be addressed to the Member as set forth in this Agreement, and addressed to the Company at the principle offices of the Company specified in this Agreement. Each Member or Company may designate by notice in writing a new address to which any such notice may thereafter be so given, served, or sent. Each notice which shall be mailed or transmitted in the manner described above shall be deemed sufficiently given, served, sent, or received for all purposes at such time as it is delivered to the addressee (with the return receipt or the delivery receipt being deemed conclusive evidence of such delivery) or at such time as delivery is refused by the addressee upon presentation.

(Signatures on Following Page)

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IN WITNESS WHEREOF, the Member and the Company have adopted this Amended and Restated Operating Agreement effective as of the date first set forth above.

COMPANY:

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC,
a California limited liability company

By: _____
Name: Laureen Driscoll
Title: President

MEMBER:

ST. JOSEPH HEALTH SYSTEM,
a California nonprofit public benefit corporation

By: _____
Name: Anna Newsom
Title: Corporate Secretary

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Appendix A

Definitions

For purposes of this Agreement, the following terms shall have the meanings set forth in this Appendix A.

"**Act**" means California Revised Uniform Limited Liability Company Act, codified in California Corporations Code Section 17701.01 *et seq*., as it may be amended from time to time.

"**Agreement**" means this Operating Agreement, as originally executed and as may be amended in the future from time to time.

"**Authority Matrix**" means the Member's Sponsorship/Governance/Management Authority matrix as the same may be amended from time to time.

"**California Tax Code**" has the meaning set forth as Section 4.4(a)(i) of the Agreement.

"**Company**" has the meaning set forth in the preamble to this Agreement

"**Compliance Issue**" means any event relating to the business or operations of Company, form or structure of the Company, or the performance by any person of any term, covenant, condition or provision of this Agreement that is likely to expose Company or the Member to a material risk of non-compliance with applicable laws and regulations and governmental guidelines and pronouncements, including but not limited to the Health Care Laws.

"**Conflict of Interest Policy**" has the meaning set forth in Section 10.2(i) of this Agreement.

"**Congregation**" has the meaning set forth in Section 4.4(c)(iii) of this Agreement.

"**Contribution Agreements**" means the contribution agreements with each of Santa Rosa Memorial Hospital, Queen of the Valley Medical Center, St. Joseph Hospital of Eureka and Redwood Memorial Hospital of Fortune.

"**Electronic Transmission by the Company**" means a communication (i) delivered by facsimile telecommunication or electronic mail when directed to the facsimile number or electronic mail address, respectively, for that recipient on record with the Company, (ii) delivered to a recipient who has provided an unrevoked consent to the use of those means of transmission for communications under or pursuant to this Agreement, and (iii) that creates a record that is capable of retention, retrieval, and review, and that may thereafter be rendered into clearly legible tangible form.

"**Electronic Transmission to the Company**" means a communication (i) delivered by facsimile telecommunication or electronic mail when directed to the facsimile number or electronic mail address, respectively, that the Company has provided from time to time to the Member or Managers for sending communications to the Company, and (ii) that creates a record

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that is capable of retention, retrieval, and review, and that may thereafter be rendered into clearly legible tangible form.

"**ERDs**" means *The Ethical and Religious Directives of Catholic Health Care Services* issued by the United States Conference of Catholic Bishops ("USCCB"), modified or amended from time to time by the USCCB, and applied or promulgated by the local Bishops.

"**Federal Tax Code**", as in Federal Tax Code Section, means the Internal Revenue Code of 1986, as amended.

"**Governing Board**" has the meaning set forth in Section 9.1 of this Agreement.

"**Health Care Laws**" means, to the extent applicable, (i) the False Claims Act, 31 U.S.C. §§3729 et seq.; (ii) Civil Monetary Penalties Law, 42 U.S.C. §1320a 7a; (iii) federal and state anti-kickback statutes, including, but not limited to, 42 U.S.C. §1320a 7b (also known as the "Anti-Kickback Statute"); (iv) federal and state referral laws, including, but not limited to 42 U.S.C. §1395nn (also known as the "Stark Law"); (v) criminal false claims statutes (e.g., 18 U.S.C. §§ 287 and 1001), (vi) the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. § 3801 et seq.), (vii) the anti-fraud and related provisions of the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology Economic Clinical Health Act of 2009 (e.g., 18 U.S.C. §§ 1035 and 1347), (viii) TRICARE Laws (10 U.S.C. § 1071 et seq.), (ix) rules or regulations promulgated pursuant to any of the foregoing statutes; (x) the laws regulating insurance, health benefit plans, carriers, insurers and issuers contained in Title 48 of the Revised Code of Washington, or (xi) any other federal or state law or regulation of general applicability to health care services fraud and kickback/fee-splitting prohibitions governing or regulating the delivery of health care services and management of health care providers, or regulating medical billing or reimbursement, including but not limited to all applicable Medicare and Medicaid statutes and regulations, in each case including the regulations promulgated under such laws, as amended and superseded from time to time.

"**Hospitals**" has the meaning set forth in Section 2 of the Agreement.

"Managers" has the meaning set forth in Section 9.3(a) of this Agreement.

"Member" means St. Joseph Health System, a California nonprofit public benefit corporation.

"Principles for Governance Redesign" means the Principles for Redesigned Governance Model within St. Joseph Health adopted by the Member.

"**PSJH**" means Providence St. Joseph Health, a Washington nonprofit corporation.

"SJHM" means St. Joseph Health Ministry.

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APPENDIX B

GOVERNING BOARD SELECTION CRITERIA

The specific skill set of the Governing Board will reflect their authority over strategy, the financial plan, quality and safety, and the needs of the Ministries. The skills required on the Governing Board will vary from time to time based on the strategic focus and requirements of the South Division.

IT IS EXPECTED THAT EACH MEMBER OF THE GOVERNING BOARD WILL HAVE THE FOLLOWING QUALIFICATIONS:

To effectively serve and advocate on behalf of the South Division it serves, every effort will be made to ensure a Governing Board composition that reflects the demographic profile (i.e. age, gender, race and ethnicity) of the South Division qualified candidates who bring clinical expertise (e.g. physicians, nurses, allied health professionals) will be sought out, as will individuals who bring understanding of a Service Area's populations, health statuses, and available services. Additional qualifications include:

- Understanding and commitment to Providence St. Joseph Health's (PSJH) Mission, Values and Vision of Health for a Better World.
- Willingness to commit sufficient time to successfully complete roles, responsibilities, goals and duties of the Board.
- Ability to work as part of a team.
- Basic understanding of PSJH's strategic plan.
- Strong communication skills.
- Basic financial knowledge, or willingness to acquire the same, to read and interpret financial statements.
- Willingness to act as a role model and change agent.
- Understanding of the difference between governance and management.
- Commitment to continuous education regarding governance and strategic issues.
- Demonstrated experience in community engagement and/or cultural competency.

Expectations of Members

- **Values.** A Board member reflects the PSJH Values and acts ethically, honestly and in good faith to make decisions that are in the best interest of patients and of the Company and PSJH.
- **Service to Organization.** A Board member serves the Company and PSJH as a whole, rather than any Service Area, department, medical group or constituency. A Board member carries no individual authority and agrees to act in a manner consistent with being a leader of the Company and PSJH.
- **Confidentiality.** A Board member respects the confidentiality of matters brought before the Board.
- **Conflict of Interest.** A Board member complies with the PSJH's Conflict of Interest Policy and shall disclose potential conflicts of interest.

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- **Teamwork.** A Board member agrees to work positively, cooperatively and respectfully with all members and the management team in the performance of his or her duties. A Board member will listen to all members and act in the best interest of the Company. Understanding and respecting the differences between governance and management.
- **Policy Solidarity.** A Board member supports the decisions and policies of the Board in discussions with outsiders, even if the member holds another view or voiced another opinion during Board discussion or was absent from the governing Board meeting where an issue was discussed.
- **Participation.** A Board member comes prepared to meetings, to ask informed questions, and make constructive contribution to discussions and decision-making.
- **Attendance.** Board members are expected to attend all Board meetings in person or by telephonic/electronic means. If missing a meeting is unavoidable, Board members will notify the Board Chair at their earliest convenience. Lack of consistent attendance may be considered during reappointment process.

Selection Criteria Includes:

Understands, Accepts Expectations of Board Membership
Willing and supportive of Mission & Values
Compatible spirituality
Accepts, understands role in carrying out purposes and mission
Accepts, follows governing documents
Energetic support of Vision, Mission, Values, and policies
Exercises responsibilities in accordance with duties of oversight, care and loyalty
Provides advice, input on strategic direction, financial performance
Represents broader community in decision making
Understands, supports roles of PSJH, the Division, and service areas including their interdependence and need to maximize and improve the whole of PSJH and the Division, at times by subordinating the needs of the individual Service Area and/or Division for the good of the system
Understands, willing to undertake board member responsibilities
Commitment to Mission and Affairs of the Organization
Participate in oversight of effective governance, including succession planning
Understands differing roles between the Community Boards and the System Board
Integrates mission into decision making
Commitment to justice for the poor and underserved
Promotes, maintains positive external relationships with communities, business, government, funding sources, other health-related organizations
Willingness to engage in ongoing formation including understand the legacy, mission and vision of the founders of PSJH
Strategic/System Thinking
Understands, accepts complex, multi-location, multi-product health care system
Understands, supports role of the Division Board within PSJH and system needs overall
Has ability to anticipate system-side consequences to local decisions
Strong understanding of the varied health status, social services and populations served across the Division

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Understanding Healthcare Quality, Patient Safety
Actively engage in oversight to improve the Division's outcomes for patient safety, quality
Review, understand national practice standards, reports
Interpersonal/Group Skills
Relates well with others, when not in agreement – engages in productive conversations
Mediates various stakeholder interests for common good
Willingness to accept, understand differing viewpoints
Understands difference between management and governance, respects both
Personal Integrity
Has mature, moral judgement
Is accountable
Able to seek clarity, accept uncertainty
Willing to contribute own expertise
Commitment to Learning and Change
Willing to develop new skills and expertise in new areas
Willing to test and apply new concepts and assess risk
Receptive to new ideas and approaches
Willing to understand and accept that certain policies, services will be decided by PSJH

EXHIBIT 3 TO

SECTION 999.5(d)(4)(A)

Office of the Secretary of State Corporations & Charities Division

Washington Nonprofit Corporation

See attached detailed instructions

☐ Filing Fee $30.00

☒ Filing Fee with Expedited Service $80.00

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ARTICLES OF INCORPORATION

Chapter 24.03 RCW

ARTICLE 1

NAME OF CORPORATION:

Providence St. Joseph Health

(MAY NOT contain any of the following designations or abbreviations of: Corporation, Company, Incorporated, Limited, Limited Partnership, Limited Liability Company, or Limited Liability Partnership. If one of the prohibited designations is used, it will be removed when processed.)

ARTICLE 2

EFFECTIVE DATE OF INCORPORATION *(please check one of the following)*:

☒ Upon filing by the Secretary of State

☐ Specific Date: _____ *(Specified effective date must be within 30 days AFTER the Articles of Incorporation have been filed by the Office of the Secretary of State.)*

ARTICLE 3

TENURE *(please check one of the following and indicate the date if applicable)*:

☒ Perpetual existence

☐ Specific term of existence _____ *(Number of years or date of termination)*

ARTICLE 4

PURPOSE FOR WHICH THE NONPROFIT IS ORGANIZED: *(if necessary, attach additional information)*

See Attachment A

ARTICLE 5

IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: *(if necessary, attach additional information)* See Attachment A

ARTICLE 6

NAME AND ADDRESS OF EACH INITIAL DIRECTOR: *(If necessary, attach additional names and addresses)*

Name: See Attachment A

Address: _____

City _____ State _____ Zip Code _____

ARTICLE 7

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: Business Filings Incorporated

Physical Location Address *(required)*:

505 Union Avenue SE, Suite 120

City Olympia WA Zip Code 98501

Mailing or Postal Address *(optional)*:

_____

City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

x See attachment _____

Signature of Registered Agent Printed Name Date

ARTICLE 8

NAME, ADDRESS AND SIGNATURE OF EACH INCORPORATOR:

*(If necessary, attach additional names, addresses **and signatures**)*

Name: Cindy Fein Strauss

Address: 1801 Lind Avenue SW, #9016

City Renton State WA Zip Code 98057-9016

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

x Cindy Fein Strauss Cindy Fein Strauss/Chief Legal Officer 11/20/2015 425-525-3348

Signature of Incorporator Printed Name/Title Date Phone

***Important note:* If your nonprofit organization is currently fundraising, or plans to fundraise from the public, it may also be required to register with the Charities Program of the Secretary of State. Registration with the Charities Program is separate from, and in addition to, filings required under corporate law. Please visit the Charities Program website at www.sos.wa.gov/charities/ to review the registration requirements and forms for Charitable Organizations.**

ATTACHMENT A TO
ARTICLES OF INCORPORATION
OF
PROVIDENCE ST. JOSEPH HEALTH

ARTICLE 4
PURPOSES

The Corporation has been formed to directly conduct activities that will achieve the charitable purposes set forth in this Article. The Corporation shall at all times be organized and operated exclusively for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue law (the "**Code**"). Further, the Corporation is organized and shall be operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of those specified organizations listed on Exhibit A, all of which are organizations described in the Code and other than private foundations by reason of their being described in Section 509(a)(1) or Section 509(a)(2) of the Code. Consistent with the foregoing, the Corporation has been formed to directly conduct activities that will achieve the following purposes:

(a) To serve as the parent corporation for Providence Health & Services, a Washington nonprofit corporation ("**PH&S**") and St. Joseph Health System, a California nonprofit public benefit corporation ("**SJHS**");

(b) To maintain the relationships PH&S and SJHS have established with like-minded faith-based and secular organizations, and in such capacity provide overall mission, vision, strategic, financial and operational direction for such ministries and organizations;

(c) To facilitate the establishment, operation, management and maintenance for charitable purposes of, hospitals, nursing homes, and other health care, educational, and social service facilities and programs designed to meet the health, educational and social needs of the communities served by the Corporation;

(d) To facilitate the establishment, operation and maintenance for charitable purposes of, programs that provide high-quality, cost-effective health care and related services with particular consideration for the special needs of the poor and vulnerable in the communities the Corporation serves;

(e) To facilitate the provision of scientific research, educational, charitable and such other activities, services and programs related to its ministries;

(f) To engage, as appropriate, in other charitable works which are consistent with the objectives of the Corporation and the mission and values of Providence Ministries and St. Joseph Health Ministry (the "**Co-Sponsors**"); and

(g) To do any and all other things in furtherance of these purposes which are consistent with the laws of the State of Washington, the guiding principles of the Co-Sponsors, and the Corporation's mission, vision and values, with reference to the Roman Catholic moral

tradition, as articulated in documents such as the *Ethical and Religious Directives for Catholic Health Care Services* as promulgated from time to time by the United States Conference of Catholic Bishops.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, the Corporation's directors, officers, or other persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for public office except as authorized under the Code. The Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Code Section 501(c)(3) or by a corporation, contributions to which are deductible under Code Section 170(c)(2).

ARTICLE 5
DISSOLUTION

Upon dissolution or liquidation of the Corporation, its Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation to a recipient entity selected by the Board of Directors, upon approval of the Co-Sponsors, that is organized and operated exclusively for charitable, educational, religious or scientific purposes and qualifies as an exempt organization under Section 501(c)(3) of the Code. If, at the time of dissolution, no such entity is selected, the Board of Directors shall dispose of all of the corporate assets to any other organization(s) selected by the Co-Sponsors, provided that each such recipient entity is then in existence and organized and operated exclusively for charitable, educational, religious or scientific purposes and qualifies at that time for exemption under the Code. Any property and assets not so disposed of by the Board of Directors shall be disposed of by a court of competent jurisdiction in the State of Washington to an entity organized and operated exclusively for charitable, educational, religious or scientific purposes and qualifies as an exempt organization under Section 501(c)(3) of the Code, to be used in such a manner as to accomplish the general health care purposes for which the Corporation is organized.

ARTICLE VI
INITIAL DIRECTORS

Name	Address
Cindy Fein Strauss	1801 Lind Avenue SW, #9016, Renton, WA 98057-9016
Mike Butler	1801 Lind Avenue SW, #9016, Renton, WA 98057-9016
Todd Hofheins	1801 Lind Avenue SW, #9016, Renton, WA 98057-9016

Exhibit A

1. Providence Health & Services – Washington
2. Providence Health System – Southern California
3. Providence Health & Services – Oregon
4. Providence Health & Services – Montana
5. Mission Hospital Regional Medical Center
6. Queen of the Valley Medical Center
7. St. Joseph Hospital of Orange
8. St. Joseph Hospital of Eureka
9. St. Jude Hospital
10. Santa Rosa Memorial Hospital
11. St. Mary Medical Center
12. Redwood Memorial Hospital of Fortuna
13. St. Jude Hospital Yorba Linda
14. Covenant Health System

BizFilings
by CT

REGISTERED AGENT SERVICE

November 20, 2015

To Whom It May Concern:

This letter is written confirmation that Business Filings Incorporated is acting as the Registered Agent for Providence St. Joseph Health in the state of Washington. Our address in the state of Washington is:

Business Filings Incorporated
505 Union Ave SE, Suite 120
Olympia, Washington 98501

If you have any questions regarding this matter, please contact Business Filings Incorporated at 1-800-981-7183.

Sincerely,

Business Filings Incorporated

Brenda Sutter Date: 11/20/15

Assistant Secretary on behalf of Business Filings Incorporated

8020 Excelsior Drive • Suite 200 • Madison, WI 53717
800.981.7183 • 608.827.5300 • fax 608.827.5501
www.BizFilings.com

I, Steve R. Hobbs, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the record on file in this office.

RB

FEB 05 2026

Given under my hand and the Seal of the State of Washington in Olympia, the State Capital.

Total Pages: 10 Steve R Hobbs

Office of the Secretary of State
Corporations & Charities Division

FILED
SECRETARY OF STATE
DECEMBER 23, 2015
STATE OF WASHINGTON

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$70.00 K
tid: 3144622

Washington Nonprofit Corporation

See attached detailed instructions

☐ **Standard Filing Fee $20.00**

☑ **Filing Fee with Expedited Service $70.00**

UBI Number: 603-563617

ARTICLES OF AMENDMENT

Chapter 24.03 RCW

SECTION 1

NAME OF CORPORATION: *(as currently recorded with the Office of the Secretary of State)*

Providence St. Joseph Health

SECTION 2

ARTICLES OF AMENDMENT WERE ADOPTED BY: *(please check and complete one of the following)*

☐ The amendment was adopted by a meeting of members held: (Date) _____
A quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present or represented by proxy were entitled to cast.

☑ The amendment was adopted by a consent in writing and signed by all members entitled to vote.

☐ There are no members that have voting rights. The amendment received a majority vote of the directors at a board meeting held: (Date) _____

SECTION 3

AMENDMENTS TO ARTICLES ON FILE: *(if necessary, attach additional information)*

See Attachment

SECTION 4

EFFECTIVE DATE OF ARTICLES OF AMENDMENT: *(please check one of the following)*

☑ Upon filing by the Secretary of State

☐ Specific Date: _____ *(Specified effective date must be within 30 days AFTER the Articles of Amendment have been filed by the Office of the Secretary of State)*

SECTION 5

SIGNATURE: *(see instructions page)*

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X	Signature	Cindy Fein Strauss/Chief Legal Officer	12/22/2015	425-525-3348
		Printed Name and Title	**Date**	**Phone**

ATTACHMENT TO
ARTICLES OF INCORPORATION
OF
PROVIDENCE ST. JOSEPH HEALTH

ARTICLE 4
PURPOSES

The Corporation has been formed to directly conduct activities that will achieve the charitable purposes set forth in this Article. The Corporation shall at all times be organized and operated exclusively for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue law (the "**Code**"). Further, the Corporation is organized and shall be operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of those specified organizations listed on Exhibit A, all of which are organizations described in the Code and other than private foundations by reason of their being described in Section 509(a)(1) or Section 509(a)(2) of the Code. Consistent with the foregoing, the Corporation has been formed to directly conduct activities that will achieve the following purposes:

(a) To serve as the parent corporation for Providence Health & Services, a Washington nonprofit corporation ("**PH&S**") and St. Joseph Health System, a California nonprofit public benefit corporation ("**SJHS**");

(b) To maintain the relationships PH&S and SJHS have established with like-minded faith-based and secular organizations, and in such capacity provide overall mission, vision, strategic, financial and operational direction for such ministries and organizations;

(c) To facilitate the establishment, operation, management and maintenance for charitable purposes of, hospitals, nursing homes, and other health care, educational, and social service facilities and programs designed to meet the health, educational and social needs of the communities served by the Corporation;

(d) To facilitate the establishment, operation and maintenance for charitable purposes of, programs that provide high-quality, cost-effective health care and related services with particular consideration for the special needs of the poor and vulnerable in the communities the Corporation serves;

(e) To facilitate the provision of scientific research, educational, charitable and such other activities, services and programs related to its ministries;

(f) To engage, as appropriate, in other charitable works which are consistent with the objectives of the Corporation and the mission and values of Providence Ministries and St. Joseph Health Ministry (the "**Co-Sponsors**"); and

(g) To do any and all other things in furtherance of these purposes which are consistent with the laws of the State of Washington, the guiding principles of the Co-Sponsors, and the Corporation's mission, vision and values, with reference to the Roman Catholic moral

tradition, as articulated in documents such as the *Ethical and Religious Directives for Catholic Health Care Services* as promulgated from time to time by the United States Conference of Catholic Bishops.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, the Corporation's directors, officers, or other persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for public office except as authorized under the Code. The Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Code Section 501(c)(3) or by a corporation, contributions to which are deductible under Code Section 170(c)(2).

ARTICLE 5
DISSOLUTION

Upon dissolution or liquidation of the Corporation, its Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation to a recipient entity selected by the Board of Directors, upon approval of the Co-Sponsors, that is organized and operated exclusively for charitable, educational, religious or scientific purposes and qualifies as an exempt organization under Section 501(c)(3) of the Code. If, at the time of dissolution, no such entity is selected, the Board of Directors shall dispose of all of the corporate assets to any other organization(s) selected by the Co-Sponsors, provided that each such recipient entity is then in existence and organized and operated exclusively for charitable, educational, religious or scientific purposes and qualifies at that time for exemption under the Code. Any property and assets not so disposed of by the Board of Directors shall be disposed of by a court of competent jurisdiction in the State of Washington to an entity organized and operated exclusively for charitable, educational, religious or scientific purposes and qualifies as an exempt organization under Section 501(c)(3) of the Code, to be used in such a manner as to accomplish the general health care purposes for which the Corporation is organized.

ARTICLE VI
INITIAL DIRECTORS

Name	Address
Cindy Fein Strauss	1801 Lind Avenue SW, #9016, Renton, WA 98057-9016
Mike Butler	1801 Lind Avenue SW, #9016, Renton, WA 98057-9016
Todd Hofheins	1801 Lind Avenue SW, #9016, Renton, WA 98057-9016

Exhibit A

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8. St. Joseph Hospital of Orange
9. St. Joseph Hospital of Eureka
10. St. Jude Hospital
11. Santa Rosa Memorial Hospital
12. St. Mary Medical Center
13. Redwood Memorial Hospital of Fortuna
14. St. Jude Hospital Yorba Linda

PROVIDENCE
Health & Services

System Office
1801 Lind Avenue, # 9016
Renton, Washington 98057-9016
(425) 525-3926

VIA FEDERAL EXPRESS **EXPEDITE**

December 22, 2015

Secretary of State
Corporations Division
801 Capitol Way S
Olympia, WA 98504-0234

Re: Articles of Amendment: Providence St. Joseph Health: UBI# 603-563-617

Dear Sir or Madam:

Enclosed please find the following:

1. Original Articles of Amendment for Providence St. Joseph Health for filing:
2. Check in the amount of $70.00;
3. Duplicate copy of Articles of Incorporation for your use;
4. Return Federal Express envelope to return expedited filing.

Please file the enclosed Articles of Amendment and return a copy to me in the enclosed self-addressed Federal Express envelope.

Should you have any questions or require additional documentation, please feel free to contact me at (425) 525-3926 or email me at kathleen.hales@providence.org.

Sincerely,

Kathie Hales

Kathie Hales
Paralegal

Enclosures

/kh

After printing this label:
1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.
Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery,misdelivery,or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim.Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental,consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss.Maximum for items of extraordinary value is $1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

05/13/2026

NOTICE-000259

I, Steve R. Hobbs, Secretary of State of the State of Washington and custodian of its seal, hereby certify the foregoing is a true and accurate copy of the record on file in this office.

RB

FEB 05 2026

Given under my hand and the Seal of the State of Washington in Olympia, the State Capital.

Total Pages: 10 Steve R Hobbs

EXHIBIT 4 TO

SECTION 999.5(d)(4)(A)

AMENDED AND RESTATED BYLAWS
OF
PROVIDENCE ST. JOSEPH HEALTH

ARTICLE I

CORPORATION

Section 1.1 Corporate Name. The name of the corporation shall be Providence St. Joseph Health, a Washington nonprofit corporation (the "**Corporation**").

Section 1.2 Formation and Description. The Corporation is formed as a nonprofit corporation organized and existing under the laws of the State of Washington. The Corporation shall serve as the common parent corporation of two (2) Catholic health care systems, Providence Health & Services (a Washington nonprofit corporation) ("**PH&S**") and St. Joseph Health System (a California nonprofit public benefit corporation) ("**SJHS**") and thereby jointly govern PH&S and SJHS as an integrated health care system built upon complementary missions, visions, values and principles.

Section 1.3 Canonical Co-Sponsors. The Corporation is affiliated with the Roman Catholic Church, and has as its canonical sponsors Providence Ministries and St. Joseph Health Ministry, each of which is recognized as a public juridic person for Canon law purposes (referred each individually as a "**Sponsor**" and together as the "**Co-Sponsors**"). The Co-Sponsors shall act by and through a council formed by representatives of the Co-Sponsors (the "**Co-Sponsors Council**").

Section 1.4 Purposes. The Corporation shall at all times be organized and operated exclusively for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue law (the "**Code**"). The Corporation has been formed for the following purposes:

(a) To serve as the parent corporation for PH&S and SJHS;

(b) To maintain the relationships PH&S and SJHS have established with like-minded faith-based and secular organizations, and in such capacity provide overall mission, vision, strategic, financial and operational direction for such ministries and organizations;

(c) To facilitate the establishment, operation, and maintenance for charitable purposes of, hospitals, nursing homes, and other health care, educational, and social service facilities and programs designed to meet the health, educational and social needs of the communities served by the Corporation;

(d) To facilitate the establishment, operation and maintenance for charitable purposes of, programs that provide high-quality, cost-effective health care and related services with particular consideration for the special needs of the poor and vulnerable in the communities the Corporation serves;

(e) To facilitate the provision of scientific research, educational, charitable and such other activities, services and programs related to its ministries;

(f) To engage, as appropriate, in other charitable works which are consistent with the objectives of the Corporation and the mission and values of the Co-Sponsors; and

(g) To do any and all other things in furtherance of these purposes which are consistent with the laws of the State of Washington, the guiding principles of the Co-Sponsors, and the Corporation's mission, vision and values, with reference to the Roman Catholic moral tradition, as articulated in documents such as the *Ethical and Religious Directives for Catholic Health Care Services* as promulgated from time to time by the United States Conference of Catholic Bishops (the "**Ethical and Religious Directives**").

Section 1.5 Nonprofit Organization. All of the assets and the earnings of the Corporation shall be used and applied in furtherance of the nonprofit, tax-exempt purposes set forth above and in the Corporation's Articles of Incorporation ("**Articles of Incorporation**"). Furthermore:

(a) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its Directors (as defined in Section 5.3), Officers (as defined in Section 6.1), or other persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein;

(b) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to, any candidate for public office except as authorized under the Code; and

(c) Notwithstanding any other provision of these Bylaws, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Code Section 501(c)(3) or by a corporation, contributions to which are deductible under Code Section 170(c)(2).

Section 1.6 Corporate Dissolution. Upon dissolution of the Corporation, any assets shall be distributed in the manner set forth in the Articles of Incorporation.

ARTICLE II

OFFICES

Section 2.1 Principal Office. The principal office of the Corporation shall be located at 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016.

Section 2.2 Other Offices. The Corporation may also have offices at such other places both within and without the State of Washington as the Board of Directors may from time to time determine or as the business of the Corporation may require.

ARTICLE III

MEMBER

The sole member of the Corporation shall be the Co-Sponsors Council, which shall act through its members (the "**Member**").

ARTICLE IV

CO-SPONSORS

Section 4.1 Powers Reserved to the Co-Sponsors. The Co-Sponsors, acting through the Co-Sponsors Council, shall have the right to exercise reserved powers with respect to the Corporation, as set forth in the Governance Matrix attached hereto at Exhibit 4.1 (the "**Governance Matrix**").

Section 4.2 Recognition of Co-Sponsor Heritage. The Corporation will publicly recognize and honor the heritage of the Co-Sponsors, and will continue to foster close and ongoing relationships with the Co-Sponsors and their respective participating congregations.

Section 4.3 Executive Vice President of Mission Integration. The Corporation shall have an Executive Vice President of Mission Integration who shall be appointed by the President and CEO in a collaborative manner with the Co-Sponsors Council. The Executive Vice President of Mission Integration shall have general charge and responsibility for mission integration for the Corporation.

ARTICLE V

BOARD OF DIRECTORS

Section 5.1 General Powers. The Corporation's Board of Directors (the "**Board of Directors**" or "**Board**") shall exercise general governance and control over the affairs of the Corporation, and shall exercise its powers and control its property. The Board shall have the power and authority, subject to rights reserved to the Co-Sponsors Council, to do and perform all acts or functions which may be exercised or performed by the Corporation under the laws of the State of Washington, these Bylaws and the Articles of Incorporation.

Section 5.2 Selection Criteria for Directors. The Corporation, in close consultation with the Co-Sponsors Council, shall establish a process for evaluating the selection criteria for individuals nominated to serve on the Board of Directors. The Nominating Committee (as described at Section 7.7) shall adhere to established criteria when nominating individuals to serve on the Board.

Section 5.3 Composition of the Board. Except as otherwise set forth herein, the business and affairs of the Corporation shall be governed by a Board of Directors numbering not less than eight (8) or more than fifteen (15) individuals (each a "**Director**") with the number of Directors set from time to time upon resolution of the Board, subject to the rights reserved to the Co-Sponsors Council; *provided that* a decrease in the number of Directors shall not operate to

shorten the term of any Director then serving. The President and CEO (as described in Section 6.3) shall serve on the Board *ex-officio*, with vote.

Section 5.4 Initial Board.

(a) Notwithstanding Section 5.3, effective as of the effective date of these Bylaws, the Corporation's initial Board of Directors shall consist of fifteen (15) voting Directors, as follows: seven (7) Directors appointed by PH&S and approved by PH&S' Sponsor (the "**PH&S Appointed Directors**") and seven (7) Directors appointed by SJHS and approved by SJHS' Sponsor (the "**SJHS Appointed Directors**", and together with the PH&S Appointed Directors, the "**Initial Directors**"), and the President and CEO, who shall serve *ex-officio* with vote.

(b) Each Initial Director elected shall be slated to serve in one (1) of three (3) classes of Initial Directors, as follows:

(1) Class A Directors: Shall serve one (1) three (3)-year term and shall not be eligible for reappointment;

(2) Class B Directors: Shall serve an initial three (3)-year term and shall be eligible for reappointment for one additional three (3)-year term; and

(3) Class C Directors: Shall serve an initial three (3)-year term and shall be eligible for reappointment for two additional three (3)-year terms.

(c) Of the Initial Directors, four (4) Directors would be allocated to Class A (two (2) PH&S Appointed Directors and two (2) SJHS Appointed Directors), four (4) Directors to Class B (two (2) PH&S Appointed Directors and two (2) SJHS Appointed Directors), and six (6) Directors to Class C (three (3) PH&S Appointed Directors and three (3) SJHS Appointed Directors).

Section 5.5 Election of Directors; Process of Election. The Board shall be self-perpetuating, with Directors elected without regard for representational requirements as between PH&S and SJHS, *provided that*, there shall be no obligation to re-elect Initial Directors and the election of Directors remains subject to those rights reserved to the Co-Sponsors Council. The process for election shall be as follows: (1) Directors are nominated for election by the Nominating Committee pursuant to established criteria referenced in Section 5.2; (2) nominees are submitted to the Board for election; and (3) those nominees so elected are recommended to the Co-Sponsors Council for approval.

Section 5.6 Vacancies. Vacancies shall be filled by a majority vote of the Board, and the individual appointed to fill the vacancy shall serve the remainder of the unexpired term and shall be eligible to serve three (3) additional three (3)-year terms.

Section 5.7 Director Terms. Except as set forth in Section 5.6 and Section 5.9, no Director may serve more than nine (9) consecutive years without at least a one (1)-year break in service on the Board (excluding the President and CEO, who shall serve *ex-officio* for the duration of his or her term).

Section 5.8 Chairperson of the Board.

(a) The chairperson of the Board (the "**Chairperson**") shall preside at all meetings of the Board and manage the Board and Board matters, and together with the Board oversee the Corporation, promote a strong Catholic identity, and foster collaborative, timely and effective Board governance. The Chairperson shall serve on all Board Committees, *ex-officio*, with vote. The Chairperson shall serve a two (2)-year term and shall be eligible for reappointment for one (1) additional two (2)-year term.

(b) Notwithstanding the foregoing, effective as of the effective date of these Bylaws, the initial Chairperson of the Board (the "**Initial Chairperson**") shall be an individual appointed by SJHS from among the Directors, and approved by the Co-Sponsors.

(c) All references to the duties, rights and obligations of the "Chairperson" in these Bylaws shall be deemed to also refer to the Initial Chairperson.

Section 5.9 Immediate Past Chairperson. Upon completion of a Chairperson's term(s), he or she shall serve as Immediate Past Chair for a period of two years. The Immediate Past Chair shall be a voting member of the Board of Directors, Executive Committee and Executive Compensation Committee. The role of the Immediate Past Chair shall be to add continuity to the Board during transition to a new Chairperson and to provide guidance and a historical perspective of the Board's activities. As necessary, the Chairperson's term as a member of the Board shall be automatically extended as needed to accommodate the two year term as Immediate Past Chair.

Section 5.10 Chairperson Elect. At least twelve months before the end of the Chairperson's term, the Board shall either appoint the current Chairperson to a second term or appoint a Chairperson Elect to assume the role of Chairperson following expiration of the current Chairperson's term. If a Chairperson Elect is appointed, the Chairperson Elect shall preside at all meetings of the Board and manage the Board and Board matters in the event of the absence or disability of the Chairperson, and shall perform such duties as from time to time may be assigned to him or her by the Chairperson of by the Board.

Section 5.11 Board Meetings and Procedural Rules.

(a) **Location**. Annual, regular and special meetings of the Board shall be held at the principal office of the Corporation or such other location within or without the State of Washington as may be designated from time to time by the Board by resolution.

(b) **Annual Meeting**. The annual meeting of the Board shall be held by December 31 of each year.

(c) **Regular Meetings of the Board**. Regular meetings of the Board shall occur at least quarterly each year.

(d) **Special Meetings of the Board**. Special meetings of the Board may be called upon written request by two (2) or more Directors, the Chairperson, or the President and CEO.

(e) **Notice of Board of Directors Meetings**. Written notice of all Board meetings shall be mailed by first class mail, personally delivered, or sent by electronic transmission as provided by Section 12.5 to each Director at least two (2) days before the date of the meeting for a regular meeting, which notice shall in the case of a special meeting be delivered at least two (2) days before the date of the meeting and state the nature of the business to be taken up at the meeting. If mailed, such notice shall be deemed to be delivered when deposited in the U.S. Mail, postage prepaid, addressed to the Director at their address as it appears on the records of the Corporation. Electronic notice, if utilized, shall comply with the requirements set forth at Section 12.5. Attendance at any meeting of the Board shall constitute a waiver of notice under this Section, except where a Director attends to object because the meeting has been called or convened in contravention to the requirements of these Bylaws or the laws of the State of Washington.

(f) **Quorum**. For all meetings of the Board, a quorum shall be a simple majority of the Directors then serving unless a greater majority is required by law. If less than a majority is present at a meeting, a majority of the Directors present may adjourn and reconvene the meeting from time to time without further notice.

(g) **Action by Unanimous Written Consent**. Waiver of notice of any Board meeting or any action required to be taken at a meeting of the Board, or any other action which may be taken at a meeting of the Board, may be taken without a meeting if a consent in writing, setting forth the actions so taken, is signed by all the Directors entitled to vote with respect to the subject matter thereof. Any consent signed by all the Directors shall have the same effect as a unanimous vote.

(h) **Telephonic Meetings**. Directors may participate in and act at any meeting of such Board by means of conference telephone, videoconference or similar communication equipment by which all persons participating in the meeting can hear each other at the same time. Participation by such means constitutes presence in person at the meeting.

(i) **Voting**. Voting on any question or in any election may be by voice, unless the individual presiding at the meeting shall order, or a Director shall demand, that voting be by ballot.

(j) **Manner of Acting**. Each Director shall be entitled to one (1) vote on all matters voted on at any meeting. Except as otherwise provided by law, the Articles of Incorporation, or these Bylaws, the act of a majority of the Directors present at the meeting at which a quorum is present shall be the act of the Board.

(k) **Compensation/Reimbursement of Directors**. Directors may receive reasonable compensation for their services as Directors, subject to approval by the Co-Sponsors Council. Directors shall be reimbursed for reasonable expenses of attendance at meetings or when on other business of the Corporation, *provided that* such reimbursement is made only in accordance with the Corporation's policies and procedures for such payments.

(l) **Board Evaluation**. Under the direction of the Governance Committee, the Board shall evaluate its performance no less than every two (2) years.

Section 5.12 Resignation. A Director may resign at any time by giving written notice to the Chairperson. The Chairperson or Vice-Chairperson may resign by giving written notice to the President and CEO and Co-Sponsors Council.

Section 5.13 Vacancies. Except as set forth in Section 5.4(c), vacancies on the Board shall be filled by a majority vote of the Board, in accordance with established criteria (subject to Co-Sponsors Council approval). Directors appointed to fill a vacancy shall serve the remainder of the term of the Director they are replacing, and shall be subject to the Corporation's election process as set forth in Section 5.5 at the conclusion of such term.

Section 5.14 Removal. Any Director may be removed at any time by action of the Board, with or without cause, subject to the rights reserved to the Co-Sponsors Council.

Section 5.15 Joint Meetings. At least two (2) joint meetings of the Chairperson, the President and CEO and the Co-Sponsors Council shall take place annually. The Co-Sponsors Council shall be invited to attend regular board meetings of the Corporation to participate in strategic dialogue.

Section 5.16 Presumption of Assent. Any Director who is present at a meeting of the Board at which action on any corporate matter is taken shall be conclusively presumed to have assented to the action taken, unless such Director: (a) abstains and such abstention is recorded in the minutes of the Corporation; (b) provides a dissent that is entered in the minutes of the meeting; (c) files a written dissent to such action with the person acting as the secretary of the meeting before the adjournment thereof; or (d) forwards such dissent by registered mail to the Secretary of the Corporation immediately after the adjournment of the meeting. The right to dissent shall not apply to a Director who voted in favor of an action.

ARTICLE VI

OFFICERS

Section 6.1 Officer Numbers and Titles. The officers of the Corporation shall be a President and Chief Executive Officer ("**President and CEO**"), a Vice President, a Secretary and a Treasurer (collectively, "**Officers**"). The powers and duties of the Officers shall be as set forth in these Bylaws and as otherwise designated from time to time by the Board, to the extent consistent with law, the Articles of Incorporation and these Bylaws. Any number of offices may be held by the same person except that the same individual may not serve concurrently as the Secretary and the President and CEO.

Section 6.2 Election and Appointment. The Officers, except the President and CEO, shall be appointed by the President and CEO from among those individuals serving in a management role at the Corporation. Such Officers shall hold office until their replacements are appointed.

Section 6.3 President and CEO. The President and CEO shall be the chief executive officer of the Corporation and shall be the direct executive representative to the Board in the management of the Corporation. The President and CEO shall serve on all Board Committees, *ex-officio*, with vote. The President and CEO shall have and exercise general management and

supervision of the affairs of the Corporation, subject to those rights reserved to the Co-Sponsors Council. The President and CEO shall be appointed by the Board, subject to those rights reserved to the Co-Sponsors Council, to serve until the earlier of his or her death, resignation or removal.

Section 6.4 Vice President. The Vice President shall perform such duties as are established from time to time by the Board and shall report to the President and CEO. In all other matters, the Vice President shall function in accordance with the specific powers which have been delegated to him or her by the Board and/or the President and CEO.

Section 6.5 Treasurer. The Treasurer shall have general charge and responsibility relating to the financial concerns of the Corporation. The Treasurer shall perform such other duties and functions as may from time to time be designated by the Board, subject to the overall control of such Board. The Treasurer shall be responsible for causing an audited financial statement to be provided to the Board of Directors at least annually.

Section 6.6 Secretary. The Secretary shall be the custodian of and shall maintain the corporate books and records, the minutes of the meetings of the Board and assure that all required notices are duly given in accordance with these Bylaws, the Articles of Incorporation or as otherwise may be required by law. The Secretary shall, in general, perform all duties incident to the office of Secretary, subject to the control of the Board and shall do and perform such other duties as may be assigned from time to time by the Board.

Section 6.7 Assistants to the Officers. The President and CEO may appoint, in his or her discretion, one (1) or more assistants to each of the Secretary and the Treasurer. Such assistant treasurers and assistant secretaries shall perform such duties as shall be assigned to them by the Treasurer or Secretary, respectively, or by the President and CEO.

Section 6.8 Resignation and Removal. Any Officer of the Corporation may resign at any time by giving written notice of resignation to the President and CEO; *provided that*, if the President and CEO resigns, he or she shall provide such written notice to the Chairperson. The President and CEO may remove any other Officer. Removal of an Officer shall be without prejudice to the contract rights, if any, of the Officer so removed; *provided that* mere election or appointment as an Officer does not create contract rights.

Section 6.9 Vacancy. A vacancy in an Officer position, except that of the President and CEO, may be filled by the President and CEO. Any vacancy in the position of President and CEO shall be filled in the manner described in Section 6.3.

Section 6.10 Delegation of Officer Powers and Duties. The President and CEO may delegate temporarily the powers and duties of any Officer, in case of such Officer's absence or for any other reason, to any other Officer, and may authorize the delegation by an Officer of any such Officer's powers and duties to any agent or employee subject to the general supervision of such Officer.

Section 6.11 Officer Authority. Unless otherwise ordered by the Board and subject to the direction, if any, given by the Board, any Officer of this Corporation shall have full power and authority on behalf of the Corporation to vote either in person or by proxy at any meeting of stockholders of any corporation in which this Corporation may hold stock or otherwise have an

opportunity to vote, and at such meeting may possess and exercise all the rights and powers incident to the ownership of such stock or membership which, as the owner thereof, this Corporation might have possessed and exercised, if present.

Section 6.12 Governance Matrix. The Governance Matrix, as amended from time to time, is incorporated into and considered part of these Bylaws by reference. In the case of a conflict between the Governance Matrix and the terms of these Bylaws, the terms of these Bylaws shall control.

ARTICLE VII

COMMITTEES OF THE BOARD

Section 7.1 Committees Generally. Committees are designed to facilitate the actions of the Board. Committees neither expand nor contract the responsibility of the Board, but instead enable the Board to function more efficiently and effectively. Committees only recommend actions and do not have the authority of the Board, except where expressly authorized by these Bylaws and the laws of the State of Washington, and any expenditure of funds by a committee shall require the prior approval of the Board.

Section 7.2 Designation of Committees. The Board of Directors, by a resolution adopted by a majority of the Board, may designate committees of the Board (each a "**Committee**"), each of which shall have at least two (2) Directors as members, and which Committees shall have and exercise such responsibilities and authority as provided for in such resolution and which is consistent with these Bylaws and the laws of the State of Washington. Each Committee, subject to the approval of the Board, may enact rules and regulations relating to the conduct of the affairs of the Committee, and may form subcommittees which shall operate in a manner consistent with this Article VII. Each Committee so established shall meet at the time and place designated by the Chairperson or the Committee chairperson, and shall keep regular minutes of its meetings and shall cause such minutes to be recorded and kept at an office of the Corporation. Notice for all meetings of Committees shall be provided in a manner consistent with that for the Board, as set forth at Section 5.10(e).

Section 7.3 Committee Membership. The Chairperson shall appoint the members of each Committee, taking into account input from the Board. The Chairperson shall also name the chairperson of each committee. Committee membership may include individuals who are not on the Board who have specific expertise, to the extent permitted by law and after consultation with the President and CEO. Committee members may be removed with or without cause by the Chairperson. The Chairperson and President and CEO shall each serve as *ex-officio* members of each Committee, with vote.

Section 7.4 Committee Quorum; Actions. A quorum for any meeting of Committee shall be a simple majority of the Committee members. The affirmative vote of a majority of the quorum shall be considered the action of the Committee; provided that such vote includes the affirmative vote of at least one Director who is a member of the Committee.

Section 7.5 Committee and Committee Chairperson Terms. Except as otherwise set forth herein or pursuant to the Committee charters adopted from time to time, Committee members shall serve two (2) year terms. The Chairperson of a Committee shall be appointed to serve a two year term and may be reappointed to serve additional two year terms.

Section 7.6 Executive Committee. The Board shall establish an Executive Committee, which shall have delegated authority from the Board.

Section 7.7 Governance Committee. The Board shall establish a Governance Committee, which shall have as a subcommittee a Nominating Committee.

ARTICLE VIII

CONFLICTS AND DUALITY OF INTEREST

Any Director, Officer, employee or Committee member having an interest in a transaction, contract or other matter presented to the Board or a Committee thereof for authorization, approval or ratification shall provide prompt, full and frank disclosure of his or her interest to the Board or Committee prior to its acting on such contract or transaction. The body to which such disclosure is made shall determine, by a majority vote, whether a duality or conflict of interest exists or can reasonably be construed to exist. If a conflict is deemed to exist, such person shall not vote on, nor use his or her personal influence on, nor participate (other than to present factual information or to respond to questions) in the discussions or deliberations with respect to, such contract or transactions. Such person may be counted in determining the existence of a quorum at any meeting where the contract or transaction is under discussion or is being voted upon. The minutes of the meeting shall reflect the disclosure made, the vote thereon and, where applicable, the abstention from voting and participation, and whether a quorum is present. This Corporation shall also adopt policies from time to time more clearly setting forth any requirements regarding disclosure and actions relating to duality or conflicts of interest.

ARTICLE IX

INDEMNIFICATION

Section 9.1 Definitions. For the purposes of this Article IX:

(a) "Director" means an individual who is or was a Director of the Corporation or an individual who, while a Director of the Corporation, is or was serving at the Corporation's request as a Director, officer, partner, trustee, employee, or agent of another foreign or domestic corporation, partnership, joint venture, trust, employee benefit plans, or other enterprise. A Director is considered to be serving an employee benefit plan at the Corporation's request if the Director's duties to the Corporation also impose duties on, or otherwise involve services by, the Director to the plan or to participants in or beneficiaries of the plan. "Director" includes, unless the context requires otherwise, the estate or personal representative of a Director.

(b) "Liability" means the obligation to pay a judgment, settlement, penalty or fine, including an excise tax assessment with respect to an employee benefit plan, or reasonable expenses incurred with respect to a proceeding.

(c) "Official Capacity" means:

(1) when used with respect to a Director, the office of Director in the Corporation; and

(2) when used with respect to an Officer, the elective or appointive office in the Corporation held by that individual.

(d) "Proceeding" means any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative and whether formal or informal.

Section 9.2 Action Not By or In Right of the Corporation. The Corporation shall indemnify any Director or Officer who was or is a party or is threatened to be made a party to any proceeding (other than an action by or in the right of the Corporation) by reason of the fact that he or she is or was a Director or Officer of the Corporation against judgments, penalties, fines, settlements and reasonable expenses, including attorneys' fees, actually and reasonably incurred by the Director or Officer in connection with the proceeding if he or she acted in good faith and:

(a) in the case of conduct in his or her own official capacity with the Corporation, he or she reasonably believed the conduct to be in the Corporation's best interests; or

(b) in all other cases, he or she reasonably believed the conduct to be at least not opposed to the Corporation's best interests; and

(c) in the case of any criminal proceeding, he or she had no reasonable cause to believe the conduct was unlawful.

The termination of any proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, be determinative that the Director or Officer did not meet the requisite standard of conduct set forth in this Section 9.2.

Section 9.3 Action By or In the Right of the Corporation. The Corporation shall indemnify any Director or Officer who was or is a party or is threatened to be made a party to any proceeding by or in the right of the Corporation by reason of the fact that he or she is or was a Director or Officer of the Corporation against reasonable expenses, including attorneys' fees, actually and reasonably incurred by such individual in connection with such proceeding if he or she conducted himself or herself in good faith and:

(a) in the case of conduct in an official capacity with the Corporation, he or she reasonably believed the conduct to be in the Corporation's best interests; or

(b) in all other cases, he or she reasonably believed the conduct to be at least not opposed to the Corporation's best interests, provided that no indemnification shall be made pursuant to this Section 9.3 in respect of any proceeding in which such person shall have been adjudged to be liable to the Corporation.

Section 9.4 Limitation on Indemnification. A Director or Officer shall not be indemnified under this Article in respect of any proceeding, whether or not involving action in his or her official capacity, in which he or she shall have been adjudged to be liable on the basis that the Director or Officer personally received a benefit in money, property, or services to which the Director or Officer was not legally entitled.

Section 9.5 Expenses if Successful. To the extent that the Director or Officer of the Corporation has been successful on the merits or otherwise in the defense of any proceeding referred to in this Article, he or she shall be indemnified against reasonable expenses, including attorneys' fees, incurred in connection with the proceeding.

Section 9.6 Authorization. No indemnification shall be made by the Corporation unless authorized in the specific case upon a determination that the indemnification of the Director or Officer is permissible in the circumstances because he or she has met the applicable standard of conduct set forth in this Article. Such determination shall be made: (a) by the Board by a majority vote of a quorum consisting of Directors not at the time parties to the proceeding; (b) if a quorum is unobtainable, by majority vote of a Committee duly designated by the Board, in which designated Directors who are parties may participate, consisting solely of two (2) or more Directors not at the time parties to the proceeding; of (c) in a written opinion by legal counsel (other than an attorney or a firm having associated with it an attorney, who has been retained by or who has performed services within the past three (3) years for the Corporation or any party to be indemnified) selected by the Board or a Committee thereof by vote as set forth in (a) or (b) of this Section.

Section 9.7 Advance Payment. Reasonable expenses incurred in defending a proceeding may be paid by the Corporation in advance of final disposition of the proceeding: (a) upon receipt by the Corporation of a written undertaking by or on behalf of the Director or Officer to repay such amount if it shall ultimately be determined that the Director or Officer has not met the standard of conduct necessary for indemnification by the Corporation as authorized by this Article; and (b) upon receipt by the Corporation of a written affirmation by the Director or Officer of his or her good faith belief that he or she has met the standard of conduct necessary for indemnification by the Corporation as authorized in this Article.

Section 9.8 Insurance. The Corporation shall have the power to purchase and maintain insurance on behalf of an individual who is or was a Director or Officer of the Corporation or who, while a Director or Officer of the Corporation, is or was serving at the request of the Corporation as a director, officer, partner, trustee, employee, or agent of another foreign or domestic corporation, partnership, joint venture, trust, employee benefit plan, or other enterprise, against liabilities asserted against or incurred by the individual in that capacity or arising from the individual's status as a director, officer, employee, or agent, whether or not the Corporation would have the power to indemnify the individual against the same liability under these Bylaws or the Washington Nonprofit Corporation Act.

Section 9.9 Nonexclusivity. The indemnification and advancement of expenses provided by, or granted pursuant to this Article of these Bylaws shall not be deemed exclusive of any other rights to which any present or former Director or Officer of the Corporation may be entitled by contract, policy or otherwise under applicable law.

Section 9.10 Permissive Indemnification. The Board may establish policies to indemnify employees and others providing service to the Corporation.

Section 9.11 State Law Controls. Notwithstanding the indemnification provided under this Article, no person shall be indemnified by the Corporation unless such action is in compliance with the Washington Nonprofit Corporation Act (Chapter 24.03 of the Revised Code of Washington), as amended from time to time.

ARTICLE X

FISCAL YEAR

The fiscal year of this Corporation shall commence on such date agreed upon by the Board.

ARTICLE XI

AMENDMENTS

Subject to those rights reserved to the Co-Sponsors Council, the Board shall have the authority to alter, amend and repeal these Bylaws by an affirmative vote of a majority of the voting Directors then serving, at a regular or special meeting of the Board, except as otherwise provided by law or as otherwise specified in these Bylaws. In addition, the Board shall regularly review these Bylaws and propose any revisions to conform the Bylaws to the applicable requirements of state or federal law and/or accreditation standards.

ARTICLE XII

MISCELLANEOUS PROVISIONS

Section 12.1 Depositories. All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation in such banks, financial institutions, mutual funds or other depositories as the Board may designate.

Section 12.2 Checks and Drafts. All checks, drafts, or other orders for the payment of money issued in the name of the Corporation shall be signed by such Officer or Officers or person or persons (whether or not Officers of Corporation) in such manner as shall from time to time be determined by the Board.

Section 12.3 Contracts and Instruments. Subject to any limitations contained in these Bylaws or by resolution of the Board, all deeds, mortgages, bonds and other contracts or instruments of the Corporation shall be signed on behalf of the Corporation by the President and CEO or such other Officers as may be designated by the Board from time to time.

Section 12.4 Agents and Representatives. The Board may appoint such agents and representatives of the Corporation with such powers and with the authority to perform such acts or duties on behalf of the Corporation as the Board may deem appropriate, consistent with these Bylaws, the Articles of Incorporation of the Corporation and applicable law.

Section 12.5 Electronic Communications. To the fullest extent permitted by law, the Board and Committees may utilize electronic communications such as e-mail, faxes and other electronic communications for purposes of distributing notices of meetings, voting by ballot or otherwise, executing unanimous written consents as otherwise authorized by these Bylaws, and for all other legitimate purposes of communicating.

* * * * *

Approved and effective this 16th day of Oct., 2018.

Cindy Straus

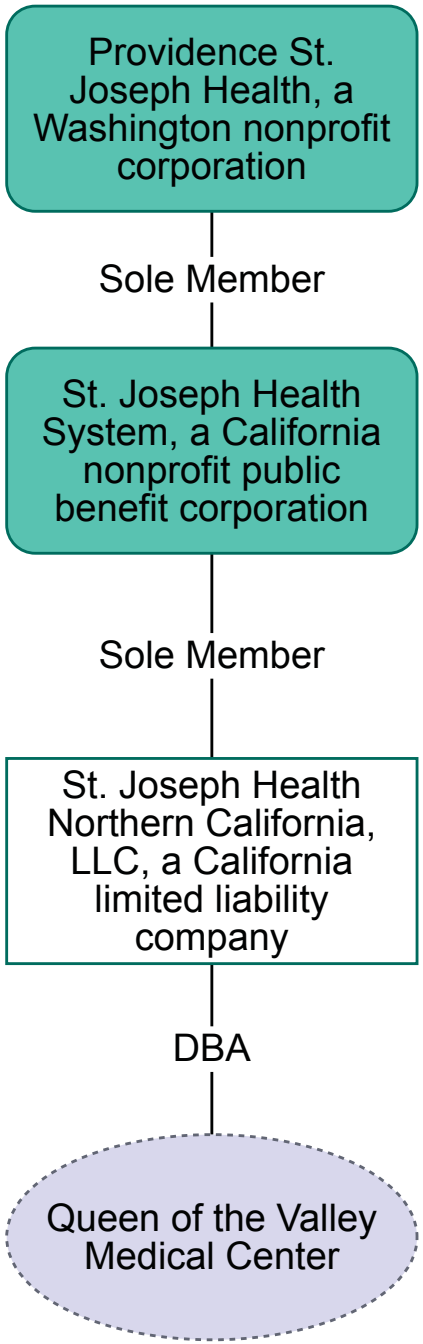
Secretary of the Corporation

EXHIBIT 5 TO

SECTION 999.5(d)(4)(A)

Legend

- Corporation
- Limited Liability Company
- Assets
- Ownership



Pursuant to the Bylaws of St. Joseph Health System the board of directors St. Joseph Health System is mirrored with the board of directors of Providence St. Joseph Health.

11 Cal. Code Reg. Section 999.5(d)(4)(B)

Applicant's plan for use of the net proceeds after the close of the proposed transaction together with a statement explaining how the proposed plan is as consistent as possible with existing charitable purposes and complies with all applicable charitable trusts that govern use of applicant's assets. The plan must include any proposed amendments to the articles of incorporation or bylaws of the applicant or any entity related to the applicant that will control any of the proceeds from the proposed transfer

PSJH is committed to using the proceeds of the Transaction in accordance with its charitable purposes and organizational mission in various communities currently supported by PSJH. Given the Transaction is structured as a transfer of the Transferred Assets, no amendments to SJHNC's or PMF's organizational or governance documents are contemplated as a result of the Transaction.

Title 11, California Code of Regulations, § 999.5(d)(5)

IMPACTS ON HEALTHCARE SERVICES

11 Cal. Code Reg. Section 999.5(d)(5)(A)

A copy of the two most recent "community needs assessments" prepared by applicant for any health facility or facility that provides similar healthcare that is the subject of the agreement or transaction

Attached to this Section 999.5(d)(5)(A) are the following documents:

- **Exhibit 1**, a copy of QVMC's 2020 Community Health Needs Assessment.
- **Exhibit 2**, a copy of QVMC's 2023 Community Health Needs Assessment.

The Napa Clinics are outpatient multi-specialty clinics. Therefore, no Community Needs Assessments are prepared by PMF for the Napa Clinics.

EXHIBIT 1 TO

SECTION 999.5(d)(5)(A)

COMMUNITY HEALTH NEEDS ASSESSMENT

2020

Queen of the Valley Medical Center

To provide feedback about this CHNA or obtain a printed copy free of charge, please email Teresa Smith, CHI Program Manager at Teresa.Smith@stjoe.org

St. Joseph Health
Queen of the Valley

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MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

It is with great joy and pride that we present Queen of the Valley Medical Center's 2020 Community Health Needs Assessment to our community – both our collaborative partners as well as the communities we serve.

For the past several months we have worked diligently to gather the appropriate and most complete data on the health-related needs of our service area. This will enable us to make informed and thoughtful decisions about how best to serve and provide resources to areas with highest needs and to the most vulnerable populations.

The Community Health Needs Assessment process was disrupted by the SARS-COV-2 virus and COVID-19, which has impacted all of our communities. While our communities have focused on crisis response, it has required concentration of resources and reduced community engagement, which impacted survey fielding and community listening sessions.

Despite the challenges presented by a global pandemic, we held steadfast to our guiding principles of including the voice of the community in this report. We spoke with several key stakeholders about what they felt were the biggest needs in our community and held virtual listening sessions with caregivers who directly serve vulnerable populations.

We've also analyzed and examined data that demonstrates how social determinants and health disparities affect communities and neighborhoods. The data overwhelmingly validates the gaps and inspire us to continue our work towards addressing the social determinants of health and their influence on the health and wellbeing of our communities without distinction.

We could not have done this work alone and would like to thank our partners who brought diverse skills and expertise to this process.

I invite you to study the findings and most importantly to join us in our efforts to restore health and improve quality of life to our *Dear Neighbors* and the communities in which they live.

With deep gratitude,

Larry Coomes
Chief Executive Officer,
Queen of the Valley Medical Center

Sr. Nadine McGuinness
Chair, Queen of the Valley Medical Center,
Community Benefit Committee

RESPONDING TO THE COVID-19 PANDEMIC

The 2020 Community Health Improvement Planning process was disrupted by the SARS-COV-2 virus and COVID-19, which has impacted all of our communities. While our communities have focused on crisis response, it has required concentration of resources and reduced community engagement, which impacted survey fielding and community listening sessions. Additionally, the impacts of COVID-19 are likely to effect community health and well-being beyond what is currently captured in secondary and publicly available data. We seek to engage the community as directly as possible in prioritizing needs and through the community health improvement process.

We recognize that in these unprecedented times, COVID-19 is likely to exacerbate existing community needs and may bring others to the forefront. Our commitment first and foremost is to respond to the needs of our communities, particularly individuals who are disproportionately impacted by the economic and social effects of COVID-19. While this is a dynamic situation, we recognize the greatest needs of our communities will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our communities in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs, Together

Improving the health of our communities is foundational to our Mission and deeply rooted in our heritage and purpose. Our Mission calls us to be steadfast in serving all, with a special focus on our most economically poor and vulnerable neighbors. This core belief drives the programs we build, investments we make, and strategies we implement.

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets, and opportunities. This CHNA was approved by the Queen of the Valley Medical Center's Community Benefit Committee on February 18, 2021.

Our Starting Point: Gathering Community Health Data and Community Input

Through a mixed-methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. This process built upon the 2017 CHNA, which prioritized mental health, substance abuse, and social determinants of health (housing concerns, economic issues, and access to care). Across the County of Napa, information collected includes public health data regarding health behaviors; morbidity and mortality; and hospital-level data. Listening sessions were held with caregivers who serve individuals that have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. Stakeholder interviews were conducted with representatives from organizations that serve these populations. Some key findings include the following:

- Both stakeholders and caregivers agreed homelessness and lack of safe, affordable housing is the number one community need, stressing that the housing crisis in Napa highlights racial and economic inequities in the community.
- The Hispanic population is disproportionately represented in the high need service area compared to Napa County overall. Stakeholders and caregivers spoke to the Latino/a community being disproportionately affected by housing instability, food insecurity and economic insecurity due to systemic inequities and racism.
- The median income in the high need service area is about $11,000 lower than Napa County and $24,000 lower than the broader service area. These areas with lower median incomes are more likely to experience severe housing cost burden (households spending 50% or more of income on housing costs), with 25% of renter households in the high need service area being severely housing cost burdened compared to 21% in the broader service area.
- Stakeholders and caregivers emphasized a lack of specialists in Napa, leading to challenges with transportation for individuals who must travel outside of the community to access needed services.

- Stakeholders and caregivers identified a lack of mental health and substance use treatment services in the county, specifically those that are tailored and responsive to the Latino/a and LGBTQ+ communities.

Identifying Top Health Priorities, Together

Through a collaborative process engaging Queen of the Valley Medical Center's Community Benefit Committee, the following community health needs were prioritized:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities and living their healthiest lives. Discrimination also prevents the LGBTQ+ community from receiving responsive health care and visibility in the community. A greater commitment to equity in all programs and collaboratives is warranted.

PRIORITY 2: HOUSING & HOMELESSNESS

A major and growing community need is around more safe and affordable housing stock, particularly for people with low incomes. A lack of affordable housing leads to over-crowding and poor living conditions. Housing is foundational to all other needs; once people are housed securely, they can address other needs related to their health and wellbeing. Two groups are of particular concern: the Latino/a community and older adults. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the community. School-age children and older adults need more mental health support in the current environment, increasing the demand for services. The Latino/a community is also underserved, especially mixed status families, with the following barriers preventing Latino/a individuals from receiving services: stigma, a lack of culturally relevant education and outreach, and a lack of bilingual and bicultural providers. LGBTQ-friendly mental health providers are also difficult to find in the area. There is limited access to mental health services for individuals who do not meet the high-acuity criteria for severe mental illness at Napa County Health and Human Services, as well as limited substance use disorder treatment options. The COVID-19 pandemic is creating a mental health crisis; people are feeling hopeless, afraid, stressed, anxious, and depressed. The stress from the COVID-19 pandemic is compounding trauma related to local fires.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa disproportionately affects individuals on Medi-Cal or without insurance. When individuals are referred to a specialist outside of the area, transportation then becomes a barrier to accessing care. Language barriers prevent Spanish-speaking individuals from receiving responsive care, and virtual interpreters are not nearly as effective as in-person options. Access to care challenges became especially apparent during the COVID-19 pandemic. While telemedicine has improved access to care for some populations, for others this transition has created additional barriers to care, including lack of smart phones or computers, lack of comfort with technology or stable internet access, language barriers, and lack of private space for appointments. Many individuals do not want to talk to their provider on the phone and are not receiving the care they need.

Community Health Improvement Plan

Queen of the Valley Medical Center will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources, community capacity, and core competencies.

INTRODUCTION

Mission, Vision, and Values

Our Mission	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Who We Are

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 208 licensed beds, more than 1,687 caregivers (employees) and professional relationships with many local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences and orthopedics. Synergy Health Club, a St. Joseph Health owned facility offering fitness and studio classes, is located on the hospital's campus and St. Joseph Health Prompt Care, an urgent care clinic, is located about a 10-minute drive from the hospital.

Our Commitment to Community

Queen of the Valley Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, our hospital provided $33,487,837 in community benefit[1] in response to unmet needs and to improve the health and well-being of those we serve in Napa County.

Queen of the Valley Medical Center further demonstrates organizational commitment to the community health needs assessment (CHNA) through the allocation of staff time, financial resources,

[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

participation and collaboration to address community identified needs. The Northern California Regional Director of Community Health Investment and the local Community Health Investment Program Manager at Queen of the Valley Medical Center are responsible for ensuring compliance with Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital leadership, physicians, and others to work together in planning and implementing the resulting Community Health Improvement Plan (CHIP).

Health Equity

At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality

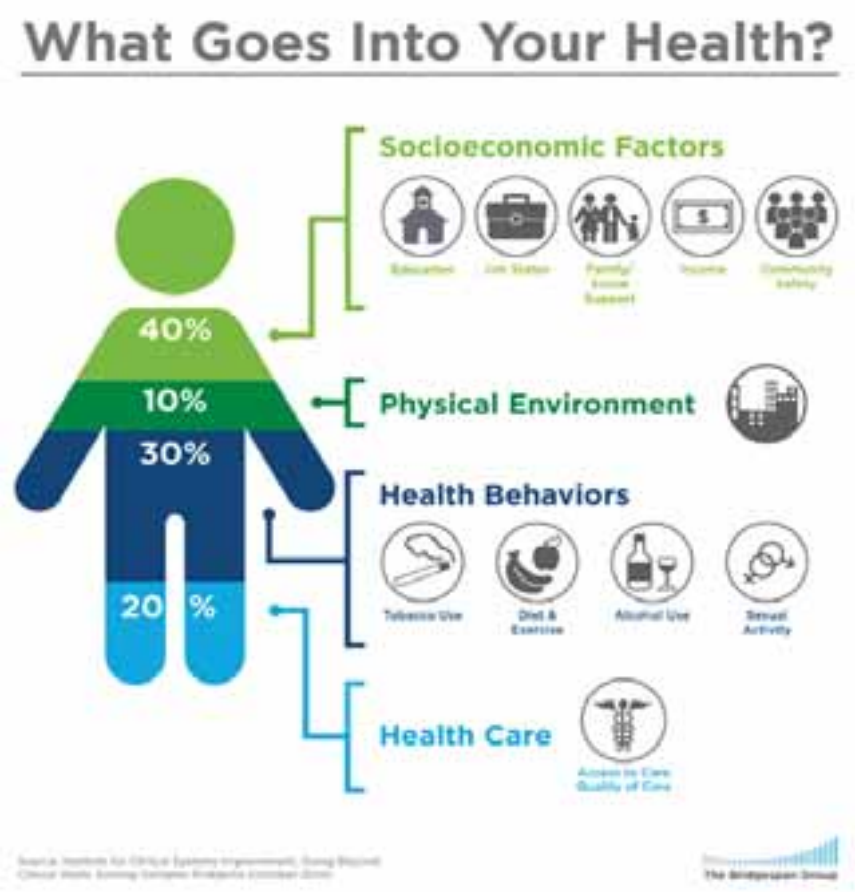


Figure 1. Factors contributing to overall health and well-being

of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes (see Figure 1[2]).

The Community Health Needs Assessment (CHNA) is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets (see Figure 2 for definition of terms[3]). Across our organizational footprint, we consistently heard from our community partners that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

Health Equity

A principle meaning that "everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups." (Braverman, et al., 2017)

Health Disparities

Preventable differences in the burden of disease or health outcomes as a result of systemic inequities.

Figure 2. Definitions of key terms

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:

[2] Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2013)

[3] Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And what Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

Approach

Explicitly name our commitment to equity

Take an asset-based approach, highlighting community strengths

Use people first and non-stigmatizing language

Community Engagement

Actively seek input from the communities we serve using multiple methods

Implement equitable practices for community participation

Report findings back to communities

Quantitative Data

Report data at the block group level to address masking of needs at county level

Disaggregate data when responsible and appropriate

Acknowledge inherent bias in data and screening tools

OUR COMMUNITY

Description of Community Served

Queen of the Valley Medical Center provides Napa County communities with access to advanced care and advanced caring. The hospital's community extends from Calistoga and the Lake County border in the north, American Canyon and the Solano County border in the south, the Yolo County border in the east and the Sonoma County border in the west. This includes a population of approximately 147,000 people.

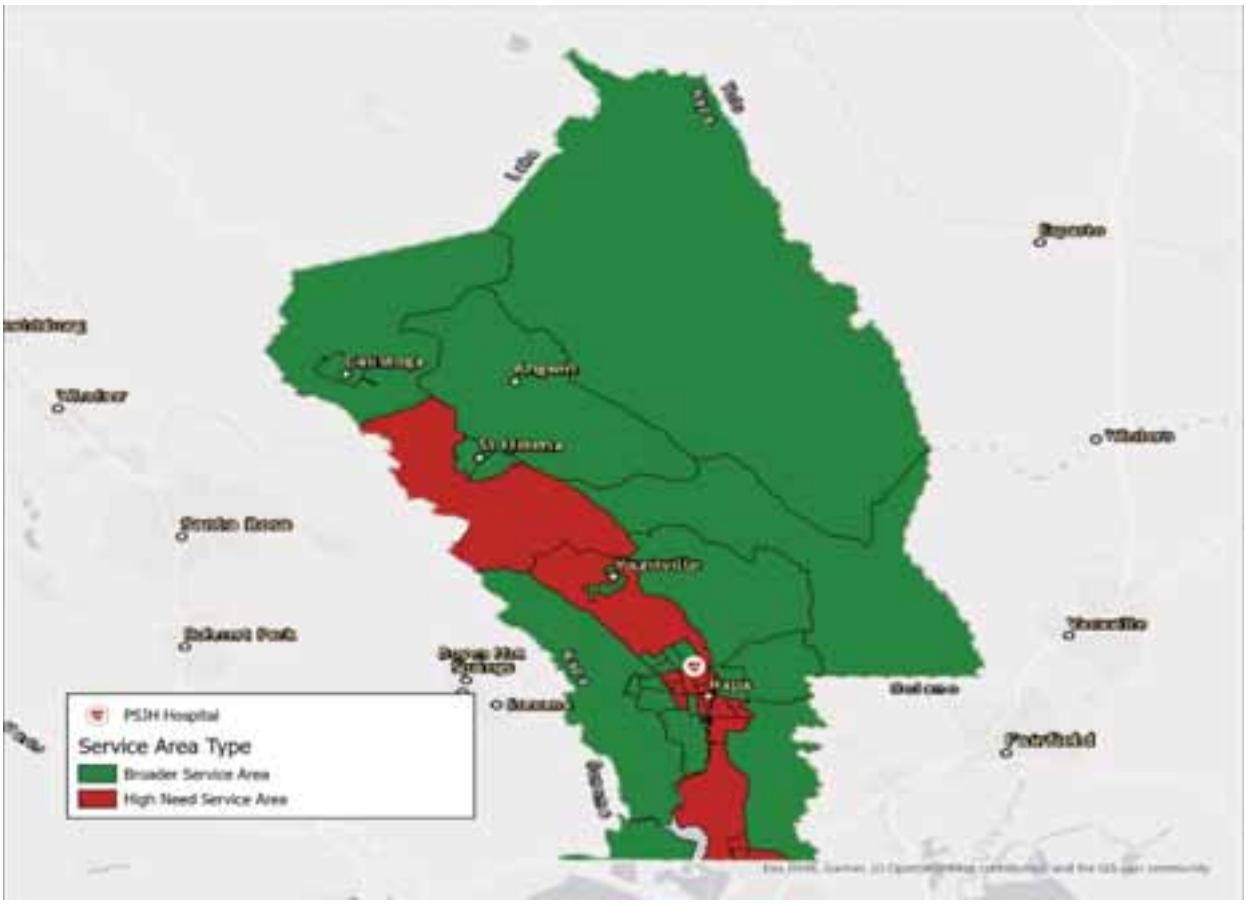
Hospital Service Area

QVMC serves all of Napa County. Based on the availability of data, geographic access to these facilities, and other hospitals in neighboring counties, Napa County serves as the boundary for the hospital service areas.

Table 1. Cities and ZIP Codes Included in Total Service Area

Cities/ Communities	ZIP Codes
Napa	94558, 94559
American Canyon	94503
Yountville	94599
St. Helena	94574
Calistoga	94515
Angwin	94508, 94576

Figure 3. Queen of the Valley Medical Center Total Service Area



Community Demographics

The tables and graphs below provide basic demographic and socioeconomic information about the Queen of the Valley Medical Center Service Area and how the high need area compares to the broader service area. The service area of Queen of the Valley Medical Center includes approximately 140,000 people and encompasses the entire county of Napa. The high need service area consists of a disproportionate amount of younger (age 0-54) residents and people of color or other races. There is about a $24,000 difference in median income between the broader service area and the high need service area.

POPULATION AND AGE DEMOGRAPHICS

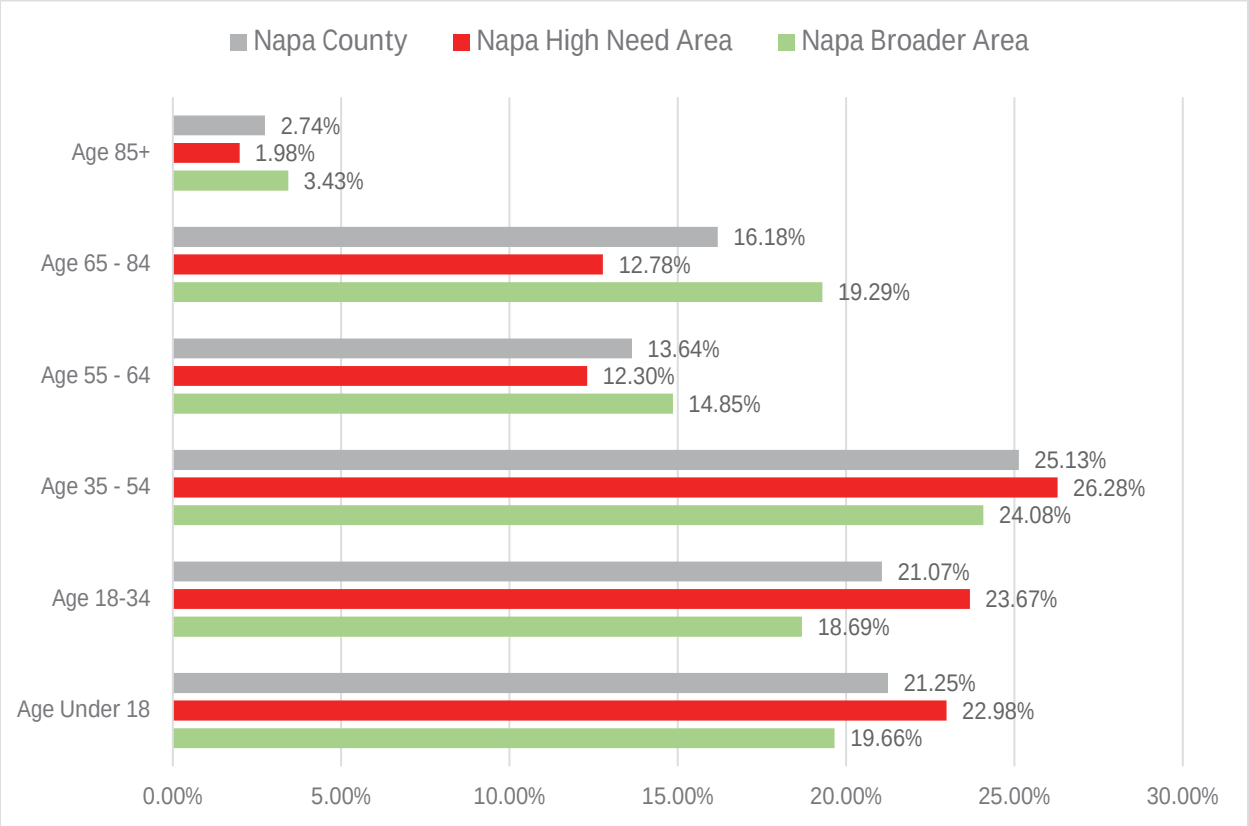
Table 2. Population Demographics for Napa County Service Areas

Indicator	Napa County	Napa Broader Area	Napa High Need Area
2019 Total Population	140,394	73,393	67,001
Female Population	49.93%	50.35%	49.47%
Male Population	50.07%	49.65%	50.53%

Of the over 140,000 permanent residents of Napa County, roughly 48% live in the "high need" area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the County. For reference, 200% FPL is equivalent to an annual household income of $51,500 or less for a family of 4. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

The male-to-female distribution is roughly equal across Napa County geographies.

Figure 4. Age Group by Geography in Napa County

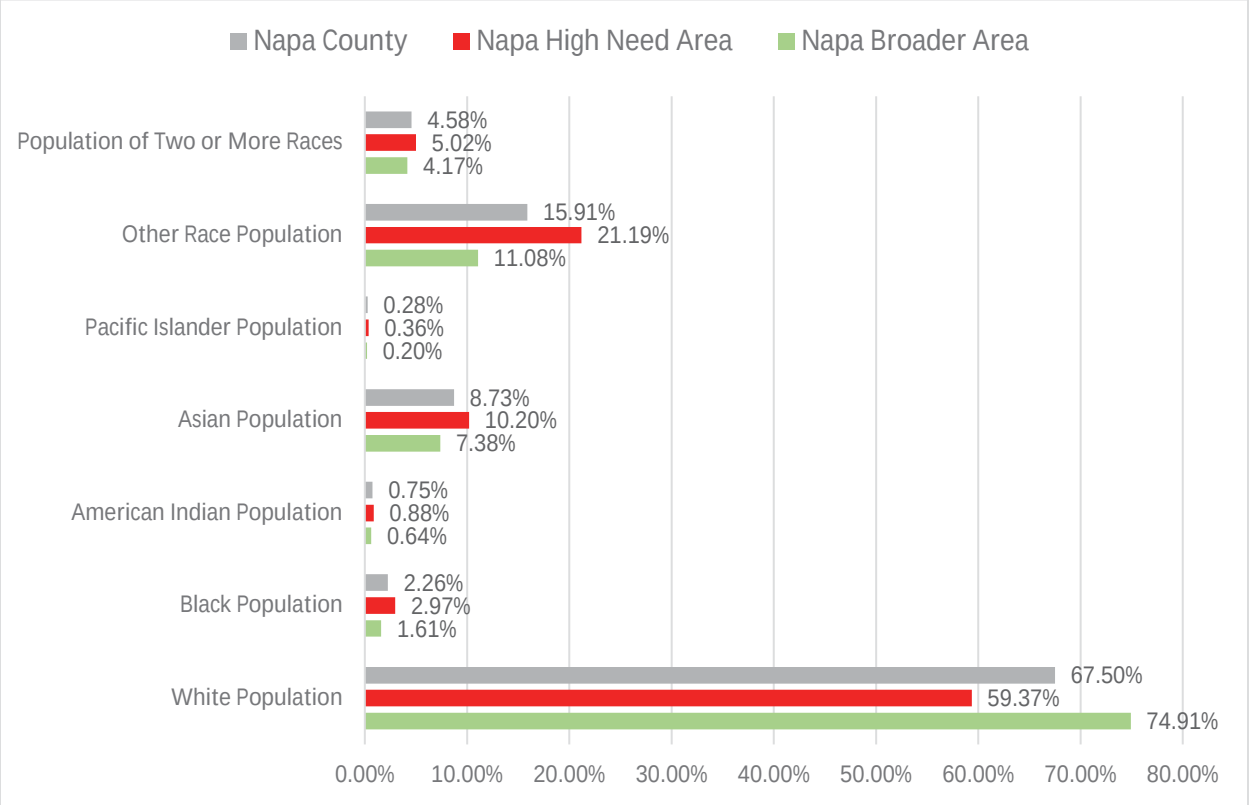


Younger age groups are disproportionately represented in the high need communities of Napa County, most likely representing households with young children. Alternatively, age groups 55 and over are less likely to fall into the high need communities or live within those designated census tracts.

In Napa County, approximately 7% of the population are veterans, which is higher than that of the state of California, 5%.

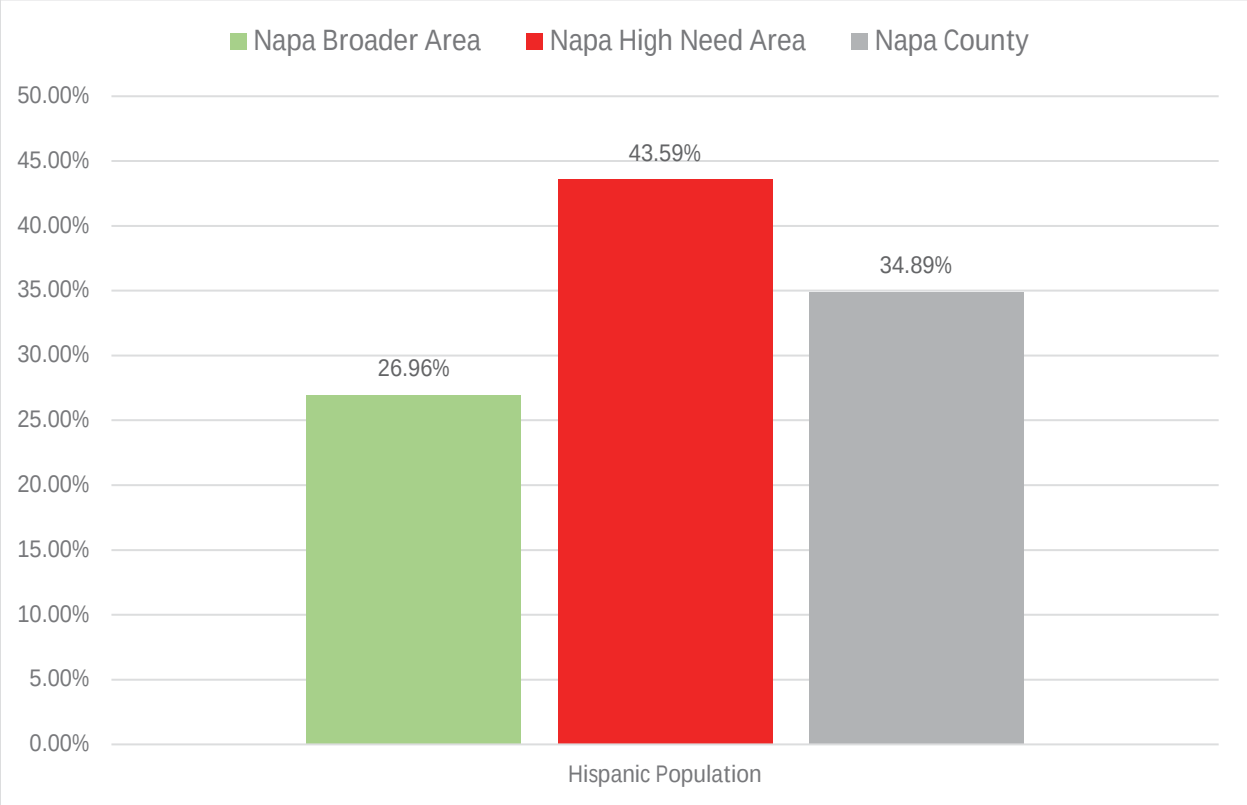
POPULATION BY RACE AND ETHNICITY

Figure 5. Race by Geography in Napa County



Individuals who identify as Hispanic (below), Asian, or “other race,” are more likely to live in high needs census tracts than their peers of other races.

Figure 6. Hispanic Population by Geography in Napa County



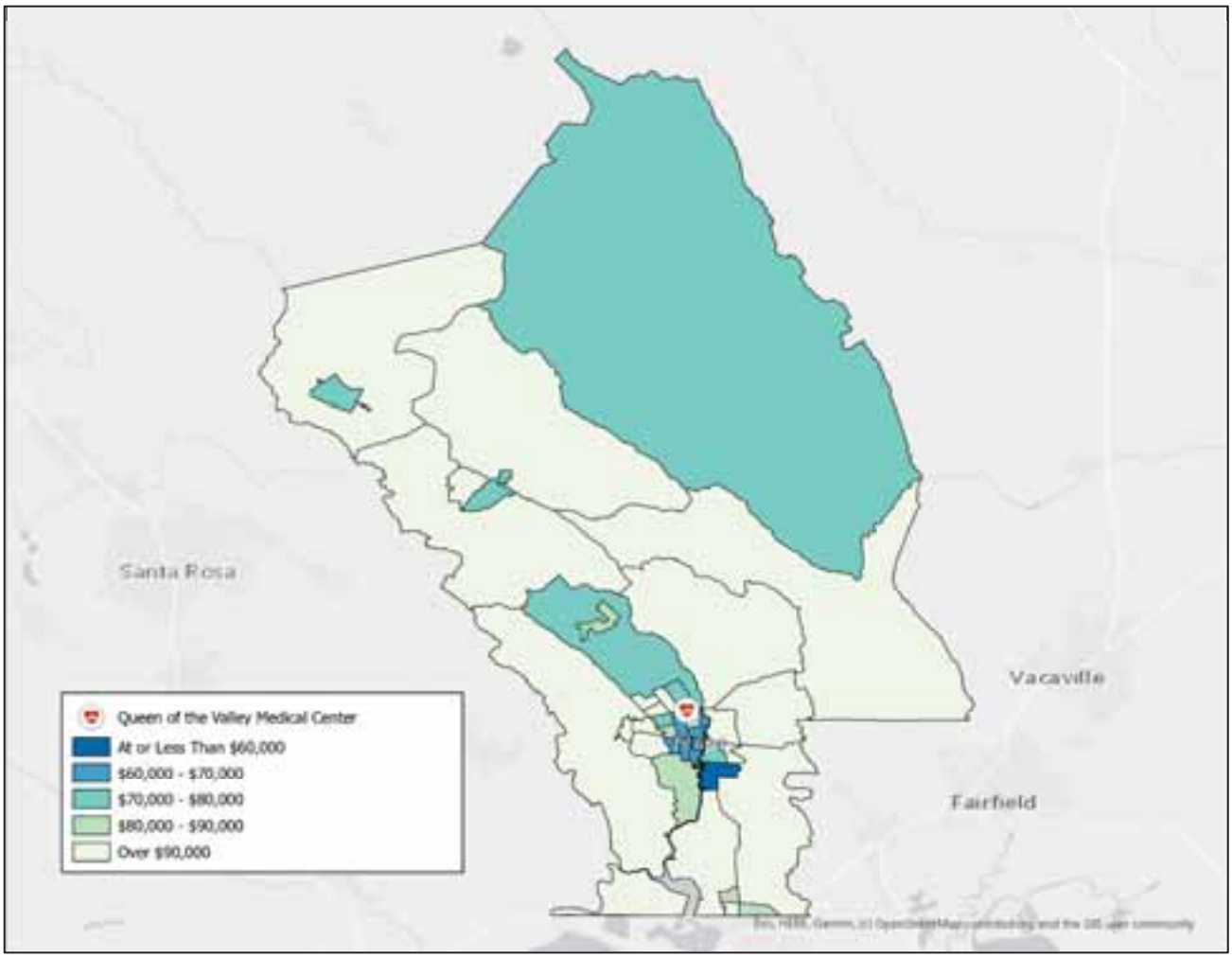
MEDIAN INCOME

Table 3. Income Indicators for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Median Income Data Source: American Community Survey Year: 2019	$101,330	$77,129	$88,457

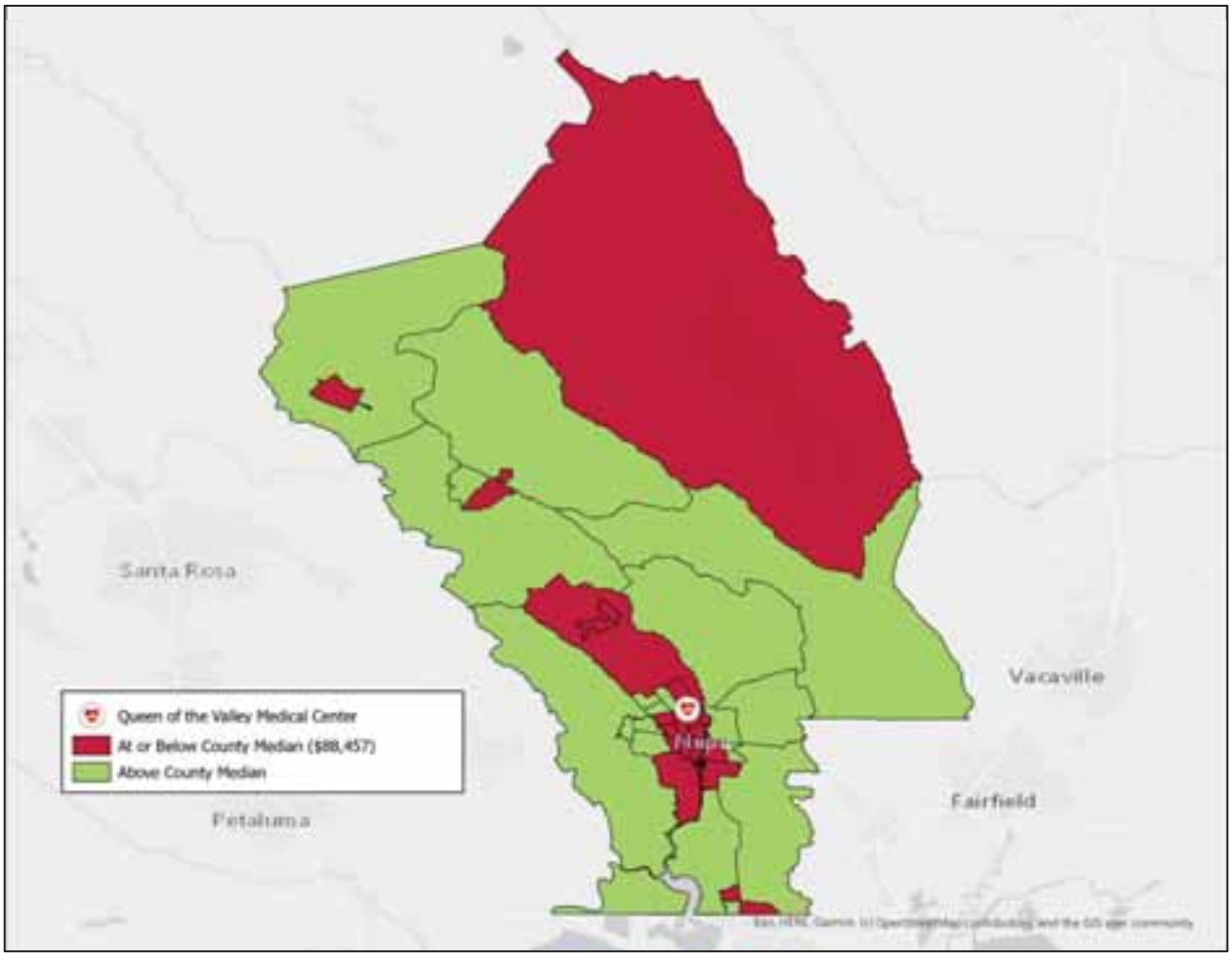
- The median income in the high need service area is about $11,000 lower than Napa County.
- There is about a $24,000 difference in median income between the broader service area and the high need service area.

Figure 7. 2019 Median Household Income by Census Tract in Napa County



In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

Figure 8. Comparison of Median Household Income by Census Tract to County Average



SEVERE HOUSING COST BURDEN

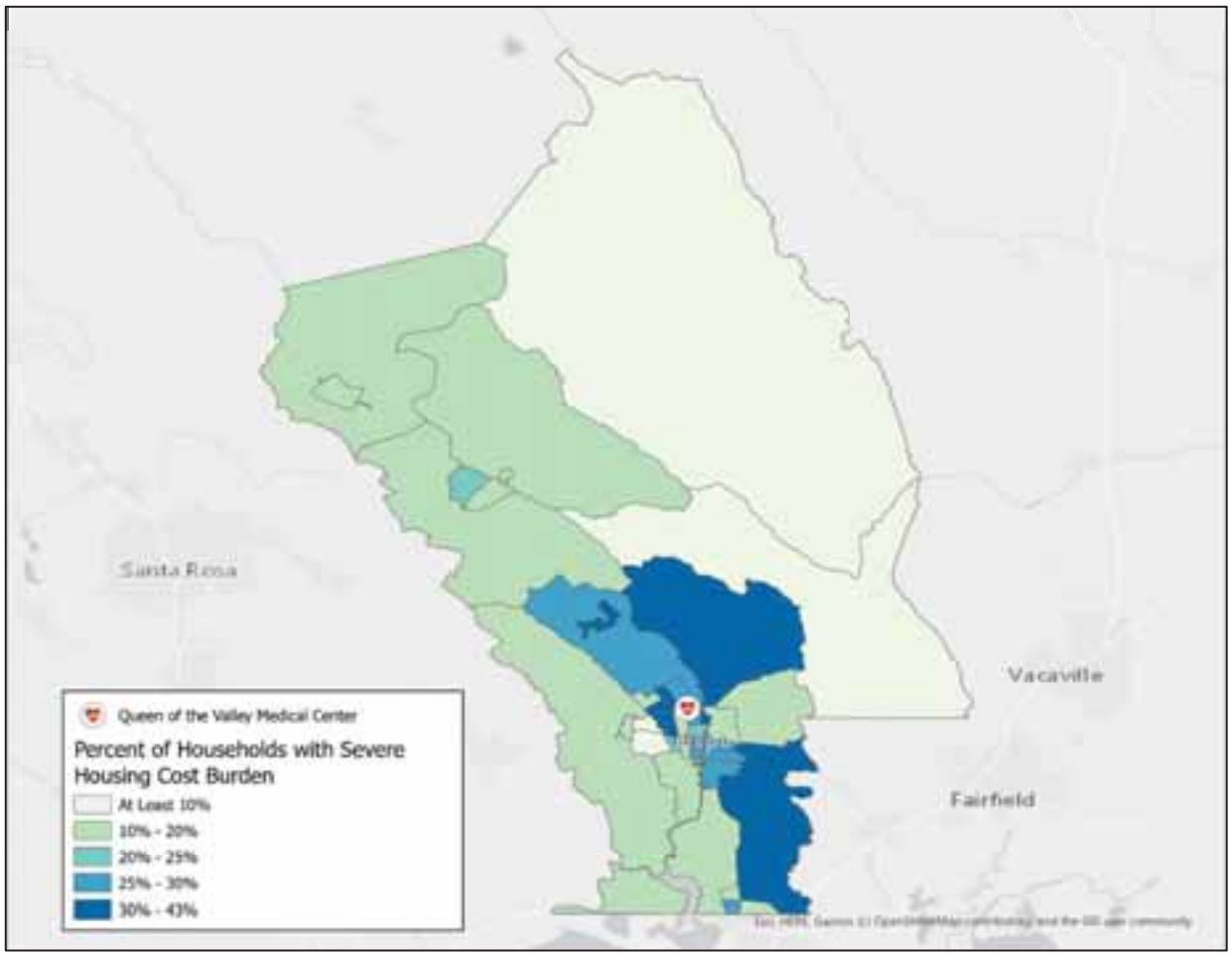
Table 4. Severe Housing Cost Burden for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	20.8%	25.2%	23.0%

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average about 23% of households in Napa County are severely housing cost burdened.

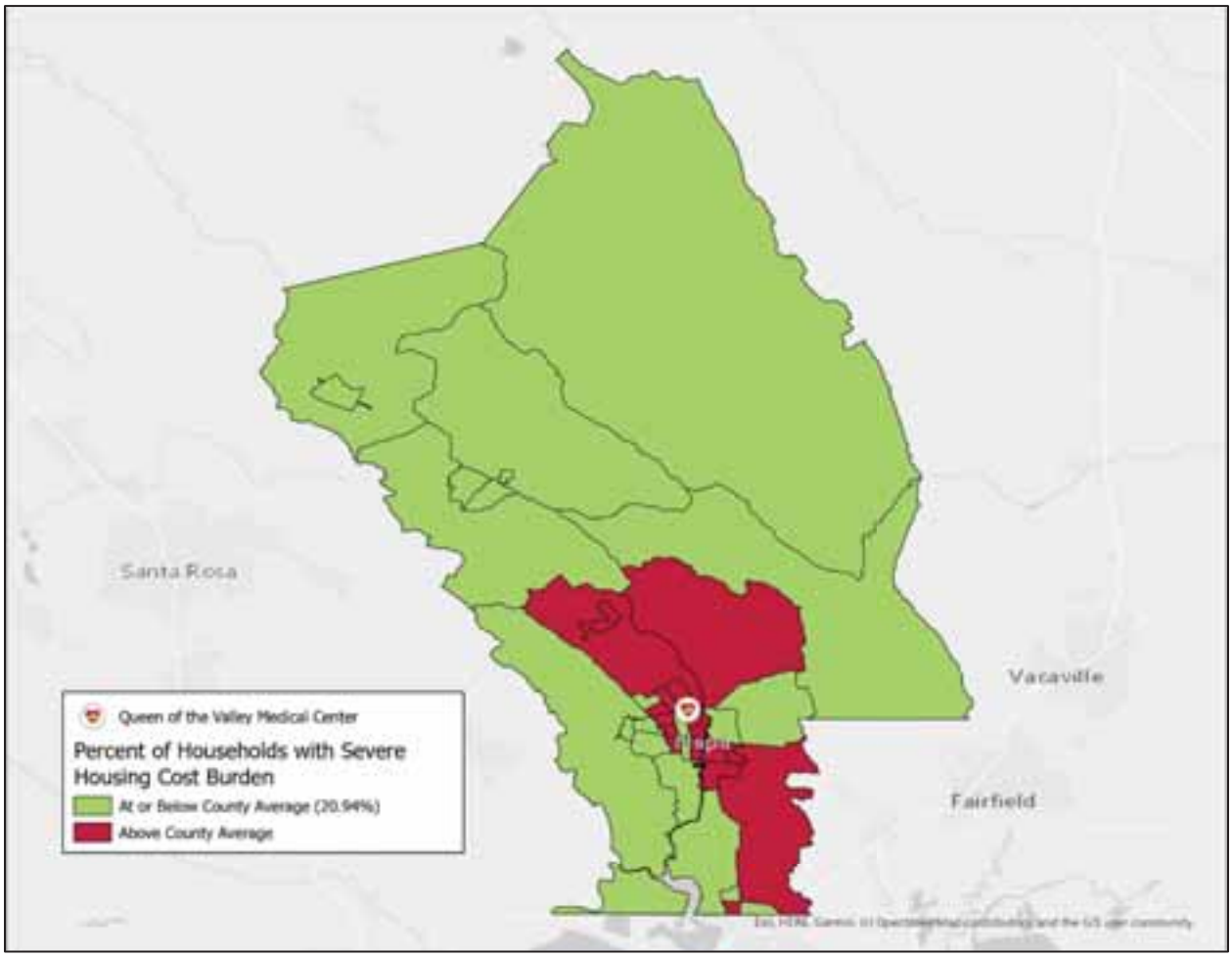
In the high need service area, 25.2% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which 30% to 43% of households are experiencing severe housing cost burden.

Figure 9. Percent of Households with Severe Housing Cost Burden by Census Tract in Napa County



In the map below, census tracts that perform better than the county average (20.94%) are colored in green while census tracts that perform worse are in red.

Figure 10. Comparison of Housing Cost Burden by Census Tract to County Average



HEALTH PROFESSIONAL SHORTAGE AREA

A census tract in Napa County is considered a geographic Health Professional Shortage Area (HPSA). A Federally Qualified Health Center, OLE Health, is also within the service area and is a designated HPSA for primary care, dental care, and mental health. While Queen of the Valley is not located in an HPSA, large portions of the service area to the north of the hospital are considered a primary care HPSA. Napa County also has a designated Medically Underserved Population, people with low incomes.

See Appendix 5 for additional data and details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

OVERVIEW OF CHNA FRAMEWORK AND PROCESS

The Community Health Needs Assessment (CHNA) process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

In addition, we recognize that there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data are reported at the ZIP Code, census tracts, or census block group level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address disparities within and across communities. Census designated geographies also ensure similar total population size, improving comparability.

We reviewed data from the American Community Survey and local public health authorities. In addition, we include hospital utilization data to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance abuse.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Information gathered during stakeholder interviews and caregiver listening sessions is dependent on who was invited and who participated. Efforts were made to include people who could represent the broad interests of the community and/or were representative of communities of greatest need.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2017 CHNA and 2018-2020 CHIP reports, which were made widely available to the public via posting on the internet in December 2017 (CHNA) and May 2018 (CHIP), as well as through various channels with our community-based organization partners.

No comments or questions were received.

HEALTH INDICATORS

The following indicators compare Napa County to the state of California and the other PSJH service areas in Northern California. Red indicates a measure "worse than" that of the state, green indicates a measure "better than" the state, and yellow indicates a measure equal to that of the state.

Socioeconomic Indicators

Table 5. Socioeconomic Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
Median Household Income	$75,300	$49,500	$85,600	$81,000
Children eligible for free or reduced lunch (enrolled in public schools)	60%	61%	51%	48%
Children in poverty	17%	23%	9%	12%

Napa County's median household income is much greater than California's overall. Far fewer children are living in poverty (9% compared with 17% statewide).

Physical Environment

Table 6. Physical Environment Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
More than 1 occupant per room	8%	4%	8%	5%
Severe housing problems	27%	25%	22%	23%
Pollution Burden	25	13	18	15
Air pollution: particulate matter	10	9	11	10
Violent crimes (rate per 100,000 inhabitants)	421	432	398	368

Napa County performs better than the state as a whole across physical environment domains, except particulate matter.

Health Outcomes

Table 7. Health Outcome Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
Self-reports of fair or poor health (age-adjusted)	17%	16%	14%	14%
Self-reports of fair or poor health (ages 65+)	29%	27%	24%	24%
Asthma in children (ages 1-17)	15%	10%	24%	16%
Asthma in adults (ages 18+)	15%	18%	18%	18%
Diabetes in adults (ages 18+)	10%	7%	9%	8%
Heart disease (ages 18+)	6%	7%	7%	6%
Serious psychological distress (ages 18+)	8%	10%	6%	10%

In general, Napa County performs better than the state as whole across most health outcomes. However, the county does see higher percentages of people with asthma, particularly in children, and a slightly higher prevalence of heart disease in adults.

Health Behaviors

Table 8. Health Behavior Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
Overweight (ages 2-11)	15%	N/A	6%	16%
Overweight or obese (ages 12-17)	38%	17%	47%	17%
Obese (ages 18+)	28%	31%	29%	24%
Sugary drink consumption (ages 18+)	11%	13%	9%	9%
Regular physical activity (ages 5-17)	17%	48%	6%	27%

Youth alcohol/drug use in the past month (7th grade)	7%	10%	7%	9%
Youth alcohol/drug use in the past month (9th grade)	20%	27%	15%	22%
Youth alcohol/drug use in the past month (11th grade)	29%	45%	30%	40%
Current smoker (ages 18+)	11%	14%	10%	10%

Clinical Care

Table 9. Clinical Care Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
Uninsured (ages 0-17)	3%	4%	4%	3%
Uninsured (ages 18-64)	10%	11%	10%	9%
First trimester prenatal care	84%	80%	89%	88%
# of people per primary care physician	1,260	1,440	1,040	980
# of people per non-physician primary care provider	1,590	928	1,765	1,428
# of people per dentist	1,180	1,270	1,120	1,090
# of people per mental health provider	280	220	180	220

Napa County performs relatively well on clinical care indicators. The percentage of people ages 0 to 17 that are uninsured is slightly higher than the state (4% in Napa County compared to 3% in California), and the percentage of people ages 18 to 64 that are uninsured is the same (10%). The ratios of primary care physicians, dentists, and mental health providers to people are better in Napa County compared to California. The ratio of non-physician primary care providers to people is slightly worse in Napa County than the state.

See Appendix 5: Quantitative Data for data sources

Hospital Utilization Data

In addition to this public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across Napa County. We were particularly interested in studying potentially avoidable Emergency Department visits and Prevention Quality Indicators. Avoidable Emergency Department (AED) is reported as a percentage of all Emergency Department visits over a given time period and are identified based on an algorithm developed by PSJH's Population Health Care Management team based on NYU and Medi-Cal's definitions.

The Prevention Quality Indicators (PQIs) are similar, although they are based on in-patient admissions. Both PQIs and AED serve as proxies for inadequate access to, or engagement in, primary care. As possible, we look at the data for total utilization, frequency of diagnoses, demographics, and payer to identify disparities.

Table 10. Avoidable Emergency Department Visits for PSJH Northern California Ministries

Facility	Non-AED Visits	AED Visits	Total ED Visits	AED %
Petaluma Valley Hospital	11,765	5,100	16,865	30.2%
Queen of The Valley Medical Center	16,902	8,188	25,090	32.6%
Redwood Memorial Hospital	7,458	4,307	11,765	36.6%
Santa Rosa Memorial Hospital	23,898	12,610	36,508	34.5%
St. Joseph Hospital Eureka	16,880	11,307	28,187	40.1%
Grand Total	**76,903**	**41,512**	**118,415**	**35.1%**

Across PSJH's northern California service areas, QVMC had a below average percentage of potentially avoidable ED utilization in 2019. At QVMC, individuals identifying as Pacific Islander/ Native Hawaiian, white, and "other" race had the highest percentages of avoidable ED visits.

Individuals under the age of 18 had the highest percentage of avoidable ED visits, with ZIP Code 94558 producing the greatest number of potentially avoidable ED visits. This one ZIP Code was responsible for approximately 54% (4,435) of all potentially avoidable visits in 2019. There were 359 additional visits from patients identified as experiencing homelessness (ZIP Code "ZZZZZ"), with 51% of visits by this population being categorized as avoidable.

Table 11. Avoidable Emergency Department Visits by Ministry and Patient Zip Code

Encounters by Patient Zip Code	Non-AED Visits	AED Visit	Total ED Visits	AED %
Queen of The Valley Medical Center	16,902	8,188	25,090	32.6%
94558	8,941	4,435	13,376	33.2%
94559	3,224	1,655	4,879	33.9%
94503	706	385	1,091	35.3%
ZZZZZ	348	359	707	50.8%

See Appendix 5: Quantitative Data

COMMUNITY INPUT

Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Queen of the Valley Medical Center conducted 19 stakeholder interviews and 8 listening sessions, including 27 Community Outreach Caregivers. All interviews and listening sessions occurred in June 2020, during which time participants discussed the issues and opportunities of the people, neighborhoods, and cities of the service area. Below is a high-level summary of the findings of these sessions; full details on the protocols, findings, and attendees are available in Appendix 2.

Homelessness/ lack of safe, affordable housing	Both stakeholders and caregivers agreed homelessness and lack of safe, affordable housing is the number one community need. Both groups stressed a **lack of affordable housing stock**, particularly for people with low-incomes in the community, noting this leads to over-crowding and poor living conditions. A common theme was that **housing is foundational** to all other needs; once people are housed securely, they can address other needs related to their health and wellbeing. Two groups were of particular concern: the **Latino/a community** and **older adults**. Stakeholders stressed the housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. Caregivers were particularly concerned about older adults who have few affordable options in the community, particularly those living on a fixed income.
Behavioral health challenges (includes both mental health and substance use disorder) and access to care	Most stakeholders and caregivers agreed there is a lack of mental health and substance use treatment services in the community. They shared school-age children and older adults need increased mental health support. Both stakeholders and caregivers were concerned about the **Latino/a community**, especially mixed status families, although this group was especially prevalent in the caregiver interviews. They noted the following barriers prevent the Latino/a community from receiving services: stigma, a lack of culturally relevant education and outreach, and a lack of bilingual and bicultural providers. Stakeholders also shared that finding **LGBTQ-friendly** mental health providers is difficult in the area. Caregivers emphasized limited access to mental health services for individuals who do not meet the **high-acuity criteria for severe mental illness** at Napa County Health and Human Services. Both groups noted limited **substance use disorder treatment** options, recommending better integration of these services into the community. Stakeholders emphasized the COVID-19 pandemic is creating a **mental health crisis**, sharing people are feeling hopeless, afraid, stressed, anxious, and depressed.

Access to health care services	While both stakeholders and caregivers prioritized access to care, caregivers prioritized it more frequently and with stronger importance. Both groups were concerned about lack of access to **health insurance** for **mixed status familes,** as well as people losing their insurance due to job loss during the pandemic. Both emphasized **a lack of specialists** in Napa, disproportionately affecting individuals on Medi-Cal or without insurance, and challenges with **transportation** as a barrier to care. Both groups shared that **language barriers** prevent Spanish-speaking individuals from receiving responsive care, stating that virtual interpreters are not nearly as effective as in-person options. Access to care challenges are especially prevalent during the COVID-19 pandemic, with **telemedicine** appointments creating additional barriers for people. Lack of smart phones or computers, lack of comfort with technology, language barriers, and lack of private space for appointments were noted by both groups. Caregivers emphasized that people do not want to talk to their provider on the phone and are not receiving the care they need.

The following findings represent **medium-priority health-related needs** based on feedback from stakeholders and caregivers:

Food insecurity	Stakeholders and caregivers were concerned about community members' access to good quality, nutritious food, particularly because the pandemic exacerbated the need. They shared food insecurity is closely linked with **income**; families with low incomes or job loss are forced to make tradeoffs in how they spend their money, sometimes needing to prioritize housing above food. While increased food distribution has worked to meet the community need, they noted that families are still anxious about **long wait times** for food and **not receiving enough food** for their family size. Stakeholders were particularly concerned about the **Latino/a community** and fear of public charge preventing mixed status households from accessing CalFresh and WIC. Caregivers were particularly concerned about **older adults** who are homebound.
Unemployment and lack of a living wage	Stakeholders and caregivers were concerned with rising unemployment as a result of COVID-19, as well as individuals in the **service industry** and **agriculture** who are not paid sufficient income to live in Napa. Stakeholders were concerned about the **Latino/a community** that may be in lower paying jobs and experiencing barriers to improving their financial security. Caregivers were primarily concerned with **mixed status families** who do not qualify for unemployment benefits and **older adults** who are living on a fixed income that is too low to cover their basic needs.

Two other needs were prioritized by stakeholders:

Domestic violence and child abuse/neglect	Stakeholders were both concerned with increasing domestic violence (DV) and child abuse/neglect during the pandemic, as well as the long-term effects of violence and abuse on individuals' well-being and health. DV and child abuse/neglect was most often discussed in connection with **mental health**. Stakeholders shared a need for more **support services** and **safe housing options** for survivors of DV. The COVID-19 pandemic has increased concerns for these issues because people may be **isolated** in unsafe homes and, with schools closed there is reduced **insight into children's safety** and wellbeing.
Racism and discrimination	Stakeholders acknowledged that the disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Woven throughout every interview were discussions of health inequities and systemic racism preventing BBIPOC communities, particularly the **Latino/a community**, from accessing opportunities and living their healthiest lives. They also shared discrimination prevents the **LGBTQ+ communit**y from receiving responsive health care and visibility in the community. Stakeholders shared the community needs more **commitment to equity** in all programs and collaboratives.

See Appendix 2: Community Input: Qualitative Data

Challenges in Obtaining Community Input

Obtaining robust community input during the COVID-19 pandemic was especially challenging and prevented Queen of the Valley Medical Center from completing any in-person conversations. While stakeholder interviews were easily adapted to a virtual setting through a video conferencing platform, it was not feasible to host listening sessions comprised of community members in this same way. While video conferencing does facilitate information sharing, there are challenges creating the level of dialogue that would take place in person. Additionally, due to many community organizations engaging in COVID-19 response, some organizations had limited capacity and were not able to participate in interviews.

SIGNIFICANT HEALTH NEEDS

Prioritization Process and Criteria

The Community Benefit Committee served as the oversight committee to identify and prioritize the top health-related needs in Napa County for the subsequent CHIP. Committee members reviewed and analyzed the aggregated quantitative and qualitative data in the CHNA, as well as the needs prioritized by the community stakeholders and caregivers. The Providence St. Joseph Health Data Integration Team presented an in-depth review of publicly available data, internal utilization data, and findings from the stakeholder interviews and caregiver listening sessions. The Community Benefit Committee identified the following list of significant health needs based on the data presentation. Each member then completed an online prioritization survey identifying the top three health-related needs from the following list of significant health needs:

- Access to health care
- Health equity: racial and LGBTQ
- Housing instability and homelessness
- Mental health and substance use
- Economic insecurity
- Food insecurity
- Domestic violence and child abuse/neglect

The following criteria were used in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities
- PSJH service area/high need service area rates worse than state average and/or national benchmarks
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need
- Alignment with existing System priorities

The Community Benefit Committee members discussed their ranking choices and refined the language and scope of the health-related needs. The results of the online criteria-based ranking and the subsequent discussion determined the CHIP priorities, which were reviewed and adopted by the committee.

2020 Priority Needs

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities and living their healthiest lives. Discrimination also prevents the LGBTQ+ community from receiving responsive health care and visibility in the community. A greater commitment to equity in all programs and collaboratives is warranted.

PRIORITY 2: HOUSING & HOMELESSNESS

A major and growing community need is around more safe and affordable housing stock, particularly for people with low incomes. A lack of affordable housing leads to over-crowding and poor living conditions. Housing is foundational to all other needs; once people are housed securely, they can address other needs related to their health and wellbeing. Two groups are of particular concern: the Latino/a community and older adults. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the community. School-age children and older adults need more mental health support in the current environment, increasing the demand for services. The Latino/a community is also underserved, especially mixed status families, with the following barriers preventing Latino/a individuals from receiving services: stigma, a lack of culturally relevant education and outreach, and a lack of bilingual and bicultural providers. LGBTQ-friendly mental health providers are also difficult to find in the area. There is limited access to mental health services for individuals who do not meet the high-acuity criteria for severe mental illness at Napa County Health and Human Services, as well as limited substance use disorder treatment options. The COVID-19 pandemic is creating a mental health crisis; people are feeling hopeless, afraid, stressed, anxious, and depressed. The stress from the COVID-19 pandemic is compounding trauma related to local fires.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa disproportionately affects individuals on Medi-Cal or without insurance. When individuals are referred to a specialist outside of the area, transportation then becomes a barrier to accessing care. Language barriers prevent Spanish-speaking individuals from receiving responsive care, and virtual interpreters

are not nearly as effective as in-person options. Access to care challenges became especially apparent during the COVID-19 pandemic. While telemedicine has improved access to care for some populations, for others this transition has created additional barriers to care, including lack of smart phones or computers, lack of comfort with technology or stable internet access, language barriers, and lack of private space for appointments. Many individuals do not want to talk to their provider on the phone and are not receiving the care they need.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Department of Public Health, Adventist Health St. Helena Hospital, Federally Qualified Health Center – Ole Health, and Kaiser Medical Clinic. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 3.

Appendix 3: Resources potentially available to address the significant health needs identified through the CHNA

EVALUATION OF 2018-2020 CHIP IMPACT

This report evaluates the impact of the 2018-2020 Community Health Improvement Plan (CHIP). Queen of the Valley Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

The 2017 CHNA resulted in the following priorities:

- Mental health
- Substance abuse
- Social determinants of health: housing concerns, economic issues, and access to care

Table 12. Outcomes from 2018-2020 CHIP

Priority Need	Program or Service Name	Results/Outcomes	Type of Support
Social Determinants of Health - Access to Care	Queen's Mobile Dental Clinic	This program provided dental care for children 6 months to 26 years of age from low-income families who are Denti-Cal eligible or are uninsured/underinsured. The mobile dental clinic is one of only 3 providers of oral health services available to children from low-income families with Denti-Cal, no insurance or other low reimbursement insurance. The Queen's Mobile Dental Clinic completed 16,582 clinic visits during the 2018-2020 CHIP time period.	The Mobile Dental Clinic is a St. Joseph Health Queen of the Valley Community Health Investment Program.
Social Determinants of Health - Access to Economic Stability	CARE Network	The CARE Network Program provides socio-economic and medical care coordination to low income vulnerable individuals with complex needs. Serving individuals through a continuum of services and supports linked to community-based services, financial assistance and medical resources. A Behavioral Health RN was added to the CARE Network team in 2019. The CARE Network team made 65,853 contacts with community members during the 2018-2020 CHIP time period.	The CARE Network is a St. Joseph Health Queen of the Valley Community Health Investment Program.
Social Determinants of Health –	Napa Valley Parent University	Parent University is a learning environment for parents to gain critical parenting and leadership skills to support their child's	Parent University is a collaboration with Napa Valley

Education Equity		academic success. Classes are bilingual. Parent University made 26,225 contacts with Napa County community members during the 2018-2020 CHIP time period.	Unified School District and a local nonprofit, On the Move. QVMC supports the program with 1 FTE and additional financial support.
Mental Health	Mentis CARE Network Healthy Minds Healthy Aging	Increased access to mental health services for low-income and vulnerable individuals. Embedded 1.5 FTE's of behavioral health therapists within Community Health Investment to provide services for complex care clients with positive screens for depression (including 1 bilingual therapist). Therapy and brief case management for older adults was made available to vulnerable community members with positive screens for depression through the Healthy Minds Healthy Aging Collaborative. HMHA provides behavioral health services for complex care clients with positive screens for depression. Mentis programs assisted CHI with making contact with 5,794 sessions and or phone interactions during the 2018-2020 CHIP time period.	Financial Support to embed services within Queen of the Valley Community Health Investment's CARE Network Department and to expand services for the elderly in Napa County.
Mental Health	Perinatal Emotional Wellness	Increased access and provided brief counseling and or referrals by a licensed therapist to pregnant and postpartum women screened for depression. A caring, nonjudgmental sounding-board for any thoughts or feelings that concern a client in pregnancy and postpartum. The Perinatal Emotional Wellness program made 1,307 contacts during the 2018-2020 CHIP time period.	The Perinatal Emotional Wellness Program is a St. Joseph Health Queen of the Valley Community Health Investment Program.
Substance Use	Napa County Drug and Alcohol McAlister Center Point	Increased access to withdrawal management and residential substance use disorder treatment for individuals referred from QVMC inpatient, ED and CARE Network including highly vulnerable individuals experiencing problems with alcohol and other drugs in a safe supportive environment.	Financial Support for both bed nights and collaboration with community partners to co-locate a Substance Use Navigator within St. Joseph

			Health Queen of the Valley's Community Health Investment Program.
Housing	Napa Nightingale Medical Respite	Collaboration with Catholic Charities of the Diocese of Santa Rosa's Napa Nightingale Program. Napa Nightingale is the only medical respite shelter program in Napa County. Services are specifically targeted to individuals experiencing homelessness. This program allows individuals recently discharged from local hospitals the opportunity to rest in a safe environment until they are well enough to exit to other housing opportunities. The 11-bed respite shelter provides three meals a day, laundry and shower facilities, case management by QVMC's CARE Network team, and service coordination.	Financial Support and collaboration with QVMC's CARE Network interdisciplinary case management team.
Housing	CARE Network / SOAR	CARE Network SSI/SSDI Outreach, Access and Recovery (SOAR) specialists expanded and enhanced the implementation of the SOAR model in Napa County to include participants of Napa's Whole Person Care (WPC) program. The SOAR team identifies and assists adults who are experiencing or are at risk of homelessness and have a mental illness, medical impairment, and/or co-occurring substance use disorders in Napa County by filing complete applications for SSI and SSDI that will be approved in less than 100 days. The CARE Network SOAR team has been integral to housing efforts aimed at the homeless population providing system linkages and case management.	SOAR is a CARE Network program at St. Joseph Health Queen of the Valley within the Community Health Investment Program. SOAR is supplemented by a Napa County Whole Person Care grant.
Housing	Heritage House and Valle Verde Housing Projects	Heritage House is an approved housing project that will consist of 66 units of permanent supportive housing dedicated for homeless and very low income individuals. To ensure success of every resident at	Financial commitment for both housing projects in addition to a commitment

		Heritage House, wraparound services including mental health, drug and alcohol recovery, and self-sufficiency services will be offered. Valle Verde is an approved affordable housing development consisting of 24 units of multi-family apartments designed for low income families	for CARE Network to take part in ensuring the best possible outcome for supportive services at Heritage House.

Addressing Identified Needs

The Community Health Improvement Plan developed for the Napa County service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how Queen of the Valley Medical Center plans to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions Queen of the Valley Medical Center intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between Queen of the Valley Medical Center and community-based organizations in addressing the health need.

2020 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the Queen of the Valley Medical Center Community Benefit Committee[4] of the hospital on February 18, 2021.

Kevin Klockenga — Date
Region Chief Executive, Northern California

Sr. Nadine McGuinness, CSJ 2/19/2021

Sr. Nadine McGuinness — Date
Chair, Community Benefit Committee, Queen of the Valley Medical Center

6/29/2021

Justin Crowe — Date
Senior Vice President, Community Partnerships
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To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

[4] **See Appendix 4: Queen of the Valley Medical Center Community Benefit Committee**

Sector: Hospital, Community-based Organization, Education, Affordable Housing

APPENDICES

Appendix 1: Definition of Terms

Access to health care services: The timely use of personal health services to achieve the best health outcomes (excluding oral health and behavioral health care services, which are included in other categories). Health care services include primary care providers, pediatricians, OB/GYN, and specialists. Access encompasses issues around insurance coverage, cost of care, timing and availability of appointments, geographic availability, availability of culturally responsive and linguistically appropriate providers, and navigating the complexities of the health care system.

Access to oral health care services: The timely use of oral health care services to achieve the best health outcomes related to dental care, tooth loss, oral cancer, and gum disease. Access encompasses issues around insurance coverage, cost of care, timing and availability of appointments, geographic availability, availability of culturally responsive and linguistically appropriate providers, and navigating the complexities of the health care system. Access to safe, nearby transportation

Accessibility for people with disabilities: The ease with which a person with a disability can utilize or navigate a product, device, service, or environment.

Affordable daycare and preschools: All families, regardless of income, can find high-quality, reasonably priced, convenient childcare options for their children birth to five. This includes free or reduced cost daycare and preschools for families that meet certain income requirements.

Aging problems: The challenges faced by adults as they age, specifically those over the age of 65, who may experience memory, hearing, vision, and mobility challenges. Adults over the age of 65 make up a larger percentage of the U.S. population than ever before and require specific supportive services related to health care, housing, mobility, etc.

Air quality: The degree to which the air is pollution and smoke-free.

Avoidable Emergency Department Utilization (AED): Based on algorithms by Medi-Cal and NYU, PSJH Healthcare Intelligence developed an "AED" flag. This is a list of conditions by diagnostic code that should not require Emergency Department care and are better treated at a more appropriate level of care. Reported at the hospital level and by payor group.

Behavioral health challenges and access to care: Includes challenges related to both mental health and substance use disorders, as well as difficulties getting the support services and care to address related challenges. Covers all areas of emotional and social well-being for all ages, including issues of stress, depression, coping skills, as well as more serious health conditions such as mental illness and Adverse Childhood Experiences. Access encompasses issues around insurance coverage, cost of care, timing and availability of appointments, geographic availability, availability of culturally responsive and linguistically appropriate providers, and navigating the complexities of the health care system.

Bullying and verbal abuse: Put downs and personal attacks that cause a person emotional harm. Examples include name calling, shaming, jokes at the expense of someone else, excessive criticism,

yelling and swearing, and threats. Specifically referring to instances taking place outside of the home, in places in the community such as school and the workplace.

Child abuse and neglect: "Injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed."[5]

Discrimination: Treating a person unfairly because of who they are or because they possess certain characteristics or identities. Examples of characteristics or identities that are discriminated against include the following: age, gender, race, sexual orientation, disability, religion, pregnancy and maternity, gender reassignment, and marriage and civil partnership.[6]

Domestic violence: Also called intimate partner violence, "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain control over another intimate partner."[7]

Economic Insecurity: Lacking stable income or other resources to support a standard of living now and in the foreseeable future.

Few arts and cultural events: A lack of representation of different cultures and groups in the community demonstrated through music, dance, painting, crafts, etc.

Firearm-related injuries: Gun-related deaths and injuries.

Food insecurity: A lack of consistent access to enough good-quality, healthy food for an active, healthy life.

Gang activity/ violence: Encompasses the incidence of crime and violence in the community as well as the fear of it, which prevents people from using open space or enjoying their community.

Health Equity: A principle meaning that "everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups."[8]

HIV/AIDS: Acquired immunodeficiency syndrome (AIDS), a chronic potentially life-threatening condition caused by the human immunodeficiency virus (HIV). Refers to challenges addressing the spread of HIV in the community and challenges providing treatment, support, and health education related to HIV and AIDS.

[5] https://www.dcyf.wa.gov/safety/what-is-abuse

[6] https://www.eoc.org.uk/what-is-discrimination/

[7] https://www.thehotline.org/is-this-abuse/abuse-defined/

[8] Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And what Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

Homelessness/ lack of safe, affordable housing: Affordability, availability, overcrowding, and quality of housing available in the community. Includes the state of having no shelter or inadequate shelter.

Job skills training: Occupational training with an emphasis on developing the necessary skills to support and guide individuals in finding jobs that meet their interests and pay a livable wage.

Lack of community involvement: Individuals in a defined geographic area do not actively engage in the identification of their needs, nor do they participate in addressing those needs.

Obesity: Primarily defined as the health condition in which individuals are sufficiently overweight as to have detrimental effects on their overall health. This does not include issues of exercise or food choices, which are listed as separate issues.

Poor quality of schools: Schools that do not provide a quality education to all students regardless of race, ethnicity, gender, socioeconomic status, or geographic location. A quality education is defined as one that "provides the outcomes needed for individuals, communities, and societies to prosper. It allows schools to align and integrate fully with their communities and access a range of services across sectors designed to support the educational development of their students."[9]

Racism: "Prejudice against someone based on race, when those prejudices are reinforced by systems of power."[10]

Safe and accessible parks/recreation: Issues around a shortage of parks or green spaces, or existing parks/green spaces being poorly maintained, inaccessible, or unsafe.

Safe streets for all users: People walking, biking, driving, and using public transportation can generally trust that they are safe on the road. Includes safety features such as crosswalks, bike lanes, lighting, and speed limits.

Social Determinants of Health: Conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Unemployment/ lack of living wage jobs: Not having employment or lacking a job that pays the minimum income necessary for a worker to meet their basic needs.

[9] http://www.ascd.org/ASCD/pdf/siteASCD/policy/ASCD-EI-Quality-Education-Statement.pdf

[10] Oluo, Ijeoma. *So You Want to Talk About Race.*

Appendix 2: Community Input

INTRODUCTION

Queen of the Valley Medical Center (QVMC) conducted stakeholder interviews and caregiver listening sessions, recognizing the importance of including the voices of community leaders who help make Napa County healthier. Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA, as these individuals have firsthand knowledge of the needs and strengths of the community. The stakeholder interviews and caregiver listening sessions are particularly important this CHNA cycle as the COVID-19 pandemic has prevented us from facilitating listening sessions with community members. We relied on community stakeholders to represent the broad needs of the communities they serve.

QVMC included interviews from 19 stakeholders, people who are invested in the wellbeing of the community and have first-hand knowledge of community needs and strengths. They also included 8 listening sessions including 27 Community Outreach Caregivers. These caregivers are Registered Nurses, Social Workers, Community Health Workers, and Community Health Educators who provide direct services to individuals who have low incomes, chronic conditions, and/or are medical underserved. The goal of the interviews and listening sessions was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs.

METHODOLOGY

Selection

A total of 8 listening sessions were completed with 27 Community Outreach Caregivers who represent the needs and challenges of the clients they serve. Participants included 6 nurses, 13 Social Workers, 3 Community Health Workers, 3 Community Health Educators, and 2 other licensed staff.

Apx 2_Table 1. Community Outreach Caregivers Listening Sessions

Community Input Type (e.g. Listening sessions, community forum, etc.)	City, State	Date (Month, Day, Year)	Language
Caregiver Listening Session (Nurses)	Napa, CA	June 16, 2020	English
Caregiver Listening Session (Community Health Workers)	Napa, CA	June 16, 2020	English
Caregiver Listening Session (Social Workers)	Napa, CA	June 18, 2020	English
Caregiver Listening Session (Nurses)	Napa, CA	June 18, 2020	English
Caregiver Listening Session (Social Workers)	Napa, CA	June 19, 2020	English
Caregiver Listening Session (Social Workers)	Napa, CA	June 19, 2020	English
Caregiver Listening Session (Community Health Educators)	Napa, CA	June 22, 2020	English
Caregiver Listening Session (LMFT/LCSWs)	Napa, CA	June 24, 2020	English

A total of 19 stakeholder interviews were completed by representatives from QVMC. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who are economically poor and vulnerable. QVMC aimed to engage stakeholders from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. Included in the interviews was a Public Health Officer from Napa County Public Health.

Apx 2_Table 2. Community Stakeholder Interviews

Organization	Name	Title	Sector
CA Grower's Association	Rebecca Barlow	Executive Director	Health Insurance / Access
City of Napa, Housing Division	Lark Ferrell	Housing Manager	Housing & homeless / Gov't
Community Health Initiative	Elba Gonzalez	Executive Director	Health Insurance / Access
COPE Family	Michele Grupe	Executive Director	Family Resource Centers
First 5 Napa County	Joelle Gallagher	Executive Director	Social services
LGBTQ Connection	Ian Posadas	Program Director	Education & Social Justice
Mayor of American Canyon	Leon Garcia	Mayor	Elected Official
Mentis	Rob Weiss	Executive Director	Mental Health
Napa City Council	Liz Alessio	City Councilmember	Elected Official
Napa Co Office of Education	Barbara Nemko	Superintendent of Schools	Education
Napa County HHSA	Jennifer Yasumoto	Director	Government
Ole Health/FQHC	Alicia Hardy	CEO	Healthcare Provider
On The Move	Alissa Abdo	Executive Director	Education
Partnership Health Plan	Dr. Colleen Townsend	Regional Medical Director	Managed Care
Puertas Abiertas	Blanca Huijon	Executive Director	Family Resource Centers

Up Valley Family Centers	Jenny Ocon	Executive Director	Family Resource Centers
Napa County Board of Supervisors	Diane Dillon	District Supervisor	Elected Official
Napa County Public Health	Dr. Karen Relucio	Public Health Officer	Public Health
NEWS	Tracy Lamb	Executive Director	Social services (DV svcs)

Facilitation Guide

Providence St. Joseph Health developed a facilitation guide that was used across all hospitals completing their 2020 CHNAs (see "Stakeholder Interview and Listening Session Questions" at the end of Appendix 2 for full questions):

- The role of the stakeholder's organization and community served
- Prioritization of unmet health related needs in the community, including social determinants of health
- Populations disproportionately affected by the unmet health-related needs
- Gaps in services that contribute to unmet health-related needs
- Barriers that contribute to unmet health-related needs
- Community assets that address these health-related needs
- Opportunities for collaboration between organizations

Training

The facilitation guide provided instructions on how to conduct a stakeholder interview, including basic language on framing the purpose of the interview. Each facilitator was provided a list of questions to ask the stakeholder.

Data Collection

The facilitator conducted all of the interviews using the Microsoft Teams platforms and recorded the interviews with participants' permission.

Analysis

Qualitative data analysis of stakeholder interviews was conducted by Providence St. Joseph Health using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

The recorded interviews were sent to a third party for transcription. The analyst listened to all audio files to ensure accurate transcription. The stakeholder names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst read through the notes and developed a preliminary list of codes, or common topics that were mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each

code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) role of organization, 2) population served by organization, 3) unmet health-related needs, 4) disproportionately affected population, 5) gaps in services, 6) barriers to services, 7) community assets, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. The analyst used the query tool and the co-occurrence table to better understand which codes were used frequently together. For example, the code "mental health" can occur often with the code "stigma." Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need and the barriers to addressing those needs. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

FINDINGS FROM COMMUNITY OUTREACH CAREGIVER LISTENING SESSIONS

Community Outreach Caregivers, hereinafter referred to as caregivers, were asked to identify their top five health-related needs in the community. Three needs were mentioned in every listening sessions and were categorized as high priority. Two additional needs were also frequently prioritized and categorized as medium priority. The effects of the COVID-19 pandemic will be woven throughout the following sections on health-related needs but will also be summarized in its own section.

Community Outreach Caregivers: High Priority Unmet Health-Related Needs

Caregivers were most concerned about the following health-related needs, which were mentioned in every listening session (in order of priority):

1. Homelessness/ lack of safe, affordable housing
2. Access to health care services
3. Behavioral health challenges (includes both mental health and substance use disorder) and access to behavioral health care

Homelessness/ lack of safe, affordable housing

Caregivers were primarily concerned with a lack of safe, affordable housing, noting the importance of people having their own safe space and a roof over their head. They were concerned that the high cost of housing in Napa leads to **overcrowding**, with multiple families sharing a small space, and **poor-quality housing** with mold and other hazards that landlords refuse to address.

They shared there are robust services in Napa County to support people experiencing homelessness, which they credit as drawing more people living unhoused to the area. Once in Napa though, there are

few **resources to move people into permanent housing** or keep them housed. They shared people often wait two to three years for low-income public housing and the system does not help people become self-sufficient. Once housed, there are few **case management services** to offer support. Additionally, there are few resources to **prevent homelessness**, such as rental assistance to prevent eviction. Caregivers spoke to having the most resources to support someone who is already experiencing homelessness.

Caregivers emphasized the connection between **housing and health**, noting that people are better able to manage their chronic conditions and mental health challenges when stably housed. Living unsheltered puts additional stress on people's overall health and well-being.

"The usual factors. I have found again and again and again that if my clients are housed and housed securely that it is so much easier for them to maintain their health, and for me to bring them resources and education to maintain their health."—Community Outreach Caregiver

"I go with housing as number one. Some clients have said, 'I can't take care of my health if I don't have housing.' They prioritize their housing before taking care of themselves. That's something that I've heard in multiple times from my clients."—Community Outreach Caregiver

Caregivers were primarily concerned about the following populations experiencing housing instability:

- **Older adults**: Most groups of listening session participants discussed concerns for older adults and a lack of appropriate, affordable housing. They noted that for older adults on Social Security Income (SSI) and Social Security Disability Income (SSDI), they have difficulty meeting their basic needs. After paying rent, there is typically only a few hundred dollars left in their fixed income, leading to spending tradeoffs. Additionally, people receiving SSI income do not qualify for low-income housing, limiting the support resources available to them. For older adults needing more physical support or memory care, there are even fewer options, with a lack of affordable assisted living options.

  "They have worked all of their life and I just feel that they're just living paycheck by paycheck. Not paycheck but through the social security, and they cannot even do anything extra because they don't have any money. They hardly have money to survive with the $200 left after they've paid the rent. I just hope that there could be something for all the seniors where they can pay less than what they pay now so they can have a more quality of life. Not worrying so much about just having the necessary money just to cover their food." – Community Outreach Caregiver

- **Mixed status families:** Families including members with a variety of documentation statuses may not qualify for public housing programs or benefits.
- **Families with low incomes**: There are few affordable options for families with low incomes. These families often have to spend a considerable amount of their income on rent (leading to

housing cost burden), live with other families (leading to overcrowding), or choose poor-quality housing (leading to health and safety concerns).

Caregivers also noted that there are many populations that may have difficulty affording the high cost of rent in Napa County. They shared that even for **middle income earners**, rent can be unaffordable. Other groups that may be unable to find affordable, safe housing are **Transitional Age Youth** and individuals on the **sex offender registry**. **Adults in their 50s who cannot work** are also limited in options as they cannot qualify for senior housing. Additionally, there are a lack of supportive living facilities for people with disabilities, such as people with a **traumatic brain injury.**

> *"In the community the lack of affordable housing for even middle income and service job people and elderly people who can't pay the $3,000 or $4,000 a month for like Springs and Redwood Retirement and that new Watermark it's $4,000 a month for a studio apartment there. Just the middle income and people who don't necessarily want to live in a mobile home. There's just nothing out there for seniors. I hear that from a lot of people that I know. Their parents, they're very worried about them."—Community Outreach Caregiver*

They discussed the need to lower the income limits for low-income housing, noting that it is not realistic and does not take into account the SSI fixed income. They also shared the **Vulnerability Index—Service Prioritization Decision Assistance Tool** (VI-SPDAT) is a flawed tool for determining people's housing risk and seems to be more or less accurate depending on the person administering it.

Caregivers discussed seeing a potential increase in homelessness due to the economic effects of the **COVID-19 pandemic**. They were particularly concerned about mixed status families who may not qualify or want to apply for public benefits, such as unemployment insurance. Additionally, overcrowding could contribute to easier spread of the virus. On a positive note, the pandemic has led to increased efforts to temporarily house people experiencing homelessness and has demonstrated that hotels can serve as transitional housing.

Access to health care services

Caregivers were concerned that too many people in Napa County experience barriers to accessing needed primary and specialty care. Their primary concern was the **lack of specialists** in Napa, noting that people have to travel to UC San Francisco or UC David, which are far away and create additional **transportation** barriers. Finding a specialist is especially challenging for people with Medi-Cal or lacking insurance, noting sometimes people wait six months to be seen. Additionally, for people with Medi-Cal, their only real **primary care** option is the one local FQHC, Ole Health. Another gap in health care services is tubal ligations, noting they are not available to the community.

Besides transportation, caregivers shared the following barriers to care:

- **Language**: Most listening session groups named language as a major barrier to care, noting a need for more bilingual, culturally responsive providers. They shared there is a need for more in person interpreters who speak the same dialect as the patient, emphasizing a virtual interpreter is not always adequate.

- **Complexity of the health care system:** Caregivers noted a lack of health literacy can make navigating the complexity of the health care system a challenge for many, but especially **older adults** and **people with limited English proficiency**. They noted a need for more support systems in place to help navigate technology barriers, scheduling, and paperwork.

  "I wish, in a utopia world, that there was somebody that could help seniors negotiate the medical system, just trying to get the doctor appointments, trying to go online, setting up that little website so you can log on and see when your appointment is, and your medical records and information."—Community Outreach Caregiver

- **Racism and discrimination**: Caregivers shared patients are sometimes afraid to seek care for fear they will experience discrimination or will not be understood by their provider. Being heard and understood goes beyond just language but includes providers who are culturally responsive and compassionate.

  "Just the fear of doctors or fear of going to people who are providing care because of the fear of being discriminated against or not getting the care that they need because of racial practices that have been moved on generation to generation. Just understanding where those things come from and by teaching the providers to be more culturally competent will provide more care and more quality to the people that we serve, and that will be a service to the populations."—Community Outreach Caregiver

- **Fear of public charge:** Mixed status families may be afraid to apply for Medi-Cal due to public charge rules.
- **Appointment hours**: People may not always have the flexibility to take off work to visit a provider or they may not be able to afford losing wages.

Due to **COVID-19**, caregivers noted people have diminished access to care and poorer quality interactions with their providers. Seven of eight listening session groups spoke to people having challenges utilizing **telehealth**, whether because of a lack of a phone, computer, Wi-Fi, or comfort with technology. The technology can be too complicated or unfamiliar for people, and others do not have sufficient privacy in their home for an honest conversation with a provider.

"Most of the doctors or providers are changing into telemedicine so once again the language barrier, access to services like internet or having a smartphone or even a computer puts our low-income families out of that so we have to be creative and figure ways how the clients can communicate with the providers via phone number, or Zoom, or face to face. I think that access to care has changed." —Community Outreach Caregivers

They shared that for patients with low **health literacy**, describing their problems to a provider over the phone is an additional barrier. Even more complicated, for patients with low literacy or limited English proficiency, reading information and following instructions for a telehealth visit is an additional barrier. Caregivers shared hearing people report having lower-quality interactions with their provider. They have also seen patients receive a **large window of time** for their appointment, meaning people have to wait

by their phone for hours. Caregivers noted sometimes the calls come hours after the scheduled appointment window, causing frustration and missed appointments.

> *"I'm thinking literacy levels. I know information was shared but a lot of our low literacy clients did not comprehend what was going on. There was a lot of confusion, misunderstanding, who do we reach out to or if they were presenting any symptoms which goes-- I'm sorry. I just reminded myself as well to the previous questions, a lot of our clients don't know how to read or write. With telemedicine that complicates them as they don't know how to text or dial numbers or read information as well. Low literacy." —Community Outreach Caregivers*

Caregivers shared many of the people they support do not want to talk to their doctor over the phone and are **opting to wait** until they can be seen in person. This means they are allowing their health condition to go unmanaged and are being seen once they are really sick.

> *"[Care] is not happening. Clients, they don't want to talk to their doctor on the phone. They're not calling. They're calling me with worsening things, and these are my clients. You know there's a whole-- They're the tip of the iceberg and what's happening with the rest of the iceberg of people. They're walking around with conditions that are not being treated." —Community Outreach Caregivers*

They shared they are seeing patients delay **well-child checks** and **vaccine** appointments, creating concern that there will be fallout for decades to come.

Behavioral health challenges (includes both mental health and substance use disorder) and access to behavioral health care

Caregivers described a lack of both mental health and substance use disorder (SUD) treatment services in Napa County leading to **long wait lists** for mental health appointments, especially for new patients.

The primary gap in mental health services described by caregivers was **limited access at the county for individuals who do not meet the criteria for serious mental illness (SMI)**. Caregivers described having clients with very serious needs who do not receive the care they need because the short assessment determines they do not fit the criteria.

> *"I think that most of our clients have difficulties accessing mental health services. There's a lot of barriers for our clients, and a lot of stigma surrounding mental health. It's been really difficult for the clients that we feel that would meet criteria and would really benefit from those services, to take them to access, schedule the appointment, sit with them through the assessment, and then we find out that they don't meet criteria because they're not SMI [serious mental illness]. So I think that's been a huge barrier for a lot of our clients" — Community Outreach Caregivers*

Caregivers noted the following community needs for addressing substance use:

- **SUD treatment centers** for patients with Medi-Cal, noting they only have one option now

- **Post-treatment support** and improved transition plans for people once released from a SUD treatment program
- More **Medication-Assisted Treatment** options
- A medical facility for rehab or **medical detox,** explaining people have nowhere to be safely monitored while going through detox
- **Harm reduction programs**, such as a needle exchange

Caregivers noted the following community needs for addressing mental health challenges:

- **Bilingual and culturally responsive providers**: Caregivers emphasized a need for more mental health providers who speak Spanish and can be responsive to other cultures

"Not having enough Spanish-speaking therapists. For them, this stigma around all that, just having even mental health issues and having someone they feel comfortable enough that will understand also their culture when it comes to mental health."—Community Outreach Caregivers

- **Mental health crisis services in jail**
- Improved **integration of mental health** conversations into primary care
- **Mental health wraparound services**: They shared a need for purely mental health case management services to help with follow-through and compliance
- **Mental health providers for children**

Caregivers described a **lack of understanding** and **stigma** around behavioral health as barriers to accessing support services. They spoke to the importance of doing more community-based outreach, particularly to the Latino/a community, to help people understand what anxiety and depression are and the benefits of mental health care. They also noted bringing services to people using **mobile outreach** can be useful for normalizing the services and breaking down barriers, particularly for people experiencing homelessness.

Caregivers identified the following populations as needing additional mental health supports:

- **The Latino/a community**: Caregivers were primarily concerned about this population receiving culturally responsive and linguistically appropriate services. They noted mixed status families may not want to or be able to apply for Medi-Cal because of fear related to public charge but may also need mental health supports because of increased anxiety and stress related to employment.

"I think with mental health it's huge, especially in the Latino community, again, lack of access to bicultural and bilingual providers that understand the culture and understand some of the issues that the community is dealing with." —Community Outreach Caregivers

- **School-age children**: Caregivers shared a need for more counselors and therapists located in schools, particularly to meet the needs of McKinney-Vento students.
- **Older adults**: This population may experience more isolation and have fewer support networks.

Caregivers shared there are more mental health concerns as a result of the **COVID-19 pandemic**. They were concerned about increased stress, depression, distress, and suicidal ideation. They noted concern for **children at home** in negative environments and **older adults** who are isolated without visitors. Additionally, **mixed status families** may not qualify for public benefits, creating more financial stress and fear.

Caregivers noted **telehealth therapy sessions** do not work for everyone, particularly those without privacy at home. They shared the assessments over the phone for the county mental health services are less effective compared to in person. They also noted concern for people who are not able to participate in SUD support groups who may be lacking their usual community supports.

Community Outreach Caregivers: Medium Priority Unmet Health-Related Needs

Two additional needs were often prioritized by caregivers, although with less frequency and importance than homelessness, access to health care, and behavioral health (in order of priority):

1. Food insecurity
2. Unemployment/ lack of living wage jobs

Food insecurity

Caregivers were primarily concerned with increased food insecurity as a result of the **COVID-19 pandemic**. They noted that as people have lost their jobs or wages, they are needing more food resources. The **food bank** has been doing a great job increasing food distribution, but they are stretched thin as it is and asking for financial support, noting that meeting the enormous need is not sustainable. Caregivers were also concerned that a family of 4 or 5 is not receiving sufficient food from food banks to meet their needs.

Other groups have also been working to provide food to the community. **Abode** has been distributing meals to people experiencing homelessness and **schools** have been providing take-away lunches during the school closure.

> *"I think now, well since COVID hit, I know that there's a lot of kids that would get their lunch, their breakfast from school, and so that's been a big issue. A couple of weeks ago, I actually went and volunteered during a lunch distribution at one of the elementary schools and they literally ran out of lunches fifteen minutes into the hour that they were supposed to be there. We had families still driving up and there were no more bag lunches for their kids. I don't know if the school district is going to continue to provide that during the summer but I think that's a huge gap, that especially right now with the pandemic, it has become a lot more visible where more families are needing to access those free food resources."—Community Outreach Caregivers*

Caregivers noted that food insecurity is connected to **obesity** and **diabetes**, sharing the importance of ensuring families have access to healthy and nutritious foods, as they are continuing to see childhood obesity increase.

Older adults are also experiencing increased food insecurity, particularly those who may be afraid to leave their house due to COVID-19. Caregivers noted a need for more home food delivery options.

Overall, caregivers explained that there are more food resources to address the current community needs, although there are often **long wait times**, making people nervous they will run out of food. They have seen the school run out of lunches, creating anxiety for families.

One positive though is that families have been able to apply for **CalFresh** over the phone and are being approved faster than before.

Unemployment/ lack of living wage jobs

Caregivers shared many people they support do not receive a **living wage**. Particularly due to the high cost of housing, families have little money remaining to meet their other basic needs. They shared even before the COVID-19 pandemic, there was a lack of living wage jobs and families were experiencing **economic insecurity**.

They were primarily concerned about **mixed status families** who have few economic support resources. Mixed status families often cannot access unemployment benefits, and due to fear related to public charge, do not access other public benefits, such as CalFresh.

> *"The undocumented have been affected a lot because they can't access unemployment, or they are afraid to access unemployment. Just financially, they've been struggling to pay their rent and the ends need at the end month." – Community Outreach Caregiver*

> *"It's hard enough for our low-income families that we serve and we try to help, but it's harder for the undocumented because when you have a residency or you were born here, you can apply for different services, but when you're undocumented and your total support is the job that you were laid off, then it is harder. A lot of families, a lot of our families work and live- well, a lot of families live paycheck by paycheck."—Community Outreach Caregiver*

Caregivers were also concerned about **older adults**, particularly those living on a fixed income that is typically not sufficient to meet their basic needs.

Caregivers shared the challenge of the **benefits cliff**, meaning as income increases, public benefits quickly taper off. They shared there is a group of people who make a little too much to qualify for Medi-Cal, but not enough to sustain life in Napa on their income. They shared income is connected to overall **health** and well-being; making a living wage is connected to housing, food security, access to care, and mental health.

Due to the **COVID-19 pandemic**, caregivers have seen increased loss of income and jobs, leading to more people having difficulty paying rent and buying food.

> *"I wanted to add to the lack of income that [another caregiver] brought up and say that that's obviously impacting families' abilities to put food on the table, pay rent. Then we have limited existing financial resources that can maybe help out with a month's worth of rent, but then families are still left struggling to figure out how to make ends meet. Even with the financial assistance that is available, you have to be patient because the wait time*

to get help and actually get the financial assistance has been taking a lot longer because of the high need." – Community Outreach Caregiver

New parents are needing supporting buying car seats, baby clothes, and other basics for their children. They are also seeing more people need help applying for unemployment.

Community Outreach Caregivers: Effects of COVID-19

Caregivers shared concerns for how the COVID-19 pandemic has increased **economic insecurity**, leading to increased **housing instability** and **homelessness**, as well as **food insecurity**. They noted the pandemic has demonstrated that hotels can be used as transitional housing for people experiencing homelessness and hope this will influence strategies moving forward.

Caregivers were particularly concerned about the economic effects of the pandemic on the **Latino/a community** and **mixed status families**. They noted that mixed status families do not qualify for unemployment or the stimulus check. Many are experiencing job loss or increased financial instability and lack social safety nets. Due to public charge and fear, many do not feel safe applying for public benefits such as CalFresh.

Access to care challenges have increased as a result of the pandemic, with more people delaying care. They noted fewer children are receiving well-child checks and vaccines. Many people are not able to successfully engage in **telehealth** visits with their primary care or mental health provider due to lack of technology, Wi-Fi, comfort, or privacy. Particularly for older adults or people with low health literacy, they may not be comfortable using technology or navigating these new systems. Caregivers described many people opting to wait until they can be seen in person, leading to unmanaged and worseing conditions.

They also shared concerns for increasing **mental health** needs due to more social isolation. They shared they are seeing more stress, depression, and sucicidal ideation, with increased barriers to accessing mental health services. They noted particular concern for older adults isolated at home and children in negative environments.

Community Outreach Caregivers Identified Assets

The following table lists all of the community organizations, programs, or services that were named by Community Outreach Caregivers during the interviews.

Apx 2_Table 3. Identified Assets by Community Outreach Caregivers

Health-related need	Community program, organization, or services (number of times mentioned if more than 1)
Behavioral health	COPE (2) Mentis Supportive Outreach and Access to Resources Teens Connect Napa
Care Coordination	CARE Network (5)

	Promotoras
Collaboratives	Care coordination meetings between service providers Triple P Collaborative
COVID-19 Response	Community Organized Relief Effort
Domestic Violence and Abuse	Adult Protective Services
Education	Napa Valley Unified School District
Family and Child Support	California Highway Patrol (car seat support) On the Move (Innovations Community Center) Queen of the Valley Perinatal Program (including parenting classes) UpValley Family Centers
Food Security	Community Action of Napa Valley Meals on Wheels Napa Food Bank (4)
Health Care	HIV Clinic with Ole Health and Queen of the Valley Napa County Health & Human Services Agency (public health nurses, community aids, Medi-Cal office) (2) Ole Health (5) Oncology Center at Queen of the Valley (nurse navigators) Patient Financial Assistance at Queen of the Valley (2) William's Automotive (recycling durable medical equipment/ rentals)
Housing	Abode Housing (4) NEWS Domestic Violence Housing First Program (2) Nightingale Center (3)
Resources and Social Services	Catholic Charities Chronicle Season of Sharing Fund (4) Relationship with Probation Offices
Services for Individuals Identifying as LGBTQ+	LGBTQ Connection On the Move
Services for the Aging Population	Collabria Care (4) Comprehensive Services for Older Adults Continuum Care Hospice In-Home Support Services Public Authority Molly's Angels (2) Napa Valley Share the Care (4) St. Joseph Home Care Network
Services for the Armed Forces	Operation: With Love from Home (supported hospital PPE)
Services for the Latino/a Community	Puertas Abiertas (2)

Community Outreach Caregivers: Opportunities to Work Together

Participants were asked, "What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?" Caregivers shared while some

community partners do work well together, they think there is a lot of opportunity to improve collaboration and break down silos. They shared the following components of improved collaboration:

- **Increased communication to improve relationships**: They saw the opportunity to do more networking, particularly between service providers in the community. This helps people know one another and the available community resources.

"I think something that has helped in our collaboratives here in town has been, if we're working on a collaborative together, that it really doesn't necessarily belong to one particular agency, but that it's really a true community collaborative. I think that makes those efforts stronger. The relationships that are built amongst the people who are collaborating, the agencies that are collaborating, it makes them stronger, too." — Community Outreach Caregiver

- **Check-ins on shared case management clients**: To improve client care, caregivers noted the importance of collaborating on services, particularly for complex clients. Importantly, having a universal consent would help facilitate easier collaboration. They noted having one consent for Napa County Health and Social Services Agency would be especially helpful.

"I agree on that last part about universal consent. That could be really frustrating, especially if there's multiple agencies involved. I think it really slows down the process of trying to help somebody else. Universal consent with the county with four different departments would be really, really great." —Community Outreach Caregiver

- **Identify point people at different organizations**: With staff turnover it is helpful to continue to have a specific person to reach out to at partner organizations. This also helps facilitate improved referrals and follow up.

"The other thing that's difficult because we work with different agencies. If we don't have like an in with someone, it's hard to communicate. I feel like sometimes we're chasing our tails because we're like, 'Who does that person work with over there? Who is this person?' We're not all coming to the table for the client. We're all stepping on each other's toes and we're just wasting our time, honestly." —Community Outreach Caregiver

- **Co-locate services when possible**: They advocated for more services co-located to reduce the need for clients to travel between agencies and facilitate improved collaboration.
- **Recognize many organizations are working towards the same goal:** Caregivers emphasized that most organizations in Napa County are working to reach the same goals and building upon this shared vision instead of competing will benefit the community.

"I think just having strong partnerships, so that we're not all competing for the same funding dollars, we're not competing for the same audience or people being served, I think when we can combine our resources, we can definitely create a larger impact than trying to do it each individually in our own silos." —Community Outreach Caregiver

"From my experience working in the community, I feel that all of the agencies work together towards a same goal like we're looking for the well-being of the client or the community. We all tend to work together to help somebody have a better quality of life. From my experience working with the different agencies, I think that we all have the same goal."— Community Outreach Caregiver

When collaborating, caregivers noted the importance of engaging people with **lived experience** in developing community solutions to ensure that initiatives are community driven.

Caregivers shared the following suggestions of how collaboration could be improved in Napa County:

- **Advocacy on health-related priorities**: Caregivers suggested leveraging resources and combining efforts to work together to advocate for health-related priorities, such as housing.
- **Mental health and primary care**: While somewhat improved, caregivers shared a need to continue to break down the silos between mental health and primary care to better provide whole person care.

"If we're thinking three years out, the continued breaking down the silos of mental health versus medical care and continuing to join together to take care of the whole person, instead of seeing them as a mental health issue, or that's just, we can't help them because of their medical problems." – Community Outreach Caregiver

- **Health care/ social services and police departments**: Caregivers suggested integrating a mental health mobile crisis unit into emergency response to better connect community members in crisis to community resources. Additionally, community based organizations can help build trust between the police department and community, improving relationships and people's sense of safety.

FINDINGS FROM STAKEHOLDER INTERVIEWS

Stakeholders were asked to identify their top five health-related needs in the community. Two needs stood out as universally important to stakeholders and were categorized as high priority. Five needs were also frequently prioritized and categorized as medium priority. The effects of the COVID-19 pandemic will be woven throughout the following sections on health-related needs but will also be summarized in its own section.

Community Stakeholders: High Priority Unmet Health-Related Needs

Across the board, stakeholders were most concerned about the following health-related needs (in order of priority):

1. Homelessness/ lack of safe, affordable housing
2. Behavioral health challenges (includes both mental health and substance use disorder) and access to behavioral health care

Homelessness/ lack of safe, affordable housing

Stakeholders described a "housing crisis" in Napa, which is only being exacerbated by COVID-19. They were primarily concerned with the lack of safe, affordable housing for individuals in the agriculture and hospitality sectors, which generally pay lower wages.

> "As I mentioned, housing being a critical need. Housing that's affordable that doesn't drive people into poverty or people into housing that's just not healthy housing if you will. It's compromised and people have to make compromised decisions based on housing." – *Community Stakeholder*

Key themes that emerged from people's description of housing challenges include the following:

- Housing and homelessness were most often talked about in connection with **unemployment and lack of living wage jobs**, highlighting the strong connection between economic security and housing stability. Housing is expensive and many families with low-incomes live in crowded, sub-standard housing.
- Housing is "foundational" to all other needs. It affects people's mental health, physical health, and overall well-being.

> *"Housing is number one. If you're worried about your housing, then your whole life is under tremendous stress." – Community Stakeholder*

- The housing crisis in Napa highlights racial and economic inequities in the community. Stakeholders were particularly concerned about **people with low incomes**, primarily **Latino/a community members**, who are disproportionately affected by a lack of jobs that pay a living wage and therefore, lack access to safe, affordable housing.

> *"I do believe that there is a lot of inequity in the community. I think that we see our Latinx community over-represented in terms of people who are living in poverty, people who have more limited access to care, people who are renters rather than homeowners, people that have trouble staying housed, for example, finding housing and people who are in low wage positions, for example. I do think that we have a fairly high degree of inequity."- Community Stakeholder*

Besides people with low incomes, stakeholders were also concerned about a lack of housing services for the following populations:

- **Survivors of domestic violence** who may be choosing between homelessness and living in a home with violence
- **Individuals in recovery** who cannot access a substance free shelter
- **Older adults** living on a fixed income who may need supportive services as they age
- **Individuals with chronic health conditions and behavioral health challenges** who need permanent supportive housing to stay successfully housed

Stakeholders identified a few key gaps in community resources that prevent people from accessing safe, affordable housing:

- A lack of affordable housing stock

- Upstream interventions to improve individuals' access to education and workforce development to improve their economic stability
- Rent assistance for individuals at risk of homelessness, particularly during the COVID-19 pandemic
- Shelter spaces for individuals needing a substance free shelter and families

"Well, I would say clearly that our community has a great need for more affordable housing. I think that it's both a supply issue where we just need more units, as well as that there's the need for rental assistance because the units that are available are often not affordable to people of lower incomes in our community." – Community Stakeholder

Behavioral health challenges (includes both mental health and substance use disorder) and access to behavioral health care

Almost every stakeholder identified behavioral health challenges as an issue that needs to be addressed. They described a growing need for behavioral health services that outpaces the system capacity.

"Mental health would be one of the top ones, I would say. Interestingly, since COVID broke out, we've had a 58% increase in demand for mental health services. I think that will continue to rise. We couldn't meet the demand even prior to COVID. That's going to be a big, big challenge."- Community Stakeholder

While they were concerned with both mental health and substance use, mental health was discussed much more frequently. Stakeholders emphasized the **COVID-19 pandemic** has created increased fear, anxiety, isolation, and depression. They discussed several populations and the associated gaps in services:

- **People identifying as LGBTQ+:** Finding mental health providers that are LGBTQ+-friendly is difficult to find in the area. Additionally, LGBTQ+ individuals do not always feel visible, safe, respected, and understood, contributing to mental health challenges.

"For students in the communities that are more vulnerable in general… there's a lot more anxiety in the world. There's been more disasters in the world. There's been more political upheaval and hate rhetoric. I think that just amplifies for any community that is less connected to supports and resources and LGBTQ people are one of those folks." – Community Stakeholder

- **Mixed status families:** Families with members with a variety of documentation statuses experience added fear and anxiety related to immigration status. Stakeholders spoke to the hopelessness many immigrants are experiencing right now due to the political climate and lack of access to safety net services.
- **Young people:** Stakeholders were concerned about bullying in schools, substance use, particularly vaping, and increased isolation and anxiety due to the pandemic. They identified a gap in school-based mental health services, stating there are not enough mental health professionals in schools to support students on the scale that is needed.

"We've seen a lot more suicide attempts amongst young adults and feelings of fear about reintegration and going back to school. I think mental health is going to be central to our ability to help people get their basic needs met, but then also reintegrate [post- COVID-19] and move into this new reality."- Community Stakeholder

- **Older adults**: Stakeholders discussed the effects of social isolation for older adults, particularly during the pandemic, which contribute to poor mental and physical health.

"I would say seniors, because we're trying to protect them, but we're isolating them and probably killing them because of the social isolation."- Community Stakeholder

Stakeholder spoke to a general need for more behavioral health services and providers in the community. Specific gaps in services include the following:

- **Preventive mental health services for families**: Providing support to parents and preventing Adverse Childhood Experiences (ACEs) is an upstream approach to preventing early trauma
- **Crisis support:** Lacking immediate support intervention outside of the ED
- **Bilingual, culturally responsive mental health and substance use treatment** services, particularly for Spanish-speaking individuals
- **LGBTQ+-friendly mental health providers**
- **School-based mental health services** to meet the growing need

"When there's a lot of stress in the home, we're finding children at younger and younger and younger ages are exhibiting mental health problems, and schools do not have the resources to provide the mental health services that kids need."- Community Stakeholder

- **Free counseling services** that are accessible for people without insurance or those with low incomes who cannot afford co-payments
- **Access to SUD treatment:** Medi-Cal clients are often referred to Napa County Health & Human Services for substance use disorder treatment and care. Stakeholders recommended making these services more accessible to the Latino/a community by integrating them better in the community and recognizing that there is some immigration-related fear attached to accessing government services.

"I'd say that finding mental health care that's affordable, that's available, particularly when you're dealing with someone and this type of a crisis, it can be difficult."- Community Stakeholder

Barriers include cost of care, long wait times, lack of culturally responsive and linguistically appropriate clients, stigma, and transportation.

"I'm just thinking about mental health needs. There may be some cultural differences in the way that mental health is perceived and mental health therapy. It might be a sign of weakness for certain cultural groups. It might not be as accepted and there may not be enough for what's needed."- Community Stakeholder

Community Stakeholders: Medium Priority Unmet Health-Related Needs

Five additional needs (priority number 5 includes two needs that tied for importance) were often prioritized by stakeholders, although with less frequency and importance than homelessness and behavioral health (in order of priority):

3. Food insecurity
4. Unemployment/ lack of living wage jobs
5. Domestic violence and child abuse/neglect AND Racism/discrimination
6. Access to health care services

Food insecurity

Stakeholders shared food insecurity is a challenge in the community and the need is only exacerbated by COVID-19. Food insecurity is closely linked with **economic insecurity** and **housing instability**; families with low incomes or job loss are forced to make tradeoffs in how they spend their money, sometimes needing to prioritize housing, health care, or other needs above healthy, nutritious food. Accessing these nutritious foods close to home can also be a challenge.

"The other mention about access to food, it really is a challenge for many of our families that we talk to, to be able to access nutritious food in their community and because they might have a store that's close to them, that's a 711 or a Kmart or some kind of market but it's food that doesn't provide the nutrition the families are really seeking for their household. A lot of it is linked to their income, right? These are just complex conversations and issues because there's just so many parts to it."- Community Stakeholder

Stakeholders identified **individuals with low incomes** and the **Latino/a community** as disproportionately impacted by food insecurity. The following themes emerged regarding barriers for individuals to get access to good quality, healthy foods:

- **Fear related to immigration and public charge**: Many mixed status families are choosing not to apply for any public assistance programs such as CalFresh and WIC because of fear their children might be taken away, fear of deportation, or fear of having to repay the benefits. The fear is not new, but it is heightened due to the current administration and the pandemic.

"We have a lot of families in our community, especially that aren't documented and mixed immigration status households because you don't necessarily have to be undocumented to feel really afraid to apply for public programs, because of the fear that you might be pursued. The fear that you might get deported, the fear that your children might be taken away, the fear that you might have to repay back the government for applying for public programs because of just the political rhetoric that existed in our times right now and not just recently but for decades now. But people are just really afraid now more than ever and we're seeing that right now people who are eligible for public programs and they refuse to enroll in them and that could be for health insurance, or for programs like CalFresh when I mean public when it comes to food, or the program like WIC as well." – Community Stakeholder

- **Logistical challenges getting to food banks**: Transportation to a food distribution site, particularly if they have to travel outside of their community, and pick-up hours can be a challenge for families.

Unemployment/ lack of living wage jobs

Stakeholders were both concerned with growing unemployment as a result of COVID-19, as well as individuals who are working but not paid a living wage. A living wage is defined as the minimum income necessary for a worker to meet their basic needs. Therefore, lack of a living wage was named as a key barrier to addressing almost every other need.

Unemployment and lack of a living wage was most often talked about in connection with **homelessness and housing instability**, **food insecurity**, and **mental health**. Stakeholders spoke to the interconnectedness of these needs, emphasizing the potential domino effect that can start with an individual losing their job. This can lead to difficulty paying rent, forcing families to make spending tradeoffs, contributing to stress and anxiety, and potentially resulting in homelessness.

"We don't have a fair living wage here in California let alone in Napa. We've got a living wage that isn't a living wage or minimum salary that isn't a living wage. We've got the cost of living. The disparity between both has really increased the working poor and it's also increased our homelessness."- Community Stakeholder

Stakeholders described a local economy heavily reliant on agricultural and hospitality workers, which are typically considered lower-income jobs. They were particularly concerned about the **Latino/a community** and **mixed status families**.

"I would also say that with that inequity comes this issue of the lack of living wage jobs. I think that that's critical. We have a very one dimensional economy that is dependent on low wage jobs and that in turn plays out for many people of color in our community."- Community Stakeholder

Stakeholders shared the following barriers to accessing higher paying jobs and improving financial security:

- Language
- Lack of job-related skills and formal education
- Fear related to immigration status preventing people from applying for safety net resources

"There's a mismatch between the skills you need for the jobs that will pay you well and the skills that many of our [clients] have, which qualifies them for jobs in the service industry, which is obviously way lower paying."- Community Stakeholder

Domestic violence and child abuse/neglect

Stakeholders were both concerned with increasing domestic violence (DV) and child abuse/neglect during the pandemic, as well as the long term effects of violence and abuse on individuals' well-being and health. DV and child abuse/neglect were most often discussed in connection with **mental health**.

"I would say that a pervasive issue that we see especially in our [mental health] outpatient work is that many of our clients have been exposed to violence in some way or another. It's either domestic violence, physical or sexual abuse, somewhere in that continuum, basically exposed to violence in some way."- Community Stakeholder

Stakeholders noted that prioritizing interventions to address DV and child abuse/neglect would prevent **Adverse Childhood Experiences (ACEs),** which is a preventative way of addressing mental health challenges, substance use, and chronic diseases.

DV and **homelessness** are also connected, as survivors are sometimes forced to choose between homelessness and remaining in an unsafe home. More support services and **safe housing options** for survivors of DV is a community gap.

"Living in precarious shelter situations where their housing is dependent on someone who may be abusing them, so fear of leaving that situation, often making a decision between homelessness or living in an abusive relationship, which definitely affects that long term trauma and that toxic stress that they're under has long term health effects."- Community Stakeholder

Stakeholders were particularly concerned about DV and child abuse/neglect during the COVID-19 pandemic, stating that they believe the incidence of abuse has increased:

- Shelter-in-place mandates have forced people to remain in unhealthy and unsafe homes
- With schools closed, children are isolated at home and educators are unable to identify potentially abusive situations. Children also do not have opportunities to disclose abuse.

"We're also worried about kids who, when they report abuse, oftentimes they report it at school… and the fact that the kids aren't having an outlet for disclosure is really a big concern of ours."- Community Stakeholder

Racism and discrimination

Stakeholders acknowledged that the disproportionate impact of COVID-19 on communities of color as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities.

Woven throughout almost every stakeholder interview were social inequities and systemic racism related to every need:

- **Income and employment opportunities**: Black, Brown, Indigenous, and People of Color (BBIPOC), particularly the Latino/a community, disproportionately work in jobs that do not pay a living wage. Lack of educational and skill-building opportunities prevent people from economic security.
- **Housing**: Due to lack of living wage jobs, Latino/a community members are disproportionately affected by housing instability and poor housing conditions.

- **Access to care**: Lack of culturally responsive and linguistically appropriate caregivers, as well as language barriers navigating systems, prevent people from receiving the high-quality health care they deserve. There is a lack of LGBTQ+-friendly providers.
- **Food insecurity**: Fear related to public charge prevents people from utilizing safety net services, such as SNAP and WIC.
- **Mental health and wellbeing**: Racism, xenophobia, and fear related to immigration take an emotional and physical toll on people, leading to hopelessness, depression, and anxiety. Individuals identifying as LGBTQ+ also experience challenges finding respectful and competent providers, as well as mental health challenges due to discrimination.

In addressing racism and discrimination, stakeholders noted the following needs:

- Conversations related to labor rights
- Community-based safety net services for immigrants who are undocumented
- Commitment to equity in all programs and collaborations
- Culturally responsive and linguistically appropriate providers
- LGBTQ-friendly providers and increased visibility of the LGBTQ community

Access to care

Stakeholders shared concerns about mixed status families accessing health insurance and the increasing number of people who are losing their insurance due to job loss. The following populations were named as disproportionately affected by access to care challenges:

- **Mixed status families:** Lack of health insurance and fear accessing health care services related to immigration was a top concern for stakeholders.

"I would also mention that access to health and healthcare services, in particular for our undocumented adults who don't have access to health insurance, is a real concern in particular in light of COVID now."- Community Stakeholder

- **School-age children**: Challenges getting to appointments during school hours and an under-utilization of well-child visits was a concern. Stakeholders discussed the potential benefits of having school-based health services.
- **Individuals identifying as LGBTQ+**: A lack of LGBTQ+-friendly providers in the community makes it really challenging for individuals to find respectful and understanding providers, creating fear and potentially harm.

"We've had providers who have harmed people because they denied their identity or told them that they didn't exist and made people feel very uncomfortable on the worst side of things. On the better side of things, people have felt very invisible. Even if you did a Google search and tried to find a provider who understood LGBTQ people or had experienced, it's extremely difficult to find in our area."- Community Stakeholder

- **People with limited English proficiency**: A lack of bilingual providers and culturally responsive services in the area, as well as a complex health care system, makes accessing appropriate health care services more difficult.

A variety of barriers exist in the community that prevent people from getting high-quality, timely care:

- Fear related to immigration
- Transportation
- Cost of care, particularly for individuals who are uninsured or underinsured
- Limited number of health care centers that accept Medi-Cal or Medicare
- Appointment times during working hours

> *"Accessing services during work time. I know that a number of people have told us that they will avoid accessing care sometimes because they need to go to work or go to school."- Community Stakeholder*

- Language and cultural barriers

A specific gap named in the community was **a lack of specialty care** in Napa County, leading many people to travel outside of the community, which only exacerbates the barriers named above.

During the **COVID-19 pandemic**, new barriers to care have emerged:

- The digital divide: A lack of technology or broadband, as well as discomfort using technology has prevented individuals from engaging with telehealth services.
- A lack of privacy for virtual appointments: Individuals do not always have a safe and private space to talk openly with providers.

> *"I think for us as health and mental health providers, especially that so much of our work is telehealth, is not everybody's got a safe space to engage in telehealth. I think that's also a barrier and a concern that we need to collectively be addressing with people to make sure not only they have the means to utilize a telehealth relationship or option, but do they have safe space to engage honestly with their medical and their mental health provider and be honest about what their experience is."- Community Stakeholder*

- Increased number of people uninsured: With job loss, some individuals have lost their insurance
- Fear accessing care: Many people have the perception that going to the doctor is not safe, creating a backlog of care and unmanaged conditions.
- Misinformation and confusion: There is a need for better information and outreach, particularly for the farmworker community on how to protect and prepare their families.

Community Stakeholders: Effects of COVID-19

Almost universally, stakeholders spoke to community needs and challenges being "exacerbated" or "magnified" by the COVID-19 pandemic. Inequities in the community were also exacerbated.

> *"Yes. To me, it's not so much a question though of some new need popped up that just hadn't been on our radar. I think, if anything, it's exacerbated the issues across the board,*

and perhaps exacerbated them in a really fundamental way. If you look at food insecurity, that has just skyrocketed and it's kind of right in your face in the midst of COVID. Housing issues also… it's tied to losses of jobs, that our county has been disproportionately hit because of our hospitality industry."- Community Stakeholder

The two most common themes when discussing the effects of the pandemic were **mental health** and **unemployment**. Stakeholders were particularly concerned about a growing mental health crisis, sharing that people are feeling hopeless, afraid, stressed, anxious, and depressed. They were concerned about the system's capacity to address the long term effects of the current trauma people are experiencing. They also acknowledged the stress from COVID-19 is compounding trauma related to local fires.

"I think the biggest point for me is that, within this health pandemic, there is a mental health crisis building. I really do see it. While we have not been overwhelmed yet, I do think the need is going to be pronounced and grow, and here's why: because the COVID pandemic has a traumatizing effect on people, and trauma plays out over a period of weeks and months. For example, when we had the fires, we were still seeing people a year, two years later dealing with the traumatic fallout from the fires. This is going to go on. We don't know how long."- Community Stakeholder

Stakeholders were concerned about increased unemployment and economic insecurity, contributing to **housing instability, homelessness**, and **food insecurity**, forcing families to make spending tradeoffs. Not being able to meet one's basic needs leads to increased stress and mental health challenges.

Stakeholders shared many communities that have been disproportionately affected by the pandemic. **Latino/a** community members were most often noted, with particular concern for **mixed status families**. Fear of contact tracing for mixed status families is also a noteworthy challenge to COVID-19 testing.

"I would say, race inequity. When I think of COVID-19 there's a disproportionate impact in our Latinx community. There's a lot of people that live in like tight congregate setting and travel a long distance for work, they travel in cars together, there's also people that are undocumented or, they're afraid to get tested because they're afraid of losing their job if they get sick or losing the ability to pay the rent, so I would say that's one."- Community Stakeholder

Community Stakeholder Identified Assets

The following table lists all of the community organizations, programs, or services that were named by community stakeholders during the interviews.

Apx 2_Table 4. Identified Assets by Community Stakeholders

Health-related need	Community program, organization, or services (number of times mentioned if more than 1)
Behavioral health	COPE (3) Mentis (3) Napa County Mental Health (free mental health appointments)

	Perinatal Substance Use Program
Care Coordination	CARE Network (2)
Collaboratives	Calistoga Community Schools Initiative Community Leaders Coalition (5) Community Organizations Active in Disaster (7) Intersections Initiative Live Healthy Napa County (6) Monarch Family Justice Center Napa Citizenship Legal Services Collaborative Napa Valley Community Foundation Triple P Collaborative (2)
Domestic Violence and Child Abuse	Child Abuse Prevention Council (2) NEWS Domestic Violence and Sexual Abuse Services
Education	Napa County Office of Education, special education programs Parent University
Family and Child Support	Aldea Children and Family Services Family Resource Center First 5 Napa Network (4) On the Move UpValley Family Centers (2)
Food Security	Food bank (3) Meals on Wheels Napa County (support for WIC and CalFresh)
Health Care	Community Health Initiative (3) OLE Health (5) Queen of the Valley Hospital
Housing	Abode Services and their outreach team Fair Housing Gasser Foundation NEWS Domestic Violence Housing First Program
Resources and Social Services	Catholic Charities
Services for Individuals Identifying as LGBTQ+	LGBTQ Connection (2) Rainbow Action Network
Services for the Aging Population	Collabria Care Rianda House The Healthy Aging Population Initiative (3)
Services for the Latino/a Community	Puertas Abiertas

Community Stakeholders: Opportunities to Work Together

Participants were asked, “What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?” Stakeholders described a very collaborative and generous community.

"We've got a lot of community generosity and I see that in the small things I do and at a grander scale. I would say that that's where our strength lies is the ability to work together." – Community Stakeholder

Most shared they are already seeing a lot of great examples of collaboration, the most frequently mentioned being the **Napa Valley Community Organizations Active in Disaster (COAD).**

"Well, gosh, I think we're just seeing such remarkable collaboration through COAD as an example right now. It's phenomenal quite frankly. When we interact at the county level with people who come in from other counties, folks from the state who get familiar with what's going on here, they're always amazed and impressed by what we've got going on"—Community Stakeholder

They also noted that their relationships and strong collaborations have proven invaluable in response to fires and COVID-19, making them adaptable and resourceful in challenging times.

"We have a lot of collaborative partnerships between health care or social services and other sectors that improve the social determinants of health. I think that we work collectively to improve the health of the community. I see this current strength as being adaptive to the COVID-19 response and helping with that as well. For a small county, we're able to handle the needs pretty well compared to other counties. I think it's-- Our strength is in our collaboration." – Community Stakeholder

Stakeholders shared the following suggestions for improving community collaboration:

- **Create alliances of providers and/or organizations committed to certain causes**: They emphasized bringing together likeminded people/groups to make visible commitments to holding one another accountable. One specific example was bringing together providers committed to addressing inequities in LGBTQ+ health care. This could help organizations be more explicit and visible in committing to efforts and aligning on advocacy for related policies. Being visible, intentional, and accountable on issues important to the community is meaningful.

"It could be anything where folks commit to not only knowing what's going on but making it easier for the community to access it and then advertising that. We had imagined like buses driving around with ads on it and signage explaining what does this mean that they're committed to this. Then at the actual locations, having visible signage that shows that those places are part of that network and collaborative. It could be for mental healthcare; it could be any of these things that we've been talking about." – Community Stakeholder

"I think I said it as part of another answer, but the community tells us that, in general, anyone doing anything LGBTQ on purpose makes a difference or starts to make a difference."—Community Stakeholder

- **Foster most cross-sector collaboration**: Stakeholders wanted to see more explicit commitments to collaboration that reduces silos and creates more non-traditional collaborations to address broad community needs. They especially thought bringing together government and nonprofit

organizations to build common goals and trust with the community could help address needs. This could also be an opportunity to leverage shared resources. A good example of this type of cross-sector collaboration is the First 5 Napa Network.

"I think that the continued collaboration, public and private, is really important to try to address the gaps as we see them. Also, because many people that we serve are distrustful, in particular, of government institutions, or have a reticence to come forward. If that's the case, it's those kinds of partnerships where community-based organizations have a different relationship can potentially help reduce access issues and help people get the resources that they need." – Community Stakeholder

"For example, when we talked about social determinants of health earlier, we talked about transportation. Transportation isn't a historic thing that a hospital does or a Health and Human Services Agency does. It's part of our community and it's part of our functions that we provide. You built a community, you built an environment, so we need to really be thinking about non-traditional ways of working together and who should be at the table." – Community Stakeholder

"When you look at what's going on in our world right now with social and civil unrest, those issues affect all of us. They implicate issues of structural discrimination and historic racism. All of that has to, I think, be addressed in a framework where, again, government, elected officials, non-elected officials, appointed people, hospital leaders, Health and Human Services leaders, behavioral health providers, public works departments, planning departments, really do need to be coming together to figure out how we can map out everything we're all doing and have a broader vision for the community of Napa." – Community Stakeholder

- **Engage people with lived experience and community members in solutions**: Stakeholders discussed the importance of ensuring those affected by a community challenge have a voice at the table and that decisions are driven by community.

"I think the message that I want to highlight is that at the end of the day, it's not about one agency. At the end of the day, it's about our community. We all work for that community. We don't even work for a system. We work for our community." – Community Stakeholder

- **Invest in upstream solutions**: Investments in early development and education and efforts to reduce ACEs have a strong return on investment in preventing future community challenges.

"I just would say in light of this, some of our traditional health indicators that we're always looking at like obesity and diabetes might not be as pertinent as these broader overarching and really truly the economic hardship that people are going to face. It would be nice if we could think a little outside the box of what is possible for us to do on a community level to really address well-being and quality of life in light of a global pandemic that none of us have [chuckles] had any experience dealing with because there's going to be so many different levels of consequences." – Community Stakeholder

- **Streamline efforts to reduce duplication and create shared goals and strategies**: Stakeholders shared they consider Napa County to be a small and close community, meaning there is always a need to ensure organizations are working together to achieve change and not duplicating services or working against one another. They shared a need to better align priorities across organizations by engaging in one another's strategic planning processes. Organizations should align along the entire spectrum of a community need. For example, organizations responding to mild to moderate mental health challenges can align with organizations responding to severe mental health challenges. This also allows for shared resources and making the most of funding opportunities.

"I think we're a small community. There's so much intersectionality between all of these issues, how might we bring the resources, people together, be creative, like I said, I don't have the answers but figure out a way to streamline and more heavily resource. Three entities that are going to carry forth as opposed to spreading these resources pretty thin across multiple initiatives. Then, just in terms of events and activities, making sure that things are not piling on top of each other. We've seen a little bit of this happen as it relates to food distribution for the COVID. There's been multiple food distributions happening on the same day and just ensuring that we all have a commitment to working together, leveraging the resources, staying in our lane. I think that that would be helpful."— Community Stakeholder

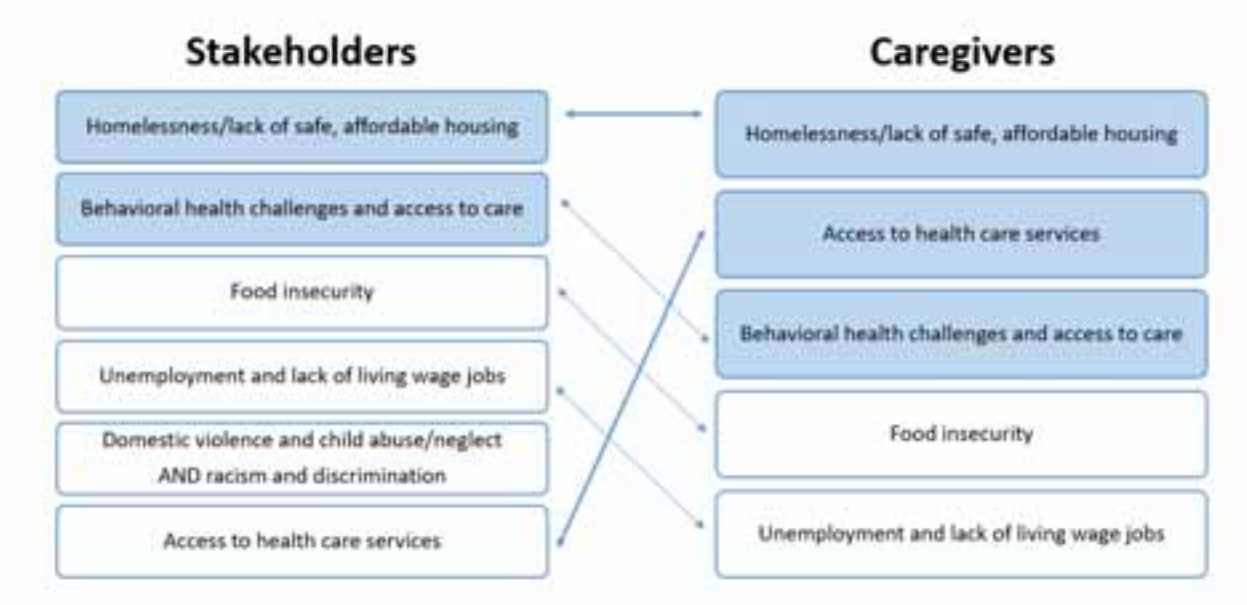
"I'm not sure that that's the best way to do it but I do get the sense that we are still in some ways duplicating efforts and resources to achieve the same end. There could be better and more strategic ways to leverage what each of us does best in our respective spot on the continuum of health care, but it does start with conversations like this. Like really making sure that as we're looking at our data and our strategy that there's alignment." – Community Stakeholder

Stakeholders recognized that to address **health inequities** and **social injustices** organizations must align and collaborate. They suggested having more intentional conversations to ensure that equity and social justice are included in all efforts. They also suggested better leveraging data to target services to populations and geographies to address inequities.

DATA BLENDING

Both stakeholders and Community Outreach Caregivers prioritized homelessness and lack of safe, affordable housing as the most pressing concern in Napa County. They also both frequently prioritized behavioral health challenges. Caregivers emphasized access to health care services as a more pressing challenge than stakeholders. See figure below for a side by side comparison of how stakeholders and caregivers prioritized needs:

Apx 2_Figure 1. Comparison of Needs as Prioritized by Stakeholders and Caregivers



Based on the findings above, health-related needs were categorized into the following categories, representing the shared prioritization of both stakeholders and caregivers:

Apx 2_Figure 2. Shared Priority Needs Based on Community Input

Shared high-priority health needs

- Homelessness/ lack of safe, affordable housing
- Behavioral health challenges and access to care (includes both mental health and substance use disorders)
- Access to health care services

Shared medium-priority health needs

- Food insecurity
- Unemployment and lack of living wage jobs

Other themes from stakeholders

- Racism and discrimination
- Domestic violence and child abuse/neglect

LIMITATIONS

While stakeholders were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a stakeholder.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

STAKEHOLDER INTERVIEW AND LISTENING SESSION QUESTIONS

1. How would you describe your organization's role within the community?
2. How would you describe the community your organization serves? Please include the geographic area.
3. Please identify and discuss specific unmet health-related needs in your community for the persons you serve. We are interested in hearing about needs related to not only health conditions, but also the social determinants of health, such as housing, transportation, and access to care, just to name a few.
4. Can you prioritize these issues? What are your top concerns?
5. Using the table, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important). [see table below]
6. Has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? If yes, in what ways?
7. Are there specific populations or groups in your community who are disproportionately affected by these unmet health-related needs?
8. Please identify and discuss specific gaps in community services for the persons you serve that contribute to the unmet health-related needs you identified earlier.
9. Please identify and discuss specific barriers for the persons you serve that contribute to the unmet health-related needs you identified earlier.
10. What existing community health initiatives or programs in your community are helpful in addressing the health-related needs of the persons you serve, especially in relation to the health-related needs you identified earlier? Can you rank them in terms of effectiveness?
11. What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?
12. Is there anything else you would like to share?

Question 5: Using the table below, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important).			
	Aging problems (e.g. memory/ hearing/ vision loss)		Access to oral health care
	Air quality (e.g. pollution, smoke)		Access to safe, nearby transportation
	Obesity		Lack of community involvement
	Bullying/ verbal abuse		Affordable daycare and preschools

	Domestic violence, child abuse/ neglect		Job skills training
	Few arts and cultural events		Accessibility for people with disabilities
	Firearm-related injuries		Safe and accessible parks/ recreation
	Gang activity/violence		Behavioral health challenges and access to care (includes both mental health and substance use disorders)
	HIV/ AIDS		Poor quality of schools
	Homelessness/ lack of safe, affordable housing		Racism/discrimination
	Food insecurity		Unemployment/lack of living wage jobs
	Access to health care services		Safe streets for all users (e.g. crosswalks, bike lanes, lighting, speed limits)
			Other:

Appendix 3: Community Resources Available to Address Significant Health Needs

Queen of the Valley Medical Center cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community stakeholders and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Apx 3_Table 1. Community Resources Available to Address Significant Health Needs

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Homeless Service Provider	Abode Housing Services	Abode Services has been working in Napa County since 2017, operating an emergency shelter and providing outreach, housing support, and rental assistance, as well as managing affordable housing units.	100 Hartle Ct, Napa, CA 94559	Housing & Homelessness
Hospital	Adventist Health St. Helena Hospital	A faith-based hospital providing a wide range of services, aimed at transforming the health experience of our communities by improving health, enhancing interactions and making care more accessible.	10 Woodland Rd, St Helena, CA 94574	Access to Health Care
Mental Health Service Provider	Aldea Children & Family Services	The essential community partner for children and families in crisis, Aldea provides Behavioral Health and Social Services to families in need.	1546 1st St. Napa, CA 94559	Mental Health
Addiction treatment	Alternatives for Better Living	Alternatives seeks to make substance use treatment	701 School St, Napa, CA 94559	Substance Use Services

and recovery center		services more available and accessible, particularly to people with the greatest need and the fewest resources. One-on-one and group sessions provided.		
Health coverage resource center	Community Health Initiative Napa County	CHI works to improve access to health care services through health insurance enrollment, education, advocacy, and resource support. They aim to ensure that all children in our community have access to comprehensive, quality healthcare.	2140 Jefferson St Ste D, Napa, CA 94559	Health Equity
Children & Family Service Provider	First 5 Napa County	First 5 Napa County supports our community in developing and enhancing coordinated, integrated, and equitable systems that care for, support, educate and respect families and children 0-5 years of age.	5 1st St Napa, CA 94559	Health Equity
Housing services	Housing Authority of the City of Napa	Administer housing and rental assistance programs for City of Napa residents.	1115 Seminary St, Napa, CA 94559	Housing & Homelessness
Clinic	Kaiser Health Clinic	Outpatient medical offices for Kaiser patients in Napa County.	3285 Claremont Way, Napa, CA 94558	Access to Health Care
Community Resource Center	LGBTQ Connection	A multi-county initiative fostering healthy, diverse and inclusive communities, driven by youth and other emerging leaders in Napa and Sonoma counties. The organization is a hub of LGBTQ information and a thriving center of the	780 Lincoln Ave, Napa, CA 94558	Health Equity

		community, aimed toward increasing awareness, visibility & wellness.		
Mental Health Service Provider	Mentis	Dedicated to the emotional health and wellbeing of all Napa County residents, Mentis provides bi-lingual, affordable mental health services to people of every age, stage and income level.	709 Franklin St. Napa, CA 94559	Mental Health
Government, Safety Net Programs	Napa County Health & Human Services	Napa County HHS provides a wide range of services to the vulnerable residents of the county. Specific needs are addressed through various divisions and teams, including: Alcohol & Drug Services Crisis Stabilization Housing Authority Public Health Self Sufficiency	2751 Napa Valley Corporate Dr. Napa, CA 94558	Access to Health Care; Health Equity; Mental Health & Substance Use Services; Housing & Homelessness
Clinic, FQHC	Ole Health	Federally Qualified Health Center that provides primary care for youth and adults, optometry and dental care, behavioral health, women's health, pediatric health, nutrition and pharmacy services; primarily serving Medi-Cal beneficiaries throughout all of Napa County.	1141 Pear Tree Ln Napa, CA 94558 300 Hartle Ct Napa CA, 94559 1222 Pine St, A St Helena, CA 94574	Access to Health Care; Health Equity

Appendix 4: Queen of the Valley Medical Center's Community Benefit Committee

Apx 4_Table 1. Community Benefit Committee Members

Name	Title	Organization	Sector
Greg Bennett	Trustee	St. Joseph Health	Finance
Jenna Bolyarde	Manager	Abode Housing Services	Housing
Angela Carreon	Nurse Practitioner	Ole Health	FQHC / Healthcare
Lark Ferrell	Housing Manager	City of Napa, Housing Division	Housing / Government
Eva Garcia	Community Member	City of American Canyon	Lived Experience
Elba Gonzalez-Mares	Executive Director	Community Health Initiative	Health Insurance/ Access
Ed Farver	Trustee	St. Joseph Health	Vintner
Amy Herold	Chief Medical Officer	St. Joseph Health	Healthcare
Tim Herman	Trustee	St. Joseph Health	Entrepreneur
Sr. Nadine McGuinness	Chair & Trustee	St. Joseph Health	Congregation Sisters of St. Joseph of Orange
Ian Posades	Program Director	LGBTQ Connection	Education & Social Justice
Rosie Perez	Chief Mission Officer	Providence St. Joseph Health	Healthcare, Mission Integration
Rev. Linda Powers	Reverend	Covenant Presbyterian Church	Faith-based

Dr. Karen Relucio	Public Health Officer	Napa County Public Health	Government
Sr. Christine Schleich	Trustee	St. Joseph Health	Congregation Sisters of St. Joseph of Orange
Dr. Colleen Townsend	Regional Medical Director	Partnership Health Plan	Healthcare, Managed Care
Rob Weiss	Executive Director	Mentis	Mental Health
Jennifer Yasumoto	Director	Napa County HHSA	Government
Rachelle Yeates	Chief Mission Officer	St. Joseph Health	Healthcare, Mission Integration

Appendix 5: Quantitative Data

HEALTH INDICATORS SOURCES

Apx 5_Table 1. Data Sources for Health Indicators

Indicator	Data Source
Socioeconomic Indicators	
Median Household Income	County Health Rankings, 2018
Children eligible for free or reduced lunch (enrolled in public schools)	County Health Rankings, 2017-2018
Children in poverty	County Health Rankings, 2018
Veteran status	American Community Survey, 2018
Physical Environment	
More than 1 occupant per room	American Community Survey, 2018
Severe housing problems	County Health Rankings, 2012-2016
Pollution Burden	California Health Interview Survey, 2008-2012
Air pollution- particulate matter	County Health Rankings, 2014
Violent crimes (rate per 100,000 inhabitants)	County Health Rankings, 2014 and 2016
Health Outcomes	
Self-reports of fair or poor health (age-adjusted)	County Health Rankings, 2017
Self-reports of fair or poor health (ages 65+)	California Health Interview Survey, 2016
Asthma in children (ages 1-17)	California Health Interview Survey, 2016
Asthma in adults (ages 18+)	California Health Interview Survey, 2016

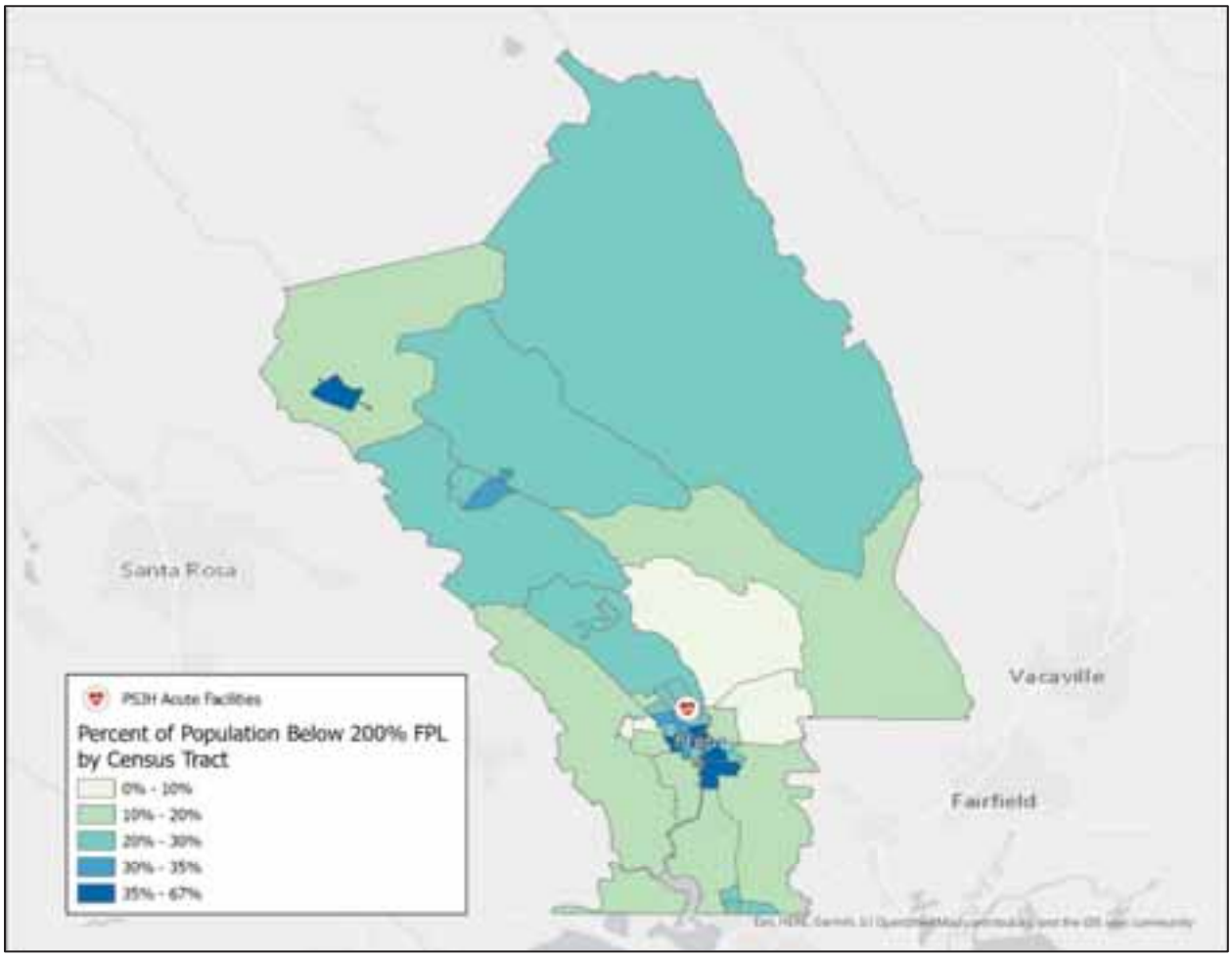
Diabetes in adults (ages 18+)	California Health Interview Survey, 2016
Heart disease (ages 18+)	California Health Interview Survey, 2016
Serious psychological distress (ages 18+)	California Health Interview Survey, 2016
Health Behaviors	
Overweight (ages 2-11)	California Health Interview Survey, 2016
Overweight or obese (ages 12-17)	California Health Interview Survey, 2016
Obese (ages 18+)	California Health Interview Survey, 2016
Sugary drink consumption (ages 18+)	California Health Interview Survey, 2016
Regular physical activity (ages 5-17)	California Health Interview Survey, 2016
Youth alcohol/drug use in the past month (7th grade)	California Health Kids Survey and California Student Survey, 2011-2013
Youth alcohol/drug use in the past month (9th grade)	California Health Kids Survey and California Student Survey, 2011-2013
Youth alcohol/drug use in the past month (11th grade)	California Health Kids Survey and California Student Survey, 2011-2013
Current smoker (ages 18+)	County Health Rankings, 2017
Clinical Care	
Uninsured (ages 0-17)	County Health Rankings, 2017
Uninsured (ages 18-64)	County Health Rankings, 2017
First trimester prenatal care	California Department of Public Health, 2012
# of people per primary care physician	County Health Rankings, 2017
# of people per non-physician primary care provider	County Health Rankings, 2019
# of people per dentist	County Health Rankings, 2018
# of people per mental health provider	County Health Rankings, 2019

POPULATION LEVEL DATA

Apx 5_Table 2. Population Below 200% FPL for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Percent of Population Below 200% Federal Poverty Level Data Source: American Community Survey Year: 2019	20.2%	29.3%	24.6%

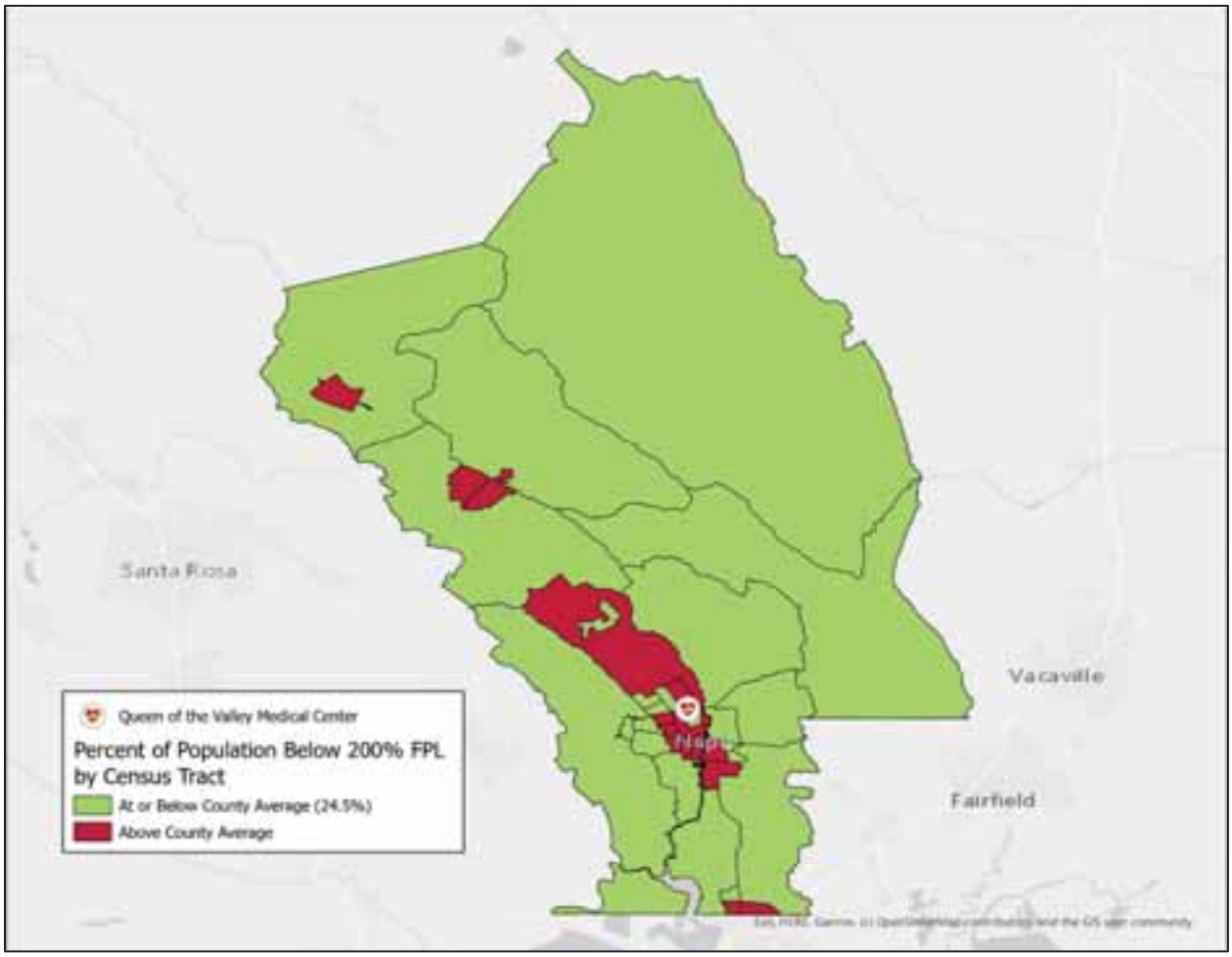
Apx 5_Figure 1. Percent of Population Below 200% FPL by Census Tract



- The high need service area for Napa County has a slightly larger proportion of population living below 200% FPL, 29%, compared to Napa County, 25%.
- The gap is even wider between the high need service area, 29%, and the broader service area, 20%, when comparing percent of population living below 200% FPL.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

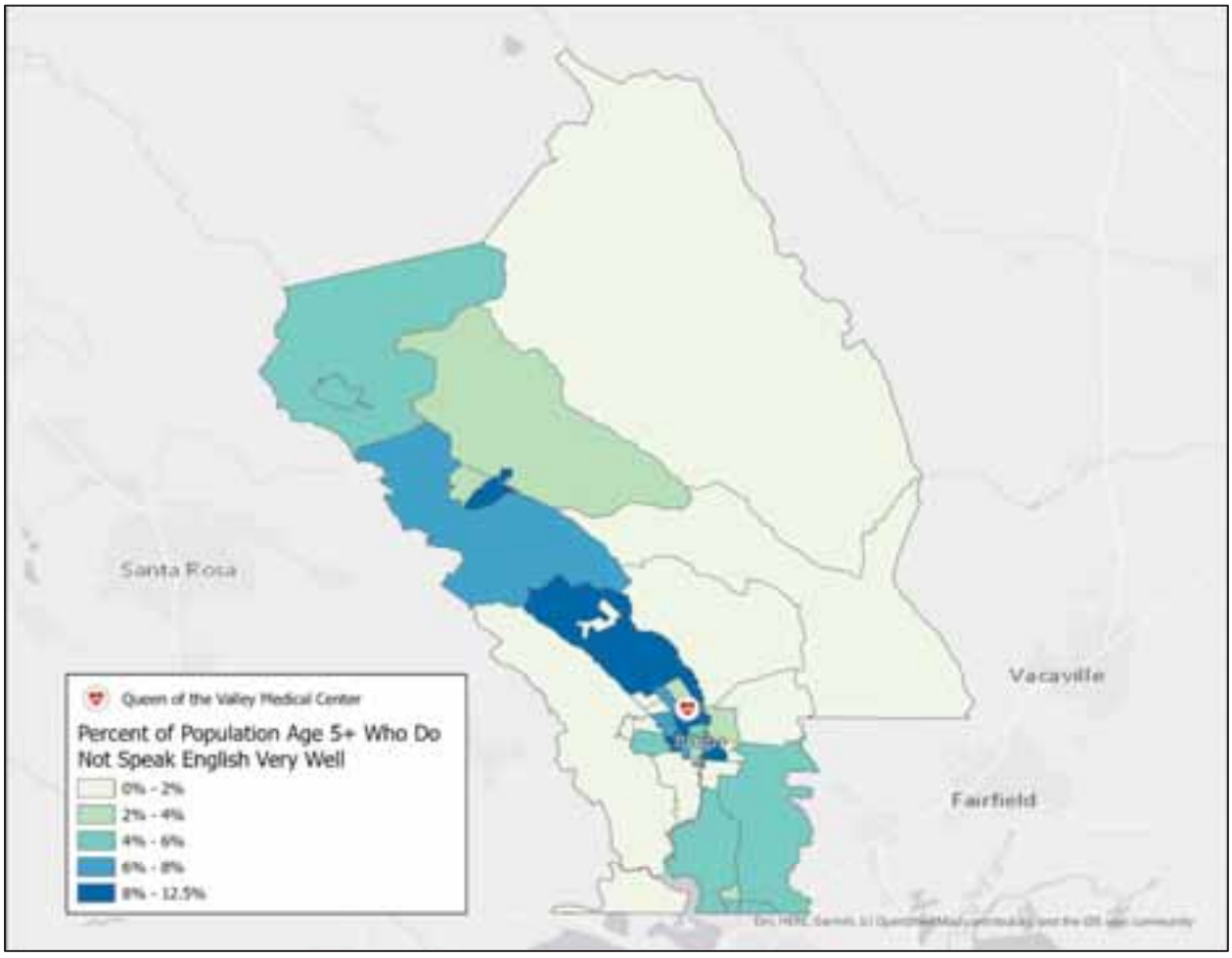
Apx 5_Figure 2. Comparison of Census Tracts to County Average Based on Percent of Population Below 200% FPL



Apx 5_Table 3. Population Age 5 and Older that Does Not Speak English Very Well for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Percent of Population Age 5+ Who Do Not Speak English Very Well Data Source: American Community Survey Year: 2019	3.3%	7.5%	5.3%

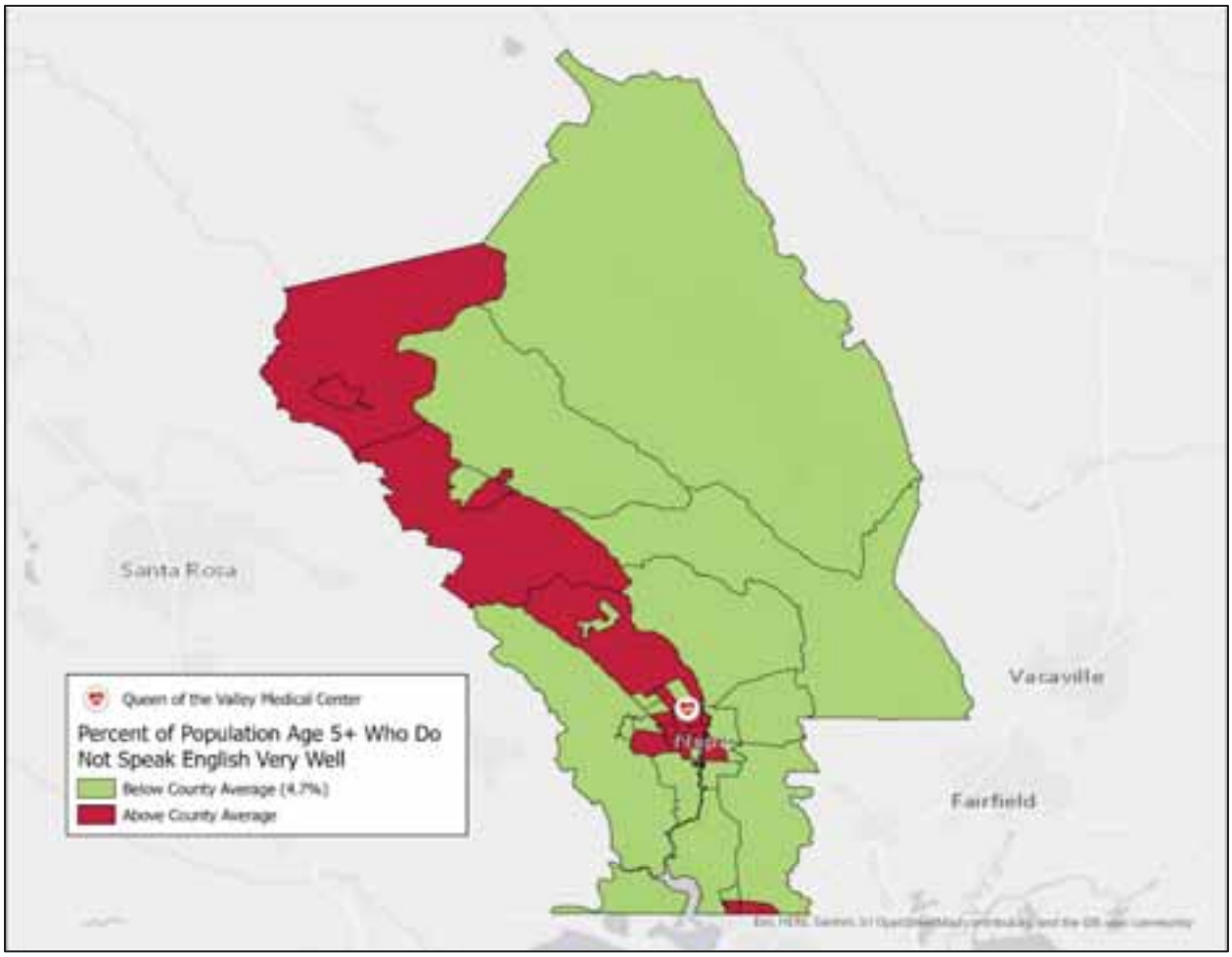
Apx 5_Figure 3. Percent of Population Age 5 and Older that Does Not Speak English Very Well by Census Tract



- The high need service area has a higher proportion of population that does not speak English very well, 8%, compared to Napa County, 5%.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

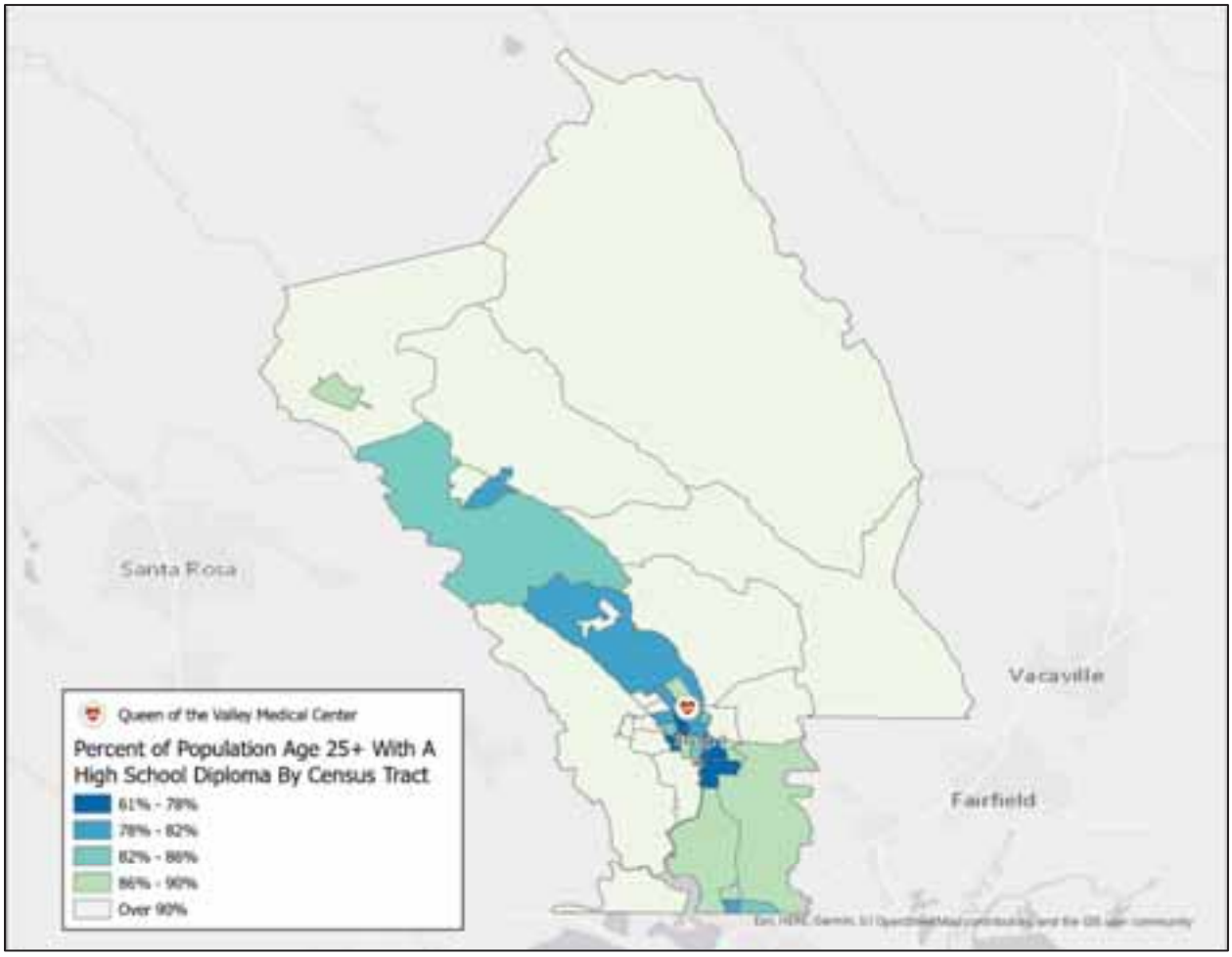
Apx 5_Figure 4. Comparison of Census Tracts to County Average Based on Percent of Population Age 5+ Who Do Not Speak English Very Well



Apx 5_Table 4. Population with a High School Diploma for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Percent of Population Age 25+ With A High School Diploma Data Source: American Community Survey Year: 2019	91.2%	79.8%	86.0%

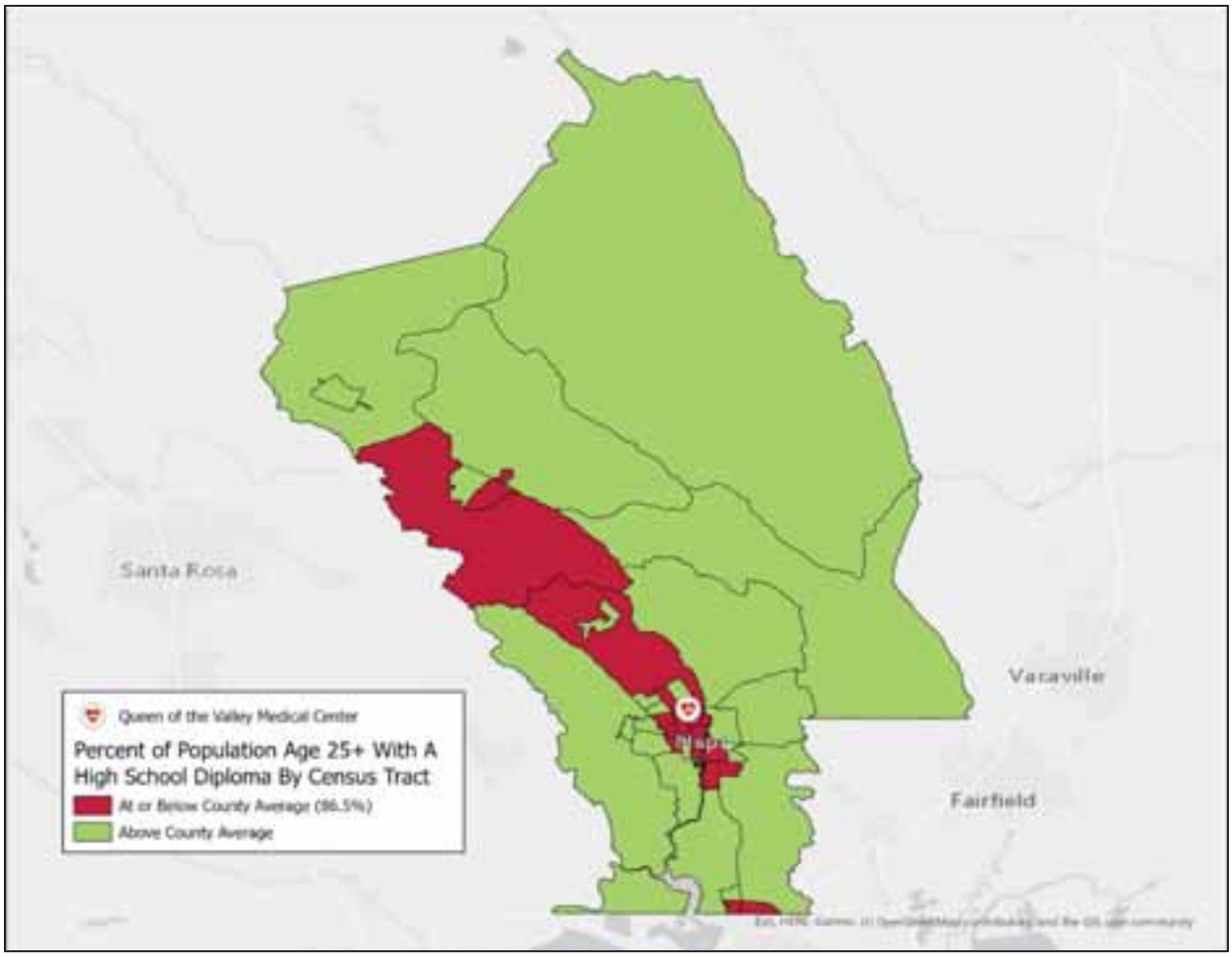
Apx 5_Figure 5. Percent of Population with a High School Diploma by Census Tract



- About 80% of people living in the high need service area who are over 25 years have a high school diploma compared to 91% in the broader service area.
- Some census tracts within Napa County have a proportion of less than 75%.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

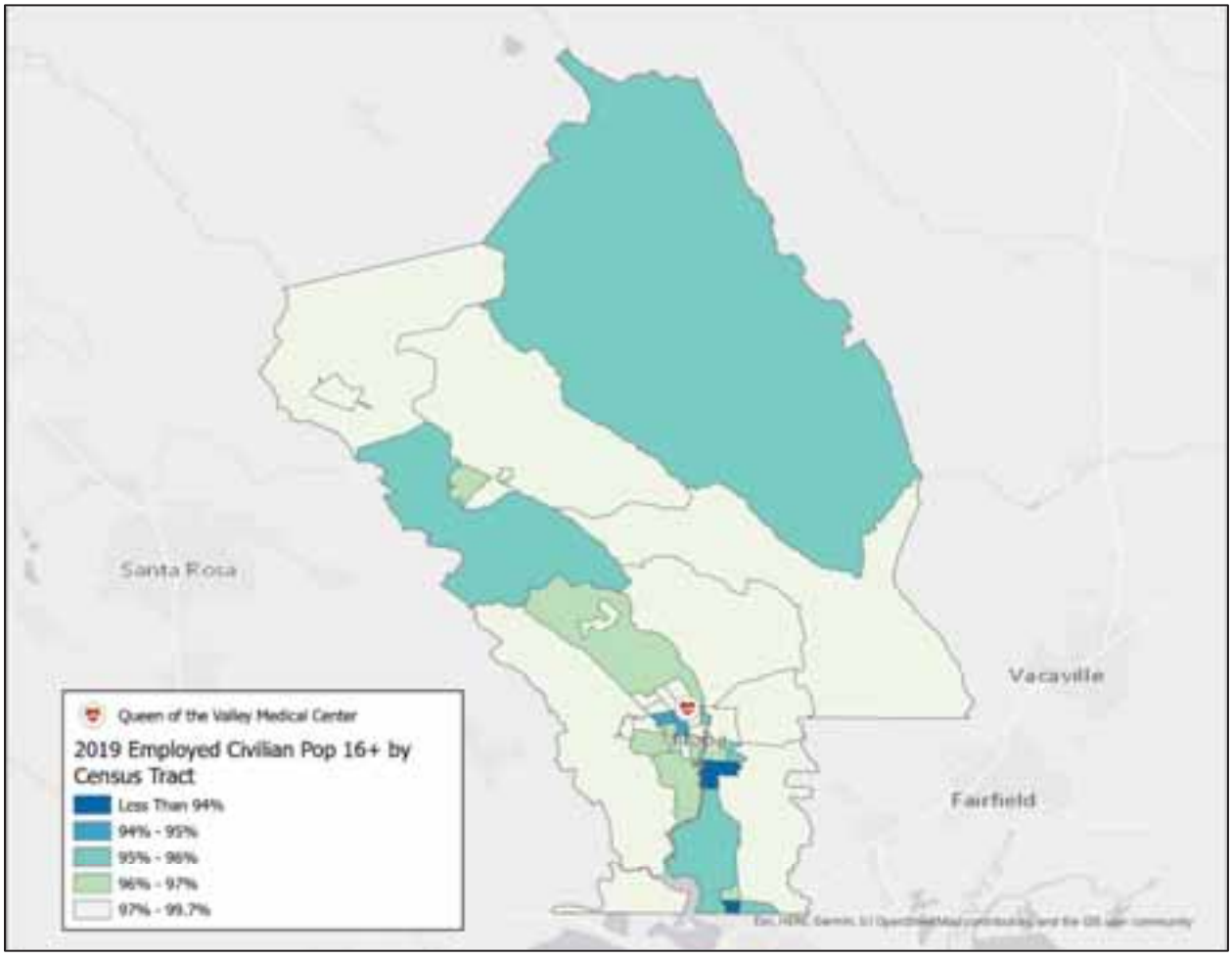
Apx 5_Figure 6. Comparison of Census Tracts to County Average Based on Percent of Population with a High School Diploma



Apx 5_Table 5. Percent of Labor Force Employed for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Percent of Population Age 16+ Who Are Employed Data Source: American Community Survey Year: 2019	97.9%	96.0%	97.0%

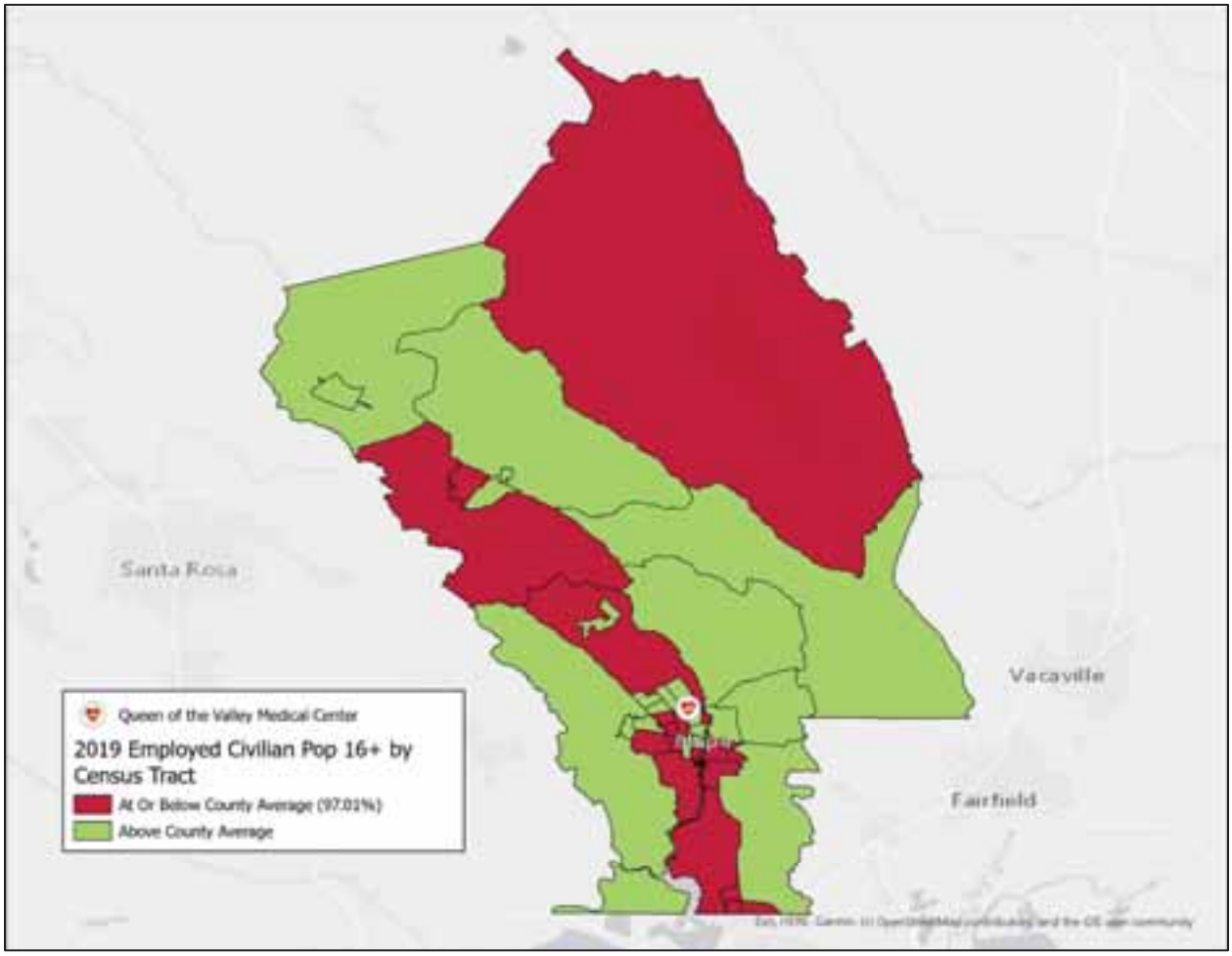
Apx 5_Figure 7. Percent of Population Age 16+ Employed in 2019 by Census Tract



- Employment across Napa County is relatively high. All census tracts in Napa County have at least 93% of people age 16+ employed.
- The high need service area has 96% of people employed, compared to 98% in the broader service area.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

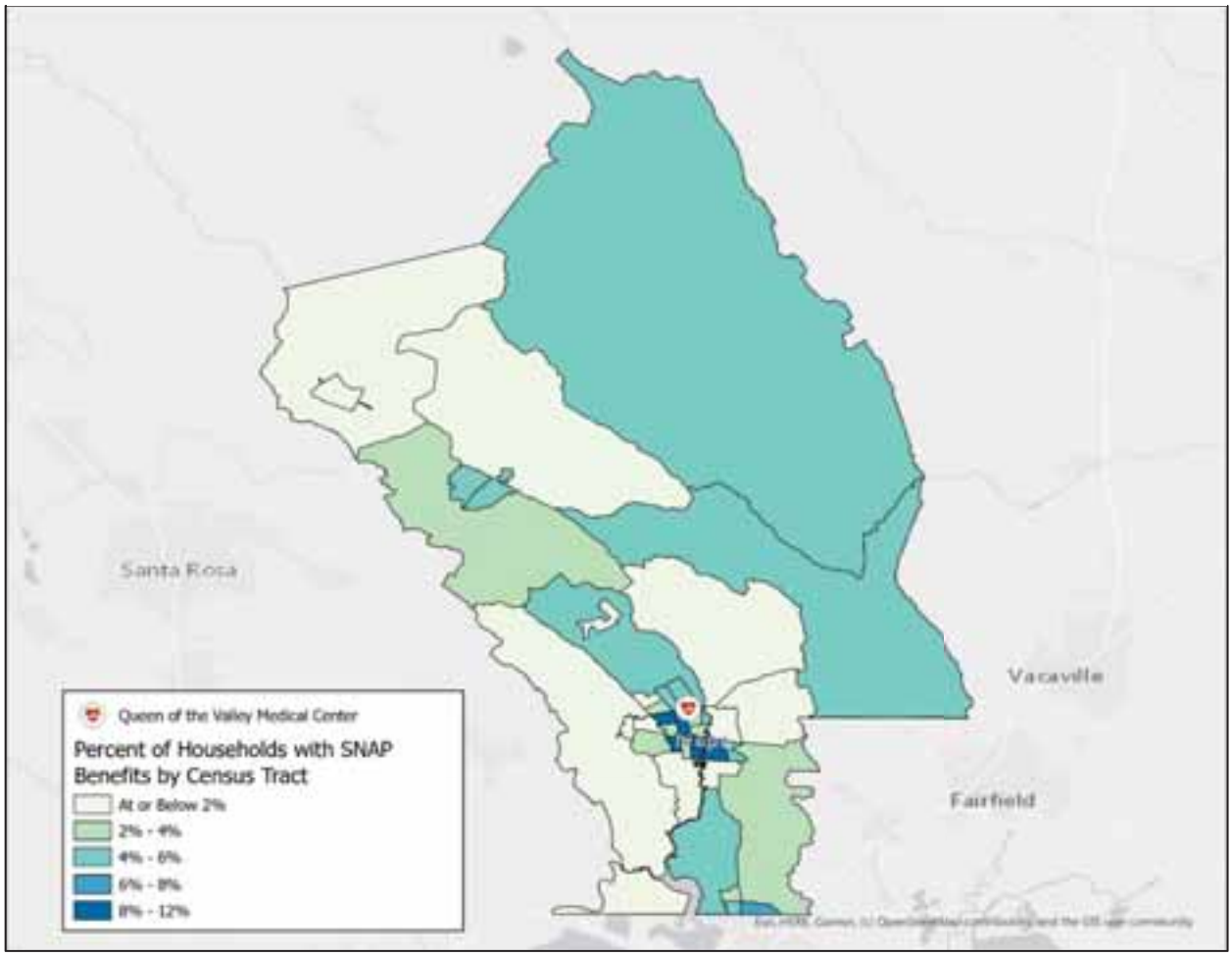
Apx 5_Figure 8. Comparison of Census Tracts to County Average Based on Percent of Population Age 16+ Employed in 2019



Apx 5_Table 6. Percent of Households Receiving SNAP Benefits for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Percent of Households Receiving SNAP Benefits Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	2.3%	6.4%	4.1%

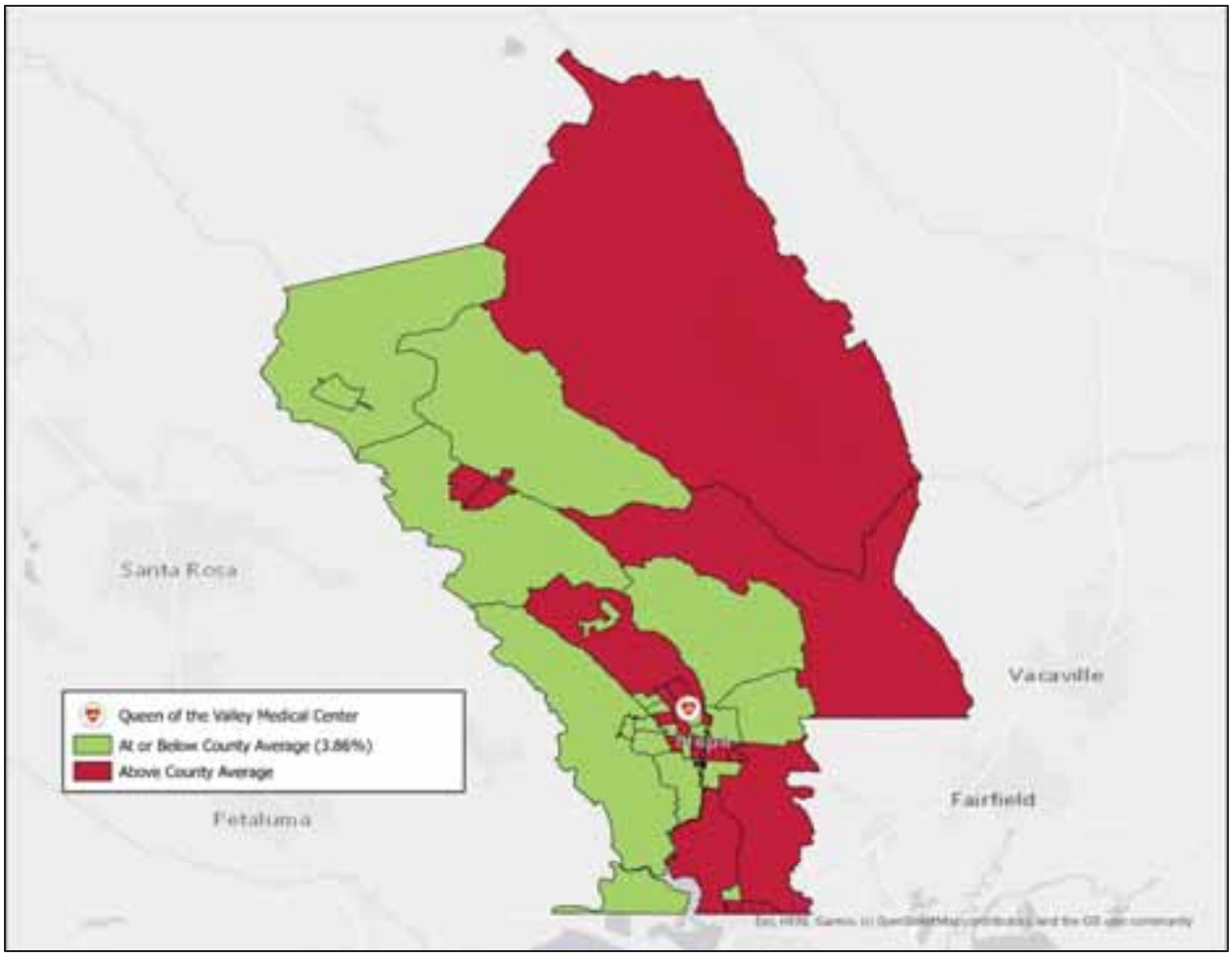
Apx 5_Figure 9. Percent of Households Receiving SNAP Benefits by Census Tract



- The high need service has about three times the percent of households receiving SNAP benefits as the broader service area.
- Census tracts near Queen of the Valley Medical Center have percentages of SNAP enrollments almost six times greater than the broader service area's average.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

Apx 5_Figure 10. Comparison of Census Tracts to County Average Based on Percent of Households Receiving SNAP Benefits



HOSPITAL LEVEL DATA

Avoidable Emergency Department (AED) Visits

Emergency department discharges for the year 2019 were coded as "avoidable" per the Providence St. Joseph Health definition for Queen of the Valley Medical Center and nearby PSJH hospitals. Avoidable emergency department (AED) are based on the primary diagnosis for a discharge and includes diagnoses that are deemed non-emergent, primary care treatable or preventable/avoidable with better managed care.

Apx 5_Table 7. Avoidable Emergency Department Visits by Northern California Ministry

Facility	Non-AED Visits	AED Visits	Total ED Visits	AED %
Petaluma Valley Hospital	11,765	5,100	16,865	30.2%
Queen of The Valley Medical Center	16,902	8,188	25,090	32.6%
Redwood Memorial Hospital	7,458	4,307	11,765	36.6%
Santa Rosa Memorial Hospital	23,898	12,610	36,508	34.5%
St. Joseph Hospital Eureka	16,880	11,307	28,187	40.1%
Grand Total	**76,903**	**41,512**	**118,415**	**35.1%**

Apx 5_Table 8. Avoidable Emergency Department Visits by Facility and Race

Facility and Race	Non-AED Visits	AED Visits	Total ED Visits	AED %
Queen of The Valley Medical Center	**16,902**	**8,188**	**25,090**	**32.6%**
Asian	322	123	445	27.6%
Black/African American	399	170	569	29.9%
Nat American/Eskimo/Aleutian	*	*	*	*
Other	323	156	479	32.6%
Pacific Islander/Nat Hawaiian	35	17	52	32.7%
Unknown	264	109	373	29.2%
White	15,546	7,609	23,155	32.9%
(blank)	*	*	*	*

*Data suppressed if <10.

Apx 5_Table 10. Avoidable Emergency Department Visits by Facility and Age Group

Facility and Age Group	Non-AED Visits	AED Visits	Total ED Visits	AED %
Queen of The Valley Medical Center	**16,902**	**8,188**	**25,090**	**32.6%**
Under 18	2,821	1,520	4,341	35.0%
18 - 44	5,800	2,897	8,697	33.3%
45 - 64	4,007	2,046	6,053	33.8%
65+	4,274	1,725	5,999	28.8%

*Apx 5_Table 11. Top **5** Zip Codes for Avoidable Emergency Department Visits at Queen of the Valley Medical Center*

Facility and Top 10 Zip Codes	Non-AED Visits	AED Visits	Total ED Visits	AED %
Queen of The Valley Medical Center	**16,902**	**8,188**	**25,090**	**32.6%**
94558	8,941	4,435	13,376	33.2%
94559	3,224	1,655	4,879	33.9%
94503	706	385	1,091	35.3%
94599	640	225	865	26.0%
ZZZZZ	348	359	707	50.8%

- The top 10 zip codes made up 88.4% of all emergency department visits in 2019 for Queen of the Valley Medical Center.
- Patients with a zip code of 'ZZZZZ' are typically patients who are experiencing homelessness. Of the 707 ED encounters with a zip code of 'ZZZZZ', 359 of these encounters were classified as an avoidable visit. This population has the highest avoidable visit rate compared to all other zip codes, age groups and races.

Prevention Quality Indicators

Prevention Quality Indicators were developed by the Agency for Healthcare Research and Quality to measure potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs). ACSCs are conditions for which hospitalizations can potentially be avoided with better outpatient care and which early intervention can prevent complications.

More info on PQIs can be found on the following links:

https://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx

https://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx

Queen of the Valley Medical Center had a below average rate of potentially avoidable hospitalizations in the PSJH Northern California services areas (142.97 per 1,000 compared to an average of 160.05). The top three PQIs for the Queen of the Valley Medical Center were the following:

1. Heart Failure: 42.01 per 1,000 visits
2. Dehydration: 34.35 per 1,000 visits
3. Diabetes Composite (includes uncontrolled diabetes, diabetes short-term complications, and diabetes long-term complications): 24.92 per 1,000 visits

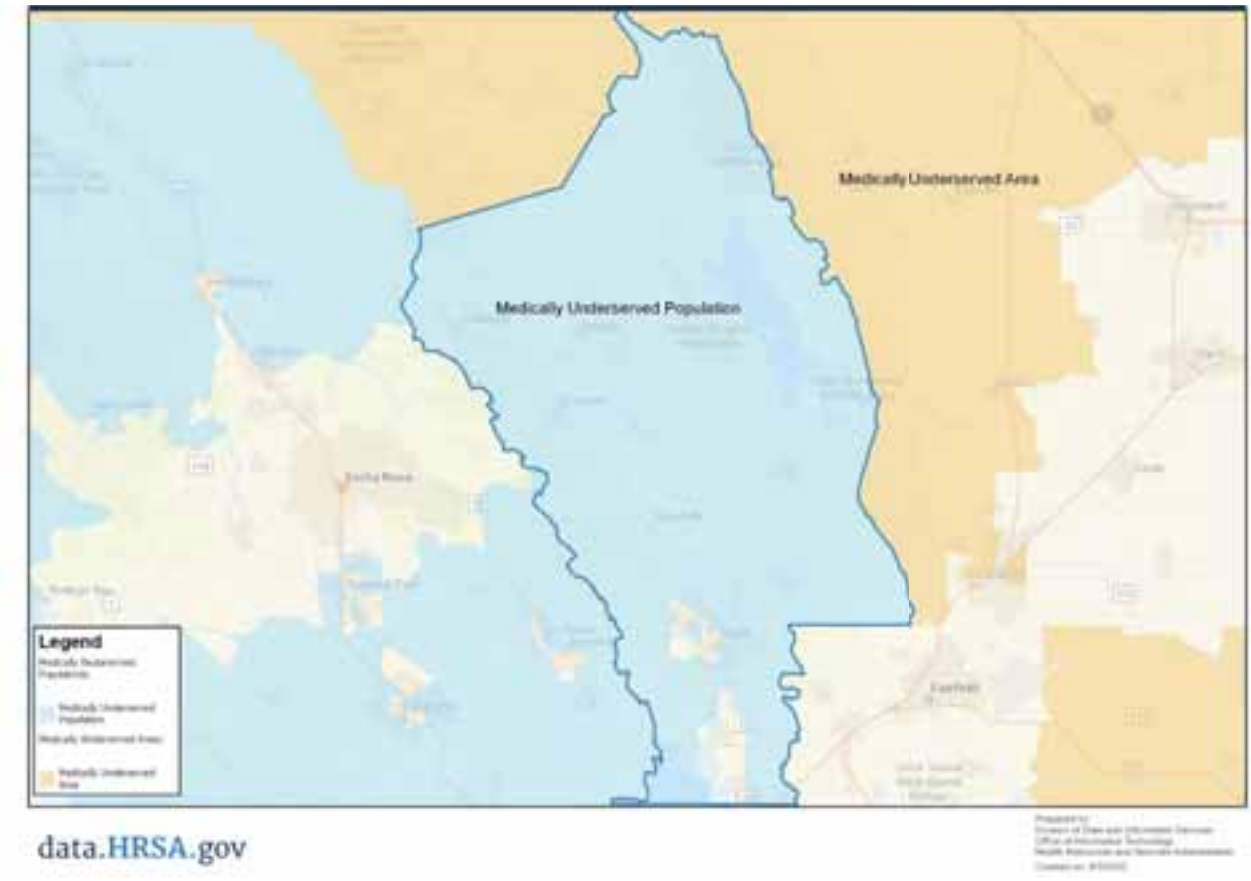
Apx 5_Figure 11. Napa County HPSA Facilities and Areas

MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary.

Napa County also has a Medically Underserved Population, low income; indicating that people with low incomes in this geographic area have a shortage of primary care health services. The following map depicts the same service area as the HPSA:

Apx 5_Figure 12. Napa County Medically Underserved Areas and Populations



See the designation here: https://data.hrsa.gov/tools/shortage-area/mua-find

EXHIBIT 2 TO

SECTION 999.5(d)(5)(A)

2023

COMMUNITY HEALTH NEEDS ASSESSMENT EXECUTIVE SUMMARY

Providence

Queen of the Valley Medical Center Napa, California

UNDERSTANDING AND RESPONDING TO COMMUNITY NEEDS

The Community Health Needs Assessment (CHNA) is an opportunity for Queen of the Valley Medical Center to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

This year, Providence Queen of the Valley Medical Center and Napa County Health and Human Services Agency partnered to create a shared Community Health Needs Assessment (CHNA).

The 2023 CHNA was approved by the Queen of the Valley Community Benefit Committee on November 16, 2023, and made publicly available by December 28, 2023.

WHO WE ARE

Our Mission	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 198 licensed beds, a staff of more than 1280 caregivers, and professional relationships with more than 162 active local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences, and orthopedics.

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.

GATHERING COMMUNITY HEALTH DATA AND COMMUNITY INPUT

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Health Napa County Language Inclusion Survey. To actively engage the community, we conducted 15 community listening sessions with people from diverse communities. We also conducted 4 caregiver listening sessions, 12 key informant interviews, and 7 additional preliminary data feedback sessions with 13 representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.
- Most key informants spoke to the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing.
- Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services.
- Some communities (for example, older adults, youth, LGBTQIA+, and Black, Brown, Indigenous, and People of Color (BBIPOC) community) find their needs unmet and their perspective unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur. A full accounting of data limitations can be found starting on page 10 of the full CHNA report. For more information related to the CHNA methods and process please see page 20 of the full CHNA document in Appendix 1.

IDENTIFYING COLLABORATIVE HEALTH PRIORITIES

Through a collaborative process engaging over 230 community members for listening sessions, key informant interviews and prioritization meetings, Providence Queen of the Valley Medical Center and Napa County Health and Human Services identified the following priority areas: Racial Equity and LGBTQIA+ Inclusion, Behavioral Health, Housing, Access to Health Services, Economic Stability. For the description of the significant health needs, see page 51 of the collaborative CHNA report. For a list of potential resources available to address the identified needs, see page 52 of the collaborative CHNA report.

QUEEN OF THE VALLEY MEDICAL CENTER 2023 PRIORITY NEEDS

Queen of the Valley Medical Center is committed to addressing the following priority areas:

- Housing
- Behavioral Health
- Access to Health Services
- Racial Equity & LGBTQIA+ Inclusion
- Economic Stability

Queen of the Valley Medical Center will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2024-2026 CHIP will be approved and made publicly available no later than May 15, 2024.

MEASURING OUR SUCCESS: RESULTS FROM THE 2020 CHNA AND 2021-2023 CHIP

This report evaluates the impact of the 2021-2023 CHIP. Queen of the Valley Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, we invited written comments on the 2020 CHNA and 2021-2023 CHIP, made widely available to the public through posting on our website and distribution to community partners. No written comments were received on the 2020 CHNA and 2021-2023 CHIP. The 2020 CHNA and 2021-2023 CHIP priorities were the following:

- Access to Health Services
- Health Equity – Racial & LGBTQ
- Housing & Homelessness
- Mental Health & Substance Use Services

Below is a summary of the outcomes for each priority:

Table 1. Outcomes from 2021-2023 CHIP

Priority Need	Program or Service Name	Program or Service Description	Results/Outcomes
Access to Health Services	Mobile Dental Clinic	Providence QVMC Mobile Dental Clinic provided dental care for children 6 months to 26 years of age from low-income families who are Denti-Cal eligible or are uninsured/underinsured. The mobile dental clinic is one of only 3 providers of oral health services available to children from low-income families with Denti-Cal, no insurance or other low reimbursement insurance.	The Mobile Dental Clinic completed 14303 clinic visits during the 2021 – 2023 CHIP period.

Access to Health Services	CARE Network	CARE Network is a Providence QVMC mission-driven, no cost program serving highly vulnerable individuals through intensive, community-based medical and psychosocial care management. Services are provided to Napa County residents with complex health, behavioral, and social challenges, including the following: • Homelessness and housing stability • One or multiple chronic conditions • Lacking basic needs • Mental Health challenges • Substance use disorders • Inadequate financial resources • Limited social supports • Language/health literacy barriers	The CARE Network team made 80,749 contacts with community members during the 2021-2023 CHIP period.
Housing	Valley Lodge Apartments	Valley Lodge Apartments is a complex of 54 permanent supportive housing units at the site of a former motel in south Napa. Onsite services and case management will be available for residents. A portion of the units will be specifically designated for Transitional Age Youth, who will receive specialized support from local nonprofit VOICES Napa. All Valley Lodge Apartment residents will have access to on-site wrap-around supported services and case management from Abode Services. Providence Queen of the Valley Medical Center shared a financial contribution support Valley Lodge Apartments.	Fifty-four permanent supportive housing units have been made available to unhoused Napa County residents. Valley Lodge Apartments is at full capacity.
Housing	Heritage House & Valley Verde	We proudly provided $1 million in 2021 to support the construction of the Heritage House (which will offer 33 permanent supportive housing units and 33 affordable housing units for people with very low incomes) and Valle Verde (which will include 24 multi-family affordable housing units for people with very low incomes).	Thirty-three housing units will be available to unhoused Napa County residents in early 2024. The remaining affordable units will be open in Spring, 2024.
Mental Health	Healthy Minds Healthy Aging	Healthy Minds-Healthy Aging (HMHA) is a prevention and early intervention program provided by Mentis. HMHA is for residents of Napa Valley who are 60 years and older and show signs of depression and/or cognitive decline. Free bilingual services,	Healthy Minds Healthy Aging provided 3,043 encounters during the 2021-2023 CHIP period.

		case management and brief therapeutic interventions are provided.	
Mental Health	Perinatal Mental Health	The Providence QVMC Perinatal Mental Health Therapist assessed and provided brief counseling sessions for pregnant and postpartum women who screened positive for depression.	2368 Perinatal Mental Health encounters occurred during the 2021-2023 CHIP period.
Substance Use	Alternatives for Better Living	Increased local capacity to provide appropriate level of substance use services when needed.	Embedded an Alternatives for Better Living Substance Use Navigator into the Emergency Room, onto hospital units, and was intentional to work with the OB Unit.
Health Equity – Racial & LGBTQ	Parent University	In partnership with Napa Valley Unified School District and a local nonprofit, On the Move, Parent University took place at 5 Title I schools and offered both virtual and in-person classes to Napa Valley Unified School District families. There were 4,632 participants in the learning environment. Parents gain critical parenting and leadership skills to support their child's academic success. Classes are bilingual.	There were 17,188 encounters within the Parent University learning environment during the 2021-2023 CHIP period.
Healthy Equity – Racial & LGBTQ	LGBTQ Inclusion	In partnership with CommuniCare+OLE, Providence Medical Group and Napa Solano Medical Society, Providence QVMC Community Health Investment team hosted a series of educational sessions focusing on expanding the knowledge of LGBTQ health and how to care for these community members in a culturally sensitive manner.	A four-part training series called Pride in Caregiving: LGBTQ Awareness and Inclusion, was made available to Napa and Solano County providers.

Appendices

APPENDIX 1. 2023 COMMUNITY HEALTH NEEDS ASSESSMENT, NAPA COUNTY COLLABORATIVE

2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Napa County, California

A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY
Health & Human Services Agency

Providence

To provide feedback on this CHNA or obtain a printed copy free of charge, please email Jennifer Henn, PhD, at Jennifer.Henn@countyofnapa.org or Teresa Smith at Teresa.Smith@Providence.org .

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MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

It is with gratitude and pride that we present the 2023 Community Health Needs Assessment (CHNA) to our Napa Community. This Community Health Needs Assessment is a shared document produced by Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center.

For the past several months we have worked diligently to gather the appropriate and most complete data on the health-related needs of our service area, Napa County. This report is the culmination of a formal community health assessment that includes planning, speaking with the community, data collection, data analysis, identification, and prioritization of needs. Together we have created a point-in-time report of community health and have determined the health priorities that both Napa County HHSA and Providence QVMC will focus on for 3-5 years. This report will enable our teams to make informed and thoughtful decisions about how best to serve and provide resources to areas with the highest needs and to the most vulnerable populations.

This comprehensive Community Health Needs Assessment would not be possible without the strategic foresight and leadership of the Napa County Health and Human Services Agency - Public Health Division, Providence Data and Evaluation Team for Community Health, as well as the expertise of Future Medical Systems, a team of researchers and design strategists who led the quantitative data collection through a lens of human-centered design. We also want to thank all the community members, leaders and partners who took time to participate in community listening sessions, key informant interviews, provided meeting space, and most importantly let their voice be heard.

It is our hope that the findings in this document will help to develop a shared understanding of the health of our community and will continue to spark collaborative engagement to improve health and quality of life of the people in Napa County.

Sincerely,

Jennifer Yasumoto
Health and Human Services Agency Director
Napa County

Terry Wooten
Chief Executive Officer
Providence Queen of the Valley Medical Center

COLLABORATIVE EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

This report serves as the Community Health Assessment (CHA) for public health accreditation for Napa County Health and Human Services Agency - Public Health, as well as the Community Health Needs Assessment (CHNA) as required by 501(r) for Providence Queen of the Valley Medical Center. The Community Health Needs Assessment (CHNA) is an opportunity to engage the community every three to five years with the goal of better understanding community strengths and needs. This process informs the community of our partnerships, programs, and investments.

This year, Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center partnered to create a shared Community Health Needs Assessment (CHNA).

The 2023 CHNA was approved by the Queen of the Valley Community Benefit Committee on November 16, 2023, and made publicly available by December 28, 2023.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Healthy Napa County Language Inclusion Survey. To actively engage the community, we conducted 15 listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted 4 caregiver listening sessions, 12 key informant interviews, and 7 additional preliminary data feedback sessions with 13 representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Participants named cost and difficulty navigating complex systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.
- Most key informants spoke to the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing.
- Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services.
- Some communities (for example, older adults, youth, LGBTQIA+, and Black, Brown, Indigenous, and People of Color (BBIPOC) community members) find their needs unmet and their perspectives unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

Through a collaborative process engaging 48 different organizations across various sectors in Napa County, the Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center identified the following priority areas listed in rank order:

HOUSING

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially difficult situation for people with low incomes. Cost of living is very high, and many workers are not paid a living wage. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

BEHAVIORAL HEALTH

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to under-estimate the harm done.

ACCESS TO HEALTH SERVICES

Participants named cost and difficulty navigating complex systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern around lack of access to health insurance for mixed status families (families with a variety of documentation statuses, including undocumented status), as well as people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally.

RACIAL EQUITY & LGBTQIA+ INCLUSION

Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about “doing it wrong.”

ECONOMIC STABILITY

Many participants spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

Collaborating Community Partners

The invaluable contributions of community partners were critical to ensure informative key informant interviews, community listening sessions, and prioritizing health needs for the Napa County CHNA. Napa County HHSA and Providence Queen of the Valley Medical Center worked to bring together a total of 121 individuals from 48 different organizations across various sectors in Napa County. The representatives of these organizations, along with Napa County HHSA and QVMC's Community Health Investment (CHI) team, played an integral role in identifying and prioritizing the top health themes of Napa County. This collaborative approach ensured that the spectrum of voices and perspectives were heard and shared focuses on priority areas were identified to enhance our ability to improve community health outcomes.

See Appendix 2 for a full list of collaborative community partners.

Contractor

Future Medical Systems served as a consultant in the development of the 2023 Napa County Community Health Needs Assessment. Future Medical Systems is a design and development consultancy that brought a Human-Centered Design approach to the CHNA process. They supported a collaborative process between Napa County HHSA and Providence QVMC that allowed for engagement of community members and organizations that serve populations who are disproportionately poor and/or vulnerable, in multiple Community Listening Sessions and Key Informant discussions. Following the listening sessions, Future Medical Systems facilitated workshops with Napa County and Providence to synthesize and prioritize needs. The final deliverables consisted of a report containing key quotes and a concise summary of the priority need areas that rose to the top.

OVERVIEW OF CHNA FRAMEWORK AND PROCESS

Equity Framework

Providence's vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion, or socioeconomic status. Our health equity statement can be found online: https://www.providence.org/about/health-equity.

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:

Approach

Explicitly name our commitment to equity

Take an asset-based approach, highlighting community strengths

Use people first and non-stigmatizing language

Community Engagement

Actively seek input from the communities we serve using multiple methods

Implement equitable practices for community participation

Report findings back to communities

Quantitative Data

Report data at the census tract level to address masking of needs at county level

Disaggregate data when responsible and appropriate

Acknowledge inherent bias in data and screening tools

Intentional actions were taken during this CHNA process to insure participation from a diverse group of community members. We offered community listening sessions in across Napa County. We gathered community members in American Canyon, Napa, St. Helena, and Calistoga. We provided snacks during the listening session and offered compensation for people's valuable time. The listening sessions were at different times during the day to accommodate schedules. Five of our community listening sessions was conducted in Spanish.

CHNA Framework

The equity framework is foundational to our overall CHNA framework, a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed-methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.

Data Sources

In gathering information on the communities served by the Providence Queen of the Valley Medical Center and Napa County Health and Human Services Agency, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the following sources:

Primary Data Sources	Secondary Data Sources
• Community listening sessions • Internal hospital utilization data • Key informant interviews • Live Health Napa County Language Inclusion Survey • Providence caregiver (staff) listening sessions	• American Community Survey • Behavioral Risk Factor Surveillance System (BRFSS) • California Community Burden of Disease Engine • California Department of Healthcare Access and Information (HCAI) • California Healthy Kids Survey • Feeding America • RaceCounts.org • U.S. Census Bureau

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level quantitative data on barriers to accessing transportation.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on Providence Queen of the Valley's 2020 CHNA and 2021-2023 CHIP reports, which were made widely available to the public via posting on the internet in December 2020 (CHNA) and May 2021 (CHIP), as well as through various channels with our community-based organization partners.

No comments or questions were received by Napa County or Queen of the Valley's past Community Health Assessment or Community Health Needs Assessment.

OUR COMMUNITY

CHNA Service Area and Community Served

Queen of the Valley Medical Center and Napa County Health and Human Services Agency provides care and services to Napa County, which includes a population of approximately 138,795 people (American Community Survey, 2021 5-year estimate). Based on the availability of data, geographic access to the facility, and other hospitals in neighboring counties, Napa County serves as the boundary for the hospital service area. The map below shows the service area, as well as communities identified as high need in green.

Providence Need Index

To facilitate identifying health disparities and social inequities by place, we designated a "high need" service area and a "broader" service area, which together make up the Napa County Service Area. Based on work done by the Public Health Alliance of Southern California and their Healthy Places Index (HPI) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.[1]

For this analysis, census tracks with more people below 200% Federal Poverty Level (FPL), more people without a high school diploma, more limited English households, and a lower life expectancy at birth were identified as "high need." The mean value of nearest neighbors was used to insert missing data for variables by way of the Neighborhood Summary Statistics geoprocessing tool in ArcGIS Pro 3.1. All variables were weighted equally. The census tracts were assigned a score between 0 and 100 where 0 represents the census tract with the lowest need and 100 represents the highest need, according to the criteria. Census tracts that scored higher than the average were classified as high need service areas and are depicted in green. In the Napa County service area, 20 of 40 census tracts (50%) scored above the average of 42.0, indicating a high need.

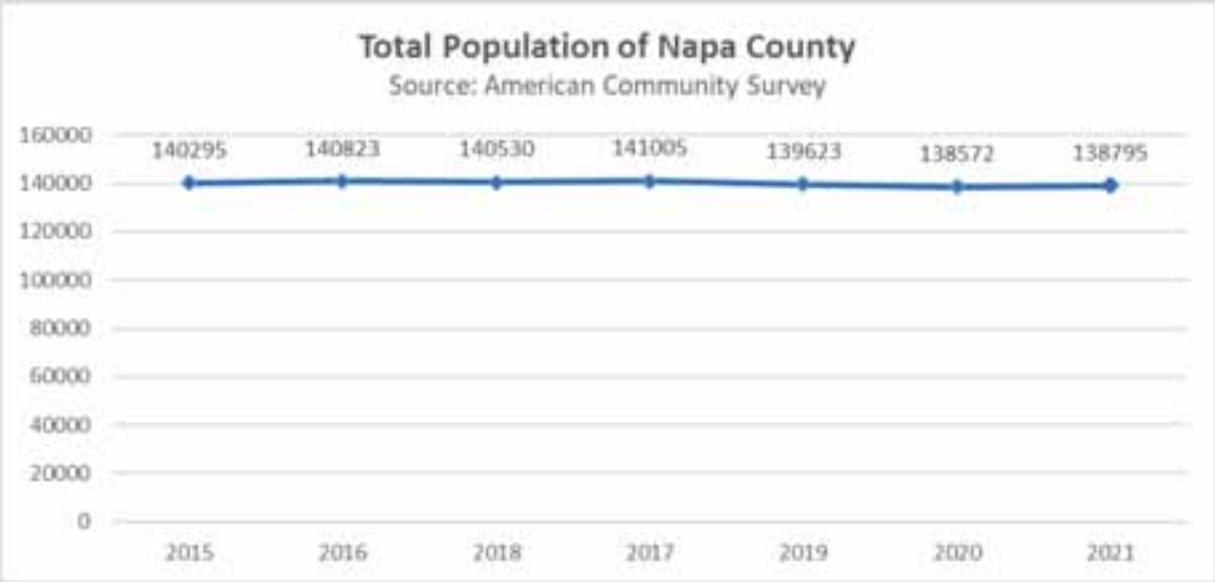
Community Demographics

The graphs below provide demographic and socioeconomic information about the service area and how the high need area compares to the broader service area. We have developed a dashboard that maps each CHNA indicator at the census tract level. The dashboard can be found here: Napa County 2023 PSJH (arcgis.com).

[1] The following variables were used for the PNI analysis: Population below 200% the Federal Poverty Level (American Community Survey, 2021); Percent of population with at least a high school education (American Community Survey, 2021); Percent of population, ages 5 Years and older in Limited English Households (American Community Survey, 2021); Life expectancy at birth (estimates based on CDC, 2010 – 2015 data).

The total population of Napa County decreased from a high of 141,005 in 2017 to 138,795 in 2021 (Figure 1). Population estimates in this section are from the American Community Survey (DP05) and are five-year estimates. Five-year estimates have the largest sample size and are more reliable than one-year estimates but are not available for 2022 at the time of publication.

Figure 1.

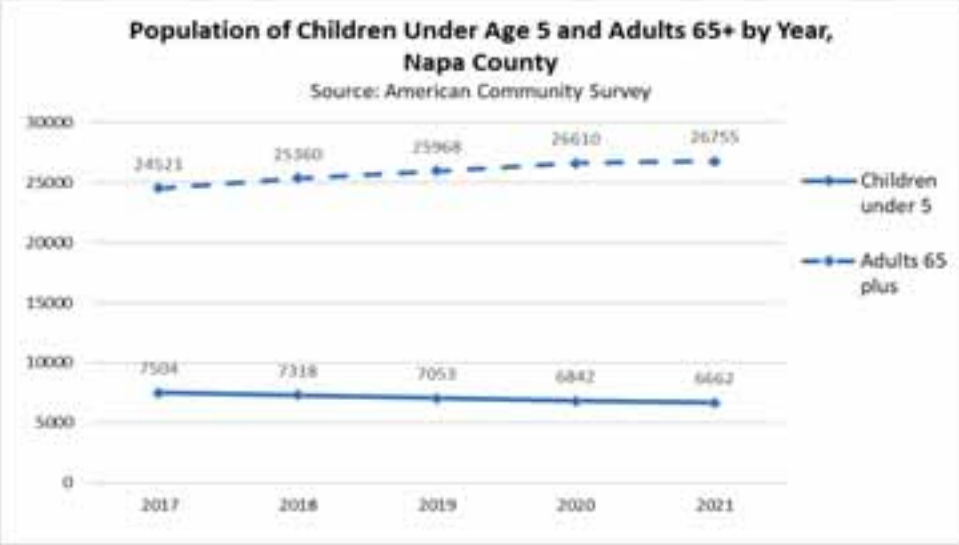


Napa County has a higher proportion of older adults than California overall, with 21.0% of the population between the ages of 65 to 84 (compared to 15.3% statewide) and 3.0% age 85 or above (compared to 2.3% statewide). While 22.7% of the population in California is under the age of 18, in Napa County 18.2% are under 18 (Figure 2).

Figure 2.

In 2021, there were an estimated 26,755 adults aged 65 and above in Napa County and 6,662 children under the age of five (Figure 3). The older adult population has been steadily increasing, while the population of children under age five has been declining.

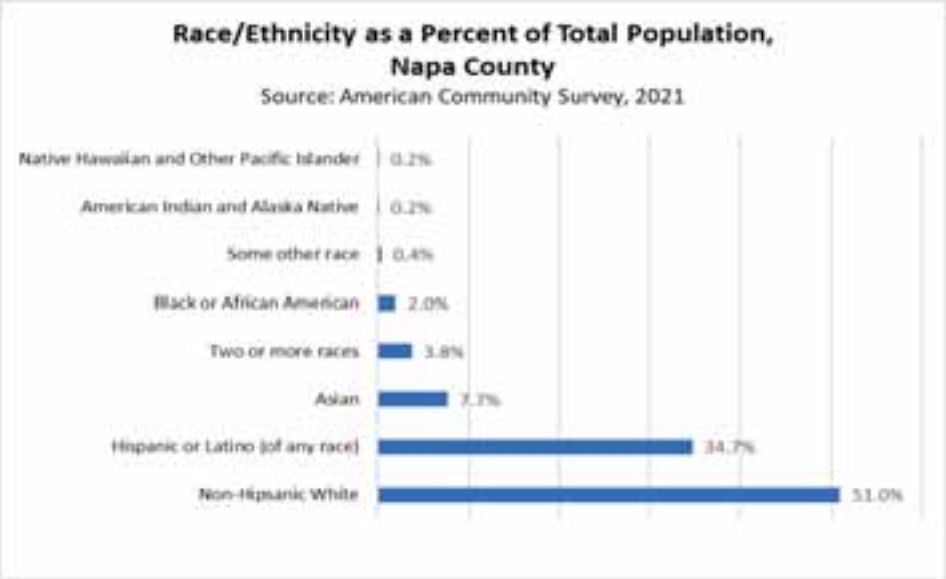
Figure 3.



The largest proportion of the population (51%) self-identified as non-Hispanic white in 2021, however this number has been declining in recent years. The second largest race/ethnic group in Napa County identified as Hispanic or Latine (a gender-neutral term for Latino) and comprised 34.7% of the

population. Just under 8% of the population identified as Asian, 3.8% as two or more races, and 2.0% as Black or African American. Native Hawaiian and other Pacific Islanders, American Indian and Alaska Native, and those identifying as “some other race” each made up under one percent of the population (Figure 4).

Figure 4.



The median income in Napa County in 2021 was higher than the California median income ($97,421 vs. $83,226). In the high need service area of the county, the median income was $84,690 (Table 1).

Table 1. Median Income

Indicator	California	Napa County	Broader Service Area	High Need Service Area
Median Income Data Source: American Community Survey, 2021 5-year estimate	$83,226	$97,421	$117,926	$84,690

Renters in Napa County have continued to face severe housing cost burdens in recent years, with approximately 1 in 4 renter households spending 50% or more of their income on housing (Table 2).

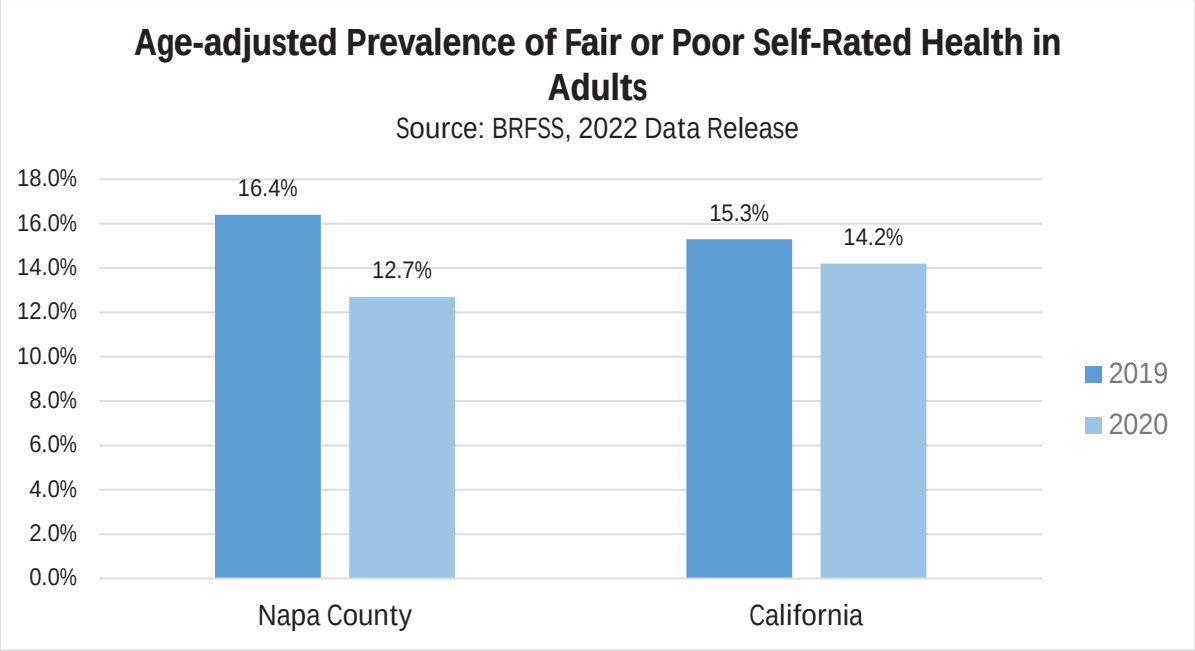
Table 2. Severe Housing Cost Burden

Indicator	California	Napa County	Broader Service Area	High Need Service Area
Percent of Renters with Severe Housing Cost Burden Data Source: American Community Survey, 2021 5-year estimate	26.3% (1,548,644 renter households)	24.6% (4,135 renter households)	25.4% (1,625 renter households)	24.2% (2,510 renter households)

General Health Status and Mortality

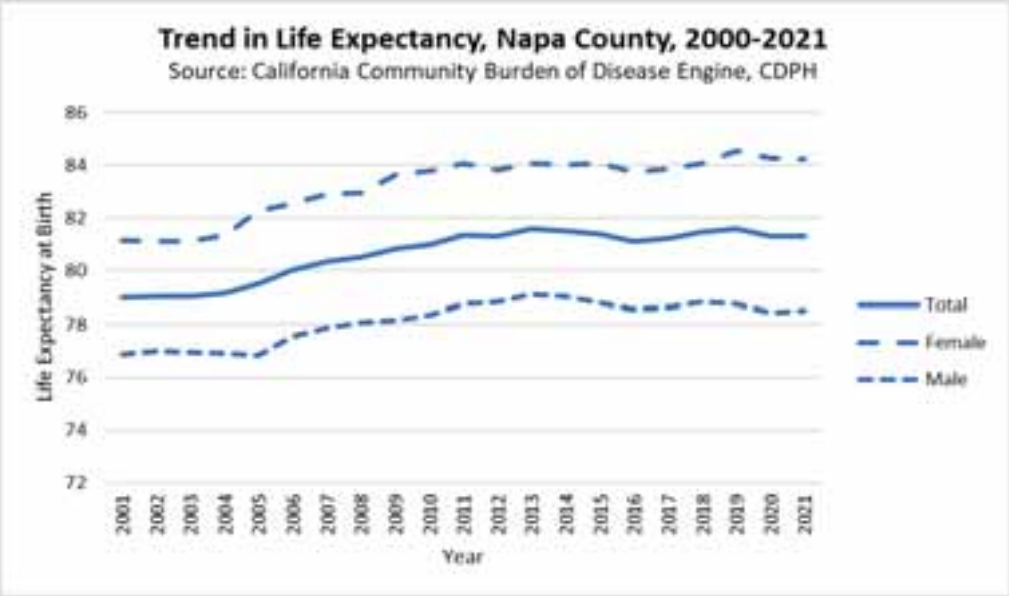
The age-adjusted percentage of adults in Napa County who reported fair or poor self-rated health was 12.7% in 2020, according to the Behavioral Risk Factor Surveillance System (BRFSS). Between 2019 and 2020, adults in both Napa County and throughout the state of California had a decline in self-rated fair or poor health, indicating potential improvement in general health status (Figure 5).

Figure 5.



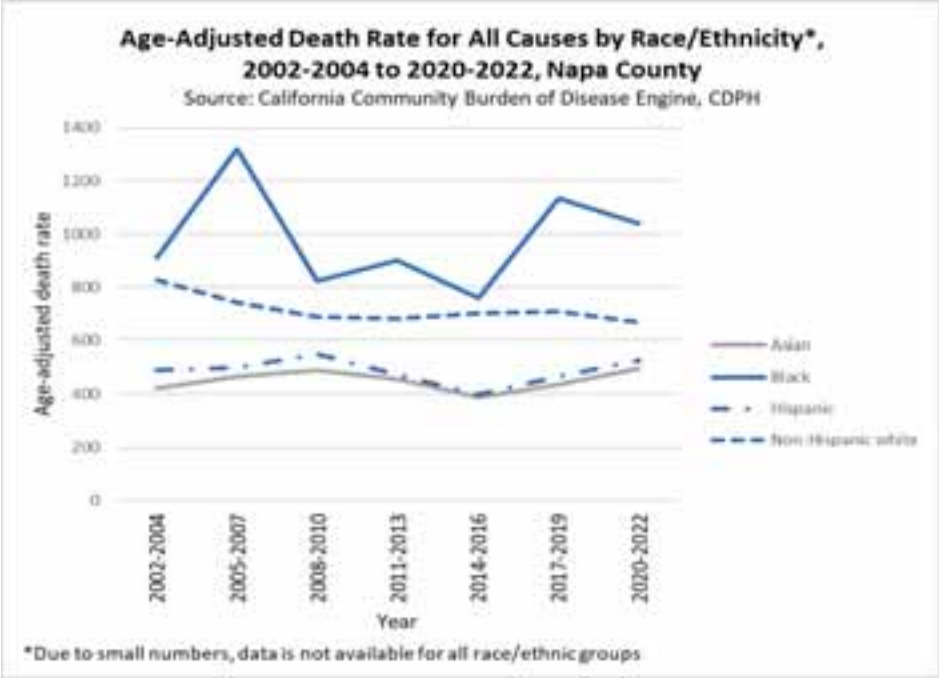
Overall life expectancy in Napa County increased from 79.0 years in 2001 to 81.3 years in 2021. Life expectancy calculations and cause of death rankings are from the California Community Burden of Disease Engine at the California Department of Public Health. Data sources and methodology can be found by visiting the website.

Figure 6.



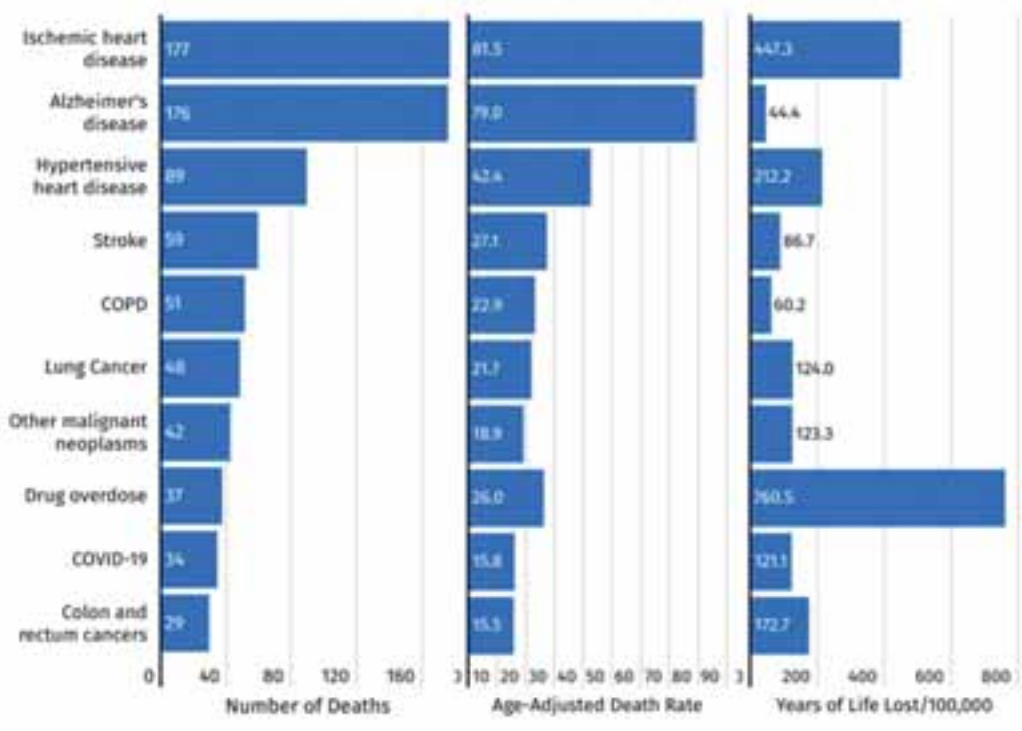
Although there has been an increasing trend in average life expectancy in Napa County, differences in age-adjusted death rates by race/ethnicity have persisted over time. Black residents have consistently higher age-adjusted death rates compared to other race/ethnic groups with available data. Non-Hispanic white residents have had the second highest age-adjusted death rate, followed by Hispanic/Latine and Asian residents of Napa County (Figure 7).

Figure 7.



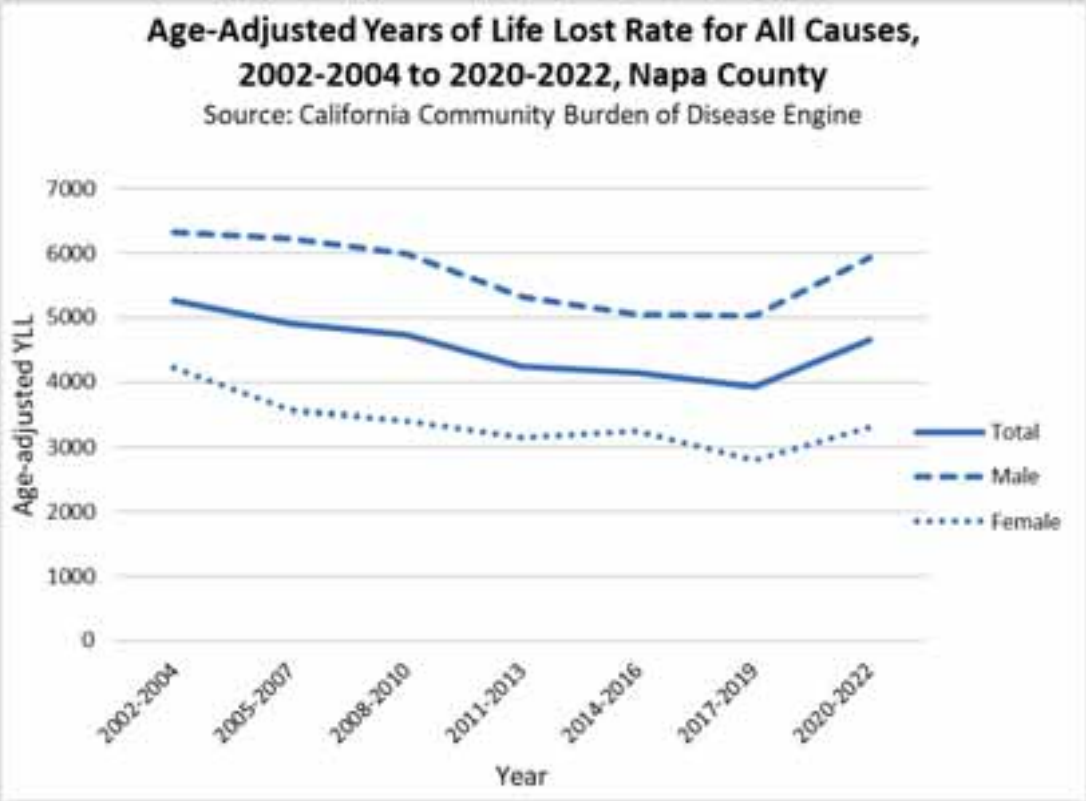
As shown in Figure 8, the leading cause of death in Napa County in 2022 was ischemic heart disease in terms of both total number of deaths (n=177) and the age-adjusted death rate (81.5 per 100,000). Alzheimer's disease was the second leading cause of death, followed by hypertensive heart disease. While ischemic heart disease, Alzheimer's disease, and hypertensive heart disease had the highest numbers of deaths and age-adjusted death rates, drug overdose was responsible for the most Years of Life Lost (760.5 per 100,000). Years of Life Lost (YLL) is a measure of premature mortality (death occurring before age 75) from a given cause. Drug overdose, ischemic heart disease, and hypertensive heart disease had the three highest rates of YLL in 2022.

Figure 8.



The age-adjusted rate for YLL (i.e., premature mortality) decreased between 2002 and 2019 (Figure 9). For the three-year period of 2020 to 2022, YLL increased for both males and females in Napa County. The increase was most pronounced among males, rising from 5,022 YLL per 100,000 in 2017-2019 to 5,930 YLL per 100,000 in 2020-2022. While some of this increase is likely attributable to the COVID-19 pandemic, the increase in drug overdose deaths seems to be the largest contributor to the increase in YLL (see Community Health Theme - Behavioral Health).

Figure 9.



HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. Clinicians in HPSAs are working in areas with fewer resources, higher patient loads, and challenges with recruitment and retention. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Although Napa County is not designated as an HPSA for primary care, dental health, or mental health, large portions of the service area to the North are designated as shortage areas. Most of the geography to the north of Napa County is considered a mental health HPSA.

See Appendix 1 for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

HEALTH INDICATORS

Please refer to the Napa County CHNA Data Hub 2023 to review each of the following health indicators mapped at the census tract level: Napa County 2023 PSJH (arcgis.com).

The hub provides data on each indicator in Napa County, the high need and broader need service areas, and California, as well as information about the importance of each indicator.

See Appendix 1 for additional Population Health Data

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence's Population Health Care Management team based on NYU and Medi-Cal definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships.

In 2022, our data showed the following key insights for ED visits to Queen of the Valley Medical Center:

- At QVMC, 27.8% of all ED cases were considered potentially avoidable.
- More than half (54.2%) of all AED cases at QVMC came from the ZIP Code 94558.
- Patients identifying as "Hispanic or Latino" had higher percentages of ED visits that were potentially avoidable (30.2%) compared to patients identifying as "Not Hispanic or Latino" (25.9%).
- Patients under 18 years had the highest percentage of visits considered potentially avoidable at 30.8% compared to other age groups.
- Almost one in three (32.8%) of visits by patients with Medicaid (including HMO) were potentially avoidable, compared to only 21.1% for patients with commercial insurance.
- The most common diagnoses for all avoidable visits during this time were bronchitis and other upper respiratory diseases, urinary tract infections, and substance use disorders.

For additional information regarding these findings, please contact Terri Smith and Terri.Smith@Providence.org.

Department of Health Care Access and Information (HCAI) Data

Between 2017 and 2021, Napa County residents had a combined total of 199,216 ED visits, of which 25% were considered avoidable based on the algorithm developed by the Providence Population Health Care Management team. This number includes visits to hospitals both within Napa County and to hospitals in other counties. By Napa County ZIP Code, 49% of all avoidable visits were residents in 94558, followed by 20% in 94559, and 15% in 94503. Respiratory and genitourinary conditions were the most common reason for avoidable visits.

COMMUNITY INPUT

Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Providence Queen of the Valley Medical Center in partnership with Napa County Health and Human Services conducted 12 key informant interviews with 12 representatives from community-based organizations, 15 listening sessions with 112 community members, and 7 additional preliminary data feedback sessions with 13 community leaders. Future Medical Systems led the community listening sessions. During key informant interviews and listening sessions, community members and staff from social service, health and education sectors discussed the issues and opportunities of the people, neighborhoods, and cities of the service area. During preliminary data feedback sessions, community leaders reviewed the initial data from interviews and listening sessions to provide feedback and gap analysis. All community input was collected from March 2023-May 2023. Below is a high-level summary of the findings of these sessions. Full details on the methodology and participants are available in Appendix 2.

Our community listening sessions were designed to uncover latent and unmet needs based on personal lived experience and to explore the 'whys' behind people's behaviors and decisions. We supported individuals to take the lead in surfacing bright spots and challenges in their quality of life and related health and wellbeing. We created open-ended discussions using interactive field materials to delve more deeply into themes about health and wellbeing, including:

1. What drives quality of life? What drives quality health and wellbeing?
2. What does "health" mean in relation to lived experience?
3. What support structures and tools do people have? Where are the gaps?
4. What management and self-care tools and practices do people have?
5. What impacts do people recognize – of social determinants on their health/wellbeing?
6. How is equity experienced?

While the listening sessions, conducted in English and Spanish, utilized human centered design to facilitate open-ended participant-led conversations, key informant interviews and preliminary data feedback sessions were more formal with most participants working in a paid capacity to serve specific community groups and/or provide specific services. All data was analyzed to identify 10 themes, listed below:

- Racial Equity and LGBTQIA+ Inclusion
- Housing
- Behavioral Health
- Economic Stability
- Food Access
- Access to Health Services
- Childcare
- Language Access
- Transportation
- Education/Digital Inclusion

Community Context

While listening sessions focused on gathering community health experiences and feedback, participants also surfaced themes that describe the character and identity of Napa County. These are the settings and circumstances in which we live and work, and impact how we interact with each other and our institutions. While participants did not" vote on these themes as priority areas for the Community Health Assessment, they will be the lens through which we view and design our Community Health Improvement Plan.

SYSTEM COHESION

Participants reported that awareness and access to services is often facilitated by finding trusted messengers, or friends and family that can help. They described trust and personal connection as key to creating access to services. It can be difficult for people, especially community members with undocumented status, to distinguish between the governmental agencies/services that help them and those that could punish them. Social sector staff reported many people working outside of their job designation to make sure community members can access the resources they need. They named the inability to share data between agencies as a barrier to timely and comprehensive care. It can be difficult for community members to navigate the systems that are designated to help them.

DISASTER RESILIENCY

Napa County residents have experienced flooding, fires, earthquakes, and a pandemic. These shared experiences have magnified our ability to come together in a crisis. While our emergency systems continue to improve with each response, compounding disasters have left many community members unable to recover.

NATURE, ANIMALS, AND THE OUTDOORS

People very often identify the natural environment as the most positive contributor to their health and wellbeing. Pets and access to animals provides a valued source of reflection and calm. Napa County provides access to many outdoor experiences that are greatly valued in the community.

"ALL THE GREAT SERVICES"

Napa is perceived by many to have a broad and high-quality public service provision. For those in crisis and the most in need, services are reportedly readily available, especially in the city of Napa. Collaboration and strong connections between services and individual care providers and staff were named as a bright spot by many participants.

See Appendix 2 for methodology and participant details

Challenges in Obtaining Community Input

While in-person dialogue creates the best environment for this depth of information sharing, participant schedules required that some interviews take place via video conferencing. "Assessment fatigue" was also a consideration, as there are many assessments, surveys, and strategic planning projects happening simultaneously in Napa County.

COMMUNITY HEALTH THEMES

This Community Health Themes section describes the highest priority needs determined through an analysis of qualitative data (listening sessions, key informant interviews) and quantitative population-level data. Additional qualitative data from listening sessions and key informant interviews can be found in the appendix of this report.

Racial Equity and LGBTQIA+ Inclusion

Connection to Health

"Racism is a system—consisting of structures, policies, practices, and norms—that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society."[2] Racial and ethnic minority groups in the United States have been consistently shown to have higher rates of illness and death across a wide range of health outcomes when compared to their white counterparts. Race Forward defines race equity as a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color.

Lesbian, gay, bisexual, transgender, and queer/questioning, intersex, asexual, and more (LGBTQIA+) people are more likely than their heterosexual and cis-gender counterparts to experience health related challenges and disparities. LGBTQIA+ inclusion refers to inclusive health and social services for LGBTQIA+ individuals, as well as efforts to make all spaces safe for and inclusive of those who are LGBTQIA+.

Key Findings

Qualitative Data

Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about "doing it wrong". Key informants expressed the need to continue to invest in efforts to improve equity for all people living in Napa County. Key informants spoke to a need to address discrimination and bullying towards individuals identifying as LGBTQIA+. They also experience biases and discrimination within health care and lack access to gender-affirming and inclusive care. Community members described not being able to access transgender care locally. Young people may experience bullying for their culture and racial identity. Key informants spoke to the strong need for more services provided by bilingual and bicultural providers to serve the Spanish-speaking community in a culturally responsive way. This is inclusive of health care, behavioral health, and social services.

[2] https://www.cdc.gov/minorityhealth/racism-disparities/index.html

"Police encounters at school haven't been good. I feel like I'm on the radar with the teachers and principal watching me, how I dress, what I look like, my beanie and hoodie."
- Latine youth, Napa

"None. There is no representation at all for the black community [in Napa County]."

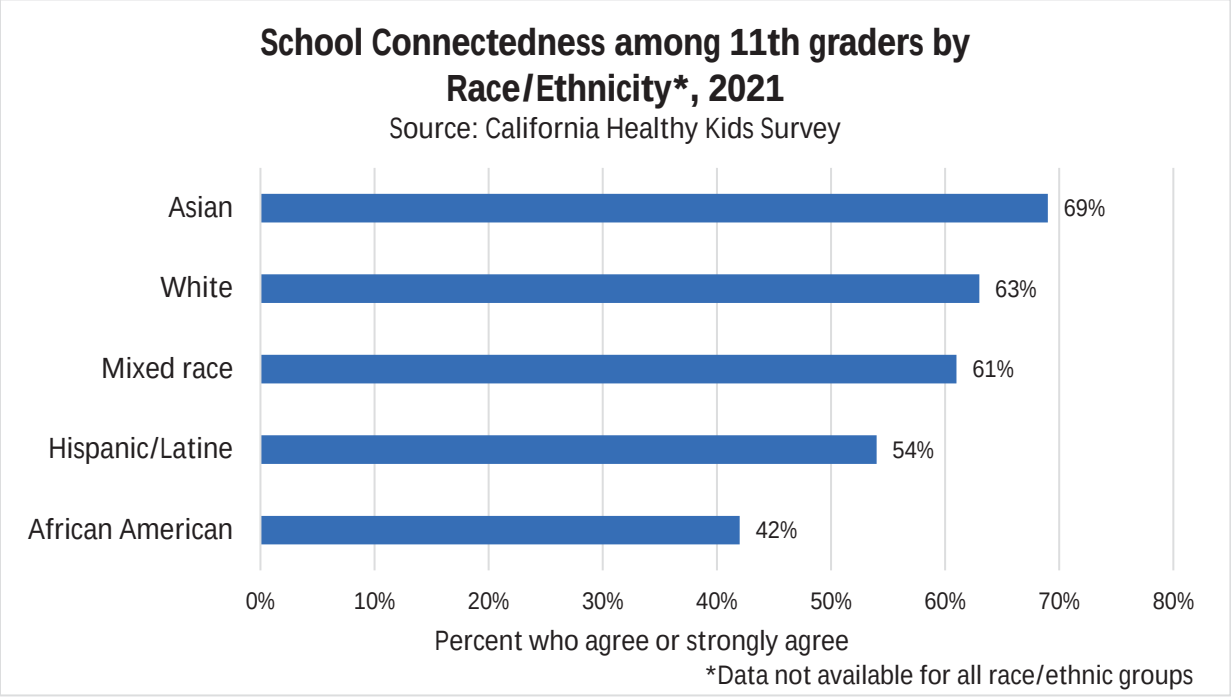
– Public Sector staff member, Napa

"I'm all fine and great...well, except for the hate speech [about sexuality]." - Youth, American Canyon

Quantitative Data

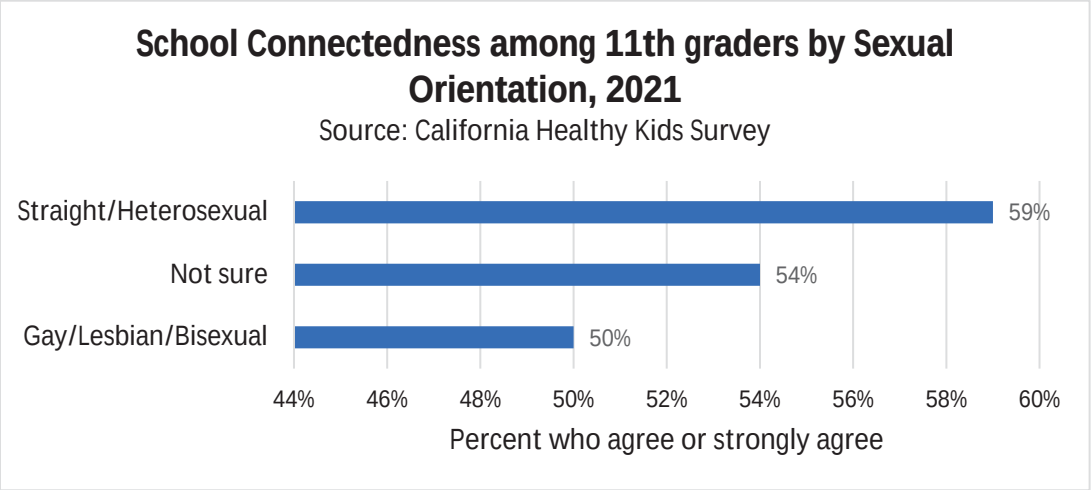
School Connectedness reflects students' belief that peers and adults in the school support, value, and care about their individual wellbeing as well as their academic progress. When youth feel connected to their schools, they are less likely to experience poor mental health, substance use, sexual health issues, and violence.[3] Among 11th graders, school connectedness was lowest among African American (42%) and Hispanic/Latine (54%) youth (Figure 10). Youth who identified as gay, lesbian, or bisexual or who reported being unsure of their sexual orientation also reported lower levels of school connectedness compared to youth who identified as straight or heterosexual (Figure 11).

Figure 10.



[3] https://www.cdc.gov/healthyschools/school_connectedness.htm

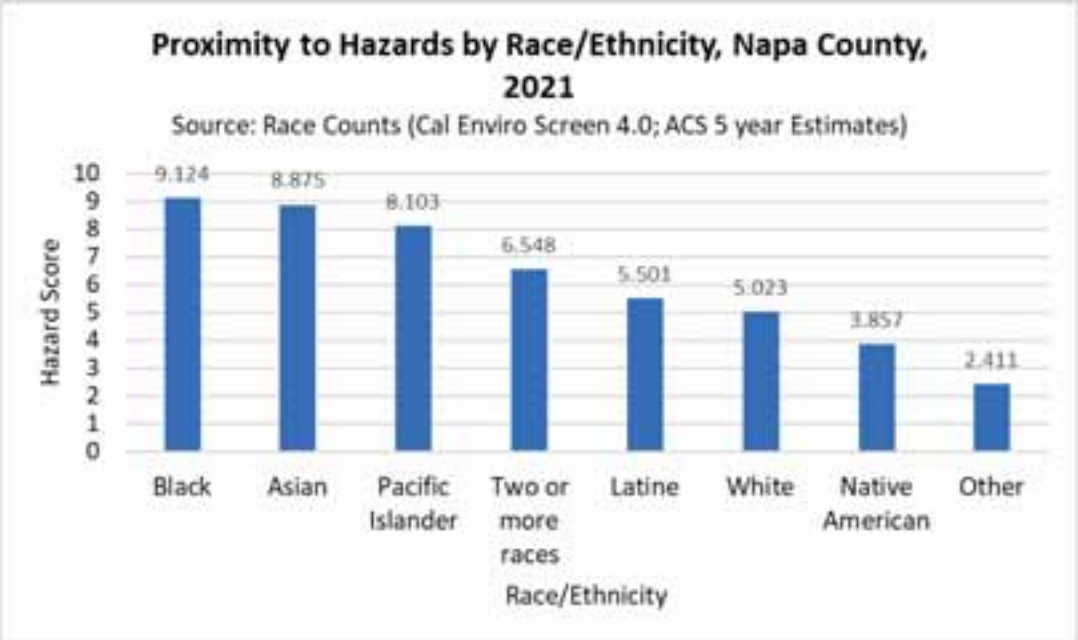
Figure 11.



People of color throughout the United States have disproportionately high exposures to environmental hazards compared to their white counterparts, a finding often referred to as environmental racism.[4] Black, Asian, Pacific Islander, and those who identify as Multi-Race in Napa County have higher hazard scores than the county average of 5.587 (Figure 12). Higher hazard scores indicate a group has higher levels of exposure to contaminated air, water, and/or soil.

For the remaining nine priority health needs, data is broken out by race/ethnicity and sexual orientation where possible to show that inequities are present across all health themes.

Figure 12.



[4] What Is Environmental Racism? (nrdc.org)

Housing

Connection to Health

Excessive housing costs are associated with a spectrum of health issues including food insecurity, psychological stress, underutilization of health care, and developmental and behavioral problems in children. As households spend a larger proportion of their income on housing, they have less money to spend on nutrition, health care, and other essential needs. Households may be forced to make a choice between paying rent, filling a pharmacy prescription, or buying nutritious foods. Moreover, the stress of keeping up with bills on a limited budget and fear of homelessness are linked to lower psycho-social well-being and increased use of medical services. Over time, these combined impacts can increase the risk of developing chronic diseases, such as heart disease and diabetes. For those who already have a chronic health condition, housing cost burden can make managing those conditions more difficult and increase the risk for preventable health complications.

Key Findings

Qualitative Data

Key informants, community members, and caregivers emphasized the high cost of housing is a challenge for many in Napa County. Limited housing stock pushes prices so high as to be out of reach for many and creates an especially difficult situation for those with low income. There is a strong need for more affordable housing and low-income housing. Cost of living is very high and many jobs do not pay a living wage. Community participants noted that housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Demand for low-cost options may lead to unfair housing practices from landlords. Caregivers shared families live in poor housing conditions and over-crowded homes. Key informants and caregivers spoke to workforce housing as a need, particularly for those that work in agriculture and hospitality, as many workers cannot afford to live in Napa and must commute long distances for their work. Key informants shared the following populations may experience more difficulty accessing stable and affordable housing meeting their particular needs: transitional-age youth, people with behavioral health challenges, survivors of domestic violence, and older adults. More shelters for families with children are needed to ensure that families are able to stay together. Community members shared accessing housing support is cumbersome and involves a lot of paperwork. Key informants spoke to a need for more civic engagement to change policies around housing to make it more affordable and to educate people on their housing rights.

“I grew up here and work serving the community, but I can't afford to live here and recently moved to Solano County." - Latina, Public Sector staff member

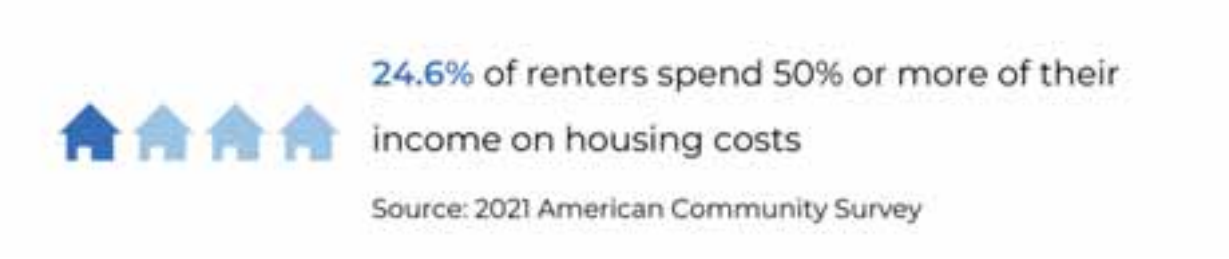
“Housing is a big concern for me; it feels unattainable especially for older adults. I often ask my husband ’What are we going to do?’” – Low Income housing resident, Napa

“There's multiple families in a 1-2 room apartment. Say a couple are renting a room, they are going to have a baby. Now there's too many people, they have to leave." - Healthcare staff, Napa

Quantitative Data

A household is considered severely housing cost burdened when 50% or more of their total income is spent towards housing. In 2021, about one in four (24.6%) of renter households spent 50% or more of their income on housing costs in Napa County.

Figure 13.

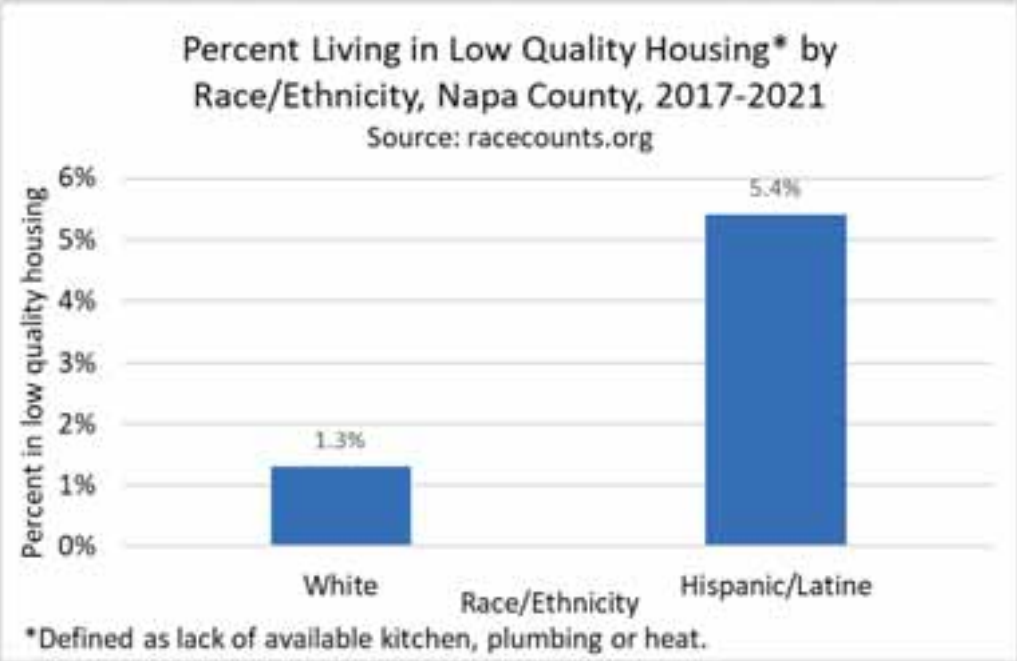


The housing market refers to the supply and demand for homes, and the health of the housing market is driven by the availability and type of housing units and housing prices. In a tight housing market, prices of homes skyrocket due to low supply (i.e., few units are available) and high demand (i.e., many are seeking to reside or invest in the area). In 2021, about one in 10 houses in Napa County were vacant. More than half of these vacancies were comprised of seasonal, recreational, or occasional use and second homes (sold, but not occupied). Conversely, less than one in five vacancies in Napa County were units for rent or sale.

Figure 14.

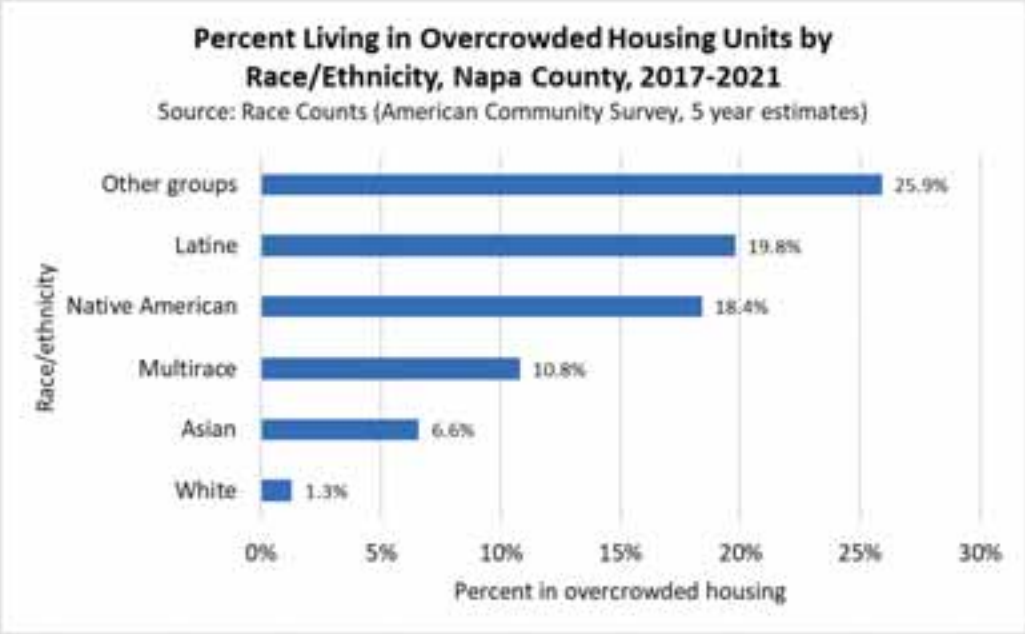
Low quality housing is defined as housing that lacks an available kitchen, plumbing or heat. In Napa County, 5.4% of Hispanic/Latine households experience low-quality housing conditions compared to 1.3% of non-Hispanic white households (Figure 15). Due to small numbers, this data is not available for other race/ethnic groups.

Figure 15.



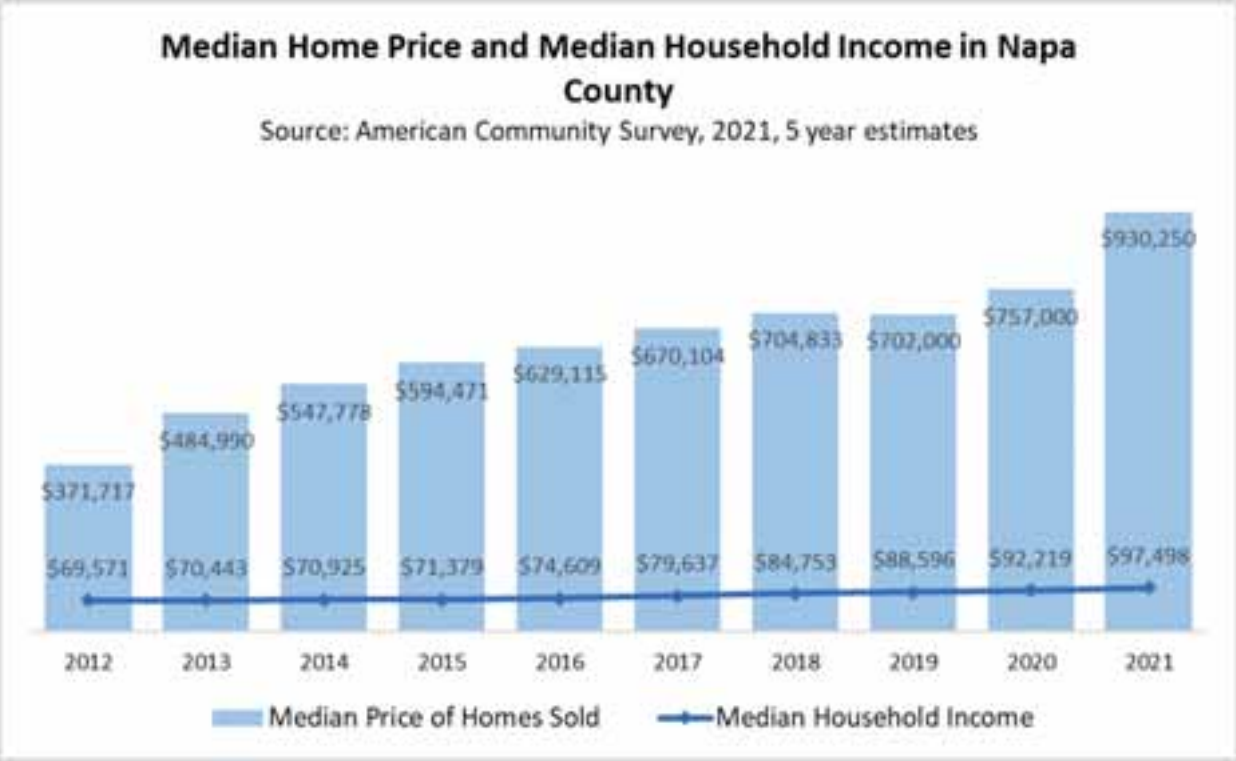
Overcrowded housing conditions, defined as more than one person per room in the house (not only bedrooms), can negatively affect both physical and mental health. Youth living in crowded conditions can experience impaired academic performance, more school absences, and more conflicts at home and at school. In Napa County, Black, Brown, Indigenous and People of Color (BBIPOC) community members are more likely to experience conditions that necessitate living in crowded housing units compared to non-Hispanic white residents (Figure 16).

Figure 16.



The median home price in Napa County increased from $371,717 in 2012 to $930,250 in 2021. Median household income also rose during this time (from $69,571 to $97,498), although not in proportion with the increase in home prices (Figure 17). In 2012, the median home price was a little over five times the median income, but by 2021 the median home price was almost 10 times the median income.

Figure 17.



Behavioral Health

Connection to Health

Behavioral health services can improve the quality of life by addressing mental health and substance use issues that many face. Many adults and youth who develop substance use disorders will also be diagnosed with mental health disorders such as generalized anxiety disorder, post-traumatic stress disorder, depression, and bipolar disorder. Research shows 25% of people with serious mental illness also have a co-occurring substance use disorder.[5] In addition to co-occurring mental health, chronic health conditions often co-occur with substance use disorder including chronic pain, cancer, and heart disease, the latter which is independently associated with increased risk from substance use.[6]

[5] Common Comorbidities with Substance Use Disorders Research Report. Part 1: The Connection Between Substance Use Disorders and Mental Illness.
[6] Common Comorbidities with Substance Use Disorders Research Report. Part 2: Co-occurring Substance Use Disorder and Physical Comorbidities.

Key Findings

Qualitative Data

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system. The task of providing mental health support can be a heavy weight to bear.

Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done. Key informants spoke to difficulties accessing timely mental health and substance use/misuse services, due to long wait lists and an increase in mental health and substance use/misuse challenges. Community members described mental health challenges as an often unaddressed, underlying issue for many people, affecting well-being. Caregivers emphasized a need for more substance use disorder (SUD) residential treatment centers and a medical detox, more psychiatric units and beds for adults and especially children, crisis intervention services, and case managers for people with severe mental illness. Key informants discussed the need for more behavioral health providers in general to meet the growing need, and in particular, more bilingual and bicultural providers to serve the Spanish-speaking community.

Key informants and caregivers spoke to the importance of having behavioral health supports to meet the unique needs of many groups including young people, Spanish-speaking community members, older adults, survivors of domestic violence, and people experiencing homelessness. The COVID-19 pandemic exacerbated behavioral health challenges as people experienced more stress, isolation, and economic insecurity. Caregivers report the mental health needs of young people and older adults as particularly amplified in the pandemic.

"The challenge is unrecognized mental health issues and unaddressed physical needs. People are self-medicating." - Healthcare staff, Napa

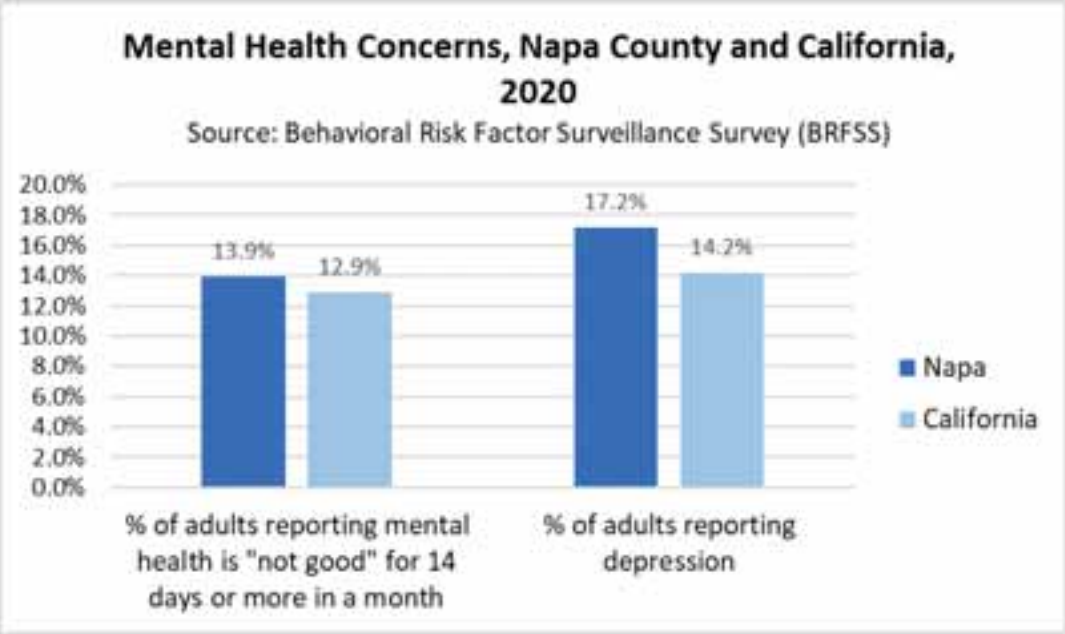
"Spanish-speaking mental health [support] is hard to get in Napa and you have to wait six months if you do. [People tell me] I'll be fine in 4 months: I need it now." - Healthcare staff, Napa

"My school offers therapy, [but] it's a long waiting list...The whole school is the waiting list!" - High-schoolers

Quantitative Data

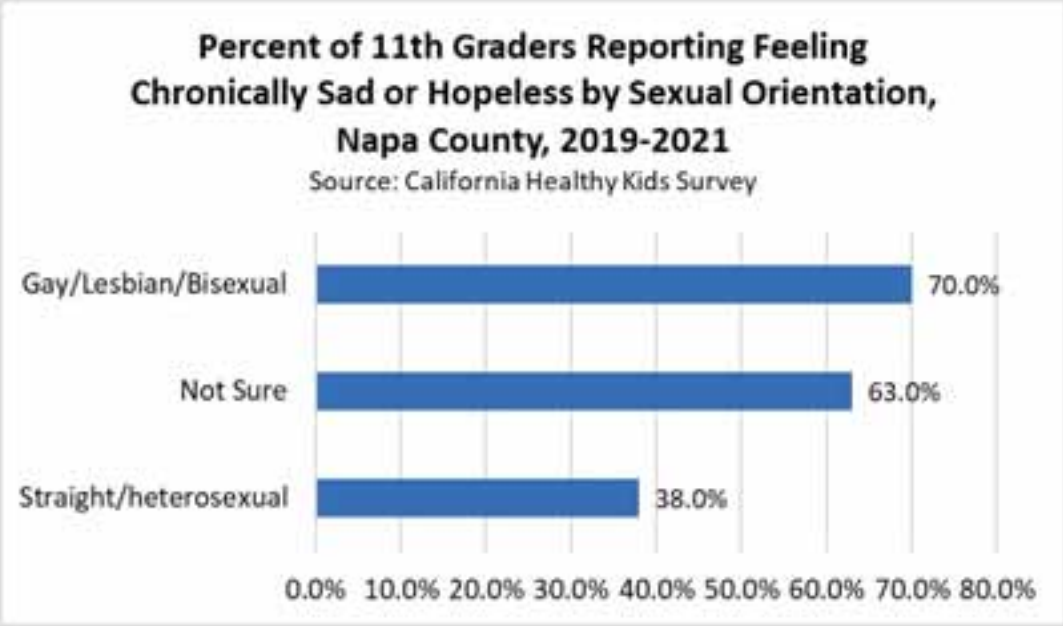
Mental health concerns, and particularly timely access to services, were frequently mentioned in listening sessions with community members and in key informant interviews. The percent of adults in Napa County reporting their mental health was not good for 14 days or more in a month was 13.9% in 2020 compared to 12.9% of adults in California overall. Just over 17% of adults in Napa County reported depression in 2020, compared to about 14% of adults statewide (Figure 18).

Figure 18.



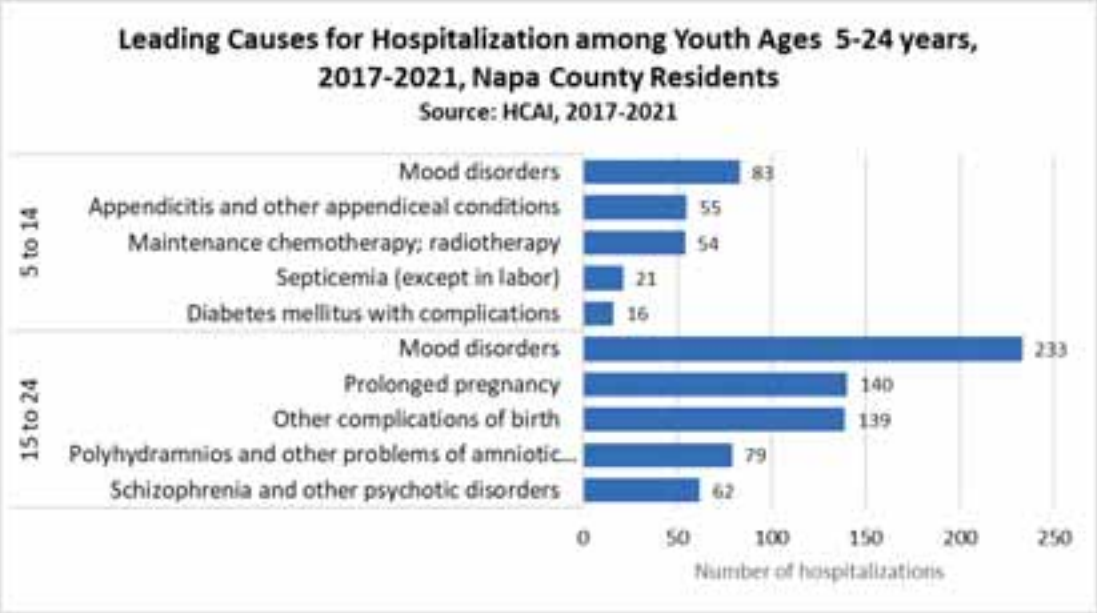
The California Healthy Kids Survey, which is administered to Napa County public school students, found that 43% of 11th graders overall reported chronic sadness or hopelessness in the previous 12 months. However, 11th graders who identified as gay, lesbian, or bisexual or who were not sure of their sexual orientation reported experiencing chronic sadness or hopelessness at much higher levels (Figure 19).

Figure 19.



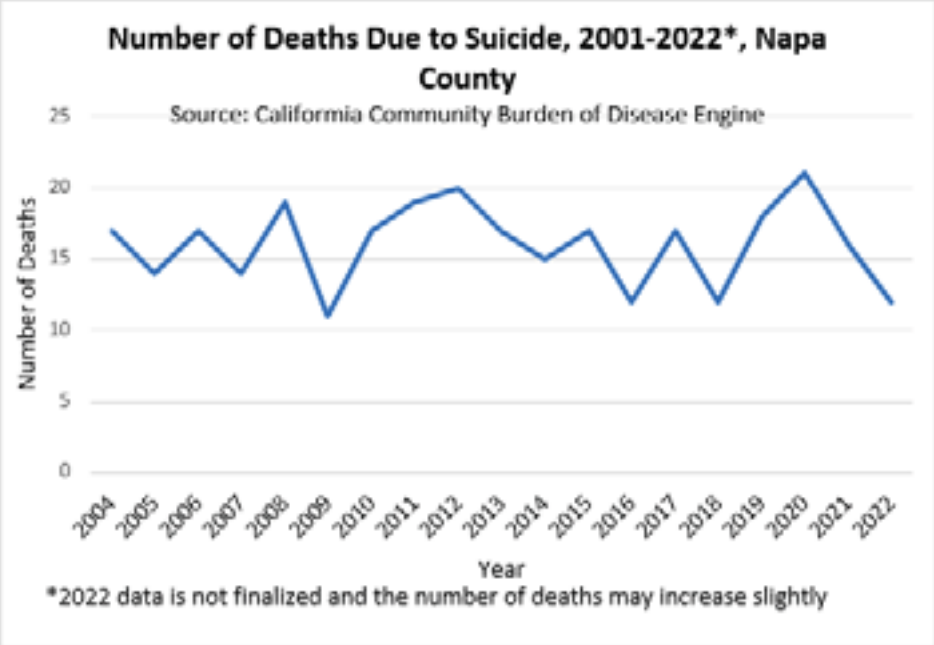
For the years 2017 to 2021, mood disorders were the leading cause of hospitalization for youth aged five and above (Figure 20). Youth ages five to 14 had 83 hospitalizations for mood disorders over the five-year period and youth ages 15 to 24 had 233 mood disorder hospitalizations.

Figure 20.



The annual number of deaths due to suicide among Napa County residents has fluctuated between 11 and 21 deaths each year (Figure 21). The highest yearly total over the 19-year period was 21 deaths due to suicide in 2020.

Figure 21.



According to the Behavioral Risk Factor Surveillance Survey (BRFSS), the age-adjusted prevalence of binge drinking was 19.3% among Napa County adults in 2020. This was higher than the statewide prevalence of 16.6%. Binge drinking also is a risk factor for many health and social problems, including motor-vehicle crashes, violence, suicide, hypertension, acute myocardial infarction, sexually transmitted diseases, unintended pregnancy, fetal alcohol spectrum disorders, and sudden infant death syndrome.

Alcohol is often a factor in fatal and injury crashes. The California Office of Traffic Safety provides rankings for alcohol related crashes among cities of similar size. In 2020, the cities of Napa and American Canyon each ranked in the top 10 for crashes involving evidence of alcohol consumption and evidence of underage drinking (Table 3).

Table 3.

2020 Crash Ranking	American Canyon	Calistoga	City of Napa	St. Helena
Evidence of alcohol consumption	**6th** Highest rank out of 103 cities	41st Highest rank out of 74 cities	**3rd** Highest rank out of 106 cities	21st Highest rank out of 74 cities
Evidence of drinking under 21	**1st** Highest rank out of 103 cities	25th Highest rank out of 74 cities	**6th** Highest rank out of 106 cities	31st Highest rank out of 103 cities

Source: California Office of Traffic Safety, includes crashes involving both Napa County and non-Napa County residents. Higher rank means the city was worse comparatively to similarly sized cities.

Between 2019 and 2021, the percent of students who reported vaping ranged from 5% of 7th graders to 27% of non-traditional students (Table 4). Current alcohol or drug use increased between grade 7 (6%) and grade 11 (24%), with non-traditional students reporting the highest levels of current use (38%).

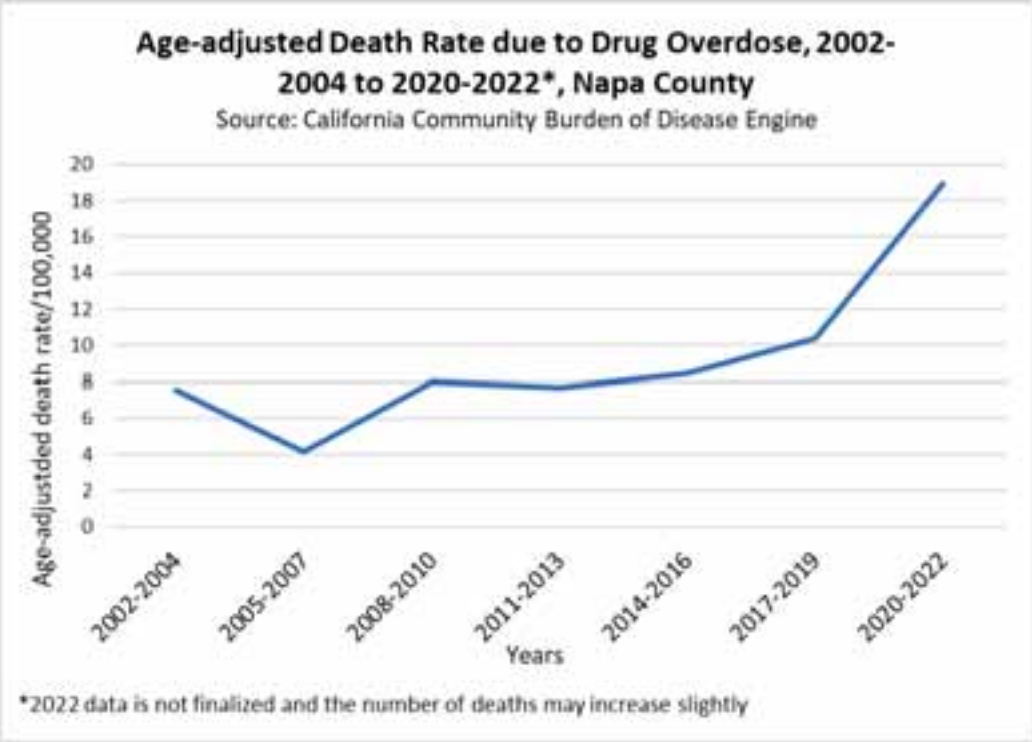
Table 4.

Napa County Public Schools	Current Vaping	Current alcohol or drug use
Grade 7	5.0%	6.0%
Grade 9	6.0%	12.0%
Grade 11	11.0%	24.0%
Non-Traditional Students	27.0%	38.0%

Source: California Healthy Kids Survey, 2019-2021

The age-adjusted death rate due to drug overdose has increased sharply in recent years, likely due to the increased presence of fentanyl in illicit drugs. The 3-year age adjusted death rate increased from 7.6/100,00 in 2002-2004 to 18.9/100,000 in 2020-2022 (Figure 22).

Figure 22.



Economic Stability

Connection to Health

According to County Health Rankings and Roadmaps, "adults in the highest income brackets are healthier than those in the middle class and will live, on average, more than six years longer than those with the lowest incomes." Families with low incomes "face continuous stress of not having the financial means to purchase healthy food, transportation, safe housing, and other aspects that lead to healthy lives. This stress leads to a myriad of health issues like increased cardiovascular risk. Children from low income families tend to be sicker and low income mothers are more likely to have pre-term or low

birthweight babies. The babies are then at higher risk for chronic disease and behavioral problems – so, the cycle continues." [7]

Key Findings

Qualitative Data

Participants overwhelmingly spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and also fear for their own financial future. Many families are still dealing with the financial effects of the pandemic, particularly mixed-status families (those with a combination of documentation statuses including undocumented status) because they were not able to access many benefits during the pandemic.

"Health and wellbeing? I always mention something economic. Those who work with certain wineries have insurance, but for those who don't, what we make isn't enough." - Farmworker, Calistoga

"Stuff is expensive. I live day by day. Sometimes I don't eat." - Parent of young child, Napa

"[I feel anxious] when I think about my future, about money." - Youth, Calistoga

"The cost of living goes up but salaries stay the same." – Low Income housing resident, Napa

Quantitative Data

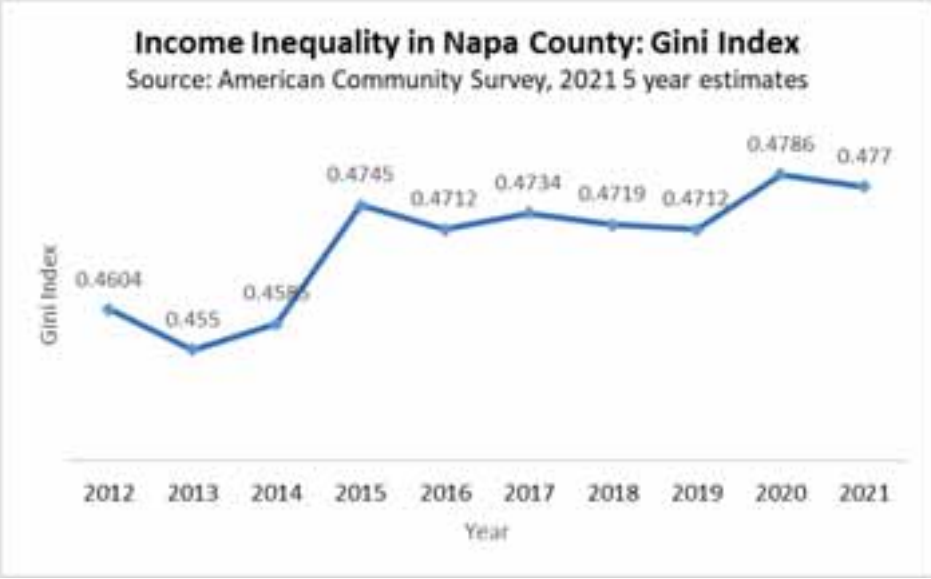
The term living wage is used to describe the income level that allows individuals and families to afford adequate shelter, food, and other necessities in a given area. In Napa County, BBIPOC community members were less likely to have a living wage than their white counterparts. While 83.9% of white residents reported a living wage, only 58.5% of Pacific Islander residents and 60.8% of Hispanic/Latine residents had living wages.

[7] https://www.centerforpophealth.org/2022/07/25/economic-stability-affects-all-aspects-of-health/#:~:text=Poverty%2Dstricken%20families%20face%20continuous,issues%20like%20increased%20cardiovascular%20risk.

Figure 23.

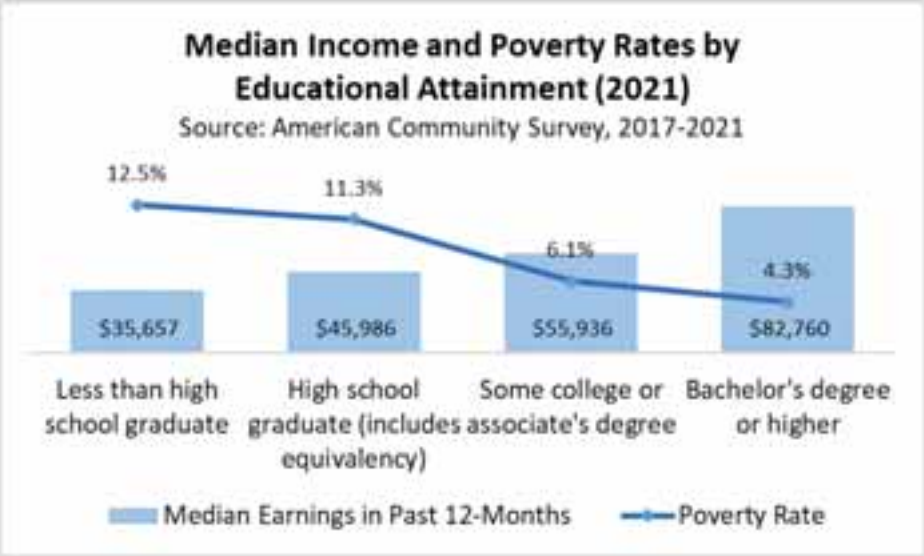
Income inequality, as measured by the Gini Index, increased in Napa County between 2012 and 2021 (Figure 24). According to the US Census Bureau "the Gini Index is a summary measure of income inequality…The Gini coefficient ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1, perfect inequality (where only one recipient or group of recipients receives all the income)." Income inequality in Napa County showed the largest increase between 2014 and 2015, and then showed a smaller increase from 2019 to 2020.

Figure 24.



Napa County residents with less than a high school education had the lowest median earnings on average ($35,657 annually) and the highest proportion experiencing poverty (12.5%), according to American Community Survey data from 2017-2021. Median income increased and the proportion experiencing poverty decreased with higher levels of education (Figure 25).

Figure 25.



Food Access

Connection to Health

The ability to access and utilize healthy, nutritious food is a social determinant of health, with food insecurity being linked to obesity, type 2 diabetes, cardiovascular disease, and a host of other health conditions.[8] Food access is tightly linked to economic stability, housing, and transportation, as rising costs in other areas of the economy further impact the ability of individuals and families to cover the cost of food.

Key Findings

Qualitative Data

Many people are aware of and using food services but rely on them with reservations. Some who qualify for emergency food support are hesitant to access it and feel others may need the support more. People accessing emergency food are concerned about quality and nutrition. Isolated older adults need more assistance in accessing food. There is the opportunity to redesign food service systems for local, Napa County needs. Qualifying for emergency food systems can rely on paperwork that may be difficult to navigate without support, especially for community members who don't speak English or don't have access to multiple forms of identification.

"We do have food, but the canned food we get has too much salt; it's not good for me." – Older Adult Spanish Speaking Group, Napa

[8] National Institutes of Health (NIH), National Institute on Minority Health and Health Disparities, Food Accessibility, Insecurity and Health Outcomes (nih.gov)

“How can I get food? I’m a senior with low mobility, so walking down the street and carrying groceries back is not an option for me.” - Older Adult Spanish Speaking Group, Napa

“The forms to get food eligibility are so long and getting longer. They require ID and proof of housing. We know they live with someone else who is on the water bill, do they really need a bill with their name on it?" - Bubble up session participant

Quantitative Data

Feeding America estimates that, in 2021, 7.8% of Napa County adults and 9.5% of children were food insecure (Figure 26). The USDA defines food insecurity as the lack of consistent access to enough food for every person in a household to live an active, healthy life. Many households that are food insecure do not qualify for federal nutrition assistance programs, such as CalFresh in California (Figure 27).

Figure 26.

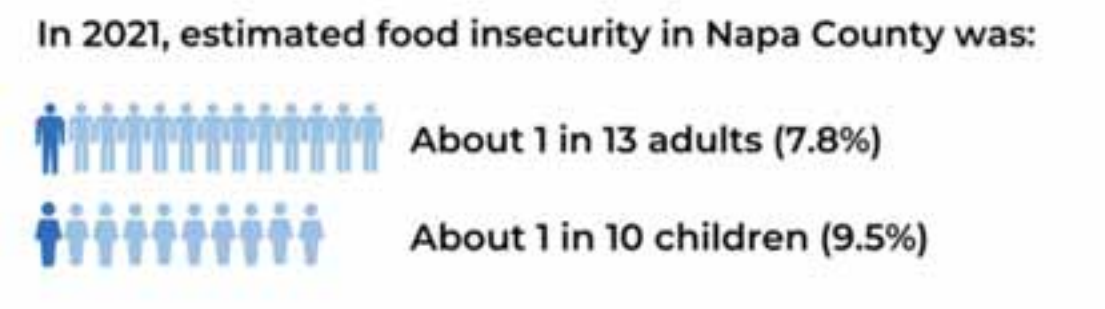
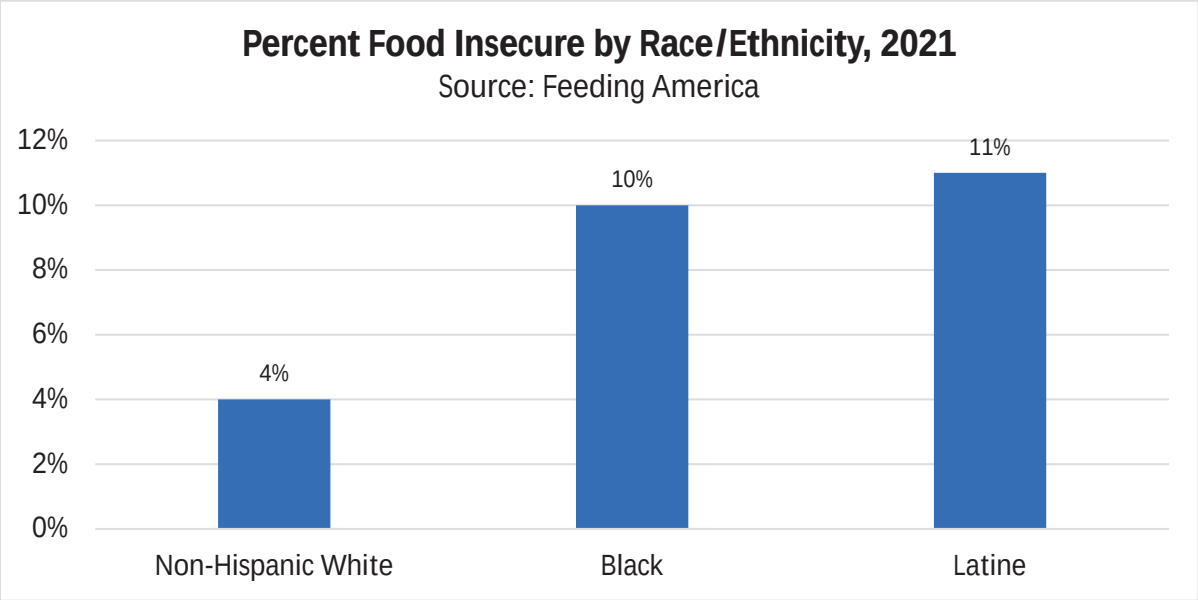


Figure 27.

Food insecurity also varies by race/ethnicity, with Hispanic/Latine and Black residents in Napa County experiencing higher levels of food insecurity (11% and 10%, respectively) compared to non-Hispanic white residents (4%) (Figure 28). Data on food insecurity was not available for all race/ethnic groups.

Figure 28.



Access to Health Services

Connection to Health

Access to Healthcare, including dental care, can be impacted by health insurance coverage, transportation, language, and workforce vacancies. “Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease.”[9] Similarly, children without health insurance coverage are less likely to receive appropriate treatment for conditions like asthma or critical preventive services such as dental care, immunizations, and well-child visits that track developmental milestones.[10] Access to healthcare services allows individuals to benefit from preventative care, increasing lifespan and reducing healthcare costs in the long term.

Key Findings

Qualitative Data

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Many people have to travel out of the county, particularly for specialty care, making transportation a major barrier. Caregivers expressed the need for more urgent care centers and more in-home support services. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.

[9] Institute of Medicine (U.S.) Committee on Health Insurance Status and Its Consequences. (2009). America’s uninsured crisis: Consequences for health and health care. National Academies Press.
[10] Ayanian, J. Z., Weissman, J. S., Schneider, E. C., Ginsburg, J. A., & Zaslavsky, A. M. (2000). Unmet health needs of uninsured adults in the United States. JAMA, 284(16), 2061–2069.

Many participants discussed the challenges of navigating the complexity of health care services, noting the importance of case management. Key informants and caregivers shared that documentation status can be a barrier to accessing health insurance, preventing some residents from being able to afford needed care. The cost of care impacts many community members. Key informants and community members spoke to a lack of gender-affirming care and inclusive care services for LGBTQIA+ patients. There is concern around people losing their insurance due to job loss during the pandemic, as well as people maintaining their insurance as pandemic enrollment requirements change. Caregivers and community members shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally.

"Medical appointments are given so far out. I've considered making a 'placeholder' appointment each month just in case I need it and cancel if I don't." - Adult Spanish-speaker, Napa

"People get frustrated because they can't keep the same provider and they understand that Medi-Cal Emergency covers ER visits. That's why they go to ER instead of a PCP". - Healthcare staff, Napa

"I used to have to get to Oakland to get to a trans-specific group, but [I'm getting older and] I can't make that drive anymore." - Transgender adult, Napa

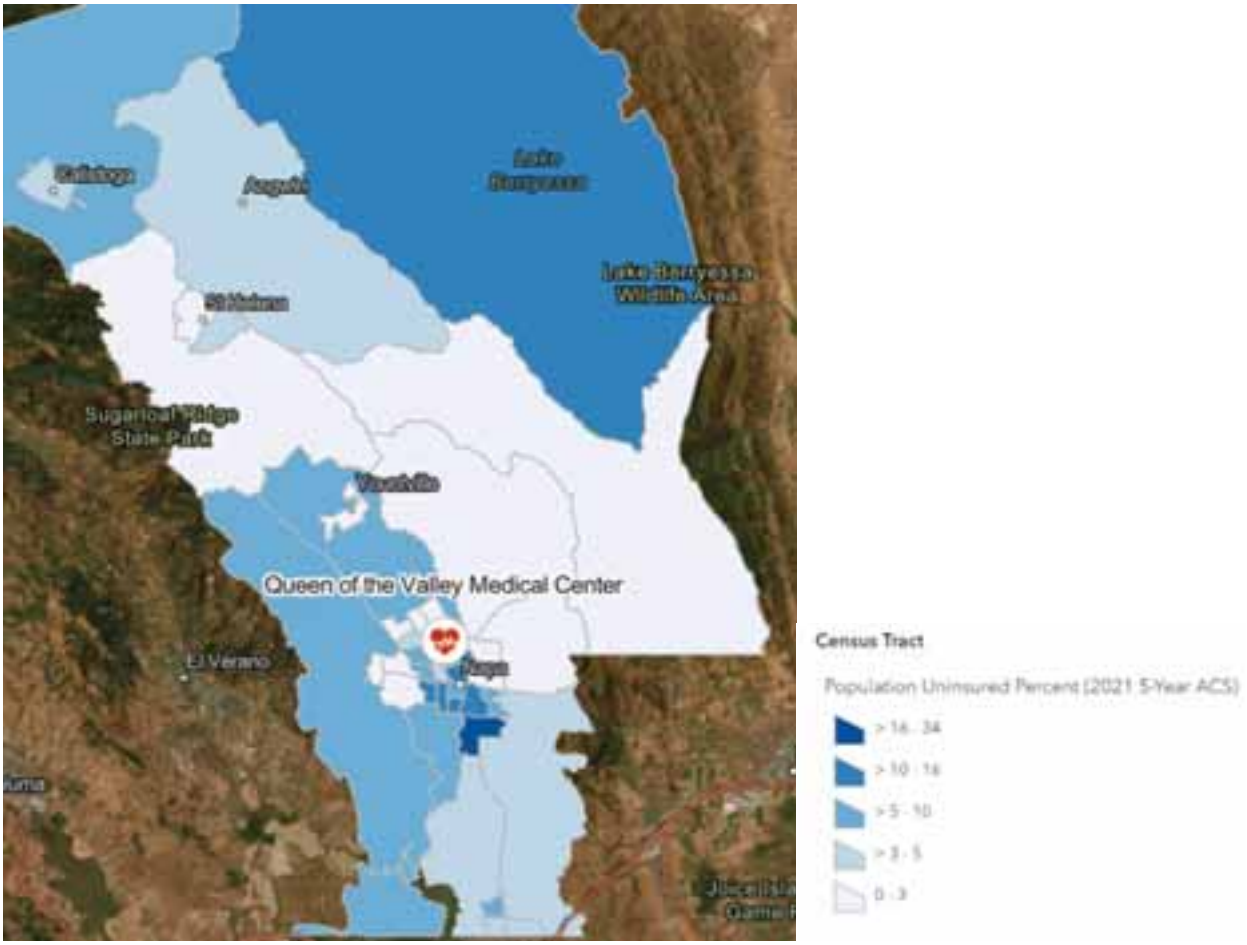
"Doctors tell patients to lose weight but don't always offer tools or resources. Gym memberships are not affordable to everyone." - Adult Spanish-speaker, Napa

"When we go to the clinic, the first thing they ask for is insurance so people have fear. Then they ask you for so much paperwork or proof and it makes us fear going." - Farmworker, Calistoga

Quantitative Data

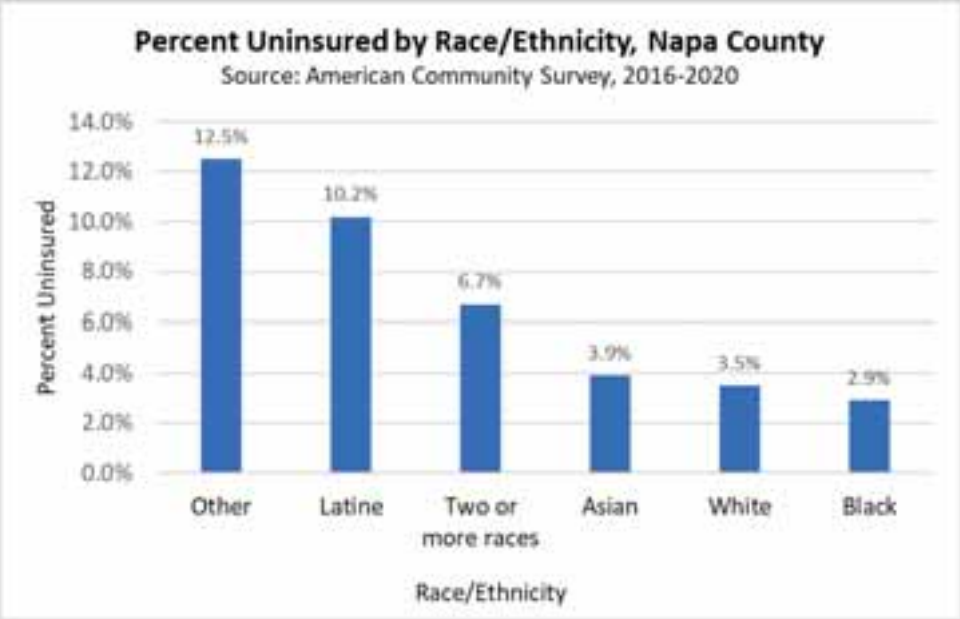
In 2021, 6.0% of Napa County residents were estimated to be uninsured compared to 7.2% of California residents overall (American Community Survey, 5-year estimate). In the high need area of the county, 9.2% of the population was uninsured, compared to 3.9% in the broader need area (Figure 29).

Figure 29.



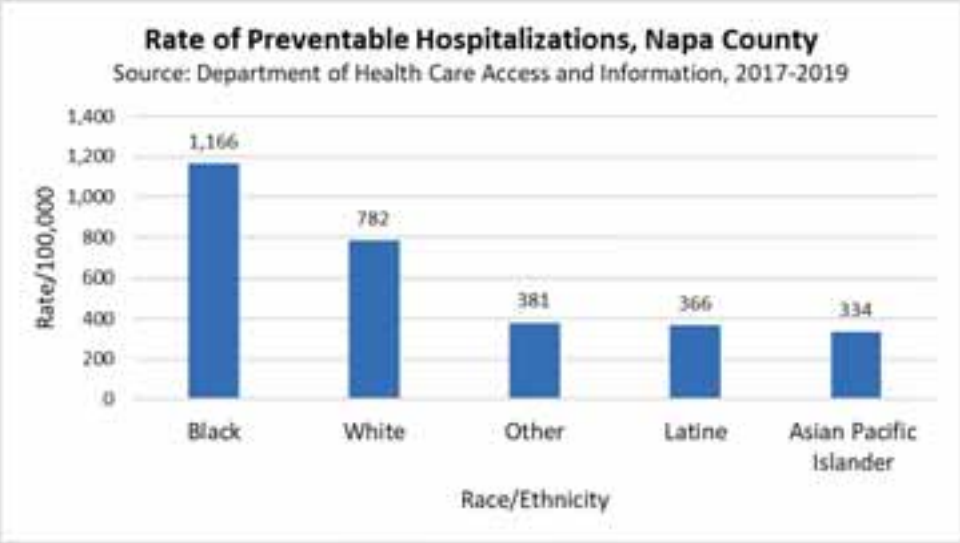
In addition to geographic disparities in health insurance coverage, there were also differences in healthcare insurance coverage by race/ethnicity. Napa County residents who identified as Hispanic/Latine or as “Other” under categories for race/ethnicity provided in the American Community Survey, more frequently reported being uninsured (Figure 30).

Figure 30.



Rates of preventable hospitalizations, which are generally defined as hospitalizations for conditions treatable in the outpatient care setting, also varied by race/ethnicity. Although black residents of Napa County were uninsured at lower levels than other race/ethnic groups (2.9% reported being uninsured between 2016 and 2020), they had higher rates of preventable hospitalizations (1,166 per 100,000) compared to other groups for whom data was available (Figure 31), which may represent other barriers to obtaining quality outpatient care. Non-Hispanic white residents had the second highest rate of preventable hospitalizations (782 hospitalizations per 100,000).

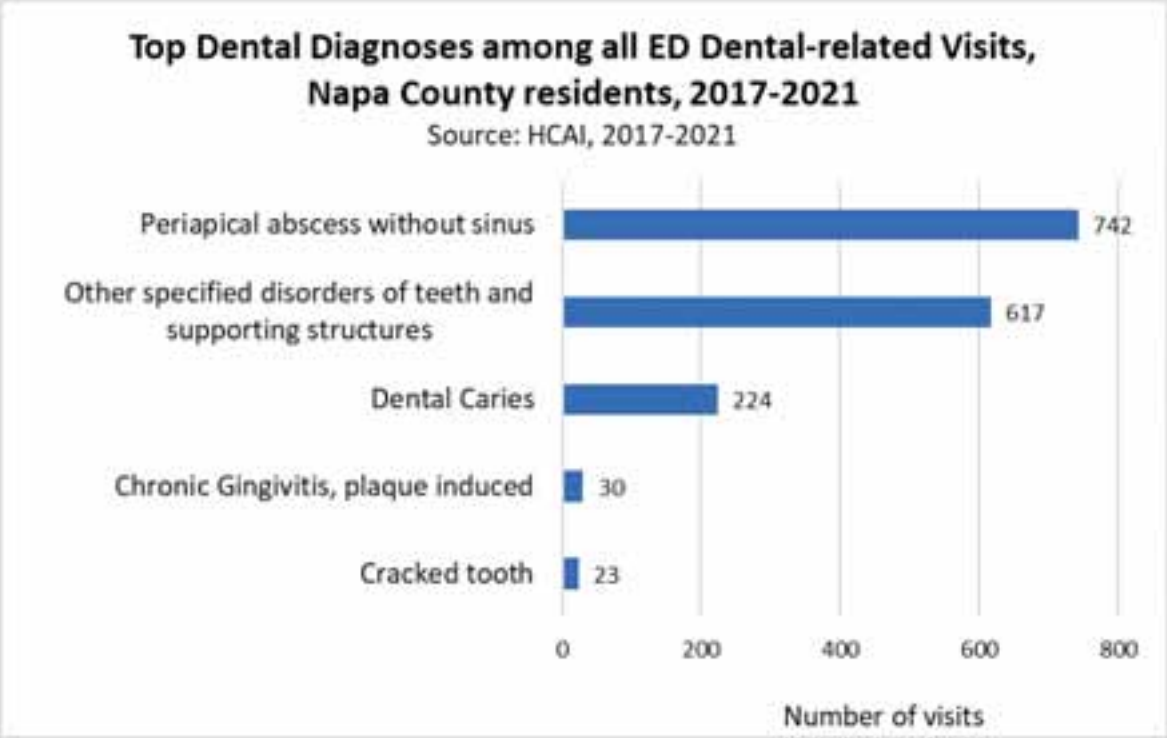
Figure 31.



Access to proper dental care can reduce unnecessary visits to Emergency Departments (ED) stemming from worsening dental conditions. Several barriers, such as a lack of dental insurance, an insufficient

number of dental professionals in an area, out of pocket share of cost, cultural or linguistic barriers, long wait times, or a lack of awareness about dental health, can hinder timely dental care. Consequently, ED dental visit rates can be indicative of access to quality dental care. ED dental visit rates for Napa County residents ranged from 28 to 48 visits per 10,000 population between 2017 and 2021 according to HCAI. The most common dental related reasons for ED visits were periapical abscess without sinus, other specified disorders of teeth and supporting structures, and dental caries (Figure 32).

Figure 32.



Childcare

Connection to Health

Access to childcare impacts the entire family unit. Safe, local childcare options allow parents to attend work and school, creating a foundation of economic security. "Several key studies have shown that providing families that have low socioeconomic status access to high-quality, affordable childcare before children reach age 5 can buffer early learning gaps and improve long-term academic, social, economic, and health outcomes."[11]

[11] Frances A. Campbell and others, "Early Childhood Education: Young Adult Outcomes from the Abecedarian Project," Applied Developmental Science 6 (1) (2002): 42–57.

Key Findings

Qualitative Data

Gaps in, or lack of, childcare can create instability, impacting employment, money, and mental health. These outcomes are disproportionately felt by women. There is a need for more flexible childcare options that allow for jobs that operate during morning and evening hours. Many parents rely on friends, families, and neighbors to provide childcare. There is a shortage of "licensed slots" for childcare and known system bottlenecks to creating them.

"Many available jobs in hospitality and farming require non-traditional working hours not covered by childcare." - Education Resource Specialist

"Families need 2 jobs to survive, so don't see each other: one works in day, one works at night to cover childcare." – Education Resource Specialist

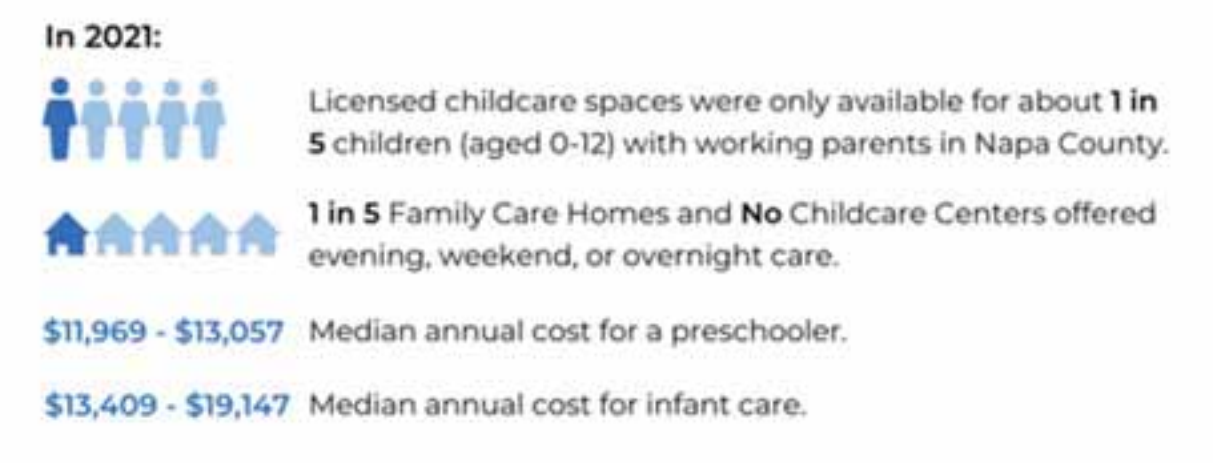
"Mondays to Thursdays, 8:30-4:30 doesn't cover an 8am-5pm job, or any job I can get." - Single mom of young child, Napa

"Two years ago we had vouchers for 180 kids, now we have 550. But the slots are not available. The bottleneck is childcare providers." - Education Resource Specialist

Quantitative Data

In 2021, licensed childcare spaces were available for 21.9% of children birth to age 12 with parents in the labor force (www.kidsdata.org). The availability of childcare during evenings, weekends, or overnight for parents with work hours outside of the Monday to Friday, 8am to 5pm work schedule was very limited. About 1 in 5 or 21% of family care homes offered care during these times and no childcare centers in Napa (which are typically licensed by the California Department of Social Services) offered care during off hours. When families can find an available spot in childcare, the costs can often be prohibitive (Figure 33).

Figure 33.



Language Access

Connection to Health

Having limited English proficiency in the United States can be a barrier to accessing health care services and understanding health information. For example, compared to older individuals who only speak English, older individuals with limited English proficiency are more likely to have no usual source of care, report lower self-rated health, and report feeling sad most or all of the time.[12] A study that examined self-reported health status, health behaviors, access to care, and timeliness of care among the U.S. Hispanic adult population found that Hispanic people who chose to respond to a survey in Spanish were more likely to report worse health status, lack health insurance, not have a personal doctor, and postpone seeing a doctor because of the cost of care, compared to Hispanic people who chose to respond in English.[13]

Key Findings

Qualitative Data

In many cases, access to support and help is reliant on English competency, spoken and written. Reaching out to vulnerable populations and building trust is best done in-person with same-language and culturally matched communication. Certain languages such as Mixteco (and other Indigenous languages), Chinese, Tagalog, Vietnamese, and Native American languages are not widely represented in Napa civic life. Many participants named language access as a specific challenge in access healthcare services and described an acute need for more bilingual and bicultural providers.

[12] Linguistic Disparities in Health Care Access and Health Status Among Older Adults - PMC (nih.gov)

[13] Language Spoken and Differences in Health Status, Access to Care, and Receipt of Preventive Services Among US Hispanics - PMC (nih.gov)

“I see the young guys here that can’t speak English and can’t leave [farmworkers' lodgings]…they don’t want to leave their rooms.” - Farmworker, St. Helena

“I have access to medicine and Medi-Cal because I have my daughter who supports me… but what about others that don’t have someone like her?" - Adult, Calistoga

“For ESL [classes] the intake was four to eight pages, 100% in English! That's weird right? Why is this in the language you know they don't speak?" - Public Sector staff member, Napa

“Beyond language, you need to have cultural competence. I’ve had patients say, ‘ask my eldest son’ about their care decisions. Sometimes this is outside of my constructs of ethics as a provider.” - Primary care physician, Napa

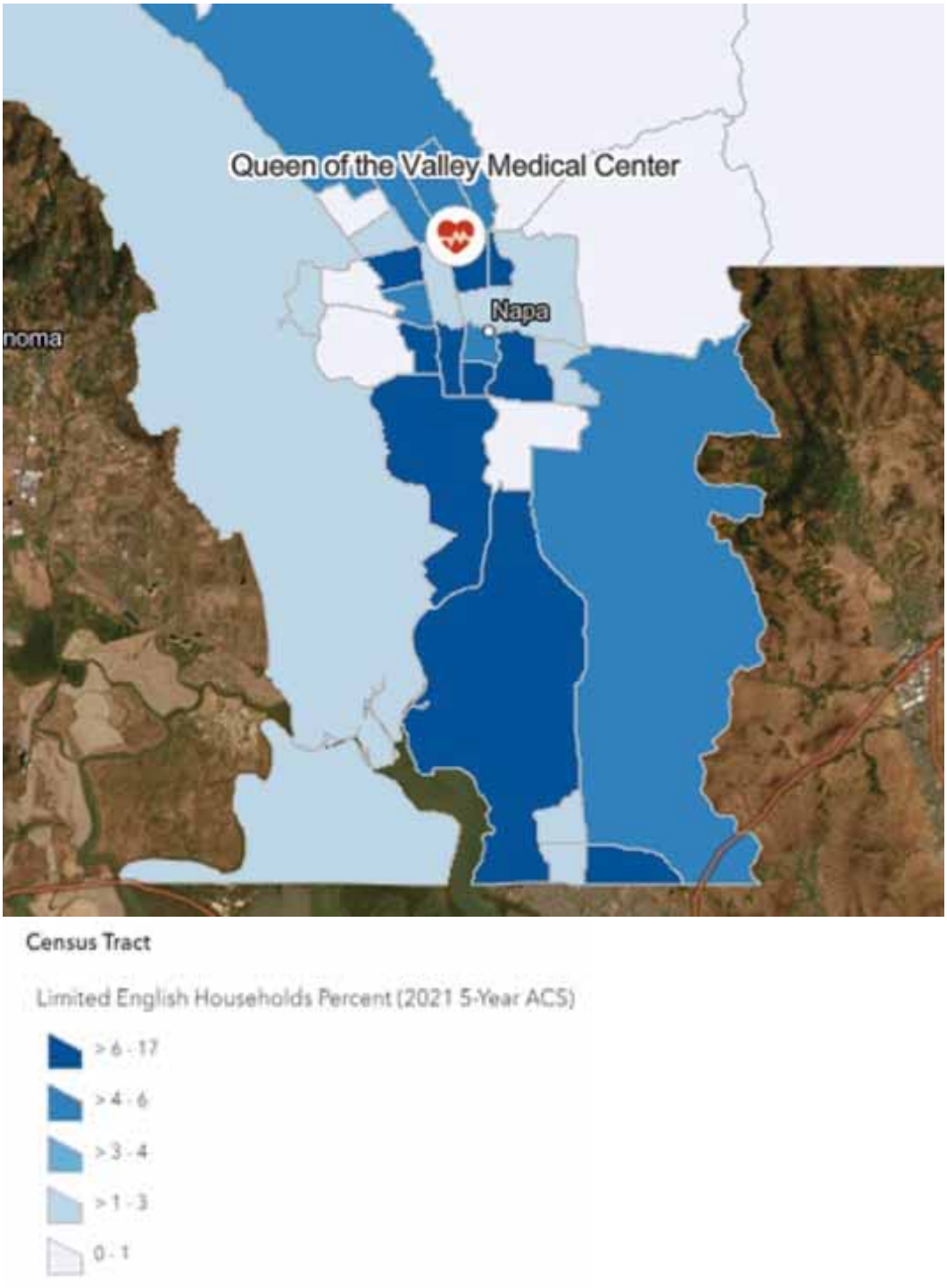
Quantitative Data

A “Limited English-speaking household” is one in which no member 5 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English “Very well.” In Napa County, more than 1 in 7 people who are 5 and older speak English less than very well. Most people (over 80%) in Napa County who speak English less than very well are native Spanish speakers (Figure 34).

Figure 34.

Census tracts with a higher percentage of households with limited English proficiency were primarily located in the southern part of Napa County, in the cities of Napa and American Canyon. Calistoga also had a higher percentage of households (8%) with limited English proficiency (Figure 35). This data can help organizations to identify areas where residents may have greater need for English language assistance.

Figure 35.


Queen of the Valley Medical Center
Napa
noma
Census Tract
Limited English Households Percent (2021 5-Year ACS)
> 6 - 17
> 4 - 6
> 3 - 4
> 1 - 3
0 - 1

Transportation

Connection to Health

Transportation is part of our built environment and plays an important role in health. The way in which a person travels to work – whether by car, public transportation, bicycle, or other means – influences their well-being. Compared to walking or biking to work, commuting by car is associated with poorer physical and psychological outcomes. Commutes by foot or bicycle are associated with improved cardiovascular fitness and self-reported well-being[14,15] Most critically, lack of accessible and affordable transportation options poses barriers to accessing healthcare, maintaining stable employment, and accessing childcare and nutritious food options.

Key Findings

Qualitative Data

Transportation is essential and navigating the public transportation system can take up a disproportionately large amount of time and energy. Inconsistent transportation options can lead to instability in employment and income, which impacts housing, food, and access to services. Those who most need to take the bus, often can't afford to take the bus. Accessing financial support for public transportation can require the ability to navigate systems that may be difficult for non-English speakers. Participants described how one late bus can dismantle many other aspects of a healthy and productive day.

"The bus was late, so I missed my doctor appointment, so they tried to get me in later, and I missed the bus home. This small errand took the whole day." - Older Adult Spanish Speaking Group, Napa

"If I run out of money before the end of the month, I don't have enough to take the bus to work. "It's $7 to get to Fairfield, one-way!"- Foster youth, Napa

"After school transportation is a particularly high need." – Education Resource Specialist

"That [paratransit service] sounds good but what if I'd like to also go to a grocery store or do other obligation in Napa? I can only go to my appointments and come right back. It is hard to go into town [Napa] otherwise."-Spanish Speaking Adult, Calistoga

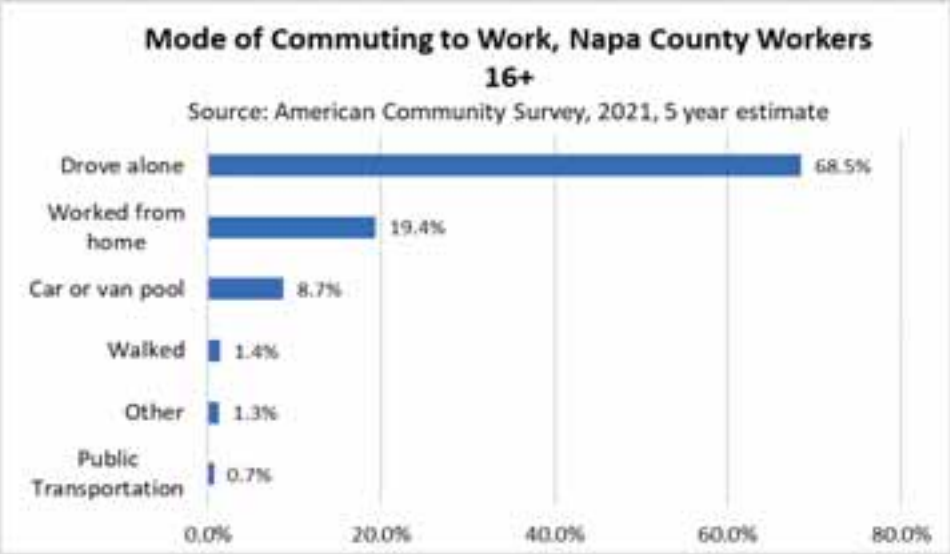
Quantitative Data

The main mode of transportation for Napa County workers 16+ is driving alone in a car, which was the main mode of commute for 68.5% of workers. Just under 20% of workers worked from home and nearly 9% used car or van pool. Less than 2% used other forms of transportation for commuting, such as walking or public transport (Figure 36).

[14] Does active commuting improve psychological wellbeing? Longitudinal evidence from eighteen waves of the British Household Panel Survey - ScienceDirect

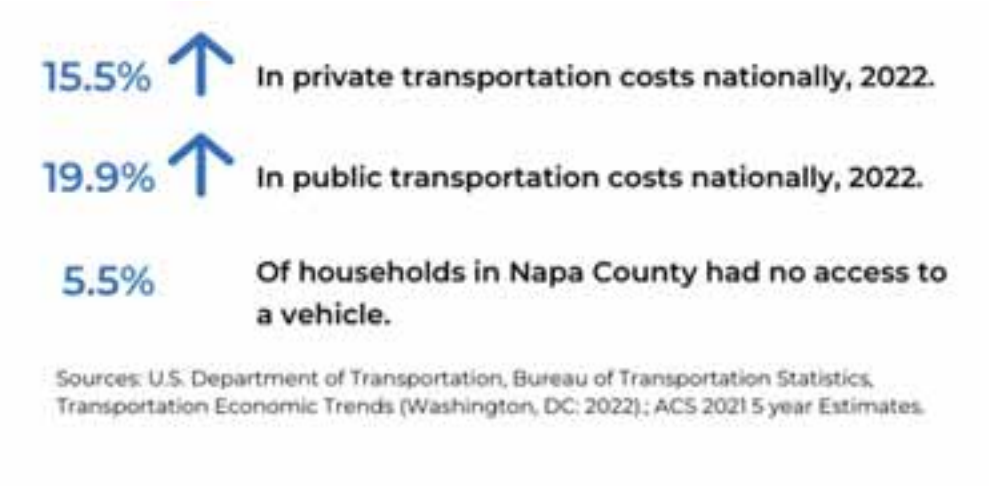
[15] Associations between commute mode and cardiovascular disease, cancer, and all-cause mortality, and cancer incidence, using linked Census data over 25 years in England and Wales: a cohort study - PMC (nih.gov)

Figure 36.



Transportation costs increased for both public and private transportation modes in 2022 (Figure 37). Although only 5.5% of households in Napa County had no access to a vehicle, increases in gas and maintenance costs pose barriers to use of personal vehicles.

Figure 37.



Education/Digital Inclusion

Connection to Health

County Health Rankings and Roadmaps relates education to health in the following way: "The relationship between education and improved health outcomes is well known, with a high school degree correlating strongly with higher life expectancies and improved quality of life. Educational level is associated with smoking status, exercise habits, as well as better physical health, such as lower rates of diabetes and improved self-reported health. Adults with high school degrees are more likely to be employed and earn more, on average, than their less educated counterparts."[16] Digital access and digital literacy have become increasingly important not only as part of education (e.g., the increase in online learning following the COVID-19 pandemic), but also in many other aspects of life.

Key Findings

Qualitative Data

Digital access is nearly essential for finding and securing employment, housing, services, and support. Services often assume everyone has a smartphone and an email address, but many do not. Even for those with digital access, a lack of digital literacy and trust in digital interactions can be barriers to accessing services. Many community members do not engage, or are not aware of, digital tools that can offer support with key health and wellbeing challenges.

"You all have...there are resources we don't know about...things like English classes, workshops, computer classes... we can learn about these things and take them back with us [to Mexico]."
- Farmworker, St. Helena

"It's not just digital, but numeracy literacy, health literacy, and actual reading and writing. Some can't understand why I'm giving them a medicine to take in their mouth when it's their ear that's hurting."
– Primary Care Physician, Napa

"You want connections to feel normal but the only trans community I've had is online."
- Transgender adult, Napa

Quantitative Data

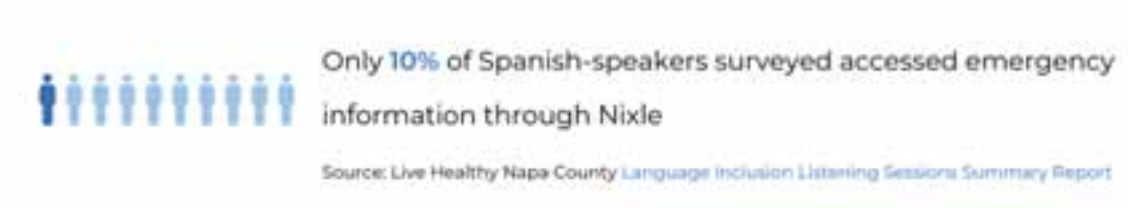
In Napa County, 85.2% of residents have at least a high school education, compared to 84.2% of Californians overall (American Community Survey, 2021 5-year estimates). Disparities in educational outcomes are evident among younger students, such as differences in English Language Arts proficiency in the 3rd grade (Figure 38).

Figure 38.

[16] https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors/education/high-school-completion?year=2023

Literacy and health are interconnected. Limited literacy is a barrier to health knowledge access, proper medication use, and utilization of preventive services. Individuals with limited literacy, including those who are not proficient in the dominant language, face additional difficulties following medication instructions, communicating with health care providers, and accessing information from a variety of resources, including important information communicated during an emergency.[17] In a community survey conducted by Live Healthy Napa County, only 10% of Spanish-speakers surveyed (Figure 39) accessed information through the County's emergency notification system (formerly Nixle).

Figure 39.



Digital access and digital literacy are also increasingly important today. Applications for employment are often done online and require an email address, and some medical visits may require online registration. The digital divide can be especially significant for older adults and those that with low incomes. In Napa County, just over 8% of households do not have a broadband internet subscription (Figure 40).

Figure 40.

[17] Language and Literacy - Healthy People 2030 | health.gov

SIGNIFICANT HEALTH NEEDS

Review of Primary and Secondary Data

After a careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by interview participants through a weighted ranking process and by community members through discussion and theming of the data. Additionally, needs were identified after review of the qualitative data.

The Live Healthy Napa County partners and Providence Queen of the Valley Medical Center Community Benefit Committee reviewed the quantitative and qualitative data collected for each of the following community health-related needs:

- Racial Equity and LGBTQIA+ Inclusion
- Housing
- Behavioral Health
- Economic Stability
- Food Access
- Childcare
- Language Access
- Transportation
- Education/Digital Inclusion

Identification and Prioritization of Significant Health Needs

Providence Queen of the Valley Medical Center and Napa County Health and Human Services held a hybrid prioritization meeting in August 2023. Meeting participants included staff from both organizations, members of the Providence Queen of the Valley Medical Center Community Resource Committee, and Live Healthy Napa County partners. In-person meeting participants reviewed the qualitative and quantitative through a data walk. Posters describing each health theme were placed throughout the room and table groups spent time reviewing each data theme, reading quotes out loud and processing the information together. For each health theme, participants recorded information about current programs, projects or organizations working in that area. Additionally, participants used "How Might We" statements to reframe their insights into opportunities. This feedback, organized by health theme, will be used to design the Community Health Improvement Plan.

Participants attending the meeting via video conferencing reviewed qualitative and qualitative data with two meeting facilitators, providing identical opportunities to provide feedback on current initiatives and opportunities across each health theme.

Participants were asked to consider the following criteria when reviewing and prioritizing health themes:

- Magnitude or severity of the problem: *How many community members does this issue impact? How severe are the outcomes?*

- Ability to have an impact: *What is our community's capacity and willingness to act on this issue? Are there existing prevention activities we can build on?*
- Alignment with existing priorities, including an equity lens: *Consider your organization's mission and values and our collective commitment to health equity. Does this theme align?*

After reviewing data, and engaging in table group and large group discussion, meeting participants, both in person and remote, used dot voting to select their top three priority needs.

2023 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process listed in rank order:

HOUSING

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially difficult situation for people with low incomes. Cost of living is very high, and many workers are not paid a living wage. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

BEHAVIORAL HEALTH

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to under-estimate the harm done.

ACCESS TO HEALTH SERVICES

Participants named cost and difficulty navigating complex systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern around lack of access to health insurance for mixed status families (families with a variety of documentation statuses, including undocumented status) as well as people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally.

RACIAL EQUITY & LGBTQIA+ INCLUSION

Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal

interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about "doing it wrong."

ECONOMIC STABILITY

Many participants spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and also fear for their own financial future.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include Napa County HHSA, Adventist Health St. Helena Hospital, Federally Qualified Health Center – CommuniCare+OLE, Providence Queen of the Valley Medical Center and Kaiser Medical Clinic. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 3.

See Appendix 3 for a full list of resources potentially available to address the significant health needs

Addressing Identified Needs

The Community Health Improvement Plan developed for the Napa County service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in two Community Health Improvement Plans (CHIP). One CHIP, describing how Napa County Health and Human Services Agency and one CHIP describing how Providence Queen of the Valley Medical Center plan to address the prioritized health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions that Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center intend to take, but also the anticipated impact of these actions and the resources the County and hospital plan to commit to address the health needs.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaborations between Napa County Health and Human Services Agency, Providence Queen of the Valley Medical Center, and community-based organizations in addressing the prioritized health needs.

2023 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the Community Benefit Committee[18] of the hospital on November 16, 2023. The final report was made widely available by December 28, 2023.

Terry Wooten 11/15/2023

Terry Wooten Date
Queen of the Valley Medical Center Chief Executive, Napa County
Providence

Greg Bennett 11/17/2023

Greg Bennet Date
Chair, Queen of the Valley Medical Center Community Benefit Committee
Providence

11/21/2023

Kenya Beckmann Date
Chief Philanthropy and Health Equity Officer, South Division
Providence

Christine Wu 11/17/2023

Christine Wu, MD MPH Date
Public Health Director and Health Officer
Deputy Director Napa County Health & Human Services Agency- Public Health

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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

[18] **See Appendix 4: Providence QVMC Community Benefit Committee Community Health Needs Assessment Committee**

APPENDICES

Appendix 1: Quantitative Data

Indicator	Broader Service Area	High Need Service Area	Napa County
Percent of Population Below 200% Federal Poverty Level **Source: 2021 American Community Survey, 5-Year Estimate**	14.6%	28.0%	20.1%
Percent of Population Age 25+ With A High School Diploma **Source: 2021 American Community Survey, 5-Year Estimate**	92.4%	79.5%	85.2%
Percent of Renter Households with Severe Housing Cost Burden **Source: 2021 American Community Survey, 5-Year Estimate**	25.4%	24.2%	24.6%
Percent of Population Age 16+ Who Are Unemployed **Source: 2021 American Community Survey, 5-Year Estimate**	4.8%	5.2%	4.9%
Percent of Population Age 5+ Who Do Not Speak English Very Well **Source: 2021 American Community Survey, 5-Year Estimate**	2.0%	6.5%	5.2%
Percent of Households Receiving SNAP Benefits **Source: 2021 American Community Survey, 5-Year Estimate**	1.9%	7.3%	4.3%

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. Clinicians in HPSAs are working in areas with fewer resources, higher patient loads, and challenges with recruitment and retention. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Although Napa County is not designated as an HPSA for primary care, dental health, or mental health, large portions of the service area to the North are designated as shortage areas. A Federally Qualified Health Center, Communicare + OLE, is within Napa County and is a designated as a HPSA facility for primary care, dental care, and mental health. Most of the geography to the north of Napa County is considered a mental health HPSA (Figure 42).

Figure 42.

There is an area in northeast Napa County that is "proposed for withdrawal" as a primary care HPSA, meaning the area no longer meets the criteria necessary to be designated a shortage area. This is the area that is shaded on the map (Figure 43).

Figure 43.

MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Funds to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary. A large portion of Napa County has a designated Medically Underserved

Population, people with low incomes. The following map depicts the MUPs within a 30 mile radius from Napa County (Figure 44).

Figure 44.

Appendix 2: Community Input

METHODOLOGY

Participants

The hospital completed 15 listening sessions that included a total of 112 participants. The sessions took place between March and May 2023.

Table 1_Apx 2: Community Input

Community Input Type	Population	Community Partner	Location	Date	Language
Listening Session	Youth	UpValley Family Centers	Calistoga, CA	3/24/2023	English
Listening Session	Unhoused; Accessing Napa County Mental Health Services	Innovations Services Community Center	Napa, CA	3/28/2023	English
Listening Session	Parents	Napa County HHSA	Napa, CA	3/29/2023	English
Listening Session	Youth	VOICES	Napa, CA	3/29/2023	English
Listening Session	Foster Youth	VOICES	Napa, CA	3/30/2023	English
Listening Session	Caregivers; Public Sector Staff	Providence QVMC; Napa County HHSA	Napa, CA	4/3/2023	English
Listening Session	Public Sector Staff	Napa County HHSA	Napa, CA	4/3/2023	English
Listening Session	LGBTQIA+ Adults and Older Adults	LGTBQ Connection	Napa, CA	4/4/2023	English
Listening Session	Older Adults	Puertas Abiertas	Napa, CA	4/5/2023	Spanish
Listening Session	Youth	Napa County HHSA	American Canyon, CA	4/10/2023	English
Listening Session	General Adults	UpValley Family Centers	Calistoga, CA	4/13/2023	Spanish
Listening Session	General Adults	FilAm of American Canyon	American Canyon, CA	4/13/2023	English
Listening Session	Agricultural Workers	Napa County Housing Authority	St Helena, CA	4/19/2023	Spanish
Listening Session	General Adults	Napa Valley Community Housing	Napa, CA	4/25/2023	Spanish
Listening Session	Agricultural Workers	Napa County Housing Authority	Calistoga, CA	4/26/2023	Spanish

The CHNA team completed 12 key informant interviews that included a total of 12 participants. The interviews took place between April and May 2023.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives.

Table 2_Apx 2. Key Community Key Informant Participants

Organization	Name	Title	Sector
On The Move	Alissa Abdo	Executive Director	Education
Napa City Council	Liz Alessio	City Councilmember	Elected Official
Community Health Initiative	Jesus Rosas	Director	Health Insurance / Access
COPE Family	Michele Grupe	Executive Director	Family Resource Centers
Mentis	Rob Weiss	Executive Director	Mental Health
UpValley Family Centers	Jenny Ocon	Executive Director	Family Resource Centers
Ole Health/FQHC	Alicia Hardy	CEO	Healthcare Provider
LGBTQIA+ Connection	Solicia Aguilar	Program Director	Education & Social Justice
Puertas Abiertas	Esmeralda Gil	Director	Family Resource Centers
Napa County Board of Supervisors	Joelle Gallagher	District Supervisor	Elected Official
NEWS	Tracy Lamb	Executive Director	Social Services
Suscol Intertribal Council	Charlie Toledo	Executive Director	Native American

In addition to listening sessions and key informant interviews, 7 preliminary data feedback sessions with community leaders to review the initial data from interviews and listening sessions and provide feedback and gap analysis. All community input was collected from March 2023-May 2023.

Table 3_Apx 1. Preliminary Data Feedback Session Participant Organizations

Organization	Sector
CA Grower's Association	Health Insurance / Access
COAD	Emergency Preparedness
Community Resources for Children	Children & Family Service Provider
Napa County Health and Human Services	Government
Napa Farmers' Market	Food Service
NVUSD	Education

121 individuals participated in the CHNA Prioritization Session, representing 48 organizations across several sectors in Napa County. The CHNA Prioritization Session took place in August 2023.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. Providence Queen of the Valley Medical Center and Napa County HHSA gathered community partners to share qualitative and quantitative community data collected; each individual was then asked to select their top health priorities.

Table 4_Apx 2. Napa County CHNA Prioritization Participant Organizations

Organization	Sector
Adobe	Housing
Aldea	Behavioral Health
CANV	Food Access
Center for Volunteer & Nonprofit Leadership	Social Services
City of American Canyon	Government
COAD	Emergency Preparedness
Community Health Initiative	Health Insurance / Access
Community Health Napa Valley	Older Adults
Community Resources for Children	Children & Family Service Provider
Cope Family Center	Family Resource Centers
Disability Services & Legal Center	Social Services
Feeding It Forward	Food Access
First 5 Napa County	Children & Family Service Provider
Future Medical Systems	Consultant
Girls on the Run, Napa & Solano	Youth
HAPI	Older Adults
Innovative Health Solutions	Food Access
Kaiser Permanente	Healthcare Provider
LGBTQIA+ Connection	Education & Social Justice
Mentis	Behavioral Health
Molly's Angels	Social Services
Napa County Bicycle Coalition	Transportation
Napa County HHSA	Government
Napa County Housing and Homelessness	Government
Napa County Library	Government
Napa County Mental Health Board	Behavioral Health
Napa County Office of Education	Education
Napa County Resource Conservation District	Environment
Napa Farmers' Market	Food Service
Napa Parks & Recreation Services	Government
Napa Valley Community Foundation	Community Foundation
Napa Valley Community Housing	Housing
Napa Valley Education Foundation	Education
Napa Valley Vine Trail Coalition	Transportation
NEWS	Social Services
North Bay Regional Center	Social Services
Ole Health	Healthcare
On the Move	Social Services

ParentsCAN	Social Services
Partnership HealthPlan of California	Healthcare, Managed Care
Providence Queen of the Valley	Healthcare Provider
Récolte Energy	Environment
Rianda House	Older Adults
Senior Helpers	Older Adults
Share the Care Napa Valley	Older Adults
Silverado Farming Company	Wine Industry
UC Cooperative Extension Napa County	Environment
UpValley Family Centers	Family Resource Centers

Facilitation Guides

For the community listening sessions, participants were asked:

1. What drives quality of life? What drives quality health and wellbeing?
2. What does "health" mean in relation to lived experience?
3. What support structures and tools do people have? Where are the gaps?
4. What management and self-care tools and practices do people have?
5. What impacts do people recognize – of social determinants on their health/wellbeing?
6. How is equity experienced?

For the key informant interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2023 CHNAs:

- The community served by the key informant's organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

Training

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as “other,” and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions using a merged set of notes. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

Limitations

While key informants and listening sessions participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions.

Some listening sessions were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst’s unique identities and experiences.

FINDINGS FROM COMMUNITY LISTENING SESSIONS

The information below was captured and synthesized by Future Medical Systems. It is a selection of the words and experiences of members of the Napa County community, captured from semi-structured, open-ended interviews conducted between March and May 2023. The quotes included here are the direct words of the participants, representing their perceptions and experiences in their own words. Specific word choices or any potential inaccuracies are their own, and the inclusion of their words does not imply that Napa County or Providence agrees or endorses these points of view.

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PROCESS SUMMARY

Our goal in Community Listening Sessions was to understand the health needs of Napa County residents. Our qualitative research methods are designed to uncover unmet needs based on personal lived experience We created open-ended discussions using interactive field materials to delve more deeply into themes about health and wellbeing.

UMBRELLA: RACISM, EQUITY & INCLUSION

Recognizing inequity surrounding and affecting all aspects of life

FOUNDATIONS

Identifying the basic foundations for health and wellbeing that affect self, community, and the ability to access "services and systems"

CONNECTORS

Equipping and caring for the unsung heroes who provide essential help for the vulnerable and underserved, both recognized and unrecognized

BARRIERS TO ACCESSING SUPPORT

Recognizing "the not-so-hidden derailers" that prevent community members from finding a balanced, productive, and healthy life pattern.

BRIGHT SPOTS

Illustrating the potential for supporting wellbeing with aspects that are working well today in Napa County.

OTHER HEALTH TOPICS

Key health issues that came primarily from interviews with Key Informants, supported by Community Members

UMBRELLA THEMES

RACISM Insights

- **Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members.**

  “I see the young guys here that can’t speak English and can’t leave [farmworkers' lodgings]...they don’t want to leave their rooms.”- *Farmworker, St. Helena*

  "They were gonna save the hell out of Browns Valley during the fires. Who was going to save our houses?" – *Public Sector staff member, Napa*

  "I hear, 'A smart person wouldn't look like you.'" - *Latino youth, Napa*

"None. There is no representation at all for the Black community [in Napa County]." – *Public Sector staff member, Napa*

"At the core of all of this: our county needs to engage in real, county wide equity conversations." - *Bubble Up participant*

"They (white residents) just don't really come over or hang out with us." - *Older Adult Spanish Speaking Group, Napa*

"Sometimes [I experience racism] from my peers, but that washes over me." - *Black youth transitioning from foster care, Napa*

"There's a total disregard for Black bodies. It's just not feeling safe. For example, people speed up to make you walk faster. I've almost been hit about 100 times." – *Public Sector staff member, Napa*

"[People with] undocumented [status] feel unsafe coming into agencies. We have to gain their trust that we aren't going to call the INS. When I'm helping a mama [they ask me] 'If I go to WIC am I going to get in trouble?'" - *Healthcare staff, Napa*

"Police encounters at school haven't been good. I feel like I'm on the radar with the teachers and principal watching me, how I dress, what I look like, my beanie and hoodie."- *Latino youth, Napa*

"They said I was robbing someone, that I had a gun."- *Black foster youth, Napa*

"[The cops who stopped me in the street said] 'When we see someone with tattoos, we have to check.'" - *Black foster youth, Napa*

EQUITY & INCLUSION Insights

- **Some communities (for example, older adults, youth, LGBTQIA+, BBIPOC) find their needs unmet and their perspective unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about "doing it wrong."**

"Is there respect and inclusion for me personally? No. Like when there's jazz fest and Napa 'gets Black' downtown? Then my racist neighbor who is politically active finds a way to say you can't use the parks downtown for some dumb reason and shuts it down." - *Public Sector staff member, Napa*

"The Day of the Dead celebration just feels trendy." – *Public Sector staff member, Latina, Napa*

"What I think is that we [farmworkers] have incomplete information, improving that would help us." - *Farmworker, St. Helena*

"[Immunocompromised older adults are] a disposable population. People don't care, they are ready to move on [from the COVID-19 pandemic]." - *LGBTQIA+ older adult, Napa*

"I want to not be invisible, both my sexuality and in general." - *Bisexual adult, Napa*

"We decided to hold our [LGBTQIA+ ally group] lunches at the senior center to show them we are not demons." - *Transgender Adult, Napa*

"I'm all fine and great...well, except for the hate speech [about sexuality]." - *Youth, American Canyon*

"Napa is so parochial…. I fear the violence against trans women, and I don't want to be visibly trans." - *Transgender Adult, Napa*

"I did the Lunar New Year event and worked with a volunteer who was Chinese. I felt authentic about that. Not just [being] dressed as a geisha or being silly." – *Public Sector staff member, Napa*

"No one will talk to me about my bisexuality in my housing complex." - *Bisexual Adult, Napa*

"I don't do educational labor, teaching people about Black issues." – *Public Sector staff member, Napa*

FOUNDATIONS

HOUSING Insights

- **Limited housing stock pushes prices so high as to be out of reach for many and creates an especially difficult situation for those with low incomes. Cost of living is very high, and many jobs do not pay a living wage. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.**

  "I grew up here and work serving the community, but I can't afford to live here and recently moved to Solano County." - *Latina, Public Sector staff member*

  "I'm not ready for [my future]. It's so scary looking at the rents online." - *High-schooler, Calistoga*

  "Stuff is expensive. I live day by day. Sometimes I don't eat." - *Parent of young child, Napa*

  "Housing is a challenge. It's expensive." - *Public Sector Staff Member*

  "I love my [subsidized] apartment. I only pay $200 rent. I have a car. I go to groups. I give friends rides. I feel great being clean and sober. I have a full life." - *Consumer of Mental Health Services*

  “Housing is a big concern for me; it feels unattainable especially for older adults. I often ask my husband ’What are we going to do?’” – *Low Income housing resident, Napa*

  "I'm so thankful for my housing support! They paid 5 months, and I was able to get my baby and I out of the shelter, into some childcare, and now I have a job with a little income." - *Parent of young child, Napa*

"I navigate the housing search process, help them find stability in housing, and stability in other areas." - *Public Sector staff member*

"The unhoused are disrespected, and moved to 'the bowl', to the farthest point away as to become invisible." - *Public Sector staff member*

"I was raised that you take care of yourself. I thought food stamps were for bums."
- Parent of young children, Napa

"There is so much NIMBY-ism, a huge community avoidance of issues." - *Public Sector staff member*

"Every year it's a puzzle. Senior housing benefit has to be re-certified every year; it's an inch of paperwork. I give it to the landlord, but they are not numbers people!" – *Older adult, Napa*

"There's multiple families in a 1-2 room apartment. Say a couple are renting a room, they are going to have a baby. Now there's too many people, they have to leave." - *Healthcare staff, Napa*

"People get evicted from their homes after being sick. They'll tell me that their landlord doesn't want them to use their CPAP because it uses more electricity." - *Healthcare staff, Napa*

BEHAVIORAL HEALTH Insights

- **The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to under-estimate the harm done.**

  "My school offers therapy, [but] it's a long waiting list...The whole school *is* the waiting list!" - *High-schoolers, Calistoga*

  "When I see someone not feeling well, I can tell, I see them in their room without talking to anyone. They isolate themselves." - *Farmworker, St. Helena*

  "Spanish-speaking mental health [support] is hard to get in Napa and you have to wait six months if you do. [People tell me] I'll be fine in four months: I need it now." - *Healthcare staff, Napa*

  "[After I was physically abused by my partner] I was supposed to get mental health help but there was no one available. He had loads of services and support though."
  - Parent of young child, St. Helena

  "I get sick often and constantly feel sad. I have a lot of stress." – *Consumer of Mental Health Services*

"[A good day is] getting into my routine, my one meal and remembering to take my meds to quell the voices." -*Consumer of Mental Health Services*

“We used to be more active and involved. We had Lotería, prayer sessions, parties, birthday potlucks... we need it again. The pandemic messed everything up." - *Older Adult Spanish Speaking Group, Napa*

"The challenge is unrecognized mental health issues and unaddressed physical needs. People are self-medicating." - *Healthcare staff, Napa*

"No one ended up an adult with low literacy without other things going on."
- *Public Sector staff member, Napa*

"This group truly care for and are helping each other." - *Consumer of Mental Health Services*

"Everything you've just said, I've felt. I'll give you my phone number and we can talk."- *Transgender adults, Napa*

"It's a little moment that we're going through. We need to sacrifice, prioritize our child right now." - *Parent of young children, addressing her partner's troubles*

"Teenagers are often first responders to a mental health crisis." – *Mental Health Non-Profit staff member*

"I'm crossing my fingers and toes [that the people I refer get help]."
- *Healthcare staff, Napa*

"I take it and take it and take it and take it. There's no outlet for ME."
- *Public Sector staff member, Napa*

"Sometimes I walk around the trails here and I will see young kids, like 10 years old, vaping." - *Calistoga adult*

"There's nothing for people our age to do except BIG TIME drinking and smoking."
- Calistoga *High-schooler*

"There is no healthy amount of alcohol, despite the 'healthy red wine' myth."
- *Primary Care Physician*

"The general public might not know their routine use of a substance may be disordered, even if they have a family and job." – *Primary Care Physician*

"It's hard to have these conversations. People recognize the health consequences of tobacco, although they say it relaxes them. The reality is that their blood pressure is raised. Alcohol is known to disrupt sleep but people use it to help them relax or go to sleep." – *Primary Care Physician*

"Products [referring to vaping] can be contaminated. For example, with vitamin E it can create a lung disorder, and with fentanyl, a teen died. They thought it was cannabis."
- *Primary Care Physician*

FOOD ACCESS Insights

- **Many people are aware of and using food services but rely on them with reservations. People accessing emergency food are concerned about quality and nutrition. Isolated older adults need more assistance to access food. There is the opportunity to redesign food service systems for local, Napa County needs.**

  "We do have food, but the canned food we get has too much salt; it's not good for me." – Older Adult Spanish Speaking Group, Napa

  "But sometimes the food is expired. I don't want to sound ungrateful... There are times I go and get food and I worry about it. They give meat and it is partially frozen, and I don't trust it. - *Senior, Calistoga*

  "I've tried that food, but it doesn't work for me. It's so meat and potatoes, and the other one I can't go to because they don't wear masks." – *Older adult, Napa*

  "I understand this place is for workers, but I don't think the food is healthy at all. One of us is going to drop dead at some point." - *Farmworker, Calistoga*

  "...the food here is not good... I wish someone from the county could look into it. Bad food is making us sick." - *Farmworkers in Calistoga*

  "An unhoused person I know starts each day with 24 ounces of soda." [due to lack of access to any other fuel] – *Primary Care Physician*

  "They don't wear masks [at the food bank], so I won't go." – *Older adult, Napa*

  "We need more information on food resources." – *Adult Spanish-speaker, Napa*

  "How can I get food? I'm a senior with low mobility, so walking down the street and carrying groceries back is not an option for me." - *Older Adult Spanish Speaking* Group*, Napa*

  "We made these systems; we should be able to change them if they need an update."
  - *Food Service staff member*

  "Our food systems need more lens of equity and social justice." - *Food Service staff member*

  "Is that a 'no' because we can't or because that's the way it's 'always' been done?"
  - *Public Sector staff member (referring to emergency food intake forms)*

"The forms to get food eligibility are so long and getting longer. They require ID and proof of housing. We know they live with someone else who is on the water bill, do they really need a bill with their name on it?" - *Bubble up session participant*

"We have to decrease shame, create body positivity, and at same time give healthy choices." – *Primary Care Physician*

HEALTH CARE Insights

- **Participants named cost and difficulty navigating complex systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County.**

  "People get frustrated because they can't keep the same provider and they understand that Medi-Cal Emergency covers ER visits. That's why they go to ER instead of a PCP." - *Healthcare staff, Napa*

  “Medical appointments are given so far out. I’ve considered making a ‘place holder’ appointment each month just in case I need it and cancel if I don’t.” - *Adult Spanish-speaker, Napa*

  "[I want] faster outreach to physicians. Why does it take two, three, four weeks to get [new] medications? They could get a colleague to cover for them." - *Youth transitioning from foster care, Napa*

  "I told my PCP what I'm going through, but I still need to leave the city of Napa to get the services that I need." -*Transgender adult, Napa*

  "My challenges are very healthcare-based because I needed a lot of surgery." - *Transgender adult, Napa*

  “Doctors tell patients to lose weight but don’t always offer tools or resources. Gym memberships are not affordable to everyone.” - *Adult Spanish-speaker, Napa*

  "I used to have to get to Oakland to get to a trans-specific group, but [I'm getting older and] I can't make that drive anymore." - *Transgender adult, Napa*

  "I could have asked at [my clinic] about feminizing hormone treatment but didn't feel comfortable bringing it up." - *Transgender adult, Napa*

  "[I can't see my doctor because] I am poor, a senior, a lesbian, and have chronic health conditions. I am still 100% isolated because of COVID, and invisible." – *Older adult, Napa*

  "Spanish-speaking mental health [support] is hard to get in Napa. And you have to wait six months if you do." – *Healthcare worker, Napa*

"When we go to the clinic the first thing they ask for is insurance, so people have fear. Then they ask you for so much paperwork or proof and it makes us fear going."
- Farmworker, Calistoga

"We had a plan to open a trans clinic…but COVID stopped that." – *Healthcare staff*

"Groceries outweigh getting something bothering you looked at." – *Agriculture Insurance Provider*

"You really, really have to be in crisis to get help now." *- Healthcare staff*

"There's a big gap for individuals with traumatic brain injury; they fall out of safety nets. They are complex and overwhelming, families are not able to care for them, usually leading to homelessness and substance abuse to self-medicate." – *Primary Care Physician*

CONNECTORS

NAVIGATING SYSTEMS Insights

- **It can be difficult for community members to navigate the systems that are designated to help them. There are many people working outside of their job designation to make sure community members can access the resources they need. The inability to share data between agencies is a barrier to timely and comprehensive care. Some community members need assistance to afford healthcare, childcare, housing, or food, but are ineligible due to age or income.**

"They have to have someone like you to explain or it's a heck of a time getting an eligibility waiver" – *Public Sector staff member*

"Case managers are the water and the sunshine. You have to know how the system works." – *Public Sector staff member*

"Navigating the system is hard." [Especially for English as 2nd language and low education level] - *Public Sector staff member*

"My job is to unravel the hoops. I walk through forms with county agencies to help simplify. Professional services used to be 17 pages, now it's 2 pages." – *Public Sector staff member, Napa*

"Services can be hard to find, they are pretty opaque." - *Bubble up participant*

"That we are still 8am-5pm makes it harder rather than easier to access our services offered. ...some screenings have in-person office hours on certain days of the week to see if you are in crisis enough." - *Public Sector staff member*

"I'd like to say how wonderful [name removed] is in the LGBTQIA+ group. She is only supposed to look after me for 3 months and she looked after me for 3 years." - *LGBTQIA+ person, Napa*

"They need more guidance, support and reminders for appointments. If [they need] something our program doesn't provide, I connect someone." - *Healthcare staff*

"One example is to helping them with immigration meetings. I make a plan for them to A, B, then C, and drive them to appoints to be sure they don't get missed. I manage that on my own calendar." - *Public Sector staff member*

"We use complexity and confidentiality as a crutch to not take a hard look. If people are doing invisible work to get our systems to work, then the system is not able to learn and make itself better." - *Bubble up session participant*

"Digital tools for us? No. The knowledge comes from the worker. I seek out those resources." -*Public Sector staff member*

"Our systems are separated by design, for confidentiality and because of specific state rules." - *Public Sector staff member*

"We have youth and senior groups, but there's a donut hole between the two. In your 40s and 50s there's no outreach for LGBTQIA+. - *LGBTQIA+ adult, Napa*

"Someone may make $2,000 over the eligibility requirement for a voucher, but that $2,000 isn't nearly enough to cover the childcare." – *Education Resource Specialist*

"The middle class can't find services. They have too much income to apply for low-income housing or food stamp yet are struggling with rent and food." - *Service Worker, Napa*

SERVICES AND AGENCIES Insights

- **Trust and personal connection are key to creating access to services. It can be difficult for people, especially community members with undocumented status to distinguish between the governmental agencies/services that help them and those that could punish them.**

  "I don't feel safe going to school due to the police." - *Latino/Latine youth, Napa*

  "My parole officer helped me [to find] accommodation. But I wouldn't sit down and talk to him casually." - *20-yr old transitioning out of foster care, Napa*

  "[People with] undocumented [status] feel unsafe coming into agencies. We have to gain their trust that we aren't going to call the INS. When I'm helping a mama [they ask me] 'If I go to WIC am I going to get in trouble?'" - *Healthcare staff*

  "A social worker in Napa connected me to services, and [another social worker] opened all the doors! She understood people like me and told me it's ok to get help. I changed my perspective." - *Parent of young children*

  "Car seat appointments are 30 to 45minutes, that's when I find out what services they need. One gentleman needed a car seat for a 3 year old. After 30 minutes, he got comfortable and told me that he was unhoused, so we were able to rehouse him." - *Healthcare staff*

"People get frustrated with [local clinics] because they can't keep the same provider. It's a revolving door for PCPs." - *Healthcare staff*

"[People living unhoused] usually go to the [medical respite for care], that's why we go there one to two times a week. So they see a face that's familiar. Once they trust the team, they start participating." - *Healthcare staff*

COMMUNITY AND PEER SUPPORT Insights

- **"Community, friends, and family" were highlighted by many people as essential to health and wellbeing. Isolation and loneliness can lead to or worsen health and mental health challenges. Awareness and access to services is often facilitated by finding trusted messengers, or friends and family that can help. Helping someone else is often a great source of mental health support, even when someone is struggling themselves.**

"When I think of health and wellbeing, I see help, I think of my mother and father-in-law. It makes me feel great. I see hand-in-hand, I'm with you, I help you." - *Parent of young child, Napa*

“We used to have gatherings and it all ended when the pandemic started. I wish we could have more of these. I love being happy and I'm happy when I'm surrounded by everyone." - *Older Adult Spanish Speaking Group, Napa*

"Health and wellbeing? It's all about love for one another." -*Youth, American Canyon*

"I have Medicare because of my daughter [translating and filling out forms]." - *Older Adult Spanish Speaking Group, Napa*

"Some days I don't want to get up. I get stuck sitting at home: it's not a good mental space. I need to connect to more people!” - *Consumer of Mental Health Services*

"We are isolated up there. You grow up alone until you find a friend." – *Youth, Calistoga*

"The internet is huge, but it's very isolating as well. You want connections to feel normal but the only trans community I've had is online. [I need to] see and have access to other trans people." - *LGBTQIA+ Adult, Napa*

"I learned about [resources] through a meet-up group" – *Parent of young child, Napa*

"There was a [LGBTQIA+] group to connect with like-minded people. They had a lawyer who helped with changing my identity, they made it easy in just one day." - *LGBTQIA+ Adult, Napa*

“Wellbeing to me includes my plants; maintaining them and taking care of them keeps me busy and my mind active... helping others is important to my wellbeing” - *Adult, Calistoga*

"I love volunteering with older adults. They would love a prom! I want to talk to someone in the city to organize it." – *Consumer of Mental Health Services*

"I'm a good listener, I'm good at giving advice. It feels good because I put my problems on one side. I want to be that support." - *20yr old transitioning from the foster care system*

"My bright spot? Helping my friend who is having a hard time." – *Consumer of Mental Health Services*

BARRIERS TO ACCESSING SUPPORT

TRANSPORTATION Insights

- **Transportation is essential and navigating the public transportation system can take up a disproportionately large amount of time and energy. Inconsistent transportation options contribute to instability in employment and income, which impacts housing, food, and access to services. Those who most need to take the bus, often can't afford to take the bus.**

"It's a non-issue with getting to work or school: anything I need to do, I have a car."
- *Youth, American Canyon*

"[We need] English classes and help with transportation. I see the young guys here that can't speak English and can't leave." - *Farmworker, Calistoga*

"If I miss the bus, I have to walk so am either late or can't go. In coming here today, the bus was late so I started walking, then sadly the bus passed by me 10 minutes later. So now I'm here 45 min late and drenched from the rain." - *Consumer of Mental Health Services*

"After school transportation is a particularly high need." – *Education Resource Specialist*

"To get transportation help, you have to contact NVTA, fill out a form, and attend a screening interview." [You have to prove that you really need it.] - *Adult, Calistoga*

"What I wish for most? A bus pass!" - *Foster youth, Napa*

"If I run out of money before the end of the month, I don't have enough to take the bus to work. "It's $7 to get to [neighboring county], one-way!"- *Foster youth, Napa*

*"*That [paratransit service] sounds good but what if I'd like to also go to a grocery store or do other obligations in Napa? I can only go to my appointments and come right back. It is hard to go into town [Napa] otherwise." - *Adult, Calistoga*

"How can I get food? I'm a senior with low mobility, so walking down the street and carrying groceries back is not an option for me." - *Older Adult Spanish Speaking Group, Napa*

"The little bridge is out, so now it's too far to walk around the block to get to the senior center."- *Older Adult Spanish Speaking Group, Napa*

"With respect to health, we don't even know how to get to medical services."
- *Farmworker, St. Helena*

"It's hard to get anywhere on time." - *Consumer of Mental Health Services*

“Public transportation doesn’t always have routes to where I need to go. Also, the bus signs can be confusing.” – *Low Income housing resident, Napa*

"The bus was late, so I missed my doctor appointment, so they tried to get me in later, and I missed the bus home. This small errand took the whole day." - *Older Adult Spanish Speaking Group, Napa*

CHILDCARE Insights

- **Gaps or lack of childcare can create instability, impacting employment, money, and mental health. These outcomes are disproportionately felt by women. There is a need for more flexible childcare options, that allow for jobs that operate during morning and evening hours. Many parents rely on friends, families, and neighbors to provide childcare. There is a shortage of "licensed slots" for childcare and known system bottlenecks to creating them.**

  "My challenge is money and childcare." - *single mom of young child, Napa*

  "If my kid's the tiniest bit sick, or it's Friday, a random Monday or a holiday, or I'm running late, what then?" - *single mom of young child, Napa*

  "My instructor wouldn't allow me class with a child on my lap. The daycare wasn't open, so I had to bring him with me." *-single mom of young child, St. Helena*

  "I am so isolated living in St. Helena. We are on our own for everything." - *single mom of young child, St. Helena*

  "The flexibility with my Uber-driving is the best job I can get for the times of [childcare provider]. I can't keep the regular schedule needed for anything that pays more, and I need to make about $200 per day to survive." - *single mom of young child, Napa*

  "Mondays to Thursdays, 8:30 to 4:30 doesn't cover an 8am to 5pm job, or any job I can get." - *single mom of young child, Napa*

  "Families need two jobs to survive, so don't see each other: one works in day, one works at night to cover childcare." – *Education Resource Specialist*

  "Many available jobs in hospitality and farming require non-traditional working hours not covered by childcare." - *Education Resource Specialist*

  "Childcare is so strict. I've given up on getting a job and am doing classes instead." *-single mom of young child, Napa*

  "We have a program for abuelas and those already providing care without pay to become licensed. Then they can qualify for funding and paid for their work." - *Education Resource Specialist*

"The only option for me is [childcare provider] in Napa, even though I live in St. Helena, so I drive down four days per week. It's a really long way and takes a lot of my time." - *single mom of young child, St. Helena*

"Just one in ten children are covered by available licensed slots, all the rest is from the help of friends, family, and neighbors." - *Education Resource Specialist*

"In Mali, the community raises the kids. All the aunties come around. Ain't nobody got time for us here." -*Immigrant parent of young children, Napa*

"The [Children and Family Service Provider] is really nice, but they don't have a spot. They are full." - *single mom of young child, Napa*

"$9 million is earmarked only for USING slots, not creating them." - *Education Resource Specialist*

"The worst shortage is for infants." - *Education Resource Specialist*

"Two years ago we had vouchers for 180 kids, now we have 550. But the slots are not available. The bottleneck is childcare providers." - *Education Resource Specialist*

"We have a program with an $8,000 stipend to help someone get licensed and set up a childcare center, but can't use it." - *Education Resource Specialist*

LANGUAGE ACCESS Insights

- **In some cases, access to support and help is reliant on English competency, spoken and written. Reaching out to vulnerable populations and building trust is best done in-person with same-language and same-cultural communication. Languages such as Mixteco (and other Indigenous languages), Chinese, Tagalog, Vietnamese, and Native American languages are not widely represented in Napa civic life.**

  "For ESL [classes] the intake was four to eight pages, 100% in English! That's weird right? Why is this in the language you know they don't speak?" - *Public Sector staff member, Napa*

  “We need English classes to help educate us on how to navigate to get what we need.” - *Farmworker, Calistoga*

  "I have access to medicine and Medi-Cal because I have my daughter who supports me... but what about others that don’t have someone like her?" - *Adult in Calistoga*

  "Insurance materials are not in Spanish. I did the translation for the insurance company. I am listed as the contact for the insurance company, even though I don't work for the insurance company. They just can't serve this population."
  - *Emergency Preparedness non-profit staff member*

“We need more opportunities to know what help is out there so we are not scared.” - *Farmworker, St. Helena*

"[The unhoused] usually go to the [medical respite for care]. That's why we go there one to two times a week. So they see a face that's familiar. Once they trust the team, they start participating." – *Healthcare staff, Napa*

"A long time ago police officers came and talked to us about not being afraid of them and that they were here to help us. That made me feel good." - *Farmworker, St. Helena*

"The [mental health provider] waiting list is four months - Spanish-speaking mental health [support] is hard to get in Napa." - *Healthcare staff, Napa*

“Beyond language, you need to have cultural competence. I’ve had patients say, ’ask my eldest son’ about their care decisions. Sometimes this is outside of my constructs of ethics as a provider.” - *Primary care physician, Napa*

"We have one client that doesn't speak English or Spanish." – *Healthcare staff, Napa*

"There is a beautiful community of sharing resources and info amongst undocumented." - *Bubble Up Participant*

"There is a gap in knowledge: where, when to go, ’what should we be doing? Where should we start?’ Adults come in wanting the best for their kids, but don't know where to begin.” - *Bubble Up Participant*

DIGITAL LITERACY Insights

- **Digital access is nearly essential for finding and securing employment, housing, services, and support. Services often assume everyone has a smart phone and an email, but many do not. Even for those with digital access, a lack of digital literacy and trust in digital interactions can be barriers to accessing services. Many community members do not engage, or are not aware, of digital tools that can offer support with key health and wellbeing challenges.**

  "You all have...there are resources we don’t know about...things like English classes, workshops, computer classes... we can learn about these things and take them back with us [to Mexico]." - *Farmworker, St. Helena*

  "It's not just digital, but numeracy literacy, health literacy, and actual reading and writing. Some can't understand why I'm giving them a medicine to take in their mouth when it's their ear that's hurting." – *Primary Care Physician, Napa*

  “There is the barrier of accessing the [transportation] website but also the barrier of language...understanding how to navigate the systems is hard.” - *Adult, Low Income housing resident, Napa*

[About online Ear, Nose and Throat care] "What? Are you gonna look at my ear through the phone?" - *Public Sector staff member*

“I don’t really use my phone other than calling people or sending texts; maybe I’ll play a few games and watch [videos] but that is it.” - *Adult, Calistoga*

"I'm part of vulnerable groups: I'm a senior, I'm LGBTQIA+, immunocompromised, poor, I have no contact with people." – *LGBTQIA+ older adult, Napa*

"You want connections to feel normal but the only trans community I've had is online." - *Transgender adult, Napa*

EMPLOYMENT OPPORTUNITY Insights

- **A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community cannot afford to live here. Young people are highly aware of the financial stress of their families, and also fear for their own financial future.**

  “The cost of living goes up, but salaries stay the same.” – *Low Income housing resident, Napa*

  "Health and wellbeing? I always mention something economic. Those who work with certain wineries have insurance, but for those who don’t, what we make isn’t enough." -*Farmworker, Calistoga*

  "They need 1.5 jobs to be financially stable, but then we give them a class to take for their addiction, so then they can't work because they need to take the class." - *Public Sector staff member, Napa*

  “[I want] the bosses to take action about all the chemicals they put in the vineyards, they know that it affects us. They know that we have to breath that in and yet ... they don’t give us things to prevent from us getting sick.” - *Farmworker, Calistoga*

  "Costs in general are disgusting here." – *Healthcare staff, Napa*

  "I grew up here and work serving the community, but I can't afford to live here and recently moved to Solano County." - *Latina, Public Sector staff member*

  "We moved here because my parents were struggling financially, but it's even worse here. Since the pandemic my mom has lost five jobs, each paying less than the last." -*Youth, Napa*

  "I can see and hear my parents; I see their effort [to get by]. Yes, there's jobs, the boutique, restaurants, wineries, [but] it's so scary looking at the rents online. I've envisioned myself leaving for a long time." - *youth, Calistoga*

  "[I feel anxious] when I think about my future, about money." - *youth, Calistoga*

BRIGHT SPOTS

NATURE, ANIMALS, & THE OUTDOORS Insights

- **People very often identify the natural environment as the most positive contributor to their health and wellbeing. Pets and access to animals provide a valued source of reflection and calm. Napa County provides access to many simple experiences that are greatly valued in the community.**

  “I enjoy going on walks and appreciating nature and beautiful creations. Exploring the outdoors is de-stressing to me.” - *Adult Spanish-speaker, Napa*

  "Nature is a good de-stressor - I try to surround myself with animals." -*youth, Calistoga*

  "What helps my wellbeing? Nature! What a beautiful gift we have!" *parent of young children, Napa*

  "I have to be the tree and stay grounded." - *Consumer of Mental Health Services*

  "My little dog is important because I can always distract my mind from other things when I go on a walk. When I feel sad, or depressed, just spending time with him makes me forget about my worries." - *Adult, Calistoga*

  "I really, really like animals. They are very calming to be around.” - *youth, Calistoga*

  "[Cats] wait for you and love you unconditionally.” - *Consumer of Mental Health Services*

  “The first thing I tend to in the morning is my dog. Pets are therapeutic.” - *Adult, Low Income housing resident, Napa*

  "I love to ride a bike to Kennedy Park with my grandkids." - *Consumer of Mental Health Services*

  "Seeing the birds fly as a group bring me so much joy. I drop what I am doing to see them, I call them ‘my friends.’ I go out to see my friends flying together as a group."
  - *Older Adult Spanish Speaking Group, Napa*

  “There are spaces here [for recreation] but we just need the resources.” - *Farmworker, St. Helena*

“ALL OF THE GREAT SERVICES” Insights

- **Napa is perceived by many to have a broad and high-quality public service provision. For crises and the most in need, services are reportedly readily available, especially in the city of Napa. Collaboration and strong connections between services and individual care providers and staff is a strong bright spot.**

  "All the beautiful help we have... the state came through for us. School, pre-school, an affordable apartment. I was amazed!”- *parent of young children, Napa*

"I love all the services in Napa County. You don't get that in a [neighboring county]!" - *parent of young child, Napa*

"Napa has really helped me with getting services, getting housing. My mental health has improved since coming [from a neighboring city] because of all the services."
- parent of young child, Napa

"The county is a strength... they helped a lot during the pandemic...helping us with the housing and putting us in the hotels....[the county] even helped us when the fires were happening." - *Farmworkers, St. Helena*

"It's easy to deal with [access to therapists]. Call them and they set you up!"
- Consumer of Mental Health Services

"It's not hard at all to get a therapist, it takes a couple of weeks."
- Consumer of Mental Health Services

"A [positive] is our collaboration within divisions [within HHSA]. It takes a lot of collaboration to share the info we come up with." – *Public Sector staff member"*

"We couldn't do our work here without our community partners." *-Public Sector staff member*

"The [disaster preparedness response organization] is a great example!" - Bubble Up participant

OTHER HEALTH TOPICS

OBESITY AND RELATED CHRONIC DISEASE

Obesity was named by healthcare workers as a widespread health issue, compounded by difficulty accessing fitness and nutrition resources, community culture that centers on food and alcohol, and interventions that often lead with shaming obese bodies.

COVID PANDEMIC

Many participants spoke about the long impact of COVID-19. Some older adults feel unsafe accessing medical and dental care now that mask mandates have been lifted. Others are still feeling the financial impact from jobs lost during the pandemic. Post lock-down, some valued services and activities that supported health and wellbeing have still not returned. The emotional toll and other impacts of the pandemic remain with many. Questions remain about current COVID protocols, and what happens next.

DENTAL CARE

Timely access to dental care is a concern for healthcare providers who see patients entering same day care and emergency facilitates with oral health issues that could have been avoided by preventative care. Barriers to dental care include cost and long wait times, with one participant describing a 2 month wait for an appointment for a broken tooth. Physicians see embedded care, where oral health is a part of preventative services, and family education as key factors in improving oral health in our community.

FINDINGS FROM KEY INFORMANT INTERVIEWS

Community Strengths

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

A Strong Sense of Community Where People Care for One Another

Key informants shared there is a strong sense of community in Napa County, with people committed to giving back and helping one another. Community members who experience challenges, like domestic violence, share their experiences and support with others. People are willing to help their neighbor and share information about helpful resources and services available.

This strength can be leveraged by creating more opportunities for people to be civically engaged and give their voices and opinions to improve the community through neighborhood meetings. By ensuring language access, these opportunities can be inclusive of community members often not heard.

Community Members are Resilient, Seeking Better Lives for their Families

Key informants spoke frequently to the resilience of the community members they serve. One shared "Our clients amaze me with their ability to be resilient." People have experienced a variety of challenges, including fires, a pandemic, violence, and more and yet they are still hopeful and want to improve their lives.

With resilience comes the desire to move forward and improve one's own life and the lives of their children. Community members seek out resources, ask questions, and take advantage of services.

Many Organizations Serve the Community and Collaborate

Most key informants spoke to Napa County being relatively well resourced with a variety of governmental and community-based organizations working together to support the community. Most organizations are striving to address complex needs and challenges through strong partnerships. Representatives from local organizations know one another and have trust built up over years that supports effective collaboration. Staff members are part of the community they serve, which builds trust between organizations and the community.

To leverage this strength, key informants suggested continuing to build upon the trusted relationships that exist by developing partnerships between organizations where there is already trust and newer organizations. Plus, they noted the importance of referring to one another's programs. Additionally, there is a need to continue strengthening services that are culturally responsive and linguistically appropriate and focusing on building up those programs on a larger scale to improve equity.

Organizations can also work together to apply for grants and leverage shared funding streams. Organizations can work together to message the value of the existing programs to decision makers who distribute funds. This may involve sharing data and evaluating programs together. Also, organizations should look to include the voices of community members when developing programs and collaborating.

High Priority Unmet Health-Related Needs

Key informants were asked to identify their top five health-related needs in the community. Three needs were prioritized by most key informants and with high priority. Three additional needs were categorized as medium priority. Key informants were most concerned about the following health-related needs:

1. Homelessness and housing instability
2. Economic insecurity, including affordable childcare
3. Behavioral health challenges and access to care (mental health and substance use/misuse)

Homelessness and housing instability

Most key informants spoke to the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing. Key informants shared that even families with two incomes may have difficulty affording rent, meaning they are unstably housed and consistently concerned about eviction if they cannot afford to make rent.

Housing quality is also an issue, with families living in poor housing conditions and over-crowded homes.

Workforce housing is of particular need for workers of a variety of income levels, particularly those that work in agriculture and hospitality. These families may have to move outside of Napa for more affordable housing but commute into Napa for their work. Options to buy or rent housing for workers locally would be beneficial.

While accessing safe, affordable housing is difficult for many people in Napa County, key informants spoke to the following populations:

- Transitional-age youth (TAY): There is a need for more long-lasting support for TAY, particularly learning how to navigate the different systems and access stable housing.
- People with behavioral health challenges: People with behavioral health challenges experience housing instability and may need supportive services to remain stably housed.
- Survivors of domestic violence: Survivors of domestic violence may be at risk of homelessness when leaving an unsafe situation, meaning having safe and stable shelter is important.
- Older adults: Supportive services to help older adults age safely at home is important.

Key informants spoke to a need for more civic engagement to change policies around housing to make it more affordable and to educate people on their housing rights. There is a lack of organizations that have the capacity to educate individuals, particularly in Spanish, on their rights as tenants. Additionally, there needs to be equitable housing practices for Indigenous People of the U.S. living in Napa County.

Economic insecurity, including affordable childcare

Key informants overwhelmingly spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, with little left over for savings. Families are forced to make spending tradeoffs, choosing to pay rent or purchase food for their families. Families with one income, including single parents, cannot afford to live in Napa.

Many families are still dealing with the financial effects of the pandemic. Some took on debt to pay their rent and many do not have savings. Particularly for mixed-status families, or those with a combination of documentation statuses including undocumented status, they were not able to access benefits during the pandemic, causing additional financial strain.

Many workers live far from where they work, spending additional time and resources on commuting, speaking to the need for workforce housing in Napa County. Pay is often low for people working in the hospitality and agricultural industry, but cost of living is high.

Key informants spoke to the following populations as experiencing economic insecurity:

- Workers in the hospitality and agricultural industries: With low pay and high cost of living, these workers are often experiencing housing instability, food insecurity, and more.
- Older adults, particularly those without support systems: Older adults, particularly those without support systems or those that speak Spanish only, may not have the support to identify resources to help them meet their financial needs.
- Survivors of domestic violence: Survivors of domestic violence may be isolated and not had to access resources, like food and childcare, in the past. They may need support to build skills to meet their basic needs.
- Transitional-age youth (TAY): TAY do not receive long-term support navigating systems and may need support becoming financially independent and stable.

Key informants discussed **affordable childcare** as an important component of economic security. In Napa County, there is a general lack of quality childcare providers, making it very difficult for parents to find affordable childcare. Key informants noted this is a basic need for families, without which parents cannot work. Having affordable childcare options is especially crucial for single parents, including those leaving a domestic violence situation, to ensure they can support their families.

Behavioral health challenges and access to care (mental health and substance use/misuse)

Key informants spoke to difficulties accessing timely mental health and substance use/misuse services. There are generally long wait lists for mental health services, meaning people wait months to get off a waiting list. Additionally, insurance can be a barrier to accessing care, particularly County resources if people do not have insurance or do not have an accepted insurance.

There is also an increase in mental health challenges and substance use/misuse, meaning more people are seeking services. Key informants were concerned about an increase in fentanyl use and related overdoses.

Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services. To help triage the appropriate level of care for individuals seeking support, behavioral health coaches can help fill the gap of licensed therapists and other professionals.

Key informants spoke to a strong need for the following behavioral health services:

- More behavioral health providers in general to meet the growing need
- More bilingual and bicultural providers to serve the Spanish speaking community and communities that speak other languages
- Substance use disorder (SUD) recovery programs that include supports for parents with children

Key informants were particularly concerned about the following populations:

- Young people: Key informants shared concern for youth mental health, particularly due to negative social media influences, and youth suicide rates.
- Spanish-speaking community members: There are a lack of culturally responsive mental health services for Spanish-speaking families. There is also stigma in the Latino/a community related to

accessing mental health services, although key informants noted they are seeing people seek help because they are desperate for support.
- Older adults: Social isolation and a lack of belonging were major concerns for older adults. Key informants noted a need for more cultural activities and events, particularly for Latino/a adults. Social isolation was worsened by the pandemic.
- Survivors of domestic violence: There is a need to ensure survivors of domestic violence receive support to address the long-term trauma and instability of domestic violence.

While some people are seeking behavioral health services, there are also families doing their best to address their immediate and basic needs, like feeding their families. These people may not have the time, capacity, or resources to reach out for help.
The COVID-19 pandemic exacerbated many behavioral health challenges as people lacked social connection and experienced more stress, isolation, and economic insecurity. Key informants shared that people are "desperate for help" to address their traumas and challenges. They see the mental health needs of young people and older adults as particularly amplified in the pandemic. Key informants shared they are seeing more behavioral issues with children and more developmental support needs.
Positively, the pandemic helped people understand that mental health challenges affect everyone, and everyone can seek support.

Medium Priority Unmet Health-Related Needs

Two additional needs were often prioritized by key informants:

4. Access to health care services, including transportation and language access
5. Equity and inclusion

Access to health care services, including transportation and language access
Key informants shared that accessing health care services can be difficult for many people for a variety of reasons. The health care system is confusing and difficult to navigate, meaning there is a need for more case management services to help people navigate the complexity.
There is a lack of access to specialists in particular, with people often traveling outside of Napa for those services, which can be burdensome because of the cost and time required. Specifically, more prenatal services are needed.

Transportation to care can be difficult for people seeking specialty care outside of Napa. It is also a barrier for older adults who may have difficulty using public transportation.

Language access is a specific challenge. There is a need for more bilingual and bicultural providers to provide culturally responsive care in Spanish.
Systemic barriers were also noted as preventing people from being able to access appropriate care. Specifically, medical reimbursement models make it difficult to prevent problems. For example, patients may need dry shoes and socks, which is not reimbursable, although foot amputation for the effects of not having dry socks and shoes can be reimbursed. Key informants spoke to needing to prevent people from needing emergency care or hospital services by investing as a community in providing some of the basics that keep people healthy. Documentation status can also be a barrier to accessing health insurance, preventing some people from being able to afford needed care.

Key informants spoke to the additional barriers to timely and responsive care for the following populations:

- The LGBTQIA+ population: Key informants spoke to a need for gender affirming care in the community, as well as providers that are responsive and knowledgeable in caring for this community. LGBTQIA+ patients may not feel safe or seen seeking the care they need.
- People with undocumented status of mixed-status families: Mixed-status families, or those with a variety of documentation statuses, may not qualify for health insurance or feel safe seeking insurance.
- Older adults: There is a need for more care for older adults, particularly related to dementia and Alzheimer's care.
- Survivors of domestic violence: Survivors of domestic violence may not have had access to medical services and will need to re-engage in services.

Key informants spoke to patients delaying preventive care during the height of the pandemic, leading to significantly worse health and unmanaged chronic conditions.

Equity and inclusion

Key informants shared the community needs to continue to invest in efforts to improve equity for all people living in Napa County, particularly for the following groups:

- The LGBTQIA+ population: Key informants spoke to a need to address discrimination and bullying that LGBTQIA+ identifying individuals experience. Young people experience bullying in school for their identity and people may not use the correct pronouns or name. Key informants spoke to the importance of addressing bullying of trans and LGBTQIA+ young people, ensuring their safety. Individuals experience biases and discrimination within health care and lack access to gender-affirming and inclusive care. They spoke to LGBTQIA+ people experiencing fear in their everyday lives that needs to be addressed.
- Indigenous Peoples of the U.S.: Racism and a lack of inclusion and respect affects Indigenous Peoples of the U.S. in Napa County. Young people may experience bullying for their culture and racial identity.
- Spanish-speaking community: Key informants spoke to the strong need for more services provided by bilingual and bicultural providers to serve the Spanish-speaking community in a culturally responsive way. This is inclusive of health care services, behavioral health services, and social services.

To improve understanding of other cultures and promote inclusion, key informants spoke to the importance of having events that celebrate cultures and bring people together.

FINDINGS FROM CAREGIVER LISTENING SESSIONS

Community Strengths

Caregivers identified the following community strengths:

People Care for One Another

Caregivers shared they consistently see community members taking care of one another and investing in one another. Families support one another through financial challenges and people share resources by word-of-mouth. People trust one another and go to each other for support in difficult times.

Many Organizations Serve the Community and Collaborate

Caregivers overwhelmingly spoke to the many great community resources that support their clients. There is connectivity and collaboration between organizations to help ensure people have access to the support they need. They spoke to many organizations having strong relationships and trust with the community, including the CARE Network.

There are quite a few health care providers in Napa County that work to provide quality care to clients. There are also affordable housing sites that are working to help people afford to stay in the community. To leverage these resources, caregivers suggested having a central guide or booklet outlining the many resources, co-locating services, and providing information in the community, like at churches and community centers. They also suggested hosting town halls in English and Spanish to engage with the community and share about the efforts happening.

High Priority Unmet Health-Related Needs

Caregivers were asked to identify their top five health-related needs in the community. Two needs were prioritized by most caregivers and with high priority. Three additional needs were categorized as medium priority. Caregivers were most concerned about the following health-related needs:

1. Homelessness and housing instability
2. Behavioral health challenges and access to care (mental health and substance use/misuse)

Homelessness and housing instability

Caregivers spoke to a variety of housing-related needs in the county for all income levels, including the following:

- Affordable housing: Housing that is affordable for individuals and families of all income levels is needed.
- Low-income housing: Housing for families with low incomes, particularly those with a single income is needed.
- Shelter, especially for families with children: Shelter space is limited and typically at capacity. More shelters and more beds are needed, particularly for families with children (families typically must live apart) and for people in recovery.
- Workforce housing: Workers typically have to live far from their job, commuting into Napa to work in the hospitality industry. Workforce housing, that can be bought or rented, is needed.

Many people, including families and older adults, have difficulty living in Napa County because of the cost. Caregivers spoke to multiple families having to live together in one home, leading to overcrowding. Older adults need affordable housing that also provides supportive services.

Behavioral health challenges and access to care (mental health and substance use/misuse)

Caregivers spoke to a need for more accessible behavioral health services, including the following:

- Substance use disorder (SUD) residential treatment centers and medical detox: There is a need for more residential treatment centers and a local medical detox.
- More psych units and beds in Napa County for adults and children: There is a need for more psych beds in general, but in particular for adolescents and children.
- Case managers for people with severe mental illness: Having support with medication management and engaging various providers is needed.
- Crisis intervention services: More capacity for the mobile response team and crisis residential step-down facilities are needed.

Caregivers spoke to a need for more services to meet the specific needs for the following populations:

- Young people: Caregivers shared there needs to be more mental health services in schools and psych beds for adolescents and children.
- Spanish-speaking patients: More mental health providers that are bilingual and bicultural and more resources in Spanish are needed.
- People experiencing homelessness: Ensuring that people living unsheltered have access to behavioral health services is important.

Medium Priority Unmet Health-Related Needs

Three additional needs were often prioritized by caregivers:

3. Access to dental care
4. Access to health care services, including transportation
5. Economic insecurity, including affordable childcare

Access to dental care

Caregivers shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally. Clients often have to travel out of the county to other areas, like Vallejo, to access dental care, making transportation a barrier. Even out of the area, accessing appointments can be difficult. There is also a need for specialty dental care locally and more affordable dental care options for older adults.

Access to health care services, including transportation

Caregivers spoke to a need for a variety of health care services to make accessing appropriate care easier for community members:

- More primary care providers to address long wait times
- More urgent care centers for timely non-emergent care
- More specialty care locally to address long wait times
- More in-home support services, particularly for patients without Medi-Cal, inclusive of in-home caregivers for the aging population

Caregivers shared long wait times and **transportation** are major barriers to care, with many clients having to travel for specialty care. Transportation can be especially difficult for older adults who may not be able to take public transportation easily.

Accessing care is especially difficult for clients with undocumented status or mixed-status families that may not qualify for Medi-Cal. Accessing primary and specialty care is difficult for people without insurance and those under-insured.

Navigating the health care system can be difficult for many clients and having support is beneficial.

Economic insecurity, including affordable childcare

Caregivers discussed the need for living wage jobs to ensure people can afford the high cost of living in Napa County. They shared there is a lot of disparity in income across the county. To help individuals and families be financially stable, caregivers noted the following needs:

- Help paying utility bills
- Financial resources specifically for people with undocumented status or mixed-status families
- **Affordable childcare**

They also noted that older adults may have difficulty aging in place due to the increasing cost of living in the county. They also noted a need for more skill development and trade school for adults with limited education.

Appendix 3: Community Resources Available to Address Significant Health Needs

Queen of the Valley Medical Center cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community key informants and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table 1_Apx 3. Community Resources Available to Address Significant Health Needs

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Homelessness Service Provider	Adobe Housing Services	Abode Services has been working in Napa County operating an emergency shelter and providing outreach, housing support, and rental assistance, as well as managing affordable housing units.	100 Hartle Ct, Napa, CA 94559	Housing
Hospital	Adventist Health St. Helena Hospital	A faith-based hospital providing a wide range of services, aimed at transforming the health experience of our communities by improving health, enhancing interactions, and making care more accessible.	10 Woodland Rd, St Helena, CA 94574	Access to Health Services
Mental Health Service Provider	Aldea Children & Family Services	The essential community partner for children and families in crisis. Aldea provides Behavioral Health and Social Services to families in need.	1546 1st St. Napa, CA 94559	Behavioral Health
Substance Use Treatment and Recovery Center	Alternatives for Better Living	A local center that aims to make substance use treatment services more available and accessible, particularly to people with the greatest need and the	701 School St, Napa, CA 94559	Behavioral Health

		fewest resources. One-on-one and group sessions are provided.		
Food Bank	CANV	A local food bank that provides a variety of nutritious food to low-income individuals, families, older adults and non-profit organizations throughout Napa County.	2521 Old Sonoma Rd. Napa, CA 94558	Food Access
Career Center	Career Point	A network of workforce development experts on a mission to provide the highest quality employment and training solutions for North Bay's businesses and career seekers.	1546 First Street Napa, CA 94559	Economic Stability
Clinic, FQHQ	CommuniCare+OLE	A Federally Qualified Health Center that provides primary care services including medical, dental, optometry, women's health, pediatric health, behavioral health nutrition, and pharmacy services primarily serving Medi-Cal beneficiaries throughout Napa, Solano, and Yolo Counties.	1141 Pear Tree Ln Napa, CA 94558 300 Hartle Ct Napa CA, 94559 1222 Pine St, A St Helena, CA 94574	Access to Health Services
Health Coverage Resource Center	Community Health Initiative	CHI works to improve the health of children, families and older adults by providing access to care through health insurance enrollment, patient education and advocacy.	2140 Jefferson St., Suite D Napa, CA 94559	Access to Health Services
Children & Family Service Provider	Community Resources for Children	Community Resources for Children provides adults who care for children with the knowledge, tools, and resources so that children thrive and continue to learn	3299 Claremont Way, Ste 1 Napa, CA 94558	Childcare

Community Resource Center	Cope Family Center	A family resource center located in Napa with the mission to empower parents, nurture children, and strengthen communities. They provide parents with the education, resources, and support they need to raise children who thrive	707 Randolph St, Napa, CA 94559	Access to Health Services;
Housing Resource Center	Fair Housing Napa Valley	Fair Housing Napa Valley's primary programs include fair housing enforcement and investigation, landlord/tenant counseling and mediation, education and outreach, disaster-related housing counseling, and related assistance to mobile home parks.	1303 Jefferson Street, Suite 200A Napa, CA 94559	Housing
Children & Family Service Provider	First 5 Napa County	First 5 Napa County supports our community in developing and enhancing coordinated, integrated, and equitable systems, that care for, support, educate and respect families and children 0-5 years of age.	1303 Jefferson Street #100A, Napa, CA 94559	Racial Equity and LGBTQIA+ Inclusion
Clinic	Kaiser Permanente	Provides primary care and outpatient services to Kaiser patients in Napa	3285 Claremont Way, Napa, CA 94558	Access to Health Services
Community Resource Center	LGBTQIA+ Connection	A multi-county initiative fostering healthy, diverse and inclusive communities, driven by youth and other emerging leaders in Napa and Sonoma counties. The organization is a hub of LGBTQIA+ information and a thriving center of the community, aimed toward	780 Lincoln Ave, Napa, CA 94558	Racial Equity and LGBTQIA+ Inclusion

		increasing awareness, visibility & wellness.		
Mental Health Service Provider	Mentis	Dedicated to the emotional health and wellbeing of all Napa County residents, Mentis provides bi-lingual, affordable mental health services to people of every age, stage and income level.	709 Franklin Street, Napa, CA 94559	Behavioral Health
Government, Safety Net Programs	Napa County Health & Human Services Agency	Napa County HHSA serves the community and supports its health and well-being through a wide range of services to residents of the county. Specific needs are addressed through various divisions including: Behavioral Health Child Welfare Services Comprehensive Services for Older Adults Public Health Self Sufficiency	751 Napa Valley Corporate Dr. Napa, CA 94558	Access to Health Care; Racial Equity and LGBTQIA+ Inclusion; Behavioral Health & Substance Use Services; Housing
Housing Services	Napa Housing Authority	Administer housing and rental assistance programs for City of Napa residents	1115 Seminary St, Napa, CA 94559	Housing
Substance Abuse Presentation; Harm Reduction	Napa Opioid Safety Coalition	NOSC is a collaboration of healthcare, law enforcement, education, and local non-profits to share prevention resources committed to improving opioid safety and treatment access in Napa County.	2751 Napa Valley Corporate Dr, Napa, CA 94558	Behavioral Health
Community Resource Center	NEWS, Domestic Violence and Sexual Abuse Services	NEWS provides shelter and direct services to those experiencing domestic violence and sexual abuse. The organizations also	1141 Pear Tree Lane, Suite 220 Napa CA 94558	Housing

		educate and prevent through outreach programs.		
Community Resource Center	North Bay Regional Center	A non-profit, community-based organization that serves people with developmental disabilities in obtaining the services and support needed to live as others do in the community.	610 Airpark Rd., Napa, CA 94558	Access to Health Services
Community Resource Center	On the Move	On The Move utilizes innovative approaches to closing the achievement gap for children of color, transforming outcomes for former foster youth, promoting health and wellness across communities, and building strong, engaged families.	780 Lincoln Ave, Napa, CA 94558	Economic Stability, Access to Health Services, Racial Equity and LGBTQIA+ Inclusion
Community Resource Center	ParentsCAN	A resource center that works to partner with and guide parents when challenges arise in their child's education, health, behavior or development, so children can reach their full potential.	1909 Jefferson Street Napa, CA 94559	Access to Health Services, Racial Equity and LGBTQIA+ Inclusion
Medi-Cal Managed Care Plan	Partnership Health Plan of California	A non-profit community-based health care organization that contracts with the State to administer Medi-Cal benefits through local care providers to ensure Medi-Cal recipients have access to high-quality comprehensive cost-effective health care.	4665 Business Center Drive Fairfield, CA 94534	Access to Health Services
Hospital	Providence Queen of the Valley Medical Center	QVMC is an acute care hospital and Level III Trauma Center. Backed by state-of-the-art facilities and leading-edge technology, the Queen's medical team ensures residents can access	1000 Trancas Street, Napa, CA 94558	Access to Health Services

		the best care possible close to home. The Queen is the heart of the community and known for quality, compassion, and outreach to those in need.		
Community Resource Center	Puerta Abiertas	Puertas Abiertas offers comprehensive services to support Napa's most vulnerable communities including educational and self-sufficiency programs, legal and immigration navigation, social services and referrals, mental health services, informational workshops, food and emergency/disaster relief rental assistance, and more.	625 Imperial Way, Suite 6, Napa, CA 94559	Economic Stability, Access to Health Services, Racial Equity and LGBTQIA+ Inclusion
Community Resource Center	UpValley Family Centers	UpValley Family Centers provides guidance, support and resources in the community, in the home and for the individual, so that everyone can achieve a better life.	1500 Cedar Street Calistoga, CA 94515 1440 Spring Street St. Helena, CA 94574	Economic Stability, Access to Health Services, Racial Equity and LGBTQIA+ Inclusion

Appendix 4: Providence Queen of the Valley Medical Center's Community Benefit Committee

Table 1_Apx 4. Community Benefits Committee Members

Name	Title	Organization	Sector
Bailie	Director of Training and Technical Assistance	LGBTQIA+ Connection	Education & Social Justice
Greg Bennett	CBC Chair & Trustee	Providence QVMC	Finance
Jenna Bolyarde	San Francisco Homelessness Impact Manger	Tipping Point Community	Housing / Homelessness
Angela Carreon	Nurse Practitioner	CommuniCare+OLE	FQHC / Healthcare
Lark Ferrell	Housing Manager	City of Napa, Housing Division	Housing / Government
Eva Garcia	Community Member	City of American Canyon	Lived Experience
Stephanie Gaul	Housing Manager	City of Napa, Housing Division	Housing / Government
Paul Hoffman	Trustee	St. Joseph Health	Finance
Molly Rattigan	Deputy City Manager	City of Napa Housing	Government
Dr. Christine Wu	Public Health Officer	Napa County Public Health	Government
Sr. Christine Schleich	Trustee	Providence QVMC	Congregation Sisters of St. Joseph of Orange
Dr. Colleen Townsend	Regional Medical Director	Partnership Health Plan	Healthcare, Managed Care
Rob Weiss	Executive Director	Mentis	Behavioral Health
Terry Wooten	Chief Executive & Trustee	Providence QVMC	Healthcare
Jennifer Yasumoto	Director	Napa County HHSA	Government

11 Cal. Code Reg, Section 999.5(d)(5)(B)

A description of all charity care provided in the last five years by each health facility or facility that provides similar healthcare that is the subject of the agreement or transaction.

QVMC is committed to making its healthcare services accessible to their patients and to working with those in its community who are unable to afford charges associated with the cost of their medical care. To this end, QVMC provides financial assistance for qualifying patients who receive emergency or other medically necessary care at QVMC, as reflected in the PSJH Financial Assistance Policy (the "**Providence Financial Assistance Policy**"), attached to this Section 999.5(d)(5)(B) as **Exhibit 1**, in both English and Spanish. Patients are eligible for financial assistance when their family income is below 400% of the federal poverty guidelines. The specific discount amount is determined based on a sliding scale, with patients whose annual family income, adjusted for family size, is at or below 300% of the federal poverty level receiving a 100% discount (one end of the scale), those who is income is between 301% and 400% of the federal poverty level receiving an 87% discount, and those whose annual family income, adjusted for family size, is at or below 400% of the federal poverty level and the patient has incurred total medical expenses at Providence hospitals in the prior 12 months is in excess of 20% of their annual family income, adjusted for family size (and for certain eligible services) receiving a 100% write-off of patient responsibility amounts if they receive a one-time approval for catastrophic medical expenses charity care (the other end of the scale). If a patient has not submitted a complete Financial Assistance Application as outlined in the Providence Financial Assistance Policy but an analysis by an industry-recognized financial assessment tool estimates an approximate household income, adjusted for family size, is at or below 300% of the federal poverty level, the patient is presumptively eligible to receive a 100% discount. In no event are patients who are eligible for financial assistance charged more than the amounts generally billed for comparable care to patients with insurance. Patients seeking Providence's financial assistance must complete the financial assistance application, attached to this Section 999.5(d)(5)(B) as **Exhibit 2** in English and Spanish.

Included below is information regarding the amounts of charity care provided at QVMC in the last 5 years, estimated at forgone reimbursement levels that approximate the cost of care provided.

Charity Care Dollars	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
Total Charity Care Spending	$2,634,689	$1,754,486	$1,362,487	$3,179,696	$3,101,955

Attached to this Section 999.5(d)(5)(B) are the following documents:

- **Exhibit 3**: a copy of the Community Benefit Report for the fiscal year ended on June 30, 2021
- **Exhibit 4**: a copy of the Community Benefit Report for the fiscal year ended on June 30, 2022
- **Exhibit 5**: a copy of the Community Benefit Report for the fiscal year ended on June 30, 2023
- **Exhibit 6**: a copy of the Community Benefit Report for the fiscal year ended on June 30, 2024
- **Exhibit 7**: a copy of the Community Benefit Report for the fiscal year ended on June 30, 2025

EXHIBIT 1 TO

SECTION 999.5(d)(5)(B)

Subject: Providence Financial Assistance (Charity Care/Discount Payment) Policy – California	**Policy Number:** PSJH RCM 002 CA	
Department: Revenue Cycle Management	☐ New ☒ Revised ☐ Reviewed	**Date:** 12/1/2025
Executive Sponsor: SVP Chief Revenue CycleOfficer	**Policy Owner:** AVP Financial Counseling	
Approved by: SVP Chief Revenue Cycle Officer	**Implementation Date:** 1/1/2026	

Providence is a Catholic not-for-profit healthcare organization that is dedicated to its Mission of serving everyone, especially those who are poor and vulnerable. Providence believes that getting medical care is a right every person should have. Providence makes sure that emergent and medically necessary healthcare services are available to anyone in the community, even if they can't afford to pay.

SCOPE:
This policy applies to all Providence hospitals ("Providence") in the state of California. It covers all emergency, urgent and other medically necessary services (with the exception of experimental, investigative, aesthetic, or cosmetic care, or care for patient or physician convenience) (as defined in the definition of "Eligible Services"). A list of Providence hospitals covered by this policy can be found in Exhibit A. When we use the word "hospital" or "facility" in this policy, it is referring to the scope of facilities described in Exhibit A.

This policy shall be interpreted in a manner consistent with Section 501(r) of the Internal Revenue Code of 1986,as amended, with the Hospital Fair Pricing Policies outlined in the California Health and Safety Code (Sections 127400-127446), and with Title 22 of the California Code of Regulations § 96051-96051.37. If this policy and the law ever conflict, the law will be followed.

PURPOSE:
The purpose of this policy is to ensure there is a consistent, fair, and non-discriminatory method for providing financial assistance (also referred to as "Charity Care" or "Discounted Payments" as applicable) to eligible individuals who cannot afford to pay, in full or part, for the Eligible Services provided by Providence hospitals.

This policy is intended to comply with all applicable laws. This is the official Financial Assistance (Charity Care/Discount Payment) Policy (FAP) and Emergency Medical Care Policy for each Providence hospital in California.

RESPONSIBLE PERSONS:
Revenue Cycle Departments. In addition, all appropriate staff who perform functions relating to

registration, admissions, financial counseling, and customer support will receive regular training on this policy.

POLICY:
Providence will provide Eligible Services at no cost, or at a lower cost, to qualifying patients who either submit an application or are deemed to be eligible for financial assistance, consistent with the criteria set out in this policy. Patients must meet the eligibility requirements described in this policy to qualify. For purposes of this policy, the term "patient" will be used to refer to the patient as well as any person who is a guarantor or responsible party (i.e., an individual who is responsible for the payment of any facility charges on behalf of the patient which are not paid by a third party).

Providence hospital emergency departments will provide care for emergency medical conditions (within the meaning of the Emergency Medical Treatment and Labor Act) consistent with the emergency department's available capabilities, regardless of whether an individual is eligible for financial assistance.

Providence will not discriminate based on age, race, color, creed, ethnicity, religion, national origin, maritalstatus, sex, disability, veteran or military status, or any combination thereof, or any other basis prohibited by federal, state, or local law when making financial assistance determinations. Discrimination on the basis of sex includes, but is not limited to: sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes.

Providence hospital emergency departments will provide emergency medical screening examinations and stabilizing treatment or, where appropriate, will refer and transfer an individual to another hospital. Providence does not allow any actions, admission practices, or policies that would discourage individuals from seeking emergency medical care, such as permitting debt collection activities that interfere with the provision of emergency medical care.

List of Professionals Subject to Providence FAP: Each Providence hospital has a list of those physicians, medical groups, or other healthcare providers who are and who are not covered by this policy. Emergency room physicians who provide emergency medical services to patients at Providence California hospitals are required by California law to provide discounts to uninsured patients or patients with High Medical Costs who are at or below 400% of the FPL. Each Providence hospital will provide this list to any patient who requests a copy. The provider list can also be found online at the Providence website: www.providence.org/financialhelp

Financial Assistance Eligibility Requirements: Financial assistance is available to both uninsured and insured patients if they meet the requirements of this policy. Financial assistance granted consistent with this policy is intended to also comply with other laws regarding permissible benefits to patients. Providence will make an effort to see if there is any other insurance that could cover the costs of the Eligible Services prior to billing the patient. Patients will not be required to apply for medical assistance programs before being screened

for financial assistance, however, Providence may require that a patient participate in a screening for Medi-Cal eligibility when otherwise screening that patient for financial assistance eligibility. Patients without insurance will receive a discount. The types of bills that might be eligible for financial assistance adjustments include, but are not limited to: self pay, charges for patients with out-of-network coverage, and coinsurance, deductible, and copayment amounts related to insured patients. Deductible and coinsurance amounts claimed as a bad debt will be excluded from the reporting of financial assistance.

Patients seeking financial assistance may complete the standard Providence Financial Assistance Application and eligibility will be based upon financial need at that time or at any time Providence is in receipt of information regarding a patient's income that may indicate financial need. Efforts will be made to inform patients of the availability of financial assistance by providing information during admission and discharge, on the patient's billing statement, in patient accessible billing areas (like registration counters), on Providence's website, by oral notification during payment discussions, as well as on signage in inpatient and outpatient areas, including areas where patients are admitted or registered and in the emergency department. Also, Providence will notify patients that there are organizations that can help the patient understand the billing and payment process, as well as information about presumptive eligibility for financial assistance, and Providence will include the internet address for these organizations on its routine admissions forms presented to patients. Providence will keep records of the information used to determine financial assistance eligibility. Providence will provide a paper copy of this policy to a patient upon request.

Providence will also approve certain patients for a charity adjustment to their account balance by means other than a full Financial Assistance Application if the patients meet the requirements detailed later in this policy (please see "Financial Assistance Without a Financial Assistance Application").

Applying for Financial Assistance: Patients may request and submit a Financial Assistance Application, which is free of charge and available at the Providence facility, or by the following means: advising patient financial services staff at or prior to the time of discharge that assistance is requested, by mail, or by visiting www.providence.org/financialhelp. A person's application for financial assistance will be processed to determine if they may meet the criteria for financial assistance as set forth in this policy.

Providence facilities have designated staff ready to help patients complete the Financial Assistance Application and see if the patient qualifies for financial assistance from Providence itself or from government-funded insurance programs. Help with language translation is also available to address any questions and to assist in the completion of the Financial Assistance Application.

A patient may provide a completed Financial Assistance Application, including all requested supporting documentation, at any time. Providence will suspend any collection activities pending an initial determination of eligibility for financial assistance, provided that the patient is cooperative with Providence's reasonable efforts to reach an initial determination.

A determination ofeligibility for financial assistance can be made according to the income qualifications as detailed on Exhibit B.

Individual Financial Situation: A patient's income and expenses will be used in assessing the patient's individual financial situation. Additionally, Providence will consider and collect information related to assets as required by the Centers for Medicare and Medicaid Services (CMS) for Medicare cost reporting, which applies to Medicare patients who do not also have Medicaid insurance. While Providence does collect asset information from such individuals, and other information that Providence's financial counselors believe is needed, not all such assets will figure into the final amount of the award. For instance, the calculation of the award will not consider: (A) the first $100,000 of a patient's monetary assets (including their family's assets, if applicable), and 50% of a patient's monetary assets over the first $100,000 (including their family's assets, if applicable); (B) any equity in a primary residence; (C) retirement or deferred compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans; (D) one motor vehicle and a second motor vehicle if it is necessary for employment or medical purposes; (E) any prepaid burial contract or burial plot; and (F) any life insurance policy with a face value of $10,000 or less. The value of any asset that has a penalty for early withdrawal shall be the value of the asset after the penalty has been paid. Information requests from Providence to the responsible party to verify assets will be limited to that which is reasonably necessary and readily available to determine the existence, availability, and value of a person's assets and will not be used to discourage application for Charity Care or Discounted Care. Duplicate forms of verification will not be requested. Documentation of income will be limited to recent pay stubs or income tax returns. Providence may accept other forms of documentation of income, but will not require those other forms. Any income and asset information obtained by the hospital in evaluating a patient for Charity Care or Discounted Care will not be used for collection activities. For individuals who are not Medicare beneficiaries, or for individuals who have both Medicare and Medicaid insurance, no asset information will be requested or evaluated.

Income Qualifications: The patient's income, based on FPL, may be used to determine eligibility for financial assistance. Please see Exhibit B for details.

Eligibility Determinations: Patients will receive notification of FAP eligibility determination within 30 days of submission of the completed Financial Assistance Application and necessary documentation. The notification will specifically include an explanation of the basis for the determination. Once an application is received, collections efforts will be pended until a written determination of eligibility issent to the patient. Providence will not make a determination of eligibility for assistance based upon information which the hospital reasonably believes is incorrect or unreliable.

Dispute Resolution: Patients who have completed a Financial Assistance Application may appeal a determination of ineligibility for financial assistance by providing relevant additional documentation to Providence within 30 days of receipt of the notice of denial. The patient may need to provide relevant additional documentation in support of their appeal. Providence will suspend any collection activities pending review of the appeal. All appeals will be reviewed and if the review affirms the denial, written notification will be sent to the patient and State Department of Health, where required, and in accordance with the law. The final appeal process

will conclude within 10 days of receipt of the denial by Providence. An appeal may be sent to the Director of Financial Assistance at the following address: Providence Regional Business Office, P.O. Box 31001-3422, Pasadena, CA, 91110-3422, United States of America.

Financial Assistance Without a Financial Assistance Application: Providence may approve a patient for a charity adjustment to their account balance without a full Financial Assistance Application as outlined in the circumstances below:

- Presumptive Determinations: Such determinations will be made on a presumptive basis using an industry-recognized financial assessment tool that evaluates ability to pay based on publicly available financial or other records, including but not limited to approximate household income and household size according to the eligibility criteria set forth in Exhibit B. For patients that are presumptively determined to be eligible for write-offs based on this screening, eligible amounts will be written off as shown on Exhibit B. Patients who made payment prior to Providence determining the patient to be presumptively eligible for financial assistance may be required to submit a complete Financial Assistance Application in order to be evaluated for eligibility for refunds of amounts previously paid.

- Public Assistance Programs: Patients who are participating in state Medicaid programs are eligible for presumptive assistance. Patient account balances resulting from charges for Eligible Services that are non-reimbursable by Medicaid, Medi-Cal or other government-sponsored low-income assistance programs may be eligible for full charity write-off, including but not limited to non-reimbursable charges for Eligible Services related to the following:
    - Denied inpatient stays
    - Denied inpatient days of care
    - Non-covered services
    - Treatment Authorization Request (TAR) denials
    - Denials due to restricted coverage

For patients who participate in state funded FPL-qualified public assistance programs (e.g., CalFresh (known federally as the Supplemental Nutrition Assistance Program); CalWORKs (Temporary Assistance Program); Children's Health Insurance Program (CHIP); Women, Infants and Children Program (WIC); free lunch or breakfast programs; and low-income home energy assistance programs), Providence may consider such participation as proof of FPL or annual family income in order to determine eligibility for Presumptive Assistance pursuant to Exhibit B.

Catastrophic Medical Expenses: Providence will grant financial assistance at its discretion to grant additional assistance based on the patient's circumstances or in the event of a qualifying catastrophic medical expense if a patient's annual family income and total medical expenses at Providence facilities in the prior 12 months meet the requirements specified in Exhibit B. A complete Financial Assistance Application is required to be evaluated for eligibility for Catastrophic Medical Expenses.

Times of Emergency: Financial assistance may be available in times of a national or state

emergency, independent of assistance for catastrophic expenses. Eligibility criteria and discount amounts will be set at Providence's discretion at the time of such emergency. A complete Financial Assistance Application is required to be evaluated for eligibility for Financial Assistance during Times of Emergency.

Eligibility Requirements: Providence may deny a patient's Financial Assistance Application when the patient or other responsible party fails to meet the requirements outlined in this policy. Providence may, consistent with state law, impose eligibility requirements for financial assistance determinations without a Financial Assistance Application, including but not limited to requirements that patients respond to requests as necessary for their primary insurer to adjudicate a claim for reimbursement and that they provide information concerning any potential third party liability for the cost of services. If a patient does not qualify for financial assistance based on information considered without a complete Financial Assistance Application, the patient may still provide the required information pursuant to the Financial Assistance Application and be considered under the financial assistance eligibility and application process set forth in this policy.

Limitation on Charges for all Patients Eligible for Financial Assistance: No patient who qualifies for any of the above-noted categories of financial assistance will be charged more than the Amounts Generally Billed (AGB) percentage of gross charges for Eligible Services, as defined below.

Reasonable Payment Plan: All patients can request a payment plan, regardless of financial assistance determination or application. The payment plan will include monthly payments (without interest or late fees) that are not more than 10% of a patient's or their family's monthly income, minus the patient's usual living costs as listed on the patient's Financial Assistance Application. Providence may take into consideration the availability of a patient's health savings account when implementing a payment plan. The payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during a 90-day period. Before declaring the payment plan no longer operative, Providence will make a reasonable attempt to contact the patient by telephone and, to give notice in writing, that the payment plan may become inoperative, and the opportunity to renegotiate the payment plan. Before Providence declares the payment plan as inoperative, Providence will try to renegotiate the terms of the defaulted payment plan, if requested by the patient.

Billing and Collections: If there are any amounts left to pay after application of eligible financial assistance, the amounts may be referred to collections, except that Providence will not refer amounts for Eligible Services provided to Medicaid patients to collections. Before referring an unpaid charge for collections to a collection agency, Providence will conduct a pre-collections screening to determine if the patient qualifies for presumptive assistance as described in this policy. Providence will provide, or require any third party collection agencies to provide, the written notice required under Cal. Health & Safety Code § 127430 about the patient's rights under the Fair Debt Collection Practices Act prior to collection activities. Collection efforts on unpaid balances will cease pending final determination of financial assistance eligibility. In the event an individual has not yet submitted a Financial Assistance Application, Providence will screen such individuals for eligibility for presumptive

determinations in a timeframe consistent with applicable state law and Providence billing and collection practices. Financial assistance based on presumptive determinations will be provided as set forth in Exhibit B. If an individual would like an earlier determination of eligibility for financial assistance, they may submit a Financial Assistance Application at any time. Providence will not take, or allow collection agencies to take, any Extraordinary Collection Actions, as defined below. For information on Providence billing and collections practices for amounts owed by patients, please see Providence's Patient Bad Debt Assignment policy, which is available free of charge at each Providence hospital's registration desk, or at: www.providence.org/billing-support/understand-bill.

Patient Refunds: If a patient pays for Eligible Services and is later found eligible for financial assistance based on financial assistance application, any payments made for those Eligible Services during the FAP-Eligible Time Period which exceed the payment obligation will be refunded, in accordance with state and federal regulations. For clarity, Providence will not automatically refund amounts previously paid based on a presumptive eligibility determination.

Annual Review: This policy will be reviewed annually by designated Revenue Cycle leadership.

EXCEPTIONS:
See Scope above.

DEFINITIONS:
The following definitions and requirements apply to this policy:

1. Federal Poverty Level (FPL): FPL means the poverty guidelines updated periodically in the Federal Registerby the United States Department of Health and Human Services.

2. Amounts Generally Billed (AGB): The amounts generally billed for emergency and other medically necessary care to patients who have health insurance is referred to in this policy as AGB. Providence Southern California and Providence Northern California determine the applicable AGB percentage for each Providence facility by multiplying the facility's gross charges for the Eligible Services by a fixed percentage that is based on claims allowed under Medicare or Medi-Cal, whichever is greater. Information sheets detailing the AGB percentages used by each Providence facility, and how they are calculated, can be obtained by visiting the following website: www.providence.org/financialhelp or by calling 1-866-747-2455 to request a copy.

3. Eligible Services: Eligible Services means the emergency or medically necessary services provided by a Providence facility that are eligible for financial assistance. Medically necessary services, for purposes of this policy, include services to prevent, diagnose, or treat an illness, injury, condition, or disease, or the symptoms of an illness, injury, condition, or disease, and that meet accepted standards of medicine. Services that are aesthetic, cosmetic, experimental, investigative, or part of a clinical research program, or services that are for patient or physician convenience, are not considered medically necessary

services.

4. Extraordinary Collection Action (ECA): ECAs are defined as those actions that require a legal or judicial process,involve selling a debt to another party, or involve reporting adverse information to credit agencies or bureaus. The actions that require legal or judicial process for this purpose include a lien; foreclosure on real property; attachment or seizure of a bank account or other personal property; commencement of a civil action against an individual; actions that cause an individual's arrest; actions that cause an individual to be subject to body attachment; and wage garnishment.

5. FAP-Eligible Time Period: The FAP-Eligible Time Period for (i) hospital services is the 240-day period of time; and (ii) clinic services is the 90-day period, in each case that a patient has to submit a Financial Assistance Application to Providence. The timing begins on the date the first post-discharge billing statement is provided to the patient. A billing statement is considered "post-discharge" if it is provided to a patient after the patient received care, whether inpatient or outpatient, and the individual has left the facility. A separate FAP-Eligible Time Period starts with each episode of care, and the 240-day period for hospital services or 90-day period for clinic services, as applicable, will be measured from the first post-discharge bill for the most recent episode of care. That said, Providence has the discretion to accept and process Financial Assistance Applications from patients at any time.

6. High Medical Costs: High medical costs are those as defined by the Hospital Fair Pricing Policies (Cal. Health & Safety Code § 127400(g)), as being: (1) annual out-of-pocket costs incurred by the individual at the Providence hospital that exceed the lesser of 10% of the patient's current family income or family income in the prior 12 months, (2) annual out-of-pocket expenses that exceed 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family inthe prior 12 months, or (3) a lower level determined by the Providence hospital in accordance with this policy. For purposes of this definition, "out-of-pocket costs" means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

7. Charity Care: Means free care, as defined in Cal. Health and Safety Code § 127400.5(a).

8. Discounted Payment or Discount Payment: Means any charge for care that is reduced but not free, as defined in Cal. Health and Safety Code § 127400.5(b).

9. Patient's Family: Includes the following as defined in Cal. Health & Safety Code § 127400(h):

   If the patient is 18 and older, family includes, spouse, domestic partner, and any dependent children under 21 years old, or any age if disabled, whether living at home or not.

If the patient is under 18 or for a dependent child 18 to 20 years of age**,** family includes parents, caretaker relatives, and parent's or caretaker relatives', other dependents under 21 years of age, or any age if disabled.

REFERENCES:

Internal Revenue Code Section 501(r); 26 C.F.R. 1.501(r)(1) – 1.501(r)(7)
California Health and Safety Code Sections 127400 -127446
22 California Code of Regulations § 96051-96051.37
Emergency Medical Treatment and Labor Act (EMTALA), 42 U.S.C. 1395dd
42 C.F.R. 482.55 and 413.89
American Hospital Associations Charity Guidelines
California Hospital Association Charity Guidelines
California Alliance on Catholic Healthcare Charitable Services Guidelines
Providence Commitment to the Uninsured Guidelines
Provider Reimbursement Manual, Part I, Chapter 3, Section 312

Exhibit A – Covered Facilities List

For clarity, this policy also applies to all covered facility inpatient and outpatient departments and clinics. In addition, this policy applies to the employees of covered facilities, as well as any not-for-profit or non-profit entity majority owned or controlled by Providence and bearing the Providence name and their respective employees.

Providence Hospitals in Southern California	
Providence Saint Joseph Medical Center	Providence Holy Cross Medical Center
Providence Little Company of Mary Medical Center San Pedro	Providence Saint John's Health Center
Providence Cedars-Sinai Tarzana Medical Center	Providence Little Company of Mary Medical Center Torrance
Providence St. Joseph Hospital Orange	Providence St. Jude Medical Center
Providence St. Mary Medical Center	Providence Mission Hospital Laguna Beach
Providence Mission Hospital Mission Viejo	

Providence Hospitals in Northern California	
Providence St. Joseph Hospital	Providence Redwood Memorial Hospital
Providence Santa Rosa Memorial Hospital	Providence Queen of the Valley Medical Center

NorCal Health Connect Hospitals	
Petaluma Valley Hospital	Healdsburg Hospital

Exhibit B - Income Qualifications for Providence Hospitals in Southern California

If...	Then ...
Annual family income, adjusted for family size, is at or below 300% of the current FPL guidelines,	The patient is determined to be financially indigent and qualifies for Charity Care 100% write-off on patient responsibility amounts for Eligible Services.
Annual family income, adjusted for family size, is between 301% and 400% of the current FPL guidelines,	The patient is eligible for a Discounted Payment of 85% off original charges on patient responsibility amounts for Eligible Services, and in no event will be charged in excess of AGB.
Annual family income, adjusted for family size, is at or below 400% the FPL AND the patient has incurred total medical expenses at Providence hospitals in the prior 12 months in excess of 20% of their annual family income, adjusted for family size, for Eligible Services,	The patient is eligible for a one-time approval for Catastrophic Medical Expenses Charity Care 100% write-off on patient responsibility amounts for Eligible Services owed as of the date the Financial Assistance Application was submitted.
If a patient has not submitted a complete Financial Assistance Application as outlined in this policy but analysis by an industry-recognized financial assessment tool estimates an approximate household income, adjusted for family size, is at or below 300% of the current FPL guidelines,	The patient is presumptively eligible for Charity Care 100% write-off on patient responsibility amounts for Eligible Services.

Income Qualifications for Providence Hospitals in Northern California and NorCal Health Connect Hospitals in Northern California

If...	Then ...
Annual family income, adjusted for family size, is at or below 300% of the current FPL guidelines,	The patient is determined to be financially indigent and qualifies for Charity Care 100% write-off on patient responsibility amounts for Eligible Services
Annual family income, adjusted for family size, is between 301% and 400% of the current FPL guidelines,	The patient is eligible for a Discounted Payment of 87% off original charges on patient responsibility amounts for Eligible Services, and in no event will be charged in excess of AGB.

Annual family income, adjusted for family size, is at or below 400% the FPL AND the patient has incurred totalmedical expenses at Providence hospitals in the prior 12 months in excess of 20% of their annual family income, adjusted for family size, for Eligible Services,	The patient is eligible for a one-time approval for Catastrophic Medical Expenses Charity Care 100% write-off on patient responsibilityamounts for Eligible Services owed as of the date the Financial Assistance Application was submitted.
If a patient has not submitted a complete Financial Assistance Application as outlined in this policy but analysis by an industry-recognized financial assessment tool estimates an approximate household income, adjusted for family size, is at or below 300% of the current FPL guidelines,	The patient is presumptively eligible for Charity Care 100% write-off on patient responsibility amounts for Eligible Services.

Status Active PolicyStat ID 13208769

Origination	10/2019
Last Approved	02/2023
Effective	02/2023
Last Revised	02/2023
Next Review	02/2028

Owner	Ryan Thompson: SVP Chief Revenue Cycle Officer
Policy Area	Revenue Cycle
Applicability	Providence Systemwide + PGC

PSJH-RCS-1603 Patient Bad Debt Assignments

Executive Sponsor:	Gregory Hoffman, Chief Financial Officer
Policy Owner:	Ryan Thompson, SVP, Chief Revenue Officer
Contact Person:	Ryan Thompson, SVP, Chief Revenue Officer

Scope:

This policy applies to patient liabilities where internal collection efforts have not resulted in full payment according to the established timeframe and processes. This policy applies to Providence and its Affiliates[i] that provide healthcare services and their employees (collectively known as "Providence"). This policy does not apply to Providence Health Plan (PHP)[ii] or U.S. Family Health Plan (USFHP).

☑ Yes ☐ No Is this policy applicable to Providence Global Center (PGC) caregivers?

This is a management level policy reviewed and recommended by the Policy Advisory Committee (PAC) to consider for approval by senior leadership which includes vetting by Executive Council with final approval by the President, Chief Executive Officer, or appropriate delegate.

Purpose:

Providence is a not-for-profit healthcare organization guided by a commitment to its Mission of serving all, especially those who are poor and vulnerable, by its Core Values of compassion, dignity, justice, excellence and integrity, and by the belief that health is a human right.

The purpose of this policy is:

A. To ensure compliance by Providence and any contracted entities for bad debt collections with regulatory requirements including Medicaid and Medicare state and

federal regulations as well as Internal Revenue Code 501(r).

B. To assure Providence makes reasonable efforts to make the patient aware of financial assistance before assigning an account to bad debt.

C. To assure Providence makes reasonable efforts to screen the patient for financial assistance eligibility prior to assigning an account to bad debt.

Definitions:

For the purposes of this policy the following definitions and requirements apply:

A. **FAP (Financial Assistance Policy)** is Providence's Charity Care/Financial Assistance Policy, as supplemented and clarified by state and regional Financial Assistance (Charity Care) Policies, providing free or discounted services for eligible patients in accordance with relevant regulatory requirements.

B. **Extraordinary Collection Action (ECA's)** are defined as those actions requiring a legal or judicial process, involve selling a debt to another party or reporting adverse information to credit agencies or bureaus. The ECA's that require legal or judicial process for this purpose include a lien; foreclosure on real property; attachment or seizure of a bank account or other personal property; commencement of a civil action against an individual; actions that cause an individual's arrest; actions that cause an individual to be subject to body attachment; and wage garnishment.

Plain Language Summary is a written statement to communicate that Providence offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the information required to be included in such a statement under the FAP.

D. **Escalated patient complaint** is a scenario in which a patient is dissatisfied with the resolution and/or handling of their account(s) and requests to have someone at a higher level of authority resolve the complaint.

Policy:

To ensure the best possible experience relating to collection efforts for patient liabilities, Providence has developed this policy to facilitate consistent and quality approaches for bad debt assignments. This policy shall be interpreted in a manner consistent with Internal Revenue Code 501(r), as amended. In the event of a conflict between the provisions of such laws and this policy, such laws shall control.

Requirements:

1. Providence will not sell debt to a third party. PSJH maintains authority to advance patient debt to bad debt collection agencies.

2. In general, an account will not be assigned to a bad debt collection agency during the screening process or while the patient’s financial status or application for insurance or financial assistance is under review or in process, or during the pendency of an appeal from a determination of charity care sponsorship status. Prior to placement of an

account with a bad debt collection agency, Providence will make reasonable efforts to inform patients, collect patient liabilities, and screen for charity eligibility in accordance with regulatory requirements and the Providence FAP. This may include:

a. Providing billing statements with a conspicuous written notice to inform patients about the availability of financial assistance, as well as a direct phone number and website address where applications, policies, plain language summaries, and translation services may be obtained including a statement that nonprofit counseling services may be available in the area.

b. Assuring availability of a plain language summary of the Providence (FAP) with at least one (1) post-discharge communication as part of the intake or discharge process.

c. Screening the account for financial assistance in accordance with the Providence FAP.

d. Assuring bad debt collection agencies to which accounts may be assigned are compliant with Medicaid and Medicare state and federal regulations as well as 501(r) requirements, including being licensed as a debt collector, as may be required under state law, and that the agencies will not engage in ECAs, including but not limited to commencement of legal actions against patients.

e. Assuring adequate encryption of Protected Health Information (PHI) for any patient information provided to a bad debt collection agency to which accounts may be assigned.

Prior to assigning an account to a bad debt collections agency, sending a patient notice of certain information related to such bad debt (e.g., date(s) of service and amounts of the bill). For patients in California, such notice must include a summary of the patient's rights related to the collection activities and the name of the bad debt collection agency.

3. Requirements for bad debt collection agencies to which Providence accounts are assigned:

a. Accounts will stay with the primary bad debt vendor until the account is deemed uncollectible or up to three hundred and sixty-five (365) days from placement, whichever comes first. Accounts deemed uncollectible will be returned on a monthly basis, not to exceed 365 days. Accounts over 365 days, which are on an active payment plan, may remain with the agency until resolution. Providence may choose at any time and for any reason to recall accounts and may resolve such accounts internally or place returned accounts with a secondary or tertiary bad debt placement agency.

b. The collection agency must follow all appropriate regulations including the Fair Debt Collection Practices Act, (FDCPA)[1], the Telephone Consumer Protection Act (TCPA) 501(r) and any other applicable state or federal regulations. Specifically, regarding state and federal regulations, the agency:

i. Must also ensure that no ECA's are taken.

ii. Must suspend collection efforts if notified by Providence that the

patient submitted a FAP application after the assignment, and thereafter follow Providence instructions regarding the account.

iii. Must report any patient escalated complaints received on Providence account to PSJH.

iv. Must not re-assign the account to another agency without Providence's express approval.

c. Where the bad debt collection agency identifies that the patient has filed bankruptcy, the agency must notify Providence.

d. The collection agency will not sell bad debt.

e. The collection agency will not: (a) use or threaten to use force or violence to cause physical harm to the patient or the patient's family or property; (b) threaten arrest or criminal prosecution; (c) threaten to seize, attach, or sell a patient's property if doing so requires a court order; (d) use profane, obscene, or abusive language in communications with the patient's employer concerning the nature or existence of the debt; or (f) conceal the true purpose of the collections-related communication.

4. The collection agency must agree to return, and Providence will accept, any account in which the balance has been determined to be incorrect due to the availability of a third-party payer, or the patient is eligible for charity care or financial assistance. In the event that a patient has paid on an account and is subsequently found to have met financial assistance criteria, Providence will refund appropriate amounts to the patient or responsible party in accordance with any applicable state law.

5. Neither Providence nor any collection agency will:

a. Charge interest on the patient's medical debt.

b. Attempt to collect a medical debt from a patient's child or other family member who is not financially responsible for the debt, if prohibited by state law.

c. Use recent pay stubs or income tax returns provided by the patient for collection activities.

References:

Internal Revenue Code Section 501(r); 26 C.F.R. 1.501(r) (1) – 1.501(r) (7) 42 C.F.R. 482.55
47 U.S.C. §227 (TCPA)
PROV-FIN-519 Discounts for Health Services PROV-FIN-520 Medicare Bad Debts
PSJH-MISS-100 Charity Care-Financial Assistance
State and Regional Financial Assistance (Charity Care) Policies

Attachments:

None

Applicability

[1] For purposes of this policy, "Affiliates" is defined as any not-for-profit or non-profit entity that is wholly owned or controlled by Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Kadlec, Covenant Health Network,

Grace Health System, Providence Global Center*, NorCal HealthConnect, or is a not-for-profit or non-profit entity majority owned or controlled by PSJH or its Affiliates and bears the Providence, Swedish Health Services, St. Joseph Health, Covenant Health, Grace Health System, Kadlec, or Pacific Medical Centers names (includes Medical Groups, Home and Community Care, etc.).
*Policies and/or procedures may vary for our international affiliates due to regulatory differences.

[2] For purposes of this policy, “Health Plan” is defined as Providence Health Plan, Providence Plan Partners, Providence Health Assurance, Ayin Health Solutions, Inc, and Performance Health Technologies, Ltd.

All Revision Dates

02/2023, 09/2022, 08/2022, 10/2019

Approval Signatures

Step Description	Approver	Date
PSJH President/CEO	Cynthia Johnston: Senior Compliance Specialist	02/2023
PSJH Executive Council	Cynthia Johnston: Senior Compliance Specialist	
PSJH Policy Advisory Committee	Cynthia Johnston: Senior Compliance Specialist	02/2023

Standards

No standards are associated with this document

Asunto: Política de Asistencia Financiera de Providence (Atención Caritativa/Pago con Descuento): California	**Número de política:** PSJH RCM 002 CA	
Departamento: Gestión del Ciclo de Ingresos	☐ Nuevo ☒ Modificado ☐ Revisado	**Fecha:** 1 de diciembre de 2025
Patrocinador ejecutivo: Vicepresidente Sénior y Jefe del Ciclo de Ingresos	**Propietario de la política:** AVP Financial Counseling	
Aprobado por: Vicepresidente Sénior y Director del Ciclo de Ingresos	**Fecha de implementación:** 1 de enero de 2026	

Providence es una organización católica de atención médica sin fines de lucro que se dedica a su misión de servir a todos, especialmente a los pobres y vulnerables. Providence cree que recibir atención médica es un derecho que toda persona debería tener. Se asegura de que los servicios de atención médica emergentes y necesarios desde el punto de vista médico estén disponibles para cualquier persona en la comunidad, incluso si no pueden pagarlos.

ALCANCE:
Esta política se aplica a todos los hospitales Providence ("Providence") del estado de California. Cubre todos los servicios de emergencias, urgencias y otros servicios necesarios desde el punto de vista médico (con la excepción de la atención experimental, de investigación, estética o cosmética, o la atención para la conveniencia del paciente o del médico) (según se detalla en la definición de "Servicios Elegibles"). En el Anexo A figura una lista de los hospitales Providence cubiertos por esta política. Cuando utilizamos la palabra "hospital" o "centro" en esta política, nos referimos al ámbito de los centros descritos en el Anexo A.

Esta política se interpretará de manera consistente con la Sección 501(r) del Código de Rentas Internas de 1986, y sus enmiendas, con las Políticas de Precios Justos para Hospitales descritas en el Código de Salud y Seguridad de California (Secciones 127400-127446), y con el Título 22 del Código de Reglamentos de California § 96051-96051.37. Si en algún momento esta política y la ley entran en conflicto, prevalecerá la ley.

PROPÓSITO:
El propósito de esta política es garantizar que exista un método consistente, justo y no discriminatorio para brindar asistencia financiera (también conocida como "Atención caritativa/Pagos con descuento", donde corresponda) a personas que reúnen ciertos requisitos y que no pueden pagar, total o parcialmente, los Servicios Elegibles proporcionados por los hospitales de Providence.

Tiene como objetivo cumplir con todas las leyes aplicables. Esta es la Política oficial de Asistencia Financiera (Atención Caritativa/Pago con Descuento) (FAP) y la Política de Atención Médica de Emergencia para cada hospital Providence en California.

PERSONAS RESPONSABLES:
Departamentos de Ciclo de Ingresos. Además, todo el personal pertinente que realice funciones relacionadas con el registro, las admisiones, el asesoramiento financiero y la atención al cliente recibirá capacitación periódica sobre esta política.

POLÍTICA:
Providence brindará Servicios Elegibles sin costo, o a un costo menor, a pacientes que califiquen y presenten una solicitud o se consideren elegibles para recibir asistencia financiera, de acuerdo con los criterios establecidos en esta política. Para calificar, los pacientes deben cumplir con los requisitos de elegibilidad descritos en esta política. A los fines de esta política, el término “paciente” se utilizará para referirse al paciente, así como a cualquier persona que sea garante o parte responsable (es decir, una persona que es responsable del pago de cualquier cargo del centro en nombre del paciente que no sea pagado por un tercero).

Los departamentos de emergencia de los hospitales Providence proporcionarán atención a las afeccione médicas de emergencia (según el significado previsto en la Ley de Tratamiento Médico de Emergencia y Trabajo de Parto) de acuerdo con las capacidades disponibles del departamento, independientemente de si un individuo es elegible para asistencia financiera.

Providence no discriminará por motivos de edad, raza, color, creencias, etnia, religión, nacionalidad, estado civil, sexo, discapacidad, estado militar o de veterano o cualquier combinación de las anteriores, ni por ningún otro motivo prohibido por las leyes federales, estatales o locales, a la hora de tomar decisiones sobre la asistencia financiera. La discriminación por motivos de sexo incluye, entre otras: características sexuales, incluidos rasgos intersexuales; embarazo o condiciones relacionadas; orientación sexual; identidad de género y estereotipos de género.

Los departamentos de emergencias de los hospitales Providence realizarán exámenes médicos de emergencia y tratamiento estabilizador o, cuando corresponda, derivarán y trasladarán a una persona a otro hospital. Providence prohíbe cualquier acción, práctica de admisión o política que desaliente a las personas a buscar atención médica de emergencia, como permitir actividades de cobro de deudas que interfieran en la provisión de atención médica de emergencia.

Listado de profesionales sujetos a la FAP de Providence: Cada hospital Providence posee una lista de los médicos, grupos médicos u otros profesionales de atención médica que brindan servicios que están y no están cubiertos por esta política. La ley de California exige a los médicos de emergencias que prestan servicios médicos de emergencia a los pacientes de los hospitales Providence de California que ofrezcan descuentos a los pacientes no asegurados o a los pacientes con gastos médicos elevados que se encuentren al 400 % del FPL o por debajo de esta cifra. Cada hospital Providence proporcionará esta lista a cualquier paciente que solicite una copia. La lista de proveedores también se puede encontrar en línea en el sitio web de Providence: www.providence.org/financialhelp

Requisitos de elegibilidad para asistencia financiera: La asistencia financiera está disponible tanto para pacientes asegurados como no asegurados si cumplen con los requisitos de esta política. La asistencia financiera otorgada de conformidad con esta política también pretende cumplir con otras leyes con respecto a los beneficios permitidos para los pacientes. Providence se esforzará para identificar si existe algún otro seguro que pueda cubrir los costos de los Servicios Elegibles antes de facturar al paciente. No se exigirá a los pacientes que soliciten programas de asistencia médica antes de ser evaluados para la asistencia financiera; sin embargo, Providence puede exigir que un paciente participe en una evaluación de elegibilidad para Medi-Cal cuando, de otro modo, se evalúa a ese paciente para la elegibilidad para la asistencia financiera. Los pacientes sin seguro recibirán un descuento. Los tipos de facturas que podrían ser elegibles para ajustes de asistencia financiera incluyen, entre otros: pago por cuenta propia, cargos para pacientes con cobertura fuera de la red y montos de coseguro, deducible y copago relacionados con pacientes asegurados. Los montos de

deducibles y coseguros reclamados como una deuda incobrable se excluirán del informe de asistencia financiera.

Los pacientes que buscan asistencia financiera pueden completar la Solicitud de Asistencia Financiera de Providence estándar y la elegibilidad se basará en la necesidad financiera en ese momento o en cualquier momento en que Providence reciba información sobre los ingresos de un paciente que pueda indicar necesidad financiera. Se realizarán esfuerzos para notificar e informar a los pacientes sobre la disponibilidad de asistencia financiera proporcionando información durante la admisión y el alta, en el estado de cuenta del paciente, en las áreas de facturación accesibles para el paciente (como mostradores de registros), en el sitio web de Providence, mediante comunicación oral durante las charlas de pago, así como en la cartelería en las áreas de pacientes hospitalizados y ambulatorios, incluidas las áreas donde los pacientes son admitidos o registrados y en el departamento de emergencias. Además, Providence notificará a los pacientes que existen organizaciones que pueden ayudarlos a comprender el proceso de facturación y pago, así como información sobre la supuesta elegibilidad para recibir asistencia financiera, y Providence incluirá la dirección de Internet de estas organizaciones en los formularios de admisión de rutina presentados a los pacientes. Providence mantendrá registros de la información utilizada para determinar la elegibilidad para recibir asistencia financiera. Proporcionará una copia impresa de esta política al paciente que la solicite.

Providence también aprobará un ajuste caritativo en el saldo de la cuenta de ciertos pacientes por medios distintos a una Solicitud de Asistencia Financiera completa si los pacientes cumplen con los requisitos detallados más adelante en esta política (consulte “Asistencia Financiera sin una Solicitud”).

Solicitud de asistencia financiera: Los pacientes pueden solicitar y presentar una Solicitud de Asistencia Financiera, la cual es gratuita y está disponible en los centros de Providence, o a través de los siguientes medios: informando al personal de servicios financieros del paciente (en el momento del alta o antes) que se solicita la asistencia, por correo o visitando www.providence.org/financialhelp. La Solicitud de Asistencia Financiera de una persona se procesará para determinar si puede cumplir con los criterios para asistencia financiera establecidos en esta política.

Los centros de Providence cuentan con personal designado listo para ayudar a los pacientes a completar la Solicitud de Asistencia Financiera y ver si el paciente califica para recibir asistencia financiera de Providence o de programas de seguros financiados por el gobierno. También se encuentra disponible ayuda con la traducción de idiomas para resolver cualquier pregunta y ayudar a completar la Solicitud de Asistencia Financiera.

Un paciente puede proporcionar una Solicitud de Asistencia Financiera completa, incluida toda la documentación de respaldo solicitada, en cualquier momento. Providence suspenderá cualquier actividad de cobro en espera de una determinación inicial de elegibilidad para asistencia financiera, siempre que el paciente o su garante cooperen con los esfuerzos razonables de Providence para llegar a una determinación inicial.

La determinación de la elegibilidad para la asistencia financiera se puede hacer de acuerdo con las calificaciones de ingresos que se detallan en el Anexo B.

Situación financiera individual: Los ingresos y gastos del paciente se utilizarán para evaluar la situación financiera individual del mismo. Además, Providence considerará y recopilará información relacionada con los activos según lo exijan los Centros de Servicios de Medicare y Medicaid (CMS) para el informe de costos de Medicare, lo que se aplica a pacientes de Medicare que tampoco tengan el seguro de Medicaid. Si bien Providence recopila información sobre los activos de dichas personas y otra información que los asesores financieros de Providence crean necesaria, no todos esos activos figurarán en el monto final de la asignación. Por ejemplo, el cálculo de la asignación no tendrá en cuenta: (A) los primeros $100.000 de los activos monetarios de un paciente (incluido su patrimonio familiar, si corresponde) y el 50 % de los activos monetarios de un paciente sobre los primeros $100.000 (incluido su patrimonio familiar, si corresponde); (B) cualquier capital en una residencia principal; (C) planes de jubilación o compensación diferida calificados bajo el Código de Rentas Internas o planes de compensación diferida no calificados; (D) un vehículo motorizado y un segundo vehículo motorizado si es necesario para fines laborales o médicos; (E) cualquier contrato de funeral o parcela de entierro prepago; y (F) cualquier póliza de seguro de vida con un valor nominal de $10.000 o menos. El valor de cualquier activo que tenga penalización por retiro anticipado será el valor del activo después de que se haya pagado la penalización. Las solicitudes de información de Providence a la parte responsable para verificar los activos se limitarán a lo que sea razonablemente necesario y esté fácilmente disponible para determinar la existencia, disponibilidad y valor de los activos de una persona y no se utilizarán para desalentar la solicitud de Atención Caritativa o Pago con Descuento. No se solicitarán formularios de verificación duplicados. La documentación de los ingresos se limitará a los últimos talones de pago o declaraciones de la renta. Providence puede aceptar otras formas de documentación de ingresos, pero no exigirá esas otras formas. Cualquier información de activos e ingresos obtenida por el hospital al evaluar a un paciente para Atención Caritativa o Pago con Descuento no se utilizará para actividades de cobro. Para las personas que no son beneficiarios de Medicare, o para aquellos que tienen seguro tanto de Medicare como de Medicaid, no se solicitará ni evaluará ninguna información sobre sus activos.

Calificaciones de ingresos: Los ingresos del paciente, basados en el nivel federal de pobreza (FPL), se pueden utilizar para determinar la elegibilidad para recibir asistencia financiera. Consulte el Anexo B para obtener más detalles.

Determinación de elegibilidad: Los pacientes recibirán una notificación de la determinación de elegibilidad de la FAP dentro de los 30 días posteriores a la presentación de la Solicitud de Asistencia Financiera completa y la documentación necesaria. La notificación incluirá específicamente una explicación del fundamento de la determinación. Una vez que se recibe una solicitud, los esfuerzos de cobro quedarán pendientes hasta que se envíe una determinación de elegibilidad por escrito al paciente. Providence no determinará la elegibilidad para recibir asistencia con base en información que el hospital crea razonablemente que es incorrecta o poco confiable.

Resolución de conflictos: Los pacientes que hayan completado una Solicitud de Asistencia Financiera pueden apelar una determinación de inelegibilidad para recibir asistencia financiera proporcionando la documentación adicional pertinente a Providence dentro de los 30 días posteriores a la recepción del aviso de denegación. Es posible que el paciente deba proporcionar documentación adicional pertinente para respaldar su apelación. Providence suspenderá cualquier actividad de cobro en espera de la revisión de la apelación. Se revisarán todas las apelaciones y, si la revisión confirma la denegación, se enviará una notificación por escrito al paciente y al Departamento de Salud del Estado, cuando sea necesario y de conformidad con la ley. El proceso de apelación final concluirá dentro de los 10 días posteriores a la recepción de la denegación por parte de Providence. Las apelaciones pueden enviarse al Director de Asistencia Financiera a la siguiente dirección: Providence Regional Business Office, P.O. Box 31001-3422, Pasadena, CA, 91110-3422, United States of America.

Asistencia financiera sin una solicitud: Providence puede aprobar un ajuste de caridad en el saldo de la cuenta de un paciente sin una Solicitud de Asistencia Financiera completa como se describe en las circunstancias a continuación:

- Determinaciones presuntivas: Tales determinaciones se harán sobre una base presuntiva utilizando una herramienta de evaluación financiera reconocida por la industria que evalúa la capacidad de pago sobre la base de los registros financieros u otros disponibles públicamente, incluyendo pero no limitado a los ingresos aproximados del hogar y el tamaño del hogar de acuerdo con los criterios de elegibilidad establecidos en el Anexo B. Para los pacientes presuntamente elegibles para la condonación sobre la base de este examen, los importes elegibles se condonarán según se indica en el Anexo B. Los pacientes que hayan efectuado el pago antes de que Providence determine que el paciente es presuntamente elegible para recibir asistencia financiera pueden tener que presentar una Solicitud de Asistencia Financiera completa a fin de que se evalúe su elegibilidad para recibir reembolsos de los montos pagados previamente.

- Programas de asistencia pública: Los pacientes que participan en programas estatales de Medicaid pueden optar por la asistencia presuntiva. Los saldos de cuentas de pacientes resultantes de cargos por Servicios Elegibles que no son reembolsables por Medicaid, Medi-Cal u otros programas de asistencia de bajos ingresos patrocinados por el gobierno pueden ser elegibles para una condonación caritativa completa, incluyendo pero no limitado a cargos no reembolsables por Servicios Elegibles relacionados con lo siguiente:
    - Estancias de hospitalización denegadas
    - Días de hospitalización denegados
    - Servicios no cubiertos
    - Denegaciones de Solicitudes de Autorización de Tratamiento (TAR)
    - Denegaciones por cobertura restringida

En el caso de pacientes que participan en programas de asistencia pública financiados por el estado y calificados según el FPL, por ejemplo, CalFresh (conocido de forma federal como el Programa Suplementario de Asistencia Nutricional); CalWORKs (Programa de Asistencia Temporal); el Programa de Seguro Médico para Niños (CHIP); el Programa para Mujeres, Bebés y Niños (WIC); programas de almuerzo o desayuno gratuitos; y programas de asistencia energética para hogares de bajos ingresos, Providence puede considerar dicha participación como prueba del FPL o ingreso familiar anual a fin de determinar la elegibilidad para recibir Asistencia Presuntiva conforme al Anexo B.

Gastos médicos catastróficos: Providence otorgará asistencia financiera a su discreción para conceder asistencia adicional basada en las circunstancias del paciente o en el caso de un gasto médico catastrófico que califique, si el ingreso familiar anual del paciente y el total de gastos médicos en los centros de Providence en los 12 meses anteriores cumplen con los requisitos especificados en el Anexo B. Se requiere una Solicitud de Asistencia Financiera completa para evaluar la elegibilidad para Gastos Médicos Catastróficos.

Tiempos de emergencia: La asistencia financiera estará a disposición en momentos de emergencia nacional o estatal, independientemente de la asistencia por gastos catastróficos. Los criterios de elegibilidad y los montos de descuento se establecerán a discreción de Providence en el momento de dicha emergencia. Se requiere una Solicitud de Asistencia Financiera completa para evaluar la elegibilidad para recibir asistencia financiera durante los tiempos de emergencia.

Requisitos de elegibilidad: Providence puede denegar la Solicitud de Asistencia Financiera de un paciente cuando este o un tercero responsable no cumplen con los requisitos descritos en esta política. Providence puede, de conformidad con la ley estatal, imponer requisitos de elegibilidad para determinaciones de asistencia financiera sin una solicitud, incluidos, entre otros, requisitos para que los pacientes respondan a solicitudes según sea necesario para que su aseguradora principal adjudique una reclamación de reembolso y para que proporcionen información sobre cualquier responsabilidad potencial de terceros por el costo de los servicios. Si un paciente no reúne los requisitos para recibir asistencia financiera sobre la base de la información considerada sin una Solicitud de Asistencia Financiera completa, el paciente puede proporcionar la información requerida de conformidad con la Solicitud de Asistencia Financiera y ser considerado bajo el proceso de elegibilidad y solicitud de asistencia financiera establecido en esta política.

Limitación de cargos para todos los pacientes elegibles para asistencia financiera: Ningún paciente que califique para cualquiera de las categorías de asistencia financiera antes mencionadas será responsable por un mayor porcentaje que el de los “Cantidades Generalmente Facturadas” (AGB) de los cargos brutos de Servicios Elegibles, como se define a continuación.

Plan de pago razonable: Todos los pacientes pueden solicitar un plan de pago, independientemente de la determinación o solicitud de asistencia financiera. El plan de pago razonable consistirá en pagos mensuales (sin intereses ni recargos por pagos atrasados) que no superen el 10 % de los ingresos mensuales de un paciente o su familia, sin incluir las deducciones por gastos básicos de subsistencia que el paciente indicó en su solicitud. Providence puede tener en cuenta la disponibilidad de la cuenta de ahorros médicos de un paciente a la hora de aplicar un plan de pago. El plan de pago puede ser declarado sin efecto si el paciente no efectúa todos los pagos consecutivos adeudados durante un período de 90 días. Antes de declararlo sin efecto, Providence intentará razonablemente ponerse en contacto con el paciente por teléfono y notificarle por escrito que el plan de pago puede quedar sin efecto, así como también ofrecerle la oportunidad de renegociarlo. Antes de que Providence declare sin efecto el plan de pago, intentará renegociar los términos del plan de pago incumplido, si así lo solicita el paciente.

Facturación y cobros: Si queda algún monto por pagar después de aplicar la asistencia financiera elegible, los montos pueden remitirse a cobranzas, excepto que Providence no remitirá a cobranzas los montos por Servicios Elegibles prestados a los pacientes de Medicaid. Antes de derivar un cargo impago para su cobro a una agencia de cobranzas, Providence realizará una evaluación previa al cobro para determinar si el paciente reúne los requisitos para recibir asistencia presuntiva, tal como se describe en esta política. Providence proporcionará, o exigirá que las agencias de cobro de terceros proporcionen el aviso por escrito requerido por Código de Salud y Seguridad de California § 127430 sobre los derechos del paciente en virtud de la Ley de Prácticas Justas en el Cobro de Deudas antes de las actividades de cobro. Los esfuerzos de cobro de saldos impagos cesarán hasta que se determine la elegibilidad de asistencia financiera. En caso de que una persona aún no haya presentado una Solicitud de Asistencia Financiera, Providence examinará a dichas personas para determinar su elegibilidad para determinaciones presuntivas en un plazo coherente con la ley estatal aplicable y las prácticas de facturación y cobro de Providence. La asistencia financiera basada en determinaciones presuntivas se proporcionará según lo establecido en el Anexo B. Si una persona desea una determinación más temprana de la elegibilidad para recibir asistencia financiera, puede presentar una Solicitud de Asistencia Financiera en cualquier momento. Providence no tomará, ni permitirá que las agencias de cobranza tomen ninguna acción extraordinaria de cobro, como se define a continuación. Para obtener información sobre las prácticas de facturación y cobro de los montos adeudados por los pacientes de Providence, consulte la política de Providence, que está disponible sin cargo en la mesa de registro de cada hospital de Providence, o en: www.providence.org/billing-support/understand-bill.

Reembolsos del paciente: Si un paciente paga por Servicios Elegibles y posteriormente se determina que califica para recibir asistencia financiera luego de haber completado una solicitud, cualquier pago realizado por esos Servicios Elegibles durante el Período de Tiempo Elegible para la FAP que exceda la obligación de pago será reembolsado, de acuerdo con las regulaciones estatales y federales. Para mayor claridad, Providence no reembolsará automáticamente los importes abonados previamente sobre la base de una determinación de elegibilidad presuntiva.

Revisión anual: Esta política será revisada anualmente por los responsables designados del Ciclo de Ingresos.

EXCEPCIONES:
Ver la sección Alcance arriba.

DEFINICIONES:
Las siguientes definiciones y requisitos se aplican a esta política:

1. Nivel Federal de Pobreza (FPL): El FPL son las pautas de pobreza actualizadas periódicamente en el Registro Federal por el Departamento de Salud y Servicios Humanos de los Estados Unidos.

2. Cantidades Generalmente Facturadas (AGB): Las cantidades generalmente facturadas por atención de emergencia y otra atención médicamente necesaria a pacientes que tienen seguro médico se denominan en esta política como AGB. Providence Southern California y Providence Northern California determinan el porcentaje de AGB aplicables para cada centro de Providence multiplicando los cargos brutos del centro por los Servicios Elegibles por un porcentaje fijo que se basa en los reclamos permitidos por Medicare o Medi-Cal, cualquiera que sea mayor. Las hojas de información que detallan los porcentajes de AGB utilizados por www.providence.org/financialhelp o llamando al 1-866-747- 2455 para solicitar una copia.

3. Servicios Elegibles: Servicios Elegibles son los servicios de emergencia o servicios médicamente necesarios proporcionados por un centro de Providence que son elegibles para recibir asistencia financiera. Los servicios médicamente necesarios, a los fines de esta política, incluyen servicios para prevenir, diagnosticar o tratar una enfermedad, lesión, afección o dolencia, o los síntomas de una enfermedad, lesión, afección o dolencia, y que cumplan con los estándares aceptados de medicina. Los servicios estéticos, cosméticos, experimentales, de investigación o parte de un programa de investigación clínica, o los servicios que son para la conveniencia del paciente o del médico, no se consideran servicios médicos necesarios.

4. Acción Extraordinaria de Cobro (ECA): Las ECA se definen como aquellas acciones que requieren un proceso legal o judicial, implican la venta de una deuda a un tercero o implican la comunicación de información adversa a agencias u oficinas de crédito. Las acciones que requieren proceso legal o judicial para este fin incluyen el embargo preventivo; la ejecución hipotecaria de bienes inmuebles; el gravamen o incautación de una cuenta bancaria u otra propiedad personal; el inicio de una acción civil contra un individuo; acciones que causan el arresto de una persona; acciones que hacen que una persona esté sujeta a detención por incumplimiento de una orden judicial y el embargo de salarios.

5. Período de tiempo elegible para la FAP: El período de tiempo elegible para la FAP para (i) servicios hospitalarios es de 240 días; y para (ii) servicios clínicos de 90 días, en los casos en que el paciente tenga que presentar una Solicitud de Asistencia Financiera a Providence. El período comienza en la fecha en que se proporciona al paciente el primer estado de cuenta posterior al alta. Un estado de cuenta se considera “posterior al alta” si se proporciona a un paciente después de que recibió atención, ya sea hospitalaria o ambulatoria, y la persona ha abandonado el centro. Un período de tiempo elegible para la FAP separado comienza con cada episodio de atención, y el período de 240 días para servicios hospitalarios o el de 90 días para servicios clínicos, según corresponda, se medirá a partir de la primera factura posterior al alta del episodio más reciente de atención. Dicho esto, Providence tiene la discreción de aceptar y procesar Solicitudes de Asistencia Financiera de pacientes en cualquier momento.

6. Costos médicos altos: Los costos médicos altos son aquellos definidos por las Políticas de Precios Justos de Hospitales (Código de Salud y Seguridad de California § 127400(g)), siendo: (1) gastos anuales de bolsillo incurridos por el individuo en el hospital Providence que excedan el menor de los siguientes valores: el 10 % de los ingresos familiares actuales del paciente o los ingresos familiares en los 12 meses anteriores, (2) gastos anuales de bolsillo que excedan el 10 % de los ingresos familiares del paciente, si se proporciona documentación de los gastos médicos pagados por el paciente o la familia del paciente en los 12 meses anteriores, o (3) un nivel inferior determinado por el hospital Providence de acuerdo con esta política. A efectos de esta definición, por “gastos de bolsillo” se entiende cualquier gasto por atención médica que no sea reembolsado por un seguro o un programa de cobertura médica, como los copagos de Medicare o la participación en los gastos de Medi-Cal.

7. Atención caritativa: Significa atención gratuita, tal como se define en Código de Salud y Seguridad de California § 127400.5(a).

8. Pago descontado o pago con descuento: Se refiere a cualquier cargo por atención que sea reducido pero no gratuito, tal como se define en el Código de Salud y Seguridad de California § 127400.5(b).

9. Familia del paciente: Incluye los siguientes, tal como se define en Código de Salud y Seguridad de California § 127400(h):

   Si el paciente tiene 18 años o más, la familia incluye al cónyuge, la pareja de hecho y los hijos dependientes menores de 21 años, o de cualquier edad si tienen una discapacidad, vivan o no en el domicilio familiar.

Si el paciente es menor de 18 años o tiene un hijo dependiente de entre 18 y 20 años de edad, la familia incluye a los padres, parientes cuidadores y los padres o parientes cuidadores, otros dependientes menores de 21 años de edad o de cualquier edad si tienen una discapacidad.

REFERENCIAS:

Sección 501(r) del Código de Impuestos Internos; 26 C.F.R. 1.501(r)(1) – 1.501(r)(7)
California Health and Safety Codes section 127400 -127446
22 California Code of Regulations § 96051-96051.37
Ley de Tratamiento Médico de Emergencia y Trabajo de Parto (EMTALA), 42 U.S.C. 1395dd
42 C.F.R. 482.55 y 413.89
American Hospital Associations Charity Guidelines
California Hospital Association Charity Guidelines
California Alliance on Catholic Healthcare Charitable Services Guidelines
Providence Commitment to the Uninsured Guidelines
Provider Reimbursement Manual, Part I, Chapter 3, Section 312

Anexo A – Lista de centros cubiertos

Para mayor claridad, esta política también se aplica a todos los departamentos y clínicas para pacientes hospitalizados y ambulatorios de las instalaciones cubiertas. Además, se aplica a los empleados de los centros cubiertos, así como a cualquier entidad sin fines de lucro de propiedad mayoritaria o controlada por Providence y que lleve el nombre de Providence y sus respectivos empleados.

Hospitales de Providence en el Sur de California	
Providence Saint Joseph Medical Center	Providence Holy Cross Medical Center
Providence Little Company of Mary Medical Center San Pedro	Providence Saint John’s Health Center
Providence Cedars-Sinai Tarzana Medical Center	Providence Little Company of Mary Medical Center Torrance
Providence St. Joseph Hospital Orange	Providence St. Jude Medical Center
Providence St. Mary Medical Center	Providence Mission Hospital Laguna Beach
Providence Mission Hospital Mission Viejo	

Hospitales de Providence en el Norte de California	
Providence St. Joseph Hospital	Providence Redwood Memorial Hospital
Providence Santa Rosa Memorial Hospital	Providence Queen of the Valley Medical Center

NorCal Health Connect Hospitals	
Petaluma Valley Hospital	Healdsburg Hospital

Providence

Anexo B: Requisitos de Ingresos para los Hospitales de Providence en el Sur de California

Si...	Entonces...
El ingreso familiar anual, ajustado según el tamaño de la familia, es igual o inferior al 300 % de las pautas actuales de la FPL,	Se determina que el paciente es económicamente indigente y califica para Atención caritativa con 100 % de condonación de los montos de responsabilidad del paciente.
El ingreso familiar anual, ajustado según el tamaño de la familia, está entre el 301 y el 400 % de las pautas actuales de FPL,	El paciente es elegible para un Pago con Descuento del 85 % de los cargos originales sobre los montos de responsabilidad del paciente por los Servicios Elegibles, y en ningún caso se le cobrará más de los AGB.
El ingreso familiar anual, ajustado según el tamaño de la familia, es menor o igual al 400 % del FPL Y ADEMÁS el paciente ha incurrido en gastos médicos totales en los hospitales de Providence en los 12 meses anteriores que superan el 20 % de su ingreso familiar anual, ajustado según el tamaño de la familia, para Servicios Elegibles,	El paciente tiene derecho a una aprobación única para una condonación de Atención caritativa para gastos médicos catastróficos del 100 % de los importes de responsabilidad del paciente por Servicios Elegibles adeudados a la fecha de presentación de la Solicitud de Asistencia Financiera.
Si un paciente no ha presentado una Solicitud de Asistencia Financiera completa, tal y como se indica en esta política, pero el análisis realizado por una herramienta de evaluación financiera reconocida por el sector estima que los ingresos aproximados del hogar, ajustados en función del tamaño de la familia, son iguales o inferiores al 300 % de las pautas actuales del FPL,	El paciente es presuntamente elegible para una condonación de Atención Caritativa del 100 % de los importes de responsabilidad del paciente por los Servicios Elegibles.

Requisitos de ingresos para los hospitales de Providence en el Norte de California y los hospitales de NorCal Health Connect en el Norte de California

Si...	Entonces...
El ingreso familiar anual, ajustado según el tamaño de la familia, es igual o inferior al 300 % de las pautas actuales de la FPL,	Se determina que el paciente es económicamente indigente y califica para Atención Caritativa con 100 % de condonación de los montos de responsabilidad del paciente
El ingreso familiar anual, ajustado según el tamaño de la familia, está entre el 301 y el 400 % de las pautas actuales de FPL,	El paciente es elegible para un Pago con Descuento del 87 % de los cargos originales sobre los montos de responsabilidad del paciente por los Servicios Elegibles, y en ningún caso se le cobrará más de los AGB.

El ingreso familiar anual, ajustado según el tamaño de la familia, es menor o igual al 400 % del FPL Y ADEMÁS el paciente ha incurrido en gastos médicos totales en los hospitales de Providence en los 12 meses anteriores que superan el 20 % de su ingreso familiar anual, ajustado según el tamaño de la familia, para Servicios Elegibles,	El paciente tiene derecho a una aprobación única para una condonación de Atención caritativa para gastos médicos catastróficos del 100 % de los importes de responsabilidad del paciente por Servicios Elegibles adeudados a la fecha de presentación de la Solicitud de Asistencia Financiera.
Si un paciente no ha presentado una Solicitud de Asistencia Financiera completa, tal y como se indica en esta política, pero el análisis realizado por una herramienta de evaluación financiera reconocida por el sector estima que los ingresos aproximados del hogar, ajustados en función del tamaño de la familia, son iguales o inferiores al 300 % de las pautas actuales del FPL,	El paciente es presuntamente elegible para una condonación de Atención Caritativa del 100 % de los importes de responsabilidad del paciente por los Servicios Elegibles.

Providence

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Providence

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Próxima revisión	02/2028

Propietario	Ryan Thompson: Vicepresidente Sénior y Director del Ciclo de Ingresos
Área de la política	Ciclo de ingresos
Aplicabilidad	Sistema de Providence + PGC

Asignaciones de deudas incobrables PSJH-RCS-1603

Patrocinador ejecutivo:	Gregory Hoffman, Director Financiero
Propietario de la política:	Ryan Thompson, Vicepresidente Sénior, Director del Ciclo de Ingresos
Persona de contacto:	Ryan Thompson, Vicepresidente Sénior, Director del Ciclo de Ingresos

Alcance:

Esta política se aplica a las obligaciones de los pacientes cuando las gestiones internas de cobro no han dado lugar al pago íntegro de acuerdo con los plazos y procesos establecidos. Esta política se aplica a Providence y a sus afiliados[i] que prestan servicios de atención médica y a sus empleados (conocidos colectivamente como “Providence”). Esta política no se aplica al Providence Health Plan (PHP)[ii] ni al U.S. Family Health Plan (USFHP).

☑ Sí ☐ No ¿Es aplicable esta política a los cuidadores del Providence Global Center (PGC)?

Se trata de una política de nivel directivo revisada y recomendada por el Comité Consultivo de Políticas (PAC) para someterla a la aprobación de la cúpula directiva, lo que incluye su examen por el Consejo Ejecutivo y la aprobación final por el Presidente, el Director Ejecutivo o el delegado correspondiente.

Propósito:

Providence es una Organización de atención médica sin fines de lucro guiada por el compromiso con su Misión de servir a todos, especialmente a los pobres y vulnerables, por sus Valores Fundamentales de compasión, dignidad, justicia, excelencia e integridad, y por la creencia que la salud es un derecho humano.

El propósito de esta política es:

A. Garantizar el cumplimiento de los requisitos normativos por parte de Providence y de cualquier entidad contratada para el cobro de deudas incobrables, incluidas las normativas estatales y federales de Medicaid y Medicare, así como del Código de Rentas Internas 501(r).

B. Garantizar que Providence realice esfuerzos razonables para informar al paciente sobre la disponibilidad de asistencia financiera antes de asignar una cuenta como deuda incobrable.

C. Garantizar que Providence realice esfuerzos razonables para evaluar la elegibilidad del paciente para recibir asistencia financiera antes de asignar una cuenta como deuda incobrable.

Definiciones:

A los efectos de esta política, se aplican las siguientes definiciones y requisitos:

A. **FAP (Política de Asistencia Financiera)** es la Política de Atención Caritativa/Asistencia Financiera de Providence, complementada y aclarada por las Políticas de Asistencia Financiera (Atención Caritativa) estatales y regionales, que proporciona servicios gratuitos o con descuento a pacientes elegibles de acuerdo con los requisitos normativos pertinentes.

B. **Las Acciones Extraordinarias de Cobro (ECA)** se definen como aquellas acciones que requieren un proceso legal o judicial, involucran la venta de una deuda a otra parte o el reporte de información adversa a las agencias u oficinas de crédito. Las ECA que requieren proceso legal o judicial para este fin incluyen el embargo preventivo; ejecución hipotecaria de bienes inmuebles, gravamen o incautación de una cuenta bancaria u otra propiedad personal; inicio de una acción civil contra un individuo; acciones que causan el arresto de una persona; acciones que hacen que una persona esté sujeta al apego corporal y embargo de salario.

   El **Resumen en Lenguaje Sencillo** es una declaración escrita para comunicar que Providence ofrece asistencia financiera en virtud de la FAP para servicios de hospitalización y ambulatorios, y contiene la información que debe incluirse en dicha declaración en virtud de la FAP.

D. La **reclamación escalada de un paciente** es una situación en la que un paciente no está satisfecho con la resolución o la gestión de su cuenta o cuentas y solicita que alguien con un nivel de autoridad superior resuelva la reclamación.

Política:

Para garantizar la mejor experiencia posible en relación con los esfuerzos de cobro de las deudas de los pacientes, Providence ha desarrollado esta política para facilitar enfoques coherentes y de calidad para las asignaciones de deudas incobrables. Esta política se interpretará de manera consistente con la Sección 501(r) del Código de Rentas Internas, en su versión modificada. En caso de conflicto entre las disposiciones de dichas leyes y esta política, dichas leyes prevalecerán.

Requisitos:

1. Providence no venderá deuda a terceros. PSJH tiene autoridad para transferir deudas de pacientes a agencias de cobro de deudas incobrables.

2. En general, no se asignará una cuenta a una agencia de cobro de deudas incobrables durante el proceso de determinación o mientras se esté revisando o tramitando la situación financiera del paciente o su solicitud de seguro o asistencia financiera, o durante el período de tramitación de una apelación de una determinación de la situación de patrocinio de atención caritativa. Antes de enviar una cuenta a una agencia de cobro de deudas incobrables, Providence hará los esfuerzos razonables para informar a los pacientes, cobrar las obligaciones del paciente y evaluar la elegibilidad de caridad de acuerdo con los requisitos normativos y la FAP de Providence. Esto puede incluir:

    a. Proporcionar extractos de facturación con un aviso escrito bien visible para informar a los pacientes sobre la disponibilidad de ayuda financiera, así como un número de teléfono directo y una dirección de sitio web donde puedan obtenerse solicitudes, políticas, resúmenes en lenguaje sencillo y servicios de traducción, incluida una declaración de que puede haber servicios de asesoramiento sin ánimo de lucro disponibles en la zona.

    b. Garantizar la disponibilidad de un resumen en lenguaje sencillo de Providence (FAP) con al menos una (1) comunicación posterior al alta como parte del proceso de admisión o alta.

    c. Examinar la cuenta para determinar la ayuda financiera de acuerdo con la FAP de Providence.

    d. Garantizar que las agencias de cobros de deudas incobrables a las que se puedan asignar cuentas cumplen la normativa estatal y federal de Medicaid y Medicare, así como los requisitos 501(r), incluida la obtención de una licencia de cobrador de deudas, según exija la legislación estatal, y que las agencias no se involucrarán en ECA, incluido, entre otros, el inicio de acciones legales contra los pacientes.

    e. Garantizar el cifrado adecuado de la Información Médica Protegida (PHI) para cualquier información del paciente proporcionada a una agencia de cobro de deudas incobrables a la que se puedan asignar cuentas.

    Antes de asignar una cuenta a una agencia de cobro de deudas incobrables, enviar al paciente una notificación con determinada información relacionada con dicha deuda incobrable (por ejemplo, fechas de servicio e importes de la factura). Para los pacientes de California, dicha notificación debe incluir un resumen de los derechos del paciente relacionados con las actividades de cobro y el nombre de la agencia de cobro de morosos.

3. Requisitos para las agencias de cobro de deudas incobrables a las que se asignan las cuentas de Providence:

a. Las cuentas permanecerán con el proveedor principal de deudas incobrables hasta que la cuenta se considere imposible de cobrar o hasta trescientos sesenta y cinco (365) días desde su colocación, lo que ocurra primero. Las cuentas consideradas imposibles de cobrar se devolverán mensualmente, sin superar los 365 días. Las cuentas de más de 365 días, que están en un plan de pago activo, pueden permanecer en la agencia hasta su resolución. Providence puede optar en cualquier momento y por cualquier motivo por retirar cuentas y resolver dichas cuentas internamente o colocar las cuentas devueltas con una agencia de colocación de deudas incobrables secundaria o terciaria.

b. La agencia de cobros debe cumplir toda la normativa pertinente, incluida la Ley de Prácticas Justas de Cobro de Deudas (FDCPA)1, la Ley de Protección del Consumidor Telefónico (TCPA) 501(r) y cualquier otra normativa estatal o federal aplicable. Concretamente, en lo que respecta a la normativa estatal y federal, la agencia:

    i. También debe asegurarse de que no se adopten medidas de cobro extraordinarias.

    ii. Debe suspender los esfuerzos de cobro si Providence le notifica que el paciente presentó una solicitud de FAP después de la asignación y, a partir de entonces, seguir las instrucciones de Providence con respecto a la cuenta.

    iii. Debe informar a PSJH de cualquier reclamación escalada del paciente recibida en la cuenta de Providence.

    iv. No debe reasignar la cuenta a otra agencia sin la aprobación expresa de Providence.

c. Cuando la agencia de cobro de deudas incobrables identifique que el paciente se ha declarado en quiebra, la agencia deberá notificarlo a Providence.

d. La agencia de cobros no venderá deudas incobrables.

e. La agencia de cobros no podrá: (a) utilizar o amenazar con utilizar la fuerza o la violencia para causar daños físicos al paciente o a su familia o a sus bienes; (b) amenazar con arrestos o acciones penales; (c) amenazar con confiscar, embargar o vender los bienes de un paciente si para ello se requiere una orden judicial; (d) utilizar un lenguaje profano, obsceno o abusivo en las comunicaciones con el empleador del paciente en relación con la naturaleza o la existencia de la deuda; o (f) ocultar el verdadero propósito de la comunicación relacionada con los cobros.

4. La agencia de cobros debe comprometerse a devolver, y Providence aceptará, cualquier cuenta en la que se haya determinado que el saldo es incorrecto debido a la disponibilidad de un tercero pagador, o el paciente sea elegible para atención caritativa o asistencia financiera. En caso de que un paciente haya pagado en una cuenta y posteriormente se determine que cumple los criterios de asistencia financiera, Providence reembolsará las cantidades apropiadas al paciente o a la parte responsable de acuerdo con cualquier ley estatal aplicable.

5. Ni Providence ni ninguna agencia de cobros:

    a. Cobrará intereses sobre la deuda médica del paciente.

    b. Intentará cobrar una deuda médica del hijo de un paciente o de otro miembro de la familia que no sea financieramente responsable de la deuda, si lo prohíbe la ley estatal.

    c. Utilizará talones de pago recientes o declaraciones de la renta proporcionadas por el paciente para las actividades de cobro.

Referencias:
Sección 501(r) del Código de Impuestos Internos; 26 C.F.R. 1.501(r)(1) – 1.501(r)(7) 42 C.F.R. 482.55
47 U.S.C. §227 (TCPA)
PROV-FIN-519 Discounts for Health Services
PROV-FIN-520 Medicare Bad Debts
PSJH-MISS-100 Charity Care-Financial Assistance
State and Regional Financial Assistance (Charity Care) Policies

Archivos adjuntos:
Ninguno

Aplicabilidad

[1] A los fines de la presente política, “Afiliados” se define como cualquier entidad sin ánimo de lucro que sea propiedad o esté controlada en su totalidad por Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Kadlec, Covenant Health Network, Grace Health System, Providence Global Center*, NorCal HealthConnect, o sea una entidad sin ánimo de lucro o de propiedad mayoritaria o controlada por PSJH o sus Afiliadas y lleve los nombres de Providence, Swedish Health Services, St. Joseph Health, Covenant Health, Grace Health System, Kadlec o Pacific Medical Centers (incluye grupos médicos, atención domiciliaria y comunitaria, etc.).

*Las políticas o procedimientos de nuestros afiliados internacionales pueden variar debido a diferencias normativas.

[2] A los fines de la presente política, se entiende por “plan de salud” las siguientes entidades: Providence Health Plan, Providence Plan Partners, Providence Health Assurance, Ayin Health Solutions, Inc, y Performance Health Technologies, Ltd.

Fechas de todas las revisiones

02/2023, 09/2022, 08/2022, 10/2019

Firmas de aprobación

Descripción	Aprobado por	Fecha
Presidente/CEO de PSJH	Cynthia Johnston: especialista sénior en cumplimiento	02/2023
Consejo Ejecutivo de PSJH	Cynthia Johnston: especialista sénior en cumplimiento	
Comité Consultivo de Políticas de PSJH	Cynthia Johnston: especialista sénior en cumplimiento	02/2023

Estándares

No hay estándares asociados con este documento.

EXHIBIT 2 TO

SECTION 999.5(d)(5)(B)

Charity Care/Financial Assistance Application Form Instructions

This is an application for financial assistance (also known as charity care) at Providence.

Federal and state law requires all hospitals to provide financial assistance to people and families who meet certain income requirements. You may qualify for free care or discounted care (you will be considered for both through this common application) based on your family size and income, even if you have health insurance. To view our financial assistance policy and slide scale guidelines, please go to your residing state website from https:// www.providence.org/billing-support.

What does financial assistance cover? The medical financial assistance covers medically necessary care provided by one of our hospitals or clinics within our family of organizations depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

If you have questions or need help completing this application: Our financial assistance policies, information about the programs, and the application materials are available on our website or via phone. You may obtain help for any reason, including disability and language assistance. Translated written documents available upon request.

Here's how to contact us: https://www.providence.org/billing-support

Customer Service Representatives at: 503-215-7575 or (+1) 855-229-6466

Monday-Friday 8:00 am to 5:00 pm

In order for your application to be processed, you must:

- ❑ **Provide us information about your family**

Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together). If you live in California, household or family is determined in this way, *If the patient is 18 and older*, family includes, spouse, domestic partner, and any dependent children under 21 years old, or any age if disabled, whether living at home or not. *If the patient is under 18* or for a dependent child 18 to 20 years of age**,** family includes parents, relative caretakers, and parent's or relatives' caretakers', other dependents under 21 years of age, or any age if disabled.

- ❑ **Provide us information about your family's gross monthly income (income before taxes and deductions) to include pay stubs or tax returns, or other income information (e.g. W-2 forms, social security award letters) and statements for income drawn from assets.**[1] (see financial assistance application Income Section for more examples)
- ❑ **Attach additional information if needed**
- ❑ **Sign and date the financial assistance form**

Note: You do not have to provide a Social Security number to apply for financial assistance. If you provide us with your Social Security number, your Social Security number may be used to identify you or used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA." **Mail completed application with all documentation to**: Providence Regional Business Office, P.O. Box 31001-3422, Pasadena, CA 91110-3422 UNITED STATES OF AMERICA. Be sure to keep a copy for yourself.507846221.4

To submit your completed application in person: Take to your nearest Hospital Financial Counselor's Office. We will notify you of the final determination of eligibility and appeal rights, if applicable, between 14 and 30 days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

[1] *Except as may be prohibited by state law, Providence will collect and consider information related to assets as required by the Centers for Medicare and Medicaid Services (CMS) for Medicare cost reporting. This applies specifically to Medicare beneficiaries who do not also have Medicaid insurance. For all others, asset information is optional.*

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We want to help. Please submit your application promptly. You may continue to receive billing statements until we receive your completed application and required documentation unless prohibited by your state's charity care laws.

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Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.

SCREENING INFORMATION

Do you need an interpreter? □ **Yes** □ **No** *If Yes, list preferred language:*

Has the patient applied for Medicaid? □ **Yes** □ **No** Is the patient Blind? □ **Yes** □ **No** Is the patient Disabled? □ **Yes** □ **No**

Does the patient receive state public services such as TANF, Basic Food, or WIC? □ **Yes** □ **No**

Is the patient currently homeless? □ **Yes** □ **No**

Is the patient's medical care need related to a car accident or work injury? □ **Yes** □ **No**

PLEASE NOTE

- We cannot guarantee that you will qualify for financial assistance, even if you apply.
- Once you send in your application, we may check all the information and may ask for additional information or proof of income.
- Within 14-30 days after we receive your completed application and documentation, we will notify you of our determination.

PATIENT AND APPLICANT INFORMATION

Patient first name	Patient middle name		Patient last name
□ Male □ Female □ Other (may specify _____)	Birth Date		Patient Social Security Number (optional)
Person Responsible for Paying Bill	Relationship to Patient	Birth Date	Social Security Number (optional)
Mailing Address _____ _____ City State Country Zip Code			Main contact number(s) ( ) _____ ( ) _____ Email Address:

Employment status of person responsible for paying bill

□ **Employed** (date of hire):_____ □ **Unemployed** (how long unemployed:)_____

□ **Self-Employed** □ **Student** □ **Disabled** □ **Retired** □ **Other** _____

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FAMILY INFORMATION

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together.

FAMILY SIZE ——— *Attach additional page if needed*

Name	Date of Birth	Relationship to Patient	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total gross monthly income (before taxes):	Also applying for financial assistance?
					Yes /No
					Yes /No
					Yes /No
					Yes /No
					Yes /No
					Yes /No
					Yes /No

All adult family members' income must be disclosed. Sources of income include, for example:
Wages- Unemployment-Self-employment-Worker's Compensation-Disability-SSI-Child/spousal support-Work study programs (students)- Income drawn from assets for example-stocks, bonds, IRAs, mutual funds, rental income, etc.

Providence

INCOME INFORMATION

REMEMBER: You must include proof of income with your application.

You must provide information on your family's income. Income verification is required to determine financial assistance. All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income.

Examples of proof of income include:

- A "W-2" withholding statement; or
- Current pay stubs (*3 months*); or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statements from employers or others; or
- Statements of income drawn from assets (stocks, bonds, IRAs, mutual funds, etc); or
- Approval/denial of eligibility for unemployment compensation.

If you have no proof of income or no income, please attach an additional page with an explanation.

EXPENSE INFORMATION

We use this information to get a more complete picture of your financial situation.

Monthly Essential Living Expenses:

Rent/mortgage $_____ Medical expenses $_____

Medical Insurance Premiums $_____ Utilities $_____

Other Debt/Expenses $_____ (*child support, loans, medications, other*)

ASSET INFORMATION AND DOCUMENTATION

Current checking account balance (See below to see if you need to provide a bank statement*)
$_____

General savings account balance
$_____

Does your family have these other assets? **Please check all that apply**

□No Assets

□ Stocks □ Bonds □ 401K □ Health Savings Account(s)

For Medicare beneficiaries without Medicaid insurance, Providence may ask for bank statements or similar source documentation.

*This information is required only from Medicare beneficiaries who do not also have Medicaid insurance. For all others, this information is optional. This information may only be used in accordance with our policy and the State regulations in which you received care and is collected and considered as required by the Centers for Medicare and Medicaid Services (CMS) for Medicare cost reporting.

ADDITIONAL INFORMATION

Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, excessive medical expenses, seasonal or temporary income, or personal loss.

PATIENT AGREEMENT

I understand that Providence may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the financial information I give is determined to be false, the result may be denial of financial assistance, and I may be responsible for and expected to pay for services provided.

_____ _____

Signature of Person Applying Date

Instrucciones para el formulario de solicitud de atención caritativa/asistencia financiera

Esta es una solicitud para asistencia financiera (también conocida como atención caritativa) en Providence.

Las leyes federales y estatales requieren que todos los hospitales brinden asistencia financiera a las personas y familias que cumplan con ciertos requisitos de ingresos. Puede calificar para recibir atención gratuita o con descuento (se le considerará para ambas a través de esta solicitud en común) según el tamaño de su familia y sus ingresos, incluso si tiene seguro médico. Para ver nuestra política de asistencia financiera y las directrices de escala móvil, visite el sitio web de su estado de residencia en https://www.providence.org/billing-support.

¿Qué cubre la asistencia financiera? La asistencia financiera médica cubre la atención médicamente necesaria proporcionada por uno de nuestros hospitales o clínicas dentro de nuestra familia de organizaciones, según su elegibilidad. Es posible que la asistencia financiera no cubra todos los costos de atención médica, incluidos los servicios proporcionados por otras organizaciones.

Si tiene preguntas o necesita ayuda para completar esta solicitud: Nuestras políticas de asistencia financiera, información sobre los programas y los materiales de solicitud están disponibles en nuestro sitio web o por teléfono. Puede obtener ayuda por cualquier motivo, incluido discapacidad y asistencia con el idioma. Hay documentos escritos traducidos disponibles a pedido.

Cómo comunicarse con nosotros: https://www.providence.org/billing-support
Representantes de Servicio al Cliente en: 503-215-7575 o (+1) 855-229-6466
Lunes a Viernes de 8:00 a. m. a 5:00 p. m.

Para que su solicitud sea procesada, usted debe:

- ❑ **Brindarnos información sobre su familia**

  Complete el número de miembros de la familia en su hogar (la familia incluye personas relacionadas por nacimiento, matrimonio o adopción que viven juntas) Si vive en California, el tamaño del hogar o la familia se determina de esta manera: si el paciente tiene 18 años o más, la familia incluye al cónyuge, la pareja de hecho y los hijos dependientes menores de 21 años, o de cualquier edad si tienen una discapacidad, vivan o no en el domicilio familiar. Si el paciente es menor de 18 años o tiene un hijo dependiente de entre 18 y 20 años de edad, la familia incluye a los padres, parientes cuidadores y los padres o parientes cuidadores, otros dependientes menores de 21 años de edad o de cualquier edad si tienen una discapacidad.

- ❑ **Brindarnos información sobre los ingresos mensuales brutos de su familia (ingresos antes de impuestos y deducciones) que pueden incluir talones de pago o declaraciones de impuestos u otra información sobre ingresos (p.ej. formularios W-2, carta de adjudicación del seguro social) y declaraciones de ingresos extraídos de activos.**[1] (consulte la Sección de Ingresos de asistencia financiera para más información)
- ❑ **Adjuntar información adicional si es necesario**
- ❑ **Firmar y poner fecha en el formulario de asistencia financiera**

Nota: No tiene que proporcionar un número de Seguro Social para solicitar asistencia financiera. Si nos brinda su número de Seguro Social, este puede usarse para identificarlo o para verificar la información que nos proporcionó. Si no tiene un número de Seguro Social, marque “no aplicable” o “NA”. **Enviar por correo la solicitud completa con toda la documentación a:** Providence Regional Business Office, P.O. Box 31001-3422, Pasadena, CA 91110-3422 UNITED STATES OF AMERICA. Asegúrese de guardar una copia para usted.507846221.4

Para entregar su solicitud completa en persona: Acérquese a la Oficina de Consejería Financiera del Hospital más cercano. Le notificaremos la resolución final sobre la elegibilidad y los derechos de apelación, si corresponde, entre 14 a 30 días después de recibir una solicitud de asistencia financiera completa, incluida la documentación de ingresos.

Al enviar una solicitud de asistencia financiera, usted da su consentimiento para que hagamos las consultas necesarias para confirmar las obligaciones financieras y la información.

1 Salvo que lo prohíba la ley estatal, Providence recopilará y considerará la información relacionada con los activos según lo requieran los Centros de Servicios de Medicare y Medicaid (CMS en inglés) para el informe de costos de Medicare. Esto se aplica específicamente a los beneficiarios de Medicare que tampoco tienen seguro de Medicaid. Para todos los demás, la información de los activos es opcional.

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Queremos ayudar. Envíe su solicitud a la brevedad. Puede continuar recibiendo resúmenes de facturación hasta que recibamos su solicitud completa y la documentación requerida, a menos que lo prohíban las leyes de atención caritativa de su estado.

Complete toda la información. Si no corresponde, escriba "NA". Adjunte páginas adicionales si es necesario.

INFORMACIÓN DE VERIFICACIÓN

¿Necesita un intérprete? □ **Sí** □ **No** *Si la respuesta es "Sí", indique el idioma preferido:*

¿El paciente ha solicitado Medicaid? □ **Sí** □ **No** ¿El paciente es ciego? □ **Sí** □ **No** ¿El paciente tiene una discapacidad? □ **Sí** □ **No**

¿El paciente recibe servicios públicos estatales como TANF, Basic Food o WIC? □ **Sí** □ **No**

¿El paciente está actualmente sin hogar? □ **Sí** □ **No**

¿La necesidad de atención médica del paciente está relacionada con un accidente automovilístico o una lesión laboral? □ **Sí** □ **No**

TENGA EN CUENTA

- No podemos garantizar que usted calificará para recibir asistencia financiera, incluso si la solicita.
- Una vez que envíe su solicitud, es posible que verifiquemos toda la información y solicitemos información adicional o prueba de ingresos.
- Dentro de los 14 a 30 días posteriores a la recepción de su solicitud y documentación completas, le notificaremos nuestra determinación.

INFORMACIÓN DEL PACIENTE Y DEL SOLICITANTE

Nombre del paciente	Segundo nombre del paciente		Apellido del paciente
□ Masculino □ Femenino □ Otro (puede especificar_____)	Fecha de nacimiento		Número de Seguro Social del paciente (opcional)
Persona responsable de pagar la factura	Relación con el paciente	Fecha de nacimiento	Número de Seguro Social (opcional)
Dirección postal _____ _____ Ciudad Estado Código postal País			Número(s) de contacto principal(es) ( ) _____ ( ) _____ Correo electrónico:

Situación laboral de la persona responsable de pagar la factura

□ **Empleado** (fecha de contratación):_____ □ **Desempleado** (cuánto tiempo lleva desempleado:) ___

□ **Trabajador autónom** □ **Estudiante** □ **Incapacitado** □ **Jubilado** □ **Otro** _____

INFORMACIÓN DE LA FAMILIA

Indique los miembros de su grupo familiar, incluido usted. “Familia” incluye personas relacionadas por nacimiento, matrimonio o adopción que viven juntas.

TAMAÑO DE LA FAMILIA —— *Adjunte una página adicional si necesita*

Nombre	Fecha de nacimiento	Relación con el paciente	Si tiene 18 años o más: Nombre del empleador o fuente de ingresos	Si tiene 18 años o más: Ingreso mensual bruto total (sin impuestos):	¿También solicita asistencia financiera?
					Sí/No
					Sí/No
					Sí/No
					Sí/No
					Sí/No
					Sí/No
					Sí/No

Se deben declarar los ingresos de todos los miembros adultos de la familia. Las fuentes de ingresos incluyen, por ejemplo: Salarios- Desempleo-Empleo autónomo-Compensación del trabajador-Discapacidad-SSI-Manutención infantil/conyugal-Programas de estudio y trabajo (estudiantes)- Ingresos extraídos de activos, por ejemplo, acciones, bonos, IRA, fondos de inversión, ingresos por alquiler, etc.

INFORMACIÓN DE INGRESOS

RECUERDE: Debe incluir un comprobante de ingresos con su solicitud.

Debe proporcionar información sobre los ingresos de su familia. Se requiere verificación de ingresos para determinar la asistencia financiera. Todos los miembros de la familia mayores de 18 años deben declarar sus ingresos. Si no puede proporcionar documentación, puede enviar una declaración firmada por escrito que describa sus ingresos. Proporcione un comprobante de cada fuente de ingresos identificada. Ejemplos de comprobantes de ingresos pueden ser:

- Una declaración de retención "W-2".
- Recibos de sueldo actuales (*3 meses*).
- Declaración de impuestos del último año, incluidos anexos si corresponde.
- Declaraciones escritas y firmadas de empleadores u otros.
- Declaraciones de ingresos extraídas de activos (acciones, bonos, IRA, fondos de inversión, etc.).
- Aprobación/rechazo de elegibilidad para compensación por desempleo.

Si no tiene un comprobante de ingresos o no tiene ingresos, adjunte una página adicional con una explicación.

INFORMACIÓN DE GASTOS

Usamos esta información para obtener un panorama más completo de su situación financiera.

Gastos básicos de subsistencia mensuales:

Renta/hipoteca $ _____ Gastos médicos $ _____

Primas del seguro médico $ _____ Servicios públicos $ _____

Otras deudas/gastos $ _____ (*manutención, préstamos, medicamentos, otros*)

INFORMACIÓN Y DOCUMENTACIÓN DE BIENES

Saldo actual de la cuenta corriente (consulte a continuación si necesita presentar un resumen bancario*)
$ _____

Saldo actual de la cuenta de ahorros
$ _____

¿Su familia tiene estos otros bienes?
Marque todo lo que corresponda:

□ Sin bienes

□ Acciones □ Bonos □ 401K

□ Cuenta(s) de ahorro para la salud

Para los beneficiarios de Medicare sin seguro de Medicaid, Providence puede solicitar resúmenes bancarios o documentación de origen similar.

**Esta información se requiere únicamente de los beneficiarios de Medicare que tampoco tienen seguro de Medicaid. Para todos los demás, esta información es opcional. Esta información solo se puede usar de acuerdo con nuestra política y las reglamentaciones del estado en las que recibió atención y se recopila y considera como requerido por los Centros de Servicios de Medicare y Medicaid (CMS en inglés) para el informe de costos de Medicare.*

INFORMACIÓN ADICIONAL

Adjunte una página adicional si hay otra información sobre su situación financiera actual que le gustaría compartir con nosotros, como dificultades financieras, gastos médicos excesivos, ingresos estacionales o temporales o pérdidas personales.

ACUERDO DEL PACIENTE

Entiendo que Providence puede verificar la información revisando la información crediticia y obteniendo información de otras fuentes para ayudar a determinar la elegibilidad para asistencia financiera o planes de pago.

Afirmo que la información anterior es verdadera y correcta a mi leal saber y entender. Entiendo que si se determina que la información financiera que brindo es falsa, el resultado puede ser el rechazo de asistencia financiera, y puedo ser responsable de los servicios prestados, y se espera que pague por ellos.

Firma de la persona solicitante

Fecha

EXHIBIT 3 TO

SECTION 999.5(d)(5)(B)

2021

COMMUNITY BENEFIT REPORT /

PROGRESS ON 2020-2022 COMMUNITY HEALTH IMPROVEMENT PLAN

Queen of the Valley Medical Center

Napa, California

To provide feedback on this CB Report or obtain a printed copy free of charge, please email Teresa Smith, CHI Program Manager at Teresa.Smith@stjoe.org

Providence

05/13/2026

NOTICE-000523

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Napa County through Queen of the Valley Medical Center (QVMC). QVMC is an acute-care hospital with 208 licensed beds, founded in 1958 and located in Napa, California. The hospital's service area is the entirety of Napa County, including 140,394 people.

QVMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY21, the hospital provided **$48,342,400** in Community Benefit in response to unmet needs.

QVMC Community Health Improvement Plan Priorities

As a result of the findings of our 2019 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Queen of the Valley Medical Center will focus on the following areas for its 2021-2023 Community Benefit efforts:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities, and discrimination prevents the LGBTQ+ community from receiving responsive health care.

2021 Accomplishments

The Health Equity Playbook strategy was deferred to put resources into addressing health inequities related to the pandemic and longer-term Health Equity strategies. Community Health Investment (CHI) partnered with Napa County, OLE Health, Napa Valley Farmworkers, On The Move, Providence Medical Group, and UpValley Family Center to mitigate the spread of COVID-19 among the Latino families in our community. CHI caregivers assisted with COVID-19 testing, contract tracing, positive case investigation, bilingual education, and distributed outreach kits and disinfecting supplies to 2,650 low-income Spanish-speaking households to further prevent the spread of COVID-19. CHI and Providence Medical Group opened a vaccine clinic at Snow Elementary School and provided over 4,500 Covid-19 vaccines to community members. CHI also advocated for the Napa City Council to pass a resolution declaring discrimination and systemic racism a public health crisis.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

2021 Accomplishments

CHI invested in two affordable housing projects to increase safe and affordable housing stock in 2021. The Heritage House / Valle Verde project will consist of 33 permanent supportive housing units, 33 affordable housing units and 24 multi-family affordable housing units for the very low income. Napa's Project Homekey transitioned 16 unhoused community members into permanent housing. Throughout the pandemic, CHI's CARE Network caregivers collaborated with Napa County, City of Napa, Abode, NEWS, OLE Health and Catholic Charities to serve high risk clients. CARE Network caregivers supported the unhoused through care management, outreach and social work support. CHI advocated for the Napa County Board of Supervisors to extend the Eviction Moratorium to prevent increased homelessness and provided recommendations for Napa County's 2021 policy platform to make affordable housing a greater priority.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the Napa community. School-age children, older adults, the Latino/a community, and individuals identifying as LGBTQ+ experience barriers to accessing responsive services.

2021 Accomplishments

CHI increased capacity to address mental health and substance use services through collaboration with Aldea, Exodus Recovery, Mentis, Alternatives for Better Living and Center Point. Four Substance Use Navigators were successfully embedded into the hospital to assist with outreach and navigation. Mental health programs continue in both English and Spanish for high-risk CARE Network clients and for the elderly through Healthy Minds Healthy Aging. CHI advocated for Napa County's 2021 policy platform to expand mental health and substance use services through investments and partnerships.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa, transportation, and language barriers prevent individuals from accessing timely and responsive health care services.

2021 Accomplishments

CARE Network provided 36,426 total encounters to their clients through medical and social service care coordination and case management. In addition, throughout the pandemic, CARE Network collaborated with Napa County, Abode Services, and OLE Health to provide outreach, social services, and care management to our most vulnerable unhoused community members at Wine Valley Lodge, and the South Shelter Clinic. CHI caregivers also collaborated with Napa County and OLE Health to assist with testing, contact tracing, positive case investigation, bilingual education, and vaccination. CARE Network holds a strong presence on the Napa County Continuum of Care Committee. The Children's Mobile Dental Clinic increased capacity by hiring a new dental provider allowing them to increase clinic days from 4 to 5 day per week.

Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible, and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in 52 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington.

Providence across five western states:

- Alaska
- Montana
- Oregon
- Northern California
- Southern California
- Washington

The Providence affiliate family includes:

- Covenant Health in West Texas
- Facey Medical Foundation in Los Angeles, CA.
- Hoag Memorial Hospital Presbyterian in Orange County, CA.
- Kadlec in Southeast Washington
- Pacific Medical Centers in Seattle, WA.
- Swedish Health Services in Seattle, WA.

As a comprehensive health care organization, we are serving more people, advancing best practices, and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

INTRODUCTION

Who We Are

Our Mission As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 208 licensed beds, more than 1,687 caregivers (employees), and professional relationships with many local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences, and orthopedics. Synergy Health Club, a Providence owned facility offering fitness and studio classes, is located on the hospital's campus and Providence Prompt Care, an urgent care clinic, is located about a 10-minute drive from the hospital.

Our Commitment to Community

Queen of the Valley Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, it provided **$48,342,400** in Community Benefit[1] in response to unmet needs and to improve the health and well-being of those served in Napa County.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social

[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP

Community Benefit Governance

Queen of the Valley Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The Northern California Regional Director of Community Health Investment and the local QVMC Community Health Investment Program Manager are responsible for coordinating implementation of State and Federal 501r requirements.

The Community Benefit Committee (CBC) is the board appointed oversight committee of the Community Outreach department at Queen of the Valley Medical Center. The CBC is composed of Providence Queen of the Valley community board members, internal Providence stakeholders and staff (Chief Executive or designee, mission leader, community health leaders) and external community stakeholders representing subject matter experts and community constituencies (i.e., faith based, FQHC's, mental health, homeless services, education, and Public Health). The CBC reviewed the data collected in the 2019 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Napa County for this 2020-2022 CHIP. The committee also oversees and governs budget, investments, program continuation or discontinuation, populations of focus and community-wide engagement.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Queen of the Valley Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Queen of the Valley Medical Center informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program go to: https://www.stjosephhealth.org/patients-visitors/billing-payment/.

Medi-Cal (Medicaid)

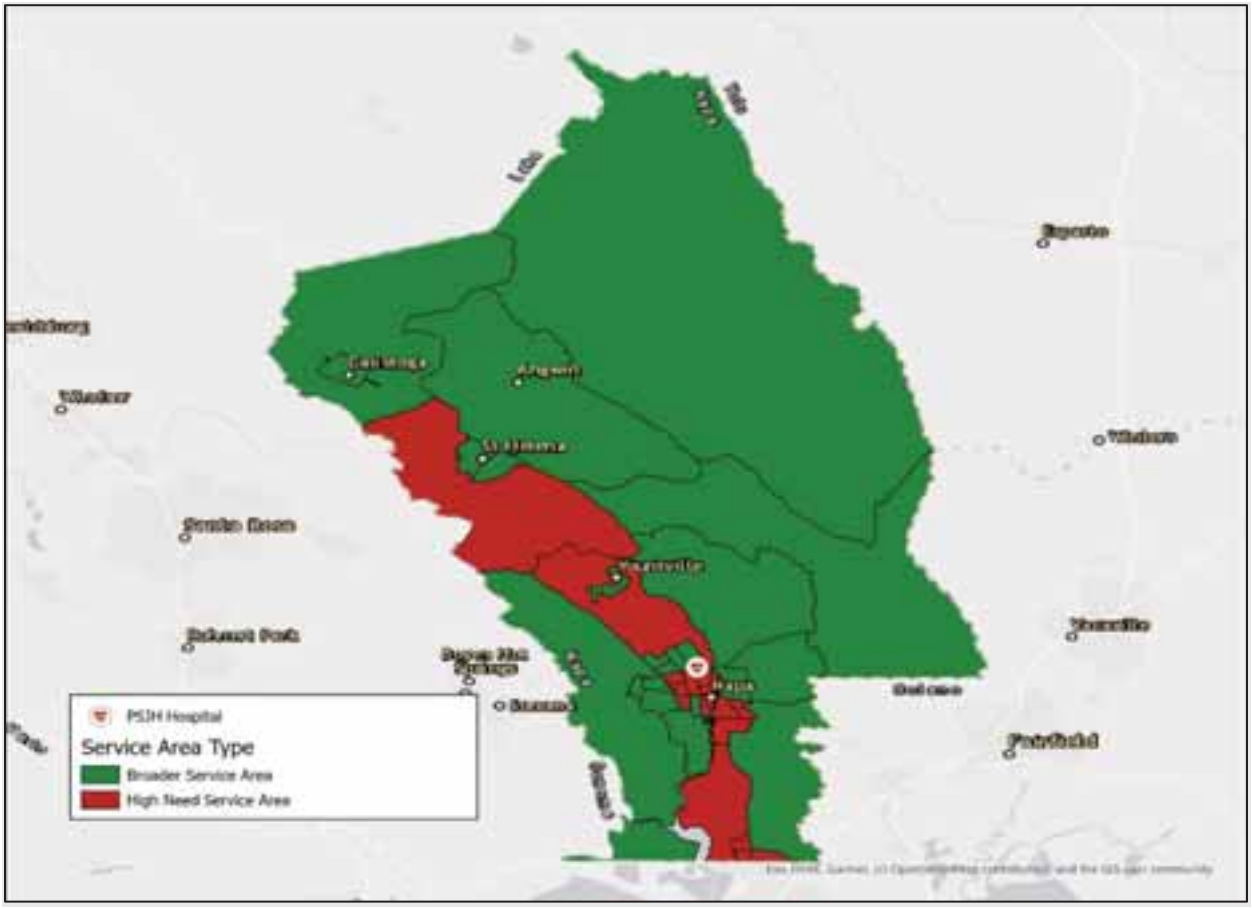
Queen of the Valley Medical Center provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY21, Queen of the Valley Medical Center provided **$29,799,029** in Medicaid shortfall. The hospital received **$4,871,246** income from the Medi-Cal Hospital Quality Assurance Fee program. If it was not for the Hospital Quality Assurance Fee received, Unpaid cost of MediCal would have been **34,670,275**.

OUR COMMUNITY

Description of Community Served

Queen of the Valley Medical Center's service area is Napa County and includes a population of approximately 147,000 people.

Figure 2. Queen of the Valley Medical Center Total Service Area



Of the over 140,000 permanent residents of Napa County, roughly 48% live in the "high need" area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of $52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Younger age groups are disproportionately represented in the high need communities of Napa County, most likely representing households with young children. Alternatively, age groups 55 and over are less likely to fall into the high need communities or live within those designated census tracts. The male-to-female distribution is roughly equal across Napa County geographies.

In Napa County, approximately 7% of the population are veterans, which is higher than that of the state of California, 5%.

POPULATION BY RACE AND ETHNICITY

Individuals who identify as Hispanic (below), Asian, or "other race," are more likely to live in high needs census tracts than their peers of other races.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Median Income Data Source: American Community Survey Year: 2019	$101,330	$77,129	$88,457
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	20.8%	25.2%	23.0%

The median income in the high need service area is about $11,000 lower than Napa County. There is about a $24,000 difference in median income between the broader service area and the high need service area.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average about 23% of households in Napa County are severely housing cost burdened. In the high need service area, 25.2% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which 30% to 43% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the 2019 CHNA for Queen of the Valley Medical Center.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The Community Health Needs Assessment (CHNA) process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

Significant Community Health Needs Prioritized

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities and living their healthiest lives. Discrimination also prevents the LGBTQ+ community from receiving responsive health care and visibility in the community. A greater commitment to equity in all programs and collaboratives is warranted.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. A lack of affordable housing leads to over-crowding and poor living conditions. Housing is foundational to all other needs; once people are housed securely; they can address other needs related to their health and wellbeing. Two groups are of particular concern: the Latino/a community and older adults. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the community. School-age children and older adults need more mental health support in the current environment, increasing the demand for services. The Latino/a community is also underserved, especially mixed status families, with the following barriers preventing Latino/a individuals from receiving services: stigma, a lack of culturally relevant education and outreach, and a lack of bilingual and bicultural providers. LGBTQ-friendly mental health providers are also difficult to find in the area. There is limited access to mental health services for individuals who do not meet the high-acuity criteria for severe mental illness at Napa County Health and Human Services, as well as limited substance use disorder treatment options. The COVID-19 pandemic is creating a mental health crisis; people are feeling hopeless, afraid, stressed, anxious, and depressed. The stress from the COVID-19 pandemic is compounding trauma related to local fires.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa disproportionately affects individuals on Medi-Cal or without insurance. When individuals are referred to a specialist outside of the area, transportation then becomes a barrier to accessing care. Language barriers prevent Spanish-speaking individuals from receiving responsive care, and virtual interpreters are not nearly as effective as in-person options. Access to care challenges became especially apparent during the COVID-19 pandemic. While telemedicine has improved access to care for some populations, for others this transition has created additional barriers to care, including lack of smart phones or computers, lack of comfort with technology or stable internet access, language barriers, and lack of private space for appointments. Many individuals do not want to talk to their provider on the phone and are not receiving the care they need.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission through the provision of financial grants and donations to community partners whose work aligns with the mission, vision, and values of the organization.

While Queen of the Valley Medical Center will employ strategies to address each of the four significant health needs that were prioritized during the CHNA process, partnerships with community organizations and government agencies are critical for achieving long-term goals.

Queen of the Valley Medical Center will collaborate with Napa County, the City of Napa, OLE Health, Adventist Health, Mentis, Abode, and a variety of local family resource centers that address the community needs to coordinate care and referrals to address unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2020-2022 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2019 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

Queen of the Valley Medical Center's CHIP involves a comprehensive approach lead by the Community Health Investment Program Manager and Senior Program Coordinator. This process includes both internal and external stakeholders and subject matter experts. Coordinating within the organization and in our community is critical in leveraging the will and the resources required to improve community health. As part of the comprehensive approach, existing initiatives of Queen of the Valley's community benefit investments are reviewed to ensure alignment with 2019 CHNA priorities. The board appointed Community Benefit Committee is engaged throughout the process beginning with the development and approval of the CHNA, followed by CHIP development, review, and feedback, then final CHIP review and approval.

Queen of the Valley Medical Center anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Queen of the Valley Medical Center in the enclosed CHIP.

Addressing the Needs of the Community: 2020-2022 Key Community Benefit Initiatives and Evaluation Plan

2021 Accomplishments

COMMUNITY NEED ADDRESSED #1: HEALTH EQUITY – RACIAL & LGBTQ

Long-Term Goal(s)/ Vision

To eliminate social inequities and forms of oppression in our communities, ensuring all people have the opportunities and access to living their fullest, healthiest lives.

Table 2. Strategies and Strategy Measures for Addressing Health Equity

Strategy	Population Served	FY21 Accomplishments
1. Develop Health Equity Playbook by Q1 2021.	Latino/a individuals and families	The Health Equity Playbook requirement was deferred to put resources into addressing health inequities related to the pandemic and longer term HE strategies. Response to the pandemic is outlined below. Longer term HE strategies are in development.
2. Partner with FQHC/other for COVID-19 outreach, prevention, testing, and mitigation of spread.	Latino/a individuals and families	Assisted Napa County with testing, contact tracing and positive case investigation Assisted Napa Valley Farmworkers Association and On The Move with bilingual education specific to the prevention of COVID and the importance and science behind the vaccine Assisted Napa County with bilingual updates on social media and local Spanish television Vaccinated 85 of the most vulnerable community members in Napa County at QVMC Community Outreach and the South Shelter CHI along with Providence Medical Group ran a Vaccine Clinic at Snow School March – May (over 4,500 vaccines administered) CHI caregivers volunteered at the OLE Health Vaccine Clinic from March – today Outreach kits and disinfecting supplies were provided to 2,650 low-income, Spanish-speaking households, to prevent the spread of Covid-19
3. Advocate for policies that address social and economic disparities.	Latino/a and LGBTQ+ populations	Urged Napa City Council to pass a resolution declaring discrimination and systemic racism a public health crisis.

Evidence Based Sources

- Listening to the Voices of Californians - California Health Care Foundation

- Health Equity | IHI - Institute for Healthcare Improvement
- Health Equity | CDC

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Population Health Division's Health Equity Initiative to support efforts that directly address health disparities. In partnership with the Providence Government and Public Affairs Division, local CHI leaders will advocate for policies that address social and economic disparities.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- OLE Health
- On The Move – LGBTQ Connection
- UpValley Family Centers
- Napa County Public Health
- Napa County Housing and Homeless Programs
- Providence Medical Group
- Community Organizations Active in Disaster
- Napa Valley Farmworker Foundation

COMMUNITY NEED ADDRESSED #2: HOUSING & HOMELESSNESS

Long-Term Goal(s)/ Vision

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live that meets their needs.

Table 3. Strategies and Strategy Measures for Addressing Housing & Homelessness

Strategy	Population Served	FY21 Accomplishments
1. Leverage investments to increase safe and affordable housing stock.	BBIPOC & those experiencing health disparities	Funding support to Heritage House/Valle Verde Housing Project (90 units, construction to begin March 2022) Funding support to Napa County Project Home Key (14 units, 16 residents, in use)
2. Leverage resources through partnerships to expand supportive services.	BBIPOC & those experiencing health disparities	Funding to NEWS in support of flexible financial assistance for Domestic Violence and Sexual Assault survivors to ultimately secure their own safe housing

		In partnership with OLE Health, Catholic Charities, Abode and Napa County CARE Network engaged with high-risk unhoused community members with Care Management, Outreach and Social Work Support at: • Napa's South Shelter Clinic • Napa Nightingale • Wine Valley Lodge – Project Roomkey • Adrian Street Apartments – Project Homekey
3. Support policies that prevent homelessness and increase access to affordable housing.	Populations experiencing housing instability and at-risk of homelessness	Urged Napa County Board of Supervisors to extend the Eviction Moratorium to prevent increased homelessness. Provided recommendations for Napa County's 2021 policy platform to make affordable housing a greater priority

Evidence Based Sources

Queen of the Valley Medical Center believes in working upstream to prevent homelessness as well as responding to the immediate needs of individuals and families experiencing housing instability or homelessness, This CHIP includes both prevention and intervention strategies and draws from the following sources:

- Housing is Health | Providence
- National Institute for Medical Respite Care (nimrc.org)
- National Health Care for the Homeless Council
- Reduce poverty by improving housing stability | Urban Institute
- Housing Instability | Healthy People 2020

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding. Approximately $4,500,000 in Care for the Poor reserve funds are earmarked for reducing housing instability and homelessness in Napa County between 2021 and 2025. Financial support is provided to Nightingale House annually for continuation of respite shelter care. Grant funds through the Housing Opportunities for Persons with AIDS (HOPWA) program will continue to assist with preventing a subset of unstably housed individuals from experiencing homelessness.

Providence Supportive Housing Division and Real Estate and Strategic Operations Division are available to assist with decisions around investments in and support for additional housing units. Additionally,

and in partnership with the Providence Government and Public Affairs division, local CHI leaders will support policies that prevent homelessness and increase access to affordable housing.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Abode Housing Services
- Burbank Housing
- Housing Authority of the City of Napa
- Napa County Housing and Homeless Programs
- Gasser Foundation
- Napa Valley Community Housing

COMMUNITY NEED ADDRESSED #3: MENTAL HEALTH & SUBSTANCE USE SERVICES

Long-Term Goal(s)/ Vision

To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health and substance use services, especially for populations with low incomes.

Table 4. Strategies and Strategy Measures for Addressing Mental Health and Substance Use Services

Strategy	**Population Served**	**FY21 Accomplishments**
1. Increase capacity to address mild-moderate mental health & substance use services.	School-aged children & older adults	Funded Aldea's summer art camp for teenagers providing a safe environment for teens to participate in fun and creative activities while also learning about substance abuse, and mental health Funded Exodus Recovery, Crisis Stabilization, specific to the indigent and youth client population in Napa County Mentis Contract for CARE Network Mental Health Counselor Mentis Contract for Healthy Minds Healthy Aging prevention and early intervention who are 60 years and older showing early signs of depression and/or cognitive decline. Embedded Alternatives for Better Living Substance Use Navigators into the Emergency Room

		Embedded an Alternatives for Better Living Substance Use Navigator into the OB and within the network of perinatal providers Center Point contracts for Fee for Service bed nights and dedicated Substance Use Counselor onsite
2. Increase capacity to provide bilingual/bicultural mental health & substance use services.	Latino/a & undocumented communities	Center Point bilingual substance use navigator CARE Network / Mentis bilingual mental health counselor Healthy Minds Healthy Aging / Mentis bilingual mental health counselor
3. Advocate for increased access to mental health and substance use care with focused community-based solutions.	Broader community	Provided recommendations for Napa County's 2021 policy platform to expand mental health and substance use services through investments and partnerships

Evidence Based Sources

Queen of the Valley Medical Center believes in working upstream to prevent mental health and substance use concerns as well as responding to immediate needs for crisis interventions. This CHIP includes both primary prevention and crisis intervention strategies and draws from the following sources:

- SAMHSA - Substance Abuse and Mental Health Services Administration
- Mental Health & Resilience Support for Teens and Adults (work2bewell.org)
- Prevention Institute
- Board of Behavioral Sciences (BBS)
- NAMI: National Alliance on Mental Illness

Resource Commitment

Queen of the Valley Medical Center will commit staff time across the CARE Network program, provide grants to local partners and facilitate funding from various health system sources. In partnership with the Providence Government and Public Affairs division, local CHI leaders will advocate for increased access to mental health and substance use care with focused community-based solutions.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- OLE Health
- Mentis
- Collabria
- Alternatives for Better Living
- Center Point
- Aldea Children & Family Services
- Napa County Health & Human Services
- Providence Medical Group
- On The Move – including Innovations
- COPE Family Services

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH SERVICES

Long-Term Goal(s)/ Vision

To improve access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system, and to ease the way for people to access the appropriate level of care at the right time.

Table 5. Strategies and Strategy Measures for Addressing Access to Health Services

Strategy	Population Served	FY21 Accomplishments
1. Engage high-risk individuals with CARE Network complex care management teams.	Co-occurring socioeconomic and complex medical needs	The CARE Network had 46,952 encounters with Napa County Residents The CARE Network provided care management to our most vulnerable unhoused community members at Wine Valley Lodge (Project Room Key)
2. Partner with FQHC / County Public Health.	Uninsured and underinsured individuals and families	CHI nurses assisted Napa County with testing, contact tracing and positive case investigation. CHI assisted Napa County and fellow community partners with bilingual education specific to the prevention of COVID and the importance and science behind the vaccine CHI caregivers volunteered weekly at the OLE Health, Napa's local FQHC, vaccine clinics Community Based Care Management to OLE Health/QVMC patients

		South Shelter Clinic Outreach, Care Management and Social Work Support Representation on the Napa County Continuum of Care Committee
3. Engage uninsured and underinsured youth in dental care through Mobile Dental Clinic.	Uninsured and underinsured youth	This year our mobile dental clinic provided **4,070** clinic services to **1010** low-income children in Napa County. A new dental provider was hired to increase capacity by adding Friday Clinics.

Evidence Based Sources

- Prevention Institute
- Health People 2020 – Access to Health Services
- Health Equity | IHI - Institute for Healthcare Improvement
- Health Equity | CDC

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding from its Care for the Poor account. The CARE Network program will continue to provide complex care management and medical care coordination for some of the most vulnerable individuals in our community.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- OLE Health
- Napa County Health & Human Services
- Providence Medical Group
- Community Health Initiative
- Operation Access
- Partnership HealthPlan of CA
- Collabria
- Share the Care

Other Community Benefit Programs

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Complex Care Management	CARE Network	This program is integral to addressing all 4 priority need areas. The CARE Network provides socio-economic and medical care coordination to low-income vulnerable individuals with complex needs serving individuals along with additional caregivers and family members through a continuum of services and supports linked to community-based services, financial assistance, and medical resources.	Low income or vulnerable
2. Health Equity and Access to Health Services	Targeted outreach and education	In partnership with CLC and COAD, develop unified messaging around public health matters and disseminate through partner organizations and trusted messengers throughout the county	Low income, vulnerable, broader community
3. Health Equity and Mental Health	Healthy for Life	A school-based wellness program at Title 1 schools designed to emphasize lifelong wellness and behavior change among the pediatric population.	Low Income or vulnerable

4. Health Equity	Napa Valley Parent University	In partnership with Napa Valley Unified School District and a local nonprofit, On the Move, Parent University is a learning environment for 1,300 parents annually to gain critical parenting and leadership skills to support their child's academic success. Classes are bilingual.	Low income
5. Access to Healthcare	HIV Clinic	Collaborative with Ole Health to provide HIV clinic services to uninsured and low income	Vulnerable
6. Access to Healthcare	Farmworker Health Screening	Collaborative effort with OLE Health to screen migrant farmworkers for health concerns	Low Income
7. Access to Healthcare	Operation Access	Collaborative funding to implement access to diagnostic screening, procedures, and surgeries for the uninsured	Low Income
8. Mental Health	Perinatal Emotional Wellness Program	Assess and provide brief counseling and referral for pregnant and postpartum women screened for depression	Broader Community

FY21 COMMUNITY BENEFIT INVESTMENT

In FY21 Queen of the Valley Medical Center invested a total of **$48,342,400** in key community benefit programs. **$47,322,142** was invested in community health programs for the poor. In addition, **$3,544,446** in charity care was provided, **$36,559,056** in unpaid cost of MediCal, including the Hospital Quality Assurance Fee Program, and **$1,020,258** in community benefits for the broader community. The hospital received **$4,871,246** from the MediCal Hospital Quality Assurance Fee program for FY21. If it was not for the Hospital Quality Assurance Fee received, Unpaid Cost of MediCal would have been **$34,670,275**. Queen of the Valley Medical Center applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2021 Queen of the Valley Medical Center (July 1, 2020-June 30, 2021)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	$3,544,446
	Unpaid cost of Medicaid	$36,559,056
	Unpaid other govt. programs	$278,750
Other Benefits for Vulnerable Populations	Community Health Improvement Services	$3,994,927
	Subsidized Health Services	$119,150
	Cash and In-Kind Contributions	$2,442,074
	Community Building	$0
	Community Benefit Operations	$383,739
	Total Benefits for Vulnerable Populations	**$47,322,142**
Other Benefits for the Broader Community Populations	Community Health Improvement Services	$548,853
	Subsidized Health Services	$0
	Cash and In-Kind Contributions	$99,101
	Community Building	$0
	Community Benefit Operations	$372,304
Health Profession Education, Training and Research	Health Professions Education and Research	$0
	Total Benefits for the Broader Community	**$1,020,258**
	Total Community Benefit	**$48,342,400**
Medical Care Services for the Broader Community	**Total Medicare shortfall**	$54,985,592

Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments

Before the inception of community benefit, the Sisters of St. Joseph of Orange established a priority to care for the poor and vulnerable. Carrying out their mission that extends back to LePuy, France, 1650, these women were brought together by a Jesuit priest, Father Jean Pierre Medaille, who formed a new association of women, without cloister or distinctive dress, consecrated to God, to live together combining a life of prayer with an active ministry to the sick and poor. With the overwhelming need of that time he instructed these women to go into the community, divide it into sectors, identifying the greatest needs while also seeking like-minded people who can help. To this day, now entrusted in the hands of the laity, we continue with this mission and follow these same instructions and inspiration from our founding Sisters.

COVID Response by Community Health Investment

The Community Health Investment department took an active role in Napa County's response to the pandemic this past year. We assisted Napa County with testing, contact tracing, positive case investigation, vaccination, bilingual education specific to the prevention of COVID19 and the importance and science behind the vaccine. CARE Network vaccinated 50 high risk clients in February followed by an additional 35 South Shelter residents. Our caregivers began volunteering at the OLE Health Vaccine Clinics in early March and continue to volunteer every Tuesday evening. We collaborated with Providence Medical Group and Napa Valley Unified School District to open a clinic at Snow Elementary School on March 17th. Our focus was to vaccinate the most vulnerable and to assist Napa County in vaccinating the essential workers that qualified for a vaccine at that time. The Providence clinic began with a health equity lens vaccinating the most vulnerable and transitioned to My Turn when made available by the State of CA. We administered 4,531 vaccines.

Community Leaders Coalition (CLC)

The CLC's mission is to mobilize community leaders to collectively advocate for the needs of vulnerable populations throughout Napa County. The group is comprised of nonpartisan community leaders working together to leverage their resources and voices to influence positive change in our community. Proactive efforts include promoting and encouraging participation in the 2020 Census, voter registration and participation, paving the way for an open and effective local government by enabling participation in the budget and redistricting processes, and strengthening immigrant families through knowledge and resources. A Queen of the Valley, Community Outreach caregiver serves as a member of the CLC and participates in relevant workgroups and advocacy efforts.

Napa Valley Community Organizations Active in Disaster (COAD)

The Napa Valley COAD develops and enhances partnerships for communication, coordination & collaboration amongst the whole community including non-profit & faith-based organizations, government agencies, and the private sector during all phases of disaster. The organization was developed in response to the 2014 South Napa Earthquake and 2015 Lake County Valley Fire, and to develop a structure in Napa County to improve community resilience by identifying and directing vital resources to help residents recover from a disaster. Local government cannot meet these needs alone and relies on

partnerships with local non-profit agencies for service delivery. Cross-sector and multidisciplinary collaborations have been enhanced during the Covid-19 pandemic because of COAD's coordination throughout the county. In partnership with the Sonoma County COAD, the Napa Valley COAD assisted Humboldt County launch a COAD of their own.

Blood Drives:

Another form of non-profit collaboration is partnering with Vitalant to host blood drives on the Providence Queen of the Valley campus. We create awareness while inviting the community to join Queen of the Valley caregivers, physicians, and volunteers to meet the chronic shortage of lifesaving blood products. In FY21 Vitalant conducted 3 blood drives at Queen of the Valley with a total of 80 units of blood donated.

2021 CB REPORT GOVERNANCE APPROVAL

This 2021 Community Benefit Report was adopted by the Community Benefit Committee of the hospital on November 18, 2021. The final report was made widely available by November 30, 2021.

Sr. Nadine McGuinness *November 18, 2021*

Sister Nadine McGuinness — Date
Co-Chair, Community Benefit Committee, Queen of the Valley Medical Center

Contact:

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EXHIBIT 4 TO

SECTION 999.5(d)(5)(B)

2022

COMMUNITY BENEFIT REPORT /

PROGRESS ON 2021-2023 COMMUNITY HEALTH IMPROVEMENT PLAN

Queen of the Valley Medical Center

Napa, California

To provide feedback on this CB Report or obtain a printed copy free of charge, please email Teresa Smith, CHI Program Manager at Teresa.Smith@stjoe.org

Providence

05/13/2026

NOTICE-000550

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Napa County through Queen of the Valley Medical Center (QVMC). QVMC is an acute-care hospital with 208 licensed beds, founded in 1958 and located in Napa, California. The hospital's service area is the entirety of Napa County, including 140,394 people.

QVMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY22, the hospital provided **$51,924,754** in Community Benefit in response to unmet needs.

QVMC Community Health Improvement Plan Priorities

As a result of the findings of our 2020 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Queen of the Valley Medical Center will focus on the following areas for its 2021-2023 Community Benefit efforts:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities, and discrimination prevents the LGBTQ+ community from receiving responsive health care.

2022 Accomplishments

Collaboration continues with OLE Health our local FQHC to ensure timely and adequate follow-up for patients. Bi-monthly calls occur including leaders from both entities working to improve workflows. QVMC also Health System population funding for OLE Health to hire a LCSW and for QVMC to hire an additional LCSW and CHW to improve access to follow-up care. LGBTQ Awareness and Inclusion trainings were held and with the implementation of Epic SOGI data can be collected for all QVMC patients. A workgroup of internal and external stakeholders are in discussions to become a second pilot site as part of a Trans+ Health Initiative. This effort aims to increase visibility of safe spaces, trainings for providers, and clinical pathways for all transgender health needs in our Napa Community.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

2022 Accomplishments

CHI invested $1,000,000.00 in one permanent supportive housing project to increase safe and affordable housing stock in FY22. Napa County Project Home Key round 2 acquired an existing 55 room

motel and is in the process of converting the motel into 54 permanent supportive housing units. Throughout the pandemic, CHI's CARE Network caregivers collaborated with Napa County, City of Napa, Abode, NEWS, OLE Health and Catholic Charities to serve high risk clients. CARE Network caregivers supported the unhoused through care management, outreach, and social work support and also assisted clients with the Section 8 housing waitlist applications.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the Napa community. School-age children, older adults, the Latino/a community, and individuals identifying as LGBTQ+ experience barriers to accessing responsive services.

2022 Accomplishments

CHI increased capacity to address mental health and substance use services through collaboration with Aldea, Mentis, Alternatives for Better Living and Center Point. Substance Use Navigators were successfully embedded into the hospital to assist with outreach and navigation. Mental health programs continue in both English and Spanish for high-risk CARE Network clients and for the elderly through Healthy Minds Healthy Aging. CHI invested in the local Youth and Young Adult Resource site for Mental Health Services.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa, transportation, and language barriers prevent individuals from accessing timely and responsive health care services.

2022 Accomplishments

CARE Network provided 36,990 total encounters to their clients through medical and social service care coordination and case management. CARE Network continued to hold a strong presence on the Napa County Continuum of Care Committee. The Children's Mobile Dental Clinic provided 4070 clinic services to 2035 low-income children in Napa County. The CHI investment in Operation Access allowed for 221 surgical and diagnostic services and 521 total specialty appointments for 154 unduplicated Napa residents.

Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible, and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in fifty-two hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington.

Providence across five western states:

- Alaska
- Montana
- Oregon
- Northern California
- Southern California
- Washington

The Providence affiliate family includes:

- Covenant Health in West Texas
- Facey Medical Foundation in Los Angeles, CA.
- Hoag Memorial Hospital Presbyterian in Orange County, CA.
- Kadlec in Southeast Washington
- Pacific Medical Centers in Seattle, WA.
- Swedish Health Services in Seattle, WA.

As a comprehensive health care organization, we are serving more people, advancing best practices, and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

INTRODUCTION

Who We Are

Our Mission As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 208 licensed beds, more than 1204 caregivers (employees), and professional relationships with many local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences, and orthopedics. Synergy Health Club, a Providence owned facility offering fitness and studio classes, is located on the hospital's campus and Providence Prompt Care, an urgent care clinic, is located about a 10-minute drive from the hospital.

Our Commitment to Community

Queen of the Valley Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, it provided **$51,924,754** in Community Benefit[1] in response to unmet needs and to improve the health and well-being of those served in Napa County.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social

[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP

Community Benefit Governance

Queen of the Valley Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The Northern California Regional Director of Community Health Investment and the local QVMC Community Health Investment Program Manager are responsible for coordinating implementation of State and Federal 501r requirements.

The Community Benefit Committee (CBC) is the board appointed oversight committee of the Community Outreach department at Queen of the Valley Medical Center. The CBC is composed of Providence Queen of the Valley community board members, internal Providence stakeholders and staff (Chief Executive or designee, mission leader, community health leaders) and external community stakeholders representing subject matter experts and community constituencies (i.e., faith based, FQHC's, mental health, homeless services, education, and Public Health). The CBC reviewed the data collected in the 2020Community Health Needs Assessment process to identify and prioritize the top health-related needs in Napa County for this 2021-2023 CHIP. The committee also oversees and governs budget, investments, program continuation or discontinuation, populations of focus and community-wide engagement.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Queen of the Valley Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Queen of the Valley Medical Center informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program go to: https://www.stjosephhealth.org/patients-visitors/billing-payment/.

Medi-Cal (Medicaid)

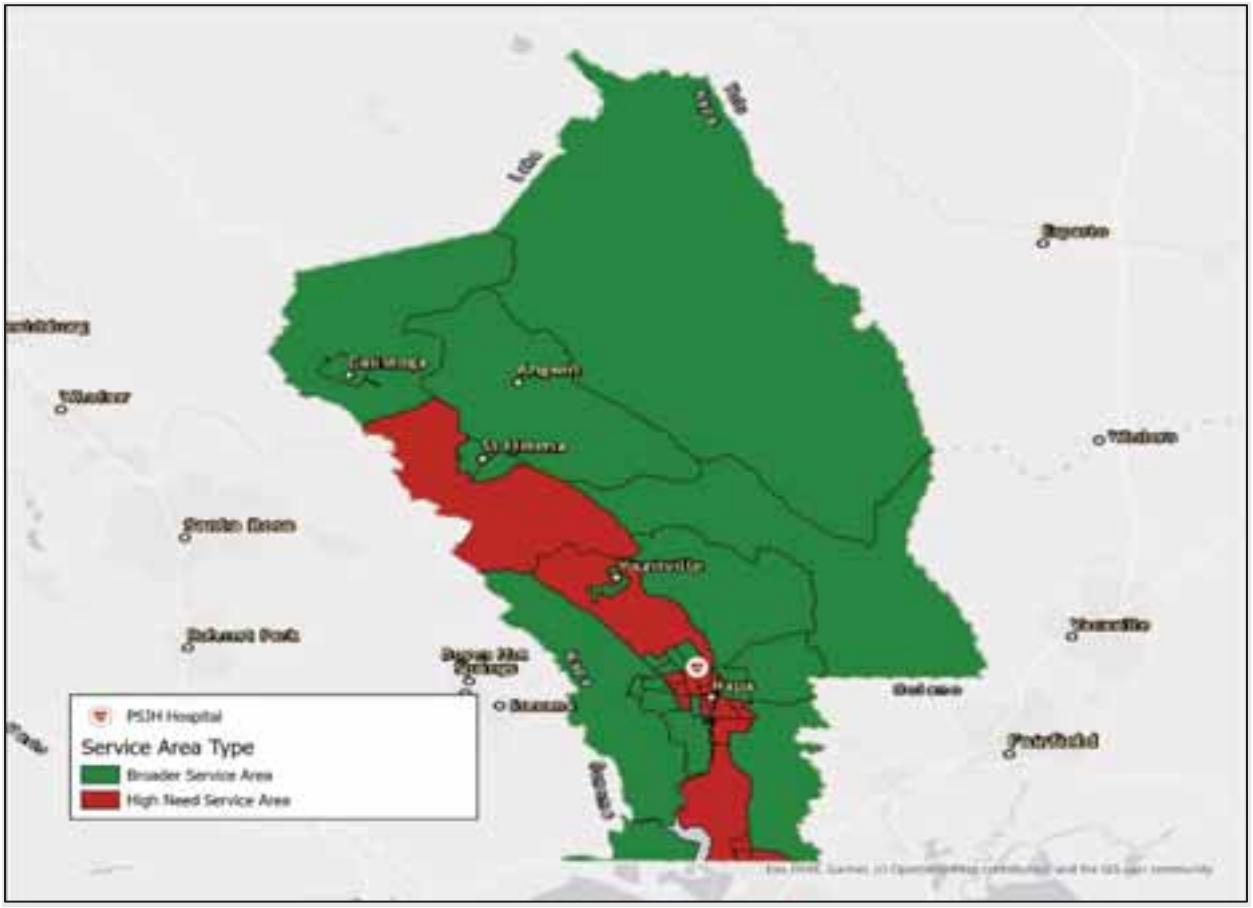
Queen of the Valley Medical Center provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY22, Queen of the Valley Medical Center provided **$39,975,209** in Medicaid shortfall. The hospital received **$3,433,533** income from the Medi-Cal Hospital Quality Assurance Fee program. If it were not for the Hospital Quality Assurance Fee received, Unpaid cost of MediCal would have been $**43,408,742**.

OUR COMMUNITY

Description of Community Served

Queen of the Valley Medical Center's service area is Napa County and includes a population of approximately 147,000 people.

Figure 2. Queen of the Valley Medical Center Total Service Area



Of the over 140,000 permanent residents of Napa County, roughly 48% live in the "high need" area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of $52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Younger age groups are disproportionately represented in the high need communities of Napa County, most likely representing households with young children. Alternatively, age groups 55 and over are less likely to fall into the high need communities or live within those designated census tracts. The male-to-female distribution is roughly equal across Napa County geographies.

In Napa County, approximately 7% of the population are veterans, which is higher than that of the state of California, 5%.

POPULATION BY RACE AND ETHNICITY

Individuals who identify as Hispanic (below), Asian, or "other race," are more likely to live in high needs census tracts than their peers of other races.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Median Income Data Source: American Community Survey Year: 2019	$101,330	$77,129	$88,457
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	20.8%	25.2%	23.0%

The median income in the high need service area is about $11,000 lower than Napa County. There is about a $24,000 difference in median income between the broader service area and the high need service area.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average about 23% of households in Napa County are severely housing cost burdened. In the high need service area, 25.2% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which 30% to 43% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the 2020 CHNA for Queen of the Valley Medical Center.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The Community Health Needs Assessment (CHNA) process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

Significant Community Health Needs Prioritized

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities and living their healthiest lives. Discrimination also prevents the LGBTQ+ community from receiving responsive health care and visibility in the community. A greater commitment to equity in all programs and collaboratives is warranted.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. A lack of affordable housing leads to over-crowding and poor living conditions. Housing is foundational to all other needs; once people are housed securely; they can address other needs related to their health and wellbeing. Two groups are of particular concern: the Latino/a community and older adults. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the community. School-age children and older adults need more mental health support in the current environment, increasing the demand for services. The Latino/a community is also underserved, especially mixed status families, with the following barriers preventing Latino/a individuals from receiving services: stigma, a lack of culturally relevant education and outreach, and a lack of bilingual and bicultural providers. LGBTQ-friendly mental health providers are also difficult to find in the area. There is limited access to mental health services for individuals who do not meet the high-acuity criteria for severe mental illness at Napa County Health and Human Services, as well as limited substance use disorder treatment options. The COVID-19 pandemic is creating a mental health crisis; people are feeling hopeless, afraid, stressed, anxious, and depressed. The stress from the COVID-19 pandemic is compounding trauma related to local fires.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa disproportionately affects individuals on Medi-Cal or without insurance. When individuals are referred to a specialist outside of the area, transportation then becomes a barrier to accessing care. Language barriers prevent Spanish-speaking individuals from receiving responsive care, and virtual interpreters are not nearly as effective as in-person options. Access to care challenges became especially apparent during the COVID-19 pandemic. While telemedicine has improved access to care for some populations, for others this transition has created additional barriers to care, including lack of smart phones or computers, lack of comfort with technology or stable internet access, language barriers, and lack of private space for appointments. Many individuals do not want to talk to their provider on the phone and are not receiving the care they need.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission through the provision of financial grants and donations to community partners whose work aligns with the mission, vision, and values of the organization.

While Queen of the Valley Medical Center will employ strategies to address each of the four significant health needs that were prioritized during the CHNA process, partnerships with community organizations and government agencies are critical for achieving long-term goals.

Queen of the Valley Medical Center will collaborate with Napa County, the City of Napa, OLE Health, Adventist Health, Mentis, Abode, and a variety of local family resource centers that address the community needs to coordinate care and referrals to address unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2021-2023 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2020 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

Queen of the Valley Medical Center's CHIP involves a comprehensive approach lead by the Community Health Investment Program Manager and Senior Program Coordinator. This process includes both internal and external stakeholders and subject matter experts. Coordinating within the organization and in our community is critical in leveraging the will and the resources required to improve community health. As part of the comprehensive approach, existing initiatives of Queen of the Valley's community benefit investments are reviewed to ensure alignment with 2020 CHNA priorities. The board appointed Community Benefit Committee is engaged throughout the process beginning with the development and approval of the CHNA, followed by CHIP development, review, and feedback, then final CHIP review and approval.

Queen of the Valley Medical Center anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Queen of the Valley Medical Center in the enclosed CHIP.

Addressing the Needs of the Community: 2021-2023 Key Community Benefit Initiatives and Evaluation Plan

2022 Accomplishments

COMMUNITY NEED ADDRESSED #1: HEALTH EQUITY – RACIAL & LGBTQ

Long-Term Goal(s)/ Vision

To eliminate social inequities and forms of oppression in our communities, ensuring all people have the opportunities and access to living their fullest, healthiest lives.

Table 2. Strategies and Strategy Measures for Addressing Health Equity

Strategy	Population Served	FY22 Accomplishments
1. Partner with FQHC/OLE Health to ensure timely and adequate follow-up care for vulnerable patients	Individuals with low-income or experiencing vulnerabilities, with special focus on Latino/a patients	Bi-monthly calls occur including leaders from OLE Health and QVMC to review workflows. Secured population health funding for OLE Health to hire a LCSW and for QVMC CARE Network to hire a LCSW and CHW to improve access to follow-up care.
2. Improve infrastructure to serve LGBTQ+ patients and address disparities through provider training and adequate data collection.	LGBTQ+ individuals	With the implementation of Epic EHR SOGI data can be collected for all patients. A four-part training series called, Pride in Caregiving: LGBTQ Awareness and Inclusion, was made available to Napa and Solano providers. During FY22, CHI convened a workgroup of internal and external stakeholders to outline specific workstreams: Providence is piloting a Trans+ Health Initiative for which QVMC or NorCal service area is working to become a second pilot site. Conversations with critical leaders are on hold until early 2023. This effort aims at increasing visibility of safe spaces, training providers on respectful care, and incorporating clinical pathways for all transgender health needs. Partnered with Ole Health to share with providers existing and upcoming training opportunities around providing transgender care; and discussed how we will incorporate transgender care as part of the FQHC's primary care. Partnered with Live Healthy Napa County to bring 'Safe Space kits' to Provider offices to increase visibility of safe spaces.
3. Continue to provide community health and educational classes, including Parent University	Low-income and/or Spanish speaking	All Health Education and Perinatal Health Education classes are provided for our Spanish speaking population. In FY22 we hosted 141 classes engaging 1198 community members.

classes to increase knowledge around the health and education systems	individuals and families	In collaboration with community partners, Parent University offered bilingual classes to over 4600 parents in Napa County.
4. Partner with FQHCs, other providers and CBOs for COVID19 outreach, education, testing, vaccination, mitigation of spread, and mitigation of impacts on Latino/a communities	Latino/a and/or Spanish-speaking individuals and families	Assisted Napa County with testing, contact tracing and positive case investigation CHI caregivers volunteered at the OLE Health Vaccine Clinic as needed CHI caregivers partnered with Napa County Public Health to provide consistent messaging.

Evidence Based Sources

- Listening to the Voices of Californians - California Health Care Foundation
- Health Equity | IHI - Institute for Healthcare Improvement
- Health Equity | CDC

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Population Health Division's Health Equity Initiative to support efforts that directly address health disparities. In partnership with the Providence Government and Public Affairs Division, local CHI leaders will advocate for policies that address social and economic disparities.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- OLE Health
- On The Move – LGBTQ Connection
- UpValley Family Centers
- Napa County Public Health
- Community Organizations Active in Disaster
- Napa Valley Farmworker Foundation
- Napa Solano Medical Society

COMMUNITY NEED ADDRESSED #2: HOUSING & HOMELESSNESS

Long-Term Goal(s)/ Vision

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live that meets their needs.

Table 3. Strategies and Strategy Measures for Addressing Housing & Homelessness

Strategy	Population Served	FY22 Accomplishments
1. Support the development of affordable housing stock, including innovative models of permanent supportive housing.	Chronically homeless and very low-income individuals and families; seniors and individuals on a fixed income	Funding support in the amount of $1,000,000 to Napa County Project Home Key round 2 to acquire an existing 55 room motel and convert to 54 units of permanent supportive housing units.
2. Leverage resources through partnerships to expand supportive services for those unstably housed and experiencing homelessness.	Individuals experiencing or at risk of experiencing homelessness, including older adults, Latino/a, and undocumented individuals	Funding in the amount of $10,000 to NEWS in support of flexible financial assistance for Domestic Violence and Sexual Assault survivors to ultimately secure their own safe housing In partnership with OLE Health, Catholic Charities, Abode and Napa County, CARE Network engaged with high-risk unhoused community members with Care Management, Outreach and Social Work Support at: • Napa's South Shelter Clinic • Napa Nightingale • Wine Valley Lodge – Project Roomkey • Adrian Street Apartments – Project Homekey Assisted CARE Network clients with Section 8 housing waitlist applications
3. Invest in respite shelter services supported with complex care management	Individuals experiencing homelessness who are being discharged from local hospitals and need respite services	Funded $350,000.00 in support of respite care operations and in-kind support by CARE Network for complex care management for 32 community members for a total of 1984 bed nights.

Evidence Based Sources

Queen of the Valley Medical Center believes in working upstream to prevent homelessness as well as responding to the immediate needs of individuals and families experiencing housing instability or homelessness, This CHIP includes both prevention and intervention strategies and draws from the following sources:

- Housing is Health | Providence
- National Institute for Medical Respite Care (nimrc.org)
- National Health Care for the Homeless Council
- Reduce poverty by improving housing stability | Urban Institute
- Housing Instability | Healthy People 2020

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding. Approximately $4,500,000 in Care for the Poor reserve funds are earmarked for reducing housing instability and homelessness in Napa County between 2022 and 2025. Financial support is provided to Nightingale House annually for continuation of respite shelter care. Grant funds through the Housing Opportunities for Persons with AIDS (HOPWA) program will continue to assist with preventing a subset of unstably housed individuals from experiencing homelessness.

Providence Supportive Housing Division and Real Estate and Strategic Operations Division are available to assist with decisions around investments in and support for additional housing units. Additionally, and in partnership with the Providence Government and Public Affairs division, local CHI leaders will support policies that prevent homelessness and increase access to affordable housing.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Abode Housing Services
- Burbank Housing
- Housing Authority of the City of Napa
- Napa County Housing and Homeless Programs
- Gasser Foundation
- Napa Valley Community Housing
- Community Development Department, City of Napa

COMMUNITY NEED ADDRESSED #3: MENTAL HEALTH & SUBSTANCE USE SERVICES

Long-Term Goal(s)/ Vision

To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health and substance use services, especially for populations with low incomes.

Table 4. Strategies and Strategy Measures for Addressing Mental Health and Substance Use Services

Strategy	**Population Served**	**FY22 Accomplishments**
1. Increase local capacity to provide culturally appropriate mental health services when needed	All of Napa County, especially youth and older adults, and Spanish speaking individuals	Mentis Contract for CARE Network Mental Health Counselors Mentis Contract for Healthy Minds Healthy Aging prevention and early intervention for individuals who are 60 years and older showing early signs of depression and/or cognitive decline.
2. Increase local capacity to provide appropriate level of substance use services when needed.	All of Napa County, especially youth and older adults, and Spanish speaking individuals	Embedded Alternatives for Better Living Substance Use Navigators into the Emergency Room and onto hospital units Embedded an Alternatives for Better Living Substance Use Navigator onto the OB Unit and within the network of perinatal providers throughout Napa County Center Point contracts for Fee for Service bed nights and dedicated Substance Use Counselor onsite Funded Aldea's "Stash Bags" outreach campaign for teenagers providing resources to prevent substance use or overdose.
3. Enhance the capacity of our community for prevention, education, and intervention of behavioral health treatment to youth	Teens and preteens	Investment of $125,000.00 in multiple prevention-based programs for teenagers and preteens including the local Youth Resource Mental Health data base, wellness cafés and parent support groups.
4. Support 24-hour crisis response and crisis stabilization services to ensure immediate mental health needs are met	Napa County residents	Two QPR trainings were taught to Napa County residents. In-patient and out-patient hospital caregivers collaborate with new Napa

		County Crisis Stabilization Unit and Mobile Response Unit.
5. Provide Mental Health First Aid training throughout the community to better address immediate mental health needs	Napa County residents	Five Mental Health First Aid training opportunities were attended by 64 Napa County residents.

Evidence Based Sources

Queen of the Valley Medical Center believes in working upstream to prevent mental health and substance use concerns as well as responding to immediate needs for crisis interventions. This CHIP includes both primary prevention and crisis intervention strategies and draws from the following sources:

- SAMHSA - Substance Abuse and Mental Health Services Administration
- Mental Health & Resilience Support for Teens and Adults (work2bewell.org)
- Prevention Institute
- Board of Behavioral Sciences (BBS)
- NAMI: National Alliance on Mental Illness

Resource Commitment

Queen of the Valley Medical Center will commit staff time across the CARE Network program, provide grants to local partners and facilitate funding from various health system sources. In partnership with the Providence Government and Public Affairs division, local CHI leaders will advocate for increased access to mental health and substance use care with focused community-based solutions.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- OLE Health
- Mentis
- Collabria
- Alternatives for Better Living
- Center Point
- Aldea Children & Family Services
- Napa County Health & Human Services
- On The Move – Parent University
- COPE Family Services
- Crestwood Crisis Stabilization Unit

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH SERVICES

Long-Term Goal(s)/ Vision

To improve access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system, and to ease the way for people to access the appropriate level of care at the right time.

Table 5. Strategies and Strategy Measures for Addressing Access to Health Services

Strategy	Population Served	FY22 Accomplishments
1. Partner with FQHC/OLE Health to ensure timely and adequate follow-up care for vulnerable patients	Low income and/or medically vulnerable	Bi-monthly calls occur including leaders from OLE Health and QVMC to review workflows. Secured population health funding for OLE Health to hire a LCSW and for QVMC CARE Network to hire a LCSW and CHW to improve access to follow-up care.
2. Ensure residents are enrolled in health coverage through referrals to Community Health Initiative.	Uninsured and underinsured individuals	With the public health emergency ending in 2023 this will be a focus to ensure Medicaid beneficiaries maintain coverage.
3. Ensure that all Community Outreach clients/patients have seen their medical provider at least once in the past year.	Low-income and/or vulnerable individuals	In FY22 a process was implemented to collect data for all clients.
4. Increase access to specialty care, diagnostic screening, and procedures through "Operation Access"	Low-income (up to 200% of FPL) and/or uninsured Napa County residents	OA provided 221 surgical services and diagnostic services and 521 total specialty appointments for 154 unduplicated Napa residents.
5. Provide early oral health screening, prevention, treatment and education to low-income children; complete dental care delivery, including checkup, treatment, and oral health education for patient/parent	Low-income, uninsured and under-insured individuals age 6 months to 26 years	This year our mobile dental clinic provided 4,070 clinic services to 2035 low-income children in Napa County.

Evidence Based Sources

- Prevention Institute
- Health People 2020 – Access to Health Services
- Health Equity | IHI - Institute for Healthcare Improvement
- Health Equity | CDC

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding from its Care for the Poor account. The CARE Network program will continue to provide complex care management and medical care coordination for some of the most vulnerable individuals in our community.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- OLE Health
- Napa County Health & Human Services
- Providence Medical Group
- Community Health Initiative
- Operation Access
- Partnership HealthPlan of CA
- Collabria
- Share the Care

Other Community Benefit Programs

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Complex Care Management	CARE Network	This program is integral to addressing all four priority need areas. The CARE Network provides socio-economic and medical care coordination to low-income vulnerable individuals with complex needs serving individuals along with additional caregivers and family members through a continuum of services and supports linked to community-based services, financial assistance, and medical resources.	Low income or vulnerable
2. Health Equity and Mental Health	Healthy for Life	A school-based wellness program at Title 1 schools designed to emphasize lifelong wellness and behavior change among the pediatric population. In FY22 facilitated 24,783 encounters with Napa Valley Unified School.	Low Income or vulnerable
3. Health Equity	Napa Valley Parent University	In partnership with Napa Valley Unified School District and a local nonprofit, On the Move, Parent University took place at 5 Title one schools and offered virtual classes in FY22.	Low income

		There were 4632 participants in the learning environment. Parents gain critical parenting and leadership skills to support their child's academic success. Classes are bilingual.	
4. Access to Healthcare	HIV Clinic	There were 154 clients cared for by the collaboration between Ole Health and QVMC to provide HIV clinic services	Broader Community
5. Access to Healthcare	Community Health and Resource Fairs	Offer bilingual education and health screenings at multiple community events	Low Income
6. Mental Health	Perinatal Emotional Wellness Program	Assessed and provided 823 brief counseling sessions for pregnant and postpartum women screened for depression	Broader Community

FY22 COMMUNITY BENEFIT INVESTMENT

In FY22 Queen of the Valley Medical Center invested a total of **$51,924,754** in key community benefit programs. **$51,002,521** was invested in community health programs for the poor. In addition, **$3,716,522** in charity care was provided, **$39,975,209** in unpaid cost of MediCal, including the Hospital Quality Assurance Fee Program, and **$922,233** in community benefits for the broader community. The hospital received **$3,433,533** from the MediCal Hospital Quality Assurance Fee program for FY22. If it were not for the Hospital Quality Assurance Fee received, Unpaid Cost of MediCal would have been **$43,408,742**. Queen of the Valley Medical Center applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2022 Queen of the Valley Medical Center (July 1, 2021 - June 30, 2022)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	$3,716,522
	Unpaid cost of Medicaid	$39,975,209
	Unpaid other govt. programs	$10,266
Other Benefits for Vulnerable Populations	Community Health Improvement Services	$4,438,885
	Subsidized Health Services	$0
	Cash and In-Kind Contributions	$2,528,611
	Community Building	$0
	Community Benefit Operations	$333,028
	Total Benefits for Vulnerable Populations	**$51,002,521**
Other Benefits for the Broader Community Populations	Community Health Improvement Services	$488,262
	Subsidized Health Services	$0
	Cash and In-Kind Contributions	$83,408
	Community Building	$0
	Community Benefit Operations	$350,563
Health Profession Education, Training and Research	Health Professions Education and Research	$0
	Total Benefits for the Broader Community	**$922,233**
	Total Community Benefit	**$51,924,754**
Medical Care Services for the Broader Community	**Total Medicare shortfall**	$52,628,963

Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments

Before the inception of community benefit, the Sisters of St. Joseph of Orange established a priority to care for the poor and vulnerable. Carrying out their mission that extends back to LePuy, France, 1650, these women were brought together by a Jesuit priest, Father Jean Pierre Medaille, who formed a new association of women, without cloister or distinctive dress, consecrated to God, to live together combining a life of prayer with an active ministry to the sick and poor. With the overwhelming need of that time he instructed these women to go into the community, divide it into sectors, identifying the greatest needs while also seeking like-minded people who can help. To this day, now entrusted in the hands of the laity, we continue with this mission and follow these same instructions and inspiration from our founding Sisters.

Community Leaders Coalition (CLC)

The CLC's mission is to mobilize community leaders to collectively advocate for the needs of vulnerable populations throughout Napa County. The group is comprised of nonpartisan community leaders working together to leverage their resources and voices to influence positive change in our community. Proactive efforts include promoting voter registration and participation, paving the way for an open and effective local government by enabling participation in the budget and redistricting processes, and strengthening immigrant families through knowledge and resources. A Queen of the Valley, Community Outreach caregiver serves as a member of the CLC and participates in relevant workgroups and advocacy efforts.

Napa Valley Community Organizations Active in Disaster (COAD)

The Napa Valley COAD develops and enhances partnerships for communication, coordination & collaboration amongst the whole community including non-profit & faith-based organizations, government agencies, and the private sector during all phases of disaster. The organization was developed in response to the 2014 South Napa Earthquake and 2015 Lake County Valley Fire, and to develop a structure in Napa County to improve community resilience by identifying and directing vital resources to help residents recover from a disaster. Local government cannot meet these needs alone and relies on partnerships with local non-profit agencies for service delivery. Cross-sector and multidisciplinary collaborations have been enhanced during the Covid-19 pandemic because of COAD's coordination throughout the county. In partnership with the Sonoma County COAD, the Napa Valley COAD assisted Humboldt County launch a COAD of their own. A Queen of the Valley, Community Outreach caregiver serves as an executive board member of Napa Valley COAD.

Blood Drives:

Another form of non-profit collaboration is partnering with Vitalant to host blood drives on the Providence Queen of the Valley campus. We create awareness while inviting the community to join Queen of the Valley caregivers, physicians, and volunteers to meet the chronic shortage of lifesaving blood products. In FY22 Vitalant conducted three blood drives at Queen of the Valley with a total of 67 units collected.

2022 CB REPORT GOVERNANCE APPROVAL

This 2022 Community Benefit Report was adopted by the Community Benefit Committee of the hospital on November 17, 2022. The final report was made widely available by November 30, 2022.

Sister Nadine McGuinness *November 17, 2022*

Sister Nadine McGuinness — Date
Chair, Community Benefit Committee, Queen of the Valley Medical Center

Contact:

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EXHIBIT 5 TO

SECTION 999.5(d)(5)(B)

2023

COMMUNITY BENEFIT REPORT /

PROGRESS ON 2021-2023 COMMUNITY HEALTH IMPROVEMENT PLAN

Queen of the Valley Medical Center

Napa, California

To provide feedback on this CB Report or obtain a printed copy free of charge, please email Teresa Smith, CHI Program Manager at Teresa.Smith@Providence.org

Providence

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Napa County through Queen of the Valley Medical Center (QVMC). QVMC is an acute-care hospital with 198 licensed beds, founded in 1958 and located in Napa, California. The hospital's service area is the entirety of Napa County, including 138,795 people.

QVMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY23, the hospital provided $46,440,462 in Community Benefit in response to unmet needs.

QVMC Community Health Improvement Plan Priorities

As a result of the findings of our 2020 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Queen of the Valley Medical Center will focus on the following areas for its 2021-2023 Community Benefit efforts:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities, and discrimination prevents the LGBTQ+ community from receiving responsive health care.

2023 Accomplishments

Collaboration continues with CommuniCare+OLE, our local FQHC, to ensure timely and adequate follow-up appointments for patients. Bi-monthly calls occur including leaders from both entities working to improve workflows. Through Providence Health System Population funding QVMC and CommuniCare+OLE collaborated to expand capacity of the FQHC to serve patients with behavioral health conditions. QVMC CARE Network added a LCSW to support behavioral health assessments and referrals in the Emergency Department (ED). QVMC CARE Network also embedded a Community Health Worker into the ED to reduce patient barriers to primary and specialty care through outreach, navigation and supports. The FQHC hired a new bilingual/bicultural therapeutic LCSW to increase access to follow-up Care.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

2023 Accomplishments

In FY 23 Community Health Investment committed to a financial investment to Jamboree Housing. Jamboree Housing will be building a new 40-unit Permanent Supportive housing complex in Napa County. Community Health Investment's CARE Network caregivers collaborate with Napa County, City of Napa, Abode, NEWS, CommuniCare+OLE and Catholic Charities to serve high risk clients. CARE Network caregivers are active in the Napa County Coordinated Entry system. CARE Network caregivers support the unhoused through care management, outreach, and social work support.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the Napa community. School-age children, older adults, the Latino/a community, and individuals identifying as LGBTQ+ experience barriers to accessing responsive services.

2023 Accomplishments

CHI increased capacity to address mental health and substance use services through collaboration with Mentis, Alternatives for Better Living and Burbank Housing. Substance Use Navigators are embedded in the Emergency Room and inside the OB Unit assisting patients with outreach and navigation of local inpatient and outpatient resources. Mental health programs facilitated by Mentis, continue in both English and Spanish for high-risk CARE Network clients and for the elderly through Healthy Minds Healthy Aging.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa, transportation, and language barriers prevent individuals from accessing timely and responsive health care services.

2023 Accomplishments

CARE Network provided 30,987 total encounters to their clients through medical and social service care coordination and case management. CARE Network continued to hold a strong presence on the Napa County Continuum of Care Committee. The Children's Mobile Dental Clinic provided 4769 clinic services to 1624 low-income children in Napa County.

Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible, and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities' benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in fifty-two hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington.

Providence across five western states:

- Alaska
- Montana
- Oregon
- Northern California
- Southern California
- Washington

The Providence affiliate family includes:

- Covenant Health in West Texas
- Facey Medical Foundation in Los Angeles, CA.
- Hoag Memorial Hospital Presbyterian in Orange County, CA.
- Kadlec in Southeast Washington
- Pacific Medical Centers in Seattle, WA.
- Swedish Health Services in Seattle, WA.

As a comprehensive health care organization, we are serving more people, advancing best practices, and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

INTRODUCTION

Who We Are

Our Mission As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 198 licensed beds, more than 1280 caregivers (employees), and professional relationships with many local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences, and orthopedics.

Our Commitment to Community

Queen of the Valley Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, it provided $46,440,462 in Community Benefit[1] in response to unmet needs and to improve the health and well-being of those served in Napa County.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP

Community Benefit Governance

Queen of the Valley Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The Northern California Regional Director of Community Health Investment and the local QVMC Community Health Investment Program Manager are responsible for coordinating implementation of State and Federal 501r requirements.

The Community Benefit Committee (CBC) is the board appointed oversight committee of the Community Outreach department at Queen of the Valley Medical Center. The CBC is composed of Providence Queen of the Valley community board members, internal Providence stakeholders and staff (Chief Executive or designee, mission leader, community health leaders) and external community stakeholders representing subject matter experts and community constituencies (i.e., faith based, FQHC's, mental health, homeless services, education, and Public Health). The CBC reviewed the data collected in the 2020 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Napa County for this 2021-2023 CHIP. The committee also oversees and governs budget, investments, program continuation or discontinuation, populations of focus and community-wide engagement.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Queen of

the Valley Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Queen of the Valley Medical Center informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program go to: https://www.stjosephhealth.org/patients-visitors/billing-payment/.

Medi-Cal (Medicaid)

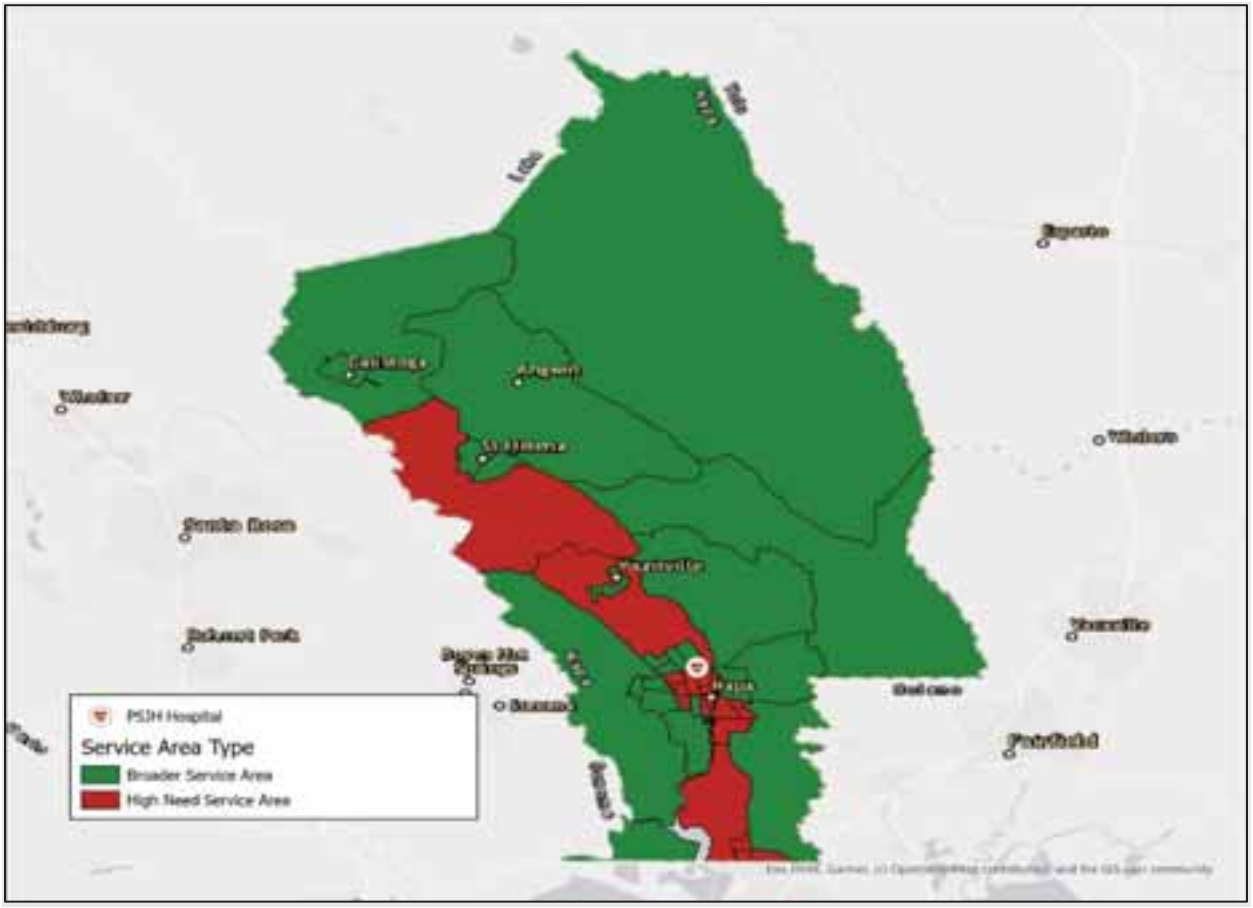
Queen of the Valley Medical Center provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY23, Queen of the Valley Medical Center provided $37,891,910 in Medicaid shortfall.

OUR COMMUNITY

Description of Community Served

Queen of the Valley Medical Center's service area is Napa County and includes a population of approximately 138,795 people.

Figure 2. Queen of the Valley Medical Center Total Service Area



Of the over 138,795 permanent residents of Napa County, roughly 48% live in the "high need" area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of $52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Younger age groups are disproportionately represented in the high need communities of Napa County, most likely representing households with young children. Alternatively, age groups 55 and over are less likely to fall into the high need communities or live within those designated census tracts. The male-to-female distribution is roughly equal across Napa County geographies.

In Napa County, approximately 7% of the population are veterans, which is higher than that of the state of California, 5%.

POPULATION BY RACE AND ETHNICITY

Individuals who identify as Hispanic (below), Asian, or "other race," are more likely to live in high needs census tracts than their peers of other races.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Median Income Data Source: American Community Survey Year: 2019	$101,330	$77,129	$88,457
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	20.8%	25.2%	23.0%

The median income in the high need service area is about $11,000 lower than Napa County. There is about a $24,000 difference in median income between the broader service area and the high need service area.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average about 23% of households in Napa County are severely housing cost burdened. In the high need service area, 25.2% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which 30% to 43% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the 2020 CHNA for Queen of the Valley Medical Center.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The Community Health Needs Assessment (CHNA) process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

Significant Community Health Needs Prioritized

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities and living their healthiest lives. Discrimination also prevents the LGBTQ+ community from receiving responsive health care and visibility in the community. A greater commitment to equity in all programs and collaboratives is warranted.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. A lack of affordable housing leads to over-crowding and poor living conditions. Housing is foundational to all other needs; once people are housed securely; they can address other needs related to their health and wellbeing. Two groups are of particular concern: the Latino/a community and older adults. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the community. School-age children and older adults need more mental health support in the current environment, increasing the demand for services. The Latino/a community is also underserved, especially mixed status families,

with the following barriers preventing Latino/a individuals from receiving services: stigma, a lack of culturally relevant education and outreach, and a lack of bilingual and bicultural providers. LGBTQ-friendly mental health providers are also difficult to find in the area. There is limited access to mental health services for individuals who do not meet the high-acuity criteria for severe mental illness at Napa County Health and Human Services, as well as limited substance use disorder treatment options. The COVID-19 pandemic is creating a mental health crisis; people are feeling hopeless, afraid, stressed, anxious, and depressed. The stress from the COVID-19 pandemic is compounding trauma related to local fires.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa disproportionately affects individuals on Medi-Cal or without insurance. When individuals are referred to a specialist outside of the area, transportation then becomes a barrier to accessing care. Language barriers prevent Spanish-speaking individuals from receiving responsive care, and virtual interpreters are not nearly as effective as in-person options. Access to care challenges became especially apparent during the COVID-19 pandemic. While telemedicine has improved access to care for some populations, for others this transition has created additional barriers to care, including lack of smart phones or computers, lack of comfort with technology or stable internet access, language barriers, and lack of private space for appointments. Many individuals do not want to talk to their provider on the phone and are not receiving the care they need.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission through the provision of financial grants and donations to community partners whose work aligns with the mission, vision, and values of the organization.

While Queen of the Valley Medical Center will employ strategies to address each of the four significant health needs that were prioritized during the CHNA process, partnerships with community organizations and government agencies are critical for achieving long-term goals.

Queen of the Valley Medical Center will collaborate with Napa County, the City of Napa, CommuniCare+OLE, Adventist Health, Mentis, Abode, Kaiser Health, and a variety of local family resource centers that address the community needs to coordinate care and referrals to address unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2021-2023 Community Health Improvement Plan (CHIP) process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2020 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

Queen of the Valley Medical Center's CHIP involves a comprehensive approach lead by the Community Health Investment Program Manager and Senior Program Coordinator. This process includes both internal and external stakeholders and subject matter experts. Coordinating within the organization and in our community is critical in leveraging the will and the resources required to improve community health. As part of the comprehensive approach, existing initiatives of Queen of the Valley's community benefit investments are reviewed to ensure alignment with 2020 CHNA priorities. The board appointed Community Benefit Committee is engaged throughout the process beginning with the development and approval of the CHNA, followed by CHIP development, review, and feedback, then final CHIP review and approval.

Queen of the Valley Medical Center anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Queen of the Valley Medical Center in the enclosed CHIP.

Addressing the Needs of the Community: 2021-2023 Key Community Benefit Initiatives and Evaluation Plan

2023 Accomplishments

COMMUNITY NEED ADDRESSED #1: HEALTH EQUITY – RACIAL & LGBTQ

Long-Term Goal(s)/ Vision

To eliminate social inequities and forms of oppression in our communities, ensuring all people have the opportunities and access to living their fullest, healthiest lives.

Table 2. Strategies and Strategy Measures for Addressing Health Equity

Strategy	Population Served	FY23 Accomplishments
1. Partner with FQHC/CommuniCARE+OLE to ensure timely and adequate follow-up care for vulnerable patients	Individuals with low-income or experiencing vulnerabilities, with special focus on Latino/a patients	Bi-monthly calls occur including leaders from CommuniCare+OLE and QVMC to review workflows. Through Providence Health System Population funding QVMC and CommuniCare+OLE collaborated to expand capacity of the FQHC to serve patients with behavioral health conditions. QVMC CARE Network added a LCSW to support behavioral health assessments and referrals in the Emergency Department (ED). QVMC CARE Network also embedded a Community Health Worker into the ED to reduce patient barriers to primary and specialty care through outreach, navigation and supports. The FQHC hired a new bilingual/bicultural therapeutic LCSW to increase access to follow-up Care.
2. Improve infrastructure to serve LGBTQ+ patients and address disparities through provider training and adequate data collection.	LGBTQ+ individuals	SOGI data is now being collected for all patients through EPIC. Collaborated with Live Healthy Napa County to increase visibility of safe spaces in Napa County.
3. Continue to provide community health and educational classes, including Parent University classes to increase knowledge around the health and education systems	Low-income and/or Spanish speaking individuals and families	Health Education, Perinatal Health Education classes, and hospital tours are provided for our Spanish speaking population. In collaboration with community partners, Parent University offered bilingual classes to over 4637 parents in Napa County.

Evidence Based Sources

- Listening to the Voices of Californians - California Health Care Foundation

- Health Equity | IHI - Institute for Healthcare Improvement
- Health Equity | CDC

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Population Health Division's Health Equity Initiative to support efforts that directly address health disparities. In partnership with the Providence Government and Public Affairs Division, local CHI leaders will advocate for policies that address social and economic disparities.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- CommuniCare+OLE
- On The Move – LGBTQ Connection
- UpValley Family Centers
- Napa County Public Health
- Community Organizations Active in Disaster
- Napa Valley Farmworker Foundation
- Providence Clinical Excellence Department

COMMUNITY NEED ADDRESSED #2: HOUSING & HOMELESSNESS

Long-Term Goal(s)/ Vision

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live that meets their needs.

Table 3. Strategies and Strategy Measures for Addressing Housing & Homelessness

Strategy	Population Served	FY23 Accomplishments
1. Support the development of affordable housing stock, including innovative models of permanent supportive housing.	Chronically homeless and very low-income individuals and families; seniors and individuals on a fixed income	Valley Lodge Apartments opened in FY23. A complex of 54 permanent supportive housing units. On-site services and care management will be provided for all apartment residents.
2. Leverage resources through partnerships to expand supportive services for those unstably housed and	Individuals experiencing or at risk of experiencing homelessness, including older	Funding in the amount of $10,000 to NEWS in support of flexible financial assistance for Domestic Violence and Sexual Assault survivors to ultimately secure safe housing.

experiencing homelessness.	adults, Latino/a, and undocumented individuals	In partnership with CommuniCARE+OLE, Catholic Charities, Abode and Napa County, CARE Network engaged with high-risk unhoused community members with Care Management, Outreach and Social Work Support at: • Napa's South Shelter Clinic • Napa Nightingale • Valley Lodge Apartments • Adrian Street Apartments
3. Invest in respite shelter services supported with complex care management	Individuals experiencing homelessness who are being discharged from local hospitals and need respite services	Funded $350,000.00 in support of respite care operations and in-kind support by CARE Network for complex care management for 38 community members for a total of 1798 bed nights.

Evidence Based Sources

Queen of the Valley Medical Center believes in working upstream to prevent homelessness as well as responding to the immediate needs of individuals and families experiencing housing instability or homelessness, This CHIP includes both prevention and intervention strategies and draws from the following sources:

- Housing is Health | Providence
- National Institute for Medical Respite Care (nimrc.org)
- National Health Care for the Homeless Council
- Reduce poverty by improving housing stability | Urban Institute
- Housing Instability | Healthy People 2020

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding. Approximately $4,500,000 in Care for the Poor reserve funds are earmarked for reducing housing instability and homelessness in Napa County between 2022 and 2025. Financial support is provided to Nightingale House annually for continuation of respite shelter care. Grant funds through the Housing Opportunities for Persons with AIDS (HOPWA) program will continue to assist with preventing a subset of unstably housed individuals from experiencing homelessness.

Providence Supportive Housing Division and Real Estate and Strategic Operations Division are available to assist with decisions around investments in and support for additional housing units. Additionally, and

in partnership with the Providence Government and Public Affairs division, local CHI leaders will support policies that prevent homelessness and increase access to affordable housing.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Abode Housing Services
- Burbank Housing
- Housing Authority of the City of Napa
- Napa County Housing and Homeless Programs
- Gasser Foundation
- Napa Valley Community Housing
- Community Development Department, City of Napa
- Jamboree Housing

COMMUNITY NEED ADDRESSED #3: MENTAL HEALTH & SUBSTANCE USE SERVICES

Long-Term Goal(s)/ Vision

To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health and substance use services, especially for populations with low incomes.

Table 4. Strategies and Strategy Measures for Addressing Mental Health and Substance Use Services

Strategy	**Population Served**	**FY23 Accomplishments**
1. Increase local capacity to provide culturally appropriate mental health services when needed	All of Napa County, especially youth and older adults, and Spanish speaking individuals	Mentis Contract for CARE Network Mental Health Counselors Mentis Contract for Healthy Minds Healthy Aging prevention and early intervention for individuals who are 60 years and older showing early signs of depression and/or cognitive decline.
2. Increase local capacity to provide appropriate level of substance use services when needed.	All of Napa County, especially youth and older adults, and Spanish speaking individuals	Alternatives for Better Living Substance Use Navigators (SUNs) continue to be embedded in the QVMC Emergency Room. Alternatives for Better Living Substance Use Navigator (SUN) is embedded in the OB Unit and collaborating within the network of perinatal providers throughout Napa County.

		Center Point contracts were in place for Fee for Service bed nights and caregiver collaboration.
3. Support 24-hour crisis response and crisis stabilization services to ensure immediate mental health needs are met	Napa County residents	Four Question Persuade Refer (QPR) trainings were taught to 95 Napa County residents. In-patient and out-patient hospital caregivers collaborate with new Napa County Crisis Stabilization Mobile Response Unit.

Evidence Based Sources

Queen of the Valley Medical Center believes in working upstream to prevent mental health and substance use concerns as well as responding to immediate needs for crisis interventions. This CHIP includes both primary prevention and crisis intervention strategies and draws from the following sources:

- SAMHSA - Substance Abuse and Mental Health Services Administration
- Mental Health & Resilience Support for Teens and Adults (work2bewell.org)
- Prevention Institute
- Board of Behavioral Sciences (BBS)
- NAMI: National Alliance on Mental Illness

Resource Commitment

Queen of the Valley Medical Center will commit staff time across the CARE Network program, provide grants to local partners and facilitate funding from various health system sources. In partnership with the Providence Government and Public Affairs division, local CHI leaders will advocate for increased access to mental health and substance use care with focused community-based solutions.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- CommuniCare+OLE
- Mentis
- Community Health Napa Valley (Formerly Collabria Care)
- Alternatives for Better Living
- Center Point
- Napa County Health & Human Services Agency
- On The Move – Parent University
- COPE Family Services

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH SERVICES

Long-Term Goal(s)/ Vision

To improve access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system, and to ease the way for people to access the appropriate level of care at the right time.

Table 5. Strategies and Strategy Measures for Addressing Access to Health Services

Strategy	Population Served	FY23 Accomplishments
1. Partner with FQHC/CommuniCare+OLE to ensure timely and adequate follow-up care for vulnerable patients	Low income and/or medically vulnerable	Bi-monthly calls occur including leaders from CommuniCare+OLE and QVMC to review workflows. Through Providence Health System Population funding QVMC and CommuniCare+OLE collaborated to expand capacity of the FQHC to serve patients with behavioral health conditions. QVMC CARE Network added a LCSW to support behavioral health assessments and referrals in the Emergency Department (ED). QVMC CARE Network also embedded a Community Health Worker into the ED to reduce patient barriers to primary and specialty care through outreach, navigation and supports. The FQHC hired a new bilingual/bicultural therapeutic LCSW to increase access to follow-up Care.
2. Ensure residents are enrolled in health coverage through referrals to Community Health Initiative.	Uninsured and underinsured individuals	With the public health emergency ending in 2023 this will be a focus to ensure Medicaid beneficiaries maintain coverage.
3. Increase access to specialty care, diagnostic screening, and procedures through "Operation Access"	Low-income (up to 200% of FPL) and/or uninsured Napa County residents	OA provided 186 surgical services and diagnostic services and 424 total specialty appointments for 123 unduplicated Napa residents.
4. Provide early oral health screening, prevention, treatment, and education to low-income children; complete dental care delivery, including	Low-income, uninsured, and under-insured individuals aged 6 months to 26 years	This year our mobile dental clinic provided 4,769 clinic services to 2,035 low-income children in Napa County.

checkup, treatment, and oral health education for patient/parent		
5. Increase resources to unhoused Napa County residents. Provide brief social service consultations to those interested in Care Coordination/Care Management services.	Low-income, uninsured, under-insured and unhoused.	QVMC Care Network is now offering walk-in appointments to provide brief social service consultation at the South Napa Shelter.

Evidence Based Sources

- Prevention Institute
- Health People 2020 – Access to Health Services
- Health Equity | IHI - Institute for Healthcare Improvement
- Health Equity | CDC

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding from its Care for the Poor account. The CARE Network program will continue to provide complex care management and medical care coordination for some of the most vulnerable individuals in our community.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- CommuniCare+OLE
- Napa County Health & Human Services
- Napa County Office of Education
- Providence Medical Group
- Community Health Initiative
- Operation Access
- Partnership HealthPlan of CA
- Community Health Napa Valley (Formerly Collabria Care)
- Share the Care
- Abode Services
- Napa County Homeless Services and Continuum of Care

Other Community Benefit Programs

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Health Equity and Mental Health	Healthy for Life	A school-based wellness program at Title 1 schools designed to emphasize lifelong wellness and behavior change among the pediatric population. In FY23, 21,136 encounters occurred with Napa Valley Unified School District Students.	Low Income or vulnerable
2. Health Equity	Napa Valley Parent University	In partnership with Napa Valley Unified School District and a local nonprofit, On the Move, Parent University took place at 5 Title one schools and offered virtual classes in FY23. There were 4632 participants in the learning environment. Parents gain critical parenting and leadership skills to support their child's academic success. Classes are bilingual.	Low income
3. Access to Healthcare	HIV Clinic	There were 157 clients cared for by the collaboration between CommuniCare+OLE and QVMC to provide HIV clinic services	Broader Community
4. Access to Healthcare	Community Health and Resource Fairs	Offer bilingual education and health screenings at multiple community events	Low Income
5. Mental Health	Perinatal Emotional Wellness Program	Assessed and provided 864 brief counseling sessions for pregnant and postpartum women screened for depression	Broader Community

FY23 COMMUNITY BENEFIT INVESTMENT

In FY23 Queen of the Valley Medical Center invested a total of $46,440,462 in key community benefit programs. $45,639,046 was invested in community health programs for the poor. In addition, $1,230,365 in charity care was provided, $37,891,910 in unpaid cost of MediCal, including the Hospital Quality Assurance Fee Program, and $801,416 in community benefits for the broader community. Queen of the Valley Medical Center applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2023 Queen of the Valley Medical Center (July 1, 2022 - June 30, 2023)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	$1,230,365
	Unpaid cost of Medicaid	$37,891,910
	Unpaid other govt. programs	$0
Other Benefits for Vulnerable Populations	Community Health Improvement Services	$4,882,065
	Subsidized Health Services	$10,595
	Cash and In-Kind Contributions	$1,019,618
	Community Building	$0
	Community Benefit Operations	$604,493
	Total Benefits for Vulnerable Populations	**$45,639,046**
Other Benefits for the Broader Community Populations	Community Health Improvement Services	$637,145
	Subsidized Health Services	$0
	Cash and In-Kind Contributions	$40,000
	Community Building	$0
	Community Benefit Operations	$124,271
Health Profession Education, Training and Research	Health Professions Education and Research	$0
	Total Benefits for the Broader Community	**$801,416**
	Total Community Benefit	**$46,440,462**
Medical Care Services for the Broader Community	**Total Medicare shortfall**	$8,781,108

Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments

Before the inception of community benefit, the Sisters of St. Joseph of Orange established a priority to care for the poor and vulnerable. Carrying out their mission that extends back to LePuy, France, 1650, these women were brought together by a Jesuit priest, Father Jean Pierre Medaille, who formed a new association of women, without cloister or distinctive dress, consecrated to God, to live together combining a life of prayer with an active ministry to the sick and poor. With the overwhelming need of that time, he instructed these women to go into the community, divide it into sectors, identifying the greatest needs while also seeking like-minded people who can help. To this day, now entrusted in the hands of the laity, we continue with this mission and follow these same instructions and inspiration from our founding Sisters.

Community Leaders Coalition (CLC)

The CLC's mission is to mobilize community leaders to collectively advocate for the needs of vulnerable populations throughout Napa County. The group is comprised of nonpartisan community leaders working together to leverage their resources and voices to influence positive change in our community. Proactive efforts include promoting voter registration and participation, paving the way for an open and effective local government by enabling participation in the budget and redistricting processes, and strengthening immigrant families through knowledge and resources. A Queen of the Valley, Community Outreach caregiver serves as a member of the CLC and participates in relevant workgroups and advocacy efforts.

Napa Valley Community Organizations Active in Disaster (COAD)

The Napa Valley COAD develops and enhances partnerships for communication, coordination & collaboration amongst the whole community including non-profit & faith-based organizations, government agencies, and the private sector during all phases of disaster. The organization was developed in response to the 2014 South Napa Earthquake and 2015 Lake County Valley Fire, and to develop a structure in Napa County to improve community resilience by identifying and directing vital resources to help residents recover from a disaster. Local government cannot meet these needs alone and relies on partnerships with local non-profit agencies for service delivery. Cross-sector and multidisciplinary collaborations have been enhanced during the Covid-19 pandemic because of COAD's coordination throughout the county. A Queen of the Valley, Community Outreach caregiver serves as an executive board member of Napa Valley COAD.

Live Healthy Napa County (LHNC)

Live Healthy Napa County (LHNC) seeks to promote and protect the health and wellbeing of every member of the community by bringing together diverse partners to develop shared vision of a healthier Napa County and to create an action agenda to realize that vision. Napa County community members take responsibility for improving and sustaining health through shared leadership, strategic planning, meaningful community engagement and coordinated action. In FY23 LHNC and Providence QVMC Community Health Investment collaborated on a joint napa County Community Health Needs Assessment.

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2023 CB REPORT GOVERNANCE APPROVAL

This 2023 Community Benefit Report was adopted by the Community Benefit Committee of the hospital on November 16, 2023. The final report was made widely available by November 30, 2023.

Greg Bennett 11/17/2023

Greg Bennett
Chair, Community Benefit Committee
Providence Queen of the Valley Medical Center

Date

Contact:

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EXHIBIT 6 TO

SECTION 999.5(d)(5)(B)

2024

COMMUNITY BENEFIT REPORT /

PROGRESS ON 2024-2026 COMMUNITY HEALTH IMPROVEMENT PLAN

Queen of the Valley Medical Center

Napa, California

To provide feedback on this CB Report or obtain a printed copy free of charge, please email Teresa Smith, CHI Program Manager at Teresa.Smith@Providence.org

Providence

CA_Smith

NOTICE-000602

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Napa County through Queen of the Valley Medical Center (QVMC). QVMC is an acute-care hospital, founded in 1958 and located in Napa, California. The hospital's service area is the entirety of Napa County, including 138,000 people.

QVMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY24, the hospital provided $43,524,190 in Community Benefit in response to unmet needs.

QVMC Community Health Improvement Plan Priorities

As a result of the findings of our 2023 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Queen of the Valley Medical Center will focus on the following areas for its 2024-2026 Community Benefit efforts:

PRIORITY 1: HOMELESSNESS & HOUSING INSTABILITY

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially demanding situation for those with low income. The cost of living is extremely high, and earning a livable wage is a struggle. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhousedindividuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

2024 Accomplishments

In FY24 Providence Queen of the Valley Medical Center Community Health made a financial investment to Jamboree Housing. Jamboree Housing will be building a new 40-unit permanent supportive housing complex in Napa County. Heritage House, a permanent supportive housing complex that Providence QVMC Community Health previously invested in, opened its doors. Multiple QVMC CARE Network clients have successfully been housed at Heritage House. Not only has Providence QVMC invested in the development of affordable housing stock in Napa County, but the CARE Network Program is also meeting monthly at the North Napa Center, a non-congregate shelter in Napa County, to coordinate care for shared Enhanced Care Management (ECM) clients to identity clients with complex medical conditions.

PRIORITY 2: BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication.

There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

2024 Accomplishments

QVMC Community Health has continued to increase capacity to provide culturally appropriate mental health services across Napa County. In FY24 the number of therapy sessions provided to pregnant women and new mothers through the Queen's Perinatal Emotional Wellness program increased by more than 10%. Also, in FY24 QVMC CARE Network transitioned four caregivers into Licensed Clinical Social Worker (LCSW) roles to provide Mental Health Therapy to high-risk CARE Network clients. This transition from a contracted service to services being provided by QVMC caregivers will increase retention of valuable caregivers and be a cost savings for CARE Network.

In FY24 Community Health was successful with moving the Behavioral Health Team into the walls of the hospital. This team is comprised of a bilingual LCSW, a bilingual Community Health Worker (CHW) and a Substance Use Navigator (SUN). This team meets vulnerable Emergency Room patients at the bedside. Screening, intervention, referrals, and follow-up are provided to patients presenting with mental health and substance use needs. Being present inside the hospital has increased the number of referrals to the team and increased the number of patients served. The SUN served 65 patients in the two quarters prior to moving into the hospital. The SUN served 156 patients in her first two quarters inside the walls of the hospital.

PRIORITY 3: ACCESS TO HEALTH CARE & DENTAL SERVICES

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern about lack of access to health insurance for mixed-status families and people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be difficult for all ages because there are few dental appointments available locally.

2024 Accomplishments

CARE Network provided over 30,000 total encounters to their clients through medical and social service care coordination and case management. The CARE Network has increased the number of CARE Network clients enrolled in Enhanced Care Management (ECM). The Children's Mobile Dental Clinic provided 5414 clinic services to 1624 low-income children in Napa County. Through a new collaboration and grant with Napa County Office of Education, the Mobile Dental Clinic provided early oral health screenings, treatment and education to 254 students in rural schools across Napa County.

PRIORITY 4: ECONOMIC STABILITY

Many participants spoke about the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A substantial proportion of employment opportunities center around agriculture and hospitality, which

often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

2024 Accomplishments

In FY24 Queen of the Valley Community Health shared 4 community grants to support and build capacity for fresh and nutritious food, accessible and affordable transportation and local emergency funds for basic needs.

About Providence

Providence St. Joseph Health (Providence) is a national, not-for-profit Catholic health system comprising a diverse family of organizations driven by a belief that health is a human right. With 51 hospitals, over 1000 clinics, and many other health and educational services, our health System employs more than 122,000 caregivers serving patients in communities across seven Western states – Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington. Our caregivers provide quality, compassionate care to all those we serve, regardless of coverage or ability to pay.

Providence across five western states:

- Alaska
- Montana
- Oregon
- Northern California
- Southern California
- Washington

The Providence affiliate family includes:

- Covenant Health in West Texas
- Facey Medical Foundation in Los Angeles, CA.
- Hoag Memorial Hospital Presbyterian in Orange County, CA.
- Kadlec in Southeast Washington
- Pacific Medical Centers in Seattle, WA.
- Swedish Health Services in Seattle, WA.

As a comprehensive health care organization, we are serving more people, advancing best practices, and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

INTRODUCTION

Who We Are

Our Mission As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 198 licensed beds, more than 1280 caregivers (employees), and professional relationships with many local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences, and orthopedics.

Our Commitment to Community

Queen of the Valley Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, it provided $43,524,190 in Community Benefit[1] in response to unmet needs and to improve the health and well-being of those served in Napa County.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP

Community Benefit Governance

Queen of the Valley Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The Northern California Regional Director of Community Health Investment and the local QVMC Community Health Investment Program Manager are responsible for coordinating implementation of State and Federal 501r requirements.

The Community Benefit Committee (CBC) is the board appointed oversight committee of the Community Outreach department at Queen of the Valley Medical Center. The CBC is composed of Providence Queen of the Valley community board members, internal Providence stakeholders and staff (Chief Executive or designee, mission leader, community health leaders) and external community stakeholders representing subject matter experts and community constituencies (i.e., faith based, FQHC's, mental health, homeless services, education, and Public Health). The CBC reviewed the data collected in the 2023 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Napa County for this 2024-2026 CHIP. The committee also oversees and governs budget, investments, program continuation or discontinuation, populations of focus and community-wide engagement.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Queen of

the Valley Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients. In FY24, QVMC provided $1,751,274 in free and discounted care through our Financial Assistance Program.

One way Queen of the Valley Medical Center informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program go to: https://www.providence.org/billing-support .

Medi-Cal (Medicaid)

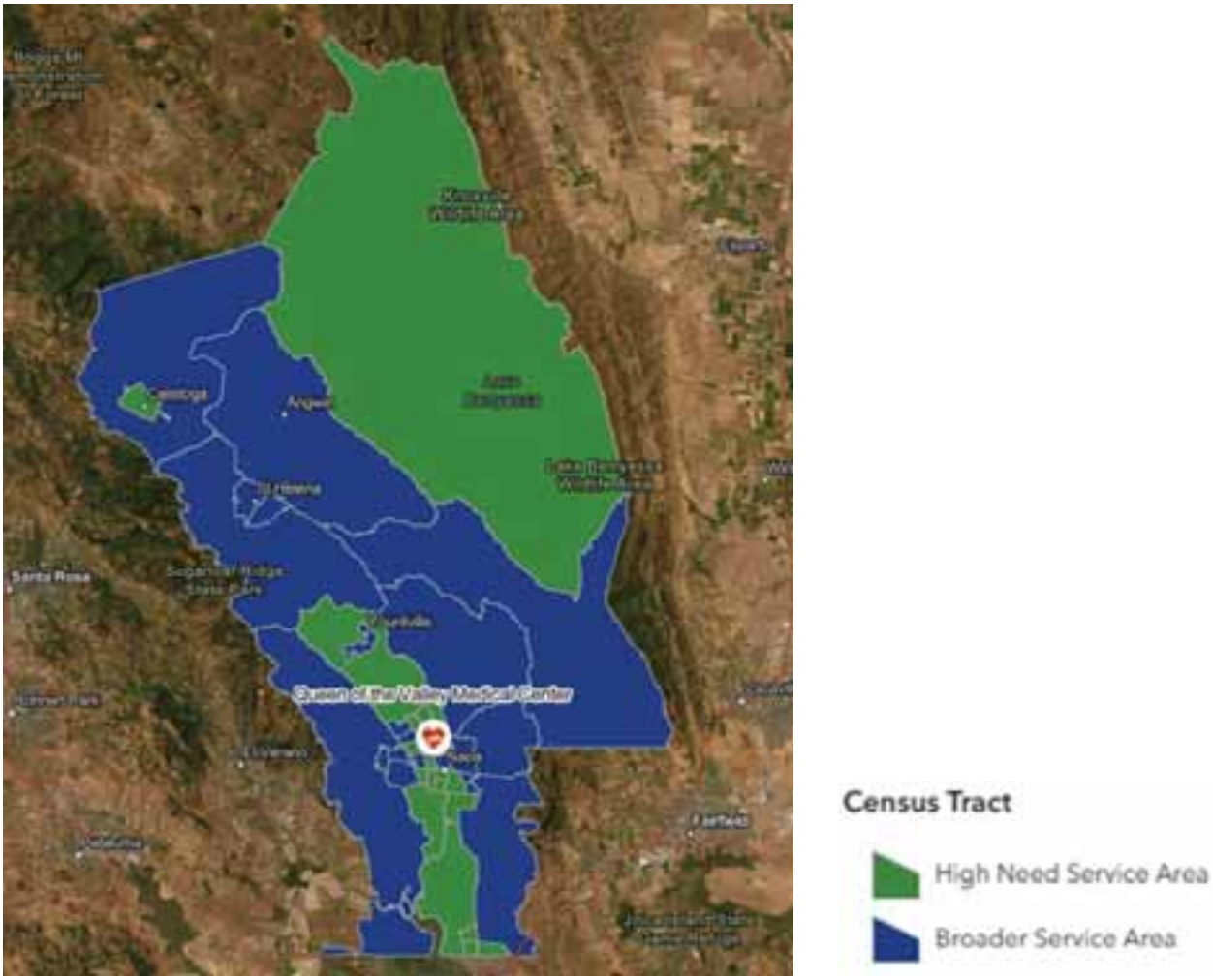
Queen of the Valley Medical Center provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY24, Queen of the Valley Medical Center provided $33,643,395 in Medicaid shortfall.

OUR COMMUNITY

Description of Community Served

Queen of the Valley Medical Center's service area is Napa County and includes a population of approximately 138,000 people.

Figure 2. Queen of the Valley Medical Center Total Service Area



To facilitate identifying health disparities and social inequities by place, we designated a "high need" service area and a "broader" service area, which together make up the Napa County Service Area. Based on work done by the Public Health Alliance of Southern California and their Healthy Places Index (HPI) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Younger age groups are disproportionately represented in the high need communities of Napa County, most likely representing households with young children. Alternatively, age groups 55 and over are less likely to fall into the high need communities or live within those designated census tracts. The male-to-female distribution is roughly equal across Napa County geographies.

In 2021, there were an estimated 26,755 adults aged 65 and above in Napa County and 6,662 children under the age of five (Figure 3). The older adult population has been steadily increasing, while the population of children under age five has been declining.

POPULATION BY RACE AND ETHNICITY

Individuals who identify as Hispanic (below), Asian, or "other race," are more likely to live in high needs census tracts than their peers of other races.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Median Income Data Source: 2021 American Community Survey Year: 5-year estimate	$117,926	$84,690	$97,421
Percent of Renter Households with Severe Housing Cost Burden Data Source: 2021 American Community Survey Year: 5-year estimate	25.4% (1,625 renter households)	24.2% (2,510 renter households)	24.6% (4,135 renter households)

The median income in Napa County in 2021 was higher than the California median income ($97,421 vs. $83,226). In the high need service area of the county, the median income was $84,690.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. Renters in Napa County have continued to face severe housing cost burdens in recent years, with approximately 1 in 4 renter households spending 50% or more of their income on housing.

Full demographic and socioeconomic information for the service area can be found in the 2023 CHNA for Queen of the Valley Medical Center.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Healthy Napa County Language Inclusion Survey. To actively engage the community, we conducted 15 listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted 12 key informant interviews and 7 additional preliminary data feedback sessions with 13 representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.
- Most key informants spoke of the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing.
- Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services.
- Some communities (for example, seniors, youth, LGBTQ, minorities) find their needs unmet and their perspective unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Significant Community Health Needs Prioritized

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: HOMELESSNESS & HOUSING INSTABILITY

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially demanding situation for those with low income. The cost of living is extremely high, and earning a livable wage is a struggle. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

PRIORITY 2: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

PRIORITY 3: ACCESS TO HEALTH CARE AND DENTAL SERVICES

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern about lack of access to health insurance for mixed-status families and people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be difficult for all ages because there are few dental appointments available locally.

PRIORITY 4: ECONOMIC STABILITY

Many participants spoke about the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A substantial proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission through community grants to local non-profits in Napa County and in-kind services to multiple community collaborations.

The following community health need identified in the joint Napa County CHNA will not be addressed and an explanation is provided below:

- Childcare: Queen of the Valley Medical Center is not positioned to directly address the additional need for Childcare in Napa County; however, we actively partner with Community Resources For Children and other local Community Building Organizations to address the identified need.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2024-2026 Community Health Improvement Plan (CHIP) is designed to address the needs identified and prioritized through the 2023 Community Health Needs Assessment (CHNA). We recognize the greatest needs of our community will change over time, and we are dedicated to adapting our efforts accordingly. Our commitment remains steadfast in supporting, strengthening, and serving our community in alignment with our Mission.

Queen of the Valley Medical Center's CHIP involves a comprehensive approach led by the Community Health Department, Live Healthy Napa County, and the Community Benefit Committee. Strategies outlined in the CHIP encompass a diverse array of approaches, including direct service programming, support for community organizations, and collaborative commitments aimed at addressing the identified priority need areas.

While Racial Equity and LGBTQ Inclusion was not designated by Queen of the Valley as a standalone priority area, Queen of the Valley Medical Center Community Health will continue to incorporate strategies addressing the needs of the Black, Indigenous, and People of Color (BIPOC) community and those most likely to experience discrimination within each priority area. This acknowledgment underscores our commitment to addressing health disparities and promoting equity across all facets of our community health initiatives.

Addressing the Needs of the Community: 2024-2026 Key Community Benefit Initiatives and Evaluation Plan

2024 Accomplishments

COMMUNITY NEED ADDRESSED #1: HOMELESSNESS & HOUSING INSTABILITY

Long-Term Goal(s)/ Vision

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live and access to supportive services.

Table 2. Strategies and Strategy Measures for Addressing Homelessness and Housing Instability

Strategy	Population Served	FY24 Accomplishments
1. Support the development of affordable housing stock, including permanent supportive housing units	Chronically homeless and very low-income individuals and older adults	A donation of $500,000.00 was made to Jamboree Housing Corporation. This charitable donation was conditioned upon its use toward Silverado Trail Apartments, a future 40-unit permanent supportive housing project for older adults in Napa County.
2. Support the launch of a housing advocacy	Low-income individuals, families, older	A commitment of a CY2025 conditioned donation has been made to the Napa Valley

organization to promote effective housing policy to increase the supply, affordability, and diversity of homes	adults, Latine, and people experiencing homelessness	arm of Generation Housing, a project of the Tides Center (Generation Housing Napa Valley).
3. Invest in respite shelter services supported with CARE Network complex care management	Individuals experiencing homelessness who are being discharged from local hospitals and need respite services	A donation of $350,000.00 was made to Catholic Charities of the Diocese of Santa Rosa. This charitable donation was conditioned upon its use toward Napa Nightingale. CARE Network along with the staff at Napa Nightingale cared for 27 number of clients for a total of 1810 bed nights.
4. Administer community grants to expand supportive services for those experiencing or at risk of homelessness	Individuals experiencing or at risk of homelessness, including older adults, and the Latine Community	Community Health shared an additional 5 community grants for a total of with Napa County non-profits focused on increasing capacity for local Napa County non-profits to serve individuals experiencing or at risk of homelessness.
5. Enhance CARE Network outreach at the South Napa Shelter and enhance CARE Network care management services at supportive housing locations	Individuals experiencing or at risk of homelessness	CARE Network had 96 encounters through outreach and brief inventions at the South Napa Shelter. Care Network care management services are now offered at 5 supportive housing and shelter locations in Napa County.

Evidence Based Sources

- National Institute for Medical Respite Care
- National Health Care for the Homeless Council
- Healthy People 2030 Housing and Homes

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health department, community grants and restricted funding from its Care for the Poor budget. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for an increased supply and affordable housing.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Abode Services
- Buckelew Programs
- Catholic Charities of the Diocese of Santa Rosa
- City of Napa Housing Division
- Generation Housing
- Jamboree Housing
- Napa County Housing and Homeless Services
- Napa County Housing Coalition
- Share the Care Napa Valley
- UpValley Family Centers

COMMUNITY NEED ADDRESSED #2: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER

Long-Term Goal(s)/ Vision

Ensure equitable access to high quality, culturally responsive, and linguistically appropriate mental health and substance use disorder services, especially for populations with low incomes.

Table 3. Strategies and Strategy Measures for Addressing Behavioral Health and Substance Use Disorders

Strategy	Population Served	FY24 Accomplishments
1. Increase local capacity to provide culturally appropriate mental health services	All of Napa County especially medically compromised, older adults, Spanish speaking residents, and new moms	440 mental health therapy sessions shared with CARE Network clients 659 Perinatal Emotional Wellness mental health therapy sessions occurred 589 Mental Health Therapy sessions provided to older adults through Healthy Minds Healthy Aging
2. Increase support to Emergency Department patients with substance use disorders	Patients cared for in the Emergency Department who desire treatment for substance use disorders	274 Substance Use Navigator encounters 2000 Narcan units and 1000 Fentanyl Testing strips have arrived at the medical center. Distribution to the community will begin in FY25.
3. CARE Network to enhance the continuum of care increasing identification, screening, and access to mental	Latine patients in the Emergency Room	604 total Emergency Room encounters 224 Emergency Room patients were screened for MH with the PHQ4

	health and SDoH services for Emergency Room Latine patients		311 Emergency Room patients were screened for SDOH
4.	CARE Network to increase percentage of enrolled ECM clients who are screened with the PHQ9	Eligible Partnership HealthPlan members	93.3% of CN ECM clients were screened with PHQ2/PHQ9 *(data includes Q1 -Q3 FY24/ Q4 data not yet available)*
5.	Administer community grants to enhance resources to expand prevention, education, and intervention of behavioral health services	All Napa County residents especially Older Adults, Latine residents, and the Youth	Community Health shared 8 community grants for a total of $245,852 with Napa County non-profits focused on Mental Health and Substance Use as their primary focus.

Evidence Based Sources

SAMHSA - Substance Abuse and Mental Health Services Administration

Prevention Institute

Board of Behavioral Sciences (BBS)

NAMI: National Alliance on Mental Illness

Resource Commitment

Queen of the Valley Medical Center will commit staff time across the CARE Network program, provide grants to local partners and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for increased access to mental health and substance use care with focused community-based solutions.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Alternatives for Better Living
- Archway Recovery Services
- Buckelew Programs
- Center Point
- Communicare+OLE
- Community Resources for Children
- COPE
- Mentis
- Napa County HHSA Behavioral Health Division

- Napa County Narcan Taskforce
- Napa County Suicide Prevention Council
- Napa Opioid Safety Coalition
- ParentsCAN
- Puertas Abiertas Community Resource Center
- Rianda House

COMMUNITY NEED ADDRESSED #3: ACCESS TO HEALTH CARE & DENTAL SERVICES

Long-Term Goal(s)/ Vision

To ease the way for all people to access the appropriate level of care at the right time.

Table 4. Strategies and Strategy Measures for Addressing Access to Health Care and Dental Services

Strategy	**Population Served**	**FY24 Accomplishments**
1. Build a Network of bilingual bicultural Birth Doulas in Napa County	Uninsured and underinsured Latine women, MediCal population	A collaboration between Communicare+OLE, Napa County Health and Human Services Agency, Partnership HealthPlan of California, Providence Queen of the Valley Community Health, and community members exists in Napa County. The Doula Task Force is meeting monthly to increase the number of bilingual bicultural birth doulas credentialed by MediCal in Napa County to serve the Latinx community by improving their maternal care during and after pregnancy.
2. Identify transgender care service gaps, and specific service needs, to increase access to local transgender care.	All Napa County residents	A collaboration between Communicare+OLE, Napa County Health and Human Services Agency, and Providence Queen of the Valley plan to convene in FY25.
3. Provide early oral health screening, prevention, treatment, and education to low-income children; complete dental care delivery, including checkup, treatment, and oral health education for patient/parent.	Low-income, uninsured, and under-insured individuals age 6 months to 26 years of age	The Queen's Mobile Dental Clinic completed 254 Oral Health screenings, 5414 clinic services serving 1686 unduplicated Napa County children.

4. Increase access to specialty care including HIV care, diagnostic screenings, and procedures	Low-income and/or uninsured Napa County residents	170 HIV Clinic Contacts 105 Napa County residents received services through Operation Access 274 specialty appointments were provided to Napa County residents through Operation Access 132 diagnostic and surgical services were provided to Napa County residents through Operation Access
5. Maintain number of CARE Network clients enrolled in Enhanced Care Management	Eligible Partnership HealthPlan members	199 unduplicated enrolled ECM clients

Evidence Based Sources

Healthy People 2030 Health Care Access and Quality

Health Equity IHI Institute for Healthcare Improvement

Health Equity CDC

Resource Commitment

Queen of the Valley Medical Center will commit caregiver time, provide grants to local community partners, and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for improvements in access to care.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Communicare+OLE
- COPE Family
- Napa County HHSA
- Napa County Office of Education
- Napa Valley Unified School District
- Operation Access
- Partnership HealthPlan of California
- Providence Medical Group

COMMUNITY NEED ADDRESSED #4: ECONOMIC STABILITY

Long-Term Goal(s)/ Vision

Increase economic stability for populations with low incomes.

Table 5. Strategies and Strategy Measures for Addressing Economic Stability

Strategy	Population Served	FY24 Accomplishments
1. Administer community grants to support and build capacity to fresh, nutritious, culturally, and/or medically appropriate food	Latine residents Low income Older Adults	A community grant was shared with Napa Farmers Market. This grant is focused on increasing the CalFresh Market Match available to Napa County low-income community members.
2. Administer community grants to support and build capacity to accessible and affordable transportation	Latine residents Low income Older Adults	A community grant was shared with Molly's Angels. This grant is focused on transportation for Seniors and decreasing social isolation for Napa County older adults.
3. Administer community grants to support and build capacity of local emergency funds for basic needs	Low income and Latine residents	Two community grants were shared with local non-profits to support and build capacity of local emergency funds. The non-profits that were recipients of these dollars included NEWS and UpValley Family Centers.

Evidence Based Sources

Healthy People 2030 Economic Stability

Centers for Disease Control and Prevention – Economic Security

Feeding America

Resource Commitment

Queen of the Valley Medical Center will commit caregiver time, provide grants to local community partners, and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for accessible and affordable basic needs.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Live Healthy Napa County
- Napa Farmers Market
- Napa County Safety Food Network
- UpValley Family Centers
- Napa Valley Community Organizations Active in Disaster
- Molly's Angels
- NEWS

Other Community Benefit Programs

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Racial Equity	Latines Lead Napa Initiative	The Latines Lead Napa initiative increases the capacity of community and government systems to partner with Latine community members, build Latine residents' capacities and abilities to co-create system improvements and advocate for policy change.	Low-income, Vulnerable, Latine Community
2. Racial Equity	Parent University	Napa Valley Parent University addresses the long-term economic, social, and academic impacts local Latine families face following the multiple natural disasters, the pandemic, and decades of inequity. NVPU equips parents to become more involved in their children's education through more than 50 classes surrounding family literacy, wellness, financial health, housing, and parent leadership.	Low-income, Vulnerable, Latine Community
3. Racial Equity and Mental Health	Healthy for Life	A school-based physical and wellness program at 7 Title 1 schools in Napa County designed to increase physical activity, improve self-esteem, and promote healthy behaviors.	Low Income or Vulnerable
4. Access to Health Care	Perinatal Education	The Napa County community is invited to take part in both virtual and in-person perinatal classes in both English and Spanish.	Broader Community

FY24 COMMUNITY BENEFIT INVESTMENT

In FY24 Queen of the Valley Medical Center invested a total of $43,524,190 in key community benefit programs. $43,037,514 was invested in community health programs for the poor which includes $1,751,274 in charity care provided, $33,643,395 in unpaid cost of MediCal, including the Hospital Quality Assurance Fee Program, and $486,676 in community benefits for the broader community. Queen of the Valley Medical Center applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2024 Queen of the Valley Medical Center (July 1, 2023 - June 30, 2024)

CA Senate Bill (SB) 697 Categories	Community Benefit Program Categories	Net Benefit
Medical Care for Vulnerable Populations	Financial Assistance at cost	$1,751,274
	Unpaid cost of Medicaid	$33,643,395
	Unpaid other govt. programs	-
Other Benefits for Vulnerable Populations	Community Health Improvement Services	$4,536,352
	Subsidized Health Services	$58,028
	Cash and In-Kind Contributions	$2,241,555
	Community Building	-
	Community Benefit Operations	$806,910
	Total Benefits for Vulnerable Populations	**$43,037,514**
Other Benefits for the Broader Community Populations	Community Health Improvement Services	$429,654
	Subsidized Health Services	-
	Cash and In-Kind Contributions	$30,000
	Community Building	-
	Community Benefit Operations	$27,022
Health Profession Education, Training and Research	Health Professions Education and Research	-
	Total Benefits for the Broader Community	**$486,676**
	Total Community Benefit	**$43,524,190**
Medical Care Services for the Broader Community	**Total Medicare shortfall**	$18,718,406

Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments

Before the inception of community benefit, the Sisters of St. Joseph of Orange established a priority to care for the poor and vulnerable. Carrying out their mission that extends back to LePuy, France, 1650, these women were brought together by a Jesuit priest, Father Jean Pierre Medaille, who formed a new association of women, without cloister or distinctive dress, consecrated to God, to live together combining a life of prayer with an active ministry to the sick and poor. With the overwhelming need of that time, he instructed these women to go into the community, divide it into sectors, identifying the greatest needs while also seeking like-minded people who can help. To this day, now entrusted in the hands of the laity, we continue with this mission and follow these same instructions and inspiration from our founding Sisters.

Health Equity

We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes. Throughout FY24 Community Health served as a Health Equity Dyad partner to meet new health equity related requirements from the Joint Commission. These work streams included workflows designed to complete Social Determinants of Health (SDoH) screenings, interventions, and referrals for all admitted patients at QVMC. The second workstream focuses on 30-day readmissions for Hispanic/Latinx Heart Failure patients. A third Health Equity project has been implemented to create a continuum of care to improve identification and access to behavioral health services for Emergency Department Latinx patients. The purpose of the health equity project is to address disparities of care and access barriers for Latinx individuals with mental health and SDoH concerns. Funding has been secured to sustain the Health Equity Behavioral Health project through June of 2026.

Live Healthy Napa County (LHNC)

Live Healthy Napa County (LHNC) seeks to promote and protect the health and wellbeing of every member of the community by bringing together diverse partners to develop shared vision of a healthier Napa County and to create an action agenda to realize that vision. Napa County community members take responsibility for improving and sustaining health through shared leadership, strategic planning, meaningful community engagement and coordinated action. In FY24 LHNC worked to finalize the Napa County Community Health Improvement Plan which will align closely with the final Queen of the Valley Medical Center 2024-2026 Community Health Improvement Plan. Together with all partners a healthier Napa County will exist for all.

2024 CB REPORT GOVERNANCE APPROVAL

This 2024 Community Benefit Report was adopted by the Community Benefit Committee of the hospital on September 26, 2024. The final report was made widely available by November 30, 2024.

Greg Bennett
Chair, Community Benefit Committee
Providence Queen of the Valley Medical Center

Date

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2024 CB REPORT GOVERNANCE APPROVAL

This 2024 Community Benefit Report was adopted by the Community Benefit Committee of the hospital on September 26, 2024. The final report was made widely available by November 30, 2024.

Greg Bennett
Chair, Community Benefit Committee
Providence Queen of the Valley Medical Center

October 1, 2024

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05/13/2026 NOTICE-000625

EXHIBIT 7 TO

SECTION 999.5(d)(5)(B)

FY25

COMMUNITY BENEFIT REPORT/

PROGRESS ON 2024-2026 COMMUNITY HEALTH IMPROVEMENT PLAN

Queen of the Valley Medical Center

Napa, California

Reporting Period: July 1, 2024 - June 30, 2025

HCAI ID: 106281047

To provide feedback on this CB Report or obtain a printed copy free of charge, please email Teresa Smith, CH Program Manager at Teresa.Smith@Providence.org

Providence

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EXECUTIVE SUMMARY

Providence continues its Mission of service in Napa County through Queen of the Valley Medical Center (QVMC). QVMC is an acute-care hospital, founded in 1958 and located in Napa, California. The hospital's service area is the entirety of Napa County, including 138,000 people.

QVMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In FY25, the hospital provided $38,249,480 in Community Benefit in response to unmet needs. FY25 CB Report can be located online at: Caring for the Napa Community | Queen of the Valley Medical Center | Providence. The most recent CHNA and CHIP can be located online at: CHNA and CHIPs | Providence under Northern California then Napa.

2024-2026 QVMC Community Health Improvement Plan Priorities

As a result of the findings of our 2023 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Queen of the Valley Medical Center will focus on the following areas for its 2024-2026 Community Benefit efforts:

PRIORITY 1: HOMELESSNESS & HOUSING INSTABILITY

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially demanding situation for those with low income. The cost of living is extremely high, and earning a livable wage is a struggle. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

FY25 Accomplishments

In FY25 Providence Queen of the Valley Medical Center Community Health made a financial investment in Generation Housing. As Generation Housing expands into the Napa Valley, it aims to develop data-driven evidenced-based policies that will increase housing production, streamline processes, and reduce development time and costs. Generation Housing's pro-housing campaign will leverage the work and lessons learned from its Sonoma County launch while adapting to Napa Valley's unique context. In October of 2025 Valle Verde Apartments opened. Valle Verde Apartments is a new construction of 24 multifamily apartments. All 24 units were shared with households earning less than 60% of the area median income. Providence QVMC is proud to have previously invested $1 million dollars into a joint project including both Heritage House and Valley Verde Apartments.

Not only has Providence QVMC invested in the development of affordable housing stock in Napa County, but the CARE Network Program in collaboration with Abode Services, is actively taking part in monthly case conferencing for shared clients at both the Napa North Center and the South Napa Shelter. This new collaboration has seen great results in coordination and assisting clients in becoming housed and accessing medical care and needed resources.

PRIORITY 2: BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

FY25 Accomplishments

QVMC Community Health has continued to increase its capacity to provide culturally appropriate mental health services across Napa County. In FY2025 QVMC CARE Network Licensed Clinical Social Workers (LCSWs) began providing Mental Health Therapy to high-risk CARE Network clients. This service was previously provided by a Community Building Organization, Mentis. The program continues to develop, and referrals are increasing. In FY25 the Substance Use Navigator at QVMC was instrumental in placing a Naloxone Distribution Box outside the doors of Emergency Room. The caregiver served as a member of the Napa Opioid Safety Coalition which created a Naloxone Distribution Box Project across Napa County to reduce harm from fentanyl and other drugs by offering free naloxone nasal spray and Fentanyl Test Kits.

PRIORITY 3: ACCESS TO HEALTH CARE & DENTAL SERVICES

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern about lack of access to health insurance for mixed-status families and people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be difficult for all ages because there are few dental appointments available locally.

FY25 Accomplishments

In FY2025 QVMC CARE Network had over 21,000 client encounters across Napa County while the Queen's Mobile Dental Clinic provided 3738 services to Napa County Youth. The Queen has continued to partner with CommuniCare+OLE hosting a bimonthly HIV clinic. CommuniCare+OLE provides the clinic space, the physician and clinic support, while the Queen's CARE Network team offers wraparound services including nursing, social work, and community health worker support. In FY2025 the clinic provided 188 clinic visits.

PRIORITY 4: ECONOMIC STABILITY

Many participants spoke about the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A substantial proportion of employment opportunities center around agriculture and hospitality, which

often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

FY25 Accomplishments

Queen of the Valley Community Health grants shared with local Community Partners in FY2024 increased capacity to serve Napa County community members in FY2025. A grant shared with Napa Farmers Market increased the CalFresh Market Match available to Napa County low-income community members by 19% in 2024. A community grant shared with Molly's Angels in CY2024 enabled Molly's Angels to expand its services in FY2025 by hiring additional paid part-time drivers to address challenging ride requests, including trips to up valley locations and long-distance medical appointments. The focus on expanding its deployment of paid drivers to replace the use of Lyft drivers improved ride fulfillment, which now nears 100%, providing clients with consistent, familiar drivers, fostering trust and meaningful relationships.

About Providence

For nearly 170 years, Providence has been dedicated to supporting communities across the seven states we serve. We have always believed in the power of collaboration, recognizing that strong partnerships are essential to our vision of health for a better world.

As we focus on our core operations of delivering high-quality, compassionate care, we rely on partners in local communities to help us get upstream so we can address the social factors that affect health, especially in communities experiencing high levels of health disparities.

At the heart of this collaboration is our community benefit programs. Every year, our family of organizations identifies unmet community needs and responds with strategic contributions and partnerships. Through this work, we aim to meet basic health needs, remove barriers to health, build resilient communities and find innovative ways to serve those who are most vulnerable.

Together, our 125,000 caregivers (all employees) serve in 51 hospitals, 1,014 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

For more information go to: https://www.providence.org/about/annual-report

Introduction

Who We Are

Our Mission As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 198 licensed beds, more than 1280 caregivers (employees), and professional relationships with many local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences, and orthopedics.

Our Commitment to Community

Queen of the Valley Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, it provided $38,249,480 in Community Benefit[1] in response to unmet needs and to improve the health and well-being of those served in Napa County.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

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[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP

Community Benefit Governance

Queen of the Valley Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The Northern California Regional Director of Community Health Investment and the local QVMC Community Health Investment Program Manager are responsible for coordinating implementation of State and Federal 501r requirements.

The Community Benefit Committee (CBC) is the board appointed oversight committee of the Community Outreach department at Queen of the Valley Medical Center. The CBC is composed of Providence Queen of the Valley community board members, internal Providence stakeholders and staff (Chief Executive or designee, mission leader, community health leaders) and external community stakeholders representing subject matter experts and community constituencies (i.e., faith based, FQHC's, mental health, homeless services, education, and Public Health). CBC reviewed the data collected in the 2023 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Napa County for this 2024-2026 CHIP. The committee also oversees and governs budget, investments, program continuation or discontinuation, populations of focus and community-wide engagement.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Queen of the Valley Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients. In FY25, QVMC provided $2,643,353 in free and discounted care through our Financial Assistance Program.

One way Queen of the Valley Medical Center informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program go to: https://www.providence.org/billing-support .

Medi-Cal (Medicaid)

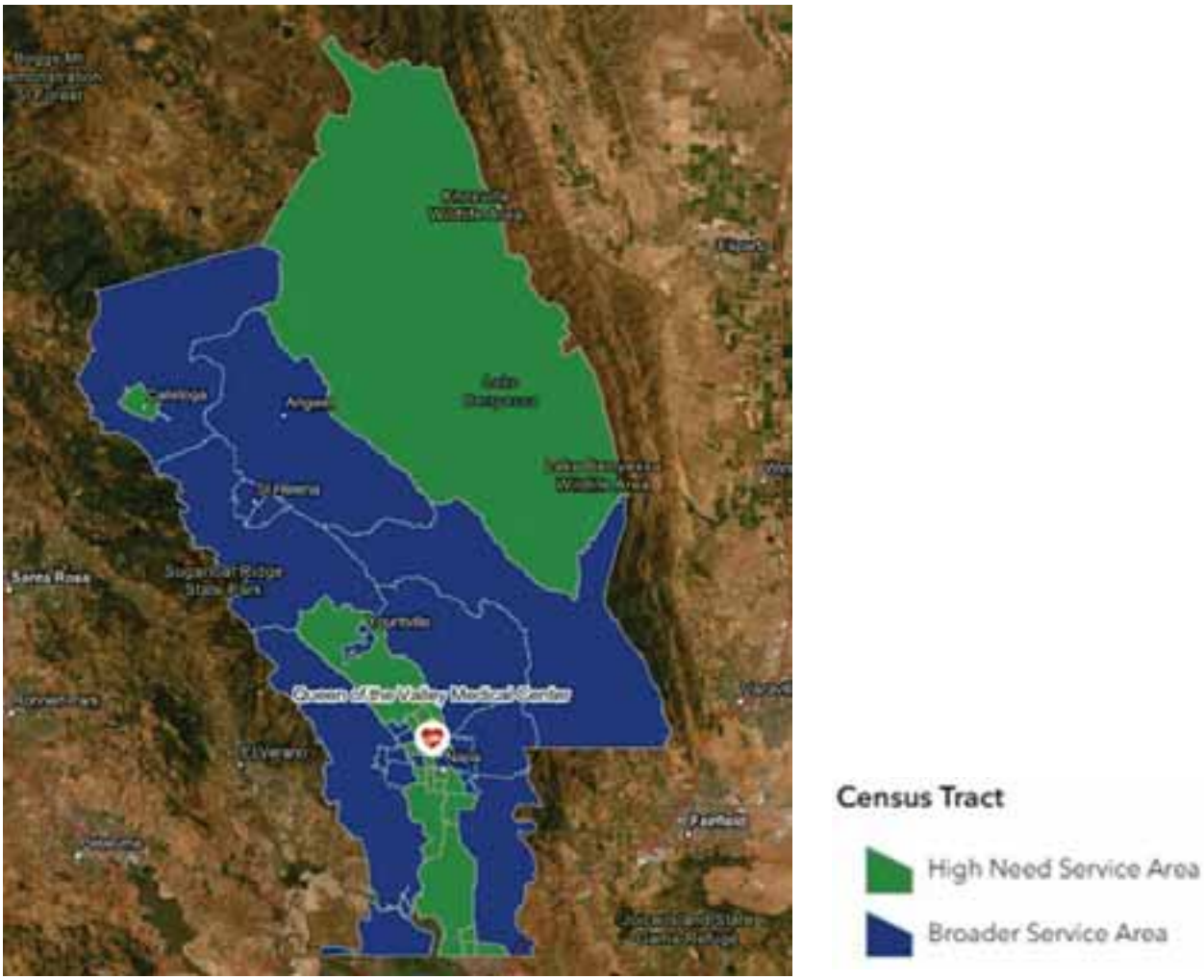
Queen of the Valley Medical Center provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY25, Queen of the Valley Medical Center provided $27,915,273 in Medicaid shortfall.

OUR COMMUNITY

Description of Community Served

Queen of the Valley Medical Center's service area is Napa County and includes a population of approximately 138,000 people.

Figure 2. Queen of the Valley Medical Center Total Service Area



To facilitate identifying health disparities and social inequities by place, we designated a "high need" service area and a "broader" service area, which together make up the Napa County Service Area. Based on work done by the Public Health Alliance of Southern California and their Healthy Places Index (HPI) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Younger age groups are disproportionately represented in the high need communities of Napa County, representing households with young children. Alternatively, age groups 55 and over are less likely to fall into the high need communities or live within those designated census tracts. The male-to-female distribution is equal across Napa County geographies.

In 2021, there were an estimated 26,755 adults aged 65 and above in Napa County and 6,662 children under the age of five (Figure 3). The older adult population has been steadily increasing, while the population of children under age five has been declining.

POPULATION BY RACE AND ETHNICITY

Individuals who identify as Hispanic (below), Asian, or "other race," are more likely to live in high needs census tracts than their peers of other races.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Median Income Data Source: 2021 American Community Survey Year: 5-year estimate	$117,926	$84,690	$97,421
Percent of Renter Households with Severe Housing Cost Burden Data Source: 2021 American Community Survey Year: 5-year estimate	25.4% (1,625 renter households)	24.2% (2,510 renter households)	24.6% (4,135 renter households)

The median income in Napa County in 2021 was higher than the California median income ($97,421 vs. $83,226). In the high need service area of the county, the median income was $84,690.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. Renters in Napa County have continued to face severe housing cost burdens in recent years, with approximately 1 in 4 renter households spending 50% or more of their income on housing.

Full demographic and socioeconomic information for the service area can be found in the 2023 CHNA for Queen of the Valley Medical Center.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Healthy Napa County Language Inclusion Survey. To actively engage the community, we conducted 15 listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted 12 key informant interviews and 7 additional preliminary data feedback sessions with 13 representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities.

Those vulnerable populations represented in the 15 listening sessions included the following:

- Agriculture Workers through Napa County Housing Authority
- Local Youth receiving services at UpValley Family Centers
- Unhoused accessing Napa County Mental Health Services
- Parents accessing Napa County Mental Health Services
- Filipino Americans
- Foster Youth
- General Adults
- LGBTQ Youth
- LGBTQIA+ Adults and Older Adults
- General Older Adults
- Spanish Speaking Adults
- Spanish Speaking Older Adults

Some key findings include the following:

- Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.
- Most key informants spoke of the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing.
- Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services.

- Some communities (for example, seniors, youth, LGBTQ, minorities) find their needs unmet and their perspective unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that makes them isolated and fearful.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Significant Community Health Needs Prioritized

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: HOMELESSNESS & HOUSING INSTABILITY

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially demanding situation for those with low income. The cost of living is extremely high, and earning a livable wage is a struggle. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

PRIORITY 2: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

PRIORITY 3: ACCESS TO HEALTH CARE AND DENTAL SERVICES

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern about lack of access to health insurance for mixed-status families and people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be difficult for all ages because there are few dental appointments available locally.

PRIORITY 4: ECONOMIC STABILITY

Many participants spoke about the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A

substantial proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission through community grants to local non-profits in Napa County and in-kind services to multiple community collaborations.

The following community health need identified in the joint Napa County CHNA will not be addressed and an explanation is provided below:

- Childcare: Queen of the Valley Medical Center is not positioned to directly address the additional need for Childcare in Napa County; however, we actively partner with Community Resources For Children and other local Community Building Organizations to address the identified need.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2024-2026 Community Health Improvement Plan (CHIP) is designed to address the needs identified and prioritized through the 2023 Community Health Needs Assessment (CHNA). We recognize the greatest needs of our community will change over time, and we are dedicated to adapting our efforts accordingly. Our commitment remains steadfast in supporting, strengthening, and serving our community in alignment with our Mission.

Queen of the Valley Medical Center's CHIP involves a comprehensive approach led by the Community Health Department, Live Healthy Napa County, and the Community Benefit Committee. Strategies outlined in the CHIP encompass a diverse array of approaches, including direct service programming, support for community organizations, and collaborative commitments aimed at addressing the identified priority need areas.

While Racial Equity and LGBTQ Inclusion was not designated by Queen of the Valley as a standalone priority area, Queen of the Valley Medical Center Community Health will continue to incorporate strategies addressing the needs of the Black, Indigenous, and People of Color (BIPOC) community and those most likely to experience discrimination within each priority area. This acknowledgment underscores our commitment to addressing health disparities and promoting equity across all facets of our community health initiatives.

Addressing the Needs of the Community: 2024-2026 Key Community Benefit Initiatives and Evaluation Plan

2025 Accomplishments

COMMUNITY NEED ADDRESSED #1: HOMELESSNESS & HOUSING INSTABILITY

Long-Term Goal(s)/ Vision

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live and access to supportive services.

Table 2. Strategies and Strategy Measures for Addressing Homelessness and Housing Instability

Strategy	Population Served	FY25 Accomplishments
1. Support the development of affordable housing stock, including permanent supportive housing units	Chronically homeless and very low-income individuals and older adults	In October of 2025 Valle Verde Apartments opened. Valle Verde Apartments is new construction of 24 multifamily apartments. All 24 units were shared with households earning less than 60% of the area median income. Providence QVMC is proud to have previously invested $1 million dollars into this supportive housing project in.

2. Support the launch of a housing advocacy organization to promote effective housing policy to increase the supply, affordability, and diversity of homes	Low-income individuals, families, older adults, Latine, and people experiencing homelessness	A donation of $200,000.00 was made to the Generation Housing Napa Valley (GHNV), a project of the Tides Center. GHNV has launched the GHNV Advisory Council convening local leaders to develop guiding principles tailored to Napa's unique housing needs and policy challenges.
3. Invest in respite shelter services supported with CARE Network complex care management	Individuals experiencing homelessness who are being discharged from local hospitals and need respite services	A commitment of $350,000.00 was made to Catholic Charities of the Diocese of Santa Rosa. This charitable donation was conditioned upon its use toward Napa Nightingale medical respite. CARE Network along with the staff at Napa Nightingale cared for 26 clients for a total of 1308 bed nights.
4. Enhance CARE Network outreach at the South Napa Shelter and enhance CARE Network care management services at supportive housing locations	Individuals experiencing or at risk of homelessness	CARE Network had 49 encounters through outreach and brief inventions at the South Napa Shelter. Care Network care management services are now offered at 6 supportive housing and shelter locations in Napa County. • Adrian Street Apartments • Heritage House • North Napa Center • Napa Nightingale • Napa's South Shelter Clinic • Valley Lodge Apartments

Evidence Based Sources

- National Institute for Medical Respite Care
- National Health Care for the Homeless Council
- Healthy People 2030 Housing and Homes

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health department, community grants and restricted funding from its Care for the Poor budget. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for an increased supply and affordable housing.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit

organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Abode Services
- Catholic Charities of the Diocese of Santa Rosa
- City of Napa Housing Division
- Generation Housing
- Jamboree Housing
- Napa County Housing and Homeless Services
- Napa County Housing Coalition
- Share the Care Napa Valley
- UpValley Family Centers

COMMUNITY NEED ADDRESSED #2: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER

Long-Term Goal(s)/ Vision

Ensure equitable access to high quality, culturally responsive, and linguistically appropriate mental health and substance use disorder services, especially for populations with low incomes.

Table 3. Strategies and Strategy Measures for Addressing Behavioral Health and Substance Use Disorders

Strategy	Population Served	FY25Accomplishments
1. Increase local capacity to provide culturally appropriate mental health services	All of Napa County especially medically compromised, older adults, Spanish speaking residents, and new moms	74 mental health therapy sessions shared with CARE Network clients 701 Perinatal Emotional Wellness mental health therapy sessions occurred 636 Mental Health Therapy sessions provided to older adults through Mentis's Healthy Minds Healthy Aging Initiative. A grant in the amount of 135,000.00 was shared with Mentis in support of Healthy Minds Healthy Aging.
2. Increase support to Emergency Department patients with substance use disorders	Patients cared for in the Emergency Department who desire treatment for substance use disorders	419 Substance Use Navigator encounters in both the Emergency Room and throughout the multiple units of the hospital. 1241 Narcan units and 1007 Fentanyl Testing strips were distributed from the Narcan Distribution Box located in front of the QVMC Emergency Room.

3. CARE Network to enhance the continuum of care, increasing identification, screening, and access to mental health and SDoH services for Emergency Room Latine patients	Latine patients in the Emergency Room	505 total Emergency Room encounters 304 Emergency Room patients were screened for MH with the PHQ4 363 Emergency Room patients were screened for SDOH
4. CARE Network to increase percentage of enrolled ECM clients who are screened with the PHQ9	Eligible Partnership HealthPlan members	94.5% of CN ECM clients were screened with PHQ2/PHQ9
5. Administer community grants to enhance resources to expand prevention, education, and intervention of behavioral health services	All Napa County residents especially Older Adults, Latine residents, and the Youth	A donation of $100,000 was made to the Progress Foundation. During the initial 6 months of the grant 46 unduplicated individuals received crisis residential treatment in the 8-bed crisis residential home. This facility allows for diversion away from psychiatric hospitalization at a more restrictive, out of County, and more costly level of care.

Evidence Based Sources

SAMHSA - Substance Abuse and Mental Health Services Administration

Prevention Institute

Board of Behavioral Sciences (BBS)

NAMI: National Alliance on Mental Illness

Resource Commitment

Queen of the Valley Medical Center will commit staff time across the CARE Network program, provide grants to local partners, and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for increased access to mental health and substance use care with focused community-based solutions.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Archway Recovery Services
- Buckelew Programs
- Communicare+OLE
- Mentis

- Napa County HHSA Behavioral Health Division
- Napa County Narcan Taskforce
- Napa Opioid Safety Coalition
- Napa County Suicide Prevention Council
- Progress Foundation

COMMUNITY NEED ADDRESSED #3: ACCESS TO HEALTH CARE & DENTAL SERVICES

Long-Term Goal(s)/ Vision

To ease the way for all people to access the appropriate level of care at the right time.

Table 4. Strategies and Strategy Measures for Addressing Access to Health Care and Dental Services

Strategy	**Population Served**	**FY25 Accomplishments**
1. Build a Network of bilingual bicultural Birth Doulas in Napa County	Uninsured and underinsured Latine women, MediCal population	12 bilingual bicultural women have been trained to be birth doulas. They are currently within an 8-month mentorship as they work together to complete requirements to qualify to become MediCal providers through Partnership HealthPlan in Napa County.
3. Provide early oral health screening, prevention, treatment, and education to low-income children; complete dental care delivery, including checkup, treatment, and oral health education for patient/parent.	Low-income, uninsured, and under-insured individuals age 6 months to 26 years of age	The Queen's Mobile Dental Clinic completed 276 Oral Health screenings, 3738 clinic services serving 1628 unduplicated Napa County children.
4. Increase access to specialty care including HIV care, diagnostic screenings, and procedures	Low-income and/or uninsured Napa County residents	188 HIV Clinic Contacts 56 Napa County residents received services through Operation Access including 169 specialty appointments, and 77 diagnostic and or surgical services.
5. Maintain number of CARE Network clients enrolled in Enhanced Care Management	Eligible Partnership HealthPlan members	196 unduplicated enrolled ECM clients

Evidence Based Sources

Healthy People 2030 Health Care Access and Quality

Health Equity IHI Institute for Healthcare Improvement

Health Equity CDC

Resource Commitment

Queen of the Valley Medical Center will commit caregiver time, provide grants to local community partners, and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for improvements in access to care.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to partner with the following organizations to address this need:

- Communicare+OLE
- COPE Family
- Napa County HHSA
- Napa County Office of Education
- Napa Valley Unified School District
- Operation Access
- Partnership HealthPlan of California
- Providence Medical Group

COMMUNITY NEED ADDRESSED #4: ECONOMIC STABILITY

Long-Term Goal(s)/ Vision

Increase economic stability for populations with low incomes.

Table 5. Strategies and Strategy Measures for Addressing Economic Stability

Strategy	Population Served	FY25 Accomplishments
1. Administer community grants to support and build capacity to fresh, nutritious, culturally, and/or medically appropriate food	Latine residents Low-income Older Adults	A community grant was shared with Napa Farmers Market in CY2024. This grant is focused on increasing the CalFresh Market Match available to Napa County low-income community members. 525 CalFresh households were served in 2024. This is a 19% increase over 2023.

2. Administer community grants to support and build capacity to accessible and affordable transportation	Latine residents Low-income Older Adults	A community grant was shared with Molly's Angels in CY2024. This grant is focused on transportation for Seniors and decreasing social isolation for Napa County older adults. Molly's Angels expanded its services by hiring additional paid part-time drivers to address challenging ride requests, including trips to up valley locations and long-distance medical appointments. Mollys Angels served 1349 clients in CY2024.
3. Administer community grants to support and build capacity of local emergency funds for basic needs	Low income and Latine residents	Two CY2024 community grants were shared with local non-profits to support and build capacity of local emergency funds. The non-profits that were recipients of these dollars included NEWS and UpValley Family Centers. During the reporting period, NEWS served 20 households (42 individuals including children) received tailored flexible financial assistance, often braided with other funding sources to meet basic needs which included food/clothing, rent, utilities, security measures, household items, transportation, and more. During the same reporting period, UpValley Family Centers assisted 21 households serving 54 individuals that were covered by QVMC funds for the cost of rent, utilities, and emergency expenses.

Evidence Based Sources

Healthy People 2030 Economic Stability

Centers for Disease Control and Prevention – Economic Security

Feeding America

Resource Commitment

Queen of the Valley Medical Center will commit caregiver time, provide grants to local community partners, and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for accessible and affordable basic needs.

Key Community Partners

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level

problems. We plan to partner with the following organizations to address this need:

- Live Healthy Napa County
- Napa Farmers Market
- Napa County Safety Food Network
- UpValley Family Centers
- Molly's Angels
- NEWS

Other Community Benefit Programs

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Racial Equity	Latines Lead Napa Initiative	The Latines Lead Napa initiative increases the capacity of community and government systems to partner with Latine community members, build Latine residents' capacities and abilities to co-create system improvements and advocate for policy change. In FY2025 fourteen women continued their journey committing to mental health and housing advocacy across Napa County. Their project focus was to build their individual and collective capacity as Community Liaisons to help other Latine residents access services through a network of family resourced centers and emerging bi-lingual media outlets. Additional trainings and civic engagement/advocacy included "How to Present an Effective Message" training, "Voter's Choice Napa New Voter" training, and advocacy efforts around housing, the Napa County Budget, and a Napa County Statement of Support for Marginalized Communities.	Low-income, Vulnerable, Latine Community

2. Racial Equity	Parent University	Napa Valley Parent University addresses long-term economic, social, and academic impacts local Latine families face following the multiple natural disasters, the pandemic, and decades of inequity. NVPU equips parents to become more involved in their children's education through more than 50 classes. The free bilingual classes range from family literacy, wellness, financial health, housing, Parent Leadership, to navigating today's political environment with personal agency. and more. Parent University brings parents onto school campuses to build confidence, skills, and community. In FY2025 Parent University made 15,372 contacts with parents.	Low-income, Vulnerable, Latine Community
3. Racial Equity and Mental Health	Healthy for Life	A school-based physical and wellness program at 8 Title 1 schools in Napa County designed to increase physical activity, improve self-esteem, and promote healthy behaviors. In FY2025 Healthy for Life made 20619 contacts with Napa Valley Unified School District students.	Low Income or Vulnerable
4. Access to Health Care	Perinatal Education	The Napa County community is invited to take part in both virtual and in-person perinatal classes in both English and Spanish. Classes include hospital tours, childbirth preparation, newborn care, epidural education, cesarean births, breastfeeding, partners to parents, grandparents, infant massage, car seat safety and more. In FY2025 the perinatal educators made 1507 contacts with expecting and new parents.	Broader Community

FY25 COMMUNITY BENEFIT FINANCIALS

In FY25, Queen of the Valley Medical Center invested $38,249,480 in key community benefit programs. $37,566,174 was spent in community benefit programs for the vulnerable which includes $2,643,353 in traditional charity care (also known as Financial Assistance at cost), $27,915,273 in unpaid cost of Medi-Cal and $683,306 in community benefit spend for the broader community. Queen of the Valley Medical Center applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid (Medi-Cal), and other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

Providence Queen of the Valley Medical Center, Napa, California

FY25 (July 1, 2024 - June 30, 2025)

Financial Assistance and Means-Tested Government Program	Vulnerable Population	Broader Community	Total
Traditional Charity Care	$2,643,353	$0	**$2,643,353**
Medi-Cal	$27,915,273	$0	**$27,915,273**
Other Means-Tested Government (Indigent Care)	$0	$0	**$0**
Sum Financial Assistance and Means-Tested Government Program	**$30,558,626**	**$0**	**$30,558,626**

Other Benefits			
Community Health Improvement Services	$5,136,198	$437,856	**$5,574,054**
Community Benefit Operations	$1,058,546	$245,450	**$1,303,996**
Health Professions Education	$0	$0	**$0**
Subsidized Health Services	$81,321	$0	**$81,321**
Research	$0	$0	**$0**
Cash and in-kind Contributions for Community Benefits	$731,483	$0	**$731,483**
Other Community Benefits	$0	$0	**$0**
Total Other Benefits	**$7,007,548**	**$683,306**	**$7,690,854**

Community Benefits Spending			
Total Community Benefits	$37,566,174	$683,306	**$38,249,480**
Medicare (non-IRS)	$24,829,409	$0	**$24,829,409**
Total Community Benefits with Medicare	**$62,395,583**	**$683,306**	**$63,078,889**

Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments

Before the inception of community benefit, the Sisters of St. Joseph of Orange established a priority to care for the poor and vulnerable. Carrying out their mission that extends back to LePuy, France, 1650, these women were brought together by a Jesuit priest, Father Jean Pierre Medaille, who formed a new association of women, without cloister or distinctive dress, consecrated to God, to live together combining a life of prayer with an active ministry to the sick and poor. He instructed these women to go into the community, divide it into sectors, identifying the greatest needs while also seeking like-minded people who can help. To this day, now entrusted in the hands of the laity, we continue with this mission and follow these same instructions and inspiration from our founding Sisters.

Awards

In June of 2025, the Queen of the Valley CARE Network team was recognized with a CalAIM Make a Difference Award by Partnership HealthPlan of California. QVMC CARE Network was one of 16 organizations selected from across Partnership's 24-county service region for advancing holistic, community-focused health care. Also receiving an award in FY2025 was Dr. Maryam Mohsenzadeh, Senior Manager of the Queen's Mobile Dental Clinic. Dr. Maryam Mohsenzadeh was named the 2026 South Division Philanthropy Physician Champion Award honoree for Providence QVMC. These recognitions affirm Queen of the Valley's commitment to serving the poor and vulnerable through innovative and integrated care solutions.

Health Equity

We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that play an active role in determining health outcomes. Throughout FY25 Community Health served as a Health Equity Dyad partner to meet health equity related requirements from the Joint Commission. These work streams included workflows designed to complete Social Drivers of Health (SDoH) screenings, interventions, and referrals for all admitted patients at QVMC. The second workstream focused on 30-day readmissions for Hispanic/Latinx Heart Failure patients. A third Health Equity project creates a continuum of care to improve identification and access to behavioral health services for Emergency Department Latinx patients. The health equity projects address disparities of care and access barriers.

The Queen's Heart Safe Program

The Queen's Heart Safe Program – a partnership between Providence Queen of Valley Medical Center, Queen of the Valley Foundation, and the Via Heart Project – works to make Napa County a HEARTSafe Community. Focused on increasing survival rates from sudden cardiac arrest, the program provides widespread CPR training and places automated external defibrillators (AEDs) in public spaces across the county. In CY2024 the program trained 6171 individuals including 5th, 7th, and 9th grade students through its CPR in Schools Initiative. It also placed an additional 6 AEDs across Napa County. The Queens Heart Safe Program empowers citizens to recognize and respond to cardiac emergencies, helping save lives through awareness, training, and access to life-saving tools.

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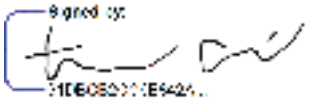
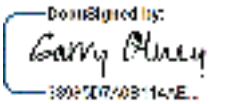
2025 CB REPORT GOVERNANCE APPROVAL

This 2025 Community Benefit Report was adopted by the Community Benefit Committee of the hospital on September 25, 2025. The final report was made widely available by November 20, 2025.



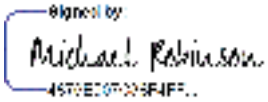
10/29/2025

Dr. Teresa Shinder — Date
Chair, Community Benefit Committee
Providence Queen of the Valley Medical Center



10/29/2025

Garry Olney — Date
Chief Executive, Providence St. Joseph Health



10/29/2025

Michael Robinson — Date
Chief Community Health Officer, South Division Providence

Contact:

Teresa Smith
Community Health Programs Manager
980 Trancas Street Suite 4
Napa, CA 94558
Teresa.Smith@Providence.org

11 Cal. Code Reg. Section 999.5(d)(5)(C)

A description of all services provided by each health facility or facility that provides similar healthcare that is the subject of the agreement or transaction in the past five years to Medi-Cal patients, county indigent patients, and any other class of patients. This description shall include but not be limited to the type and volume of services, provided, the payors for the services provided, the demographic characteristics of any zip code data for the patients served by the health facility or facility that provides similar health care, and costs and revenues for the services provided.

QVMC is a licensed general acute care hospital located in Napa, California. QVMC is Napa's most comprehensive Level III trauma center and offers several clinical programs of excellence providing the highest levels of care in a number of specialties. QVMC's services include emergency care, maternity services, surgical care, cancer care, heart and vascular services, advanced specialty care, intensive care, perinatal care, rehabilitation services, occupational therapy, imaging, radiation therapy, respiratory care, social services, and speech pathology, among many other services.

The Napa Clinics provide a wide range of outpatient and primary care services to the Napa community, including urgent care, spine care, breast health care, outpatient rehabilitation, nutrition and diabetes wellness, obstetrics and gynecology, primary care, psychiatric care, gastroenterology, neurology, cardiac rehabilitation, internal medicine, urology, general surgery, medical oncology, and cardiology, among many other services.

Additional detail regarding services provided by QVMC and the Napa Clinics to Medi-Cal Patients, county indigent patients, and other types of patients in the past five (5) years, including payor mix data, is attached to this Section 999.5(d)(C) as follows:

- **Exhibit 1**, QVMC Medi-Cal Cost Reports for FYs 2021-2025
- **Exhibit 2**, QVMC payor mix by patient revenue and net revenue for the past 5 years
- **Exhibit 3**, QVMC patient volume data for the past 5 years

EXHIBIT 1 TO

SECTION 999.5(d)(5)(C)

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REPORT ON THE COST REPORT REVIEW

QUEEN OF THE VALLEY MEDICAL CENTER
NAPA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1235218785

FISCAL PERIOD ENDED
JUNE 30, 2021

Richmond Audits Section
Financial Review Inpatient Division
Audits and Investigations
Department of Health Care Services

Chief: Jesse Duran
Audit Manager: Ken Phelan
Auditor: Bob Dailey

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DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

September 5, 2024

Matthew Beymer
Senior Manager Reimbursement
Providence St. Joseph Health Shared Services
2001 Lind Ave SW
Renton, WA 98057
matthew.beymer@providence.org

Via Electronic Mail

QUEEN OF THE VALLEY MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1235218785
FISCAL PERIOD ENDED JUNE 30, 2021

We examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. We made our examination under the authority of section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and other auditing procedures, as we considered necessary under the circumstances.

In our opinion, the audited combined settlement and outlier post payment review for the fiscal period due the State in the amount of $60,149, and the audited costs presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings

2. Computation of Medi-Cal Diagnosis Related Group Cost and Cost to Charge Ratio (DRG Schedules)

3. Recalculation of Medi-Cal Outlier Claims (POST PAYMENT REVIEW Schedule)

4. Audit Adjustments Schedule

The Statement of Account Status will include the audited settlement, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

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Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Office of Administrative Hearings and Appeals
Attention: Incoming Appeals
Department of Health Care Services
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834

Please forward this audit report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the Richmond Audits Section at (510) 620-3100.

Jesse Duran
Digitally signed by Jesse Duran
Date: 2024.09.05 14:47:12 -07'00'

Jesse Duran, Chief
Richmond Audits Section
Financial Review Inpatient Division

Served Electronically per Signed Consent Form

cc: Gloria Vaughn — Via Electronic Mail
Reporting Analyst
gloria.vaughn@providence.org

RoseMary Lee
Director of Reimbursement, Regulatory Reporting
Rose.lee@providence.org

Safety Net Financing Division
drg@dhcs.ca.gov

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SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		SETTLEMENT	COST
1.	Computation of Medi-Cal DRG Cost and Cost to Charge Ratio Provider NPI: 1235218785		
	Reported Cost to Charge Ratio		22.3546%
	Net Change		-0.6649%
	Audited Cost to Charge Ratio		21.6897%
	Reported		$ 9,148,341
	Net Change		$ (1,374,796)
	Audited Cost		$ 7,773,545
	Medi-Cal Overpayments - Excludes Expanded Eligible (56.2% FFP) (Adjs 6,7)	$ (5,230)	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) (Adj 7)	$ (1,153)	
		$ 0	
		$ 0	
	Balance Due Provider (State)	$ (6,383)	
2.	Summary of Post Payment Review Provider NPI: 1235218785		
	Medi-Cal Overpayments - Excl. Expanded Eligible (56.2% FFP) (Adj 8)	$ (42,440)	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) (Adj 8)	$ (11,326)	
		$ 0	
		$ 0	
	Balance Due Provider (State)	$ (53,766)	
3.	Computation of Medi-Cal Reimbursement Settlement Admin Days Schedule 1 Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
4.	Computation of Medi-Cal Reimbursement Settlement Admin Days Expanded Eligible 90% Schedule 1 Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Balance Due Provider (State) (100% FFP)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	

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SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		SETTLEMENT	COST
5.	Computation of Medi-Cal Reimbursement Settlement Admin Days Expanded Eligible 93% Schedule 1 Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Balance Due Provider (State) (100% FFP)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
6.	Computation of Distinct Part Nursing Facility Per Diem (Schedule 1) Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Medi-Cal Overpayments - Excluded Expanded Eligible Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) Due (State)	$ 0	
	Balance Due Provider (State)	$ 0	
7.	Computation of Distinct Part Nursing Facility Per Diem (Schedule 1-1) Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Medi-Cal Overpayments - Excluded Expanded Eligible Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) Due (State)	$ 0	
	Balance Due Provider (State)	$ 0	

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SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		SETTLEMENT	COST
8.	Computation of Subacute Rate per Day (Schedule 1) Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Medi-Cal Overpayments - Excluded Expanded Eligible Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) Due (State)	$ 0	
	Balance Due Provider (State)	$ 0	
9.	Computation of Subacute Rate per Day (Schedule 1-1) Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Medi-Cal Overpayments - Excluded Expanded Eligible Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) Due (State)	$ 0	
	Balance Due Provider (State)	$ 0	
10.	Computation of Medi-Cal Reimbursement Settlement Sub-1 Schedule 1 Provider NPI:		
	Reported		$ 0
	Net Change		$ 0
	Audited Cost		$ 0
	Balance Due Provider (State)	$ 0	
11.	Computation of Medi-Cal Reimbursement Settlement Sub-2 Schedule 1-1 Provider NPI:		
	Reported		$ 0
	Net Change		$ 0
	Audited Cost		$ 0
	Balance Due Provider (State)	$ 0	
12.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 1 Schedule 1) Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00

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SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		SETTLEMENT	COST
13.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 2 Schedule 1) Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00
14.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 3 Schedule 1) Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00
15.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 4 Schedule 1) Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00
16.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 5 Schedule 1) Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00
17.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 1) Provider NPI:		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00
18.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 2)		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00
19.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 3) Provider NPI:		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00
20.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 4) Provider NPI:		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00

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SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		SETTLEMENT	COST
21.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 5) Provider NPI:		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00
22.	Total Medi-Cal Settlement and Post Payment Review Due Provider (State) - (Lines 1 through 11)	$ (60,149)	
23.	Total Medi-Cal Costs		$ 7,773,545

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STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: DRG

COMPUTATION OF MEDI-CAL DRG COST AND COST TO CHARGE RATIO

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

Provider NPI:
1235218785

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	$ 9,148,341	$ 7,773,545
2.	Excess Reasonable Cost Over Charges (Schedule 2)	$ 0	$ 0
3.		$ 0	$ 0
4.		$ 0	$ 0
5.	TOTAL Medi-Cal Cost (Sum of Lines 1 through 4)	$ 9,148,341	$ 7,773,545
6.	Cost of Covered Services (Schedule 3)	$ 9,148,341	$ 7,779,928
7.	Total Charges - Medi-Cal Inpatient Services (Schedule 2)	$ 40,923,795	$ 35,869,240
8.	Calculated Medi-Cal Cost to Charge Ratio (L6 ÷ L7)	22.3546%	21.6897%
			(To Summary of Findings)
9.	Medi-Cal Overpayments - Excludes Expanded Eligible (56.2% FFP) (Adjs 6,7)	$ 0	$ (5,230)
10.	Medi-Cal Overpayments - Expanded Eligible (100% FFP) (Adj)	$ 0	$ 0
11.	Medi-Cal Overpayments - Expanded Eligible (95% FFP) (Adj)	$ 0	$ 0
12.	Medi-Cal Overpayments - Expanded Eligible (94% FFP) (Adj)	$ 0	$ 0
13.	Medi-Cal Overpayments - Expanded Eligible (93% FFP) (Adj)	$ 0	$ 0
14.	Medi-Cal Overpayments - Expanded Eligible (90% FFP) (Adj 7)	$ 0	$ (1,153)
15.		$ 0	$ 0
16.		$ 0	$ 0
17.	Balance Due Provider (State)	$ 0	$ (6,383)
			(To Summary of Findings)

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STATE OF CALIFORNIA

SCHEDULE 2
PROGRAM: DRG

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

Provider NPI:
1235218785

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	$ 9,148,341	$ 7,779,928
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 4)	$ 12,815,299	$ 10,899,617
3. Inpatient Ancillary Service Charges (Adj 4)	$ 28,108,496	$ 24,969,623
4. Total Charges - Medi-Cal Inpatient Services	$ 40,923,795	$ 35,869,240
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 31,775,454	$ 28,089,312
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

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STATE OF CALIFORNIA

SCHEDULE 3
PROGRAM: DRG

COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

Provider NPI:
1235218785

		REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)	$ 3,850,743	$ 3,164,043
2.	Medi-Cal Inpatient Routine Services (Schedule 4)	$ 5,297,598	$ 4,615,885
3.		$ 0	$ 0
4.		$ 0	$ 0
5.		$ 0	$ 0
6.	SUBTOTAL (Sum of Lines 1 through 5)	$ 9,148,341	$ 7,779,928
7.		$ 0	$ 0
8.	SUBTOTAL (Sum of Lines 6 through 7)	$ 9,148,341	$ 7,779,928
			(To Schedule 2 and Schedule 1)
9.	Medi-Cal Deductible (Adj 5)	$ 0	$ (2,752)
10.	Medi-Cal Coinsurance (Adj 5)	$ 0	$ (3,631)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	$ 9,148,341	$ 7,773,545
			(To Schedule 1)

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STATE OF CALIFORNIA

SCHEDULE 4
PROGRAM: DRG

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

Provider NPI:
1235218785

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	20,641	20,641
2. Inpatient Days (include private, exclude swing-bed)	20,641	20,641
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	19,052	19,052
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 2)	1,272	1,065
SWING-BED ADJUSTMENT		
17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	$ 0.00	$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	$ 0.00	$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	$ 0.00	$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	$ 0.00	$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 26)	$ 48,094,973	$ 48,065,272
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	$ 0	$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	$ 0	$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	$ 0	$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	$ 0	$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	$ 0	$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	$ 48,094,973	$ 48,065,272
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	$ 0	$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.000000	$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	$ 0.00	$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	$ 0.00	$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	$ 0.00	$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	$ 0.00	$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	$ 0	$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	$ 48,094,973	$ 48,065,272
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 2,330.07	$ 2,328.63
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 2,963,849	$ 2,479,991
40. Cost Applicable to Medi-Cal (Schedule 4A)	$ 2,333,749	$ 2,135,894
41.	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	$ 5,297,598	$ 4,615,885

(To Schedule 3)

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STATE OF CALIFORNIA

SCHEDULE 4A
PROGRAM: DRG

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

Provider NPI:
1235218785

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	$ 1,352,085	$ 1,351,250
2. Total Inpatient Days (Adj)	1,165	1,165
3. Average Per Diem Cost	$ 1,160.59	$ 1,159.87
4. Medi-Cal Inpatient Days (Adj 2)	285	218
5. Cost Applicable to Medi-Cal	$ 330,768	$ 252,852
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	$ 11,367,974	$ 11,360,937
7. Total Inpatient Days (Adj)	2,416	2,416
8. Average Per Diem Cost	$ 4,705.29	$ 4,702.37
9. Medi-Cal Inpatient Days (Adj 2)	168	186
10. Cost Applicable to Medi-Cal	$ 790,489	$ 874,641
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	$ 0	$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	$ 0.00	$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	$ 0	$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	$ 0	$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	$ 0.00	$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	$ 0	$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	$ 0	$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
NEONATAL INTENSIVE CARE UNIT		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	$ 3,994,579	$ 3,992,106
27. Total Inpatient Days (Adj)	962	962
28. Average Per Diem Cost	$ 4,152.37	$ 4,149.80
29. Medi-Cal Inpatient Days (Adj 2)	292	243
30. Cost Applicable to Medi-Cal	$ 1,212,492	$ 1,008,401
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 2,333,749	$ 2,135,894

(To Schedule 4)

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STATE OF CALIFORNIA

SCHEDULE 5
PROGRAM: DRG

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

Provider NPI:
1235218785

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (DRG Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 27,762,817	$ 260,472,448	0.106586	$ 4,752,361	$ 506,537
51.00	Recovery Room	3,911,489	10,097,838	0.387359	206,654	80,049
52.00	Labor Room and Delivery Room	8,404,320	21,679,413	0.387664	1,001,415	388,212
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology - Diagnostic	7,680,774	38,611,241	0.198926	786,717	156,498
54.01	Ultrasound	1,763,346	10,787,132	0.163468	135,049	22,076
55.00	Radiology - Therapeutic	10,253,343	99,356,092	0.103198	22,103	2,281
56.00	Radioisotope	1,414,073	9,497,175	0.148894	62,391	9,290
57.00	Computed Tomography (CT) Scan	3,481,274	71,954,692	0.048381	1,241,694	60,075
58.00	Magnetic Resonance Imaging (MRI)	1,866,598	24,444,026	0.076362	280,443	21,415
59.00	Cardiac Catheterization	6,683,136	43,442,130	0.153840	960,040	147,693
60.00	Laboratory	15,915,966	174,442,567	0.091239	6,172,723	563,193
61.00	PBP Clinical Laboratory Services - Program Only	0	0	0.000000	0	0
62.00	Whole Blood and Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, and Transfusion	742,331	1,312,270	0.565685	122,493	69,292
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	4,089,177	53,712,779	0.076130	2,810,119	213,936
66.00	Physical Therapy	5,595,627	11,492,071	0.486912	52,274	25,453
67.00	Occupational Therapy	1,100,688	2,922,346	0.376645	25,701	9,680
68.00	Speech Pathology	1,249,961	6,004,707	0.208164	71,045	14,789
69.00	Electrocardiology	778,887	10,752,923	0.072435	146,508	10,612
69.01	Echocardiology	580,289	6,092,515	0.095246	251,969	23,999
70.00	Electroencephalography	270,491	1,268,812	0.213184	15,637	3,334
71.00	Medical Supplies Charged to Patients	7,858,206	23,120,155	0.339886	608,572	206,845
72.00	Implantable Devices Charged to Patients	8,213,089	32,824,293	0.250214	159,986	40,031
73.00	Drugs Charged to Patients	21,955,038	143,695,096	0.152789	2,463,378	376,377
74.00	Renal Dialysis	1,343,367	2,388,680	0.562389	25,036	14,080
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
88.01		0	0	0.000000	0	0
88.02		0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
89.01		0	0	0.000000	0	0
89.02		0	0	0.000000	0	0
89.03		0	0	0.000000	0	0
89.04		0	0	0.000000	0	0
89.05		0	0	0.000000	0	0
90.00	Clinic	36,732	18,772	1.956731	0	0
90.02	Dietitians Services	277,670	700,894	0.396165	0	0
90.04	Urgent Care	784,332	1,646,250	0.476436	0	0
91.00	Emergency	14,656,673	191,828,201	0.076405	2,595,315	198,296
92.00	Observation Beds (Non-Distinct Part)	0	8,766,651	0.000000	0	0
93.00	Palliative Care	0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
101.00	Home Health Agency	0	0	0.000000	0	0
113.00	Interest Expense	0	0	0.000000	0	0
116.00	Hospice	0	0	0.000000	0	0
	TOTAL	$ 158,669,693	$ 1,263,332,169		$ 24,969,623	$ 3,164,043

(To Schedule 3)

* From Schedule 8, Column 26

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STATE OF CALIFORNIA

SCHEDULE 6
PROGRAM: DRG

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

Provider NPI:
1235218785

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 3)	AUDITED
50.00	Operating Room	$ 4,124,316	$ 628,045	$ 4,752,361
51.00	Recovery Room	233,135	(26,481)	206,654
52.00	Labor Room and Delivery Room	1,854,289	(852,874)	1,001,415
53.00	Anesthesiology			0
54.00	Radiology - Diagnostic	862,271	(75,554)	786,717
54.01	Ultrasound	200,750	(65,701)	135,049
55.00	Radiology - Therapeutic	78,297	(56,194)	22,103
56.00	Radioisotope	68,063	(5,672)	62,391
57.00	Computed Tomography (CT) Scan	1,521,648	(279,954)	1,241,694
58.00	Magnetic Resonance Imaging (MRI)	292,594	(12,151)	280,443
59.00	Cardiac Catheterization	1,445,315	(485,275)	960,040
60.00	Laboratory	6,943,783	(771,060)	6,172,723
61.00	PBP Clinical Laboratory Services - Program Only			0
62.00	Whole Blood and Packed Red Blood Cells			0
63.00	Blood Storing, Processing, and Transfusion	67,047	55,446	122,493
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	2,990,192	(180,073)	2,810,119
66.00	Physical Therapy	157,103	(104,829)	52,274
67.00	Occupational Therapy	110,723	(85,022)	25,701
68.00	Speech Pathology	346,159	(275,114)	71,045
69.00	Electrocardiology	160,617	(14,109)	146,508
69.01	Echocardiology	150,931	101,038	251,969
70.00	Electroencephalography	14,776	861	15,637
71.00	Medical Supplies Charged to Patients	677,240	(68,668)	608,572
72.00	Implantable Devices Charged to Patients	281,451	(121,465)	159,986
73.00	Drugs Charged to Patients	2,641,468	(178,090)	2,463,378
74.00	Renal Dialysis	31,864	(6,828)	25,036
75.00	ASC (Non-Distinct Part)			0
88.00	Rural Health Clinic (RHC)			0
88.01				0
88.02				0
89.00	Federally Qualified Health Center (FQHC)			0
89.01				0
89.02				0
89.03				0
89.04				0
89.05				0
90.00	Clinic			0
90.02	Dietitians Services			0
90.04	Urgent Care			0
91.00	Emergency	2,854,464	(259,149)	2,595,315
92.00	Observation Beds (Non-Distinct Part)			0
93.00	Palliative Care			0
93.04				0
93.05				0
101.00	Home Health Agency			0
113.00	Interest Expense			0
116.00	Hospice			0
05/13/2026				NOTICE-000668
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 28,108,496	$ (3,138,873)	$ 24,969,623

(To Schedule 5)

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STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: DRG

SUMMARY OF POST PAYMENT REVIEW

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

Provider NPI:
1235218785

		REPORTED	AUDITED
1.	Medi-Cal Overpayments - Excl. Expanded Eligible (56.2% FFP) (Adj 8)	$ 0	$ (42,440)
2.	Medi-Cal Overpayments - Expanded Eligible (100% FFP) (Adj)	$ 0	$ 0
3.	Medi-Cal Overpayments - Expanded Eligible (95% FFP) (Adj)	$ 0	$ 0
4.	Medi-Cal Overpayments - Expanded Eligible (94% FFP) (Adj)	$ 0	$ 0
5.	Medi-Cal Overpayments - Expanded Eligible (93% FFP) (Adj)	$ 0	$ 0
6.	Medi-Cal Overpayments - Expanded Eligible (90% FFP) (Adj 8)	$ 0	$ (11,326)
7.		$ 0	$ 0
8.		$ 0	$ 0
9.	Balance Due Provider (State)	$ 0	$ (53,766)

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	OTHER CAP RELATED COSTS 3.00	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08
	GENERAL SERVICE COST CENTER													
1.00	Capital Related Costs - Buildings and Fixtures	10,681,933												
2.00	Capital Related Costs - Movable Equipment	4,393,969	0											
3.00	Other Capital Related Costs	0	0	0										
4.00	Employee Benefits	16,734,576	169,602	69,765	0									
5.01		0	0	0	0	0								
5.02		0	0	0	0	0	0							
5.03		0	0	0	0	0	0	0						
5.04		0	0	0	0	0	0	0	0					
5.05		0	0	0	0	0	0	0	0	0				
5.06		0	0	0	0	0	0	0	0	0	0			
5.07		0	0	0	0	0	0	0	0	0	0	0		
5.08		0	0	0	0	0	0	0	0	0	0	0	0	
5.00	Administrative and General	40,613,676	1,381,728	568,368	0	1,580,005	0	0	0	0	0	0	0	0
6.00	Maintenance and Repairs	10,535,315	479,370	197,187	0	349,503	0	0	0	0	0	0	0	0
7.00	Operation of Plant	4,485,000	4,192	1,724	0	38	0	0	0	0	0	0	0	0
8.00	Laundry and Linen Service	150,691	19,746	8,122	0	0	0	0	0	0	0	0	0	0
9.00	Housekeeping	2,632,810	76,736	31,565	0	316,437	0	0	0	0	0	0	0	0
10.00	Dietary	1,499,131	212,223	87,297	0	127,476	0	0	0	0	0	0	0	0
11.00	Cafeteria	1,944,935	85,637	35,226	0	192,868	0	0	0	0	0	0	0	0
12.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0	0
13.00	Nursing Administration	9,430,492	118,658	48,809	0	1,128,978	0	0	0	0	0	0	0	0
14.00	Central Services and Supply	1,732,788	298,680	122,861	0	106,835	0	0	0	0	0	0	0	0
15.00	Pharmacy	5,612,613	96,816	39,825	0	673,698	0	0	0	0	0	0	0	0
16.00	Medical Records and Library	2,860,934	119,265	49,059	0	46,085	0	0	0	0	0	0	0	0
17.00	Social Service	19,223	44,231	18,194	0	0	0	0	0	0	0	0	0	0
18.00		0	0	0	0	0	0	0	0	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Interns and Residents Service - Salary and Fringes (Approved)	0	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Interns and Residents Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Education Program (Specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults and Pediatrics	22,197,635	1,740,284	715,858	0	3,163,849	0	0	0	0	0	0	0	0
31.00	Intensive Care Unit	5,811,267	344,673	141,780	0	693,237	0	0	0	0	0	0	0	0
32.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Neonatal Intensive Care Unit	2,202,506	57,445	23,630	0	304,328	0	0	0	0	0	0	0	0
40.00	Subprovider - IPF	0	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Subprovider - IRF	0	0	0	0	0	0	0	0	0	0	0	0	0
42.00	Subprovider (Specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	612,307	79,044	32,515	0	75,012	0	0	0	0	0	0	0	0
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0
	ANCILLARY COST CENTERS													
50.00	Operating Room	14,368,229	1,144,564	470,812	0	1,428,748	0	0	0	0	0	0	0	0
51.00	Recovery Room	2,289,882	0	0	0	322,326	0	0	0	0	0	0	0	0
52.00	Labor Room and Delivery Room	4,400,016	188,133	77,388	0	539,033	0	0	0	0	0	0	0	0
53.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0	0
54.00	Radiology - Diagnostic	4,130,229	412,568	169,708	0	470,751	0	0	0	0	0	0	0	0
54.01	Ultrasound	1,072,071	47,117	19,381	0	137,033	0	0	0	0	0	0	0	0
55.00	Radiology - Therapeutic	5,861,736	272,646	112,152	0	753,786	0	0	0	0	0	0	0	0
56.00	Radioisotope	857,451	51,613	21,231	0	75,407	0	0	0	0	0	0	0	0

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	OTHER CAP RELATED COSTS 3.00	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08
57.00	Computed Tomography (CT) Scan	1,483,520	270,944	111,452	0	169,659	0	0	0	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	810,738	141,593	58,244	0	106,678	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	3,780,227	124,247	51,109	0	456,331	0	0	0	0	0	0	0	0
60.00	Laboratory	10,219,166	415,545	170,933	0	722,582	0	0	0	0	0	0	0	0
61.00	PBP Clinical Laboratory Services - Program Only	0	0	0	0	0	0	0	0	0	0	0	0	0
62.00	Whole Blood and Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Blood Storing, Processing, and Transfusion	604,178	0	0	0	0	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	2,539,054	73,941	30,415	0	331,264	0	0	0	0	0	0	0	0
66.00	Physical Therapy	2,879,109	320,795	131,958	0	426,000	0	0	0	0	0	0	0	0
67.00	Occupational Therapy	711,435	15,128	6,223	0	108,133	0	0	0	0	0	0	0	0
68.00	Speech Pathology	612,101	79,287	32,615	0	91,402	0	0	0	0	0	0	0	0
69.00	Electrocardiology	329,662	41,740	17,170	0	46,264	0	0	0	0	0	0	0	0
69.01	Echocardiology	393,748	0	0	0	56,751	0	0	0	0	0	0	0	0
70.00	Electroencephalography	174,104	4,496	1,849	0	17,959	0	0	0	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	5,337,451	0	0	0	0	0	0	0	0	0	0	0	0
72.00	Implantable Devices Charged to Patients	5,561,402	0	0	0	0	0	0	0	0	0	0	0	0
73.00	Drugs Charged to Patients	10,855,762	0	0	0	0	0	0	0	0	0	0	0	0
74.00	Renal Dialysis	976,817	31,624	13,008	0	513	0	0	0	0	0	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.01		0	0	0	0	0	0	0	0	0	0	0	0	0
88.02		0	0	0	0	0	0	0	0	0	0	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.01		0	0	0	0	0	0	0	0	0	0	0	0	0
89.02		0	0	0	0	0	0	0	0	0	0	0	0	0
89.03		0	0	0	0	0	0	0	0	0	0	0	0	0
89.04		0	0	0	0	0	0	0	0	0	0	0	0	0
89.05		0	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	25,387	0	0	0	3,947	0	0	0	0	0	0	0	0
90.02	Dietitians Services	170,728	7,382	3,037	0	23,835	0	0	0	0	0	0	0	0
90.04	Urgent Care	560,187	0	0	0	61,678	0	0	0	0	0	0	0	0
91.00	Emergency	7,677,249	382,615	157,387	0	961,328	0	0	0	0	0	0	0	0
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0	0
93.00	Palliative Care	0	0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
113.00	Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0	0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	OTHER CAP RELATED COSTS 3.00	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08
	NONREIMBURSABLE COST CENTERS													
117.00	Other Special Purpose (Specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
190.00	Gift, Flower, Coffee Shop, and Canteen	0	18,713	7,698	0	0	0	0	0	0	0	0	0	0
193.00	Nonpaid Workers	122,510	0	0	0	16,835	0	0	0	0	0	0	0	0
194.00	Other Nonreimbursable	288,357	21,356	8,785	0	39,177	0	0	0	0	0	0	0	0
194.01	Care for the Poor	0	0	0	0	0	0	0	0	0	0	0	0	0
194.02	Clinic OLE	0	0	0	0	0	0	0	0	0	0	0	0	0
194.03	Marketing / Public Relations	0	0	0	0	0	0	0	0	0	0	0	0	0
194.04	Community Outreach	6,228,231	0	0	0	624,607	0	0	0	0	0	0	0	0
194.05	HIV Network / Care Management	0	0	0	0	0	0	0	0	0	0	0	0	0
194.06	Convent	14,985	85,059	34,989	0	0	0	0	0	0	0	0	0	0
194.07	Foundation	1,411,856	52,646	21,656	0	193,012	0	0	0	0	0	0	0	0
194.08	Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0	0	0	0
194.09	Wellness Center	1,578,901	1,149,850	472,986	0	6,143	0	0	0	0	0	0	0	0
194.10	Forensic Medical Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0
194.11	Medical Office Buildings	0	0	0	0	0	0	0	0	0	0	0	0	0
194.12	Other Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0	0	0	0
194.13	Pharmacotherapy Clinic	157,035	0	0	0	24,413	0	0	0	0	0	0	0	0
194.14		0	0	0	0	0	0	0	0	0	0	0	0	0
194.15		0	0	0	0	0	0	0	0	0	0	0	0	0
194.16		0	0	0	0	0	0	0	0	0	0	0	0	0
194.17		0	0	0	0	0	0	0	0	0	0	0	0	0
194.18		0	0	0	0	0	0	0	0	0	0	0	0	0
194.19		0	0	0	0	0	0	0	0	0	0	0	0	0
194.20		0	0	0	0	0	0	0	0	0	0	0	0	0
194.21		0	0	0	0	0	0	0	0	0	0	0	0	0
194.22		0	0	0	0	0	0	0	0	0	0	0	0	0
194.23		0	0	0	0	0	0	0	0	0	0	0	0	0
194.24		0	0	0	0	0	0	0	0	0	0	0	0	0
194.25		0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	242,635,315	10,681,933	4,393,969	0	16,973,943	0	0	0	0	0	0	0	0

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

	TRIAL BALANCE EXPENSES	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00
	GENERAL SERVICE COST CENTER													
1.00	Capital Related Costs - Buildings and Fixtures													
2.00	Capital Related Costs - Movable Equipment													
3.00	Other Capital Related Costs													
4.00	Employee Benefits													
5.01														
5.02														
5.03														
5.04														
5.05														
5.06														
5.07														
5.08														
5.00	Administrative and General	44,143,777												
6.00	Maintenance and Repairs	11,561,375	2,571,207											
7.00	Operation of Plant	4,490,955	998,772	6,848										
8.00	Laundry and Linen Service	178,559	39,711	32,257	12,552									
9.00	Housekeeping	3,057,548	679,987	125,355	48,778	0								
10.00	Dietary	1,926,127	428,363	346,686	134,902	0	97,087							
11.00	Cafeteria	2,258,666	502,319	139,895	54,436	0	39,177	0						
12.00	Maintenance of Personnel	0	0	0	0	0	0	0	0					
13.00	Nursing Administration	10,726,937	2,385,631	193,838	75,426	0	54,283	0	234,648	0				
14.00	Central Services and Supply	2,261,163	502,874	487,921	189,859	0	136,639	0	22,205	0	0			
15.00	Pharmacy	6,422,951	1,428,440	158,157	61,542	0	44,291	0	140,022	0	0	17,988		
16.00	Medical Records and Library	3,075,344	683,945	194,831	75,812	0	54,561	0	9,578	0	0	33	0	
17.00	Social Service	81,648	18,158	72,255	28,116	0	20,235	0	0	0	0	48	0	0
18.00		0	0	0	0	0	0	0	0	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Interns and Residents Service - Salary and Fringes (Approved)	0	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Interns and Residents Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Education Program (Specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults and Pediatrics	27,817,626	6,186,536	2,842,913	1,106,228	209,641	796,136	2,603,344	657,577	0	5,131,401	179,822	0	338,378
31.00	Intensive Care Unit	6,990,956	1,554,762	563,054	219,094	26,560	157,679	329,821	144,083	0	1,157,428	86,807	0	105,904
32.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Neonatal Intensive Care Unit	2,587,909	575,541	93,842	36,516	10,575	26,280	0	63,252	0	565,183	12,660	0	20,348
40.00	Subprovider - IPF	0	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Subprovider - IRF	0	0	0	0	0	0	0	0	0	0	0	0	0
42.00	Subprovider (Specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	798,878	177,667	129,126	50,245	12,807	36,161	0	15,591	0	122,082	0	0	8,692
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0
	ANCILLARY COST CENTERS													
50.00	Operating Room	17,412,354	3,872,442	1,869,751	727,553	0	523,610	0	296,952	0	2,023,941	285,743	0	750,471
51.00	Recovery Room	2,612,208	580,945	0	0	0	0	0	66,992	0	596,295	25,954	0	29,094
52.00	Labor Room and Delivery Room	5,204,570	1,157,477	307,333	119,589	3,496	86,066	0	112,033	0	1,351,295	0	0	62,463
53.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0	0
54.00	Radiology - Diagnostic	5,183,256	1,152,737	673,968	262,253	0	188,740	0	97,841	0	1,407	9,327	0	111,246
54.01	Ultrasound	1,275,602	283,689	76,970	29,950	0	21,555	0	28,481	0	3,305	12,714	0	31,080
55.00	Radiology - Therapeutic	7,000,319	1,556,845	445,391	173,310	0	124,729	0	156,667	0	488,955	20,864	0	286,264
56.00	Radioisotope	1,005,702	223,664	84,314	32,808	0	23,612	0	15,673	0	584	353	0	27,363

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

	TRIAL BALANCE EXPENSES	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00
57.00	Computed Tomography (CT) Scan	2,035,576	452,704	442,612	172,228	0	123,950	0	35,262	0	1,460	10,166	0	207,315
58.00	Magnetic Resonance Imaging (MRI)	1,117,253	248,473	231,306	90,005	0	64,775	0	22,172	0	13,652	8,533	0	70,428
59.00	Cardiac Catheterization	4,411,914	981,193	202,969	78,979	0	56,840	0	94,844	0	627,187	104,042	0	125,165
60.00	Laboratory	11,528,226	2,563,834	678,831	264,145	0	190,102	0	150,182	0	0	38,043	0	502,602
61.00	PBP Clinical Laboratory Services - Program Only	0	0	0	0	0	0	0	0	0	0	0	0	0
62.00	Whole Blood and Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Blood Storing, Processing, and Transfusion	604,178	134,367	0	0	0	0	0	0	0	0	5	0	3,781
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	2,974,674	661,556	120,789	47,001	0	33,826	0	68,850	0	0	27,723	0	154,757
66.00	Physical Therapy	3,757,862	835,735	524,048	203,917	0	146,756	0	88,540	0	0	5,658	0	33,111
67.00	Occupational Therapy	840,919	187,017	24,714	9,617	0	6,921	0	22,474	0	0	606	0	8,420
68.00	Speech Pathology	815,405	181,343	129,523	50,400	0	36,272	0	18,997	0	0	720	0	17,301
69.00	Electrocardiology	434,835	96,706	68,186	26,532	0	19,095	0	9,616	0	92,481	455	0	30,981
69.01	Echocardiology	450,499	100,189	0	0	0	0	0	11,795	0	0	251	0	17,554
70.00	Electroencephalography	198,408	44,125	7,345	2,858	0	2,057	0	3,733	0	0	8,309	0	3,656
71.00	Medical Supplies Charged to Patients	5,337,451	1,187,029	0	0	0	0	0	0	0	0	1,267,112	0	66,614
72.00	Implantable Devices Charged to Patients	5,561,402	1,236,835	0	0	0	0	0	0	0	0	1,320,278	0	94,573
73.00	Drugs Charged to Patients	10,855,762	2,414,281	0	0	0	0	0	0	0	0	0	8,270,982	414,013
74.00	Renal Dialysis	1,021,962	227,281	51,660	20,102	0	14,467	0	107	0	835	70	0	6,882
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.01		0	0	0	0	0	0	0	0	0	0	0	0	0
88.02		0	0	0	0	0	0	0	0	0	0	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.01		0	0	0	0	0	0	0	0	0	0	0	0	0
89.02		0	0	0	0	0	0	0	0	0	0	0	0	0
89.03		0	0	0	0	0	0	0	0	0	0	0	0	0
89.04		0	0	0	0	0	0	0	0	0	0	0	0	0
89.05		0	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	29,334	6,524	0	0	0	0	0	820	0	0	0	0	54
90.02	Dietitians Services	204,981	45,587	12,059	4,692	0	3,377	0	4,954	0	0	0	0	2,019
90.04	Urgent Care	621,865	138,301	0	0	0	0	0	12,819	0	0	6,604	0	4,743
91.00	Emergency	9,178,580	2,041,282	625,037	243,213	0	175,037	0	199,803	0	1,493,272	147,756	0	552,694
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0	0
93.00	Palliative Care	0	0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
113.00	Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0	0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

	TRIAL BALANCE EXPENSES	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00
	NONREIMBURSABLE COST CENTERS													
117.00	Other Special Purpose (Specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
190.00	Gift, Flower, Coffee Shop, and Canteen	26,411	5,874	30,569	11,895	0	8,561	0	0	0	0	0	0	0
193.00	Nonpaid Workers	139,345	30,990	0	0	0	0	0	3,499	0	0	59	0	0
194.00	Other Nonreimbursable	357,674	79,545	34,887	13,575	0	9,770	0	8,143	0	0	909	0	0
194.01	Care for the Poor	0	0	0	0	0	0	0	0	0	0	0	0	0
194.02	Clinic OLE	0	0	0	0	0	0	0	0	0	0	0	0	0
194.03	Marketing / Public Relations	0	0	0	0	0	0	0	0	0	0	0	0	0
194.04	Community Outreach	6,852,838	1,524,046	0	0	0	0	0	129,819	0	0	1,045	2,410	6,139
194.05	HIV Network / Care Management	0	0	0	0	0	0	0	0	0	0	0	0	0
194.06	Convent	135,033	30,031	138,952	54,069	0	38,913	0	0	0	0	0	0	0
194.07	Foundation	1,679,169	373,441	86,001	33,465	0	24,084	0	40,116	0	0	0	0	0
194.08	Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0	0	0	0
194.09	Wellness Center	3,207,881	713,421	1,878,386	730,913	0	526,028	0	1,277	0	0	0	0	0
194.10	Forensic Medical Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0
194.11	Medical Office Buildings	0	0	0	0	0	0	0	0	0	0	0	0	0
194.12	Other Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0	0	0	0
194.13	Pharmacotherapy Clinic	181,448	40,353	0	0	0	0	0	5,074	0	0	0	0	0
194.14		0	0	0	0	0	0	0	0	0	0	0	0	0
194.15		0	0	0	0	0	0	0	0	0	0	0	0	0
194.16		0	0	0	0	0	0	0	0	0	0	0	0	0
194.17		0	0	0	0	0	0	0	0	0	0	0	0	0
194.18		0	0	0	0	0	0	0	0	0	0	0	0	0
194.19		0	0	0	0	0	0	0	0	0	0	0	0	0
194.20		0	0	0	0	0	0	0	0	0	0	0	0	0
194.21		0	0	0	0	0	0	0	0	0	0	0	0	0
194.22		0	0	0	0	0	0	0	0	0	0	0	0	0
194.23		0	0	0	0	0	0	0	0	0	0	0	0	0
194.24		0	0	0	0	0	0	0	0	0	0	0	0	0
194.25		0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	242,635,315	44,143,777	14,132,582	5,496,575	263,079	3,911,667	2,933,164	2,994,492	0	13,670,763	3,600,660	8,273,392	4,094,104

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

	TRIAL BALANCE EXPENSES	SOCIAL SERVICE 17.00	ALLOC COST 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 26.00
	GENERAL SERVICE COST CENTER												
1.00	Capital Related Costs - Buildings and Fixtures												
2.00	Capital Related Costs - Movable Equipment												
3.00	Other Capital Related Costs												
4.00	Employee Benefits												
5.01													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General												
6.00	Maintenance and Repairs												
7.00	Operation of Plant												
8.00	Laundry and Linen Service												
9.00	Housekeeping												
10.00	Dietary												
11.00	Cafeteria												
12.00	Maintenance of Personnel												
13.00	Nursing Administration												
14.00	Central Services and Supply												
15.00	Pharmacy												
16.00	Medical Records and Library												
17.00	Social Service												
18.00		0											
19.00	Nonphysician Anesthetists	0	0										
20.00	Nursing School	0	0	0									
21.00	Interns and Residents Service - Salary and Fringes (Approved)	0	0	0	0								
22.00	Interns and Residents Other Program Costs (Approved)	0	0	0	0	0							
23.00	Paramedical Education Program (Specify)	0	0	0	0	0	0						
23.01		0	0	0	0	0	0	0					
23.02		0	0	0	0	0	0	0	0				
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults and Pediatrics	195,670	0	0	0	0	0	0	0	0	48,065,272		48,065,272
31.00	Intensive Care Unit	24,790	0	0	0	0	0	0	0	0	11,360,937		11,360,937
32.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0		0
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0		0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0		0
35.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	3,992,106		3,992,106
40.00	Subprovider - IPF	0	0	0	0	0	0	0	0	0	0		0
41.00	Subprovider - IRF	0	0	0	0	0	0	0	0	0	0		0
42.00	Subprovider (Specify)	0	0	0	0	0	0	0	0	0	0		0
43.00	Nursery	0	0	0	0	0	0	0	0	0	1,351,250		1,351,250
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0		0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0		0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0		0
	ANCILLARY COST CENTERS												
50.00	Operating Room	0	0	0	0	0	0	0	0	0	27,762,817		27,762,817
51.00	Recovery Room	0	0	0	0	0	0	0	0	0	3,911,489		3,911,489
52.00	Labor Room and Delivery Room	0	0	0	0	0	0	0	0	0	8,404,320		8,404,320
53.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0		0
54.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	0	7,680,774		7,680,774
54.01	Ultrasound	0	0	0	0	0	0	0	0	0	1,763,346		1,763,346
55.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	10,253,343		10,253,343
56.00	Radioisotope	0	0	0	0	0	0	0	0	0	1,414,073		1,414,073
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	3,481,274		3,481,274

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

	TRIAL BALANCE EXPENSES	SOCIAL SERVICE 17.00	ALLOC COST 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 26.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	1,866,598		1,866,598
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0	6,683,136		6,683,136
60.00	Laboratory	0	0	0	0	0	0	0	0	0	15,915,966		15,915,966
61.00	PBP Clinical Laboratory Services - Program Only	0	0	0	0	0	0	0	0	0	0		0
62.00	Whole Blood and Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0		0
63.00	Blood Storing, Processing, and Transfusion	0	0	0	0	0	0	0	0	0	742,331		742,331
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0		0
65.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	4,089,177		4,089,177
66.00	Physical Therapy	0	0	0	0	0	0	0	0	0	5,595,627		5,595,627
67.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	1,100,688		1,100,688
68.00	Speech Pathology	0	0	0	0	0	0	0	0	0	1,249,961		1,249,961
69.00	Electrocardiology	0	0	0	0	0	0	0	0	0	778,887		778,887
69.01	Echocardiology	0	0	0	0	0	0	0	0	0	580,289		580,289
70.00	Electroencephalography	0	0	0	0	0	0	0	0	0	270,491		270,491
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	7,858,206		7,858,206
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	8,213,089		8,213,089
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	21,955,038		21,955,038
74.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	1,343,367		1,343,367
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0		0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0		0
88.01		0	0	0	0	0	0	0	0	0	0		0
88.02		0	0	0	0	0	0	0	0	0	0		0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0		0
89.01		0	0	0	0	0	0	0	0	0	0		0
89.02		0	0	0	0	0	0	0	0	0	0		0
89.03		0	0	0	0	0	0	0	0	0	0		0
89.04		0	0	0	0	0	0	0	0	0	0		0
89.05		0	0	0	0	0	0	0	0	0	0		0
90.00	Clinic	0	0	0	0	0	0	0	0	0	36,732		36,732
90.02	Dietitians Services	0	0	0	0	0	0	0	0	0	277,670		277,670
90.04	Urgent Care	0	0	0	0	0	0	0	0	0	784,332		784,332
91.00	Emergency	0	0	0	0	0	0	0	0	0	14,656,673		14,656,673
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0		0
93.00	Palliative Care	0	0	0	0	0	0	0	0	0	0		0
93.04		0	0	0	0	0	0	0	0	0	0		0
93.05		0	0	0	0	0	0	0	0	0	0		0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0		0
113.00	Interest Expense	0	0	0	0	0	0	0	0	0	0		0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0		0
	NONREIMBURSABLE COST CENTERS												

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

	TRIAL BALANCE EXPENSES	SOCIAL SERVICE 17.00	ALLOC COST 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 26.00
117.00	Other Special Purpose (Specify)	0	0	0	0	0	0	0	0	0	0		0
190.00	Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	0	83,310		83,310
193.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	173,894		173,894
194.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	504,503		504,503
194.01	Care for the Poor	0	0	0	0	0	0	0	0	0	0		0
194.02	Clinic OLE	0	0	0	0	0	0	0	0	0	0		0
194.03	Marketing / Public Relations	0	0	0	0	0	0	0	0	0	0		0
194.04	Community Outreach	0	0	0	0	0	0	0	0	0	8,516,296		8,516,296
194.05	HIV Network / Care Management	0	0	0	0	0	0	0	0	0	0		0
194.06	Convent	0	0	0	0	0	0	0	0	0	396,998		396,998
194.07	Foundation	0	0	0	0	0	0	0	0	0	2,236,276		2,236,276
194.08	Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0		0
194.09	Wellness Center	0	0	0	0	0	0	0	0	0	7,057,905		7,057,905
194.10	Forensic Medical Clinic	0	0	0	0	0	0	0	0	0	0		0
194.11	Medical Office Buildings	0	0	0	0	0	0	0	0	0	0		0
194.12	Other Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0		0
194.13	Pharmacotherapy Clinic	0	0	0	0	0	0	0	0	0	226,875		226,875
194.14		0	0	0	0	0	0	0	0	0	0		0
194.15		0	0	0	0	0	0	0	0	0	0		0
194.16		0	0	0	0	0	0	0	0	0	0		0
194.17		0	0	0	0	0	0	0	0	0	0		0
194.18		0	0	0	0	0	0	0	0	0	0		0
194.19		0	0	0	0	0	0	0	0	0	0		0
194.20		0	0	0	0	0	0	0	0	0	0		0
194.21		0	0	0	0	0	0	0	0	0	0		0
194.22		0	0	0	0	0	0	0	0	0	0		0
194.23		0	0	0	0	0	0	0	0	0	0		0
194.24		0	0	0	0	0	0	0	0	0	0		0
194.25		0	0	0	0	0	0	0	0	0	0		0
	TOTAL	220,459	0	0	0	0	0	0	0	0	242,635,315	0	242,635,315

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		CAP REL BLDG & FIX (SQ FT) 1.00	CAP REL MOV EQUIP (SQ FT) 2.00	OTHER CAP REL (SQ FT) 3.00	EMP BENE (GROSS SALARIES) 4.00	STAT 5.01	STAT 5.02	STAT 5.03	STAT 5.04	STAT 5.05	STAT 5.06	STAT 5.07	STAT 5.08
	GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs - Buildings and Fixtures												
2.00	Capital Related Costs - Movable Equipment												
3.00	Other Capital Related Costs												
4.00	Employee Benefits	5,583	5,583										
5.01													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General	45,484	45,484		9,371,092								
6.00	Maintenance and Repairs	15,780	15,780		2,072,922								
7.00	Operation of Plant	138	138		226								
8.00	Laundry and Linen Service	650	650										
9.00	Housekeeping	2,526	2,526		1,876,805								
10.00	Dietary	6,986	6,986		756,065								
11.00	Cafeteria	2,819	2,819		1,143,911								
12.00	Maintenance of Personnel												
13.00	Nursing Administration	3,906	3,906		6,696,031								
14.00	Central Services and Supply	9,832	9,832		633,642								
15.00	Pharmacy	3,187	3,187		3,995,739								
16.00	Medical Records and Library	3,926	3,926		273,333								
17.00	Social Service	1,456	1,456										
18.00													
19.00	Nonphysician Anesthetists												
20.00	Nursing School												
21.00	Interns and Residents Service - Salary and Fringes (Approved)												
22.00	Interns and Residents Other Program Costs (Approved)												
23.00	Paramedical Education Program (Specify)												
23.01													
23.02													
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults and Pediatrics	57,287	57,287		18,764,959								
31.00	Intensive Care Unit	11,346	11,346		4,111,623								
32.00	Coronary Care Unit												
33.00	Burn Intensive Care Unit												
34.00	Surgical Intensive Care Unit												
35.00	Neonatal Intensive Care Unit	1,891	1,891		1,804,984								
40.00	Subprovider - IPF												
41.00	Subprovider - IRF												
42.00	Subprovider (Specify)												
43.00	Nursery	2,602	2,602		444,900								
44.00	Skilled Nursing Facility												
45.00	Nursing Facility												
46.00	Other Long Term Care												
	ANCILLARY COST CENTERS												
50.00	Operating Room	37,677	37,677		8,473,983								
51.00	Recovery Room				1,911,731								
52.00	Labor Room and Delivery Room	6,193	6,193		3,197,034								
53.00	Anesthesiology												
54.00	Radiology - Diagnostic	13,581	13,581		2,792,047								
54.01	Ultrasound	1,551	1,551		812,752								
55.00	Radiology - Therapeutic	8,975	8,975		4,470,743								
56.00	Radioisotope	1,699	1,699		447,245								

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		CAP REL BLDG & FIX (SQ FT)	CAP REL MOV EQUIP (SQ FT)	OTHER CAP REL (SQ FT)	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT
		1.00	2.00	3.00	4.00	5.01	5.02	5.03	5.04	5.05	5.06	5.07	5.08
57.00	Computed Tomography (CT) Scan	8,919	8,919		1,006,259								
58.00	Magnetic Resonance Imaging (MRI)	4,661	4,661		632,711								
59.00	Cardiac Catheterization	4,090	4,090		2,706,526								
60.00	Laboratory	13,679	13,679		4,285,673								
61.00	PBP Clinical Laboratory Services - Program Only												
62.00	Whole Blood and Packed Red Blood Cells												
63.00	Blood Storing, Processing, and Transfusion												
64.00	Intravenous Therapy												
65.00	Respiratory Therapy	2,434	2,434		1,964,742								
66.00	Physical Therapy	10,560	10,560		2,526,631								
67.00	Occupational Therapy	498	498		641,343								
68.00	Speech Pathology	2,610	2,610		542,110								
69.00	Electrocardiology	1,374	1,374		274,394								
69.01	Echocardiology				336,596								
70.00	Electroencephalography	148	148		106,515								
71.00	Medical Supplies Charged to Patients												
72.00	Implantable Devices Charged to Patients												
73.00	Drugs Charged to Patients												
74.00	Renal Dialysis	1,041	1,041		3,044								
75.00	ASC (Non-Distinct Part)												
88.00	Rural Health Clinic (RHC)												
88.01													
88.02													
89.00	Federally Qualified Health Center (FQHC)												
89.01													
89.02													
89.03													
89.04													
89.05													
90.00	Clinic				23,408								
90.02	Dietitians Services	243	243		141,364								
90.04	Urgent Care				365,817								
91.00	Emergency	12,595	12,595		5,701,690								
92.00	Observation Beds (Non-Distinct Part)												
93.00	Palliative Care												
93.04													
93.05													
101.00	Home Health Agency												
113.00	Interest Expense												
116.00	Hospice												

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		CAP REL BLDG & FIX (SQ FT) 1.00	CAP REL MOV EQUIP (SQ FT) 2.00	OTHER CAP REL (SQ FT) 3.00	EMP BENE (GROSS SALARIES) 4.00	STAT 5.01	STAT 5.02	STAT 5.03	STAT 5.04	STAT 5.05	STAT 5.06	STAT 5.07	STAT 5.08
	NONREIMBURSABLE COST CENTERS												
117.00	Other Special Purpose (Specify)												
190.00	Gift, Flower, Coffee Shop, and Canteen	616	616										
193.00	Nonpaid Workers				99,852								
194.00	Other Nonreimbursable	703	703		232,359								
194.01	Care for the Poor												
194.02	Clinic OLE												
194.03	Marketing / Public Relations												
194.04	Community Outreach				3,704,577								
194.05	HIV Network / Care Management												
194.06	Convent	2,800	2,800										
194.07	Foundation	1,733	1,733		1,144,762								
194.08	Nonreimbursable Meals												
194.09	Wellness Center	37,851	37,851		36,436								
194.10	Forensic Medical Clinic												
194.11	Medical Office Buildings												
194.12	Other Nonreimbursable Cost Center												
194.13	Pharmacotherapy Clinic				144,794								
194.14													
194.15													
194.16													
194.17													
194.18													
194.19													
194.20													
194.21													
194.22													
194.23													
194.24													
194.25													
	TOTAL	351,630	351,630	0	100,673,370	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	10,681,933	4,393,969	0	16,973,943	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	30.378332	12.496001	0.000000	0.168604	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00	OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (PAT DAYS) 8.00	HOUSE-KEEPING (SQ FT) 9.00	DIETARY (PATIENT DAYS) 10.00	CAFETERIA (GROSS SALARIES) 11.00	MANT OF PERSONNEL (# HOUSED) 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00
	GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs - Buildings and Fixtures												
2.00	Capital Related Costs - Movable Equipment												
3.00	Other Capital Related Costs												
4.00	Employee Benefits												
5.01													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General												
6.00	Maintenance and Repairs		11,561,375										
7.00	Operation of Plant		4,490,955	138									
8.00	Laundry and Linen Service		178,559	650	650								
9.00	Housekeeping		3,057,548	2,526	2,526								
10.00	Dietary		1,926,127	6,986	6,986		6,986						
11.00	Cafeteria		2,258,666	2,819	2,819		2,819						
12.00	Maintenance of Personnel		0										
13.00	Nursing Administration		10,726,937	3,906	3,906		3,906		6,696,031				
14.00	Central Services and Supply		2,261,163	9,832	9,832		9,832		633,642				
15.00	Pharmacy		6,422,951	3,187	3,187		3,187		3,995,739			75,771	
16.00	Medical Records and Library		3,075,344	3,926	3,926		3,926		273,333			139	
17.00	Social Service		81,648	1,456	1,456		1,456					201	
18.00			0										
19.00	Nonphysician Anesthetists		0										
20.00	Nursing School		0										
21.00	Interns and Residents Service - Salary and Fringes (Approved)		0										
22.00	Interns and Residents Other Program Costs (Approved)		0										
23.00	Paramedical Education Program (Specify)		0										
23.01			0										
23.02			0										
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults and Pediatrics		27,817,626	57,287	57,287	19,070	57,287	19,070	18,764,959		14,100,483	757,465	
31.00	Intensive Care Unit		6,990,956	11,346	11,346	2,416	11,346	2,416	4,111,623		3,180,474	365,656	
32.00	Coronary Care Unit		0										
33.00	Burn Intensive Care Unit		0										
34.00	Surgical Intensive Care Unit		0										
35.00	Neonatal Intensive Care Unit		2,587,909	1,891	1,891	962	1,891		1,804,984		1,553,055	53,329	
40.00	Subprovider - IPF		0										
41.00	Subprovider - IRF		0										
42.00	Subprovider (Specify)		0										
43.00	Nursery		798,878	2,602	2,602	1,165	2,602		444,900		335,466		
44.00	Skilled Nursing Facility		0										
45.00	Nursing Facility		0										
46.00	Other Long Term Care		0										
	ANCILLARY COST CENTERS												
50.00	Operating Room		17,412,354	37,677	37,677		37,677		8,473,983		5,561,551	1,203,632	
51.00	Recovery Room		2,612,208						1,911,731		1,638,549	109,327	
52.00	Labor Room and Delivery Room		5,204,570	6,193	6,193	318	6,193		3,197,034		3,713,198		
53.00	Anesthesiology		0										
54.00	Radiology - Diagnostic		5,183,256	13,581	13,581		13,581		2,792,047		3,866	39,287	
54.01	Ultrasound		1,275,602	1,551	1,551		1,551		812,752		9,082	53,554	
55.00	Radiology - Therapeutic		7,000,319	8,975	8,975		8,975		4,470,743		1,343,590	87,884	
56.00	Radioisotope		1,005,702	1,699	1,699		1,699		447,245		1,606	1,487	

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Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00	OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (PAT DAYS) 8.00	HOUSE-KEEPING (SQ FT) 9.00	DIETARY (PATIENT DAYS) 10.00	CAFETERIA (GROSS SALARIES) 11.00	MANT OF PERSONNEL (# HOUSED) 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00
57.00	Computed Tomography (CT) Scan		2,035,576	8,919	8,919		8,919		1,006,259		4,011	42,822	
58.00	Magnetic Resonance Imaging (MRI)		1,117,253	4,661	4,661		4,661		632,711		37,515	35,943	
59.00	Cardiac Catheterization		4,411,914	4,090	4,090		4,090		2,706,526		1,723,437	438,257	
60.00	Laboratory		11,528,226	13,679	13,679		13,679		4,285,673			160,250	
61.00	PBP Clinical Laboratory Services - Program Only		0										
62.00	Whole Blood and Packed Red Blood Cells		0										
63.00	Blood Storing, Processing, and Transfusion		604,178									22	
64.00	Intravenous Therapy		0										
65.00	Respiratory Therapy		2,974,674	2,434	2,434		2,434		1,964,742			116,778	
66.00	Physical Therapy		3,757,862	10,560	10,560		10,560		2,526,631			23,832	
67.00	Occupational Therapy		840,919	498	498		498		641,343			2,553	
68.00	Speech Pathology		815,405	2,610	2,610		2,610		542,110			3,034	
69.00	Electrocardiology		434,835	1,374	1,374		1,374		274,394		254,127	1,916	
69.01	Echocardiology		450,499						336,596			1,057	
70.00	Electroencephalography		198,408	148	148		148		106,515			35,002	
71.00	Medical Supplies Charged to Patients		5,337,451									5,337,451	
72.00	Implantable Devices Charged to Patients		5,561,402									5,561,402	
73.00	Drugs Charged to Patients		10,855,762										10,983,416
74.00	Renal Dialysis		1,021,962	1,041	1,041		1,041		3,044		2,295	295	
75.00	ASC (Non-Distinct Part)		0										
88.00	Rural Health Clinic (RHC)		0										
88.01			0										
88.02			0										
89.00	Federally Qualified Health Center (FQHC)		0										
89.01			0										
89.02			0										
89.03			0										
89.04			0										
89.05			0										
90.00	Clinic		29,334						23,408				
90.02	Dietitians Services		204,981	243	243		243		141,364				
90.04	Urgent Care		621,865						365,817			27,817	
91.00	Emergency		9,178,580	12,595	12,595		12,595		5,701,690		4,103,335	622,391	
92.00	Observation Beds (Non-Distinct Part)		0										
93.00	Palliative Care		0										
93.04			0										
93.05			0										
101.00	Home Health Agency		0										
113.00	Interest Expense		0										
116.00	Hospice		0										

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00	OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (PAT DAYS) 8.00	HOUSE-KEEPING (SQ FT) 9.00	DIETARY (PATIENT DAYS) 10.00	CAFETERIA (GROSS SALARIES) 11.00	MANT OF PERSONNEL (# HOUSED) 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00
	NONREIMBURSABLE COST CENTERS												
117.00	Other Special Purpose (Specify)		0										
190.00	Gift, Flower, Coffee Shop, and Canteen		26,411	616	616		616						
193.00	Nonpaid Workers		139,345						99,852			250	
194.00	Other Nonreimbursable		357,674	703	703		703		232,359			3,829	
194.01	Care for the Poor		0										
194.02	Clinic OLE		0										
194.03	Marketing / Public Relations		0										
194.04	Community Outreach		6,852,838						3,704,577			4,403	3,200
194.05	HIV Network / Care Management		0										
194.06	Convent		135,033	2,800	2,800		2,800						
194.07	Foundation		1,679,169	1,733	1,733		1,733		1,144,762				
194.08	Nonreimbursable Meals		0										
194.09	Wellness Center		3,207,881	37,851	37,851		37,851		36,436				
194.10	Forensic Medical Clinic		0										
194.11	Medical Office Buildings		0										
194.12	Other Nonreimbursable Cost Center		0										
194.13	Pharmacotherapy Clinic		181,448						144,794				
194.14			0										
194.15			0										
194.16			0										
194.17			0										
194.18			0										
194.19			0										
194.20			0										
194.21			0										
194.22			0										
194.23			0										
194.24			0										
194.25			0										
	TOTAL		198,491,538	284,783	284,645	23,931	281,469	21,486	85,452,349	0	37,565,640	15,167,042	10,986,616
	COST TO BE ALLOCATED		44,143,777	14,132,582	5,496,575	263,079	3,911,667	2,933,164	2,994,492	0	13,670,763	3,600,660	8,273,392
	UNIT COST MULTIPLIER - SCH 8		0.222396	49.625792	19.310280	10.993218	13.897329	136.515140	0.035043	0.000000	0.363917	0.237400	0.753043

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		MED REC (GROSS CHARGES)	SOC SERV (PATIENT DAYS)	STAT	NONPHY-SICIAN ANE (ASG TIME)	NURSING SCHOOL (ASG TIME)	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
		16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	GENERAL SERVICE COST CENTERS										
1.00	Capital Related Costs - Buildings and Fixtures										
2.00	Capital Related Costs - Movable Equipment										
3.00	Other Capital Related Costs										
4.00	Employee Benefits										
5.01											
5.02											
5.03											
5.04											
5.05											
5.06											
5.07											
5.08											
5.00	Administrative and General										
6.00	Maintenance and Repairs										
7.00	Operation of Plant										
8.00	Laundry and Linen Service										
9.00	Housekeeping										
10.00	Dietary										
11.00	Cafeteria										
12.00	Maintenance of Personnel										
13.00	Nursing Administration										
14.00	Central Services and Supply										
15.00	Pharmacy										
16.00	Medical Records and Library										
17.00	Social Service										
18.00											
19.00	Nonphysician Anesthetists										
20.00	Nursing School										
21.00	Interns and Residents Service - Salary and Fringes (Approved)										
22.00	Interns and Residents Other Program Costs (Approved)										
23.00	Paramedical Education Program (Specify)										
23.01											
23.02											
	INPATIENT ROUTINE COST CENTERS										
30.00	Adults and Pediatrics	117,443,647	19,070								
31.00	Intensive Care Unit	36,757,177	2,416								
32.00	Coronary Care Unit										
33.00	Burn Intensive Care Unit										
34.00	Surgical Intensive Care Unit										
35.00	Neonatal Intensive Care Unit	7,062,310									
40.00	Subprovider - IPF										
41.00	Subprovider - IRF										
42.00	Subprovider (Specify)										
43.00	Nursery	3,016,909									
44.00	Skilled Nursing Facility										
45.00	Nursing Facility										
46.00	Other Long Term Care										
	ANCILLARY COST CENTERS										
50.00	Operating Room	260,472,448									
51.00	Recovery Room	10,097,838									
52.00	Labor Room and Delivery Room	21,679,413									
53.00	Anesthesiology	0									
54.00	Radiology - Diagnostic	38,611,241									
54.01	Ultrasound	10,787,132									
55.00	Radiology - Therapeutic	99,356,092									
56.00	Radioisotope	9,497,175									
57.00	Computed Tomography (CT) Scan	71,954,692									

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		MED REC (GROSS CHARGES)	SOC SERV (PATIENT DAYS)	STAT	NONPHY-SICIAN ANE (ASG TIME)	NURSING SCHOOL (ASG TIME)	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
		16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02
58.00	Magnetic Resonance Imaging (MRI)	24,444,026									
59.00	Cardiac Catheterization	43,442,130									
60.00	Laboratory	174,442,567									
61.00	PBP Clinical Laboratory Services - Program Only										
62.00	Whole Blood and Packed Red Blood Cells										
63.00	Blood Storing, Processing, and Transfusion	1,312,270									
64.00	Intravenous Therapy										
65.00	Respiratory Therapy	53,712,779									
66.00	Physical Therapy	11,492,071									
67.00	Occupational Therapy	2,922,346									
68.00	Speech Pathology	6,004,707									
69.00	Electrocardiology	10,752,923									
69.01	Echocardiology	6,092,515									
70.00	Electroencephalography	1,268,812									
71.00	Medical Supplies Charged to Patients	23,120,155									
72.00	Implantable Devices Charged to Patients	32,824,293									
73.00	Drugs Charged to Patients	143,695,096									
74.00	Renal Dialysis	2,388,680									
75.00	ASC (Non-Distinct Part)										
88.00	Rural Health Clinic (RHC)										
88.01											
88.02											
89.00	Federally Qualified Health Center (FQHC)										
89.01											
89.02											
89.03											
89.04											
89.05											
90.00	Clinic	18,772									
90.02	Dietitians Services	700,894									
90.04	Urgent Care	1,646,250									
91.00	Emergency	191,828,201									
92.00	Observation Beds (Non-Distinct Part)										
93.00	Palliative Care										
93.04											
93.05											
101.00	Home Health Agency										
113.00	Interest Expense										
116.00	Hospice										
	NONREIMBURSABLE COST CENTERS										

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		MED REC (GROSS CHARGES)	SOC SERV (PATIENT DAYS)	STAT	NONPHY-SICIAN ANE (ASG TIME)	NURSING SCHOOL (ASG TIME)	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
		16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02
117.00	Other Special Purpose (Specify)										
190.00	Gift, Flower, Coffee Shop, and Canteen										
193.00	Nonpaid Workers										
194.00	Other Nonreimbursable										
194.01	Care for the Poor										
194.02	Clinic OLE										
194.03	Marketing / Public Relations										
194.04	Community Outreach	2,130,734									
194.05	HIV Network / Care Management										
194.06	Convent										
194.07	Foundation										
194.08	Nonreimbursable Meals										
194.09	Wellness Center										
194.10	Forensic Medical Clinic										
194.11	Medical Office Buildings										
194.12	Other Nonreimbursable Cost Center										
194.13	Pharmacotherapy Clinic										
194.14											
194.15											
194.16											
194.17											
194.18											
194.19											
194.20											
194.21											
194.22											
194.23											
194.24											
194.25											
	TOTAL	1,420,976,295	21,486	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	4,094,104	220,459	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.002881	10.260607	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: Fiscal Period Ended:
QUEEN OF THE VALLEY MEDICAL CENTER JUNE 30, 2021

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs - Buildings and Fixtures	$ 10,681,933	$ 0	$ 10,681,933
2.00	Capital Related Costs - Movable Equipment	4,393,969	0	4,393,969
3.00	Other Capital Related Costs	0	0	0
4.00	Employee Benefits	16,734,576	0	16,734,576
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	40,763,845	(150,169)	40,613,676
6.00	Maintenance and Repairs	10,535,315	0	10,535,315
7.00	Operation of Plant	4,485,000	0	4,485,000
8.00	Laundry and Linen Service	150,691	0	150,691
9.00	Housekeeping	2,632,810	0	2,632,810
10.00	Dietary	1,499,131	0	1,499,131
11.00	Cafeteria	1,944,935	0	1,944,935
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	9,430,492	0	9,430,492
14.00	Central Services and Supply	1,732,788	0	1,732,788
15.00	Pharmacy	5,612,613	0	5,612,613
16.00	Medical Records and Library	2,860,934	0	2,860,934
17.00	Social Service	19,223	0	19,223
18.00			0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Interns and Residents Service - Salary and Fringes (Approved)		0	0
22.00	Interns and Residents Other Program Costs (Approved)		0	0
23.00	Paramedical Education Program (Specify)		0	0
23.01			0	0
23.02			0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults and Pediatrics	22,197,635	0	22,197,635
31.00	Intensive Care Unit	5,811,267	0	5,811,267
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Neonatal Intensive Care Unit	2,202,506	0	2,202,506
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (Specify)		0	0
43.00	Nursery	612,307	0	612,307
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: Fiscal Period Ended:
QUEEN OF THE VALLEY MEDICAL CENTER JUNE 30, 2021

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	$ 14,368,229	$ 0	$ 14,368,229
51.00	Recovery Room	2,289,882	0	2,289,882
52.00	Labor Room and Delivery Room	4,400,016	0	4,400,016
53.00	Anesthesiology		0	0
54.00	Radiology - Diagnostic	4,130,229	0	4,130,229
54.01	Ultrasound	1,072,071	0	1,072,071
55.00	Radiology - Therapeutic	5,861,736	0	5,861,736
56.00	Radioisotope	857,451	0	857,451
57.00	Computed Tomography (CT) Scan	1,483,520	0	1,483,520
58.00	Magnetic Resonance Imaging (MRI)	810,738	0	810,738
59.00	Cardiac Catheterization	3,780,227	0	3,780,227
60.00	Laboratory	10,219,166	0	10,219,166
61.00	PBP Clinical Laboratory Services - Program Only		0	0
62.00	Whole Blood and Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, and Transfusion	604,178	0	604,178
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	2,539,054	0	2,539,054
66.00	Physical Therapy	2,879,109	0	2,879,109
67.00	Occupational Therapy	711,435	0	711,435
68.00	Speech Pathology	612,101	0	612,101
69.00	Electrocardiology	329,662	0	329,662
69.01	Echocardiology	393,748	0	393,748
70.00	Electroencephalography	174,104	0	174,104
71.00	Medical Supplies Charged to Patients	5,337,451	0	5,337,451
72.00	Implantable Devices Charged to Patients	5,561,402	0	5,561,402
73.00	Drugs Charged to Patients	10,855,762	0	10,855,762
74.00	Renal Dialysis	976,817	0	976,817
75.00	ASC (Non-Distinct Part)		0	0
88.00	Rural Health Clinic (RHC)		0	0
88.01			0	0
88.02			0	0
89.00	Federally Qualified Health Center (FQHC)		0	0
89.01			0	0
89.02			0	0
89.03			0	0

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

TRIAL BALANCE OF EXPENSES

Provider Name: Fiscal Period Ended:
QUEEN OF THE VALLEY MEDICAL CENTER JUNE 30, 2021

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
89.04			0	0
89.05			0	0
90.00	Clinic	25,387	0	25,387
90.02	Dietitians Services	170,728	0	170,728
90.04	Urgent Care	560,187	0	560,187
91.00	Emergency	7,677,249	0	7,677,249
92.00	Observation Beds (Non-Distinct Part)		0	0
93.00	Palliative Care		0	0
93.04			0	0
93.05			0	0
101.00	Home Health Agency		0	0
113.00	Interest Expense		0	0
116.00	Hospice		0	0
	SUBTOTAL	$ 232,983,609	$ (150,169)	$ 232,833,440
	NONREIMBURSABLE COST CENTERS			
117.00	Other Special Purpose (Specify)		0	0
190.00	Gift, Flower, Coffee Shop, and Canteen		0	0
193.00	Nonpaid Workers	122,510	0	122,510
194.00	Other Nonreimbursable	288,357	0	288,357
194.01	Care for the Poor		0	0
194.02	Clinic OLE		0	0
194.03	Marketing / Public Relations		0	0
194.04	Community Outreach	6,228,231	0	6,228,231
194.05	HIV Network / Care Management		0	0
194.06	Convent	14,985	0	14,985
194.07	Foundation	1,411,856	0	1,411,856
194.08	Nonreimbursable Meals		0	0
194.09	Wellness Center	1,578,901	0	1,578,901
194.10	Forensic Medical Clinic		0	0
194.11	Medical Office Buildings		0	0
194.12	Other Nonreimbursable Cost Center		0	0
194.13	Pharmacotherapy Clinic	157,035	0	157,035
194.14			0	0
194.15			0	0
194.16			0	0
194.17			0	0
194.18			0	0
194.19			0	0
194.20			0	0
194.21			0	0
194.22			0	0
194.23			0	0
194.24			0	0
194.25			0	0
	SUBTOTAL	$ 9,801,875	$ 0	$ 9,801,875
200	TOTAL	$ 242,785,484	$ (150,169)	$ 242,635,315

(To Schedule 8)

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

STATE OF CALIFORNIA

ADJUSTMENTS TO REPORTED COSTS

SCHEDULE 10A
Page 1

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	GENERAL SERVICE COST CENTER													
1.00	Capital Related Costs - Buildings and Fixtures	$0												
2.00	Capital Related Costs - Movable Equipment	0												
3.00	Other Capital Related Costs	0												
4.00	Employee Benefits	0												
5.01		0												
5.02		0												
5.03		0												
5.04		0												
5.05		0												
5.06		0												
5.07		0												
5.08		0												
5.00	Administrative and General	(150,169)	(150,169)											
6.00	Maintenance and Repairs	0												
7.00	Operation of Plant	0												
8.00	Laundry and Linen Service	0												
9.00	Housekeeping	0												
10.00	Dietary	0												
11.00	Cafeteria	0												
12.00	Maintenance of Personnel	0												
13.00	Nursing Administration	0												
14.00	Central Services and Supply	0												
15.00	Pharmacy	0												
16.00	Medical Records and Library	0												
17.00	Social Service	0												
18.00		0												
19.00	Nonphysician Anesthetists	0												
20.00	Nursing School	0												
21.00	Interns and Residents Service - Salary and Fringes (Approved)	0												
22.00	Interns and Residents Other Program Costs (Approved)	0												
23.00	Paramedical Education Program (Specify)	0												
23.01		0												
23.02		0												
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults and Pediatrics	0												
31.00	Intensive Care Unit	0												
32.00	Coronary Care Unit	0												
33.00	Burn Intensive Care Unit	0												
34.00	Surgical Intensive Care Unit	0												
35.00	Neonatal Intensive Care Unit	0												
40.00	Subprovider - IPF	0												
41.00	Subprovider - IRF	0												
42.00	Subprovider (Specify)	0												
43.00	Nursery	0												
44.00	Skilled Nursing Facility	0												
45.00	Nursing Facility	0												
46.00	Other Long Term Care	0												

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	ANCILLARY COST CENTERS													
50.00	Operating Room	0												
51.00	Recovery Room	0												
52.00	Labor Room and Delivery Room	0												
53.00	Anesthesiology	0												
54.00	Radiology - Diagnostic	0												
54.01	Ultrasound	0												
55.00	Radiology - Therapeutic	0												
56.00	Radioisotope	0												
57.00	Computed Tomography (CT) Scan	0												
58.00	Magnetic Resonance Imaging (MRI)	0												
59.00	Cardiac Catheterization	0												
60.00	Laboratory	0												
61.00	PBP Clinical Laboratory Services - Program Only	0												
62.00	Whole Blood and Packed Red Blood Cells	0												
63.00	Blood Storing, Processing, and Transfusion	0												
64.00	Intravenous Therapy	0												
65.00	Respiratory Therapy	0												
66.00	Physical Therapy	0												
67.00	Occupational Therapy	0												
68.00	Speech Pathology	0												
69.00	Electrocardiology	0												
69.01	Echocardiology	0												
70.00	Electroencephalography	0												
71.00	Medical Supplies Charged to Patients	0												
72.00	Implantable Devices Charged to Patients	0												
73.00	Drugs Charged to Patients	0												
74.00	Renal Dialysis	0												
75.00	ASC (Non-Distinct Part)	0												
88.00	Rural Health Clinic (RHC)	0												
88.01		0												
88.02		0												
89.00	Federally Qualified Health Center (FQHC)	0												
89.01		0												
89.02		0												
89.03		0												
89.04		0												
89.05		0												
90.00	Clinic	0												
90.02	Dietitians Services	0												
90.04	Urgent Care	0												
91.00	Emergency	0												
92.00	Observation Beds (Non-Distinct Part)	0												
93.00	Palliative Care	0												
93.04		0												
93.05		0												
101.00	Home Health Agency	0												
113.00	Interest Expense	0												
116.00	Hospice	0												

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

STATE OF CALIFORNIA

ADJUSTMENTS TO REPORTED COSTS

SCHEDULE 10A

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2021

		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	NONREIMBURSABLE COST CENTERS													
117.00	Other Special Purpose (Specify)	0												
190.00	Gift, Flower, Coffee Shop, and Canteen	0												
193.00	Nonpaid Workers	0												
194.00	Other Nonreimbursable	0												
194.01	Care for the Poor	0												
194.02	Clinic OLE	0												
194.03	Marketing / Public Relations	0												
194.04	Community Outreach	0												
194.05	HIV Network / Care Management	0												
194.06	Convent	0												
194.07	Foundation	0												
194.08	Nonreimbursable Meals	0												
194.09	Wellness Center	0												
194.10	Forensic Medical Clinic	0												
194.11	Medical Office Buildings	0												
194.12	Other Nonreimbursable Cost Center	0												
194.13	Pharmacotherapy Clinic	0												
194.14		0												
194.15		0												
194.16		0												
194.17		0												
194.18		0												
194.19		0												
194.20		0												
194.21		0												
194.22		0												
194.23		0												
194.24		0												
194.25		0												
200.00	TOTAL	($150,169) (To Sch 10)	(150,169)	0	0	0	0	0	0	0	0	0	0	0

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Provider Name	Fiscal Period	Provider NPI	Adjustments
QUEEN OF THE VALLEY MEDICAL CENTER	JULY 1, 2020 THROUGH JUNE 30, 2021	1235218785	8

Report References									
		Cost Report							
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO REPORTED COSTS			
1	10A	A			5.00	7	Administrative and General To adjust reported home office costs to agree with the St. Joseph's of Greater Sonoma County Home Office Audit Report for fiscal period ended June 30, 2021. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	$40,763,845	($150,169)	$40,613,676

Docusign Envelope ID: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308

Provider Name	Fiscal Period	Provider NPI	Adjustments
QUEEN OF THE VALLEY MEDICAL CENTER	JULY 1, 2020 THROUGH JUNE 30, 2021	1235218785	8

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DRG			
2	DRG 4	D-1	I	V	9.00	1	Medi-Cal Days - Adults and Pediatrics	1,272	(207)	1,065
	DRG 4A	D-1	II	V	42.00	4	Medi-Cal Days - Nursery	285	(67)	218
	DRG 4A	D-1	II	V	43.00	4	Medi-Cal Days - Intensive Care Unit	168	18	186
	DRG 4A	D-1	II	V	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	292	(49)	243
3	DRG 6	D-3		V	50.00	2	Medi-Cal Ancillary Charges - Operating Room	$4,124,316	$628,045	$4,752,361
	DRG 6	D-3		V	51.00	2	Medi-Cal Ancillary Charges - Recovery Room	233,135	(26,481)	206,654
	DRG 6	D-3		V	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	1,854,289	(852,874)	1,001,415
	DRG 6	D-3		V	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	862,271	(75,554)	786,717
	DRG 6	D-3		V	54.01	2	Medi-Cal Ancillary Charges - Ultrasound	200,750	(65,701)	135,049
	DRG 6	D-3		V	55.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	78,297	(56,194)	22,103
	DRG 6	D-3		V	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	68,063	(5,672)	62,391
	DRG 6	D-3		V	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	1,521,648	(279,954)	1,241,694
	DRG 6	D-3		V	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	292,594	(12,151)	280,443
	DRG 6	D-3		V	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	1,445,315	(485,275)	960,040
	DRG 6	D-3		V	60.00	2	Medi-Cal Ancillary Charges - Laboratory	6,943,783	(771,060)	6,172,723
	DRG 6	D-3		V	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing, and Transfusion	67,047	55,446	122,493
	DRG 6	D-3		V	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	2,990,192	(180,073)	2,810,119
	DRG 6	D-3		V	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	157,103	(104,829)	52,274
	DRG 6	D-3		V	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	110,723	(85,022)	25,701
	DRG 6	D-3		V	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	346,159	(275,114)	71,045
	DRG 6	D-3		V	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	160,617	(14,109)	146,508
	DRG 6	D-3		V	69.01	2	Medi-Cal Ancillary Charges - Echocardiology	150,931	101,038	251,969
	DRG 6	D-3		V	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	14,776	861	15,637
	DRG 6	D-3		V	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	677,240	(68,668)	608,572
	DRG 6	D-3		V	72.00	2	Medi-Cal Ancillary Charges - Implantable Device Charged to Patients	281,451	(121,465)	159,986
	DRG 6	D-3		V	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	2,641,468	(178,090)	2,463,378
	DRG 6	D-3		V	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	31,864	(6,828)	25,036
	DRG 6	D-3		V	91.00	2	Medi-Cal Ancillary Charges - Emergency	2,854,464	(259,149)	2,595,315
	DRG 6	D-3		V	200.00	2	Medi-Cal Ancillary Charges - Total	28,108,496	(3,138,873)	24,969,623
4	DRG 2	E-3	VII	V	8.00	1	Medi-Cal Routine Service Charges	$12,815,299	($1,915,682)	$10,899,617
	DRG 2	E-3	VII	V	9.00	1	Medi-Cal Ancillary Service Charges	28,108,496	(3,138,873)	24,969,623

-Continued on next page-

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Provider Name	Fiscal Period	Provider NPI	Adjustments
QUEEN OF THE VALLEY MEDICAL CENTER	JULY 1, 2020 THROUGH JUNE 30, 2021	1235218785	8

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DRG			
-Continued from previous page-										
5	DRG 3	E-3	VII	V	32.00	1	Medi-Cal Deductible	$0	$2,752	$2,752
	DRG 3	E-3	VII	V	33.00	1	Medi-Cal Coinsurance	0	3,631	3,631

To adjust Medi-Cal Settlement Data to agree with the following
Fiscal Intermediary Payment Data:
Service Period: July 1, 2020 through June 30, 2021
Payment Period: July 1, 2020 through August 10, 2023
Report Date: August 17, 2023
42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139
CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408

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Provider Name	Fiscal Period	Provider NPI	Adjustments
QUEEN OF THE VALLEY MEDICAL CENTER	JULY 1, 2020 THROUGH JUNE 30, 2021	1235218785	8

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO OTHER MATTERS			
6	DRG 1	Not Reported					Medi-Cal Overpayments - Excludes Expanded Eligible (56.2% FFP) To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 410.38, 413.5, 413.9, 413.17, 413.20, 413.24, 413.50, 494.70, 494.80, and 494.90 CMS Pub. 15-1, Sections 2300, 2302.5, 2304, 2304.1, and 2409 CCR, Title 22, Sections 50761, 50786, 51458.1, 51473, and 51476 W&I Code, Sections 14043.1, 14105.3, 14124.2, 14170.8, 14170.10, 14171.5, and 14171.6	$0	$2,114	$2,114 *
7	DRG 1	Not Reported					Medi-Cal Overpayments - Excludes Expanded Eligible (56.2% FFP) *	$2,114	$3,116	$5,230
	DRG 1	Not Reported					Medi-Cal Overpayments - Expanded Eligible (90% FFP) To recover Medi-Cal overpayments for outpatient services rendered 24 hours prior to the beneficiaries' admission as an inpatient due to improper billing. 42 CFR 413.20, 413.24, 440.10, and 440.20 CMS Pub. 15-1, Sections 2300, 2304, and 2409 CCR, Title 22, Sections 51458.1 and 51476 W&I Code, Section 14169.1	0	1,153	1,153
8	PPR 1	Not Reported					Medi-Cal Overpayments - Excludes Expanded Eligible (56.2% FFP)	$0	$42,440	$42,440
	PPR 1	Not Reported					Medi-Cal Overpayments - Expanded Eligible (90% FFP) To adjust outlier payments based on the corresponding Medi-Cal Audit Report Cost to Charge Ratio for fiscal period ending June 30, 2021. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code, Sections 14105.28 and 14170 CCR, Title 22, Section 51458.1 SPA 19-0025, Section C / SPA 18-013 Sections E and F Inpatient Services, Medi-Cal Bulletins 518 and 531	0	11,326	11,326

*Balance carried forward from prior/to subsequent adjustments

Certificate Of Completion

Envelope Id: 5ED4C054-1DB5-400D-8A14-8CFA3D6C1308
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Signer Events	Signature	Timestamp

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp
Matthew Beymer, Senior Manager Reimbursement matthew.beymer@providence.org Security Level: Email, Account Authentication (None)	VIEWED Using IP Address: 170.173.72.53	Sent: 9/5/2024 3:15:17 PM Viewed: 2/26/2025 10:52:09 AM Completed: 9/5/2024 3:15:19 PM

Electronic Record and Signature Disclosure:
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Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Gloria Vaughn, Reporting Analyst gloria.vaughn@providence.org Security Level: Email, Account Authentication (None)	COPIED	Sent: 9/5/2024 3:15:17 PM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

RoseMary Lee, Dir of Reimb, Regulatory Reporting rose.lee@providence.org Security Level: Email, Account Authentication (None)	COPIED	Sent: 9/5/2024 3:15:18 PM Viewed: 9/5/2024 3:41:02 PM

Electronic Record and Signature Disclosure:
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Carbon Copy Events	Status	Timestamp
Jesse Duran, Chief Jesse.Duran@dhcs.ca.gov Health Program Audit Manager Department of Health Care Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/5/2024 3:15:18 PM
Ken Phelan, Audit Manager Kenneth.Phelan@dhcs.ca.gov Department of Health Care Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/5/2024 3:15:18 PM Viewed: 9/5/2024 4:13:37 PM
Bob Dailey, Auditor Robert.Dailey@dhcs.ca.gov Department of Health Care Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/5/2024 3:15:19 PM Viewed: 9/6/2024 6:48:19 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/5/2024 3:15:17 PM
Certified Delivered	Security Checked	2/26/2025 10:52:09 AM
Signing Complete	Security Checked	9/5/2024 3:15:19 PM
Completed	Security Checked	9/5/2024 3:15:19 PM

Payment Events	Status	Timestamps

REPORT ON THE
COST REPORT REVIEW

QUEEN OF THE VALLEY MEDICAL CENTER
NAPA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1235218785

FISCAL PERIOD ENDED
JUNE 30, 2022

Richmond Audits Section
Financial Review Inpatient Division
Audits and Investigations
Department of Health Care Services

Chief: Jesse Duran
Audit Manager: Sandra Garcia
Auditor: Lian Goff

Michelle Baass | Director

November 26, 2024

Matthew Beymer
Senior Manager Reimbursement Regulator Reporting
Providence St. Joseph Health Shared Services
1801 Lind Ave SW
Renton, WA 98057
Matthew.beymer@providence.org

Via Electronic Mail

QUEEN OF THE VALLEY MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1235218785
FISCAL PERIOD ENDED JUNE 30, 2022

We examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. We made our examination under the authority of section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and other auditing procedures, as we considered necessary under the circumstances.

In our opinion, the audited settlement for the fiscal period due the State in the amount of $2,311, and the audited costs presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings

2. Computation of Medi-Cal Diagnosis Related Group Cost and Cost to Charge Ratio (DRG Schedules)

3. Audit Adjustments Schedule

The Statement of Account Status will include the audited settlement, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Office of Administrative Hearings and Appeals
Attention: Incoming Appeals
Department of Health Care Services
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834

Please forward this audit report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the Richmond Audits Section at (510) 620-3100.

Jesse Duran, Chief
Richmond Audits Section
Financial Review Inpatient Division

Served Electronically per Signed Consent Form

cc: Gloria Vaughn — Via Electronic Mail
Reimbursement Regulatory Reporting Analyst
Gloria.vaughn@providence.org

RoseMary Lee
Director of Reimbursement, Regulatory Reporting
Rose.Lee@providence.rog

SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		SETTLEMENT	COST
1.	Computation of Medi-Cal DRG Cost and Cost to Charge Ratio Provider NPI: 1235218785		
	Reported Cost to Charge Ratio		21.9479%
	Net Change		-0.5409%
	Audited Cost to Charge Ratio		21.4070%
	Reported		$ 8,674,615
	Net Change		$ (1,201,100)
	Audited Cost		$ 7,473,515
	Medi-Cal Overpayments - Excludes Expanded Eligible (56.2% FFP) (Adj 7)	$ (2,311)	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) (Adj)	$ 0	
		$ 0	
		$ 0	
	Balance Due Provider (State)	$ (2,311)	
2.	Summary of Post Payment Review Provider NPI:		
	Medi-Cal Overpayments - Excludes Expanded Eligible (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) (Adj)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) (Adj)	$ 0	
		$ 0	
		$ 0	
	Balance Due Provider (State)	$ 0	
3.	Computation of Medi-Cal Reimbursement Settlement Admin Days Schedule 1 Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
4.	Computation of Medi-Cal Reimbursement Settlement Admin Days Expanded Eligible 90% Schedule 1 Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Balance Due Provider (State) (100% FFP)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	

SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		SETTLEMENT	COST
5.	Computation of Medi-Cal Reimbursement Settlement Admin Days Expanded Eligible 93% Schedule 1 Provider NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Balance Due Provider (State) (100% FFP)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
6.	Computation of Distinct Part Nursing Facility Per Diem (Schedule 1) Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Medi-Cal Overpayments - Excluded Expanded Eligible Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) Due (State)	$ 0	
	Balance Due Provider (State)	$ 0	
7.	Computation of Distinct Part Nursing Facility Per Diem (Schedule 1-1) Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Medi-Cal Overpayments - Excluded Expanded Eligible Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) Due (State)	$ 0	
	Balance Due Provider (State)	$ 0	

SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		SETTLEMENT	COST
8.	Computation of Subacute Rate per Day (Schedule 1)		
	Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Medi-Cal Overpayments - Excluded Expanded Eligible Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) Due (State)	$ 0	
	Balance Due Provider (State)	$ 0	
9.	Computation of Subacute Rate per Day (Schedule 1-1)		
	Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Medi-Cal Overpayments - Excluded Expanded Eligible Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (100% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (95% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (94% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (93% FFP) Due (State)	$ 0	
	Medi-Cal Overpayments - Expanded Eligible (90% FFP) Due (State)	$ 0	
	Balance Due Provider (State)	$ 0	
10.	Computation of Medi-Cal Reimbursement Settlement Sub-1 Schedule 1		
	Provider NPI:		
	Reported		$ 0
	Net Change		$ 0
	Audited Cost		$ 0
	Balance Due Provider (State)	$ 0	
11.	Computation of Medi-Cal Reimbursement Settlement Sub-2 Schedule 1-1		
	Provider NPI:		
	Reported		$ 0
	Net Change		$ 0
	Audited Cost		$ 0
	Balance Due Provider (State)	$ 0	
12.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 1 Schedule 1)		
	Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00

SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		SETTLEMENT	COST
13.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 2 Schedule 1) Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00
14.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 3 Schedule 1) Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00
15.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 4 Schedule 1) Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00
16.	Computation of Medi-Cal Rural Health Clinic (PPS) Prospective Payment System Rate per Visit (RHC Rate Setting 5 Schedule 1) Provider NPI:		
	Reported Cost Per Visit		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Visit		$ 0.00
17.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 1) Provider NPI:		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00
18.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 2)		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00
19.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 3) Provider NPI:		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00
20.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 4) Provider NPI:		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00

SUMMARY OF FINDINGS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		SETTLEMENT	COST
21.	Determination of Medi-Cal FQHC/RHC (PPS) Prospective Payment Rate Adjustment (FQHC/RHC CSOSR SCH 5) Provider NPI:		
	Current PPS Rate Per Visit		$ 0.00
	Net Change		$ 0.00
	New PPS Rate Per Visit		$ 0.00

22.	Total Medi-Cal Settlement and Post Payment Review Due Provider (State) - (Lines 1 through 11)	$ (2,311)	
23.	Total Medi-Cal Costs		$ 7,473,515

STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: DRG

COMPUTATION OF MEDI-CAL DRG COST AND COST TO CHARGE RATIO

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

Provider NPI:
1235218785

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	$ 8,674,615	$ 7,473,515
2.	Excess Reasonable Cost Over Charges (Schedule 2)	$ 0	$ 0
3.		$ 0	$ 0
4.		$ 0	$ 0
5.	TOTAL Medi-Cal Cost (Sum of Lines 1 through 4)	$ 8,674,615	$ 7,473,515
6.	Cost of Covered Services (Schedule 3)	$ 8,674,615	$ 7,490,991
7.	Total Charges - Medi-Cal Inpatient Services (Schedule 2)	$ 39,523,603	$ 34,993,197
8.	Calculated Medi-Cal Cost to Charge Ratio (L6 ÷ L7)	21.9479%	21.4070%
			(To Summary of Findings)
9.	Medi-Cal Overpayments - Excludes Expanded Eligible (56.2% FFP) (Adj 7)	$ 0	$ (2,311)
10.	Medi-Cal Overpayments - Expanded Eligible (100% FFP) (Adj)	$ 0	$ 0
11.	Medi-Cal Overpayments - Expanded Eligible (95% FFP) (Adj)	$ 0	$ 0
12.	Medi-Cal Overpayments - Expanded Eligible (94% FFP) (Adj)	$ 0	$ 0
13.	Medi-Cal Overpayments - Expanded Eligible (93% FFP) (Adj)	$ 0	$ 0
14.	Medi-Cal Overpayments - Expanded Eligible (90% FFP) (Adj)	$ 0	$ 0
15.		$ 0	$ 0
16.		$ 0	$ 0
17.	Balance Due Provider (State)	$ 0	$ (2,311)
			(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2
PROGRAM: DRG

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

Provider NPI:
1235218785

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	$ 8,674,615	$ 7,490,991
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 5)	$ 12,276,909	$ 10,921,090
3. Inpatient Ancillary Service Charges (Adj 5)	$ 27,246,694	$ 24,072,107
4. Total Charges - Medi-Cal Inpatient Services	$ 39,523,603	$ 34,993,197
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 30,848,988	$ 27,502,206
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0

(To Schedule 1)

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

STATE OF CALIFORNIA

SCHEDULE 3
PROGRAM: DRG

COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

Provider NPI:
1235218785

		REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)	$ 4,038,912	$ 3,268,847
2.	Medi-Cal Inpatient Routine Services (Schedule 4)	$ 4,635,703	$ 4,222,144
3.		$ 0	$ 0
4.		$ 0	$ 0
5.		$ 0	$ 0
6.	SUBTOTAL (Sum of Lines 1 through 5)	$ 8,674,615	$ 7,490,991
7.		$ 0	$ 0
8.	SUBTOTAL (Sum of Lines 6 through 7)	$ 8,674,615	$ 7,490,991
			(To Schedule 2 and Schedule 1)
9.	Medi-Cal Deductible (Adj 6)	$ 0	$ (8,347)
10.	Medi-Cal Coinsurance (Adj 6)	$ 0	$ (9,129)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	$ 8,674,615	$ 7,473,515
			(To Schedule 1)

STATE OF CALIFORNIA

SCHEDULE 4
PROGRAM: DRG

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

Provider NPI:
1235218785

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	20,886	20,886
2. Inpatient Days (include private, exclude swing-bed)	20,886	20,886
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	16,225	16,225
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 3)	1,116	1,066
SWING-BED ADJUSTMENT		
17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	$ 0.00	$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	$ 0.00	$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	$ 0.00	$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	$ 0.00	$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 26)	$ 46,437,457	$ 44,157,394
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	$ 0	$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	$ 0	$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	$ 0	$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	$ 0	$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	$ 0	$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	$ 46,437,457	$ 44,157,394
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	$ 0	$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.000000	$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	$ 0.00	$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	$ 0.00	$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	$ 0.00	$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	$ 0.00	$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	$ 0	$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	$ 46,437,457	$ 44,157,394
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 2,223.38	$ 2,114.21
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 2,481,292	$ 2,253,748
40. Cost Applicable to Medi-Cal (Schedule 4A)	$ 2,154,411	$ 1,968,396
41.	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	$ 4,635,703	$ 4,222,144

(To Schedule 3)

STATE OF CALIFORNIA

SCHEDULE 4A
PROGRAM: DRG

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

Provider NPI:
1235218785

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	$ 1,625,329	$ 1,548,257
2. Total Inpatient Days (Adj)	1,136	1,136
3. Average Per Diem Cost	$ 1,430.75	$ 1,362.90
4. Medi-Cal Inpatient Days (Adj 3)	237	212
5. Cost Applicable to Medi-Cal	$ 339,088	$ 288,935
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	$ 17,849,881	$ 17,084,842
7. Total Inpatient Days (Adj)	3,166	3,166
8. Average Per Diem Cost	$ 5,637.99	$ 5,396.35
9. Medi-Cal Inpatient Days (Adj 3)	225	228
10. Cost Applicable to Medi-Cal	$ 1,268,548	$ 1,230,368
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	$ 0	$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	$ 0.00	$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	$ 0	$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	$ 0	$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	$ 0.00	$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	$ 0	$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	$ 0	$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
NEONATAL INTENSIVE CARE UNIT		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	$ 4,339,296	$ 4,136,094
27. Total Inpatient Days (Adj)	746	746
28. Average Per Diem Cost	$ 5,816.75	$ 5,544.36
29. Medi-Cal Inpatient Days (Adj 3)	94	81
30. Cost Applicable to Medi-Cal	$ 546,775	$ 449,093
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 2,154,411	$ 1,968,396

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

Provider NPI:
1235218785

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (DRG Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 26,971,230	$ 257,557,081	0.104719	$ 4,432,221	$ 464,140
51.00	Recovery Room	3,768,860	6,596,569	0.571336	139,174	79,515
52.00	Delivery Room and Labor Room	5,893,464	11,983,642	0.491792	985,708	484,764
54.00	Radiology - Diagnostic	9,126,697	45,305,526	0.201448	732,018	147,463
54.01	Ultrasound	1,718,432	11,431,224	0.150328	190,950	28,705
55.00	Radiology - Therapeutic	8,920,607	96,178,296	0.092751	4,440	412
56.00	Radioisotope	1,638,890	13,097,024	0.125135	54,943	6,875
57.00	Computed Tomography (CT) Scan	3,146,940	84,032,476	0.037449	1,368,804	51,260
58.00	Magnetic Resonance Imaging (MRI)	1,819,416	27,519,100	0.066115	452,328	29,906
59.00	Cardiac Catheterization	6,735,130	49,879,012	0.135029	576,536	77,849
60.00	Laboratory	17,626,720	218,949,709	0.080506	6,329,666	509,575
63.00	Blood Storing, Processing, and Transfusion	834,711	3,492,631	0.238992	43,529	10,403
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	8,334,751	59,324,602	0.140494	2,580,455	362,538
66.00	Physical Therapy	5,844,191	11,701,533	0.499438	60,531	30,231
67.00	Occupational Therapy	1,149,937	3,028,927	0.379652	20,079	7,623
68.00	Speech Pathology	1,241,803	5,664,100	0.219241	119,848	26,276
69.00	Electrocardiology	738,100	11,746,839	0.062834	129,396	8,130
69.01	Echocardiology	629,208	7,872,706	0.079923	20,670	1,652
70.00	Electroencephalography	178,638	704,590	0.253535	80,937	20,520
71.00	Medical Supplies Charged to Patients	8,063,176	16,399,515	0.491672	286,993	141,106
72.00	Implantable Devices Charged to Patients	8,229,252	32,415,028	0.253872	138,414	35,139
73.00	Drugs Charged to Patients	21,618,339	119,469,296	0.180953	2,839,504	513,817
74.00	Renal Dialysis	1,361,308	2,454,045	0.554720	84,900	47,096
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00		0	0	0.000000	0	0
88.00	Rural Health Clinic (Rate Setting 1)	0	0	0.000000	0	0
88.01	Rural Health Clinic (Rate Setting 2)	0	0	0.000000	0	0
88.02	Rural Health Clinic (Rate Setting 3)	0	0	0.000000	0	0
88.03	Rural Health Clinic (Rate Setting 4)	0	0	0.000000	0	0
88.04	Rural Health Clinic (Rate Setting 5)	0	0	0.000000	0	0
89.00	FQHC / RHC (CSOSR 1)	0	0	0.000000	0	0
89.01	FQHC / RHC (CSOSR 2)	0	0	0.000000	0	0
89.02	FQHC / RHC (CSOSR 3)	0	0	0.000000	0	0
89.03	FQHC / RHC (CSOSR 4)	0	0	0.000000	0	0
89.04	FQHC / RHC (CSOSR 5)	0	0	0.000000	0	0
89.05	FQHC / RHC (Non Rate Setting / CSOSR)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
90.01	Pharmacotherapy Clinic	195,952	131,725	1.487583	0	0
90.02	Dietitians Services	317,400	722,521	0.439295	0	0
90.04	Urgent Care	839,526	2,325,319	0.361037	0	0
91.00	Emergency	16,204,325	211,535,892	0.076603	2,400,063	183,852
92.00	Observation Beds (Non-Distinct Part)	0	10,326,042	0.000000	0	0
93.00	Palliative Care	0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
101.00	Home Health Agency	0	0	0.000000	0	0
113.00	Interest Expense	0	0	0.000000	0	0
116.00	Hospice	0	0	0.000000	0	0
	TOTAL	$ 163,147,002	$ 1,321,844,970		$ 24,072,107	$ 3,268,847

(To Schedule 3)

* From Schedule 8, Column 26

STATE OF CALIFORNIA

SCHEDULE 6
PROGRAM: DRG

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

Provider NPI:
1235218785

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 4)	AUDITED
50.00	Operating Room	$ 4,180,834	$ 251,387	$ 4,432,221
51.00	Recovery Room	154,199	(15,025)	139,174
52.00	Delivery Room and Labor Room	1,414,729	(429,021)	985,708
54.00	Radiology - Diagnostic	808,610	(76,592)	732,018
54.01	Ultrasound	268,550	(77,600)	190,950
55.00	Radiology - Therapeutic	160,864	(156,424)	4,440
56.00	Radioisotope	75,613	(20,670)	54,943
57.00	Computed Tomography (CT) Scan	1,768,031	(399,227)	1,368,804
58.00	Magnetic Resonance Imaging (MRI)	468,130	(15,802)	452,328
59.00	Cardiac Catheterization	703,794	(127,258)	576,536
60.00	Laboratory	6,895,562	(565,896)	6,329,666
63.00	Blood Storing, Processing, and Transfusion	30,363	13,166	43,529
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	2,842,746	(262,291)	2,580,455
66.00	Physical Therapy	214,087	(153,556)	60,531
67.00	Occupational Therapy	84,902	(64,823)	20,079
68.00	Speech Pathology	234,311	(114,463)	119,848
69.00	Electrocardiology	136,107	(6,711)	129,396
69.01	Echocardiology	182,140	(161,470)	20,670
70.00	Electroencephalography	14,160	66,777	80,937
71.00	Medical Supplies Charged to Patients	342,503	(55,510)	286,993
72.00	Implantable Devices Charged to Patients	176,471	(38,057)	138,414
73.00	Drugs Charged to Patients	3,172,368	(332,864)	2,839,504
74.00	Renal Dialysis	70,560	14,340	84,900
75.00	ASC (Non-Distinct Part)	0	0	0
76.00		0	0	0
88.00	Rural Health Clinic (Rate Setting 1)	0	0	0
88.01	Rural Health Clinic (Rate Setting 2)	0	0	0
88.02	Rural Health Clinic (Rate Setting 3)	0	0	0
88.03	Rural Health Clinic (Rate Setting 4)	0	0	0
88.04	Rural Health Clinic (Rate Setting 5)	0	0	0
89.00	FQHC / RHC (CSOSR 1)	0	0	0
89.01	FQHC / RHC (CSOSR 2)	0	0	0
89.02	FQHC / RHC (CSOSR 3)	0	0	0
89.03	FQHC / RHC (CSOSR 4)	0	0	0
89.04	FQHC / RHC (CSOSR 5)	0	0	0
89.05	FQHC / RHC (Non Rate Setting / CSOSR)	0	0	0
90.00	Clinic	0	0	0
90.01	Pharmacotherapy Clinic	0	0	0
90.02	Dietitians Services	0	0	0
90.04	Urgent Care	0	0	0
91.00	Emergency	2,847,060	(446,997)	2,400,063
92.00	Observation Beds (Non-Distinct Part)	0	0	0
93.00	Palliative Care	0	0	0
93.05		0	0	0
101.00	Home Health Agency	0	0	0
113.00	Interest Expense	0	0	0
116.00	Hospice	0	0	0
05/13/2026				NOTICE-000714
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 27,246,694	$ (3,174,587)	$ 24,072,107

(To Schedule 5)

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	ALLOC COST 3.00	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08
	GENERAL SERVICE COST CENTER													
1.00	Capital Related Costs - Buildings and Fixtures	9,047,001												
2.00	Capital Related Costs - Movable Equipment	4,738,099	0											
3.00	Other Capital Related Costs	0	0	0										
4.00	Employee Benefits Department	15,578,088	143,644	75,229	0									
5.01		0	0	0	0	0								
5.02		0	0	0	0	0	0							
5.03		0	0	0	0	0	0	0						
5.04		0	0	0	0	0	0	0	0					
5.05		0	0	0	0	0	0	0	0	0				
5.06		0	0	0	0	0	0	0	0	0	0			
5.07		0	0	0	0	0	0	0	0	0	0	0		
5.08		0	0	0	0	0	0	0	0	0	0	0	0	
5.00	Administrative and General	44,885,769	1,170,247	612,882	0	1,429,006	0	0	0	0	0	0	0	0
6.00	Maintenance and Repairs	9,228,491	406,000	212,630	0	249,805	0	0	0	0	0	0	0	0
7.00	Operation of Plant	5,438,131	3,551	1,860	0	0	0	0	0	0	0	0	0	0
8.00	Laundry and Linen Service	121,189	16,724	8,759	0	0	0	0	0	0	0	0	0	0
9.00	Housekeeping	2,922,772	64,991	34,037	0	296,811	0	0	0	0	0	0	0	0
10.00	Dietary	1,105,604	179,741	94,134	0	84,482	0	0	0	0	0	0	0	0
11.00	Cafeteria	2,026,977	72,529	37,985	0	189,122	0	0	0	0	0	0	0	0
12.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0	0
13.00	Nursing Administration	6,688,093	100,497	52,632	0	923,261	0	0	0	0	0	0	0	0
14.00	Central Services and Supply	1,352,644	252,965	132,483	0	92,218	0	0	0	0	0	0	0	0
15.00	Pharmacy	5,962,660	81,998	42,944	0	612,566	0	0	0	0	0	0	0	0
16.00	Medical Records and Library	951,674	101,011	52,902	0	0	0	0	0	0	0	0	0	0
17.00	Social Service	563,191	37,461	19,619	0	70,964	0	0	0	0	0	0	0	0
18.00	Other General Service (specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Education Program (specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults and Pediatrics	22,442,390	1,309,722	685,928	0	2,610,990	0	0	0	0	0	0	0	0
31.00	Intensive Care Unit	10,343,699	291,918	152,884	0	796,079	0	0	0	0	0	0	0	0
32.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Neonatal Intensive Care Unit	2,524,204	48,653	25,481	0	269,490	0	0	0	0	0	0	0	0
40.00	Subprovider - IPF	0	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Subprovider - IRF	3,856,025	164,201	85,995	0	458,335	0	0	0	0	0	0	0	0
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	799,350	66,946	35,061	0	78,785	0	0	0	0	0	0	0	0
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0
	ANCILLARY COST CENTERS													
50.00	Operating Room	14,780,330	969,382	507,685	0	1,326,041	0	0	0	0	0	0	0	0
51.00	Recovery Room	2,392,075	0	0	0	283,176	0	0	0	0	0	0	0	0
52.00	Delivery Room and Labor Room	3,113,706	159,338	83,449	0	306,524	0	0	0	0	0	0	0	0
54.00	Radiology - Diagnostic	5,165,345	349,422	183,000	0	570,721	0	0	0	0	0	0	0	0
54.01	Ultrasound	1,081,783	39,905	20,899	0	113,399	0	0	0	0	0	0	0	0
55.00	Radiology - Therapeutic	5,282,414	230,916	120,935	0	563,097	0	0	0	0	0	0	0	0
56.00	Radioisotope	1,050,110	43,713	22,893	0	76,253	0	0	0	0	0	0	0	0
57.00	Computed Tomography (CT) Scan	1,365,671	229,475	120,181	0	138,368	0	0	0	0	0	0	0	0

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	ALLOC COST 3.00	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08
58.00	Magnetic Resonance Imaging (MRI)	836,798	119,922	62,805	0	96,902	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	4,134,931	105,231	55,111	0	405,589	0	0	0	0	0	0	0	0
60.00	Laboratory	11,744,091	351,944	184,320	0	774,431	0	0	0	0	0	0	0	0
63.00	Blood Storing, Processing, and Transfusion	675,634	0	0	0	122	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	5,795,513	62,624	32,797	0	542,116	0	0	0	0	0	0	0	0
66.00	Physical Therapy	3,156,638	271,696	142,293	0	391,177	0	0	0	0	0	0	0	0
67.00	Occupational Therapy	759,237	12,813	6,710	0	101,599	0	0	0	0	0	0	0	0
68.00	Speech Pathology	641,161	67,152	35,169	0	73,321	0	0	0	0	0	0	0	0
69.00	Electrocardiology	346,009	35,351	18,514	0	42,625	0	0	0	0	0	0	0	0
69.01	Echocardiology	441,304	0	0	0	53,207	0	0	0	0	0	0	0	0
70.00	Electroencephalography	118,514	3,808	1,994	0	4,205	0	0	0	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	5,625,592	0	0	0	0	0	0	0	0	0	0	0	0
72.00	Implantable Devices Charged to Patients	5,729,027	0	0	0	0	0	0	0	0	0	0	0	0
73.00	Drugs Charged to Patients	10,441,289	0	0	0	0	0	0	0	0	0	0	0	0
74.00	Renal Dialysis	984,220	26,784	14,027	0	4,849	0	0	0	0	0	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0	0
76.00		0	0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (Rate Setting 1)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.01	Rural Health Clinic (Rate Setting 2)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.02	Rural Health Clinic (Rate Setting 3)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.03	Rural Health Clinic (Rate Setting 4)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.04	Rural Health Clinic (Rate Setting 5)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.00	FQHC / RHC (CSOSR 1)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.01	FQHC / RHC (CSOSR 2)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.02	FQHC / RHC (CSOSR 3)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.03	FQHC / RHC (CSOSR 4)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.04	FQHC / RHC (CSOSR 5)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.05	FQHC / RHC (Non Rate Setting / CSOSR)	0	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0
90.01	Pharmacotherapy Clinic	136,750	0	0	0	19,024	0	0	0	0	0	0	0	0
90.02	Dietitians Services	200,653	6,252	3,274	0	26,265	0	0	0	0	0	0	0	0
90.04	Urgent Care	608,142	0	0	0	57,348	0	0	0	0	0	0	0	0
91.00	Emergency	9,630,582	324,054	169,713	0	889,704	0	0	0	0	0	0	0	0
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0	0
93.00	Palliative Care	0	0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
113.00	Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0	0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	ALLOC COST 3.00	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08
	NONREIMBURSABLE COST CENTERS													
117.00	Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
190.00	Gift, Flower, Coffee Shop, and Canteen	0	15,849	8,300	0	0	0	0	0	0	0	0	0	0
193.00	Nonpaid Workers	124,340	0	0	0	15,300	0	0	0	0	0	0	0	0
194.00	Other Nonreimbursable	280,013	18,087	9,473	0	35,191	0	0	0	0	0	0	0	0
194.01	Care for the Poor	0	0	0	0	0	0	0	0	0	0	0	0	0
194.02	Clinic OLE	0	0	0	0	0	0	0	0	0	0	0	0	0
194.03	Marketing / Public Relations	0	0	0	0	0	0	0	0	0	0	0	0	0
194.04	Community Outreach	7,859,701	0	0	0	583,653	0	0	0	0	0	0	0	0
194.05	HIV Network / Care Management	0	0	0	0	0	0	0	0	0	0	0	0	0
194.06	Convent	10,882	72,041	37,729	0	0	0	0	0	0	0	0	0	0
194.07	Foundation	1,226,199	44,588	23,352	0	135,885	0	0	0	0	0	0	0	0
194.08	Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0	0	0	0
194.09	Wellness Center	1,725,181	973,859	510,030	0	4,956	0	0	0	0	0	0	0	0
194.10	Forensic Medical Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0
194.11	Medical Office Buildings	0	0	0	0	0	0	0	0	0	0	0	0	0
194.12	Other Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0	0	0	0
194.13	Pharmacotherapy Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0
194.14		0	0	0	0	0	0	0	0	0	0	0	0	0
194.15		0	0	0	0	0	0	0	0	0	0	0	0	0
194.16		0	0	0	0	0	0	0	0	0	0	0	0	0
194.17		0	0	0	0	0	0	0	0	0	0	0	0	0
194.18		0	0	0	0	0	0	0	0	0	0	0	0	0
194.19		0	0	0	0	0	0	0	0	0	0	0	0	0
194.20		0	0	0	0	0	0	0	0	0	0	0	0	0
194.21		0	0	0	0	0	0	0	0	0	0	0	0	0
194.22		0	0	0	0	0	0	0	0	0	0	0	0	0
194.23		0	0	0	0	0	0	0	0	0	0	0	0	0
194.24		0	0	0	0	0	0	0	0	0	0	0	0	0
194.25		0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	258,039,886	9,047,001	4,738,099	0	15,796,961	0	0	0	0	0	0	0	0

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

	TRIAL BALANCE EXPENSES	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00
	GENERAL SERVICE COST CENTER													
1.00	Capital Related Costs - Buildings and Fixtures													
2.00	Capital Related Costs - Movable Equipment													
3.00	Other Capital Related Costs													
4.00	Employee Benefits Department													
5.01														
5.02														
5.03														
5.04														
5.05														
5.06														
5.07														
5.08														
5.00	Administrative and General	48,097,904												
6.00	Maintenance and Repairs	10,096,926	2,313,215											
7.00	Operation of Plant	5,443,541	1,247,120	6,014										
8.00	Laundry and Linen Service	146,671	33,603	28,325	15,292									
9.00	Housekeeping	3,318,611	760,297	110,077	59,428	0								
10.00	Dietary	1,463,961	335,395	304,433	164,356	0	105,445							
11.00	Cafeteria	2,326,614	533,029	122,845	66,321	0	42,549	0						
12.00	Maintenance of Personnel	0	0	0	0	0	0	0	0					
13.00	Nursing Administration	7,764,482	1,778,850	170,214	91,894	0	58,956	0	210,672	0				
14.00	Central Services and Supply	1,830,310	419,326	428,454	231,312	0	148,401	0	21,043	0	0			
15.00	Pharmacy	6,700,167	1,535,014	138,882	74,979	0	48,104	0	139,777	0	0	13,899		
16.00	Medical Records and Library	1,105,587	253,291	171,085	92,365	0	59,258	0	0	0	0	0	0	
17.00	Social Service	691,236	158,363	63,449	34,254	0	21,976	0	16,193	0	0	263	0	0
18.00	Other General Service (specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Education Program (specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults and Pediatrics	27,049,030	6,196,958	2,218,314	1,197,612	147,774	768,345	1,719,638	595,783	0	3,288,281	137,782	0	123,722
31.00	Intensive Care Unit	11,584,580	2,654,038	494,431	266,931	28,826	171,253	335,451	181,652	0	1,074,627	98,442	0	55,300
32.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Neonatal Intensive Care Unit	2,867,828	657,022	82,405	44,488	6,792	28,542	0	61,493	0	367,362	12,547	0	7,615
40.00	Subprovider - IPF	0	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Subprovider - IRF	4,564,556	1,045,744	278,112	150,146	27,370	96,328	318,499	104,584	0	592,448	10,446	0	15,309
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	980,143	224,552	113,389	61,216	10,343	39,274	0	17,977	0	97,865	0	0	3,499
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0
	ANCILLARY COST CENTERS													
50.00	Operating Room	17,583,439	4,028,382	1,641,871	886,405	0	568,686	0	302,580	0	1,479,201	188,544	0	292,123
51.00	Recovery Room	2,675,251	612,902	0	0	0	0	0	64,616	0	389,013	19,596	0	7,482
52.00	Delivery Room and Labor Room	3,663,017	839,201	269,876	145,699	2,786	93,475	0	69,943	0	795,812	0	0	13,655
54.00	Radiology - Diagnostic	6,268,488	1,436,116	591,826	319,512	0	204,988	0	130,229	0	119,163	5,056	0	51,319
54.01	Ultrasound	1,255,987	287,748	67,589	36,489	0	23,410	0	25,876	0	1,949	6,435	0	12,950
55.00	Radiology - Therapeutic	6,197,362	1,419,821	391,108	211,150	0	135,466	0	128,489	0	303,483	24,642	0	109,086
56.00	Radioisotope	1,192,970	273,311	74,038	39,971	0	25,644	0	17,400	0	53	650	0	14,853
57.00	Computed Tomography (CT) Scan	1,853,694	424,683	388,668	209,832	0	134,621	0	31,573	0	2,076	6,482	0	95,310

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

	TRIAL BALANCE EXPENSES	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00
58.00	Magnetic Resonance Imaging (MRI)	1,116,427	255,774	203,115	109,657	0	70,352	0	22,111	0	6,429	4,638	0	30,913
59.00	Cardiac Catheterization	4,700,862	1,076,972	178,232	96,223	0	61,733	0	92,548	0	438,387	33,600	0	56,573
60.00	Laboratory	13,054,786	2,990,864	596,097	321,818	0	206,467	0	176,712	0	0	44,151	0	235,826
63.00	Blood Storing, Processing, and Transfusion	675,756	154,816	0	0	0	0	0	28	0	151	0	0	3,960
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	6,433,050	1,473,818	106,068	57,263	0	36,738	0	123,701	0	0	36,827	0	67,286
66.00	Physical Therapy	3,961,804	907,653	460,179	248,439	0	159,390	0	89,260	0	0	4,195	0	13,272
67.00	Occupational Therapy	880,360	201,691	21,702	11,716	0	7,517	0	23,183	0	0	333	0	3,435
68.00	Speech Pathology	816,803	187,130	113,737	61,404	0	39,395	0	16,731	0	0	179	0	6,424
69.00	Electrocardiology	442,499	101,377	59,876	32,325	0	20,739	0	9,726	0	57,894	341	0	13,323
69.01	Echocardiology	494,511	113,293	0	0	0	0	0	12,141	0	83	253	0	8,926
70.00	Electroencephalography	128,521	29,444	6,449	3,482	0	2,234	0	959	0	0	6,749	0	799
71.00	Medical Supplies Charged to Patients	5,625,592	1,288,828	0	0	0	0	0	0	0	0	1,130,155	0	18,600
72.00	Implantable Devices Charged to Patients	5,729,027	1,312,525	0	0	0	0	0	0	0	0	1,150,934	0	36,765
73.00	Drugs Charged to Patients	10,441,289	2,392,109	0	0	0	0	0	0	0	0	0	8,649,439	135,503
74.00	Renal Dialysis	1,029,880	235,946	45,364	24,491	0	15,713	0	1,107	0	6,024	0	0	2,783
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0	0
76.00		0	0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (Rate Setting 1)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.01	Rural Health Clinic (Rate Setting 2)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.02	Rural Health Clinic (Rate Setting 3)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.03	Rural Health Clinic (Rate Setting 4)	0	0	0	0	0	0	0	0	0	0	0	0	0
88.04	Rural Health Clinic (Rate Setting 5)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.00	FQHC / RHC (CSOSR 1)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.01	FQHC / RHC (CSOSR 2)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.02	FQHC / RHC (CSOSR 3)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.03	FQHC / RHC (CSOSR 4)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.04	FQHC / RHC (CSOSR 5)	0	0	0	0	0	0	0	0	0	0	0	0	0
89.05	FQHC / RHC (Non Rate Setting / CSOSR)	0	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0
90.01	Pharmacotherapy Clinic	155,774	35,688	0	0	0	0	0	4,341	0	0	0	0	149
90.02	Dietitians Services	236,444	54,170	10,589	5,717	0	3,668	0	5,993	0	0	0	0	819
90.04	Urgent Care	665,490	152,464	0	0	0	0	0	13,086	0	0	5,849	0	2,637
91.00	Emergency	11,014,053	2,523,330	548,859	296,315	0	190,105	0	203,015	0	1,054,769	133,956	0	239,924
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0	0
93.00	Palliative Care	0	0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
113.00	Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0	0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

	TRIAL BALANCE EXPENSES	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00
	NONREIMBURSABLE COST CENTERS													
117.00	Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0	0
190.00	Gift, Flower, Coffee Shop, and Canteen	24,149	5,533	26,844	14,492	0	9,298	0	0	0	0	753	0	0
193.00	Nonpaid Workers	139,640	31,992	0	0	0	0	0	3,491	0	0	443	0	0
194.00	Other Nonreimbursable	342,764	78,528	30,635	16,539	0	10,611	0	8,030	0	0	0	0	0
194.01	Care for the Poor	0	0	0	0	0	0	0	0	0	0	0	0	0
194.02	Clinic OLE	0	0	0	0	0	0	0	0	0	0	0	0	0
194.03	Marketing / Public Relations	0	0	0	0	0	0	0	0	0	0	0	0	0
194.04	Community Outreach	8,443,354	1,934,380	0	0	0	0	0	133,180	0	0	704	1,383	1,442
194.05	HIV Network / Care Management	0	0	0	0	0	0	0	0	0	0	0	0	0
194.06	Convent	120,652	27,641	122,017	65,874	0	42,262	0	0	0	0	0	0	0
194.07	Foundation	1,430,024	327,620	75,520	40,771	0	26,157	0	31,007	0	0	0	0	0
194.08	Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0	0	0	0
194.09	Wellness Center	3,214,026	736,336	1,649,453	890,498	0	571,312	0	1,131	0	0	0	0	0
194.10	Forensic Medical Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0
194.11	Medical Office Buildings	0	0	0	0	0	0	0	0	0	0	0	0	0
194.12	Other Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0	0	0	0
194.13	Pharmacotherapy Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0
194.14		0	0	0	0	0	0	0	0	0	0	0	0	0
194.15		0	0	0	0	0	0	0	0	0	0	0	0	0
194.16		0	0	0	0	0	0	0	0	0	0	0	0	0
194.17		0	0	0	0	0	0	0	0	0	0	0	0	0
194.18		0	0	0	0	0	0	0	0	0	0	0	0	0
194.19		0	0	0	0	0	0	0	0	0	0	0	0	0
194.20		0	0	0	0	0	0	0	0	0	0	0	0	0
194.21		0	0	0	0	0	0	0	0	0	0	0	0	0
194.22		0	0	0	0	0	0	0	0	0	0	0	0	0
194.23		0	0	0	0	0	0	0	0	0	0	0	0	0
194.24		0	0	0	0	0	0	0	0	0	0	0	0	0
194.25		0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	258,039,886	48,097,904	12,410,141	6,696,675	223,891	4,248,412	2,373,588	3,091,359	0	10,075,068	3,078,846	8,650,821	1,681,586

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

	TRIAL BALANCE EXPENSES	SOCIAL SERVICE	ALLOC COST	NONPHYSICIAN ANESTHETIST	NURSING SCHOOL	I & R SVC SAL & BENEFITS	I&R OTHER PROGRAM COSTS	PARAMEDICAL EDUCATION PROGRAM	ALLOC COST	ALLOC COST	SUBTOTAL	POST STEP-DOWN ADJUSTMENT	TOTAL COST
		17.00	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02	24.00	25.00	26.00
	GENERAL SERVICE COST CENTER												
1.00	Capital Related Costs - Buildings and Fixtures												
2.00	Capital Related Costs - Movable Equipment												
3.00	Other Capital Related Costs												
4.00	Employee Benefits Department												
5.01													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General												
6.00	Maintenance and Repairs												
7.00	Operation of Plant												
8.00	Laundry and Linen Service												
9.00	Housekeeping												
10.00	Dietary												
11.00	Cafeteria												
12.00	Maintenance of Personnel												
13.00	Nursing Administration												
14.00	Central Services and Supply												
15.00	Pharmacy												
16.00	Medical Records and Library												
17.00	Social Service												
18.00	Other General Service (specify)	0											
19.00	Nonphysician Anesthetists	0	0										
20.00	Nursing School	0	0	0									
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0	0								
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0	0							
23.00	Paramedical Education Program (specify)	0	0	0	0	0	0						
23.01		0	0	0	0	0	0	0					
23.02		0	0	0	0	0	0	0	0				
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults and Pediatrics	714,154	0	0	0	0	0	0	0	0	44,157,394		44,157,394
31.00	Intensive Care Unit	139,311	0	0	0	0	0	0	0	0	17,084,842		17,084,842
32.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0		0
33.00	Burn Intensive Care Unit	0	0	0	0	0	0	0	0	0	0		0
34.00	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0		0
35.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	4,136,094		4,136,094
40.00	Subprovider - IPF	0	0	0	0	0	0	0	0	0	0		0
41.00	Subprovider - IRF	132,270	0	0	0	0	0	0	0	0	7,335,812		7,335,812
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0		0
43.00	Nursery	0	0	0	0	0	0	0	0	0	1,548,257		1,548,257
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0		0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0		0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0		0
	ANCILLARY COST CENTERS												
50.00	Operating Room	0	0	0	0	0	0	0	0	0	26,971,230		26,971,230
51.00	Recovery Room	0	0	0	0	0	0	0	0	0	3,768,860		3,768,860
52.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	5,893,464		5,893,464
54.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	0	9,126,697		9,126,697
54.01	Ultrasound	0	0	0	0	0	0	0	0	0	1,718,432		1,718,432
55.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	8,920,607		8,920,607
56.00	Radioisotope	0	0	0	0	0	0	0	0	0	1,638,890		1,638,890
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	3,146,940		3,146,940
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	1,819,416		1,819,416

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

	TRIAL BALANCE EXPENSES	SOCIAL SERVICE 17.00	ALLOC COST 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 26.00
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0	6,735,130		6,735,130
60.00	Laboratory	0	0	0	0	0	0	0	0	0	17,626,720		17,626,720
63.00	Blood Storing, Processing, and Transfusion	0	0	0	0	0	0	0	0	0	834,711		834,711
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0		0
65.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	8,334,751		8,334,751
66.00	Physical Therapy	0	0	0	0	0	0	0	0	0	5,844,191		5,844,191
67.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	1,149,937		1,149,937
68.00	Speech Pathology	0	0	0	0	0	0	0	0	0	1,241,803		1,241,803
69.00	Electrocardiology	0	0	0	0	0	0	0	0	0	738,100		738,100
69.01	Echocardiology	0	0	0	0	0	0	0	0	0	629,208		629,208
70.00	Electroencephalography	0	0	0	0	0	0	0	0	0	178,638		178,638
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	8,063,176		8,063,176
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	8,229,252		8,229,252
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	21,618,339		21,618,339
74.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	1,361,308		1,361,308
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0		0
76.00		0	0	0	0	0	0	0	0	0	0		0
88.00	Rural Health Clinic (Rate Setting 1)	0	0	0	0	0	0	0	0	0	0		0
88.01	Rural Health Clinic (Rate Setting 2)	0	0	0	0	0	0	0	0	0	0		0
88.02	Rural Health Clinic (Rate Setting 3)	0	0	0	0	0	0	0	0	0	0		0
88.03	Rural Health Clinic (Rate Setting 4)	0	0	0	0	0	0	0	0	0	0		0
88.04	Rural Health Clinic (Rate Setting 5)	0	0	0	0	0	0	0	0	0	0		0
89.00	FQHC / RHC (CSOSR 1)	0	0	0	0	0	0	0	0	0	0		0
89.01	FQHC / RHC (CSOSR 2)	0	0	0	0	0	0	0	0	0	0		0
89.02	FQHC / RHC (CSOSR 3)	0	0	0	0	0	0	0	0	0	0		0
89.03	FQHC / RHC (CSOSR 4)	0	0	0	0	0	0	0	0	0	0		0
89.04	FQHC / RHC (CSOSR 5)	0	0	0	0	0	0	0	0	0	0		0
89.05	FQHC / RHC (Non Rate Setting / CSOSR)	0	0	0	0	0	0	0	0	0	0		0
90.00	Clinic	0	0	0	0	0	0	0	0	0	0		0
90.01	Pharmacotherapy Clinic	0	0	0	0	0	0	0	0	0	195,952		195,952
90.02	Dietitians Services	0	0	0	0	0	0	0	0	0	317,400		317,400
90.04	Urgent Care	0	0	0	0	0	0	0	0	0	839,526		839,526
91.00	Emergency	0	0	0	0	0	0	0	0	0	16,204,325		16,204,325
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0		0
93.00	Palliative Care	0	0	0	0	0	0	0	0	0	0		0
93.05		0	0	0	0	0	0	0	0	0	0		0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0		0
113.00	Interest Expense	0	0	0	0	0	0	0	0	0	0		0
116.00	Hospice	0	0	0	0	0	0	0	0	0	0		0
	NONREIMBURSABLE COST CENTERS												

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

	TRIAL BALANCE EXPENSES	SOCIAL SERVICE 17.00	ALLOC COST 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST STEP-DOWN ADJUSTMENT 25.00	TOTAL COST 26.00
117.00	Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0		0
190.00	Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	0	81,069		81,069
193.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	175,566		175,566
194.00	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	487,106		487,106
194.01	Care for the Poor	0	0	0	0	0	0	0	0	0	0		0
194.02	Clinic OLE	0	0	0	0	0	0	0	0	0	0		0
194.03	Marketing / Public Relations	0	0	0	0	0	0	0	0	0	0		0
194.04	Community Outreach	0	0	0	0	0	0	0	0	0	10,514,443		10,514,443
194.05	HIV Network / Care Management	0	0	0	0	0	0	0	0	0	0		0
194.06	Convent	0	0	0	0	0	0	0	0	0	378,446		378,446
194.07	Foundation	0	0	0	0	0	0	0	0	0	1,931,099		1,931,099
194.08	Nonreimbursable Meals	0	0	0	0	0	0	0	0	0	0		0
194.09	Wellness Center	0	0	0	0	0	0	0	0	0	7,062,756		7,062,756
194.10	Forensic Medical Clinic	0	0	0	0	0	0	0	0	0	0		0
194.11	Medical Office Buildings	0	0	0	0	0	0	0	0	0	0		0
194.12	Other Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0		0
194.13	Pharmacotherapy Clinic	0	0	0	0	0	0	0	0	0	0		0
194.14		0	0	0	0	0	0	0	0	0	0		0
194.15		0	0	0	0	0	0	0	0	0	0		0
194.16		0	0	0	0	0	0	0	0	0	0		0
194.17		0	0	0	0	0	0	0	0	0	0		0
194.18		0	0	0	0	0	0	0	0	0	0		0
194.19		0	0	0	0	0	0	0	0	0	0		0
194.20		0	0	0	0	0	0	0	0	0	0		0
194.21		0	0	0	0	0	0	0	0	0	0		0
194.22		0	0	0	0	0	0	0	0	0	0		0
194.23		0	0	0	0	0	0	0	0	0	0		0
194.24		0	0	0	0	0	0	0	0	0	0		0
194.25		0	0	0	0	0	0	0	0	0	0		0
	TOTAL	985,734	0	0	0	0	0	0	0	0	258,039,886	0	258,039,886

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		CAP REL BLDG & FIX (SQ FT) 1.00	CAP REL MOV EQUIP (SQ FT) 2.00	STAT 3.00	EMP BENE (GROSS SALARIES) 4.00	STAT 5.01	STAT 5.02	STAT 5.03	STAT 5.04	STAT 5.05	STAT 5.06	STAT 5.07	STAT 5.08
	GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs - Buildings and Fixtures												
2.00	Capital Related Costs - Movable Equipment	0											
3.00	Other Capital Related Costs	0	0										
4.00	Employee Benefits Department	5,583	5,583										
5.01		0	0		0								
5.02		0	0		0								
5.03		0	0		0								
5.04		0	0		0								
5.05		0	0		0								
5.06		0	0		0								
5.07		0	0		0								
5.08		0	0		0								
5.00	Administrative and General	45,484	45,484		9,630,078								
6.00	Maintenance and Repairs	15,780	15,780		1,683,434								
7.00	Operation of Plant	138	138		0								
8.00	Laundry and Linen Service	650	650		0								
9.00	Housekeeping	2,526	2,526		2,000,210								
10.00	Dietary	6,986	6,986		569,322								
11.00	Cafeteria	2,819	2,819		1,274,497								
12.00	Maintenance of Personnel	0	0		0								
13.00	Nursing Administration	3,906	3,906		6,221,856								
14.00	Central Services and Supply	9,832	9,832		621,460								
15.00	Pharmacy	3,187	3,187		4,128,081								
16.00	Medical Records and Library	3,926	3,926		0								
17.00	Social Service	1,456	1,456		478,229								
18.00	Other General Service (specify)	0	0		0								
19.00	Nonphysician Anesthetists	0	0		0								
20.00	Nursing School	0	0		0								
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0		0								
22.00	Intern & Res. Other Program Costs (Approved)	0	0		0								
23.00	Paramedical Education Program (specify)	0	0		0								
23.01		0	0		0								
23.02		0	0		0								
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults and Pediatrics	50,905	50,905		17,595,467								
31.00	Intensive Care Unit	11,346	11,346		5,364,781								
32.00	Coronary Care Unit	0	0		0								
33.00	Burn Intensive Care Unit	0	0		0								
34.00	Surgical Intensive Care Unit	0	0		0								
35.00	Neonatal Intensive Care Unit	1,891	1,891		1,816,093								
40.00	Subprovider - IPF	0	0		0								
41.00	Subprovider - IRF	6,382	6,382		3,088,720								
42.00	Subprovider (specify)	0	0		0								
43.00	Nursery	2,602	2,602		530,935								
44.00	Skilled Nursing Facility	0	0		0								
45.00	Nursing Facility	0	0		0								
46.00	Other Long Term Care	0	0		0								
	ANCILLARY COST CENTERS												
50.00	Operating Room	37,677	37,677		8,936,196								
51.00	Recovery Room	0	0		1,908,323								
52.00	Delivery Room and Labor Room	6,193	6,193		2,065,665								
54.00	Radiology - Diagnostic	13,581	13,581		3,846,090								
54.01	Ultrasound	1,551	1,551		764,197								
55.00	Radiology - Therapeutic	8,975	8,975		3,794,713								
56.00	Radioisotope	1,699	1,699		513,871								
57.00	Computed Tomography (CT) Scan	8,919	8,919		932,460								

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		CAP REL BLDG & FIX (SQ FT)	CAP REL MOV EQUIP (SQ FT)	STAT	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT
		1.00	2.00	3.00	4.00	5.01	5.02	5.03	5.04	5.05	5.06	5.07	5.08
58.00	Magnetic Resonance Imaging (MRI)	4,661	4,661		653,020								
59.00	Cardiac Catheterization	4,090	4,090		2,733,263								
60.00	Laboratory	13,679	13,679		5,218,896								
63.00	Blood Storing, Processing, and Transfusion	0	0		819								
64.00	Intravenous Therapy	0	0		0								
65.00	Respiratory Therapy	2,434	2,434		3,653,321								
66.00	Physical Therapy	10,560	10,560		2,636,146								
67.00	Occupational Therapy	498	498		684,678								
68.00	Speech Pathology	2,610	2,610		494,108								
69.00	Electrocardiology	1,374	1,374		287,249								
69.01	Echocardiology	0	0		358,564								
70.00	Electroencephalography	148	148		28,335								
71.00	Medical Supplies Charged to Patients	0	0		0								
72.00	Implantable Devices Charged to Patients	0	0		0								
73.00	Drugs Charged to Patients	0	0		0								
74.00	Renal Dialysis	1,041	1,041		32,679								
75.00	ASC (Non-Distinct Part)	0	0		0								
76.00		0	0		0								
88.00	Rural Health Clinic (Rate Setting 1)	0	0		0								
88.01	Rural Health Clinic (Rate Setting 2)	0	0		0								
88.02	Rural Health Clinic (Rate Setting 3)	0	0		0								
88.03	Rural Health Clinic (Rate Setting 4)	0	0		0								
88.04	Rural Health Clinic (Rate Setting 5)	0	0		0								
89.00	FQHC / RHC (CSOSR 1)	0	0		0								
89.01	FQHC / RHC (CSOSR 2)	0	0		0								
89.02	FQHC / RHC (CSOSR 3)	0	0		0								
89.03	FQHC / RHC (CSOSR 4)	0	0		0								
89.04	FQHC / RHC (CSOSR 5)	0	0		0								
89.05	FQHC / RHC (Non Rate Setting / CSOSR)	0	0		0								
90.00	Clinic	0	0		0								
90.01	Pharmacotherapy Clinic	0	0		128,201								
90.02	Dietitians Services	243	243		176,997								
90.04	Urgent Care	0	0		386,468								
91.00	Emergency	12,595	12,595		5,995,716								
92.00	Observation Beds (Non-Distinct Part)	0	0		0								
93.00	Palliative Care	0	0		0								
93.05		0	0		0								
101.00	Home Health Agency	0	0		0								
113.00	Interest Expense	0	0		0								
116.00	Hospice	0	0		0								

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		CAP REL BLDG & FIX (SQ FT) 1.00	CAP REL MOV EQUIP (SQ FT) 2.00	STAT 3.00	EMP BENE (GROSS SALARIES) 4.00	STAT 5.01	STAT 5.02	STAT 5.03	STAT 5.04	STAT 5.05	STAT 5.06	STAT 5.07	STAT 5.08
	NONREIMBURSABLE COST CENTERS												
117.00	Other Special Purpose (specify)	0	0		0								
190.00	Gift, Flower, Coffee Shop, and Canteen	616	616		0								
193.00	Nonpaid Workers	0	0		103,107								
194.00	Other Nonreimbursable	703	703		237,152								
194.01	Care for the Poor	0	0		0								
194.02	Clinic OLE	0	0		0								
194.03	Marketing / Public Relations	0	0		0								
194.04	Community Outreach	0	0		3,933,241								
194.05	HIV Network / Care Management	0	0		0								
194.06	Convent	2,800	2,800		0								
194.07	Foundation	1,733	1,733		915,730								
194.08	Nonreimbursable Meals	0	0		0								
194.09	Wellness Center	37,851	37,851		33,398								
194.10	Forensic Medical Clinic	0	0		0								
194.11	Medical Office Buildings	0	0		0								
194.12	Other Nonreimbursable Cost Center	0	0		0								
194.13	Pharmacotherapy Clinic	0	0		0								
194.14		0	0		0								
194.15		0	0		0								
194.16		0	0		0								
194.17		0	0		0								
194.18		0	0		0								
194.19		0	0		0								
194.20		0	0		0								
194.21		0	0		0								
194.22		0	0		0								
194.23		0	0		0								
194.24		0	0		0								
194.25		0	0		0								
	TOTAL	351,630	351,630	0	106,455,766	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	9,047,001	4,738,099	0	15,796,961	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	25.728752	13.474672	0.000000	0.148390	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00	OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (PAT DAYS) 8.00	HOUSE-KEEPING (SQ FT) 9.00	DIETARY (PATIENT DAYS) 10.00	CAFETERIA (GROSS SALARIES) 11.00	MANT OF PERSONNEL (# HOUSED) 12.00	NURSING ADMIN NRS SALARIES 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00
	GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs - Buildings and Fixtures												
2.00	Capital Related Costs - Movable Equipment												
3.00	Other Capital Related Costs												
4.00	Employee Benefits Department												
5.01													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General												
6.00	Maintenance and Repairs		10,096,926										
7.00	Operation of Plant		5,443,541	138									
8.00	Laundry and Linen Service		146,671	650	650								
9.00	Housekeeping		3,318,611	2,526	2,526	0							
10.00	Dietary		1,463,961	6,986	6,986	0	6,986						
11.00	Cafeteria		2,326,614	2,819	2,819	0	2,819	0					
12.00	Maintenance of Personnel		0	0	0	0	0	0	0				
13.00	Nursing Administration		7,764,482	3,906	3,906	0	3,906	0	6,221,856				
14.00	Central Services and Supply		1,830,310	9,832	9,832	0	9,832	0	621,460		0		
15.00	Pharmacy		6,700,167	3,187	3,187	0	3,187	0	4,128,081		0	69,186	
16.00	Medical Records and Library		1,105,587	3,926	3,926	0	3,926	0	0		0	0	0
17.00	Social Service		691,236	1,456	1,456	0	1,456	0	478,229		0	1,311	0
18.00	Other General Service (specify)		0	0	0	0	0	0	0		0	0	0
19.00	Nonphysician Anesthetists		0	0	0	0	0	0	0		0	0	0
20.00	Nursing School		0	0	0	0	0	0	0		0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)		0	0	0	0	0	0	0		0	0	0
22.00	Intern & Res. Other Program Costs (Approved)		0	0	0	0	0	0	0		0	0	0
23.00	Paramedical Education Program (specify)		0	0	0	0	0	0	0		0	0	0
23.01			0	0	0	0	0	0	0		0	0	0
23.02			0	0	0	0	0	0	0		0	0	0
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults and Pediatrics		27,049,030	50,905	50,905	16,230	50,905	16,230	17,595,467		13,369,105	685,840	0
31.00	Intensive Care Unit		11,584,580	11,346	11,346	3,166	11,346	3,166	5,364,781		4,369,093	490,019	0
32.00	Coronary Care Unit		0	0	0	0	0	0	0		0	0	0
33.00	Burn Intensive Care Unit		0	0	0	0	0	0	0		0	0	0
34.00	Surgical Intensive Care Unit		0	0	0	0	0	0	0		0	0	0
35.00	Neonatal Intensive Care Unit		2,867,828	1,891	1,891	746	1,891	0	1,816,093		1,493,575	62,456	0
40.00	Subprovider - IPF		0	0	0	0	0	0	0		0	0	0
41.00	Subprovider - IRF		4,564,556	6,382	6,382	3,006	6,382	3,006	3,088,720		2,408,706	51,998	0
42.00	Subprovider (specify)		0	0	0	0	0	0	0		0	0	0
43.00	Nursery		980,143	2,602	2,602	1,136	2,602	0	530,935		397,889	0	0
44.00	Skilled Nursing Facility		0	0	0	0	0	0	0		0	0	0
45.00	Nursing Facility		0	0	0	0	0	0	0		0	0	0
46.00	Other Long Term Care		0	0	0	0	0	0	0		0	0	0
	ANCILLARY COST CENTERS												
50.00	Operating Room		17,583,439	37,677	37,677	0	37,677	0	8,936,196		6,013,959	938,520	0
51.00	Recovery Room		2,675,251	0	0	0	0	0	1,908,323		1,581,603	97,545	0
52.00	Delivery Room and Labor Room		3,663,017	6,193	6,193	306	6,193	0	2,065,665		3,235,518	0	0
54.00	Radiology - Diagnostic		6,268,488	13,581	13,581	0	13,581	0	3,846,090		484,479	25,167	0
54.01	Ultrasound		1,255,987	1,551	1,551	0	1,551	0	764,197		7,922	32,030	0
55.00	Radiology - Therapeutic		6,197,362	8,975	8,975	0	8,975	0	3,794,713		1,233,865	122,660	0
56.00	Radioisotope		1,192,970	1,699	1,699	0	1,699	0	513,871		214	3,238	0
57.00	Computed Tomography (CT) Scan		1,853,694	8,919	8,919	0	8,919	0	932,460		8,442	32,266	0

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00	OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (PAT DAYS) 8.00	HOUSE-KEEPING (SQ FT) 9.00	DIETARY (PATIENT DAYS) 10.00	CAFETERIA (GROSS SALARIES) 11.00	MANT OF PERSONNEL (# HOUSED) 12.00	NURSING ADMIN NRS SALARIES 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00
58.00	Magnetic Resonance Imaging (MRI)		1,116,427	4,661	4,661	0	4,661	0	653,020		26,137	23,086	0
59.00	Cardiac Catheterization		4,700,862	4,090	4,090	0	4,090	0	2,733,263		1,782,341	167,253	0
60.00	Laboratory		13,054,786	13,679	13,679	0	13,679	0	5,218,896		0	219,772	0
63.00	Blood Storing, Processing, and Transfusion		675,756	0	0	0	0	0	819		614	0	0
64.00	Intravenous Therapy		0	0	0	0	0	0	0		0	0	0
65.00	Respiratory Therapy		6,433,050	2,434	2,434	0	2,434	0	3,653,321		0	183,312	0
66.00	Physical Therapy		3,961,804	10,560	10,560	0	10,560	0	2,636,146		0	20,881	0
67.00	Occupational Therapy		880,360	498	498	0	498	0	684,678		0	1,657	0
68.00	Speech Pathology		816,803	2,610	2,610	0	2,610	0	494,108		0	892	0
69.00	Electrocardiology		442,499	1,374	1,374	0	1,374	0	287,249		235,377	1,698	0
69.01	Echocardiology		494,511	0	0	0	0	0	358,564		337	1,261	0
70.00	Electroencephalography		128,521	148	148	0	148	0	28,335		0	33,597	0
71.00	Medical Supplies Charged to Patients		5,625,592	0	0	0	0	0	0		0	5,625,592	0
72.00	Implantable Devices Charged to Patients		5,729,027	0	0	0	0	0	0		0	5,729,027	0
73.00	Drugs Charged to Patients		10,441,289	0	0	0	0	0	0		0	0	10,441,289
74.00	Renal Dialysis		1,029,880	1,041	1,041	0	1,041	0	32,679		24,490	0	0
75.00	ASC (Non-Distinct Part)		0	0	0	0	0	0	0		0	0	0
76.00			0	0	0	0	0	0	0		0	0	0
88.00	Rural Health Clinic (Rate Setting 1)		0	0	0	0	0	0	0		0	0	0
88.01	Rural Health Clinic (Rate Setting 2)		0	0	0	0	0	0	0		0	0	0
88.02	Rural Health Clinic (Rate Setting 3)		0	0	0	0	0	0	0		0	0	0
88.03	Rural Health Clinic (Rate Setting 4)		0	0	0	0	0	0	0		0	0	0
88.04	Rural Health Clinic (Rate Setting 5)		0	0	0	0	0	0	0		0	0	0
89.00	FQHC / RHC (CSOSR 1)		0	0	0	0	0	0	0		0	0	0
89.01	FQHC / RHC (CSOSR 2)		0	0	0	0	0	0	0		0	0	0
89.02	FQHC / RHC (CSOSR 3)		0	0	0	0	0	0	0		0	0	0
89.03	FQHC / RHC (CSOSR 4)		0	0	0	0	0	0	0		0	0	0
89.04	FQHC / RHC (CSOSR 5)		0	0	0	0	0	0	0		0	0	0
89.05	FQHC / RHC (Non Rate Setting / CSOSR)		0	0	0	0	0	0	0		0	0	0
90.00	Clinic		0	0	0	0	0	0	0		0	0	0
90.01	Pharmacotherapy Clinic		155,774	0	0	0	0	0	128,201		0	0	0
90.02	Dietitians Services		236,444	243	243	0	243	0	176,997		0	0	0
90.04	Urgent Care		665,490	0	0	0	0	0	386,468		0	29,113	0
91.00	Emergency		11,014,053	12,595	12,595	0	12,595	0	5,995,716		4,288,353	666,793	0
92.00	Observation Beds (Non-Distinct Part)		0	0	0	0	0	0	0		0	0	0
93.00	Palliative Care		0	0	0	0	0	0	0		0	0	0
93.05			0	0	0	0	0	0	0		0	0	0
101.00	Home Health Agency		0	0	0	0	0	0	0		0	0	0
113.00	Interest Expense		0	0	0	0	0	0	0		0	0	0
116.00	Hospice		0	0	0	0	0	0	0		0	0	0

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00	OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (PAT DAYS) 8.00	HOUSE-KEEPING (SQ FT) 9.00	DIETARY (PATIENT DAYS) 10.00	CAFETERIA (GROSS SALARIES) 11.00	MANT OF PERSONNEL (# HOUSED) 12.00	NURSING ADMIN NRS SALARIES 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00
	NONREIMBURSABLE COST CENTERS												
117.00	Other Special Purpose (specify)		0	0	0	0	0	0	0		0	0	0
190.00	Gift, Flower, Coffee Shop, and Canteen		24,149	616	616	0	616	0	0		0	3,750	0
193.00	Nonpaid Workers		139,640	0	0	0	0	0	103,107		0	2,204	0
194.00	Other Nonreimbursable		342,764	703	703	0	703	0	237,152		0	0	0
194.01	Care for the Poor		0	0	0	0	0	0	0		0	0	0
194.02	Clinic OLE		0	0	0	0	0	0	0		0	0	0
194.03	Marketing / Public Relations		0	0	0	0	0	0	0		0	0	0
194.04	Community Outreach		8,443,354	0	0	0	0	0	3,933,241		0	3,505	1,669
194.05	HIV Network / Care Management		0	0	0	0	0	0	0		0	0	0
194.06	Convent		120,652	2,800	2,800	0	2,800	0	0		0	0	0
194.07	Foundation		1,430,024	1,733	1,733	0	1,733	0	915,730		0	0	0
194.08	Nonreimbursable Meals		0	0	0	0	0	0	0		0	0	0
194.09	Wellness Center		3,214,026	37,851	37,851	0	37,851	0	33,398		0	0	0
194.10	Forensic Medical Clinic		0	0	0	0	0	0	0		0	0	0
194.11	Medical Office Buildings		0	0	0	0	0	0	0		0	0	0
194.12	Other Nonreimbursable Cost Center		0	0	0	0	0	0	0		0	0	0
194.13	Pharmacotherapy Clinic		0	0	0	0	0	0	0		0	0	0
194.14			0	0	0	0	0	0	0		0	0	0
194.15			0	0	0	0	0	0	0		0	0	0
194.16			0	0	0	0	0	0	0		0	0	0
194.17			0	0	0	0	0	0	0		0	0	0
194.18			0	0	0	0	0	0	0		0	0	0
194.19			0	0	0	0	0	0	0		0	0	0
194.20			0	0	0	0	0	0	0		0	0	0
194.21			0	0	0	0	0	0	0		0	0	0
194.22			0	0	0	0	0	0	0		0	0	0
194.23			0	0	0	0	0	0	0		0	0	0
194.24			0	0	0	0	0	0	0		0	0	0
194.25			0	0	0	0	0	0	0		0	0	0
	TOTAL		209,941,982	284,783	284,645	24,590	281,469	22,402	91,298,225	0	40,962,019	15,325,629	10,442,958
	COST TO BE ALLOCATED		48,097,904	12,410,141	6,696,675	223,891	4,248,412	2,373,588	3,091,359	0	10,075,068	3,078,846	8,650,821
	UNIT COST MULTIPLIER - SCH 8		0.229101	43.577533	23.526410	9.104974	15.093713	105.954306	0.033860	0.000000	0.245961	0.200895	0.828388

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		MED REC (GROSS PT REVENUE)	SOC SERV (PATIENT DAYS)	STAT	NONPHY-SICIAN ANE (ASG TIME)	NURSING SCHOOL (ASG TIME)	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
		16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	GENERAL SERVICE COST CENTERS										
1.00	Capital Related Costs - Buildings and Fixtures										
2.00	Capital Related Costs - Movable Equipment										
3.00	Other Capital Related Costs										
4.00	Employee Benefits Department										
5.01											
5.02											
5.03											
5.04											
5.05											
5.06											
5.07											
5.08											
5.00	Administrative and General										
6.00	Maintenance and Repairs										
7.00	Operation of Plant										
8.00	Laundry and Linen Service										
9.00	Housekeeping										
10.00	Dietary										
11.00	Cafeteria										
12.00	Maintenance of Personnel										
13.00	Nursing Administration										
14.00	Central Services and Supply										
15.00	Pharmacy										
16.00	Medical Records and Library										
17.00	Social Service	0									
18.00	Other General Service (specify)	0	0								
19.00	Nonphysician Anesthetists	0	0								
20.00	Nursing School	0	0								
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0								
22.00	Intern & Res. Other Program Costs (Approved)	0	0								
23.00	Paramedical Education Program (specify)	0	0								
23.01		0	0								
23.02		0	0								
	INPATIENT ROUTINE COST CENTERS										
30.00	Adults and Pediatrics	109,082,604	16,230								
31.00	Intensive Care Unit	48,756,108	3,166								
32.00	Coronary Care Unit	0	0								
33.00	Burn Intensive Care Unit	0	0								
34.00	Surgical Intensive Care Unit	0	0								
35.00	Neonatal Intensive Care Unit	6,713,723	0								
40.00	Subprovider - IPF	0	0								
41.00	Subprovider - IRF	13,497,598	3,006								
42.00	Subprovider (specify)	0	0								
43.00	Nursery	3,084,697	0								
44.00	Skilled Nursing Facility	0	0								
45.00	Nursing Facility	0	0								
46.00	Other Long Term Care	0	0								
	ANCILLARY COST CENTERS										
50.00	Operating Room	257,557,081	0								
51.00	Recovery Room	6,596,569	0								
52.00	Delivery Room and Labor Room	12,039,238	0								
54.00	Radiology - Diagnostic	45,246,598	0								
54.01	Ultrasound	11,417,554	0								
55.00	Radiology - Therapeutic	96,178,296	0								
56.00	Radioisotope	13,095,317	0								
57.00	Computed Tomography (CT) Scan	84,032,476	0								
58.00	Magnetic Resonance Imaging (MRI)	27,255,420	0								

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		MED REC (GROSS PT REVENUE) 16.00	SOC SERV (PATIENT DAYS) 17.00	STAT 18.00	NONPHY-SICIAN ANE (ASG TIME) 19.00	NURSING SCHOOL (ASG TIME) 20.00	I&R SVC&SAL (ASG TIME) 21.00	I&R OTHER PROG (ASG TIME) 22.00	PARAMEDICAL ED. PROG (ASG TIME) 23.00	STAT 23.01	STAT 23.02
59.00	Cardiac Catheterization	49,879,012	0								
60.00	Laboratory	207,921,323	0								
63.00	Blood Storing, Processing, and Transfusion	3,491,757	0								
64.00	Intravenous Therapy	0	0								
65.00	Respiratory Therapy	59,324,602	0								
66.00	Physical Therapy	11,701,533	0								
67.00	Occupational Therapy	3,028,927	0								
68.00	Speech Pathology	5,664,100	0								
69.00	Electrocardiology	11,746,839	0								
69.01	Echocardiology	7,870,067	0								
70.00	Electroencephalography	704,590	0								
71.00	Medical Supplies Charged to Patients	16,399,515	0								
72.00	Implantable Devices Charged to Patients	32,415,028	0								
73.00	Drugs Charged to Patients	119,469,065	0								
74.00	Renal Dialysis	2,454,045	0								
75.00	ASC (Non-Distinct Part)	0	0								
76.00		0	0								
88.00	Rural Health Clinic (Rate Setting 1)	0	0								
88.01	Rural Health Clinic (Rate Setting 2)	0	0								
88.02	Rural Health Clinic (Rate Setting 3)	0	0								
88.03	Rural Health Clinic (Rate Setting 4)	0	0								
88.04	Rural Health Clinic (Rate Setting 5)	0	0								
89.00	FQHC / RHC (CSOSR 1)	0	0								
89.01	FQHC / RHC (CSOSR 2)	0	0								
89.02	FQHC / RHC (CSOSR 3)	0	0								
89.03	FQHC / RHC (CSOSR 4)	0	0								
89.04	FQHC / RHC (CSOSR 5)	0	0								
89.05	FQHC / RHC (Non Rate Setting / CSOSR)	0	0								
90.00	Clinic	0	0								
90.01	Pharmacotherapy Clinic	131,725	0								
90.02	Dietitians Services	722,521	0								
90.04	Urgent Care	2,325,319	0								
91.00	Emergency	211,534,407	0								
92.00	Observation Beds (Non-Distinct Part)	0	0								
93.00	Palliative Care	0	0								
93.05		0	0								
101.00	Home Health Agency	0	0								
113.00	Interest Expense	0	0								
116.00	Hospice	0	0								
	NONREIMBURSABLE COST CENTERS										

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		MED REC (GROSS PT REVENUE) 16.00	SOC SERV (PATIENT DAYS) 17.00	STAT 18.00	NONPHY-SICIAN ANE (ASG TIME) 19.00	NURSING SCHOOL (ASG TIME) 20.00	I&R SVC&SAL (ASG TIME) 21.00	I&R OTHER PROG (ASG TIME) 22.00	PARAMEDICAL ED. PROG (ASG TIME) 23.00	STAT 23.01	STAT 23.02
117.00	Other Special Purpose (specify)	0	0								
190.00	Gift, Flower, Coffee Shop, and Canteen	0	0								
193.00	Nonpaid Workers	0	0								
194.00	Other Nonreimbursable	0	0								
194.01	Care for the Poor	0	0								
194.02	Clinic OLE	0	0								
194.03	Marketing / Public Relations	0	0								
194.04	Community Outreach	1,271,458	0								
194.05	HIV Network / Care Management	0	0								
194.06	Convent	0	0								
194.07	Foundation	0	0								
194.08	Nonreimbursable Meals	0	0								
194.09	Wellness Center	0	0								
194.10	Forensic Medical Clinic	0	0								
194.11	Medical Office Buildings	0	0								
194.12	Other Nonreimbursable Cost Center	0	0								
194.13	Pharmacotherapy Clinic	0	0								
194.14		0	0								
194.15		0	0								
194.16		0	0								
194.17		0	0								
194.18		0	0								
194.19		0	0								
194.20		0	0								
194.21		0	0								
194.22		0	0								
194.23		0	0								
194.24		0	0								
194.25		0	0								
	TOTAL	1,482,609,112	22,402	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	1,681,586	985,734	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.001134	44.002064	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name: Fiscal Period Ended:
QUEEN OF THE VALLEY MEDICAL CENTER JUNE 30, 2022

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs - Buildings and Fixtures	$ 10,642,119	$ (1,595,118)	$ 9,047,001
2.00	Capital Related Costs - Movable Equipment	4,136,848	601,251	4,738,099
3.00	Other Capital Related Costs	0	0	0
4.00	Employee Benefits Department	19,217,107	(3,639,019)	15,578,088
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.04		0	0	0
5.05		0	0	0
5.06		0	0	0
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	51,968,993	(7,083,224)	44,885,769
6.00	Maintenance and Repairs	9,228,491	0	9,228,491
7.00	Operation of Plant	5,481,995	(43,864)	5,438,131
8.00	Laundry and Linen Service	121,189	0	121,189
9.00	Housekeeping	2,922,772	0	2,922,772
10.00	Dietary	1,105,604	0	1,105,604
11.00	Cafeteria	2,026,977	0	2,026,977
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	6,688,093	0	6,688,093
14.00	Central Services and Supply	1,352,644	0	1,352,644
15.00	Pharmacy	5,962,660	0	5,962,660
16.00	Medical Records and Library	1,127,966	(176,292)	951,674
17.00	Social Service	563,191	0	563,191
18.00	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0
23.00	Paramedical Education Program (specify)	0	0	0
23.01		0	0	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults and Pediatrics	22,442,390	0	22,442,390
31.00	Intensive Care Unit	10,343,699	0	10,343,699
32.00	Coronary Care Unit	0	0	0
33.00	Burn Intensive Care Unit	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0
35.00	Neonatal Intensive Care Unit	2,524,204	0	2,524,204
40.00	Subprovider - IPF	0	0	0
41.00	Subprovider - IRF	3,856,025	0	3,856,025
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	799,350	0	799,350
44.00	Skilled Nursing Facility	0	0	0
45.00	Nursing Facility	0	0	0
46.00	Other Long Term Care	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name: Fiscal Period Ended:
QUEEN OF THE VALLEY MEDICAL CENTER JUNE 30, 2022

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	$ 14,780,330	$ 0	$ 14,780,330
51.00	Recovery Room	2,392,075	0	2,392,075
52.00	Delivery Room and Labor Room	3,113,706	0	3,113,706
54.00	Radiology - Diagnostic	5,165,345	0	5,165,345
54.01	Ultrasound	1,081,783	0	1,081,783
55.00	Radiology - Therapeutic	5,282,414	0	5,282,414
56.00	Radioisotope	1,050,110	0	1,050,110
57.00	Computed Tomography (CT) Scan	1,365,671	0	1,365,671
58.00	Magnetic Resonance Imaging (MRI)	836,798	0	836,798
59.00	Cardiac Catheterization	4,134,931	0	4,134,931
60.00	Laboratory	11,744,091	0	11,744,091
63.00	Blood Storing, Processing, and Transfusion	675,634	0	675,634
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	5,795,513	0	5,795,513
66.00	Physical Therapy	3,156,638	0	3,156,638
67.00	Occupational Therapy	759,237	0	759,237
68.00	Speech Pathology	641,161	0	641,161
69.00	Electrocardiology	346,009	0	346,009
69.01	Echocardiology	441,304	0	441,304
70.00	Electroencephalography	118,514	0	118,514
71.00	Medical Supplies Charged to Patients	5,625,592	0	5,625,592
72.00	Implantable Devices Charged to Patients	5,729,027	0	5,729,027
73.00	Drugs Charged to Patients	10,441,289	0	10,441,289
74.00	Renal Dialysis	984,220	0	984,220
75.00	ASC (Non-Distinct Part)	0	0	0
76.00		0	0	0
88.00	Rural Health Clinic (Rate Setting 1)	0	0	0
88.01	Rural Health Clinic (Rate Setting 2)	0	0	0
88.02	Rural Health Clinic (Rate Setting 3)	0	0	0
88.03	Rural Health Clinic (Rate Setting 4)	0	0	0
88.04	Rural Health Clinic (Rate Setting 5)	0	0	0
89.00	FQHC / RHC (CSOSR 1)	0	0	0
89.01	FQHC / RHC (CSOSR 2)	0	0	0
89.02	FQHC / RHC (CSOSR 3)	0	0	0
89.03	FQHC / RHC (CSOSR 4)	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name: Fiscal Period Ended:
QUEEN OF THE VALLEY MEDICAL CENTER JUNE 30, 2022

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
89.04	FQHC / RHC (CSOSR 5)	0	0	0
89.05	FQHC / RHC (Non Rate Setting / CSOSR)	0	0	0
90.00	Clinic	0	0	0
90.01	Pharmacotherapy Clinic	136,750	0	136,750
90.02	Dietitians Services	200,653	0	200,653
90.04	Urgent Care	608,142	0	608,142
91.00	Emergency	9,630,582	0	9,630,582
92.00	Observation Beds (Non-Distinct Part)	0	0	0
93.00	Palliative Care	0	0	0
93.05		0	0	0
101.00	Home Health Agency	0	0	0
113.00	Interest Expense	0	0	0
116.00	Hospice	0	0	0
	SUBTOTAL	$ 258,749,836	$ (11,936,266)	$ 246,813,570
	NONREIMBURSABLE COST CENTERS			
117.00	Other Special Purpose (specify)	0	0	0
190.00	Gift, Flower, Coffee Shop, and Canteen	0	0	0
193.00	Nonpaid Workers	124,340	0	124,340
194.00	Other Nonreimbursable	280,013	0	280,013
194.01	Care for the Poor	0	0	0
194.02	Clinic OLE	0	0	0
194.03	Marketing / Public Relations	0	0	0
194.04	Community Outreach	7,859,701	0	7,859,701
194.05	HIV Network / Care Management	0	0	0
194.06	Convent	10,882	0	10,882
194.07	Foundation	1,226,199	0	1,226,199
194.08	Nonreimbursable Meals	0	0	0
194.09	Wellness Center	1,725,181	0	1,725,181
194.10	Forensic Medical Clinic	0	0	0
194.11	Medical Office Buildings	0	0	0
194.12	Other Nonreimbursable Cost Center	0	0	0
194.13	Pharmacotherapy Clinic	0	0	0
194.14		0	0	0
194.15		0	0	0
194.16		0	0	0
194.17		0	0	0
194.18		0	0	0
194.19		0	0	0
194.20		0	0	0
194.21		0	0	0
194.22		0	0	0
194.23		0	0	0
194.24		0	0	0
194.25		0	0	0
	SUBTOTAL	$ 11,226,316	$ 0	$ 11,226,316
200	TOTAL	$ 269,976,152	$ (11,936,266)	$ 258,039,886

(To Schedule 8)

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	GENERAL SERVICE COST CENTER													
1.00	Capital Related Costs - Buildings and Fixtures	($1,595,118)	(1,390,996)	(204,122)										
2.00	Capital Related Costs - Movable Equipment	601,251	1,390,996	(789,745)										
3.00	Other Capital Related Costs	0												
4.00	Employee Benefits Department	(3,639,019)		(3,639,019)										
5.01		0												
5.02		0												
5.03		0												
5.04		0												
5.05		0												
5.06		0												
5.07		0												
5.08		0												
5.00	Administrative and General	(7,083,224)		(7,083,224)										
6.00	Maintenance and Repairs	0												
7.00	Operation of Plant	(43,864)		(43,864)										
8.00	Laundry and Linen Service	0												
9.00	Housekeeping	0												
10.00	Dietary	0												
11.00	Cafeteria	0												
12.00	Maintenance of Personnel	0												
13.00	Nursing Administration	0												
14.00	Central Services and Supply	0												
15.00	Pharmacy	0												
16.00	Medical Records and Library	(176,292)		(176,292)										
17.00	Social Service	0												
18.00	Other General Service (specify)	0												
19.00	Nonphysician Anesthetists	0												
20.00	Nursing School	0												
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0												
22.00	Intern & Res. Other Program Costs (Approved)	0												
23.00	Paramedical Education Program (specify)	0												
23.01		0												
23.02		0												
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults and Pediatrics	0												
31.00	Intensive Care Unit	0												
32.00	Coronary Care Unit	0												
33.00	Burn Intensive Care Unit	0												
34.00	Surgical Intensive Care Unit	0												
35.00	Neonatal Intensive Care Unit	0												
40.00	Subprovider - IPF	0												
41.00	Subprovider - IRF	0												
42.00	Subprovider (specify)	0												
43.00	Nursery	0												
44.00	Skilled Nursing Facility	0												
45.00	Nursing Facility	0												
46.00	Other Long Term Care	0												

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	ANCILLARY COST CENTERS													
50.00	Operating Room	0												
51.00	Recovery Room	0												
52.00	Delivery Room and Labor Room	0												
54.00	Radiology - Diagnostic	0												
54.01	Ultrasound	0												
55.00	Radiology - Therapeutic	0												
56.00	Radioisotope	0												
57.00	Computed Tomography (CT) Scan	0												
58.00	Magnetic Resonance Imaging (MRI)	0												
59.00	Cardiac Catheterization	0												
60.00	Laboratory	0												
63.00	Blood Storing, Processing, and Transfusion	0												
64.00	Intravenous Therapy	0												
65.00	Respiratory Therapy	0												
66.00	Physical Therapy	0												
67.00	Occupational Therapy	0												
68.00	Speech Pathology	0												
69.00	Electrocardiology	0												
69.01	Echocardiology	0												
70.00	Electroencephalography	0												
71.00	Medical Supplies Charged to Patients	0												
72.00	Implantable Devices Charged to Patients	0												
73.00	Drugs Charged to Patients	0												
74.00	Renal Dialysis	0												
75.00	ASC (Non-Distinct Part)	0												
76.00		0												
88.00	Rural Health Clinic (Rate Setting 1)	0												
88.01	Rural Health Clinic (Rate Setting 2)	0												
88.02	Rural Health Clinic (Rate Setting 3)	0												
88.03	Rural Health Clinic (Rate Setting 4)	0												
88.04	Rural Health Clinic (Rate Setting 5)	0												
89.00	FQHC / RHC (CSOSR 1)	0												
89.01	FQHC / RHC (CSOSR 2)	0												
89.02	FQHC / RHC (CSOSR 3)	0												
89.03	FQHC / RHC (CSOSR 4)	0												
89.04	FQHC / RHC (CSOSR 5)	0												
89.05	FQHC / RHC (Non Rate Setting / CSOSR)	0												
90.00	Clinic	0												
90.01	Pharmacotherapy Clinic	0												
90.02	Dietitians Services	0												
90.04	Urgent Care	0												
91.00	Emergency	0												
92.00	Observation Beds (Non-Distinct Part)	0												
93.00	Palliative Care	0												
93.05		0												
101.00	Home Health Agency	0												
113.00	Interest Expense	0												
116.00	Hospice	0												

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	NONREIMBURSABLE COST CENTERS													
117.00	Other Special Purpose (specify)	0												
190.00	Gift, Flower, Coffee Shop, and Canteen	0												
193.00	Nonpaid Workers	0												
194.00	Other Nonreimbursable	0												
194.01	Care for the Poor	0												
194.02	Clinic OLE	0												
194.03	Marketing / Public Relations	0												
194.04	Community Outreach	0												
194.05	HIV Network / Care Management	0												
194.06	Convent	0												
194.07	Foundation	0												
194.08	Nonreimbursable Meals	0												
194.09	Wellness Center	0												
194.10	Forensic Medical Clinic	0												
194.11	Medical Office Buildings	0												
194.12	Other Nonreimbursable Cost Center	0												
194.13	Pharmacotherapy Clinic	0												
194.14		0												
194.15		0												
194.16		0												
194.17		0												
194.18		0												
194.19		0												
194.20		0												
194.21		0												
194.22		0												
194.23		0												
194.24		0												
194.25		0												
200.00	TOTAL	($11,936,266) (To Sch 10)	0	(11,936,266)	0	0	0	0	0	0	0	0	0	0

Provider Name:
QUEEN OF THE VALLEY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2022

		AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	GENERAL SERVICE COST CENTER													
1.00	Capital Related Costs - Buildings and Fixtures													
2.00	Capital Related Costs - Movable Equipment													
3.00	Other Capital Related Costs													
4.00	Employee Benefits Department													
5.01														
5.02														
5.03														
5.04														
5.05														
5.06														
5.07														
5.08														
5.00	Administrative and General													
6.00	Maintenance and Repairs													
7.00	Operation of Plant													
8.00	Laundry and Linen Service													
9.00	Housekeeping													
10.00	Dietary													
11.00	Cafeteria													
12.00	Maintenance of Personnel													
13.00	Nursing Administration													
14.00	Central Services and Supply													
15.00	Pharmacy													
16.00	Medical Records and Library													
17.00	Social Service													
18.00	Other General Service (specify)													
19.00	Nonphysician Anesthetists													
20.00	Nursing School													
21.00	Intern & Res. Service-Salary & Fringes (Approved)													
22.00	Intern & Res. Other Program Costs (Approved)													
23.00	Paramedical Education Program (specify)													
23.01														
23.02														
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults and Pediatrics													
31.00	Intensive Care Unit													
32.00	Coronary Care Unit													
33.00	Burn Intensive Care Unit													
34.00	Surgical Intensive Care Unit													
35.00	Neonatal Intensive Care Unit													
40.00	Subprovider - IPF													
41.00	Subprovider - IRF													
42.00	Subprovider (specify)													
43.00	Nursery													
44.00	Skilled Nursing Facility													
45.00	Nursing Facility													
46.00	Other Long Term Care													

		AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	ANCILLARY COST CENTERS													
50.00	Operating Room													
51.00	Recovery Room													
52.00	Delivery Room and Labor Room													
54.00	Radiology - Diagnostic													
54.01	Ultrasound													
55.00	Radiology - Therapeutic													
56.00	Radioisotope													
57.00	Computed Tomography (CT) Scan													
58.00	Magnetic Resonance Imaging (MRI)													
59.00	Cardiac Catheterization													
60.00	Laboratory													
63.00	Blood Storing, Processing, and Transfusion													
64.00	Intravenous Therapy													
65.00	Respiratory Therapy													
66.00	Physical Therapy													
67.00	Occupational Therapy													
68.00	Speech Pathology													
69.00	Electrocardiology													
69.01	Echocardiology													
70.00	Electroencephalography													
71.00	Medical Supplies Charged to Patients													
72.00	Implantable Devices Charged to Patients													
73.00	Drugs Charged to Patients													
74.00	Renal Dialysis													
75.00	ASC (Non-Distinct Part)													
76.00														
88.00	Rural Health Clinic (Rate Setting 1)													
88.01	Rural Health Clinic (Rate Setting 2)													
88.02	Rural Health Clinic (Rate Setting 3)													
88.03	Rural Health Clinic (Rate Setting 4)													
88.04	Rural Health Clinic (Rate Setting 5)													
89.00	FQHC / RHC (CSOSR 1)													
89.01	FQHC / RHC (CSOSR 2)													
89.02	FQHC / RHC (CSOSR 3)													
89.03	FQHC / RHC (CSOSR 4)													
89.04	FQHC / RHC (CSOSR 5)													
89.05	FQHC / RHC (Non Rate Setting / CSOSR)													
90.00	Clinic													
90.01	Pharmacotherapy Clinic													
90.02	Dietitians Services													
90.04	Urgent Care													
91.00	Emergency													
92.00	Observation Beds (Non-Distinct Part)													
93.00	Palliative Care													
93.05														
101.00	Home Health Agency													
113.00	Interest Expense													
116.00	Hospice													

		AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	NONREIMBURSABLE COST CENTERS													
117.00	Other Special Purpose (specify)													
190.00	Gift, Flower, Coffee Shop, and Canteen													
193.00	Nonpaid Workers													
194.00	Other Nonreimbursable													
194.01	Care for the Poor													
194.02	Clinic OLE													
194.03	Marketing / Public Relations													
194.04	Community Outreach													
194.05	HIV Network / Care Management													
194.06	Convent													
194.07	Foundation													
194.08	Nonreimbursable Meals													
194.09	Wellness Center													
194.10	Forensic Medical Clinic													
194.11	Medical Office Buildings													
194.12	Other Nonreimbursable Cost Center													
194.13	Pharmacotherapy Clinic													
194.14														
194.15														
194.16														
194.17														
194.18														
194.19														
194.20														
194.21														
194.22														
194.23														
194.24														
194.25														
200.00	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name	Fiscal Period	Provider NPI	Adjustments
QUEEN OF THE VALLEY MEDICAL CENTER	JULY 1, 2021 THROUGH JUNE 30, 2022	1235218785	7

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							RECLASSIFICATION OF REPORTED COSTS			
1	10A	A			1.00	7	Capital Related Costs - Buildings and Fixtures	$10,642,119	($1,390,996)	$9,251,123 *
	10A	A			2.00	7	Capital Related Costs - Movable Equipment	4,136,848	1,390,996	5,527,844 *
							To correct a reclassification reporting error on the cost report.			
							42 CFR 413.20, 413.24, and 413.50			
							CMS Pub. 15-1, Sections 2300, 2304, and 2306			

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
QUEEN OF THE VALLEY MEDICAL CENTER	JULY 1, 2021 THROUGH JUNE 30, 2022	1235218785	7

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO REPORTED COSTS				
2	10A	A			1.00	7	Capital Related Costs - Buildings and Fixtures	*	$9,251,123	($204,122)	$9,047,001
	10A	A			2.00	7	Capital Related Costs - Movable Equipment	*	5,527,844	(789,745)	4,738,099
	10A	A			4.00	7	Employee Benefits Department		19,217,107	(3,639,019)	15,578,088
	10A	A			5.00	7	Administrative and General		51,968,993	(7,083,224)	44,885,769
	10A	A			7.00	7	Operation of Plant		5,481,995	(43,864)	5,438,131
	10A	A			16.00	7	Medical Records and Libarary		1,127,966	(176,292)	951,674

To adjust reported home office costs to agree with the following:
St. Joseph Health System Home Office Cost Report for fiscal period ended June 30, 2022,
St. Joseph's of Greater Sonoma County Home Office Audit Report for fiscal period ended June 30, 2022,
Providence Health and Services Home Office Cost Reports for fiscal period ended December 31, 2021 and December 31, 2022, prorated.
42 CFR 413.17, 413.20, and 413.24
CMS Pub. 15-1, Sections 2150.2, 2300, and 2304

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
QUEEN OF THE VALLEY MEDICAL CENTER	JULY 1, 2021 THROUGH JUNE 30, 2022	1235218785	7

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DRG			
3	DRG 4	D-1	I	V	9.00	1	Medi-Cal Days - Adults and Pediatrics	1,116	(50)	1,066
	DRG 4A	D-1	II	V	42.00	4	Medi-Cal Days - Nursery	237	(25)	212
	DRG 4A	D-1	II	V	43.00	4	Medi-Cal Days - Intensive Care Unit	225	3	228
	DRG 4A	D-1	II	V	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	94	(13)	81
4	DRG 6	D-3		V	50.00	2	Medi-Cal Ancillary Charges - Operating Room	$4,180,834	$251,387	$4,432,221
	DRG 6	D-3		V	51.00	2	Medi-Cal Ancillary Charges - Recovery Room	154,199	(15,025)	139,174
	DRG 6	D-3		V	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	1,414,729	(429,021)	985,708
	DRG 6	D-3		V	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	808,610	(76,592)	732,018
	DRG 6	D-3		V	54.01	2	Medi-Cal Ancillary Charges - Ultrasound	268,550	(77,600)	190,950
	DRG 6	D-3		V	55.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	160,864	(156,424)	4,440
	DRG 6	D-3		V	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	75,613	(20,670)	54,943
	DRG 6	D-3		V	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	1,768,031	(399,227)	1,368,804
	DRG 6	D-3		V	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	468,130	(15,802)	452,328
	DRG 6	D-3		V	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	703,794	(127,258)	576,536
	DRG 6	D-3		V	60.00	2	Medi-Cal Ancillary Charges - Laboratory	6,895,562	(565,896)	6,329,666
	DRG 6	D-3		V	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing, and Transfusion	30,363	13,166	43,529
	DRG 6	D-3		V	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	2,842,746	(262,291)	2,580,455
	DRG 6	D-3		V	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	214,087	(153,556)	60,531
	DRG 6	D-3		V	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	84,902	(64,823)	20,079
	DRG 6	D-3		V	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	234,311	(114,463)	119,848
	DRG 6	D-3		V	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	136,107	(6,711)	129,396
	DRG 6	D-3		V	69.01	2	Medi-Cal Ancillary Charges - Echocardiology	182,140	(161,470)	20,670
	DRG 6	D-3		V	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	14,160	66,777	80,937
	DRG 6	D-3		V	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	342,503	(55,510)	286,993
	DRG 6	D-3		V	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	176,471	(38,057)	138,414
	DRG 6	D-3		V	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	3,172,368	(332,864)	2,839,504
	DRG 6	D-3		V	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	70,560	14,340	84,900
	DRG 6	D-3		V	91.00	2	Medi-Cal Ancillary Charges - Emergency	2,847,060	(446,997)	2,400,063
	DRG 6	D-3		V	200.00	2	Medi-Cal Ancillary Charges - Total	27,246,694	(3,174,587)	24,072,107

-Continued on next page-

Provider Name	Fiscal Period	Provider NPI	Adjustments
QUEEN OF THE VALLEY MEDICAL CENTER	JULY 1, 2021 THROUGH JUNE 30, 2022	1235218785	7

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DRG			
-Continued from previous page-										
5	DRG 2	E-3	VII	V	8.00	1	Medi-Cal Routine Service Charges	$12,276,909	($1,355,819)	$10,921,090
	DRG 2	E-3	VII	V	9.00	1	Medi-Cal Ancillary Service Charges	27,246,694	(3,174,587)	24,072,107
6	DRG 3	E-3	VII	V	32.00	1	Medi-Cal Deductible	$0	$8,347	$8,347
	DRG 3	E-3	VII	V	33.00	1	Medi-Cal Coinsurance	0	9,129	9,129

To adjust Medi-Cal Settlement Data to agree with the following
Fiscal Intermediary Payment Data:
Service Period: July 01, 2021 through June 30, 2022
Payment Period: July 01, 2021 through August 02, 2024
Report Date: August 02, 2024
42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139
CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408
CCR, Title 22, Sections 51173, 51511, 51541, and 51542

Provider Name	Fiscal Period	Provider NPI	Adjustments
QUEEN OF THE VALLEY MEDICAL CENTER	JULY 1, 2021 THROUGH JUNE 30, 2022	1235218785	7

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO OTHER MATTERS			
7	DRG 1	Not Reported					Medi-Cal Overpayments - Exclude Expanded Eligible (56.2% FFP) To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 410.38, 413.5, 413.9, 413.17, 413.20, 413.24, 413.50, 494.70, 494.80, and 494.90 CMS Pub. 15-1, Sections 2300, 2302.5, 2304, 2304.1, and 2409 CCR, Title 22, Sections 50761, 50786, 51458.1, 51473, and 51476 W&I Code, Sections 14043.1, 14105.3, 14124.2, 14170.8, 14170.10, 14171.5, and 14171.6	$0	$2,311	$2,311

REPORT ON THE
COST REPORT REVIEW

QUEEN OF THE VALLEY MEDICAL CENTER
NAPA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1235218785

FISCAL PERIOD ENDED
JUNE 30, 2023

Richmond Audits Section
Financial Review Inpatient Division
Audits and Investigations
Department of Health Care Services

Chief: Jesse Duran
Audit Manager: Jimmy Le
Auditor: Marilyn Halligan

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

September 18, 2025 **CERTIFIED MAIL NO. 7019 0700 0001 7745 3579**

Matthew Beymer
Senior Manager Reimbursement Regulator Reporting
Providence St. Joseph Health Shared Services
1801 Lind Ave SW
Renton, WA 98057

QUEEN OF THE VALLEY MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1235218785
FISCAL PERIOD ENDED JUNE 30, 2023

We reviewed the provider's Medi-Cal Cost Report for the above-referenced fiscal period. We made our examination under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements.

We accepted as filed the Medi-Cal cost report submitted for the above-referenced fiscal period.

Notwithstanding this letter, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations.

If you have questions regarding this letter, you may call the Richmond Audits Section at (510) 620-3100.

Jesse Duran Digitally signed by Jesse Duran
Date: 2025.09.17 15:21:52 -07'00'

Jesse Duran, Chief
Richmond Audits Section
Financial Review Inpatient Division

Certified

DocuSign Envelope ID: 16EE66BD-933C-4203-BA6C-BDD1DD720D86

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: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 3/20/2024 8:45 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: — Time:
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by QUEEN OF THE VALLEY MEDICAL CENTER (05-0009) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 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	Doc. Signed by: James M. Martin			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	James Martin			2
3	Signatory Title	CHIEF ACCOUNTING OFFICER			3
4	Date	3/21/2024			4

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	258,399	-333,308	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	181,057	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	0	439,456	-333,308	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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part I | Date/Time Prepared: 3/20/2024 8:45 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1000 TRANCAS STREET	PO Box:			1.00
2.00	City: NAPA	State: CA	Zip Code: 94558	County: NAPA	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	QUEEN OF THE VALLEY MEDICAL CENTER	050009	34900	1	07/01/1966	O	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	QUEEN OF THE VALLEY REHAB	05T009	34900	5	07/01/1995	O	P	P	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
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2022	06/30/2023	20.00
21.00	Type of Control (see instructions)	1		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim 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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part I | Date/Time Prepared: 3/20/2024 8:45 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.	1,223	228	6	5	5,271	0	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.	146	73	0	0	524		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		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.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	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	N	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.	N			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.				57.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part I | Date/Time Prepared: 3/20/2024 8:45 am

		V	XVIII	XIX	
		1.00	2.00	3.00	
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.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1	60.01

		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	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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					1.00	
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)					
68.00	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)?				N	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)				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.					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.		Y	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.		Y	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00

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		V	XIX	
		1.00	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.	N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	N	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	N	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	N	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	N	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)	N		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)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00

			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (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		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			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

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,201,700	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.			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	HB0456	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: PROVIDENCE HEALTH	Contractor's Name: NORIDIAN HEALTHCARE SOLUTIONS	Contractor's Number: 2001	141.00
142.00	Street: 1801 LIND AVE SW	PO Box:		142.00
143.00	City: RENTON	State: WA	Zip Code: 98057	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

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		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	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10
161.20	OPT		N	N	N	161.20
161.30	OOT		N	N	N	161.30
161.40	OSP		N	N	N	161.40

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part II | Date/Time Prepared: 3/20/2024 8:45 am

		Y/N	Date	
		1.00	2.00	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE 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)	Y			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	03/31/2024	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	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		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.	Y		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.	N		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.	N		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.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	10/23/2023	Y	10/23/2023	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part II | Date/Time Prepared: 3/20/2024 8:45 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 relifed for Medicare purposes? If yes, see instructions					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.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					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.					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					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					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.					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.					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.					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.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					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.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					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.	MATTHEW		BEYMER		41.00
42.00	Enter the employer/company name of the cost report preparer.	PROVIDENCE ST JOSEPH HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	7075828861		PHSCORPREIMBURSEMENT@PROVIDENCE.ORG		43.00

		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.	DIRECTOR REGULATORY REPORTING		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

HFS Supplemental Information | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-2 Part IX Date/Time Prepared: 3/20/2024 8:45 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	N	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	N	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	Y	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		N	3.02
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	N	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	N	7.00
	RHC			
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
	FQHC			
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00
		State		
		1.00		
	STATE MEDICAID FORMS			
10.00	Select the state when using state Medicaid forms.			10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part I Date/Time Prepared: 3/20/2024 8:45 am

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P 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	94	34,310	0.00	919	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)		94	34,310	0.00	919	7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,570	0.00	84	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	7	2,555	0.00	59	12.00
13.00	NURSERY	43.00				153	13.00
14.00	Total (see instructions)		119	43,435	0.00	1,215	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	14	5,110		165	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	101.00				0	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
25.10	CMHC - CORF	99.10				0	25.10
25.20	CMHC - OPT	99.20				0	25.20
25.30	CMHC - OOT	99.30				0	25.30
25.40	CMHC - OSP	99.40				0	25.40
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)		133				27.00
28.00	Observation Bed Days					58	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part I | Date/Time Prepared: 3/20/2024 8:45 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	7,948	0	17,528			1.00
2.00	HMO and other (see instructions)	2,622	6,733				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	206	743				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)	7,948	0	17,528			7.00
8.00	INTENSIVE CARE UNIT	1,244	0	2,924			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	0	501			12.00
13.00	NURSERY		0	1,177			13.00
14.00	Total (see instructions)	9,192	0	22,130	0.00	666.40	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,489	0	2,993	0.00	19.66	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	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			14			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30	CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40	CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	686.06	27.00
28.00	Observation Bed Days		0	2,225			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	7			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			21			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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part I | Date/Time Prepared: 3/20/2024 8:45 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	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)		291	2,381	0	5,794	1.00
2.00	HMO and other (see instructions)			574	1,352		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				43		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	291	2,381	0	5,794	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	13	128	0	250	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	0.00					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
25.10	CMHC - CORF	0.00					25.10
25.20	CMHC - OPT	0.00					25.20
25.30	CMHC - OOT	0.00					25.30
25.40	CMHC - OSP	0.00					25.40
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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part II | Date/Time Prepared: 3/20/2024 8:45 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	113,857,888	-3,294,624	110,563,264	1,571,339.00	70.36	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		8,502,532	561,852	9,064,384	144,333.00	62.80	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		12,626,546	0	12,626,546	88,105.00	143.31	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		879,115	0	879,115	6,195.00	141.91	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		16,688,241	0	16,688,241	278,491.00	59.92	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		4,912	0	4,912	27.00	181.93	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,631,348	0	26,631,348			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		2,513,537	0	2,513,537			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		3,292,421	0	3,292,421			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part II | Date/Time Prepared: 3/20/2024 8:45 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,145,988	-32,700	1,113,288	16,607.00	67.04	26.00
27.00	Administrative & General	5.00	5,453,691	-3,076,955	2,376,736	29,582.00	80.34	27.00
28.00	Administrative & General under contract (see inst.)		774,238	0	774,238	9,041.00	85.64	28.00
29.00	Maintenance & Repairs	6.00	2,390,515	0	2,390,515	33,634.00	71.07	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,893,491	0	1,893,491	62,998.00	30.06	32.00
33.00	Housekeeping under contract (see instructions)		541,606	0	541,606	13,067.00	41.45	33.00
34.00	Dietary	10.00	1,987,690	-1,566,350	421,340	11,150.00	37.79	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,566,350	1,566,350	51,007.00	30.71	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	10,130,986	-55,732	10,075,254	128,380.00	78.48	38.00
39.00	Central Services and Supply	14.00	43,098	0	43,098	1,181.00	36.49	39.00
40.00	Pharmacy	15.00	4,721,627	-34,963	4,686,664	67,903.00	69.02	40.00
41.00	Medical Records & Medical Records Library	16.00	200,746	-200,746	0	0.00	0.00	41.00
42.00	Social Service	17.00	227,331	0	227,331	6,315.00	36.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part III Date/Time Prepared: 3/20/2024 8:45 am

		Worksheet A Line Number	Amount Reported	Reclassification 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)		115,173,732	-3,294,624	111,879,108	1,593,447.00	70.21	1.00
2.00	Excluded area salaries (see instructions)		8,502,532	561,852	9,064,384	144,333.00	62.80	2.00
3.00	Subtotal salaries (line 1 minus line 2)		106,671,200	-3,856,476	102,814,724	1,449,114.00	70.95	3.00
4.00	Subtotal other wages & related costs (see inst.)		30,198,814	0	30,198,814	372,818.00	81.00	4.00
5.00	Subtotal wage-related costs (see inst.)		29,923,769	0	29,923,769	0.00	29.10	5.00
6.00	Total (sum of lines 3 thru 5)		166,793,783	-3,856,476	162,937,307	1,821,932.00	89.43	6.00
7.00	Total overhead cost (see instructions)		29,511,007	-3,401,096	26,109,911	430,865.00	60.60	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part IV | Date/Time Prepared: 3/20/2024 8:45 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	6,442,440	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)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,438,679	8.02
8.03	Health Insurance (Purchased)	933	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	163,379	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)	461,946	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,319,117	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	7,998,073	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	183,025	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	137,293	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	29,144,885	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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-3 Part V | Date/Time Prepared: 3/20/2024 8:45 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	12,719,871	29,144,885	1.00
2.00	Hospital	12,626,546	26,657,313	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	93,325	866,207	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	1,621,365	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet S-10 | Date/Time Prepared: 3/20/2024 8:45 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.147610	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	10,223,910	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	4,326,365	5.00
6.00	Medicaid charges	394,966,842	6.00
7.00	Medicaid cost (line 1 times line 6)	58,301,056	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	43,750,781	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	43,750,781	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,919,994	633,844	10,553,838	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,464,290	633,844	2,098,134	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,464,290	633,844	2,098,134	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	14,370,658	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	110,718	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	170,335	27.01
28.00	Non-Medicare bad debt expense (see instructions)	14,200,323	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,155,727	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,253,861	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	48,004,642	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A | Date/Time Prepared: 3/20/2024 8:45 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	10,846,926	10,846,926	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,145,988	822,203	1,968,191	0	1,968,191	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,453,691	34,313,746	39,767,437	-10,918,638	28,848,799	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,390,515	8,802,379	11,192,894	0	11,192,894	6.00
7.00	00700	OPERATION OF PLANT	0	7,501,591	7,501,591	-929	7,500,662	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	280,626	280,626	0	280,626	8.00
9.00	00900	HOUSEKEEPING	1,893,491	1,361,018	3,254,509	0	3,254,509	9.00
10.00	01000	DIETARY	1,987,690	1,945,375	3,933,065	-3,087,093	845,972	10.00
11.00	01100	CAFETERIA	0	57,844	57,844	3,087,093	3,144,937	11.00
13.00	01300	NURSING ADMINISTRATION	10,130,986	3,214,072	13,345,058	-60,738	13,284,320	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43,098	662,233	705,331	31,985	737,316	14.00
15.00	01500	PHARMACY	4,721,627	13,222,413	17,944,040	-11,228,329	6,715,711	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	200,746	509,519	710,265	0	710,265	16.00
17.00	01700	SOCIAL SERVICE	227,331	671,844	899,175	0	899,175	17.00
20.00	02000	NURSING PROGRAM	0	0	0	619,094	619,094	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,879,481	4,933,181	25,812,662	-2,602,664	23,209,998	30.00
31.00	03100	INTENSIVE CARE UNIT	5,354,551	5,823,030	11,177,581	-726,954	10,450,627	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,621,173	1,511,296	3,132,469	-44,322	3,088,147	35.00
41.00	04100	SUBPROVIDER - IRF	3,124,682	662,218	3,786,900	-6,474	3,780,426	41.00
43.00	04300	NURSERY	0	0	0	895,437	895,437	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,635,469	21,273,070	30,908,539	-8,520,895	22,387,644	50.00
51.00	05100	RECOVERY ROOM	2,079,720	467,042	2,546,762	-11,189	2,535,573	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,922,873	2,207,613	6,130,486	71,547	6,202,033	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,066,261	1,432,192	5,498,453	-31,020	5,467,433	54.00
54.01	05402	ULTRASOUND	807,874	388,907	1,196,781	-6,055	1,190,726	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,039,503	1,535,871	3,575,374	37,231	3,612,605	55.00
56.00	05600	RADIOISOTOPE	451,263	288,682	739,945	0	739,945	56.00
57.00	05700	CT SCAN	1,129,395	1,403,923	2,533,318	-17,284	2,516,034	57.00
58.00	05800	MRI	626,271	583,261	1,209,532	-693	1,208,839	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,102,388	4,545,256	7,647,644	-1,531,042	6,116,602	59.00
60.00	06000	LABORATORY	5,377,880	5,607,442	10,985,322	-6,876	10,978,446	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,084,833	300,815	1,385,648	204,019	1,589,667	64.00
65.00	06500	RESPIRATORY THERAPY	2,740,461	1,182,084	3,922,545	-104,247	3,818,298	65.00
66.00	06600	PHYSICAL THERAPY	3,069,679	349,262	3,418,941	111,974	3,530,915	66.00
67.00	06700	OCCUPATIONAL THERAPY	734,821	71,549	806,370	0	806,370	67.00
68.00	06800	SPEECH PATHOLOGY	573,974	58,155	632,129	-1,201	630,928	68.00
69.00	06900	ELECTROCARDIOLOGY	312,858	144,899	457,757	0	457,757	69.00
69.01	06901	ECHOCARDIOLOGY	318,597	275,537	594,134	9,965	604,099	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	114,022	76,058	190,080	0	190,080	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,542,354	5,542,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,613,888	5,613,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,230,584	11,230,584	73.00
74.00	07400	RENAL DIALYSIS	837	1,159,606	1,160,443	155,805	1,316,248	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	100,098	12,012	112,110	0	112,110	90.01
90.02	09002	DIETITIANS SERVICES	205,459	24,268	229,727	0	229,727	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	498,096	410,158	908,254	-2,576	905,678	90.04
91.00	09100	EMERGENCY	6,312,356	9,177,043	15,489,399	451,317	15,940,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,480,038	139,269,293	247,749,331	0	247,749,331	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A | Date/Time Prepared: 3/20/2024 8:45 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	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	163,122	146,692	309,814	0	309,814	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	4,416,222	2,630,595	7,046,817	0	7,046,817	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	7,288	7,288	0	7,288	194.06
194.07	07957	FOUNDATION	798,506	666,982	1,465,488	0	1,465,488	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	2,217,361	2,217,361	0	2,217,361	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	113,857,888	144,938,211	258,796,099	0	258,796,099	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A | Date/Time Prepared: 3/20/2024 8:45 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	2,712,852	13,559,778		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,007,613	3,007,613		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,413,311	23,381,502		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,009,631	23,839,168		5.00
6.00	00600	MAINTENANCE & REPAIRS	296,737	11,489,631		6.00
7.00	00700	OPERATION OF PLANT	-33,793	7,466,869		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	280,626		8.00
9.00	00900	HOUSEKEEPING	-2,165	3,252,344		9.00
10.00	01000	DIETARY	-2,215	843,757		10.00
11.00	01100	CAFETERIA	-513,256	2,631,681		11.00
13.00	01300	NURSING ADMINISTRATION	243,167	13,527,487		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-315	737,001		14.00
15.00	01500	PHARMACY	-82,631	6,633,080		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,750,589	2,460,854		16.00
17.00	01700	SOCIAL SERVICE	-353,295	545,880		17.00
20.00	02000	NURSING PROGRAM	0	619,094		20.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-21,450	23,188,548		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,114,910	9,335,717		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-908,486	2,179,661		35.00
41.00	04100	SUBPROVIDER - IRF	-139,598	3,640,828		41.00
43.00	04300	NURSERY	0	895,437		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-5,892,784	16,494,860		50.00
51.00	05100	RECOVERY ROOM	0	2,535,573		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-493,645	5,708,388		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-328,135	5,139,298		54.00
54.01	05402	ULTRASOUND	-40	1,190,686		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-889,500	2,723,105		55.00
56.00	05600	RADIOISOTOPE	-76	739,869		56.00
57.00	05700	CT SCAN	-82	2,515,952		57.00
58.00	05800	MRI	-115	1,208,724		58.00
59.00	05900	CARDIAC CATHETERIZATION	-690,940	5,425,662		59.00
60.00	06000	LABORATORY	-7,528	10,970,918		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	-159	1,589,508		64.00
65.00	06500	RESPIRATORY THERAPY	-26,958	3,791,340		65.00
66.00	06600	PHYSICAL THERAPY	-28	3,530,887		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	806,370		67.00
68.00	06800	SPEECH PATHOLOGY	0	630,928		68.00
69.00	06900	ELECTROCARDIOLOGY	-128,772	328,985		69.00
69.01	06901	ECHOCARDIOLOGY	0	604,099		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	190,080		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,542,354		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,613,888		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,230,584		73.00
74.00	07400	RENAL DIALYSIS	-291	1,315,957		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2,709	114,819		90.01
90.02	09002	DIETITIANS SERVICES	-6	229,721		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	-44,617	861,061		90.04
91.00	09100	EMERGENCY	-3,704,820	12,235,896		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
99.20	09920	OPT	0	0		99.20
99.30	09930	OOT	0	0		99.30
99.40	09940	OSP	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,036,737	256,786,068		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NON-REIMBURSABLE	-100,663	209,151		194.00
194.01	07951	CARE FOR THE POOR	0	0		194.01
194.02	07952	CLINIC OLE	0	0		194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0		194.03
194.04	07965	COMMUNITY OUTREACH	0	7,046,817		194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0		194.05
194.06	07956	CONVENT	0	7,288		194.06
194.07	07957	FOUNDATION	0	1,465,488		194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0		194.08
194.09	07959	WELLNESS CENTER	0	2,217,361		194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0		194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0		194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0		194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	8,936,074	267,732,173		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet Non-CMS W | Date/Time Prepared: 3/20/2024 8:45 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
20.00	NURSING PROGRAM	02000		20.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	05402		54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	ECHOCARDIOLOGY	06901		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
90.01	PHARMACOTHERAPY CLINIC	09001		90.01
90.02	DIETITIANS SERVICES	09002		90.02
90.03	BLANK	09003		90.03
90.04	URGENT CARE	09004		90.04
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
93.00	PALLIATIVE CARE	04951		93.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	09910		99.10
99.20	OPT	09920		99.20
99.30	OOT	09930		99.30
99.40	OSP	09940		99.40
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00

COST CENTERS USED IN COST REPORT | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet Non-CMS W | Date/Time Prepared: 3/20/2024 8:45 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	19000		190.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NON-REIMBURSABLE	07950		194.00
194.01	CARE FOR THE POOR	07951		194.01
194.02	CLINIC OLE	07952		194.02
194.03	MARKETING/PUB RELATIONS	07953		194.03
194.04	COMMUNITY OUTREACH	07965		194.04
194.05	HIV NETWORK/CASE MGMT	07955		194.05
194.06	CONVENT	07956		194.06
194.07	FOUNDATION	07957		194.07
194.08	NON-REIMBURSABLE MEALS	07958		194.08
194.09	WELLNESS CENTER	07959		194.09
194.10	FORENSIC MEDICAL CLINIC	07960		194.10
194.11	MEDICAL OFFICE BUILDINGS	07961		194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	07962		194.12
194.13	PHARMACOTHERAPY CLINIC	07963		194.13
194.14	OTHER NONREIMBURSABLE COST CENTERS	07964		194.14
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 | Date/Time Prepared: 3/20/2024 8:45 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - CAPITAL				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,307,601	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	397,925	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
	0		0	7,705,526	
	B - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,141,400	1.00
	0		0	3,141,400	
	C - SUPPLIES				
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,985	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,542,354	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,613,888	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,230,584	4.00
5.00	ECHOCARDIOLOGY	69.01	0	9,965	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
	0		0	22,428,776	
	D - CHARGES				
1.00	OPERATING ROOM	50.00	275,432	120,054	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	12,382	10,058	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	266	50	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	442	143	4.00
5.00	CT SCAN	57.00	903	2,535	5.00
6.00	CARDIAC CATHETERIZATION	59.00	185,689	157,717	6.00
7.00	INTRAVENOUS THERAPY	64.00	124,826	70,358	7.00
8.00	PHYSICAL THERAPY	66.00	306	249	8.00
9.00	RENAL DIALYSIS	74.00	92,797	63,008	9.00
10.00	EMERGENCY	91.00	401,984	210,946	10.00
	0		1,095,027	635,118	
	H - FAMILY MATERNITY CENTER				
1.00	NURSERY	43.00	736,301	159,136	1.00
2.00	INTRAVENOUS THERAPY	64.00	7,281	1,574	2.00
3.00	LABORATORY	60.00	28	6	3.00
4.00	OPERATING ROOM	50.00	2,528	546	4.00
5.00	CARDIAC CATHETERIZATION	59.00	2,686	580	5.00
6.00	EMERGENCY	91.00	47,770	10,324	6.00
7.00	PHYSICAL THERAPY	66.00	91,650	19,808	7.00
8.00	RECOVERY ROOM	51.00	780	169	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	98,394	21,266	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	30,297	6,548	10.00
	0		1,017,715	219,957	
	I - CAFETERIA				
1.00	CAFETERIA	11.00	1,566,350	1,520,743	1.00
	0		1,566,350	1,520,743	
	K - RN RESIDENCY				
1.00	NURSING PROGRAM	20.00	562,794	56,300	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		562,794	56,300	
	M - BONUSES				
1.00	PHARMACY	15.00	6,000	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	9,000	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	6,000	0	3.00
4.00	SUBPROVIDER - IRF	41.00	3,000	0	4.00

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 | Date/Time Prepared: 3/20/2024 8:45 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00	OPERATING ROOM	50.00	16,000	0		5.00
6.00	LABORATORY	60.00	13,000	0		6.00
7.00	EMERGENCY	91.00	3,000	0		7.00
	TOTALS		56,000	0		
	N - ELIMINATE NCR SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,700		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,076,955		2.00
3.00	NURSING ADMINISTRATION	13.00	0	186		3.00
4.00	PHARMACY	15.00	0	40,037		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	200,746		5.00
	TOTALS		0	3,350,624		
500.00	Grand Total: Increases		4,297,886	39,058,444		500.00

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 | Date/Time Prepared: 3/20/2024 8:45 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAPITAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,683,672	9		1.00
2.00	OPERATION OF PLANT	7.00	0	929	13		2.00
3.00	PHARMACY	15.00	0	126	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	15,756	0		4.00
5.00	OPERATING ROOM	50.00	0	3,192	0		5.00
6.00	LABORATORY	60.00	0	1,851	0		6.00
	0		0	7,705,526			
	B - INTEREST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,141,400	11		1.00
	0		0	3,141,400			
	C - SUPPLIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	93,566	0		1.00
2.00	PHARMACY	15.00	0	11,224,678	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	17,977	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	30,475	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	557	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	1,696	0		6.00
7.00	OPERATING ROOM	50.00	0	8,916,263	0		7.00
8.00	RECOVERY ROOM	51.00	0	12,138	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	70,553	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,336	0		10.00
11.00	ULTRASOUND	54.01	0	6,055	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	199	0		12.00
13.00	CT SCAN	57.00	0	20,722	0		13.00
14.00	MRI	58.00	0	693	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,877,714	0		15.00
16.00	LABORATORY	60.00	0	4,869	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	20	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	82,109	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	39	0		19.00
20.00	URGENT CARE	90.04	0	2,576	0		20.00
21.00	EMERGENCY	91.00	0	34,541	0		21.00
	0		0	22,428,776			
	D - CHARGES						
1.00	PHARMACY	15.00	926	2,599	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	738,652	255,708	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	316,259	343,929	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	24,149	19,616	0		4.00
5.00	SUBPROVIDER - IRF	41.00	3,942	836	0		5.00
6.00	LABORATORY	60.00	80	110	0		6.00
7.00	RESPIRATORY THERAPY	65.00	9,841	12,297	0		7.00
8.00	SPEECH PATHOLOGY	68.00	1,178	23	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	0		1,095,027	635,118			
	H - FAMILY MATERNITY CENTER						
1.00	ADULTS & PEDIATRICS	30.00	1,017,715	219,957	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	0		1,017,715	219,957			
	I - CAFETERIA						
1.00	DIETARY	10.00	1,566,350	1,520,743	0		1.00
	0		1,566,350	1,520,743			
	K - RN RESIDENCY						
1.00	NURSING ADMINISTRATION	13.00	55,546	5,192	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	307,694	29,205	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	32,599	3,692	0		3.00
4.00	EMERGENCY	91.00	166,955	18,211	0		4.00
	0		562,794	56,300			
	M - BONUSES						
1.00	PHARMACY	15.00	0	6,000	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	9,000	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	6,000	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	3,000	0		4.00
5.00	OPERATING ROOM	50.00	0	16,000	0		5.00
6.00	LABORATORY	60.00	0	13,000	0		6.00

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 | Date/Time Prepared: 3/20/2024 8:45 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	EMERGENCY	91.00	0	3,000	0		7.00
	TOTALS		0	56,000			
	N - ELIMINATE NCR SALARIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,700	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	3,076,955	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	186	0	0		3.00
4.00	PHARMACY	15.00	40,037	0	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	200,746	0	0		5.00
	TOTALS		3,350,624	0			
500.00	Grand Total: Decreases		7,592,510	35,763,820			500.00

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 3/20/2024 8:45 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - CAPITAL								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,307,601	ADMINISTRATIVE & GENERAL	5.00	0	7,683,672	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	397,925	OPERATION OF PLANT	7.00	0	929	2.00
3.00		0.00	0	0	PHARMACY	15.00	0	126	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	15,756	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	3,192	5.00
6.00		0.00	0	0	LABORATORY	60.00	0	1,851	6.00
	0		0	7,705,526	0		0	7,705,526	
	B - INTEREST								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,141,400	ADMINISTRATIVE & GENERAL	5.00	0	3,141,400	1.00
	0		0	3,141,400	0		0	3,141,400	
	C - SUPPLIES								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,985	ADMINISTRATIVE & GENERAL	5.00	0	93,566	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,542,354	PHARMACY	15.00	0	11,224,678	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,613,888	ADULTS & PEDIATRICS	30.00	0	17,977	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,230,584	INTENSIVE CARE UNIT	31.00	0	30,475	4.00
5.00	ECHOCARDIOLOGY	69.01	0	9,965	NEONATAL INTENSIVE CARE UNIT	35.00	0	557	5.00
6.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	1,696	6.00
7.00		0.00	0	0	OPERATING ROOM	50.00	0	8,916,263	7.00
8.00		0.00	0	0	RECOVERY ROOM	51.00	0	12,138	8.00
9.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	70,553	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	31,336	10.00
11.00		0.00	0	0	ULTRASOUND	54.01	0	6,055	11.00
12.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	199	12.00
13.00		0.00	0	0	CT SCAN	57.00	0	20,722	13.00
14.00		0.00	0	0	MRI	58.00	0	693	14.00
15.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,877,714	15.00
16.00		0.00	0	0	LABORATORY	60.00	0	4,869	16.00
17.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	20	17.00
18.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	82,109	18.00
19.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	39	19.00
20.00		0.00	0	0	URGENT CARE	90.04	0	2,576	20.00
21.00		0.00	0	0	EMERGENCY	91.00	0	34,541	21.00
	0		0	22,428,776	0		0	22,428,776	
	D - CHARGES								
1.00	OPERATING ROOM	50.00	275,432	120,054	PHARMACY	15.00	926	2,599	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	12,382	10,058	ADULTS & PEDIATRICS	30.00	738,652	255,708	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	266	50	INTENSIVE CARE UNIT	31.00	316,259	343,929	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	442	143	NEONATAL INTENSIVE CARE UNIT	35.00	24,149	19,616	4.00
5.00	CT SCAN	57.00	903	2,535	SUBPROVIDER - IRF	41.00	3,942	836	5.00
6.00	CARDIAC CATHETERIZATION	59.00	185,689	157,717	LABORATORY	60.00	80	110	6.00
7.00	INTRAVENOUS THERAPY	64.00	124,826	70,358	RESPIRATORY THERAPY	65.00	9,841	12,297	7.00
8.00	PHYSICAL THERAPY	66.00	306	249	SPEECH PATHOLOGY	68.00	1,178	23	8.00
9.00	RENAL DIALYSIS	74.00	92,797	63,008		0.00	0	0	9.00
10.00	EMERGENCY	91.00	401,984	210,946		0.00	0	0	10.00
	0		1,095,027	635,118	0		1,095,027	635,118	
	H - FAMILY MATERNITY CENTER								
1.00	NURSERY	43.00	736,301	159,136	ADULTS & PEDIATRICS	30.00	1,017,715	219,957	1.00
2.00	INTRAVENOUS THERAPY	64.00	7,281	1,574		0.00	0	0	2.00
3.00	LABORATORY	60.00	28	6		0.00	0	0	3.00
4.00	OPERATING ROOM	50.00	2,528	546		0.00	0	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	2,686	580		0.00	0	0	5.00
6.00	EMERGENCY	91.00	47,770	10,324		0.00	0	0	6.00
7.00	PHYSICAL THERAPY	66.00	91,650	19,808		0.00	0	0	7.00
8.00	RECOVERY ROOM	51.00	780	169		0.00	0	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	98,394	21,266		0.00	0	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	30,297	6,548		0.00	0	0	10.00
	0		1,017,715	219,957	0		1,017,715	219,957	

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 3/20/2024 8:45 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	I - CAFETERIA								
1.00	CAFETERIA	11.00	1,566,350	1,520,743	DIETARY	10.00	1,566,350	1,520,743	1.00
	0		1,566,350	1,520,743	0		1,566,350	1,520,743	
	K - RN RESIDENCY								
1.00	NURSING PROGRAM	20.00	562,794	56,300	NURSING ADMINISTRATION	13.00	55,546	5,192	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	307,694	29,205	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	32,599	3,692	3.00
4.00		0.00	0	0	EMERGENCY	91.00	166,955	18,211	4.00
	0		562,794	56,300	0		562,794	56,300	
	M - BONUSES								
1.00	PHARMACY	15.00	6,000	0	PHARMACY	15.00	0	6,000	1.00
2.00	ADULTS & PEDIATRICS	30.00	9,000	0	ADULTS & PEDIATRICS	30.00	0	9,000	2.00
3.00	INTENSIVE CARE UNIT	31.00	6,000	0	INTENSIVE CARE UNIT	31.00	0	6,000	3.00
4.00	SUBPROVIDER - IRF	41.00	3,000	0	SUBPROVIDER - IRF	41.00	0	3,000	4.00
5.00	OPERATING ROOM	50.00	16,000	0	OPERATING ROOM	50.00	0	16,000	5.00
6.00	LABORATORY	60.00	13,000	0	LABORATORY	60.00	0	13,000	6.00
7.00	EMERGENCY	91.00	3,000	0	EMERGENCY	91.00	0	3,000	7.00
	TOTALS		56,000	0	TOTALS		0	56,000	
	N - ELIMINATE NCR SALARIES								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,700	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,700	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,076,955	ADMINISTRATIVE & GENERAL	5.00	3,076,955	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	186	NURSING ADMINISTRATION	13.00	186	0	3.00
4.00	PHARMACY	15.00	0	40,037	PHARMACY	15.00	40,037	0	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	200,746	MEDICAL RECORDS & LIBRARY	16.00	200,746	0	5.00
	TOTALS		0	3,350,624	TOTALS		3,350,624	0	
500.00	Grand Total: Increases		4,297,886	39,058,444	Grand Total: Decreases		7,592,510	35,763,820	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-7 Part I | Date/Time Prepared: 3/20/2024 8:45 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,333,499	285,000	0	285,000	0	1.00
2.00	Land Improvements	2,635,482	0	0	0	0	2.00
3.00	Buildings and Fixtures	175,644,799	539,000	0	539,000	0	3.00
4.00	Building Improvements	95,072,429	-2,495,866	0	-2,495,866	0	4.00
5.00	Fixed Equipment	29,475,982	-14,672	0	-14,672	0	5.00
6.00	Movable Equipment	138,954,289	4,658,042	0	4,658,042	3,496,833	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	447,116,480	2,971,504	0	2,971,504	3,496,833	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	447,116,480	2,971,504	0	2,971,504	3,496,833	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,618,499	0	1.00
2.00	Land Improvements	2,635,482	0	2.00
3.00	Buildings and Fixtures	176,183,799	1,952,349	3.00
4.00	Building Improvements	92,576,563	0	4.00
5.00	Fixed Equipment	29,461,310	0	5.00
6.00	Movable Equipment	140,115,498	182,252,951	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	446,591,151	184,205,300	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	446,591,151	184,205,300	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-7 Part II | Date/Time Prepared: 3/20/2024 8:45 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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-7 Part III Date/Time Prepared: 3/20/2024 8:45 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	306,475,653	0	306,475,653	0.686256	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	140,115,498	0	140,115,498	0.313744	0	2.00
3.00	Total (sum of lines 1-2)	446,591,151	0	446,591,151	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	9,904,185	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,007,613	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,911,798	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	3,141,400	0	397,925	116,268	13,559,778	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,007,613	2.00
3.00	Total (sum of lines 1-2)	3,141,400	0	397,925	116,268	16,567,391	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8 | Date/Time Prepared: 3/20/2024 8:45 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
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)	A	0	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-36,931	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	0	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-7,290	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-14,330,822			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	48,842,386			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0	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	0	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	A	-504,147	INTENSIVE CARE UNIT	31.00	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)	B	-21,108	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8 | Date/Time Prepared: 3/20/2024 8:45 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
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	OPERATING REVENUE	B	-2,130,620	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	OPERATING REVENUE	B	5,949	OPERATION OF PLANT	7.00	0	33.01
33.02	OPERATING REVENUE	B	0	DIETARY	10.00	0	33.02
33.03	OPERATING REVENUE	B	-513,256	CAFETERIA	11.00	0	33.03
33.04	OPERATING REVENUE	B	-22,653	NURSING ADMINISTRATION	13.00	0	33.04
33.06	OPERATING REVENUE	B	-25,487	PHARMACY	15.00	0	33.06
33.07	OPERATING REVENUE	B	0	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	OPERATING REVENUE	B	0	INTENSIVE CARE UNIT	31.00	0	33.08
33.09	OPERATING REVENUE	B	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	33.09
33.10	OPERATING REVENUE	B	0	OPERATING ROOM	50.00	0	33.10
33.11	OPERATING REVENUE	B	0	CARDIAC CATHETERIZATION	59.00	0	33.11
33.12	OPERATING REVENUE	B	-44,678	ELECTROCARDIOLOGY	69.00	0	33.12
33.13	OPERATING REVENUE	B	2,709	PHARMACOTHERAPY CLINIC	90.01	0	33.13
33.14	OPERATING REVENUE	B	0	EMERGENCY	91.00	0	33.14
34.00	NON-ALLOWED EXPENSE	A	-5,079	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
34.01	NON-ALLOWED EXPENSE	A	-5,231,150	ADMINISTRATIVE & GENERAL	5.00	0	34.01
34.02	NON-ALLOWED EXPENSE	A	-14,637	MAINTENANCE & REPAIRS	6.00	0	34.02
34.03	NON-ALLOWED EXPENSE	A	-23,272	OPERATION OF PLANT	7.00	0	34.03
34.04	NON-ALLOWED EXPENSE	A	-2,165	HOUSEKEEPING	9.00	0	34.04
34.05	NON-ALLOWED EXPENSE	A	-2,215	DIETARY	10.00	0	34.05
34.06	NON-ALLOWED EXPENSE	A	-3,166	NURSING ADMINISTRATION	13.00	0	34.06
34.07	NON-ALLOWED EXPENSE	A	-315	CENTRAL SERVICES & SUPPLY	14.00	0	34.07
34.08	NON-ALLOWED EXPENSE	A	-9,930	PHARMACY	15.00	0	34.08
34.09	NON-ALLOWED EXPENSE	A	-602	MEDICAL RECORDS & LIBRARY	16.00	0	34.09
34.10	NON-ALLOWED EXPENSE	A	-607	SOCIAL SERVICE	17.00	0	34.10
34.11	NON-ALLOWED EXPENSE	A	-64	ADULTS & PEDIATRICS	30.00	0	34.11
34.12	NON-ALLOWED EXPENSE	A	-11	SUBPROVIDER - IRF	41.00	0	34.12
34.13	NON-ALLOWED EXPENSE	A	-1,148	OPERATING ROOM	50.00	0	34.13
34.14	NON-ALLOWED EXPENSE	A	-1,187	RADIOLOGY-DIAGNOSTIC	54.00	0	34.14
34.15	NON-ALLOWED EXPENSE	A	-40	ULTRASOUND	54.01	0	34.15
34.16	NON-ALLOWED EXPENSE	A	-1,445	RADIOLOGY-THERAPEUTIC	55.00	0	34.16
34.17	NON-ALLOWED EXPENSE	A	-76	RADIOISOTOPE	56.00	0	34.17
34.18	NON-ALLOWED EXPENSE	A	-65	CT SCAN	57.00	0	34.18
34.19	NON-ALLOWED EXPENSE	A	-115	MRI	58.00	0	34.19
34.20	NON-ALLOWED EXPENSE	A	-7,337	LABORATORY	60.00	0	34.20
34.21	NON-ALLOWED EXPENSE	A	-159	INTRAVENOUS THERAPY	64.00	0	34.21
34.22	NON-ALLOWED EXPENSE	A	-6	PHYSICAL THERAPY	66.00	0	34.22
34.23	NON-ALLOWED EXPENSE	A	-291	RENAL DIALYSIS	74.00	0	34.23
34.24	NON-ALLOWED EXPENSE	A	-687	URGENT CARE	90.04	0	34.24
34.25	NON-ALLOWED EXPENSE	A	0	INTEREST EXPENSE	113.00	0	34.25
35.00	UNNECESSARY BORROWING	A	-107,876	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.01	UNALLOWABLE OTHER DIRECT	A	-5,098	ADMINISTRATIVE & GENERAL	5.00	0	35.01
35.02	UNALLOWABLE OTHER DIRECT	A	-580	MAINTENANCE & REPAIRS	6.00	0	35.02
35.03	UNALLOWABLE OTHER DIRECT	A	-22	SOCIAL SERVICE	17.00	0	35.03
35.04	UNALLOWABLE OTHER DIRECT	A	-190	ADULTS & PEDIATRICS	30.00	0	35.04
35.05	UNALLOWABLE OTHER DIRECT	A	-20	EMERGENCY	91.00	0	35.05
35.06	UNALLOWABLE OTHER DIRECT	A	-2,047	MEDICAL RECORDS & LIBRARY	16.00	0	35.06
35.07	UNALLOWABLE TAX EXPENSE	A	0	MAINTENANCE & REPAIRS	6.00	0	35.07
35.08	UNALLOWABLE MEAL EXPENSE	A	-366	ADMINISTRATIVE & GENERAL	5.00	0	35.08
35.09	UNALLOWABLE MEAL EXPENSE	A	-223	MAINTENANCE & REPAIRS	6.00	0	35.09
35.10	UNALLOWABLE MEAL EXPENSE	A	0	HOUSEKEEPING	9.00	0	35.10
35.11	UNALLOWABLE MEAL EXPENSE	A	-387	NURSING ADMINISTRATION	13.00	0	35.11
35.12	UNALLOWABLE MEAL EXPENSE	A	0	CENTRAL SERVICES & SUPPLY	14.00	0	35.12
35.13	UNALLOWABLE MEAL EXPENSE	A	-23	PHARMACY	15.00	0	35.13
35.14	UNALLOWABLE MEAL EXPENSE	A	0	MEDICAL RECORDS & LIBRARY	16.00	0	35.14
35.15	UNALLOWABLE MEAL EXPENSE	A	-25	SOCIAL SERVICE	17.00	0	35.15
35.16	UNALLOWABLE MEAL EXPENSE	A	-88	ADULTS & PEDIATRICS	30.00	0	35.16
35.17	UNALLOWABLE MEAL EXPENSE	A	-53	INTENSIVE CARE UNIT	31.00	0	35.17
35.18	UNALLOWABLE MEAL EXPENSE	A	-6	SUBPROVIDER - IRF	41.00	0	35.18
35.19	UNALLOWABLE MEAL EXPENSE	A	-243	OPERATING ROOM	50.00	0	35.19
35.20	UNALLOWABLE MEAL EXPENSE	A	-36	RADIOLOGY-DIAGNOSTIC	54.00	0	35.20

ADJUSTMENTS TO EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8 | Date/Time Prepared: 3/20/2024 8:45 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.21	UNALLOWABLE MEAL EXPENSE	A	-7	RADIOLOGY-THERAPEUTIC	55.00	0	35.21
35.22	UNALLOWABLE MEAL EXPENSE	A	-17	CT SCAN	57.00	0	35.22
35.23	UNALLOWABLE MEAL EXPENSE	A	-90	CARDIAC CATHETERIZATION	59.00	0	35.23
35.24	UNALLOWABLE MEAL EXPENSE	A	-191	LABORATORY	60.00	0	35.24
35.25	UNALLOWABLE MEAL EXPENSE	A	-8	RESPIRATORY THERAPY	65.00	0	35.25
35.26	UNALLOWABLE MEAL EXPENSE	A	-22	PHYSICAL THERAPY	66.00	0	35.26
35.27	UNALLOWABLE MEAL EXPENSE	A	-6	DIETITIANS SERVICES	90.02	0	35.27
35.28	UNALLOWABLE MEAL EXPENSE	A	-244	EMERGENCY	91.00	0	35.28
35.29	BOND DEFEASANCE	A	116,268	CAP REL COSTS-BLDG & FIXT	1.00	14	35.29
35.30	PATIENT TELEVISIONS	A	-16,470	OPERATION OF PLANT	7.00	0	35.30
35.31	PROVIDER TAX	A	-16,954,139	ADMINISTRATIVE & GENERAL	5.00	0	35.31
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		8,936,074				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8-1 | Date/Time Prepared: 3/20/2024 8:45 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	HB0533 CAPITAL RELATED BUILD	1,398,467	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HB0533 CAPITAL RELATED EQUIP	625,547	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0533 HUMAN RESOURCES	57,324	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HB0533 PURCHASING RECEIVING	383,134	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HB0533 CREDIT AND COLLECTION	36,500	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	HB0533 GENERAL ACCOUNTING	346,069	0	4.02
4.04	16.00	MEDICAL RECORDS & LIBRARY	HB0533 MEDICAL RECORDS & LIB	88,439	0	4.04
4.05	1.00	CAP REL COSTS-BLDG & FIXT	HB0456 CAPITAL RELATED BUILD	759,116	0	4.05
4.06	2.00	CAP REL COSTS-MVBLE EQUIP	HB0456 CAPITAL RELATED EQUIP	2,370,116	0	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 HEALTH PLANS	12,708,865	0	4.07
4.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 PENSION	4,617,235	0	4.08
4.09	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 WORKERS COMP	1,319,117	0	4.09
4.10	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 HUMAN RESOURCES	2,485,145	0	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	HB0456 DATA PROCESSING	8,273,361	0	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	HB0456 PURCHASING RECEIVING	425,385	0	4.12
4.15	5.00	ADMINISTRATIVE & GENERAL	HB0456 ADMITTING	83,027	0	4.15
4.17	5.00	ADMINISTRATIVE & GENERAL	HB0456 CASHIERING/ACCOUNTS R	1,553,959	0	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	HB0456 CREDIT AND COLLECTION	996,409	0	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	HB0456 FINANCE AND REIMBURSE	496,497	0	4.19
4.21	5.00	ADMINISTRATIVE & GENERAL	HB0456 OTHER ADMINSTRATIVE A	6,337,942	0	4.21
4.22	5.00	ADMINISTRATIVE & GENERAL	HB0456 GENERAL ACCOUNTING	-24,658	0	4.22
4.23	5.00	ADMINISTRATIVE & GENERAL	HB0456 PHYSICIAN SERVICES	1,550	0	4.23
4.24	5.00	ADMINISTRATIVE & GENERAL	HB0456 PROFESSIONAL LIABILIT	1,201,700	0	4.24
4.25	6.00	MAINTENANCE & REPAIRS	HB0456 PLANT OPERATION, MAIN	319,467	0	4.25
4.27	16.00	MEDICAL RECORDS & LIBRARY	HB0456 MEDICAL RECORDS & LIB	1,389,585	0	4.27
4.28	1.00	CAP REL COSTS-BLDG & FIXT	HB1581 CAPITAL RELATED BUILD	439,001	0	4.28
4.29	2.00	CAP REL COSTS-MVBLE EQUIP	HB1581 CAPITAL RELATED EQUIP	11,950	0	4.29
4.30	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB1581 HUMAN RESOURCES	536,157	305,453	4.30
4.31	5.00	ADMINISTRATIVE & GENERAL	HB1581 NONPATIENT TELEPHONES	251,437	0	4.31
4.32	5.00	ADMINISTRATIVE & GENERAL	HB1581 PATIENT ACCESS	874,929	0	4.32
4.33	5.00	ADMINISTRATIVE & GENERAL	HB1581 OUTPATIENT REGISTRATI	207,989	0	4.33
4.34	5.00	ADMINISTRATIVE & GENERAL	HB1581 CASHIERING/ACCOUNTS R	718,508	0	4.34
4.35	5.00	ADMINISTRATIVE & GENERAL	HB1581 CREDIT AND COLLECTION	273,308	0	4.35
4.36	5.00	ADMINISTRATIVE & GENERAL	HB1581 GENERAL ACCOUNTING	128,316	0	4.36
4.37	5.00	ADMINISTRATIVE & GENERAL	HB1581 PRINTING AND DUPLICAT	8,831	0	4.37
4.38	5.00	ADMINISTRATIVE & GENERAL	HB1581 OTHER ADMINSTRATIVE A	2,968,413	6,035,309	4.38
4.41	13.00	NURSING ADMINISTRATION	HB1581 NURSE ADMINISTRATION	426,768	39,117	4.41
4.42	15.00	PHARMACY	HB1581 PHARMACY	0	47,191	4.42
4.43	16.00	MEDICAL RECORDS & LIBRARY	HB1581 MEDICAL RECORDS & LIB	785,546	510,332	4.43
4.45	194.00	OTHER NON-REIMBURSABLE	TELEHEALTH	0	100,663	4.45
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			55,880,451	7,038,065	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		
	Symbol (1)	Name	Percentage of Ownership	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		100.00	HB0533 SJHS	0.00	6.00
7.00	B		100.00	HB0456 PHS	0.00	7.00
8.00	B		100.00	HB1581 NO CA RG	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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet A-8-1 Date/Time Prepared: 3/20/2024 8:45 am

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related 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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8-1 | Date/Time Prepared: 3/20/2024 8:45 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	1,398,467	9		1.00
2.00	625,547	9		2.00
3.00	57,324	0		3.00
4.00	383,134	0		4.00
4.01	36,500	0		4.01
4.02	346,069	0		4.02
4.04	88,439	0		4.04
4.05	759,116	9		4.05
4.06	2,370,116	9		4.06
4.07	12,708,865	0		4.07
4.08	4,617,235	0		4.08
4.09	1,319,117	0		4.09
4.10	2,485,145	0		4.10
4.11	8,273,361	0		4.11
4.12	425,385	0		4.12
4.15	83,027	0		4.15
4.17	1,553,959	0		4.17
4.18	996,409	0		4.18
4.19	496,497	0		4.19
4.21	6,337,942	9		4.21
4.22	-24,658	9		4.22
4.23	1,550	0		4.23
4.24	1,201,700	0		4.24
4.25	319,467	0		4.25
4.27	1,389,585	0		4.27
4.28	439,001	9		4.28
4.29	11,950	9		4.29
4.30	230,704	0		4.30
4.31	251,437	0		4.31
4.32	874,929	0		4.32
4.33	207,989	0		4.33
4.34	718,508	0		4.34
4.35	273,308	0		4.35
4.36	128,316	0		4.36
4.37	8,831	0		4.37
4.38	-3,066,896	0		4.38
4.41	387,651	0		4.41
4.42	-47,191	0		4.42
4.43	275,214	0		4.43
4.45	-100,663	0		4.45
5.00	48,842,386			5.00

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

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

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

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

6.00	SYSTEM OFFICE		6.00
7.00	CORPORATE SHAR		7.00
8.00	REGIONAL OFFIC		8.00
9.00			9.00
10.00			10.00
100.00			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet A-8-1 Date/Time Prepared: 3/20/2024 8:45 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

(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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet A-8-2 | Date/Time Prepared: 3/20/2024 8:45 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	5.00	ADMINISTRATIVE & GENERAL	50,748	50,748	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	118,278	118,278	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	352,641	352,641	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	610,710	610,710	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	908,486	908,486	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	139,581	139,581	0	0	0	6.00
7.00	50.00	OPERATING ROOM	5,882,595	5,882,595	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	493,645	493,645	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	326,912	326,912	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	888,048	888,048	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	690,850	690,850	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	26,950	26,950	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	84,094	84,094	0	0	0	13.00
14.00	90.04	URGENT CARE	43,930	43,930	0	0	0	14.00
15.00	91.00	EMERGENCY	3,704,556	3,704,556	0	0	0	15.00
16.00	50.00	OPERATING ROOM	79,875	0	79,875	246,400	600	16.00
200.00			14,401,899	14,322,024	79,875		600	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	90.04	URGENT CARE	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	50.00	OPERATING ROOM	71,077	3,554	0	0	0	16.00
200.00			71,077	3,554	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	50,748		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	118,278		2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	352,641		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	610,710		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	908,486		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	139,581		6.00
7.00	50.00	OPERATING ROOM	0	0	0	5,882,595		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	493,645		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	326,912		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	888,048		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	690,850		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	26,950		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	84,094		13.00
14.00	90.04	URGENT CARE	0	0	0	43,930		14.00
15.00	91.00	EMERGENCY	0	0	0	3,704,556		15.00
16.00	50.00	OPERATING ROOM	0	71,077	8,798	8,798		16.00
200.00			0	71,077	8,798	14,330,822		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,559,778	13,559,778				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,007,613		3,007,613			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,381,502	104,449	22,465	23,508,416		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,839,168	1,825,738	392,689	510,492	26,568,087	5.00
6.00	00600	MAINTENANCE & REPAIRS	11,489,631	716,076	154,017	513,452	12,873,176	6.00
7.00	00700	OPERATION OF PLANT	7,466,869	25,657	5,519	0	7,498,045	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	280,626	30,322	6,522	0	317,470	8.00
9.00	00900	HOUSEKEEPING	3,252,344	117,838	25,345	406,697	3,802,224	9.00
10.00	01000	DIETARY	843,757	457,402	98,380	90,498	1,490,037	10.00
11.00	01100	CAFETERIA	2,631,681	0	0	336,432	2,968,113	11.00
13.00	01300	NURSING ADMINISTRATION	13,527,487	207,872	44,710	2,164,034	15,944,103	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	737,001	207,639	44,660	9,257	998,557	14.00
15.00	01500	PHARMACY	6,633,080	160,942	34,616	1,006,635	7,835,273	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,460,854	237,355	51,051	0	2,749,260	16.00
17.00	01700	SOCIAL SERVICE	545,880	31,909	6,863	48,828	633,480	17.00
20.00	02000	NURSING PROGRAM	619,094	0	0	120,881	739,975	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,188,548	1,523,680	327,721	4,043,224	29,083,173	30.00
31.00	03100	INTENSIVE CARE UNIT	9,335,717	498,035	107,120	1,076,447	11,017,319	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,179,661	86,909	18,693	343,020	2,628,283	35.00
41.00	04100	SUBPROVIDER - IRF	3,640,828	380,477	81,835	670,939	4,774,079	41.00
43.00	04300	NURSERY	895,437	103,563	22,275	158,148	1,179,423	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,494,860	1,998,435	429,836	2,132,712	21,055,843	50.00
51.00	05100	RECOVERY ROOM	2,535,573	235,069	50,560	446,864	3,268,066	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,708,388	303,364	65,249	866,375	6,943,376	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,139,298	653,612	140,582	873,437	6,806,929	54.00
54.01	05402	ULTRASOUND	1,190,686	72,354	15,562	173,521	1,452,123	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,723,105	404,735	87,052	444,661	3,659,553	55.00
56.00	05600	RADIOISOTOPE	739,869	79,258	17,047	96,925	933,099	56.00
57.00	05700	CT SCAN	2,515,952	416,071	89,491	242,773	3,264,287	57.00
58.00	05800	MRI	1,208,724	217,435	46,767	134,515	1,607,441	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,425,662	207,685	44,670	706,813	6,384,830	59.00
60.00	06000	LABORATORY	10,970,918	515,155	110,802	1,157,880	12,754,755	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,589,508	169,806	36,523	261,383	2,057,220	64.00
65.00	06500	RESPIRATORY THERAPY	3,791,340	119,377	25,676	586,502	4,522,895	65.00
66.00	06600	PHYSICAL THERAPY	3,530,887	373,153	80,260	679,078	4,663,378	66.00
67.00	06700	OCCUPATIONAL THERAPY	806,370	216,176	46,496	157,830	1,226,872	67.00
68.00	06800	SPEECH PATHOLOGY	630,928	34,614	7,445	123,029	796,016	68.00
69.00	06900	ELECTROCARDIOLOGY	328,985	64,097	13,786	67,198	474,066	69.00
69.01	06901	ECHOCARDIOLOGY	604,099	0	0	68,430	672,529	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	190,080	0	0	24,490	214,570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,542,354	0	0	0	5,542,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,613,888	0	0	0	5,613,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,230,584	0	0	0	11,230,584	73.00
74.00	07400	RENAL DIALYSIS	1,315,957	63,071	13,566	20,111	1,412,705	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	114,819	0	0	21,500	136,319	90.01
90.02	09002	DIETITIANS SERVICES	229,721	11,336	2,438	44,130	287,625	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	861,061	0	35,208	106,985	1,003,254	90.04
91.00	09100	EMERGENCY	12,235,896	634,765	136,529	1,417,198	14,424,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	256,786,068	13,505,431	2,940,026	22,353,324	255,509,042	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	209,151	54,347	11,689	35,036	310,223	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	7,046,817	0	55,898	948,547	8,051,262	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	7,288	0	0	0	7,288	194.06
194.07	07957	FOUNDATION	1,465,488	0	0	171,509	1,636,997	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	2,217,361	0	0	0	2,217,361	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	267,732,173	13,559,778	3,007,613	23,508,416	267,732,173	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	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	26,568,087					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,418,186	14,291,362				6.00
7.00	00700	OPERATION OF PLANT	826,030	33,599	8,357,674			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34,974	39,708	23,276	415,428		8.00
9.00	00900	HOUSEKEEPING	418,876	154,310	90,454	0	4,465,864	9.00
10.00	01000	DIETARY	164,151	598,973	351,109	0	190,201	10.00
11.00	01100	CAFETERIA	326,985	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,756,498	272,211	159,566	0	86,439	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110,007	271,905	159,386	0	86,342	14.00
15.00	01500	PHARMACY	863,181	210,756	123,542	0	66,924	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	302,875	310,819	182,197	0	98,699	16.00
17.00	01700	SOCIAL SERVICE	69,788	41,785	24,493	0	13,268	17.00
20.00	02000	NURSING PROGRAM	81,520	0	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,203,983	1,995,274	1,169,598	289,829	633,588	30.00
31.00	03100	INTENSIVE CARE UNIT	1,213,734	652,181	382,298	48,310	207,097	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	289,547	113,808	66,712	8,277	36,139	35.00
41.00	04100	SUBPROVIDER - IRF	525,941	498,238	292,059	49,450	158,213	41.00
43.00	04300	NURSERY	129,932	135,617	79,496	19,446	43,064	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,319,638	2,616,971	1,534,028	0	831,004	50.00
51.00	05100	RECOVERY ROOM	360,030	307,825	180,442	0	97,748	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	764,924	397,259	232,867	116	126,147	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	749,892	855,912	501,722	0	271,790	54.00
54.01	05402	ULTRASOUND	159,975	94,748	55,540	0	30,087	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	403,158	530,004	310,680	0	168,300	55.00
56.00	05600	RADIOISOTOPE	102,796	103,789	60,840	0	32,958	56.00
57.00	05700	CT SCAN	359,613	544,849	319,382	0	173,014	57.00
58.00	05800	MRI	177,085	284,734	166,906	0	90,416	58.00
59.00	05900	CARDIAC CATHETERIZATION	703,391	271,966	159,422	0	86,361	59.00
60.00	06000	LABORATORY	1,405,140	674,601	395,440	0	214,216	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	226,636	222,362	130,345	0	70,610	64.00
65.00	06500	RESPIRATORY THERAPY	498,269	156,326	91,636	0	49,640	65.00
66.00	06600	PHYSICAL THERAPY	513,746	488,647	286,437	0	155,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	135,160	283,084	165,940	0	89,892	67.00
68.00	06800	SPEECH PATHOLOGY	87,694	45,328	26,570	0	14,394	68.00
69.00	06900	ELECTROCARDIOLOGY	52,226	83,936	49,202	0	26,653	69.00
69.01	06901	ECHOCARDIOLOGY	74,090	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	23,638	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	610,579	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	618,460	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,237,229	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	155,632	82,592	48,414	0	26,227	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	15,018	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	31,686	14,845	8,702	0	4,714	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	110,524	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,589,077	831,232	487,255	0	263,953	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,221,514	14,220,194	8,315,956	415,428	4,443,265	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	34,176	71,168	41,718	0	22,599	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	886,975	0	0	0	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	803	0	0	0	0	194.06
194.07	07957	FOUNDATION	180,341	0	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	244,278	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
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)	26,568,087	14,291,362	8,357,674	415,428	4,465,864	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,794,471					10.00
11.00	01100	CAFETERIA	0	3,295,098				11.00
13.00	01300	NURSING ADMINISTRATION	0	329,350	18,548,167			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,409	0	1,627,606		14.00
15.00	01500	PHARMACY	0	153,202	0	13,822	9,266,700	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,431	0	10	0	17.00
20.00	02000	NURSING PROGRAM	0	18,397	222,583	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,089,629	615,349	6,255,978	66,317	0	30.00
31.00	03100	INTENSIVE CARE UNIT	348,311	163,827	1,697,105	48,934	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	52,205	541,483	8,651	0	35.00
41.00	04100	SUBPROVIDER - IRF	356,531	102,112	1,033,484	6,152	0	41.00
43.00	04300	NURSERY	0	24,069	291,204	2,020	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	324,583	2,356,614	149,960	0	50.00
51.00	05100	RECOVERY ROOM	0	68,009	720,219	13,516	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	131,856	1,406,207	24,732	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	132,931	260,712	2,540	0	54.00
54.01	05402	ULTRASOUND	0	26,409	1,275	7,272	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	67,674	122,816	5,161	0	55.00
56.00	05600	RADIOISOTOPE	0	14,751	361	245	0	56.00
57.00	05700	CT SCAN	0	36,948	1,205	5,050	0	57.00
58.00	05800	MRI	0	20,472	27,867	2,912	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	107,572	893,005	46,526	0	59.00
60.00	06000	LABORATORY	0	176,221	0	13,975	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	39,781	299,854	14,028	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	89,261	0	17,601	0	65.00
66.00	06600	PHYSICAL THERAPY	0	103,351	83,193	2,106	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,021	8,905	221	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,724	0	109	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,227	94,041	177	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	10,415	0	243	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,727	0	2,680	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	542,558	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	549,566	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,266,700	73.00
74.00	07400	RENAL DIALYSIS	0	3,061	0	744	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	3,272	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	6,716	0	1	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	16,282	0	2,208	0	90.04
91.00	09100	EMERGENCY	0	215,687	2,230,056	77,402	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,794,471	3,119,302	18,548,167	1,627,441	9,266,700	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
194.00	07950	OTHER NON-REIMBURSABLE	0	5,332	0	0	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	0	144,362	0	165	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	0	26,102	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
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)	2,794,471	3,295,098	18,548,167	1,627,606	9,266,700	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	20.00	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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
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	3,643,852					16.00
17.00	01700	SOCIAL SERVICE	0	790,255				17.00
20.00	02000	NURSING PROGRAM	0	0	1,062,475			20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	288,578	590,931	690,609	46,972,836	0	30.00
31.00	03100	INTENSIVE CARE UNIT	110,611	98,500	72,843	16,061,070	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,572	0	0	3,753,677	0	35.00
41.00	04100	SUBPROVIDER - IRF	33,572	100,824	0	7,930,655	0	41.00
43.00	04300	NURSERY	7,302	0	0	1,911,573	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	597,244	0	0	31,785,885	0	50.00
51.00	05100	RECOVERY ROOM	11,403	0	0	5,027,258	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,509	0	0	10,072,993	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,261	0	0	9,690,689	0	54.00
54.01	05402	ULTRASOUND	29,620	0	0	1,857,049	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	165,417	0	0	5,432,763	0	55.00
56.00	05600	RADIOISOTOPE	9,987	0	0	1,258,826	0	56.00
57.00	05700	CT SCAN	228,645	0	0	4,932,993	0	57.00
58.00	05800	MRI	68,303	0	0	2,446,136	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	127,175	0	0	8,780,248	0	59.00
60.00	06000	LABORATORY	598,365	0	0	16,232,713	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	38,446	0	0	3,099,282	0	64.00
65.00	06500	RESPIRATORY THERAPY	118,071	0	0	5,543,699	0	65.00
66.00	06600	PHYSICAL THERAPY	34,154	0	0	6,330,179	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,294	0	0	1,942,389	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,073	0	0	1,001,908	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,196	0	0	817,724	0	69.00
69.01	06901	ECHOCARDIOLOGY	25,303	0	0	782,580	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,825	0	0	249,440	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,115	0	0	6,732,606	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,885	0	0	6,857,799	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	265,900	0	0	22,000,413	0	73.00
74.00	07400	RENAL DIALYSIS	7,138	0	0	1,736,513	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	125	0	0	154,734	0	90.01
90.02	09002	DIETITIANS SERVICES	1,973	0	0	356,262	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	5,311	0	0	1,137,579	0	90.04
91.00	09100	EMERGENCY	538,751	0	299,023	20,956,824	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,640,124	790,255	1,062,475	253,847,295	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	20.00	24.00	25.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	485,216	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	3,728	0	0	9,086,492	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	8,091	0	194.06
194.07	07957	FOUNDATION	0	0	0	1,843,440	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	0	2,461,639	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments			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)	3,643,852	790,255	1,062,475	267,732,173	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 3/20/2024 8:45 am

		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
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
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
20.00	02000	NURSING PROGRAM			20.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	46,972,836		30.00
31.00	03100	INTENSIVE CARE UNIT	16,061,070		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,753,677		35.00
41.00	04100	SUBPROVIDER - IRF	7,930,655		41.00
43.00	04300	NURSERY	1,911,573		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	31,785,885		50.00
51.00	05100	RECOVERY ROOM	5,027,258		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,072,993		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,690,689		54.00
54.01	05402	ULTRASOUND	1,857,049		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,432,763		55.00
56.00	05600	RADIOISOTOPE	1,258,826		56.00
57.00	05700	CT SCAN	4,932,993		57.00
58.00	05800	MRI	2,446,136		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,780,248		59.00
60.00	06000	LABORATORY	16,232,713		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		63.00
64.00	06400	INTRAVENOUS THERAPY	3,099,282		64.00
65.00	06500	RESPIRATORY THERAPY	5,543,699		65.00
66.00	06600	PHYSICAL THERAPY	6,330,179		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,942,389		67.00
68.00	06800	SPEECH PATHOLOGY	1,001,908		68.00
69.00	06900	ELECTROCARDIOLOGY	817,724		69.00
69.01	06901	ECHOCARDIOLOGY	782,580		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	249,440		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,732,606		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,857,799		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,000,413		73.00
74.00	07400	RENAL DIALYSIS	1,736,513		74.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	154,734		90.01
90.02	09002	DIETITIANS SERVICES	356,262		90.02
90.03	09003	BLANK	0		90.03
90.04	09004	URGENT CARE	1,137,579		90.04
91.00	09100	EMERGENCY	20,956,824		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04951	PALLIATIVE CARE	0		93.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0		99.10
99.20	09920	OPT	0		99.20
99.30	09930	OOT	0		99.30
99.40	09940	OSP	0		99.40
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		110.00
111.00	11100	ISLET ACQUISITION	0		111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	253,847,295		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0		190.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NON-REIMBURSABLE	485,216		194.00
194.01	07951	CARE FOR THE POOR	0		194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part I | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	Total		
			26.00		
194.02	07952	CLINIC OLE	0		194.02
194.03	07953	MARKETING/PUB RELATIONS	0		194.03
194.04	07965	COMMUNITY OUTREACH	9,086,492		194.04
194.05	07955	HIV NETWORK/CASE MGMT	0		194.05
194.06	07956	CONVENT	8,091		194.06
194.07	07957	FOUNDATION	1,843,440		194.07
194.08	07958	NON-REIMBURSABLE MEALS	0		194.08
194.09	07959	WELLNESS CENTER	2,461,639		194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0		194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0		194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0		194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0		194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0		194.14
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	267,732,173		202.00

COST ALLOCATION STATISTICS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet Non-CMS W | Date/Time Prepared: 3/20/2024 8:45 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	PATIENT DAYS	10.00
11.00	CAFETERIA	S	GROSS SALARIES	11.00
13.00	NURSING ADMINISTRATION	13	NURSING SALARIES	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	GROSS PATIENT REVENUE	16.00
17.00	SOCIAL SERVICE	10	PATIENT DAYS	17.00
20.00	NURSING PROGRAM	20	ASSIGNED TIME	20.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		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	257	104,449	22,465	127,171	127,171	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,968,071	1,825,738	392,689	4,186,498	2,762	5.00
6.00	00600	MAINTENANCE & REPAIRS	180,303	716,076	154,017	1,050,396	2,778	6.00
7.00	00700	OPERATION OF PLANT	1,233,055	25,657	5,519	1,264,231	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	30,322	6,522	36,844	0	8.00
9.00	00900	HOUSEKEEPING	4,668	117,838	25,345	147,851	2,200	9.00
10.00	01000	DIETARY	10,772	457,402	98,380	566,554	490	10.00
11.00	01100	CAFETERIA	15,456	0	0	15,456	1,820	11.00
13.00	01300	NURSING ADMINISTRATION	15,828	207,872	44,710	268,410	11,707	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	85,231	207,639	44,660	337,530	50	14.00
15.00	01500	PHARMACY	532,423	160,942	34,616	727,981	5,446	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	237,355	51,051	288,406	0	16.00
17.00	01700	SOCIAL SERVICE	0	31,909	6,863	38,772	264	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	654	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,924	1,523,680	327,721	1,876,325	21,861	30.00
31.00	03100	INTENSIVE CARE UNIT	171,648	498,035	107,120	776,803	5,824	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,122	86,909	18,693	115,724	1,856	35.00
41.00	04100	SUBPROVIDER - IRF	26,220	380,477	81,835	488,532	3,630	41.00
43.00	04300	NURSERY	0	103,563	22,275	125,838	856	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,324,489	1,998,435	429,836	3,752,760	11,538	50.00
51.00	05100	RECOVERY ROOM	0	235,069	50,560	285,629	2,418	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,436	303,364	65,249	419,049	4,687	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	231,055	653,612	140,582	1,025,249	4,725	54.00
54.01	05402	ULTRASOUND	51,486	72,354	15,562	139,402	939	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,900	404,735	87,052	495,687	2,406	55.00
56.00	05600	RADIOISOTOPE	1,392	79,258	17,047	97,697	524	56.00
57.00	05700	CT SCAN	7,824	416,071	89,491	513,386	1,313	57.00
58.00	05800	MRI	5,846	217,435	46,767	270,048	728	58.00
59.00	05900	CARDIAC CATHETERIZATION	68,644	207,685	44,670	320,999	3,824	59.00
60.00	06000	LABORATORY	124,447	515,155	110,802	750,404	6,264	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,537	169,806	36,523	213,866	1,414	64.00
65.00	06500	RESPIRATORY THERAPY	57,695	119,377	25,676	202,748	3,173	65.00
66.00	06600	PHYSICAL THERAPY	1,655	373,153	80,260	455,068	3,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	216,176	46,496	262,672	854	67.00
68.00	06800	SPEECH PATHOLOGY	0	34,614	7,445	42,059	666	68.00
69.00	06900	ELECTROCARDIOLOGY	14,427	64,097	13,786	92,310	364	69.00
69.01	06901	ECHOCARDIOLOGY	10,836	0	0	10,836	370	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	132	70.00
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	63,071	13,566	76,637	109	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	0	116	90.01
90.02	09002	DIETITIANS SERVICES	0	11,336	2,438	13,774	239	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	212,924	0	35,208	248,132	579	90.04
91.00	09100	EMERGENCY	74,964	634,765	136,529	846,258	7,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,528,535	13,505,431	2,940,026	22,973,992	120,921	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	54,347	11,689	66,036	190	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	200,867	0	55,898	256,765	5,132	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	0	0	0	0	928	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	31,128	0	0	31,128	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,760,530	13,559,778	3,007,613	23,327,921	127,171	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	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	4,189,260					5.00
6.00	00600	MAINTENANCE & REPAIRS	223,620	1,276,794				6.00
7.00	00700	OPERATION OF PLANT	130,249	3,002	1,397,482			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,515	3,547	3,892	49,798		8.00
9.00	00900	HOUSEKEEPING	66,048	13,786	15,125	0	245,010	9.00
10.00	01000	DIETARY	25,883	53,512	58,709	0	10,435	10.00
11.00	01100	CAFETERIA	51,559	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	276,965	24,319	26,681	0	4,742	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,346	24,292	26,651	0	4,737	14.00
15.00	01500	PHARMACY	136,107	18,829	20,657	0	3,672	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,757	27,769	30,465	0	5,415	16.00
17.00	01700	SOCIAL SERVICE	11,004	3,733	4,096	0	728	17.00
20.00	02000	NURSING PROGRAM	12,854	0	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	505,201	178,258	195,568	34,742	34,760	30.00
31.00	03100	INTENSIVE CARE UNIT	191,382	58,266	63,924	5,791	11,362	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	45,656	10,168	11,155	992	1,983	35.00
41.00	04100	SUBPROVIDER - IRF	82,931	44,513	48,835	5,928	8,680	41.00
43.00	04300	NURSERY	20,488	12,116	13,293	2,331	2,363	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	365,761	233,801	256,500	0	45,591	50.00
51.00	05100	RECOVERY ROOM	56,770	27,501	30,172	0	5,363	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	120,613	35,491	38,938	14	6,921	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	118,243	76,467	83,893	0	14,911	54.00
54.01	05402	ULTRASOUND	25,225	8,465	9,287	0	1,651	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	63,570	47,351	51,949	0	9,233	55.00
56.00	05600	RADIOISOTOPE	16,209	9,273	10,173	0	1,808	56.00
57.00	05700	CT SCAN	56,704	48,677	53,404	0	9,492	57.00
58.00	05800	MRI	27,923	25,438	27,908	0	4,960	58.00
59.00	05900	CARDIAC CATHETERIZATION	110,911	24,298	26,657	0	4,738	59.00
60.00	06000	LABORATORY	221,563	60,269	66,121	0	11,752	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	35,736	19,866	21,795	0	3,874	64.00
65.00	06500	RESPIRATORY THERAPY	78,567	13,966	15,322	0	2,723	65.00
66.00	06600	PHYSICAL THERAPY	81,008	43,656	47,895	0	8,513	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,312	25,291	27,747	0	4,932	67.00
68.00	06800	SPEECH PATHOLOGY	13,828	4,050	4,443	0	790	68.00
69.00	06900	ELECTROCARDIOLOGY	8,235	7,499	8,227	0	1,462	69.00
69.01	06901	ECHOCARDIOLOGY	11,683	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,727	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	96,276	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,519	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,086	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	24,540	7,379	8,095	0	1,439	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2,368	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	4,996	1,326	1,455	0	259	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	17,428	0	0	0	0	90.04
91.00	09100	EMERGENCY	250,566	74,262	81,474	0	14,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,976,932	1,270,436	1,390,506	49,798	243,770	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	5,389	6,358	6,976	0	1,240	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	139,858	0	0	0	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	127	0	0	0	0	194.06
194.07	07957	FOUNDATION	28,436	0	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	38,518	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,189,260	1,276,794	1,397,482	49,798	245,010	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	715,583					10.00
11.00	01100	CAFETERIA	0	68,835				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,881	619,705			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29	0	410,635		14.00
15.00	01500	PHARMACY	0	3,201	0	3,487	919,380	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	155	0	2	0	17.00
20.00	02000	NURSING PROGRAM	0	384	7,437	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	535,094	12,846	209,009	16,731	0	30.00
31.00	03100	INTENSIVE CARE UNIT	89,192	3,423	56,702	12,346	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,091	18,092	2,183	0	35.00
41.00	04100	SUBPROVIDER - IRF	91,297	2,134	34,530	1,552	0	41.00
43.00	04300	NURSERY	0	503	9,729	510	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	6,782	78,737	37,834	0	50.00
51.00	05100	RECOVERY ROOM	0	1,421	24,063	3,410	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,755	46,983	6,240	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,777	8,711	641	0	54.00
54.01	05402	ULTRASOUND	0	552	43	1,835	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,414	4,103	1,302	0	55.00
56.00	05600	RADIOISOTOPE	0	308	12	62	0	56.00
57.00	05700	CT SCAN	0	772	40	1,274	0	57.00
58.00	05800	MRI	0	428	931	735	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,248	29,836	11,738	0	59.00
60.00	06000	LABORATORY	0	3,682	0	3,526	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	831	10,018	3,539	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,865	0	4,441	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,159	2,780	531	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	502	298	56	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	391	0	27	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	214	3,142	45	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	218	0	61	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	78	0	676	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	136,885	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	138,651	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	919,380	73.00
74.00	07400	RENAL DIALYSIS	0	64	0	188	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	68	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	140	0	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	340	0	557	0	90.04
91.00	09100	EMERGENCY	0	4,507	74,509	19,528	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	715,583	65,163	619,705	410,593	919,380	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
194.00	07950	OTHER NON-REIMBURSABLE	0	111	0	0	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	0	3,016	0	42	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	0	545	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
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)	715,583	68,835	619,705	410,635	919,380	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	20.00	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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
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	399,812					16.00
17.00	01700	SOCIAL SERVICE	0	58,754				17.00
20.00	02000	NURSING PROGRAM	0	0	21,329			20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,716	43,935		3,696,046	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,157	7,323		1,294,495	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	942	0		209,842	0	35.00
41.00	04100	SUBPROVIDER - IRF	3,690	7,496		823,748	0	41.00
43.00	04300	NURSERY	803	0		188,830	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	65,640	0		4,854,944	0	50.00
51.00	05100	RECOVERY ROOM	1,253	0		438,000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,002	0		686,693	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,898	0		1,347,515	0	54.00
54.01	05402	ULTRASOUND	3,255	0		190,654	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	18,180	0		695,195	0	55.00
56.00	05600	RADIOISOTOPE	1,098	0		137,164	0	56.00
57.00	05700	CT SCAN	25,129	0		710,191	0	57.00
58.00	05800	MRI	7,507	0		366,606	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,977	0		549,226	0	59.00
60.00	06000	LABORATORY	65,095	0		1,188,676	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,225	0		315,164	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,977	0		335,782	0	65.00
66.00	06600	PHYSICAL THERAPY	3,754	0		649,038	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	912	0		344,576	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,437	0		67,691	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,989	0		124,487	0	69.00
69.01	06901	ECHOCARDIOLOGY	2,781	0		25,949	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	530	0		5,143	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,079	0		237,240	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,340	0		244,510	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,224	0		1,143,690	0	73.00
74.00	07400	RENAL DIALYSIS	785	0		119,236	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	14	0		2,566	0	90.01
90.02	09002	DIETITIANS SERVICES	217	0		22,406	0	90.02
90.03	09003	BLANK	0	0		0	0	90.03
90.04	09004	URGENT CARE	584	0		267,620	0	90.04
91.00	09100	EMERGENCY	59,212	0		1,432,464	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04951	PALLIATIVE CARE	0	0		0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0		0	0	99.10
99.20	09920	OPT	0	0		0	0	99.20
99.30	09930	OOT	0	0		0	0	99.30
99.40	09940	OSP	0	0		0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0		0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0		0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	399,402	58,754	0	22,715,387	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	20.00	24.00	25.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		0	0	190.00
193.00	19300	NONPAID WORKERS	0	0		0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0		86,300	0	194.00
194.01	07951	CARE FOR THE POOR	0	0		0	0	194.01
194.02	07952	CLINIC OLE	0	0		0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0		0	0	194.03
194.04	07965	COMMUNITY OUTREACH	410	0		405,223	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0		0	0	194.05
194.06	07956	CONVENT	0	0		127	0	194.06
194.07	07957	FOUNDATION	0	0		29,909	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0		0	0	194.08
194.09	07959	WELLNESS CENTER	0	0		69,646	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0		0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0		0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0		0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	194.14
200.00		Cross Foot Adjustments			21,329	21,329	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	399,812	58,754	21,329	23,327,921	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II | Date/Time Prepared: 3/20/2024 8:45 am

		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
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
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
20.00	02000	NURSING PROGRAM			20.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	3,696,046		30.00
31.00	03100	INTENSIVE CARE UNIT	1,294,495		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	209,842		35.00
41.00	04100	SUBPROVIDER - IRF	823,748		41.00
43.00	04300	NURSERY	188,830		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	4,854,944		50.00
51.00	05100	RECOVERY ROOM	438,000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	686,693		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,347,515		54.00
54.01	05402	ULTRASOUND	190,654		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	695,195		55.00
56.00	05600	RADIOISOTOPE	137,164		56.00
57.00	05700	CT SCAN	710,191		57.00
58.00	05800	MRI	366,606		58.00
59.00	05900	CARDIAC CATHETERIZATION	549,226		59.00
60.00	06000	LABORATORY	1,188,676		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		63.00
64.00	06400	INTRAVENOUS THERAPY	315,164		64.00
65.00	06500	RESPIRATORY THERAPY	335,782		65.00
66.00	06600	PHYSICAL THERAPY	649,038		66.00
67.00	06700	OCCUPATIONAL THERAPY	344,576		67.00
68.00	06800	SPEECH PATHOLOGY	67,691		68.00
69.00	06900	ELECTROCARDIOLOGY	124,487		69.00
69.01	06901	ECHOCARDIOLOGY	25,949		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,143		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	237,240		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	244,510		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,143,690		73.00
74.00	07400	RENAL DIALYSIS	119,236		74.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2,566		90.01
90.02	09002	DIETITIANS SERVICES	22,406		90.02
90.03	09003	BLANK	0		90.03
90.04	09004	URGENT CARE	267,620		90.04
91.00	09100	EMERGENCY	1,432,464		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04951	PALLIATIVE CARE	0		93.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0		99.10
99.20	09920	OPT	0		99.20
99.30	09930	OOT	0		99.30
99.40	09940	OSP	0		99.40
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		110.00
111.00	11100	ISLET ACQUISITION	0		111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,715,387		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0		190.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NON-REIMBURSABLE	86,300		194.00
194.01	07951	CARE FOR THE POOR	0		194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B Part II | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	Total		
			26.00		
194.02	07952	CLINIC OLE	0		194.02
194.03	07953	MARKETING/PUB RELATIONS	0		194.03
194.04	07965	COMMUNITY OUTREACH	405,223		194.04
194.05	07955	HIV NETWORK/CASE MGMT	0		194.05
194.06	07956	CONVENT	127		194.06
194.07	07957	FOUNDATION	29,909		194.07
194.08	07958	NON-REIMBURSABLE MEALS	0		194.08
194.09	07959	WELLNESS CENTER	69,646		194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0		194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0		194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0		194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0		194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0		194.14
200.00		Cross Foot Adjustments	21,329		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	23,327,921		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	290,671					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		299,751				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,239	2,239	109,449,976			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	39,137	39,137	2,376,736	-26,568,087	241,164,086	5.00
6.00	00600	MAINTENANCE & REPAIRS	15,350	15,350	2,390,515	0	12,873,176	6.00
7.00	00700	OPERATION OF PLANT	550	550	0	0	7,498,045	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	650	650	0	0	317,470	8.00
9.00	00900	HOUSEKEEPING	2,526	2,526	1,893,491	0	3,802,224	9.00
10.00	01000	DIETARY	9,805	9,805	421,340	0	1,490,037	10.00
11.00	01100	CAFETERIA	0	0	1,566,350	0	2,968,113	11.00
13.00	01300	NURSING ADMINISTRATION	4,456	4,456	10,075,254	0	15,944,103	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,451	4,451	43,098	0	998,557	14.00
15.00	01500	PHARMACY	3,450	3,450	4,686,664	0	7,835,273	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,088	5,088	0	0	2,749,260	16.00
17.00	01700	SOCIAL SERVICE	684	684	227,331	0	633,480	17.00
20.00	02000	NURSING PROGRAM	0	0	562,794	0	739,975	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,662	32,662	18,824,420	0	29,083,173	30.00
31.00	03100	INTENSIVE CARE UNIT	10,676	10,676	5,011,693	0	11,017,319	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,863	1,863	1,597,024	0	2,628,283	35.00
41.00	04100	SUBPROVIDER - IRF	8,156	8,156	3,123,740	0	4,774,079	41.00
43.00	04300	NURSERY	2,220	2,220	736,301	0	1,179,423	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	42,839	42,839	9,929,429	0	21,055,843	50.00
51.00	05100	RECOVERY ROOM	5,039	5,039	2,080,500	0	3,268,066	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,503	6,503	4,033,649	0	6,943,376	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,011	14,011	4,066,527	0	6,806,929	54.00
54.01	05402	ULTRASOUND	1,551	1,551	807,874	0	1,452,123	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,676	8,676	2,070,242	0	3,659,553	55.00
56.00	05600	RADIOISOTOPE	1,699	1,699	451,263	0	933,099	56.00
57.00	05700	CT SCAN	8,919	8,919	1,130,298	0	3,264,287	57.00
58.00	05800	MRI	4,661	4,661	626,271	0	1,607,441	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,452	4,452	3,290,763	0	6,384,830	59.00
60.00	06000	LABORATORY	11,043	11,043	5,390,828	0	12,754,755	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,640	3,640	1,216,940	0	2,057,220	64.00
65.00	06500	RESPIRATORY THERAPY	2,559	2,559	2,730,620	0	4,522,895	65.00
66.00	06600	PHYSICAL THERAPY	7,999	7,999	3,161,635	0	4,663,378	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,634	4,634	734,821	0	1,226,872	67.00
68.00	06800	SPEECH PATHOLOGY	742	742	572,796	0	796,016	68.00
69.00	06900	ELECTROCARDIOLOGY	1,374	1,374	312,858	0	474,066	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	318,597	0	672,529	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	114,022	0	214,570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,542,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,613,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,230,584	73.00
74.00	07400	RENAL DIALYSIS	1,352	1,352	93,634	0	1,412,705	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	100,098	0	136,319	90.01
90.02	09002	DIETITIANS SERVICES	243	243	205,459	0	287,625	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	3,509	498,096	0	1,003,254	90.04
91.00	09100	EMERGENCY	13,607	13,607	6,598,155	0	14,424,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	289,506	293,015	104,072,126	-26,568,087	228,940,955	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	1,165	1,165	163,122	0	310,223	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	0	5,571	4,416,222	0	8,051,262	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	7,288	194.06
194.07	07957	FOUNDATION	0	0	798,506	0	1,636,997	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	0	0	2,217,361	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
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)	13,559,778	3,007,613	23,508,416		26,568,087	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	46.649917	10.033705	0.214787		0.110166	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			127,171		4,189,260	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001162		0.017371	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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
		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	233,945					6.00
7.00	00700	OPERATION OF PLANT	550	233,395				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	650	650	25,144			8.00
9.00	00900	HOUSEKEEPING	2,526	2,526	0	230,219		9.00
10.00	01000	DIETARY	9,805	9,805	0	9,805	23,459	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,456	4,456	0	4,456	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,451	4,451	0	4,451	0	14.00
15.00	01500	PHARMACY	3,450	3,450	0	3,450	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,088	5,088	0	5,088	0	16.00
17.00	01700	SOCIAL SERVICE	684	684	0	684	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,662	32,662	17,542	32,662	17,542	30.00
31.00	03100	INTENSIVE CARE UNIT	10,676	10,676	2,924	10,676	2,924	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,863	1,863	501	1,863	0	35.00
41.00	04100	SUBPROVIDER - IRF	8,156	8,156	2,993	8,156	2,993	41.00
43.00	04300	NURSERY	2,220	2,220	1,177	2,220	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	42,839	42,839	0	42,839	0	50.00
51.00	05100	RECOVERY ROOM	5,039	5,039	0	5,039	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,503	6,503	7	6,503	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,011	14,011	0	14,011	0	54.00
54.01	05402	ULTRASOUND	1,551	1,551	0	1,551	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,676	8,676	0	8,676	0	55.00
56.00	05600	RADIOISOTOPE	1,699	1,699	0	1,699	0	56.00
57.00	05700	CT SCAN	8,919	8,919	0	8,919	0	57.00
58.00	05800	MRI	4,661	4,661	0	4,661	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,452	4,452	0	4,452	0	59.00
60.00	06000	LABORATORY	11,043	11,043	0	11,043	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,640	3,640	0	3,640	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,559	2,559	0	2,559	0	65.00
66.00	06600	PHYSICAL THERAPY	7,999	7,999	0	7,999	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,634	4,634	0	4,634	0	67.00
68.00	06800	SPEECH PATHOLOGY	742	742	0	742	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,374	1,374	0	1,374	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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	1,352	1,352	0	1,352	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	243	243	0	243	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	13,607	13,607	0	13,607	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,780	232,230	25,144	229,054	23,459	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	1,165	1,165	0	1,165	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	0	0	0	0	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	0	0	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
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)	14,291,362	8,357,674	415,428	4,465,864	2,794,471	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	61.088555	35.809139	16.521954	19.398329	119.121489	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,276,794	1,397,482	49,798	245,010	715,583	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.457667	5.987626	1.980512	1.064248	30.503559	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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	100,801,544					11.00
13.00	01300	NURSING ADMINISTRATION	10,075,254	46,898,469				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43,098	0	16,626,310			14.00
15.00	01500	PHARMACY	4,686,664	0	141,199	11,229,322		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	19	0	1,718,918,645	16.00
17.00	01700	SOCIAL SERVICE	227,331	0	100	0	0	17.00
20.00	02000	NURSING PROGRAM	562,794	562,794	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,824,420	15,818,030	677,439	0	136,121,800	30.00
31.00	03100	INTENSIVE CARE UNIT	5,011,693	4,291,079	499,877	0	52,174,991	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,597,024	1,369,125	88,370	0	4,043,227	35.00
41.00	04100	SUBPROVIDER - IRF	3,123,740	2,613,134	62,844	0	15,835,848	41.00
43.00	04300	NURSERY	736,301	736,301	20,630	0	3,444,290	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,929,429	5,958,630	1,531,874	0	281,718,854	50.00
51.00	05100	RECOVERY ROOM	2,080,500	1,821,053	138,069	0	5,378,913	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,033,649	3,555,553	252,643	0	21,466,617	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,066,527	659,203	25,949	0	51,066,350	54.00
54.01	05402	ULTRASOUND	807,874	3,223	74,287	0	13,971,703	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,070,242	310,536	52,717	0	78,027,045	55.00
56.00	05600	RADIOISOTOPE	451,263	913	2,498	0	4,710,927	56.00
57.00	05700	CT SCAN	1,130,298	3,046	51,590	0	107,851,378	57.00
58.00	05800	MRI	626,271	70,460	29,748	0	32,218,574	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,290,763	2,257,936	475,272	0	59,988,157	59.00
60.00	06000	LABORATORY	5,390,828	0	142,757	0	282,367,804	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,216,940	758,173	143,295	0	18,134,812	64.00
65.00	06500	RESPIRATORY THERAPY	2,730,620	0	179,801	0	55,693,977	65.00
66.00	06600	PHYSICAL THERAPY	3,161,635	210,352	21,515	0	16,110,339	66.00
67.00	06700	OCCUPATIONAL THERAPY	734,821	22,517	2,261	0	3,912,449	67.00
68.00	06800	SPEECH PATHOLOGY	572,796	0	1,112	0	6,166,570	68.00
69.00	06900	ELECTROCARDIOLOGY	312,858	237,779	1,808	0	12,828,483	69.00
69.01	06901	ECHOCARDIOLOGY	318,597	0	2,485	0	11,935,198	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	114,022	0	27,379	0	2,276,084	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,542,354	0	17,507,020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,613,888	0	35,794,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,229,322	125,424,651	73.00
74.00	07400	RENAL DIALYSIS	93,634	0	7,598	0	3,367,095	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	100,098	0	0	0	58,785	90.01
90.02	09002	DIETITIANS SERVICES	205,459	0	10	0	930,440	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	498,096	0	22,553	0	2,505,163	90.04
91.00	09100	EMERGENCY	6,598,155	5,638,632	790,682	0	254,128,028	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,423,694	46,898,469	16,624,623	11,229,322	1,717,160,389	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	163,122	0	0	0	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	4,416,222	0	1,687	0	1,758,256	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	798,506	0	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,295,098	18,548,167	1,627,606	9,266,700	3,643,852	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.032689	0.395496	0.097893	0.825223	0.002120	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	68,835	619,705	410,635	919,380	399,812	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000683	0.013214	0.024698	0.081873	0.000233	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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)		
			17.00	20.00		
		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
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
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	23,459			17.00
20.00	02000	NURSING PROGRAM	0	7,220		20.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	17,542	4,693		30.00
31.00	03100	INTENSIVE CARE UNIT	2,924	495		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	2,993	0		41.00
43.00	04300	NURSERY	0	0		43.00
		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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	2,032		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
99.20	09920	OPT	0	0		99.20
99.30	09930	OOT	0	0		99.30
99.40	09940	OSP	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,459	7,220		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet B-1 | Date/Time Prepared: 3/20/2024 8:45 am

		Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)							
			17.00	20.00							
193.00	19300	NONPAID WORKERS	0	0							193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0							194.00
194.01	07951	CARE FOR THE POOR	0	0							194.01
194.02	07952	CLINIC OLE	0	0							194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0							194.03
194.04	07965	COMMUNITY OUTREACH	0	0							194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0							194.05
194.06	07956	CONVENT	0	0							194.06
194.07	07957	FOUNDATION	0	0							194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0							194.08
194.09	07959	WELLNESS CENTER	0	0							194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0							194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0							194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0							194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0							194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0							194.14
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)	790,255	1,062,475							202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.686645	147.157202							203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	58,754	21,329							204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.504540	2.954155							205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0							206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000							207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 3/20/2024 8:45 am

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		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	46,972,836		46,972,836	0	46,972,836	30.00
31.00	03100	INTENSIVE CARE UNIT	16,061,070		16,061,070	0	16,061,070	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,753,677		3,753,677	0	3,753,677	35.00
41.00	04100	SUBPROVIDER - IRF	7,930,655		7,930,655	0	7,930,655	41.00
43.00	04300	NURSERY	1,911,573		1,911,573	0	1,911,573	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,785,885		31,785,885	8,798	31,794,683	50.00
51.00	05100	RECOVERY ROOM	5,027,258		5,027,258	0	5,027,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,072,993		10,072,993	0	10,072,993	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,690,689		9,690,689	0	9,690,689	54.00
54.01	05402	ULTRASOUND	1,857,049		1,857,049	0	1,857,049	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,432,763		5,432,763	0	5,432,763	55.00
56.00	05600	RADIOISOTOPE	1,258,826		1,258,826	0	1,258,826	56.00
57.00	05700	CT SCAN	4,932,993		4,932,993	0	4,932,993	57.00
58.00	05800	MRI	2,446,136		2,446,136	0	2,446,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,780,248		8,780,248	0	8,780,248	59.00
60.00	06000	LABORATORY	16,232,713		16,232,713	0	16,232,713	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,099,282		3,099,282	0	3,099,282	64.00
65.00	06500	RESPIRATORY THERAPY	5,543,699	0	5,543,699	0	5,543,699	65.00
66.00	06600	PHYSICAL THERAPY	6,330,179	0	6,330,179	0	6,330,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,942,389	0	1,942,389	0	1,942,389	67.00
68.00	06800	SPEECH PATHOLOGY	1,001,908	0	1,001,908	0	1,001,908	68.00
69.00	06900	ELECTROCARDIOLOGY	817,724		817,724	0	817,724	69.00
69.01	06901	ECHOCARDIOLOGY	782,580		782,580	0	782,580	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	249,440		249,440	0	249,440	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,732,606		6,732,606	0	6,732,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,857,799		6,857,799	0	6,857,799	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,000,413		22,000,413	0	22,000,413	73.00
74.00	07400	RENAL DIALYSIS	1,736,513		1,736,513	0	1,736,513	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	154,734		154,734	0	154,734	90.01
90.02	09002	DIETITIANS SERVICES	356,262		356,262	0	356,262	90.02
90.03	09003	BLANK	0		0	0	0	90.03
90.04	09004	URGENT CARE	1,137,579		1,137,579	0	1,137,579	90.04
91.00	09100	EMERGENCY	20,956,824		20,956,824	0	20,956,824	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,291,072		5,291,072		5,291,072	92.00
93.00	04951	PALLIATIVE CARE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OPT	0		0		0	99.20
99.30	09930	OOT	0		0		0	99.30
99.40	09940	OSP	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	259,138,367	0	259,138,367	8,798	259,147,165	200.00
201.00		Less Observation Beds	5,291,072		5,291,072		5,291,072	201.00
202.00		Total (see instructions)	253,847,295	0	253,847,295	8,798	253,856,093	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I | Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	121,193,644		121,193,644			30.00
31.00	03100	INTENSIVE CARE UNIT	52,174,991		52,174,991			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,043,227		4,043,227			35.00
41.00	04100	SUBPROVIDER - IRF	15,835,848		15,835,848			41.00
43.00	04300	NURSERY	3,444,290		3,444,290			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,398,133	196,321,316	281,719,449	0.112828	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,388,907	2,990,006	5,378,913	0.934623	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,621,525	8,845,092	21,466,617	0.469240	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,397,448	34,690,167	51,087,615	0.189688	0.000000	54.00
54.01	05402	ULTRASOUND	4,074,785	9,896,999	13,971,784	0.132914	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	627,926	77,399,119	78,027,045	0.069627	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,433,254	3,277,673	4,710,927	0.267214	0.000000	56.00
57.00	05700	CT SCAN	32,206,626	75,644,752	107,851,378	0.045739	0.000000	57.00
58.00	05800	MRI	7,656,210	24,694,212	32,350,422	0.075614	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,039,075	28,951,943	59,991,018	0.146359	0.000000	59.00
60.00	06000	LABORATORY	117,207,651	167,029,853	284,237,504	0.057110	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	322,923	17,811,889	18,134,812	0.170902	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	50,765,133	4,927,693	55,692,826	0.099541	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,527,184	11,583,155	16,110,339	0.392926	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,675,221	1,237,228	3,912,449	0.496464	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,761,190	1,405,464	6,166,654	0.162472	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,615,044	8,213,439	12,828,483	0.063743	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	6,706,575	5,228,623	11,935,198	0.065569	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,085,690	1,190,394	2,276,084	0.109592	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,215,127	9,291,893	17,507,020	0.384566	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,182,691	20,612,126	35,794,817	0.191586	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,991,127	77,967,923	125,959,050	0.174663	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,048,164	318,931	3,367,095	0.515730	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	10,000	48,785	58,785	2.632202	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	930,440	930,440	0.382896	0.000000	90.02
90.03	09003	BLANK	0	0	0	0.000000	0.000000	90.03
90.04	09004	URGENT CARE	30,957	2,474,255	2,505,212	0.454085	0.000000	90.04
91.00	09100	EMERGENCY	65,328,158	188,799,928	254,128,086	0.082466	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,924,794	12,003,362	14,928,156	0.354436	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	725,933,518	993,786,660	1,719,720,178			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	725,933,518	993,786,660	1,719,720,178			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I | Date/Time Prepared: 3/20/2024 8:45 am

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.112859		50.00
51.00	05100	RECOVERY ROOM	0.934623		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469240		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189688		54.00
54.01	05402	ULTRASOUND	0.132914		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.069627		55.00
56.00	05600	RADIOISOTOPE	0.267214		56.00
57.00	05700	CT SCAN	0.045739		57.00
58.00	05800	MRI	0.075614		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359		59.00
60.00	06000	LABORATORY	0.057110		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.170902		64.00
65.00	06500	RESPIRATORY THERAPY	0.099541		65.00
66.00	06600	PHYSICAL THERAPY	0.392926		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.496464		67.00
68.00	06800	SPEECH PATHOLOGY	0.162472		68.00
69.00	06900	ELECTROCARDIOLOGY	0.063743		69.00
69.01	06901	ECHOCARDIOLOGY	0.065569		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109592		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384566		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191586		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174663		73.00
74.00	07400	RENAL DIALYSIS	0.515730		74.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2.632202		90.01
90.02	09002	DIETITIANS SERVICES	0.382896		90.02
90.03	09003	BLANK	0.000000		90.03
90.04	09004	URGENT CARE	0.454085		90.04
91.00	09100	EMERGENCY	0.082466		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.354436		92.00
93.00	04951	PALLIATIVE CARE	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 3/20/2024 8:45 am

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		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	46,972,836		46,972,836	0	46,972,836	30.00
31.00	03100	INTENSIVE CARE UNIT	16,061,070		16,061,070	0	16,061,070	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,753,677		3,753,677	0	3,753,677	35.00
41.00	04100	SUBPROVIDER - IRF	7,930,655		7,930,655	0	7,930,655	41.00
43.00	04300	NURSERY	1,911,573		1,911,573	0	1,911,573	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,785,885		31,785,885	8,798	31,794,683	50.00
51.00	05100	RECOVERY ROOM	5,027,258		5,027,258	0	5,027,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,072,993		10,072,993	0	10,072,993	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,690,689		9,690,689	0	9,690,689	54.00
54.01	05402	ULTRASOUND	1,857,049		1,857,049	0	1,857,049	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,432,763		5,432,763	0	5,432,763	55.00
56.00	05600	RADIOISOTOPE	1,258,826		1,258,826	0	1,258,826	56.00
57.00	05700	CT SCAN	4,932,993		4,932,993	0	4,932,993	57.00
58.00	05800	MRI	2,446,136		2,446,136	0	2,446,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,780,248		8,780,248	0	8,780,248	59.00
60.00	06000	LABORATORY	16,232,713		16,232,713	0	16,232,713	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,099,282		3,099,282	0	3,099,282	64.00
65.00	06500	RESPIRATORY THERAPY	5,543,699	0	5,543,699	0	5,543,699	65.00
66.00	06600	PHYSICAL THERAPY	6,330,179	0	6,330,179	0	6,330,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,942,389	0	1,942,389	0	1,942,389	67.00
68.00	06800	SPEECH PATHOLOGY	1,001,908	0	1,001,908	0	1,001,908	68.00
69.00	06900	ELECTROCARDIOLOGY	817,724		817,724	0	817,724	69.00
69.01	06901	ECHOCARDIOLOGY	782,580		782,580	0	782,580	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	249,440		249,440	0	249,440	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,732,606		6,732,606	0	6,732,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,857,799		6,857,799	0	6,857,799	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,000,413		22,000,413	0	22,000,413	73.00
74.00	07400	RENAL DIALYSIS	1,736,513		1,736,513	0	1,736,513	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	154,734		154,734	0	154,734	90.01
90.02	09002	DIETITIANS SERVICES	356,262		356,262	0	356,262	90.02
90.03	09003	BLANK	0		0	0	0	90.03
90.04	09004	URGENT CARE	1,137,579		1,137,579	0	1,137,579	90.04
91.00	09100	EMERGENCY	20,956,824		20,956,824	0	20,956,824	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,291,072		5,291,072		5,291,072	92.00
93.00	04951	PALLIATIVE CARE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OPT	0		0		0	99.20
99.30	09930	OOT	0		0		0	99.30
99.40	09940	OSP	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	259,138,367	0	259,138,367	8,798	259,147,165	200.00
201.00		Less Observation Beds	5,291,072		5,291,072		5,291,072	201.00
202.00		Total (see instructions)	253,847,295	0	253,847,295	8,798	253,856,093	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 3/20/2024 8:45 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	121,193,644		121,193,644			30.00
31.00	03100	INTENSIVE CARE UNIT	52,174,991		52,174,991			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,043,227		4,043,227			35.00
41.00	04100	SUBPROVIDER - IRF	15,835,848		15,835,848			41.00
43.00	04300	NURSERY	3,444,290		3,444,290			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,398,133	196,321,316	281,719,449	0.112828	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,388,907	2,990,006	5,378,913	0.934623	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,621,525	8,845,092	21,466,617	0.469240	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,397,448	34,690,167	51,087,615	0.189688	0.000000	54.00
54.01	05402	ULTRASOUND	4,074,785	9,896,999	13,971,784	0.132914	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	627,926	77,399,119	78,027,045	0.069627	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,433,254	3,277,673	4,710,927	0.267214	0.000000	56.00
57.00	05700	CT SCAN	32,206,626	75,644,752	107,851,378	0.045739	0.000000	57.00
58.00	05800	MRI	7,656,210	24,694,212	32,350,422	0.075614	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,039,075	28,951,943	59,991,018	0.146359	0.000000	59.00
60.00	06000	LABORATORY	117,207,651	167,029,853	284,237,504	0.057110	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	322,923	17,811,889	18,134,812	0.170902	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	50,765,133	4,927,693	55,692,826	0.099541	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,527,184	11,583,155	16,110,339	0.392926	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,675,221	1,237,228	3,912,449	0.496464	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,761,190	1,405,464	6,166,654	0.162472	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,615,044	8,213,439	12,828,483	0.063743	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	6,706,575	5,228,623	11,935,198	0.065569	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,085,690	1,190,394	2,276,084	0.109592	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,215,127	9,291,893	17,507,020	0.384566	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,182,691	20,612,126	35,794,817	0.191586	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,991,127	77,967,923	125,959,050	0.174663	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,048,164	318,931	3,367,095	0.515730	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	10,000	48,785	58,785	2.632202	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	930,440	930,440	0.382896	0.000000	90.02
90.03	09003	BLANK	0	0	0	0.000000	0.000000	90.03
90.04	09004	URGENT CARE	30,957	2,474,255	2,505,212	0.454085	0.000000	90.04
91.00	09100	EMERGENCY	65,328,158	188,799,928	254,128,086	0.082466	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,924,794	12,003,362	14,928,156	0.354436	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	725,933,518	993,786,660	1,719,720,178			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	725,933,518	993,786,660	1,719,720,178			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.112859		50.00
51.00	05100	RECOVERY ROOM	0.934623		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469240		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189688		54.00
54.01	05402	ULTRASOUND	0.132914		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.069627		55.00
56.00	05600	RADIOISOTOPE	0.267214		56.00
57.00	05700	CT SCAN	0.045739		57.00
58.00	05800	MRI	0.075614		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359		59.00
60.00	06000	LABORATORY	0.057110		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.170902		64.00
65.00	06500	RESPIRATORY THERAPY	0.099541		65.00
66.00	06600	PHYSICAL THERAPY	0.392926		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.496464		67.00
68.00	06800	SPEECH PATHOLOGY	0.162472		68.00
69.00	06900	ELECTROCARDIOLOGY	0.063743		69.00
69.01	06901	ECHOCARDIOLOGY	0.065569		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109592		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384566		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191586		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174663		73.00
74.00	07400	RENAL DIALYSIS	0.515730		74.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2.632202		90.01
90.02	09002	DIETITIANS SERVICES	0.382896		90.02
90.03	09003	BLANK	0.000000		90.03
90.04	09004	URGENT CARE	0.454085		90.04
91.00	09100	EMERGENCY	0.082466		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.354436		92.00
93.00	04951	PALLIATIVE CARE	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0.000000		111.00
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part II Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,785,885	4,854,944	26,930,941	0	0	50.00
51.00	05100	RECOVERY ROOM	5,027,258	438,000	4,589,258	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,072,993	686,693	9,386,300	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,690,689	1,347,515	8,343,174	0	0	54.00
54.01	05402	ULTRASOUND	1,857,049	190,654	1,666,395	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,432,763	695,195	4,737,568	0	0	55.00
56.00	05600	RADIOISOTOPE	1,258,826	137,164	1,121,662	0	0	56.00
57.00	05700	CT SCAN	4,932,993	710,191	4,222,802	0	0	57.00
58.00	05800	MRI	2,446,136	366,606	2,079,530	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,780,248	549,226	8,231,022	0	0	59.00
60.00	06000	LABORATORY	16,232,713	1,188,676	15,044,037	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,099,282	315,164	2,784,118	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,543,699	335,782	5,207,917	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,330,179	649,038	5,681,141	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,942,389	344,576	1,597,813	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,001,908	67,691	934,217	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	817,724	124,487	693,237	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	782,580	25,949	756,631	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	249,440	5,143	244,297	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,732,606	237,240	6,495,366	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,857,799	244,510	6,613,289	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,000,413	1,143,690	20,856,723	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,736,513	119,236	1,617,277	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	154,734	2,566	152,168	0	0	90.01
90.02	09002	DIETITIANS SERVICES	356,262	22,406	333,856	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	1,137,579	267,620	869,959	0	0	90.04
91.00	09100	EMERGENCY	20,956,824	1,432,464	19,524,360	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,291,072	416,328	4,874,744	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	182,508,556	16,918,754	165,589,802	0	0	200.00
201.00		Less Observation Beds	5,291,072	416,328	4,874,744	0	0	201.00
202.00		Total (line 200 minus line 201)	177,217,484	16,502,426	160,715,058	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part II Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	31,785,885	281,719,449	0.112828		50.00
51.00	05100	RECOVERY ROOM	5,027,258	5,378,913	0.934623		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,072,993	21,466,617	0.469240		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,690,689	51,087,615	0.189688		54.00
54.01	05402	ULTRASOUND	1,857,049	13,971,784	0.132914		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,432,763	78,027,045	0.069627		55.00
56.00	05600	RADIOISOTOPE	1,258,826	4,710,927	0.267214		56.00
57.00	05700	CT SCAN	4,932,993	107,851,378	0.045739		57.00
58.00	05800	MRI	2,446,136	32,350,422	0.075614		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,780,248	59,991,018	0.146359		59.00
60.00	06000	LABORATORY	16,232,713	284,237,504	0.057110		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	3,099,282	18,134,812	0.170902		64.00
65.00	06500	RESPIRATORY THERAPY	5,543,699	55,692,826	0.099541		65.00
66.00	06600	PHYSICAL THERAPY	6,330,179	16,110,339	0.392926		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,942,389	3,912,449	0.496464		67.00
68.00	06800	SPEECH PATHOLOGY	1,001,908	6,166,654	0.162472		68.00
69.00	06900	ELECTROCARDIOLOGY	817,724	12,828,483	0.063743		69.00
69.01	06901	ECHOCARDIOLOGY	782,580	11,935,198	0.065569		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	249,440	2,276,084	0.109592		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,732,606	17,507,020	0.384566		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,857,799	35,794,817	0.191586		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,000,413	125,959,050	0.174663		73.00
74.00	07400	RENAL DIALYSIS	1,736,513	3,367,095	0.515730		74.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	154,734	58,785	2.632202		90.01
90.02	09002	DIETITIANS SERVICES	356,262	930,440	0.382896		90.02
90.03	09003	BLANK	0	0	0.000000		90.03
90.04	09004	URGENT CARE	1,137,579	2,505,212	0.454085		90.04
91.00	09100	EMERGENCY	20,956,824	254,128,086	0.082466		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,291,072	14,928,156	0.354436		92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	0.000000		99.10
99.20	09920	OPT	0	0	0.000000		99.20
99.30	09930	OOT	0	0	0.000000		99.30
99.40	09940	OSP	0	0	0.000000		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
		SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	182,508,556	1,523,028,178			200.00
201.00		Less Observation Beds	5,291,072	0			201.00
202.00		Total (line 200 minus line 201)	177,217,484	1,523,028,178			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 3/20/2024 8:45 am

Title V | 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	46,972,836		46,972,836	0	46,972,836	30.00
31.00	03100	INTENSIVE CARE UNIT	16,061,070		16,061,070	0	16,061,070	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,753,677		3,753,677	0	3,753,677	35.00
41.00	04100	SUBPROVIDER - IRF	7,930,655		7,930,655	0	7,930,655	41.00
43.00	04300	NURSERY	1,911,573		1,911,573	0	1,911,573	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,785,885		31,785,885	8,798	31,794,683	50.00
51.00	05100	RECOVERY ROOM	5,027,258		5,027,258	0	5,027,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,072,993		10,072,993	0	10,072,993	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,690,689		9,690,689	0	9,690,689	54.00
54.01	05402	ULTRASOUND	1,857,049		1,857,049	0	1,857,049	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,432,763		5,432,763	0	5,432,763	55.00
56.00	05600	RADIOISOTOPE	1,258,826		1,258,826	0	1,258,826	56.00
57.00	05700	CT SCAN	4,932,993		4,932,993	0	4,932,993	57.00
58.00	05800	MRI	2,446,136		2,446,136	0	2,446,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,780,248		8,780,248	0	8,780,248	59.00
60.00	06000	LABORATORY	16,232,713		16,232,713	0	16,232,713	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,099,282		3,099,282	0	3,099,282	64.00
65.00	06500	RESPIRATORY THERAPY	5,543,699	0	5,543,699	0	5,543,699	65.00
66.00	06600	PHYSICAL THERAPY	6,330,179	0	6,330,179	0	6,330,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,942,389	0	1,942,389	0	1,942,389	67.00
68.00	06800	SPEECH PATHOLOGY	1,001,908	0	1,001,908	0	1,001,908	68.00
69.00	06900	ELECTROCARDIOLOGY	817,724		817,724	0	817,724	69.00
69.01	06901	ECHOCARDIOLOGY	782,580		782,580	0	782,580	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	249,440		249,440	0	249,440	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,732,606		6,732,606	0	6,732,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,857,799		6,857,799	0	6,857,799	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,000,413		22,000,413	0	22,000,413	73.00
74.00	07400	RENAL DIALYSIS	1,736,513		1,736,513	0	1,736,513	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	154,734		154,734	0	154,734	90.01
90.02	09002	DIETITIANS SERVICES	356,262		356,262	0	356,262	90.02
90.03	09003	BLANK	0		0	0	0	90.03
90.04	09004	URGENT CARE	1,137,579		1,137,579	0	1,137,579	90.04
91.00	09100	EMERGENCY	20,956,824		20,956,824	0	20,956,824	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,291,072		5,291,072		5,291,072	92.00
93.00	04951	PALLIATIVE CARE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OPT	0		0		0	99.20
99.30	09930	OOT	0		0		0	99.30
99.40	09940	OSP	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	259,138,367	0	259,138,367	8,798	259,147,165	200.00
201.00		Less Observation Beds	5,291,072		5,291,072		5,291,072	201.00
202.00		Total (see instructions)	253,847,295	0	253,847,295	8,798	253,856,093	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 3/20/2024 8:45 am

Title V | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	121,193,644		121,193,644			30.00
31.00	03100	INTENSIVE CARE UNIT	52,174,991		52,174,991			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,043,227		4,043,227			35.00
41.00	04100	SUBPROVIDER - IRF	15,835,848		15,835,848			41.00
43.00	04300	NURSERY	3,444,290		3,444,290			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,398,133	196,321,316	281,719,449	0.112828	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,388,907	2,990,006	5,378,913	0.934623	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,621,525	8,845,092	21,466,617	0.469240	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,397,448	34,690,167	51,087,615	0.189688	0.000000	54.00
54.01	05402	ULTRASOUND	4,074,785	9,896,999	13,971,784	0.132914	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	627,926	77,399,119	78,027,045	0.069627	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,433,254	3,277,673	4,710,927	0.267214	0.000000	56.00
57.00	05700	CT SCAN	32,206,626	75,644,752	107,851,378	0.045739	0.000000	57.00
58.00	05800	MRI	7,656,210	24,694,212	32,350,422	0.075614	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,039,075	28,951,943	59,991,018	0.146359	0.000000	59.00
60.00	06000	LABORATORY	117,207,651	167,029,853	284,237,504	0.057110	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	322,923	17,811,889	18,134,812	0.170902	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	50,765,133	4,927,693	55,692,826	0.099541	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,527,184	11,583,155	16,110,339	0.392926	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,675,221	1,237,228	3,912,449	0.496464	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,761,190	1,405,464	6,166,654	0.162472	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,615,044	8,213,439	12,828,483	0.063743	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	6,706,575	5,228,623	11,935,198	0.065569	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,085,690	1,190,394	2,276,084	0.109592	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,215,127	9,291,893	17,507,020	0.384566	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,182,691	20,612,126	35,794,817	0.191586	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,991,127	77,967,923	125,959,050	0.174663	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,048,164	318,931	3,367,095	0.515730	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	10,000	48,785	58,785	2.632202	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	930,440	930,440	0.382896	0.000000	90.02
90.03	09003	BLANK	0	0	0	0.000000	0.000000	90.03
90.04	09004	URGENT CARE	30,957	2,474,255	2,505,212	0.454085	0.000000	90.04
91.00	09100	EMERGENCY	65,328,158	188,799,928	254,128,086	0.082466	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,924,794	12,003,362	14,928,156	0.354436	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	725,933,518	993,786,660	1,719,720,178			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	725,933,518	993,786,660	1,719,720,178			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet C Part I Date/Time Prepared: 3/20/2024 8:45 am

Title V | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
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	05402	ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	ECHOCARDIOLOGY	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
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
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0.000000		90.01
90.02	09002	DIETITIANS SERVICES	0.000000		90.02
90.03	09003	BLANK	0.000000		90.03
90.04	09004	URGENT CARE	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.00	04951	PALLIATIVE CARE	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0.000000		111.00
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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part I Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | PPS

	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	3,696,046	0	3,696,046	19,753	187.11	30.00
31.00	INTENSIVE CARE UNIT	1,294,495		1,294,495	2,924	442.71	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	209,842		209,842	501	418.85	35.00
41.00	SUBPROVIDER - IRF	823,748	0	823,748	2,993	275.22	41.00
43.00	NURSERY	188,830		188,830	1,177	160.43	43.00
200.00	Total (lines 30 through 199)	6,212,961		6,212,961	27,348		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	7,948	1,487,150	30.00
31.00	INTENSIVE CARE UNIT	1,244	550,731	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
41.00	SUBPROVIDER - IRF	1,489	409,803	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	10,681	2,447,684	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part II Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | 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	4,854,944	281,719,449	0.017233	34,382,479	592,513	50.00
51.00	05100	RECOVERY ROOM	438,000	5,378,913	0.081429	948,033	77,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	686,693	21,466,617	0.031989	14,553	466	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,347,515	51,087,615	0.026377	8,263,118	217,956	54.00
54.01	05402	ULTRASOUND	190,654	13,971,784	0.013646	1,798,693	24,545	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	695,195	78,027,045	0.008910	379,033	3,377	55.00
56.00	05600	RADIOISOTOPE	137,164	4,710,927	0.029116	703,483	20,483	56.00
57.00	05700	CT SCAN	710,191	107,851,378	0.006585	14,573,354	95,966	57.00
58.00	05800	MRI	366,606	32,350,422	0.011332	3,226,506	36,563	58.00
59.00	05900	CARDIAC CATHETERIZATION	549,226	59,991,018	0.009155	14,669,317	134,298	59.00
60.00	06000	LABORATORY	1,188,676	284,237,504	0.004182	54,042,728	226,007	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	315,164	18,134,812	0.017379	280,535	4,875	64.00
65.00	06500	RESPIRATORY THERAPY	335,782	55,692,826	0.006029	20,843,979	125,668	65.00
66.00	06600	PHYSICAL THERAPY	649,038	16,110,339	0.040287	1,099,467	44,294	66.00
67.00	06700	OCCUPATIONAL THERAPY	344,576	3,912,449	0.088072	531,047	46,770	67.00
68.00	06800	SPEECH PATHOLOGY	67,691	6,166,654	0.010977	1,222,329	13,418	68.00
69.00	06900	ELECTROCARDIOLOGY	124,487	12,828,483	0.009704	2,440,719	23,685	69.00
69.01	06901	ECHOCARDIOLOGY	25,949	11,935,198	0.002174	3,624,526	7,880	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,143	2,276,084	0.002260	379,335	857	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	237,240	17,507,020	0.013551	3,012,976	40,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	244,510	35,794,817	0.006831	8,214,649	56,114	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,143,690	125,959,050	0.009080	19,570,982	177,705	73.00
74.00	07400	RENAL DIALYSIS	119,236	3,367,095	0.035412	1,518,287	53,766	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2,566	58,785	0.043651	334	15	90.01
90.02	09002	DIETITIANS SERVICES	22,406	930,440	0.024081	0	0	90.02
90.03	09003	BLANK	0	0	0.000000	0	0	90.03
90.04	09004	URGENT CARE	267,620	2,505,212	0.106825	0	0	90.04
91.00	09100	EMERGENCY	1,432,464	254,128,086	0.005637	30,740,919	173,287	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	416,328	14,928,156	0.027889	1,535,710	42,829	92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	16,918,754	1,523,028,178		228,017,091	2,241,363	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part III Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | PPS

		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	690,609	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	72,843	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	763,452	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	690,609	19,753	34.96	7,948	30.00
31.00	03100	INTENSIVE CARE UNIT		72,843	2,924	24.91	1,244	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	501	0.00	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,993	0.00	1,489	41.00
43.00	04300	NURSERY		0	1,177	0.00	0	43.00
200.00		Total (lines 30 through 199)		763,452	27,348		10,681	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	277,862	0				30.00
31.00	03100	INTENSIVE CARE UNIT	30,988	0				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30 through 199)	308,850	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | PPS

		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	05402	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	299,023	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		77,789		0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	376,812	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	281,719,449	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,378,913	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,466,617	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,087,615	0.000000	54.00
54.01	05402	ULTRASOUND	0	0	0	13,971,784	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	78,027,045	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,710,927	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	107,851,378	0.000000	57.00
58.00	05800	MRI	0	0	0	32,350,422	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59,991,018	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	284,237,504	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	18,134,812	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	55,692,826	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,110,339	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,912,449	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,166,654	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,828,483	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	11,935,198	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,276,084	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,507,020	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	35,794,817	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	125,959,050	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,367,095	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	58,785	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	930,440	0.000000	90.02
90.03	09003	BLANK	0	0	0	0	0.000000	90.03
90.04	09004	URGENT CARE	0	0	0	2,505,212	0.000000	90.04
91.00	09100	EMERGENCY	0	299,023	299,023	254,128,086	0.001177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	77,789	77,789	14,928,156	0.005211	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	376,812	376,812	1,523,028,178		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | 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	34,382,479	0	75,407,912	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	948,033	0	1,628,265	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	14,553	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	8,263,118	0	7,873,100	0	54.00
54.01	05402	ULTRASOUND	0.000000	1,798,693	0	2,543,584	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	379,033	0	15,103,742	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	703,483	0	1,361,178	0	56.00
57.00	05700	CT SCAN	0.000000	14,573,354	0	27,113,939	0	57.00
58.00	05800	MRI	0.000000	3,226,506	0	10,259,661	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	14,669,317	0	16,578,048	0	59.00
60.00	06000	LABORATORY	0.000000	54,042,728	0	22,566,161	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	280,535	0	8,080,170	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	20,843,979	0	1,742,571	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,099,467	0	129,253	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	531,047	0	46,169	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,222,329	0	91,228	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,440,719	0	2,903,030	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.000000	3,624,526	0	3,340,539	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	379,335	0	499,723	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,012,976	0	3,493,185	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,214,649	0	9,084,429	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	19,570,982	0	37,710,254	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,518,287	0	276,524	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0.000000	334	0	35,126	0	90.01
90.02	09002	DIETITIANS SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.000000	0	0	6,805	0	90.04
91.00	09100	EMERGENCY	0.001177	30,740,919	36,182	41,298,478	48,608	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.005211	1,535,710	8,003	4,728,774	24,642	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		228,017,091	44,185	293,901,848	73,250	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

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		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part V Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.112828	75,407,912	0	0	8,508,124	50.00
51.00	05100	RECOVERY ROOM	0.934623	1,628,265	0	0	1,521,814	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469240	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189688	7,873,100	0	0	1,493,433	54.00
54.01	05402	ULTRASOUND	0.132914	2,543,584	0	0	338,078	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.069627	15,103,742	0	0	1,051,628	55.00
56.00	05600	RADIOISOTOPE	0.267214	1,361,178	0	0	363,726	56.00
57.00	05700	CT SCAN	0.045739	27,113,939	0	0	1,240,164	57.00
58.00	05800	MRI	0.075614	10,259,661	0	0	775,774	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359	16,578,048	0	0	2,426,347	59.00
60.00	06000	LABORATORY	0.057110	22,566,161	0	0	1,288,753	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.170902	8,080,170	0	0	1,380,917	64.00
65.00	06500	RESPIRATORY THERAPY	0.099541	1,742,571	0	0	173,457	65.00
66.00	06600	PHYSICAL THERAPY	0.392926	129,253	0	0	50,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.496464	46,169	0	0	22,921	67.00
68.00	06800	SPEECH PATHOLOGY	0.162472	91,228	0	0	14,822	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063743	2,903,030	0	0	185,048	69.00
69.01	06901	ECHOCARDIOLOGY	0.065569	3,340,539	0	0	219,036	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109592	499,723	0	0	54,766	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384566	3,493,185	0	0	1,343,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191586	9,084,429	40,199	0	1,740,449	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174663	37,710,254	0	33,476	6,586,586	73.00
74.00	07400	RENAL DIALYSIS	0.515730	276,524	0	0	142,612	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2.632202	35,126	0	0	92,459	90.01
90.02	09002	DIETITIANS SERVICES	0.382896	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.454085	6,805	0	0	3,090	90.04
91.00	09100	EMERGENCY	0.082466	41,298,478	0	0	3,405,720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.354436	4,728,774	0	0	1,676,048	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		293,901,848	40,199	33,476	36,099,919	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		293,901,848	40,199	33,476	36,099,919	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part V Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,702	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,847		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Subtotal (see instructions)	7,702	5,847		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	7,702	5,847		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part II Date/Time Prepared: 3/20/2024 8:45 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	4,854,944	281,719,449	0.017233	120,345	2,074	50.00
51.00	05100	RECOVERY ROOM	438,000	5,378,913	0.081429	3,774	307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	686,693	21,466,617	0.031989	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,347,515	51,087,615	0.026377	179,911	4,746	54.00
54.01	05402	ULTRASOUND	190,654	13,971,784	0.013646	49,522	676	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	695,195	78,027,045	0.008910	0	0	55.00
56.00	05600	RADIOISOTOPE	137,164	4,710,927	0.029116	0	0	56.00
57.00	05700	CT SCAN	710,191	107,851,378	0.006585	99,796	657	57.00
58.00	05800	MRI	366,606	32,350,422	0.011332	79,432	900	58.00
59.00	05900	CARDIAC CATHETERIZATION	549,226	59,991,018	0.009155	6,992	64	59.00
60.00	06000	LABORATORY	1,188,676	284,237,504	0.004182	1,611,114	6,738	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	315,164	18,134,812	0.017379	6,757	117	64.00
65.00	06500	RESPIRATORY THERAPY	335,782	55,692,826	0.006029	692,040	4,172	65.00
66.00	06600	PHYSICAL THERAPY	649,038	16,110,339	0.040287	1,033,881	41,652	66.00
67.00	06700	OCCUPATIONAL THERAPY	344,576	3,912,449	0.088072	817,931	72,037	67.00
68.00	06800	SPEECH PATHOLOGY	67,691	6,166,654	0.010977	1,247,292	13,692	68.00
69.00	06900	ELECTROCARDIOLOGY	124,487	12,828,483	0.009704	19,725	191	69.00
69.01	06901	ECHOCARDIOLOGY	25,949	11,935,198	0.002174	22,252	48	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,143	2,276,084	0.002260	5,544	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	237,240	17,507,020	0.013551	28,768	390	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	244,510	35,794,817	0.006831	24,434	167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,143,690	125,959,050	0.009080	619,532	5,625	73.00
74.00	07400	RENAL DIALYSIS	119,236	3,367,095	0.035412	161,106	5,705	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2,566	58,785	0.043651	0	0	90.01
90.02	09002	DIETITIANS SERVICES	22,406	930,440	0.024081	0	0	90.02
90.03	09003	BLANK	0	0	0.000000	0	0	90.03
90.04	09004	URGENT CARE	267,620	2,505,212	0.106825	0	0	90.04
91.00	09100	EMERGENCY	1,432,464	254,128,086	0.005637	33,052	186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,928,156	0.000000	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	16,502,426	1,523,028,178		6,863,200	160,157	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Subprovider - IRF | PPS

		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	05402	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	299,023	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	299,023	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	281,719,449	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,378,913	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,466,617	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,087,615	0.000000	54.00
54.01	05402	ULTRASOUND	0	0	0	13,971,784	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	78,027,045	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,710,927	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	107,851,378	0.000000	57.00
58.00	05800	MRI	0	0	0	32,350,422	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59,991,018	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	284,237,504	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	18,134,812	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	55,692,826	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,110,339	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,912,449	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,166,654	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,828,483	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	11,935,198	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,276,084	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,507,020	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	35,794,817	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	125,959,050	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,367,095	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	58,785	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	930,440	0.000000	90.02
90.03	09003	BLANK	0	0	0	0	0.000000	90.03
90.04	09004	URGENT CARE	0	0	0	2,505,212	0.000000	90.04
91.00	09100	EMERGENCY	0	299,023	299,023	254,128,086	0.001177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,928,156	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	299,023	299,023	1,523,028,178		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV Date/Time Prepared: 3/20/2024 8:45 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	120,345	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,774	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	179,911	0	3,476	0	54.00
54.01	05402	ULTRASOUND	0.000000	49,522	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	99,796	0	19,768	0	57.00
58.00	05800	MRI	0.000000	79,432	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,992	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,611,114	0	22,427	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	6,757	0	3,679	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	692,040	0	4,720	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,033,881	0	369	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	817,931	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,247,292	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	19,725	0	3,156	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.000000	22,252	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,544	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	28,768	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	24,434	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	619,532	0	2,369	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	161,106	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.001177	33,052	39	20,576	24	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		6,863,200	39	80,540	24	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
			21.00	24.00	
	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	05402	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	90.02
90.03	09003	BLANK	0	0	90.03
90.04	09004	URGENT CARE	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN:05-0009 | Component CCN:05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part V Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.112828	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.934623	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469240	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189688	3,476	0	0	659	54.00
54.01	05402	ULTRASOUND	0.132914	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.069627	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.267214	0	0	0	0	56.00
57.00	05700	CT SCAN	0.045739	19,768	0	0	904	57.00
58.00	05800	MRI	0.075614	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359	0	0	0	0	59.00
60.00	06000	LABORATORY	0.057110	22,427	0	0	1,281	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.170902	3,679	0	0	629	64.00
65.00	06500	RESPIRATORY THERAPY	0.099541	4,720	0	0	470	65.00
66.00	06600	PHYSICAL THERAPY	0.392926	369	0	0	145	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.496464	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.162472	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063743	3,156	0	0	201	69.00
69.01	06901	ECHOCARDIOLOGY	0.065569	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109592	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384566	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191586	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174663	2,369	0	931	414	73.00
74.00	07400	RENAL DIALYSIS	0.515730	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2.632202	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.382896	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.454085	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.082466	20,576	0	0	1,697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.354436	0	0	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		80,540	0	931	6,400	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		80,540	0	931	6,400	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part V | Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	163		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Subtotal (see instructions)	0	163		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	163		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part I | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | PPS

	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	3,696,046	0	3,696,046	19,753	187.11	30.00
31.00	INTENSIVE CARE UNIT	1,294,495		1,294,495	2,924	442.71	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	209,842		209,842	501	418.85	35.00
41.00	SUBPROVIDER - IRF	823,748	0	823,748	2,993	275.22	41.00
43.00	NURSERY	188,830		188,830	1,177	160.43	43.00
200.00	Total (lines 30 through 199)	6,212,961		6,212,961	27,348		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	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part II Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | 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	4,854,944	281,719,449	0.017233	0	0	50.00
51.00	05100	RECOVERY ROOM	438,000	5,378,913	0.081429	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	686,693	21,466,617	0.031989	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,347,515	51,087,615	0.026377	0	0	54.00
54.01	05402	ULTRASOUND	190,654	13,971,784	0.013646	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	695,195	78,027,045	0.008910	0	0	55.00
56.00	05600	RADIOISOTOPE	137,164	4,710,927	0.029116	0	0	56.00
57.00	05700	CT SCAN	710,191	107,851,378	0.006585	0	0	57.00
58.00	05800	MRI	366,606	32,350,422	0.011332	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	549,226	59,991,018	0.009155	0	0	59.00
60.00	06000	LABORATORY	1,188,676	284,237,504	0.004182	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	315,164	18,134,812	0.017379	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	335,782	55,692,826	0.006029	0	0	65.00
66.00	06600	PHYSICAL THERAPY	649,038	16,110,339	0.040287	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	344,576	3,912,449	0.088072	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	67,691	6,166,654	0.010977	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	124,487	12,828,483	0.009704	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	25,949	11,935,198	0.002174	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,143	2,276,084	0.002260	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	237,240	17,507,020	0.013551	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	244,510	35,794,817	0.006831	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,143,690	125,959,050	0.009080	0	0	73.00
74.00	07400	RENAL DIALYSIS	119,236	3,367,095	0.035412	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2,566	58,785	0.043651	0	0	90.01
90.02	09002	DIETITIANS SERVICES	22,406	930,440	0.024081	0	0	90.02
90.03	09003	BLANK	0	0	0.000000	0	0	90.03
90.04	09004	URGENT CARE	267,620	2,505,212	0.106825	0	0	90.04
91.00	09100	EMERGENCY	1,432,464	254,128,086	0.005637	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	416,328	14,928,156	0.027889	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	16,918,754	1,523,028,178		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part III Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | PPS

		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	690,609	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	72,843	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	763,452	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	690,609	19,753	34.96	0	30.00
31.00	03100	INTENSIVE CARE UNIT		72,843	2,924	24.91	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	501	0.00	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,993	0.00	0	41.00
43.00	04300	NURSERY		0	1,177	0.00	0	43.00
200.00		Total (lines 30 through 199)		763,452	27,348		0	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost		
			9.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
200.00		Total (lines 30 through 199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | PPS

		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	05402	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	299,023	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		77,789		0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	376,812	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	281,719,449	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,378,913	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,466,617	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,087,615	0.000000	54.00
54.01	05402	ULTRASOUND	0	0	0	13,971,784	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	78,027,045	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,710,927	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	107,851,378	0.000000	57.00
58.00	05800	MRI	0	0	0	32,350,422	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59,991,018	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	284,237,504	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	18,134,812	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	55,692,826	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,110,339	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,912,449	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,166,654	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,828,483	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	11,935,198	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,276,084	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,507,020	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	35,794,817	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	125,959,050	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,367,095	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	58,785	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	930,440	0.000000	90.02
90.03	09003	BLANK	0	0	0	0	0.000000	90.03
90.04	09004	URGENT CARE	0	0	0	2,505,212	0.000000	90.04
91.00	09100	EMERGENCY	0	299,023	299,023	254,128,086	0.001177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	77,789	77,789	14,928,156	0.005211	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	376,812	376,812	1,523,028,178		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | 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	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	05402	ULTRASOUND	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
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
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.001177	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.005211	0	0	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | PPS

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part II | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | 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	4,854,944	281,719,449	0.017233	0	0	50.00
51.00	05100	RECOVERY ROOM	438,000	5,378,913	0.081429	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	686,693	21,466,617	0.031989	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,347,515	51,087,615	0.026377	0	0	54.00
54.01	05402	ULTRASOUND	190,654	13,971,784	0.013646	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	695,195	78,027,045	0.008910	0	0	55.00
56.00	05600	RADIOISOTOPE	137,164	4,710,927	0.029116	0	0	56.00
57.00	05700	CT SCAN	710,191	107,851,378	0.006585	0	0	57.00
58.00	05800	MRI	366,606	32,350,422	0.011332	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	549,226	59,991,018	0.009155	0	0	59.00
60.00	06000	LABORATORY	1,188,676	284,237,504	0.004182	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	315,164	18,134,812	0.017379	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	335,782	55,692,826	0.006029	0	0	65.00
66.00	06600	PHYSICAL THERAPY	649,038	16,110,339	0.040287	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	344,576	3,912,449	0.088072	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	67,691	6,166,654	0.010977	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	124,487	12,828,483	0.009704	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	25,949	11,935,198	0.002174	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,143	2,276,084	0.002260	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	237,240	17,507,020	0.013551	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	244,510	35,794,817	0.006831	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,143,690	125,959,050	0.009080	0	0	73.00
74.00	07400	RENAL DIALYSIS	119,236	3,367,095	0.035412	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2,566	58,785	0.043651	0	0	90.01
90.02	09002	DIETITIANS SERVICES	22,406	930,440	0.024081	0	0	90.02
90.03	09003	BLANK	0	0	0.000000	0	0	90.03
90.04	09004	URGENT CARE	267,620	2,505,212	0.106825	0	0	90.04
91.00	09100	EMERGENCY	1,432,464	254,128,086	0.005637	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,928,156	0.000000	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	16,502,426	1,523,028,178		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Subprovider - IRF | PPS

		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	05402	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	299,023	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	299,023	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	281,719,449	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,378,913	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,466,617	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,087,615	0.000000	54.00
54.01	05402	ULTRASOUND	0	0	0	13,971,784	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	78,027,045	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,710,927	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	107,851,378	0.000000	57.00
58.00	05800	MRI	0	0	0	32,350,422	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59,991,018	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	284,237,504	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	18,134,812	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	55,692,826	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,110,339	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,912,449	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,166,654	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,828,483	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	11,935,198	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,276,084	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,507,020	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	35,794,817	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	125,959,050	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,367,095	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	58,785	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	930,440	0.000000	90.02
90.03	09003	BLANK	0	0	0	0	0.000000	90.03
90.04	09004	URGENT CARE	0	0	0	2,505,212	0.000000	90.04
91.00	09100	EMERGENCY	0	299,023	299,023	254,128,086	0.001177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,928,156	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	299,023	299,023	1,523,028,178		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | 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	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	05402	ULTRASOUND	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
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
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.001177	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D Part IV | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Total (lines 50 through 199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | 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)	19,753	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,753	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)	17,528	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)	7,948	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)	46,972,836	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)	46,972,836	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)	46,972,836	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)	2,378.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	18,900,423	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)	18,900,423	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 3/20/2024 8:45 am

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	16,061,070	2,924	5,492.84	1,244	6,833,093	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	3,753,677	501	7,492.37	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	26,403,973	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)	52,137,489	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)	2,346,731	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,285,548	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	4,632,279	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	47,505,210	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)	2,225	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,378.01	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 3/20/2024 8:45 am
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,291,072	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	3,696,046	46,972,836	0.078685	5,291,072	416,328	90.00
91.00	Nursing Program cost	690,609	46,972,836	0.014702	5,291,072	77,789	91.00
92.00	Allied health cost	0	46,972,836	0.000000	5,291,072	0	92.00
93.00	All other Medical Education	0	46,972,836	0.000000	5,291,072	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN:05-0009 Component CCN:05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 3/20/2024 8:45 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)	2,993	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,993	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)	2,993	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)	1,489	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)	7,930,655	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)	7,930,655	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)	7,930,655	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)	2,649.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,945,448	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)	3,945,448	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 3/20/2024 8:45 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)	1,459,516	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)	5,404,964	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)	409,803	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	160,196	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	569,999	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,834,965	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 3/20/2024 8:45 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
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	823,748	7,930,655	0.103869	0	0	90.00
91.00	Nursing Program cost	0	7,930,655	0.000000	0	0	91.00
92.00	Allied health cost	0	7,930,655	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,930,655	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | Hospital | 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)	19,753	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,753	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)	17,528	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)	1,177	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)	46,972,836	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)	46,972,836	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)	46,972,836	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)	2,378.01	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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | 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)	1,911,573	1,177	1,624.11	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	16,061,070	2,924	5,492.84	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	3,753,677	501	7,492.37	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	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)	0	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 anesthetist, 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)	2,225	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,378.01	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 3/20/2024 8:45 am
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,291,072	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	3,696,046	46,972,836	0.078685	5,291,072	416,328	90.00
91.00	Nursing Program cost	690,609	46,972,836	0.014702	5,291,072	77,789	91.00
92.00	Allied health cost	0	46,972,836	0.000000	5,291,072	0	92.00
93.00	All other Medical Education	0	46,972,836	0.000000	5,291,072	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 3/20/2024 8:45 am
	Title XIX	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)	2,993	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,993	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)	2,993	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)	1,177	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)	7,930,655	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)	7,930,655	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)	7,930,655	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)	2,649.73	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: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 3/20/2024 8:45 am

Title XIX | 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)	0	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)	0	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 anesthetist, 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)	0	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 3/20/2024 8:45 am
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
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	823,748	7,930,655	0.103869	0	0	90.00
91.00	Nursing Program cost	0	7,930,655	0.000000	0	0	91.00
92.00	Allied health cost	0	7,930,655	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,930,655	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 3/20/2024 8:45 am

Title V | Hospital | Cost

	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)	19,753	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,753	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)	17,528	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)	919	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)	1,177	15.00
16.00	Nursery days (title V or XIX only)	153	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)	46,972,836	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)	46,972,836	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)	46,972,836	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)	2,378.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,185,391	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)	2,185,391	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 3/20/2024 8:45 am

Title V | Hospital | Cost

	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)	1,911,573	1,177	1,624.11	153	248,489	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	16,061,070	2,924	5,492.84	84	461,399	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	3,753,677	501	7,492.37	59	442,050	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,637,849	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)	5,975,178	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 anesthetist, 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)	2,225	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,378.01	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 3/20/2024 8:45 am
	Title V	Hospital	Cost

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,291,072	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	3,696,046	46,972,836	0.078685	5,291,072	416,328	90.00
91.00	Nursing Program cost	0	46,972,836	0.000000	5,291,072	0	91.00
92.00	Allied health cost	0	46,972,836	0.000000	5,291,072	0	92.00
93.00	All other Medical Education	0	46,972,836	0.000000	5,291,072	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN:05-0009 Component CCN:05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 3/20/2024 8:45 am
	Title V	Subprovider - IRF	Cost

	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)	2,993	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,993	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)	2,993	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)	165	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)	1,177	15.00
16.00	Nursery days (title V or XIX only)	153	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)	7,930,655	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)	7,930,655	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)	7,930,655	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)	2,649.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	437,205	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)	437,205	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-1 | Date/Time Prepared: 3/20/2024 8:45 am

Title V | Subprovider - IRF | Cost

	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)	0	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)	437,205	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 anesthetist, 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)	0	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 3/20/2024 8:45 am
	Title V	Subprovider - IRF	Cost

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
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	823,748	7,930,655	0.103869	0	0	90.00
91.00	Nursing Program cost	0	7,930,655	0.000000	0	0	91.00
92.00	Allied health cost	0	7,930,655	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,930,655	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-3 | Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		56,667,924		30.00
31.00	03100	INTENSIVE CARE UNIT		22,073,192		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.112859	34,382,479	3,880,372	50.00
51.00	05100	RECOVERY ROOM	0.934623	948,033	886,053	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469240	14,553	6,829	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189688	8,263,118	1,567,414	54.00
54.01	05402	ULTRASOUND	0.132914	1,798,693	239,071	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.069627	379,033	26,391	55.00
56.00	05600	RADIOISOTOPE	0.267214	703,483	187,981	56.00
57.00	05700	CT SCAN	0.045739	14,573,354	666,571	57.00
58.00	05800	MRI	0.075614	3,226,506	243,969	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359	14,669,317	2,146,987	59.00
60.00	06000	LABORATORY	0.057110	54,042,728	3,086,380	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.170902	280,535	47,944	64.00
65.00	06500	RESPIRATORY THERAPY	0.099541	20,843,979	2,074,831	65.00
66.00	06600	PHYSICAL THERAPY	0.392926	1,099,467	432,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.496464	531,047	263,646	67.00
68.00	06800	SPEECH PATHOLOGY	0.162472	1,222,329	198,594	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063743	2,440,719	155,579	69.00
69.01	06901	ECHOCARDIOLOGY	0.065569	3,624,526	237,657	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109592	379,335	41,572	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384566	3,012,976	1,158,688	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191586	8,214,649	1,573,812	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174663	19,570,982	3,418,326	73.00
74.00	07400	RENAL DIALYSIS	0.515730	1,518,287	783,026	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2.632202	334	879	90.01
90.02	09002	DIETITIANS SERVICES	0.382896	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	90.03
90.04	09004	URGENT CARE	0.454085	0	0	90.04
91.00	09100	EMERGENCY	0.082466	30,740,919	2,535,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.354436	1,535,710	544,311	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		228,017,091	26,403,973	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)		228,017,091		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-3 | Date/Time Prepared: 3/20/2024 8:45 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		8,033,241		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.112859	120,345	13,582	50.00
51.00	05100	RECOVERY ROOM	0.934623	3,774	3,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469240	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189688	179,911	34,127	54.00
54.01	05402	ULTRASOUND	0.132914	49,522	6,582	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.069627	0	0	55.00
56.00	05600	RADIOISOTOPE	0.267214	0	0	56.00
57.00	05700	CT SCAN	0.045739	99,796	4,565	57.00
58.00	05800	MRI	0.075614	79,432	6,006	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359	6,992	1,023	59.00
60.00	06000	LABORATORY	0.057110	1,611,114	92,011	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.170902	6,757	1,155	64.00
65.00	06500	RESPIRATORY THERAPY	0.099541	692,040	68,886	65.00
66.00	06600	PHYSICAL THERAPY	0.392926	1,033,881	406,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.496464	817,931	406,073	67.00
68.00	06800	SPEECH PATHOLOGY	0.162472	1,247,292	202,650	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063743	19,725	1,257	69.00
69.01	06901	ECHOCARDIOLOGY	0.065569	22,252	1,459	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109592	5,544	608	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384566	28,768	11,063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191586	24,434	4,681	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174663	619,532	108,209	73.00
74.00	07400	RENAL DIALYSIS	0.515730	161,106	83,087	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2.632202	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.382896	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	90.03
90.04	09004	URGENT CARE	0.454085	0	0	90.04
91.00	09100	EMERGENCY	0.082466	33,052	2,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.354436	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,863,200	1,459,516	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)		6,863,200		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-3 | Date/Time Prepared: 3/20/2024 8:45 am

Title V | Hospital | Cost

		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		6,092,528		30.00
31.00	03100	INTENSIVE CARE UNIT		1,416,204		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		494,274		35.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		452,476		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.112828	3,197,809	360,802	50.00
51.00	05100	RECOVERY ROOM	0.934623	97,808	91,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469240	897,443	421,116	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189688	478,213	90,711	54.00
54.01	05402	ULTRASOUND	0.132914	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.069627	65,781	4,580	55.00
56.00	05600	RADIOISOTOPE	0.267214	45,743	12,223	56.00
57.00	05700	CT SCAN	0.045739	1,353,340	61,900	57.00
58.00	05800	MRI	0.075614	559,216	42,285	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359	927,703	135,778	59.00
60.00	06000	LABORATORY	0.057110	5,174,276	295,503	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.170902	3,485	596	64.00
65.00	06500	RESPIRATORY THERAPY	0.099541	954,694	95,031	65.00
66.00	06600	PHYSICAL THERAPY	0.392926	253,588	99,641	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.496464	140,951	69,977	67.00
68.00	06800	SPEECH PATHOLOGY	0.162472	137,054	22,267	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063743	120,819	7,701	69.00
69.01	06901	ECHOCARDIOLOGY	0.065569	173,306	11,364	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109592	60,237	6,601	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384566	237,580	91,365	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191586	129,815	24,871	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174663	1,995,891	348,608	73.00
74.00	07400	RENAL DIALYSIS	0.515730	178,064	91,833	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2.632202	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.382896	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	90.03
90.04	09004	URGENT CARE	0.454085	159	72	90.04
91.00	09100	EMERGENCY	0.082466	2,696,689	222,385	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.354436	82,454	29,225	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		19,962,118	2,637,849	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)		19,962,118		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet D-3 | Date/Time Prepared: 3/20/2024 8:45 am

Title V | Subprovider - IRF | Cost

		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		874,118		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.112828	0	0	50.00
51.00	05100	RECOVERY ROOM	0.934623	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469240	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189688	0	0	54.00
54.01	05402	ULTRASOUND	0.132914	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.069627	0	0	55.00
56.00	05600	RADIOISOTOPE	0.267214	0	0	56.00
57.00	05700	CT SCAN	0.045739	0	0	57.00
58.00	05800	MRI	0.075614	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146359	0	0	59.00
60.00	06000	LABORATORY	0.057110	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.170902	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.099541	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.392926	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.496464	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.162472	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063743	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.065569	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109592	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384566	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191586	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174663	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.515730	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	2.632202	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.382896	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	90.03
90.04	09004	URGENT CARE	0.454085	0	0	90.04
91.00	09100	EMERGENCY	0.082466	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.354436	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	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)		0		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 3/20/2024 8:45 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)	9,816,025	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	32,841,877	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)	378,435	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	716,144	2.04
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	112.81	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 qualifing 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)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
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).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
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)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	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.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program (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	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	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)	0.00	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)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)	30.42	31.00
32.00	Sum of lines 30 and 31	37.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)	19.79	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 3/20/2024 8:45 am
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			1.00	
34.00	Disproportionate share adjustment (see instructions)		2,110,500	34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Payment Adjustment			
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000226569	0.000237190	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	1,629,486	1,630,540	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	410,720	1,219,554	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,630,274		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	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	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)	47,493,255		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)		47,493,255	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,153,492	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		145,600	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 intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		308,850	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		44,185	58.00
59.00	Total (sum of amounts on lines 49 through 58)		51,145,382	59.00
60.00	Primary payer payments		11,888	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		51,133,494	61.00
62.00	Deductibles billed to program beneficiaries		2,756,892	62.00
63.00	Coinsurance billed to program beneficiaries		28,169	63.00
64.00	Allowable bad debts (see instructions)		122,608	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		79,695	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		112,062	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		48,428,128	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)			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)		0	70.93
70.94	HRR adjustment amount (see instructions)		-185,864	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 3/20/2024 8:45 am
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		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)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		48,242,264	71.00
71.01	Sequestration adjustment (see instructions)		964,845	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		47,019,020	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		258,399	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		11,266,761	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. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
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	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	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. II, 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
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet DSH | Date/Time Prepared: 3/20/2024 8:45 am

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		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.64	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	30.42	0.00			30.42	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	37.06	0.00			30.42	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	112.81	0.00			112.81	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	19.79	0.00			14.31	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	3.93	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,223	0			1,223	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	228	0			228	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	6	0			6	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	5	0			5	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	5,271	0			5,271	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,733	0			6,733	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	22,130	0			22,130	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	7	0			7	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	22,137	0			22,137	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	30.42	0.00			30.42	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet DSH | Date/Time Prepared: 3/20/2024 8:45 am

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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	19.79		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		19.79		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		19.79		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet DSH Date/Time Prepared: 3/20/2024 8:45 am
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		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	14.31		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	14.31		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	14.31		31.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 3/20/2024 8:45 am

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		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	9,816,025	0	9,816,025		9,816,025	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	32,841,877	0		32,841,877	32,841,877	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	378,435	0	378,435		378,435	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	716,144	0		716,144	716,144	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	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	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1979	0.1979	0.1979	0.1979		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,110,500	0	485,648	1,624,852	2,110,500	11.00
11.01	Uncompensated care payments	36.00	1,630,274	0	410,720	1,219,554	1,630,274	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	47,493,255	0	11,090,828	36,402,427	47,493,255	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	47,493,255	0	11,090,828	36,402,427	47,493,255	15.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 3/20/2024 8:45 am

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		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	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,153,492	0	744,246	2,409,246	3,153,492	16.00
17.00	Special add-on payments for new technologies	54.00	145,600	0	12,709	132,891	145,600	17.00
17.01	Net organ aquisition cost							17.01
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	11,847,783	38,944,564	50,792,347	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	3,101,457	0	725,563	2,375,894	3,101,457	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	52,035	0	18,683	33,352	52,035	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,153,492	0	744,246	2,409,246	3,153,492	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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/20/2024 8:45 am

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 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	9,816,025	9,816,025		9,816,025	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	32,841,877		32,841,877	32,841,877	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	378,435	378,435		378,435	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	716,144		716,144	716,144	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1979	0.1979	0.1979		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,110,500	485,648	1,624,852	2,110,500	11.00
11.01	Uncompensated care payments	36.00	1,630,274	410,720	1,219,554	1,630,274	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	47,493,255	11,090,828	36,402,427	47,493,255	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	47,493,255	11,090,828	36,402,427	47,493,255	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,153,492	744,246	2,409,246	3,153,492	16.00
17.00	Special add-on payments for new technologies	54.00	145,600	12,709	132,891	145,600	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			11,847,783	38,944,564	50,792,347	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/20/2024 8:45 am

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		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	3,101,457	725,563	2,375,894	3,101,457	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	52,035	18,683	33,352	52,035	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,153,492	744,246	2,409,246	3,153,492	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	0	0	0	0	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	-185,864	-17,692	-168,172	-185,864	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	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E Part B Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	13,549	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	36,026,669	2.00
3.00	OPPS or REH payments	34,254,055	3.00
4.00	Outlier payment (see instructions)	365,619	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	73,250	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	13,549	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	73,675	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)	73,675	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 chargebasis 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)	73,675	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	60,126	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)	13,549	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)	34,692,924	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	8,040	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	5,332,049	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)	29,366,384	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
28.50	REH facility payment amount		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)	29,366,384	30.00
31.00	Primary payer payments	31,410	31.00
32.00	Subtotal (line 30 minus line 31)	29,334,974	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)	47,727	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	31,023	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	38,382	36.00
37.00	Subtotal (see instructions)	29,365,997	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-690	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)	29,366,687	40.00
40.01	Sequestration adjustment (see instructions)	587,334	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	29,112,661	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)	-333,308	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	71,964	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: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 3/20/2024 8:45 am
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00
		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days	0	200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 3/20/2024 8:45 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	163	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	6,376	2.00
3.00	OPPS or REH payments	4,848	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 from Wkst. D, Pt. IV, col. 13, line 200	24	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	163	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	931	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)	931	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 chargebasis 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)	931	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	768	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)	163	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)	4,872	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)	335	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)	4,700	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
28.50	REH facility payment amount		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)	4,700	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	4,700	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)	4,700	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)	4,700	40.00
40.01	Sequestration adjustment (see instructions)	94	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	4,606	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)	0	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: 05-0009 Component CCN: 05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 3/20/2024 8:45 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00
		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days		200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E-1 Part I Date/Time Prepared: 3/20/2024 8:45 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		47,019,020		29,112,661	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)		47,019,020		29,112,661	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		258,399		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		333,308	6.02
7.00	Total Medicare program liability (see instructions)		47,277,419		28,779,353	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: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E-1 Part I | Date/Time Prepared: 3/20/2024 8:45 am

Title XVIII | Subprovider - IRF | 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		5,171,839		4,606	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)		5,171,839		4,606	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		181,057		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,352,896		4,606	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: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 3/20/2024 8:45 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
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment		108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN:05-0009 Component CCN:05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part III Date/Time Prepared: 3/20/2024 8:45 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	4,466,857	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0393	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	373,429	3.00
4.00	Outlier Payments	654,919	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)	8.200000	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)	5,495,205	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	5,495,205	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	5,495,205	19.00
20.00	Deductibles	18,848	20.00
21.00	Subtotal (line 19 minus line 20)	5,476,357	21.00
22.00	Coinsurance	14,257	22.00
23.00	Subtotal (line 21 minus line 22)	5,462,100	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)	5,462,100	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)	39	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)	5,462,139	32.00
32.01	Sequestration adjustment (see instructions)	109,243	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	5,171,839	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)	181,057	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	654,919	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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet E-3 Part VII | Date/Time Prepared: 3/20/2024 8:45 am

Title V | 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	5,975,178		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)	5,975,178	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	5,975,178	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	8,455,482		8.00
9.00	Ancillary service charges	19,962,118	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	28,417,600	0	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)	28,417,600	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	22,442,422	0	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)	5,975,178	0	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)	5,975,178	0	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)	5,975,178	0	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)	5,975,178	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	5,975,178	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	5,975,178	0	40.00
41.00	Interim payments	5,975,178	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN:05-0009 Component CCN:05-T009	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 3/20/2024 8:45 am
	Title V	Subprovider - IRF	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	437,205		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)	437,205	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	437,205	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	874,118		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	874,118	0	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)	874,118	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	436,913	0	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)	437,205	0	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)	437,205	0	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)	437,205	0	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)	437,205	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	437,205	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	437,205	0	40.00
41.00	Interim payments	437,205	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 3/20/2024 8:45 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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet G | Date/Time Prepared: 3/20/2024 8:45 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	35,652,444	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	42,570,399	0	0	0	4.00
5.00	Other receivable	24,544,444	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-134,887	0	0	0	6.00
7.00	Inventory	3,713,156	0	0	0	7.00
8.00	Prepaid expenses	1,207,591	0	0	0	8.00
9.00	Other current assets	36,741	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)	107,589,888	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,618,499	0	0	0	12.00
13.00	Land improvements	2,635,482	0	0	0	13.00
14.00	Accumulated depreciation	-121,662	0	0	0	14.00
15.00	Buildings	266,267,740	0	0	0	15.00
16.00	Accumulated depreciation	-138,361,616	0	0	0	16.00
17.00	Leasehold improvements	2,492,622	0	0	0	17.00
18.00	Accumulated depreciation	-405,767	0	0	0	18.00
19.00	Fixed equipment	29,461,310	0	0	0	19.00
20.00	Accumulated depreciation	-27,279,896	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	140,115,498	0	0	0	23.00
24.00	Accumulated depreciation	-130,001,073	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	16,352,052	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	166,773,189	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	140,938,091	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	1,863,048	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	142,801,139	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	417,164,216	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	18,259,957	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,962,885	0	0	0	38.00
39.00	Payroll taxes payable	32,805	0	0	0	39.00
40.00	Notes and loans payable (short term)	928,968	0	0	0	40.00
41.00	Deferred income	691,062	0	0	0	41.00
42.00	Accelerated payments	2,477,575				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	14,907,998	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	43,261,250	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	100,908,246	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,765,084	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	104,673,330	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	147,934,580	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	269,229,636				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)	269,229,636	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	417,164,216	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet G-1 | Date/Time Prepared: 3/20/2024 8:45 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		216,557,549		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		12,500,026				2.00
3.00	Total (sum of line 1 and line 2)		229,057,575		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ADD BACK SYSTEM ASSESSMENTS	84,039,935		0		0	5.00
6.00	INVESTMENT AND OTHER INCOME	20,373,646		0		0	6.00
7.00	RESTRICTED CONTRIBUTIONS & GRANTS	4,075,714		0		0	7.00
8.00	NET ASSETS RELEASED FROM REST.	1,787,216		0		0	8.00
9.00	OTHER AND ROUNDING	0		0		0	9.00
10.00	Total additions (sum of line 4-9)		110,276,511		0		10.00
11.00	Subtotal (line 3 plus line 10)		339,334,086		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	INTERDIVISION TRANSFERS	69,994,497		0		0	13.00
14.00	EXTRAORDINARY ITEMS & OTHER	110,011		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00	OTHER AND ROUNDING	-58		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		70,104,450		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		269,229,636		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00	ADD BACK SYSTEM ASSESSMENTS		0		5.00
6.00	INVESTMENT AND OTHER INCOME		0		6.00
7.00	RESTRICTED CONTRIBUTIONS & GRANTS		0		7.00
8.00	NET ASSETS RELEASED FROM REST.		0		8.00
9.00	OTHER AND ROUNDING		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	INTERDIVISION TRANSFERS		0		13.00
14.00	EXTRAORDINARY ITEMS & OTHER		0		14.00
15.00			0		15.00
16.00			0		16.00
17.00	OTHER AND ROUNDING		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: 05-0009 | Period: From 07/01/2022 To 06/30/2023 | Worksheet G-2 Parts I & II | Date/Time Prepared: 3/20/2024 8:45 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	124,637,934		124,637,934	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	15,835,848		15,835,848	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)	140,473,782		140,473,782	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	52,174,991		52,174,991	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	4,043,227		4,043,227	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	56,218,218		56,218,218	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	196,692,000		196,692,000	17.00
18.00	Ancillary services	457,799,445	786,751,104	1,244,550,549	18.00
19.00	Outpatient services	68,283,909	204,266,663	272,550,572	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	RENAL DIALYSIS	3,048,164	318,931	3,367,095	27.01
27.02	HOME DIALYSIS	0	0	0	27.02
27.03	ORGAN ACQUISITION	0	0	0	27.03
27.04	OTHER (SPECIFY)	0	0	0	27.04
27.05	PHYSICIAN'S PRIVATE OFFICES	0	0	0	27.05
27.06	OTHER NON-REIMBURSABLE	0	1,758,256	1,758,256	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	725,823,518	993,094,954	1,718,918,472	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		258,796,099		29.00
30.00	SYSTEM ASSESSMENT	84,039,935			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)		84,039,935		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)		342,836,034		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet G-3 Date/Time Prepared: 3/20/2024 8:45 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,718,918,472	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,425,102,271	2.00
3.00	Net patient revenues (line 1 minus line 2)	293,816,201	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	342,836,034	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-49,019,833	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	62,644	6.00
7.00	Income from investments	21,255,195	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,064,530	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	40,090,619	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	62,472,988	25.00
26.00	Total (line 5 plus line 25)	13,453,155	26.00
27.00	MISCELLANEOUS	953,129	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	953,129	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,500,026	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 05-0009	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 3/20/2024 8:45 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,101,457	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	52,035	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)	57.42	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	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)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	3,153,492	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

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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: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet S Parts I-III Date/Time Prepared: 3/11/2025 5:11 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: — Time:
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by QUEEN OF THE VALLEY MEDICAL CENTER (05-0009) for the cost reporting period beginning 07/01/2023 and ending 06/30/2024 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	Docusigned by: James M. Martin			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	ames M Martin			2
3	Signatory Title	CHIEF ACCOUNTING OFFICER			3
4	Date	3/12/2025			4

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	1,255,443	1,007,429	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	-35,627	33		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	0	1,219,816	1,007,462	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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I | Date/Time Prepared: 3/11/2025 5:11 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1000 TRANCAS STREET	PO Box:			1.00
2.00	City: NAPA	State: CA	Zip Code: 94558	County: NAPA	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	QUEEN OF THE VALLEY MEDICAL CENTER	050009	34900	1	07/01/1966	O	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	QUEEN OF THE VALLEY REHAB	05T009	34900	5	07/01/1995	O	P	P	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
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2023	06/30/2024	20.00
21.00	Type of Control (see instructions)	1		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim 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 redesignation from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015 or FY2025? 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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	808	260	4	11	5,433	0	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.	153	34	0	0	418		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		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.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	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.	N			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.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		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			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1	60.01

		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	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I | Date/Time Prepared: 3/11/2025 5:11 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part I Date/Time Prepared: 3/11/2025 5:11 pm

					1.00	
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)					
68.00	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)				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.					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.		Y	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.		Y	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00		97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part I Date/Time Prepared: 3/11/2025 5:11 pm

		V	XIX	
		1.00	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.	N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	N	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	N	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	N	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	N	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)	N		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)	N		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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

			1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (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			0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			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

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	2,619,083	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	Y	123.00
124.00	Did the hospital incur cost, either directly or through a contract with an outside supplier, to establish and maintain access to no less than a 6-month buffer stock of one or more essential medicines according to 42 CFR 412.113(g)? Enter "Y" for yes or "N" for no.			124.00
	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	HB0456	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: PROVIDENCE HEALTH	Contractor's Name: NORIDIAN HEALTHCARE SOLUTIONS	Contractor's Number: 2001	141.00
142.00	Street: 1801 LIND AVE SW	PO Box:		142.00
143.00	City: RENTON	State: WA	Zip Code: 98057	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

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		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10
161.20	OPT		N	N	N	161.20
161.30	OOT		N	N	N	161.30
161.40	OSP		N	N	N	161.40

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part II | Date/Time Prepared: 3/11/2025 5:11 pm

			Y/N	Date	
			1.00	2.00	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE 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)	Y			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		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	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		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.		Y		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.		N		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.		N		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.			Y	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, in columns 2 and 4, from the PS&R used to prepare this cost report, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date.(see instructions)	Y	09/15/2024	Y	09/15/2024	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, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N		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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part II Date/Time Prepared: 3/11/2025 5:11 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		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.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		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.		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		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		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.		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.		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.		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.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			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.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			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.	ROSEMARY	LEE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PROVIDENCE ST JOSEPH HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	747-201-3858	PHSCORPREIMBURSEMENT@PROVIDENCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part II Date/Time Prepared: 3/11/2025 5:11 pm

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

HFS Supplemental Information | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-2 Part IX Date/Time Prepared: 3/11/2025 5:11 pm

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	N	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	N	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		Y	3.02
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	N	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	N	7.00
	RHC			
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
	FQHC			
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00
		State		
		1.00		
	STATE MEDICAID FORMS			
10.00	Select the state when using state Medicaid forms.			10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part I Date/Time Prepared: 3/11/2025 5:11 pm

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P 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	113	41,358	0.00	625	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)		113	41,358	0.00	625	7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,588	0.00	103	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	8	2,928	0.00	9	12.00
13.00	NURSERY	43.00				112	13.00
14.00	Total (see instructions)		139	50,874	0.00	849	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	14	5,124		153	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	101.00				0	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
25.10	CMHC - CORF	99.10				0	25.10
25.20	CMHC - OPT	99.20				0	25.20
25.30	CMHC - OOT	99.30				0	25.30
25.40	CMHC - OSP	99.40				0	25.40
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)		153				27.00
28.00	Observation Bed Days					63	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part I | Date/Time Prepared: 3/11/2025 5:11 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	6,614	0	16,392			1.00
2.00	HMO and other (see instructions)	2,404	6,516				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	258	605				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)	6,614	0	16,392			7.00
8.00	INTENSIVE CARE UNIT	938	0	2,514			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	0	720			12.00
13.00	NURSERY		0	1,312			13.00
14.00	Total (see instructions)	7,552	0	20,938	0.00	723.32	14.00
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	1,490	0	3,009	0.00	23.00	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	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			1			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30	CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40	CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	746.32	27.00
28.00	Observation Bed Days		0	2,185			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	20			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			26			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 AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part I | Date/Time Prepared: 3/11/2025 5:11 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	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)		265	2,054	0	5,832	1.00
2.00	HMO and other (see instructions)			617	1,469		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				36		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	265	2,054	0	5,832	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	10	141	0	261	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	0.00					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
25.10	CMHC - CORF	0.00					25.10
25.20	CMHC - OPT	0.00					25.20
25.30	CMHC - OOT	0.00					25.30
25.40	CMHC - OSP	0.00					25.40
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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part II | Date/Time Prepared: 3/11/2025 5:11 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	119,737,534	-750,025	118,987,509	1,728,643.00	68.83	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		396,326	0	396,326	4,030.00	98.34	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		9,773,637	1,559,699	11,333,336	176,302.00	64.28	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,722,652	0	3,722,652	53,767.00	69.24	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		794,143	0	794,143	5,715.00	138.96	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		15,839,606	0	15,839,606	257,468.00	61.52	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
15.01	Home office Physicians Part A - Administrative		0	0	0	0.00	0.00	15.01
15.02	Home office contract Physicians Part A - Administrative		0	0	0	0.00	0.00	15.02
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,384,217	0	28,384,217			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		3,089,548	0	3,089,548			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		87,860	0	87,860			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		5,036,409	0	5,036,409			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part II Date/Time Prepared: 3/11/2025 5:11 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	232,992	0	232,992	3,706.00	62.87	26.00
27.00	Administrative & General	5.00	3,645,029	-996,556	2,648,473	47,693.00	55.53	27.00
28.00	Administrative & General under contract (see inst.)		932,059	0	932,059	9,856.00	94.57	28.00
29.00	Maintenance & Repairs	6.00	2,643,366	0	2,643,366	42,453.00	62.27	29.00
30.00	Operation of Plant	7.00	157	0	157	4.00	39.25	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,077,863	10,317	2,088,180	68,944.00	30.29	32.00
33.00	Housekeeping under contract (see instructions)		395,406	0	395,406	9,895.00	39.96	33.00
34.00	Dietary	10.00	2,116,734	-1,436,604	680,130	21,936.00	31.01	34.00
35.00	Dietary under contract (see instructions)		1,203	0	1,203	31.00	38.81	35.00
36.00	Cafeteria	11.00	0	1,436,607	1,436,607	47,784.00	30.06	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	10,869,213	-161,102	10,708,111	139,157.00	76.95	38.00
39.00	Central Services and Supply	14.00	17,373	0	17,373	475.00	36.57	39.00
40.00	Pharmacy	15.00	4,755,181	11,500	4,766,681	67,996.00	70.10	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	19,816	0	19,816	493.00	40.19	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part III Date/Time Prepared: 3/11/2025 5:11 pm

		Worksheet A Line Number	Amount Reported	Reclassification 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)		120,669,876	-750,025	119,919,851	1,744,395.00	68.75	1.00
2.00	Excluded area salaries (see instructions)		9,773,637	1,559,699	11,333,336	176,302.00	64.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)		110,896,239	-2,309,724	108,586,515	1,568,093.00	69.25	3.00
4.00	Subtotal other wages & related costs (see inst.)		20,356,401	0	20,356,401	316,950.00	64.23	4.00
5.00	Subtotal wage-related costs (see inst.)		33,420,626	0	33,420,626	0.00	30.78	5.00
6.00	Total (sum of lines 3 thru 5)		164,673,266	-2,309,724	162,363,542	1,885,043.00	86.13	6.00
7.00	Total overhead cost (see instructions)		27,706,392	-1,135,838	26,570,554	460,423.00	57.71	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part IV Date/Time Prepared: 3/11/2025 5:11 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	8,118,887	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)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	11,999,100	8.02
8.03	Health Insurance (Purchased)	-441	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	140,532	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)	386,446	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,081,916	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	8,520,602	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	16,460	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	298,123	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,561,625	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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-3 Part V Date/Time Prepared: 3/11/2025 5:11 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	3,724,456	31,561,625	1.00
2.00	Hospital	3,722,652	28,416,117	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	1,804	984,179	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	2,161,329	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet S-10 Parts I & II Date/Time Prepared: 3/11/2025 5:11 pm

		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)	0.155695	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	23,580,680	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	9,609,916	5.00
6.00	Medicaid charges	442,244,188	6.00
7.00	Medicaid cost (line 1 times line 6)	68,855,209	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)	35,664,613	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)	35,664,613	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)	13,065,926	488,172	13,554,098	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,034,299	481,837	2,516,136	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)	2,034,299	481,837	2,516,136	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)	7,503	25.01
26.00	Bad debt amount (see instructions)	10,269,587	26.00
27.00	Medicare reimbursable bad debts (see instructions)	1,695,851	27.00
27.01	Medicare allowable bad debts (see instructions)	2,609,003	27.01
28.00	Non-Medicare bad debt amount (see instructions)	7,660,584	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	2,105,867	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	4,622,003	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	40,286,616	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet S-10 Parts I & II Date/Time Prepared: 3/11/2025 5:11 pm

		1.00	
	PART II - HOSPITAL DATA		
	Uncompensated and Indigent Care Cost-to-Charge Ratio		
1.00	Cost to charge ratio (see instructions)	0.152239	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)	12,863,151	481,508	13,344,659	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,958,273	475,147	2,433,420	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)	1,958,273	475,147	2,433,420	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)	7,503	25.01
26.00	Bad debt amount (see instructions)	10,352,997	26.00
27.00	Medicare reimbursable bad debts (see instructions)	1,692,864	27.00
27.01	Medicare allowable bad debts (see instructions)	2,604,407	27.01
28.00	Non-Medicare bad debt amount (see instructions)	7,748,590	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	2,091,181	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	4,524,601	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,524,601	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	11,826,787	11,826,787	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	232,992	9,492,087	9,725,079	0	9,725,079	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,645,029	43,342,317	46,987,346	-11,912,676	35,074,670	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,643,366	10,833,391	13,476,757	-6,690	13,470,067	6.00
7.00	00700	OPERATION OF PLANT	157	7,565,304	7,565,461	0	7,565,461	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	99,351	99,351	0	99,351	8.00
9.00	00900	HOUSEKEEPING	2,077,863	1,216,723	3,294,586	0	3,294,586	9.00
10.00	01000	DIETARY	2,116,734	1,477,878	3,594,612	-2,166,711	1,427,901	10.00
11.00	01100	CAFETERIA	0	849,393	849,393	2,166,711	3,016,104	11.00
13.00	01300	NURSING ADMINISTRATION	10,869,213	1,423,768	12,292,981	-227,823	12,065,158	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,373	615,051	632,424	16,841	649,265	14.00
15.00	01500	PHARMACY	4,755,181	15,045,669	19,800,850	-12,573,194	7,227,656	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	90,104	90,104	0	90,104	16.00
17.00	01700	SOCIAL SERVICE	19,816	1,182,081	1,201,897	0	1,201,897	17.00
20.00	02000	NURSING PROGRAM	0	0	0	1,723,803	1,723,803	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,106,866	4,625,775	27,732,641	-3,263,860	24,468,781	30.00
31.00	03100	INTENSIVE CARE UNIT	5,950,285	4,144,366	10,094,651	-780,357	9,314,294	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,814,384	1,049,080	2,863,464	-17,798	2,845,666	35.00
41.00	04100	SUBPROVIDER - IRF	3,616,143	863,777	4,479,920	-12,337	4,467,583	41.00
43.00	04300	NURSERY	0	0	0	787,445	787,445	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,268,135	22,397,130	31,665,265	-9,222,810	22,442,455	50.00
51.00	05100	RECOVERY ROOM	2,477,842	509,108	2,986,950	-11,661	2,975,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,316,615	2,610,821	6,927,436	-116,624	6,810,812	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,400,988	2,016,050	6,417,038	-258,372	6,158,666	54.00
54.01	05402	ULTRASOUND	916,103	534,603	1,450,706	-17,259	1,433,447	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,158,783	1,768,707	3,927,490	15,728	3,943,218	55.00
56.00	05600	RADIOISOTOPE	445,754	340,572	786,326	0	786,326	56.00
57.00	05700	CT SCAN	1,373,533	1,441,510	2,815,043	-77,808	2,737,235	57.00
58.00	05800	MRI	795,693	404,007	1,199,700	-25,842	1,173,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,098,957	4,027,325	7,126,282	-2,098,764	5,027,518	59.00
60.00	06000	LABORATORY	5,669,727	4,292,815	9,962,542	-2,555	9,959,987	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,281,037	426,734	1,707,771	587,729	2,295,500	64.00
65.00	06500	RESPIRATORY THERAPY	2,657,341	775,578	3,432,919	-48,307	3,384,612	65.00
66.00	06600	PHYSICAL THERAPY	3,040,574	776,700	3,817,274	122,520	3,939,794	66.00
67.00	06700	OCCUPATIONAL THERAPY	742,873	92,015	834,888	0	834,888	67.00
68.00	06800	SPEECH PATHOLOGY	598,241	103,195	701,436	0	701,436	68.00
69.00	06900	ELECTROCARDIOLOGY	304,300	391,689	695,989	-10	695,979	69.00
69.01	06901	ECHOCARDIOLOGY	406,558	217,205	623,763	3,667	627,430	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	136,263	1,576	137,839	0	137,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,934,158	5,934,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,427,057	6,427,057	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,593,231	12,593,231	73.00
74.00	07400	RENAL DIALYSIS	3,548	945,946	949,494	160,881	1,110,375	74.00
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	PHARMACOTHERAPY CLINIC	102,099	49,543	151,642	-9,522	142,120	90.01
90.02	09002	DIETITIANS SERVICES	214,597	26,004	240,601	0	240,601	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	38,592	111,812	150,404	164	150,568	90.04
91.00	09100	EMERGENCY	8,266,485	8,421,173	16,687,658	484,258	17,171,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,580,040	156,597,933	270,177,973	0	270,177,973	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	184,766	84,007	268,773	0	268,773	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	4,958,940	3,927,697	8,886,637	0	8,886,637	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	895	895	0	895	194.06
194.07	07957	FOUNDATION	1,013,117	771,668	1,784,785	0	1,784,785	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	671	2,414,940	2,415,611	0	2,415,611	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	119,737,534	163,797,140	283,534,674	0	283,534,674	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,447,372	14,274,159		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,428,660	3,428,660		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,304,811	22,029,890		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,011,011	43,085,681		5.00
6.00	00600	MAINTENANCE & REPAIRS	267,025	13,737,092		6.00
7.00	00700	OPERATION OF PLANT	-17,314	7,548,147		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	99,351		8.00
9.00	00900	HOUSEKEEPING	-1,248	3,293,338		9.00
10.00	01000	DIETARY	0	1,427,901		10.00
11.00	01100	CAFETERIA	-567,272	2,448,832		11.00
13.00	01300	NURSING ADMINISTRATION	-172,833	11,892,325		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	199	649,464		14.00
15.00	01500	PHARMACY	-127,081	7,100,575		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,627,580	2,717,684		16.00
17.00	01700	SOCIAL SERVICE	-491,107	710,790		17.00
20.00	02000	NURSING PROGRAM	0	1,723,803		20.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-333,077	24,135,704		30.00
31.00	03100	INTENSIVE CARE UNIT	-926,328	8,387,966		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-617,002	2,228,664		35.00
41.00	04100	SUBPROVIDER - IRF	-390,817	4,076,766		41.00
43.00	04300	NURSERY	0	787,445		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-6,189,147	16,253,308		50.00
51.00	05100	RECOVERY ROOM	0	2,975,289		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,052,113	5,758,699		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-337,235	5,821,431		54.00
54.01	05402	ULTRASOUND	-5	1,433,442		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,023,575	2,919,643		55.00
56.00	05600	RADIOISOTOPE	0	786,326		56.00
57.00	05700	CT SCAN	0	2,737,235		57.00
58.00	05800	MRI	0	1,173,858		58.00
59.00	05900	CARDIAC CATHETERIZATION	-778,107	4,249,411		59.00
60.00	06000	LABORATORY	2,013	9,962,000		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,295,500		64.00
65.00	06500	RESPIRATORY THERAPY	-29,400	3,355,212		65.00
66.00	06600	PHYSICAL THERAPY	-17	3,939,777		66.00
67.00	06700	OCCUPATIONAL THERAPY	-13	834,875		67.00
68.00	06800	SPEECH PATHOLOGY	-3	701,433		68.00
69.00	06900	ELECTROCARDIOLOGY	-344,769	351,210		69.00
69.01	06901	ECHOCARDIOLOGY	-24	627,406		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	137,839		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,934,158		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,427,057		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,593,231		73.00
74.00	07400	RENAL DIALYSIS	0	1,110,375		74.00
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	PHARMACOTHERAPY CLINIC	-37,776	104,344		90.01
90.02	09002	DIETITIANS SERVICES	-100	240,501		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	150,568		90.04
91.00	09100	EMERGENCY	-4,322,521	12,849,395		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
99.20	09920	OPT	0	0		99.20
99.30	09930	OOT	0	0		99.30
99.40	09940	OSP	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		102.00
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,329,787	281,507,760		118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
	NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		190.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	268,773		194.00
194.01	07951	CARE FOR THE POOR	0	0		194.01
194.02	07952	CLINIC OLE	0	0		194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0		194.03
194.04	07965	COMMUNITY OUTREACH	0	8,886,637		194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0		194.05
194.06	07956	CONVENT	0	895		194.06
194.07	07957	FOUNDATION	0	1,784,785		194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0		194.08
194.09	07959	WELLNESS CENTER	0	2,415,611		194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0		194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0		194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0		194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	11,329,787	294,864,461		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet Non-CMS W | Date/Time Prepared: 3/11/2025 5:11 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
20.00	NURSING PROGRAM	02000		20.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	05402		54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	ECHOCARDIOLOGY	06901		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
77.00	ALLOGENEIC HSCT ACQUISITION	07700		77.00
78.00	CAR T-CELL IMMUNOTHERAPY	07800		78.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
90.01	PHARMACOTHERAPY CLINIC	09001		90.01
90.02	DIETITIANS SERVICES	09002		90.02
90.03	BLANK	09003		90.03
90.04	URGENT CARE	09004		90.04
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
93.00	PALLIATIVE CARE	04951		93.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	09910		99.10
99.20	OPT	09920		99.20
99.30	OOT	09930		99.30
99.40	OSP	09940		99.40
101.00	HOME HEALTH AGENCY	10100		101.00
102.00	OPIOID TREATMENT PROGRAM	10200		102.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00

COST CENTERS USED IN COST REPORT | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet Non-CMS W | Date/Time Prepared: 3/11/2025 5:11 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	19000		190.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NON-REIMBURSABLE	07950		194.00
194.01	CARE FOR THE POOR	07951		194.01
194.02	CLINIC OLE	07952		194.02
194.03	MARKETING/PUB RELATIONS	07953		194.03
194.04	COMMUNITY OUTREACH	07965		194.04
194.05	HIV NETWORK/CASE MGMT	07955		194.05
194.06	CONVENT	07956		194.06
194.07	FOUNDATION	07957		194.07
194.08	NON-REIMBURSABLE MEALS	07958		194.08
194.09	WELLNESS CENTER	07959		194.09
194.10	FORENSIC MEDICAL CLINIC	07960		194.10
194.11	MEDICAL OFFICE BUILDINGS	07961		194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	07962		194.12
194.13	PHARMACOTHERAPY CLINIC	07963		194.13
194.14	OTHER NONREIMBURSABLE COST CENTERS	07964		194.14
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 | Date/Time Prepared: 3/11/2025 5:11 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - CAPITAL				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,952,611	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,871	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	0		0	6,957,482	
	B - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,869,305	1.00
	0		0	4,869,305	
	C - SUPPLIES				
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,841	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,934,158	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,427,057	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,593,231	4.00
5.00	URGENT CARE	90.04	0	164	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
	0		0	24,971,451	
	D - CHARGES				
1.00	OPERATING ROOM	50.00	5,079	3,538	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,562	1,001	2.00
3.00	ULTRASOUND	54.01	116	81	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	455	87	4.00
5.00	CT SCAN	57.00	1,491	4,524	5.00
6.00	CARDIAC CATHETERIZATION	59.00	140,381	83,691	6.00
7.00	LABORATORY	60.00	69	46	7.00
8.00	INTRAVENOUS THERAPY	64.00	474,750	82,576	8.00
9.00	RESPIRATORY THERAPY	65.00	1,427	992	9.00
10.00	ECHOCARDIOLOGY	69.01	2,682	1,363	10.00
11.00	RENAL DIALYSIS	74.00	113,471	47,410	11.00
12.00	EMERGENCY	91.00	472,486	187,740	12.00
	0		1,213,969	413,049	
	H - FAMILY MATERNITY CENTER				
1.00	NURSERY	43.00	668,475	118,970	1.00
2.00	OPERATING ROOM	50.00	3,245	577	2.00
3.00	RECOVERY ROOM	51.00	1,601	285	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	153,768	27,368	4.00
5.00	ULTRASOUND	54.01	374	67	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	13,889	2,472	6.00
7.00	CARDIAC CATHETERIZATION	59.00	6,242	1,111	7.00
8.00	LABORATORY	60.00	34	6	8.00
9.00	INTRAVENOUS THERAPY	64.00	25,810	4,593	9.00
10.00	PHYSICAL THERAPY	66.00	106,220	18,904	10.00
11.00	EMERGENCY	91.00	37,500	6,674	11.00
	0		1,017,158	181,027	
	I - CAFETERIA				
1.00	CAFETERIA	11.00	1,436,607	730,104	1.00
	0		1,436,607	730,104	
	K - RN RESIDENCY				
1.00	NURSING PROGRAM	20.00	1,550,346	173,457	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	0		1,550,346	173,457	

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 | Date/Time Prepared: 3/11/2025 5:11 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	M - BONUSES				
1.00	ADMINISTRATIVE & GENERAL	5.00	37,613	0	1.00
2.00	HOUSEKEEPING	9.00	10,317	0	2.00
3.00	DIETARY	10.00	3	0	3.00
4.00	NURSING ADMINISTRATION	13.00	43,640	0	4.00
5.00	PHARMACY	15.00	13,135	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	50,163	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	8,657	0	7.00
8.00	OPERATING ROOM	50.00	25,798	0	8.00
9.00	RECOVERY ROOM	51.00	16,232	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	26,728	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	4,544	0	11.00
12.00	ULTRASOUND	54.01	399	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	750	0	13.00
14.00	RESPIRATORY THERAPY	65.00	7,765	0	14.00
15.00	PHYSICAL THERAPY	66.00	8,939	0	15.00
16.00	OCCUPATIONAL THERAPY	67.00	3,658	0	16.00
17.00	EMERGENCY	91.00	10,554	0	17.00
18.00	COMMUNITY OUTREACH	194.04	15,249	0	18.00
	0		284,144	0	
	N - ELIMINATE NCR SALARIES				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,034,169	1.00
	0		0	1,034,169	
	P - CONTRACT PHYSC				
1.00	ADULTS & PEDIATRICS	30.00	0	48,000	1.00
	TOTALS		0	48,000	
500.00	Grand Total: Increases		5,502,224	39,378,044	500.00

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 | Date/Time Prepared: 3/11/2025 5:11 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAPITAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,930,028	9		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	6,690	13		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	15,756	0		3.00
4.00	OPERATING ROOM	50.00	0	3,192	0		4.00
5.00	LABORATORY	60.00	0	1,816	0		5.00
	0		0	6,957,482			
	B - INTEREST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,869,305	11		1.00
	0		0	4,869,305			
	C - SUPPLIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	65,343	0		1.00
2.00	PHARMACY	15.00	0	12,566,597	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	24,391	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	38,152	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	26	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	5,031	0		6.00
7.00	OPERATING ROOM	50.00	0	9,232,057	0		7.00
8.00	RECOVERY ROOM	51.00	0	13,547	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	137,356	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	258,372	0		10.00
11.00	ULTRASOUND	54.01	0	17,897	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,175	0		12.00
13.00	CT SCAN	57.00	0	83,823	0		13.00
14.00	MRI	58.00	0	25,842	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,330,189	0		15.00
16.00	LABORATORY	60.00	0	894	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	50,726	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	2,604	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	10	0		19.00
20.00	ECHOCARDIOLOGY	69.01	0	378	0		20.00
21.00	PHARMACOTHERAPY CLINIC	90.01	0	9,522	0		21.00
22.00	EMERGENCY	91.00	0	107,519	0		22.00
	0		0	24,971,451			
	D - CHARGES						
1.00	PHARMACY	15.00	1,635	4,962	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	835,612	149,002	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	359,994	250,735	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	10,832	6,940	0		4.00
5.00	SUBPROVIDER - IRF	41.00	5,896	1,410	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
	0		1,213,969	413,049			
	H - FAMILY MATERNITY CENTER						
1.00	ADULTS & PEDIATRICS	30.00	1,017,158	181,027	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	0		1,017,158	181,027			
	I - CAFETERIA						
1.00	DIETARY	10.00	1,436,607	730,104	0		1.00
	0		1,436,607	730,104			
	K - RN RESIDENCY						
1.00	NURSING ADMINISTRATION	13.00	204,742	23,081	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	982,071	106,843	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	117,403	14,073	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	145,964	17,003	0		4.00
5.00	EMERGENCY	91.00	100,166	12,457	0		5.00
	0		1,550,346	173,457			

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 | Date/Time Prepared: 3/11/2025 5:11 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	M - BONUSES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,613	0		1.00
2.00	HOUSEKEEPING	9.00	0	10,317	0		2.00
3.00	DIETARY	10.00	0	3	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	43,640	0		4.00
5.00	PHARMACY	15.00	0	13,135	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	50,163	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	8,657	0		7.00
8.00	OPERATING ROOM	50.00	0	25,798	0		8.00
9.00	RECOVERY ROOM	51.00	0	16,232	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,728	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,544	0		11.00
12.00	ULTRASOUND	54.01	0	399	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	750	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	7,765	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	8,939	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	3,658	0		16.00
17.00	EMERGENCY	91.00	0	10,554	0		17.00
18.00	COMMUNITY OUTREACH	194.04	0	15,249	0		18.00
	0		0	284,144			
	N - ELIMINATE NCR SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,034,169	0	0		1.00
	0		1,034,169	0			
	P - CONTRACT PHYSC						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	48,000	0		1.00
	TOTALS		0	48,000			
500.00	Grand Total: Decreases		6,252,249	38,628,019			500.00

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 3/11/2025 5:11 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - CAPITAL								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,952,611	ADMINISTRATIVE & GENERAL	5.00	0	6,930,028	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,871	MAINTENANCE & REPAIRS	6.00	0	6,690	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	15,756	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	3,192	4.00
5.00		0.00	0	0	LABORATORY	60.00	0	1,816	5.00
	0		0	6,957,482	0		0	6,957,482	
	B - INTEREST								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,869,305	ADMINISTRATIVE & GENERAL	5.00	0	4,869,305	1.00
	0		0	4,869,305	0		0	4,869,305	
	C - SUPPLIES								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,841	ADMINISTRATIVE & GENERAL	5.00	0	65,343	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,934,158	PHARMACY	15.00	0	12,566,597	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,427,057	ADULTS & PEDIATRICS	30.00	0	24,391	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,593,231	INTENSIVE CARE UNIT	31.00	0	38,152	4.00
5.00	URGENT CARE	90.04	0	164	NEONATAL INTENSIVE CARE UNIT	35.00	0	26	5.00
6.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	5,031	6.00
7.00		0.00	0	0	OPERATING ROOM	50.00	0	9,232,057	7.00
8.00		0.00	0	0	RECOVERY ROOM	51.00	0	13,547	8.00
9.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	137,356	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	258,372	10.00
11.00		0.00	0	0	ULTRASOUND	54.01	0	17,897	11.00
12.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,175	12.00
13.00		0.00	0	0	CT SCAN	57.00	0	83,823	13.00
14.00		0.00	0	0	MRI	58.00	0	25,842	14.00
15.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,330,189	15.00
16.00		0.00	0	0	LABORATORY	60.00	0	894	16.00
17.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	50,726	17.00
18.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	2,604	18.00
19.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	10	19.00
20.00		0.00	0	0	ECHOCARDIOLOGY	69.01	0	378	20.00
21.00		0.00	0	0	PHARMACOTHERAPY CLINIC	90.01	0	9,522	21.00
22.00		0.00	0	0	EMERGENCY	91.00	0	107,519	22.00
	0		0	24,971,451	0		0	24,971,451	
	D - CHARGES								
1.00	OPERATING ROOM	50.00	5,079	3,538	PHARMACY	15.00	1,635	4,962	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,562	1,001	ADULTS & PEDIATRICS	30.00	835,612	149,002	2.00
3.00	ULTRASOUND	54.01	116	81	INTENSIVE CARE UNIT	31.00	359,994	250,735	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	455	87	NEONATAL INTENSIVE CARE UNIT	35.00	10,832	6,940	4.00
5.00	CT SCAN	57.00	1,491	4,524	SUBPROVIDER - IRF	41.00	5,896	1,410	5.00
6.00	CARDIAC CATHETERIZATION	59.00	140,381	83,691		0.00	0	0	6.00
7.00	LABORATORY	60.00	69	46		0.00	0	0	7.00
8.00	INTRAVENOUS THERAPY	64.00	474,750	82,576		0.00	0	0	8.00
9.00	RESPIRATORY THERAPY	65.00	1,427	992		0.00	0	0	9.00
10.00	ECHOCARDIOLOGY	69.01	2,682	1,363		0.00	0	0	10.00
11.00	RENAL DIALYSIS	74.00	113,471	47,410		0.00	0	0	11.00
12.00	EMERGENCY	91.00	472,486	187,740		0.00	0	0	12.00
	0		1,213,969	413,049	0		1,213,969	413,049	
	H - FAMILY MATERNITY CENTER								
1.00	NURSERY	43.00	668,475	118,970	ADULTS & PEDIATRICS	30.00	1,017,158	181,027	1.00
2.00	OPERATING ROOM	50.00	3,245	577		0.00	0	0	2.00
3.00	RECOVERY ROOM	51.00	1,601	285		0.00	0	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	153,768	27,368		0.00	0	0	4.00
5.00	ULTRASOUND	54.01	374	67		0.00	0	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	13,889	2,472		0.00	0	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	6,242	1,111		0.00	0	0	7.00
8.00	LABORATORY	60.00	34	6		0.00	0	0	8.00
9.00	INTRAVENOUS THERAPY	64.00	25,810	4,593		0.00	0	0	9.00
10.00	PHYSICAL THERAPY	66.00	106,220	18,904		0.00	0	0	10.00

RECLASSIFICATIONS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 3/11/2025 5:11 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
11.00	EMERGENCY	91.00	37,500	6,674		0.00	0	0	11.00
	0		1,017,158	181,027	0		1,017,158	181,027	
	I - CAFETERIA								
1.00	CAFETERIA	11.00	1,436,607	730,104	DIETARY	10.00	1,436,607	730,104	1.00
	0		1,436,607	730,104	0		1,436,607	730,104	
	K - RN RESIDENCY								
1.00	NURSING PROGRAM	20.00	1,550,346	173,457	NURSING ADMINISTRATION	13.00	204,742	23,081	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	982,071	106,843	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	117,403	14,073	3.00
4.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	145,964	17,003	4.00
5.00		0.00	0	0	EMERGENCY	91.00	100,166	12,457	5.00
	0		1,550,346	173,457	0		1,550,346	173,457	
	M - BONUSES								
1.00	ADMINISTRATIVE & GENERAL	5.00	37,613	0	ADMINISTRATIVE & GENERAL	5.00	0	37,613	1.00
2.00	HOUSEKEEPING	9.00	10,317	0	HOUSEKEEPING	9.00	0	10,317	2.00
3.00	DIETARY	10.00	3	0	DIETARY	10.00	0	3	3.00
4.00	NURSING ADMINISTRATION	13.00	43,640	0	NURSING ADMINISTRATION	13.00	0	43,640	4.00
5.00	PHARMACY	15.00	13,135	0	PHARMACY	15.00	0	13,135	5.00
6.00	ADULTS & PEDIATRICS	30.00	50,163	0	ADULTS & PEDIATRICS	30.00	0	50,163	6.00
7.00	INTENSIVE CARE UNIT	31.00	8,657	0	INTENSIVE CARE UNIT	31.00	0	8,657	7.00
8.00	OPERATING ROOM	50.00	25,798	0	OPERATING ROOM	50.00	0	25,798	8.00
9.00	RECOVERY ROOM	51.00	16,232	0	RECOVERY ROOM	51.00	0	16,232	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	26,728	0	DELIVERY ROOM & LABOR ROOM	52.00	0	26,728	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	4,544	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,544	11.00
12.00	ULTRASOUND	54.01	399	0	ULTRASOUND	54.01	0	399	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	750	0	RADIOLOGY-THERAPEUTIC	55.00	0	750	13.00
14.00	RESPIRATORY THERAPY	65.00	7,765	0	RESPIRATORY THERAPY	65.00	0	7,765	14.00
15.00	PHYSICAL THERAPY	66.00	8,939	0	PHYSICAL THERAPY	66.00	0	8,939	15.00
16.00	OCCUPATIONAL THERAPY	67.00	3,658	0	OCCUPATIONAL THERAPY	67.00	0	3,658	16.00
17.00	EMERGENCY	91.00	10,554	0	EMERGENCY	91.00	0	10,554	17.00
18.00	COMMUNITY OUTREACH	194.04	15,249	0	COMMUNITY OUTREACH	194.04	0	15,249	18.00
	0		284,144	0	0		0	284,144	
	N - ELIMINATE NCR SALARIES								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,034,169	ADMINISTRATIVE & GENERAL	5.00	1,034,169	0	1.00
	0		0	1,034,169	0		1,034,169	0	
	P - CONTRACT PHYSC								
1.00	ADULTS & PEDIATRICS	30.00	0	48,000	ADMINISTRATIVE & GENERAL	5.00	0	48,000	1.00
	TOTALS		0	48,000	TOTALS		0	48,000	
500.00	Grand Total: Increases		5,502,224	39,378,044	Grand Total: Decreases		6,252,249	38,628,019	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-7 Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,618,499	0	0	0	0	1.00
2.00	Land Improvements	2,635,482	0	0	0	0	2.00
3.00	Buildings and Fixtures	176,183,799	0	0	0	0	3.00
4.00	Building Improvements	92,576,563	14,915	0	14,915	0	4.00
5.00	Fixed Equipment	29,461,310	0	0	0	0	5.00
6.00	Movable Equipment	140,115,498	2,808,205	0	2,808,205	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	446,591,151	2,823,120	0	2,823,120	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	446,591,151	2,823,120	0	2,823,120	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,618,499	0	1.00
2.00	Land Improvements	2,635,482	1,952,349	2.00
3.00	Buildings and Fixtures	176,183,799	5,239,572	3.00
4.00	Building Improvements	92,591,478	58,038,861	4.00
5.00	Fixed Equipment	29,461,310	12,266,168	5.00
6.00	Movable Equipment	142,923,703	83,692,819	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	449,414,271	161,189,769	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	449,414,271	161,189,769	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-7 Part II | Date/Time Prepared: 3/11/2025 5:11 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-7 Part III Date/Time Prepared: 3/11/2025 5:11 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	306,490,568	0	306,490,568	0.681978	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	142,923,703	0	142,923,703	0.318022	0	2.00
3.00	Total (sum of lines 1-2)	449,414,271	0	449,414,271	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	9,939,231	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,428,660	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,367,891	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,213,789	0	4,871	116,268	14,274,159	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,428,660	2.00
3.00	Total (sum of lines 1-2)	4,213,789	0	4,871	116,268	17,702,819	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8 | Date/Time Prepared: 3/11/2025 5:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-655,516	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	A	0	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-3,607	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	0	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-46	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-7,290	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-16,509,160			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	45,191,708			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0	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	0	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	A	-513,273	INTENSIVE CARE UNIT	31.00	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)	B	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	OPERATING REVENUE	B	102,326	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8 | Date/Time Prepared: 3/11/2025 5:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	OPERATING REVENUE	B	-567,272	CAFETERIA	11.00	0	33.01
33.02	OPERATING REVENUE	B	-23,427	PHARMACY	15.00	0	33.02
33.03	OPERATING REVENUE	B	-180	LABORATORY	60.00	0	33.03
33.04	OPERATING REVENUE	B	-33,602	ELECTROCARDIOLOGY	69.00	0	33.04
33.06	OPERATING REVENUE	B	-2,709	PHARMACOTHERAPY CLINIC	90.01	0	33.06
33.07	OPERATING REVENUE	B	0	PHARMACOTHERAPY CLINIC	90.01	0	33.07
34.00	NON-ALLOWED EXPENSE	A	-111,496	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	NON-ALLOWED EXPENSE	A	-8,888	MAINTENANCE & REPAIRS	6.00	0	34.01
34.02	NON-ALLOWED EXPENSE	A	-844	OPERATION OF PLANT	7.00	0	34.02
34.03	NON-ALLOWED EXPENSE	A	-1,248	HOUSEKEEPING	9.00	0	34.03
34.04	NON-ALLOWED EXPENSE	A	-2,494	NURSING ADMINISTRATION	13.00	0	34.04
34.05	NON-ALLOWED EXPENSE	A	199	CENTRAL SERVICES & SUPPLY	14.00	0	34.05
34.06	NON-ALLOWED EXPENSE	A	-103,646	PHARMACY	15.00	0	34.06
34.07	NON-ALLOWED EXPENSE	A	476	MEDICAL RECORDS & LIBRARY	16.00	0	34.07
34.08	NON-ALLOWED EXPENSE	A	-4,100	SOCIAL SERVICE	17.00	0	34.08
34.09	NON-ALLOWED EXPENSE	A	-329	ADULTS & PEDIATRICS	30.00	0	34.09
34.10	NON-ALLOWED EXPENSE	A	-22,543	OPERATING ROOM	50.00	0	34.10
34.11	NON-ALLOWED EXPENSE	A	-150	CARDIAC CATHETERIZATION	59.00	0	34.11
34.12	NON-ALLOWED EXPENSE	A	19,692	LABORATORY	60.00	0	34.12
34.13	NON-ALLOWED EXPENSE	A	-15,581	ELECTROCARDIOLOGY	69.00	0	34.13
34.14	NON-ALLOWED EXPENSE	A	-35,067	PHARMACOTHERAPY CLINIC	90.01	0	34.14
34.15	NON-ALLOWED EXPENSE	A	-100	DIETITIANS SERVICES	90.02	0	34.15
34.16	NON-ALLOWED EXPENSE	A	-346	EMERGENCY	91.00	0	34.16
34.17	NON-ALLOWED EXPENSE	A	0	RADIOISOTOPE	56.00	0	34.17
35.00	UNNECESSARY BORROWING	A	-167,216	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.01	UNALLOWABLE OTHER DIRECT	A	-759	ADMINISTRATIVE & GENERAL	5.00	0	35.01
35.02	UNALLOWABLE OTHER DIRECT	A	-68	MAINTENANCE & REPAIRS	6.00	0	35.02
35.03	UNALLOWABLE OTHER DIRECT	A	-574	NURSING ADMINISTRATION	13.00	0	35.03
35.04	UNALLOWABLE OTHER DIRECT	A	-8	PHARMACY	15.00	0	35.04
35.05	UNALLOWABLE OTHER DIRECT	A	-84	ADULTS & PEDIATRICS	30.00	0	35.05
35.06	UNALLOWABLE OTHER DIRECT	A	-34	INTENSIVE CARE UNIT	31.00	0	35.06
35.07	UNALLOWABLE TAX EXPENSE	A	-29	SUBPROVIDER - IRF	41.00	0	35.07
35.08	UNALLOWABLE MEAL EXPENSE	A	-95	OPERATING ROOM	50.00	0	35.08
35.09	UNALLOWABLE MEAL EXPENSE	A	-125	RADIOLOGY-DIAGNOSTIC	54.00	0	35.09
35.10	UNALLOWABLE MEAL EXPENSE	A	-5	ULTRASOUND	54.01	0	35.10
35.11	UNALLOWABLE MEAL EXPENSE	A	-32	RADIOLOGY-THERAPEUTIC	55.00	0	35.11
35.12	UNALLOWABLE MEAL EXPENSE	A	-137	CARDIAC CATHETERIZATION	59.00	0	35.12
35.13	UNALLOWABLE MEAL EXPENSE	A	-15	LABORATORY	60.00	0	35.13
35.14	UNALLOWABLE MEAL EXPENSE	A	-17	PHYSICAL THERAPY	66.00	0	35.14
35.15	UNALLOWABLE MEAL EXPENSE	A	-13	OCCUPATIONAL THERAPY	67.00	0	35.15
35.16	UNALLOWABLE MEAL EXPENSE	A	-3	SPEECH PATHOLOGY	68.00	0	35.16
35.17	UNALLOWABLE MEAL EXPENSE	A	-10	ELECTROCARDIOLOGY	69.00	0	35.17
35.18	UNALLOWABLE MEAL EXPENSE	A	-24	ECHOCARDIOLOGY	69.01	0	35.18
35.19	UNALLOWABLE MEAL EXPENSE	A	-100	EMERGENCY	91.00	0	35.19
35.29	BOND DEFEASANCE	A	116,268	CAP REL COSTS-BLDG & FIXT	1.00	14	35.29
35.30	PATIENT TELEVISIONS	A	-16,470	OPERATION OF PLANT	7.00	0	35.30
35.31	PROVIDER TAX	A	-15,292,150	ADMINISTRATIVE & GENERAL	5.00	0	35.31
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		11,329,787				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8-1 | Date/Time Prepared: 3/11/2025 5:11 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HB0533 CAPITAL RELATED BUILD	2,804,464	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HB0533 CAPITAL RELATED EQUIP	456,494	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0533 HUMAN RESOURCES	16,613	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HB0533 PURCHASING RECEIVING	125,090	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HB0533 GENERAL ACCOUNTING	-7,329	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	HB0533 OTHER ADMINSTRATIVE A	1,199,665	0	4.02
4.04	16.00	MEDICAL RECORDS & LIBRARY	HB0533 MEDICAL RECORDS & LIB	27,965	0	4.04
4.05	1.00	CAP REL COSTS-BLDG & FIXT	HB0456 CAPITAL RELATED BUILD	182,156	0	4.05
4.06	2.00	CAP REL COSTS-MVBLE EQUIP	HB0456 CAPITAL RELATED EQUIP	2,870,682	0	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 HEALTH PLANS	12,359,495	5,998,713	4.07
4.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 PENSION	4,993,551	2,398,075	4.08
4.09	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 WORKERS COMP	2,081,848	1,152,395	4.09
4.10	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 HUMAN RESOURCES	2,246,098	0	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	HB0456 DATA PROCESSING	7,999,324	0	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	HB0456 PURCHASING RECEIVING	670,084	0	4.12
4.15	5.00	ADMINISTRATIVE & GENERAL	HB0456 ADMITTING	155,852	0	4.15
4.17	5.00	ADMINISTRATIVE & GENERAL	HB0456 CASHIERING/ACCOUNTS R	2,661,244	0	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	HB0456 CREDIT AND COLLECTION	1,971,685	0	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	HB0456 FINANCE AND REIMBURSE	805,530	0	4.19
4.21	5.00	ADMINISTRATIVE & GENERAL	HB0456 OTHER ADMINSTRATIVE A	6,389,742	0	4.21
4.22	5.00	ADMINISTRATIVE & GENERAL	HB0456 GENERAL ACCOUNTING	171,179	0	4.22
4.23	5.00	ADMINISTRATIVE & GENERAL	HB0456 PHYSICIAN SERVICES	7,905	0	4.23
4.24	5.00	ADMINISTRATIVE & GENERAL	HB0456 PROFESSIONAL LIABILIT	2,619,083	1,275,960	4.24
4.25	5.00	ADMINISTRATIVE & GENERAL	HB0456 COMMUNICATIONS	445,784	0	4.25
4.27	6.00	MAINTENANCE & REPAIRS	HB0456 PLANT OPERATION, MAIN	283,271	0	4.27
4.28	16.00	MEDICAL RECORDS & LIBRARY	HB0456 MEDICAL RECORDS & LIB	2,599,139	0	4.28
4.29	2.00	CAP REL COSTS-MVBLE EQUIP	HB1581 CAPITAL RELATED EQUIP	101,484	0	4.29
4.30	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB1581 HUMAN RESOURCES	156,389	0	4.30
4.31	5.00	ADMINISTRATIVE & GENERAL	HB1581 NONPATIENT TELEPHONES	109,728	0	4.31
4.32	5.00	ADMINISTRATIVE & GENERAL	HB1581 GENERAL ACCOUNTING	62,824	0	4.32
4.33	5.00	ADMINISTRATIVE & GENERAL	HB1581 PRINTING AND DUPLICAT	5,117	0	4.33
4.34	5.00	ADMINISTRATIVE & GENERAL	HB1581 OTHER ADMINSTRATIVE A	921,922	1,496,557	4.34
4.35	13.00	NURSING ADMINISTRATION	HB1581 NURSE ADMINISTRATION	19,330	0	4.35
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			57,513,408	12,321,700	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		
	Symbol (1)	Name	Percentage of Ownership	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		100.00	HB0533 ST JOSE	0.00	6.00
7.00	B		100.00	HB0456 PROVIDE	0.00	7.00
8.00	B		100.00	HB1581 ST JOSE	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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet A-8-1 Date/Time Prepared: 3/11/2025 5:11 pm

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related 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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8-1 | Date/Time Prepared: 3/11/2025 5:11 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,804,464	9		1.00
2.00	456,494	9		2.00
3.00	16,613	0		3.00
4.00	125,090	0		4.00
4.01	-7,329	0		4.01
4.02	1,199,665	0		4.02
4.04	27,965	0		4.04
4.05	182,156	9		4.05
4.06	2,870,682	9		4.06
4.07	6,360,782	0		4.07
4.08	2,595,476	0		4.08
4.09	929,453	0		4.09
4.10	2,246,098	0		4.10
4.11	7,999,324	0		4.11
4.12	670,084	0		4.12
4.15	155,852	0		4.15
4.17	2,661,244	0		4.17
4.18	1,971,685	0		4.18
4.19	805,530	0		4.19
4.21	6,389,742	0		4.21
4.22	171,179	0		4.22
4.23	7,905	0		4.23
4.24	1,343,123	0		4.24
4.25	445,784	0		4.25
4.27	283,271	0		4.27
4.28	2,599,139	0		4.28
4.29	101,484	9		4.29
4.30	156,389	0		4.30
4.31	109,728	0		4.31
4.32	62,824	0		4.32
4.33	5,117	0		4.33
4.34	-574,635	0		4.34
4.35	19,330	0		4.35
5.00	45,191,708			5.00

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

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

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

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

6.00	SYSTEM OFFICE		6.00
7.00	CORPORATE SHAR		7.00
8.00	REGIONAL OFFIC		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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8-2 | Date/Time Prepared: 3/11/2025 5:11 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	NURSING ADMINISTRATION	680	0	680	211,500	6	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	57,953	57,953	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	156,797	156,797	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	487,007	487,007	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	332,664	332,664	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	407,706	407,706	0	0	0	6.00
7.00	35.00	NEONATAL INTENSIVE CARE UNIT	617,002	617,002	0	0	0	7.00
8.00	41.00	SUBPROVIDER - IRF	390,788	390,788	0	0	0	8.00
9.00	50.00	OPERATING ROOM	6,166,509	6,166,509	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	1,052,113	1,052,113	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	337,110	337,110	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	1,023,543	1,023,543	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	774,650	774,650	0	0	0	13.00
14.00	60.00	LABORATORY	17,484	17,484	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	29,400	29,400	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	295,576	295,576	0	0	0	16.00
17.00	91.00	EMERGENCY	4,322,075	4,322,075	0	0	0	17.00
18.00	13.00	NURSING ADMINISTRATION	74,020	0	74,020	211,500	411	18.00
19.00	31.00	INTENSIVE CARE UNIT	16,500	0	16,500	211,500	110	19.00
20.00	59.00	CARDIAC CATHETERIZATION	35,200	0	35,200	211,500	315	20.00
200.00			16,594,777	16,468,377	126,400		842	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8-2 | Date/Time Prepared: 3/11/2025 5:11 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	13.00	NURSING ADMINISTRATION	610	31	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	0	0	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	0	0	0	0	0	17.00
18.00	13.00	NURSING ADMINISTRATION	41,792	2,090	0	0	0	18.00
19.00	31.00	INTENSIVE CARE UNIT	11,185	559	0	0	0	19.00
20.00	59.00	CARDIAC CATHETERIZATION	32,030	1,602	0	0	0	20.00
200.00			85,617	4,282	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet A-8-2 | Date/Time Prepared: 3/11/2025 5:11 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	13.00	NURSING ADMINISTRATION	0	610	70	70		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	57,953		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	156,797		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	487,007		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	332,664		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	407,706		6.00
7.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	617,002		7.00
8.00	41.00	SUBPROVIDER - IRF	0	0	0	390,788		8.00
9.00	50.00	OPERATING ROOM	0	0	0	6,166,509		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,052,113		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	337,110		11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	1,023,543		12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	774,650		13.00
14.00	60.00	LABORATORY	0	0	0	17,484		14.00
15.00	65.00	RESPIRATORY THERAPY	0	0	0	29,400		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	295,576		16.00
17.00	91.00	EMERGENCY	0	0	0	4,322,075		17.00
18.00	13.00	NURSING ADMINISTRATION	0	41,792	32,228	32,228		18.00
19.00	31.00	INTENSIVE CARE UNIT	0	11,185	5,315	5,315		19.00
20.00	59.00	CARDIAC CATHETERIZATION	0	32,030	3,170	3,170		20.00
200.00			0	85,617	40,783	16,509,160		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	14,274,159	14,274,159				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,428,660		3,428,660			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,029,890	109,952	25,610	22,165,452		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,085,681	1,921,925	447,663	494,335	45,949,604	5.00
6.00	00600	MAINTENANCE & REPAIRS	13,737,092	753,802	175,579	493,382	15,159,855	6.00
7.00	00700	OPERATION OF PLANT	7,548,147	27,009	6,291	29	7,581,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	99,351	31,920	7,435	0	138,706	8.00
9.00	00900	HOUSEKEEPING	3,293,338	124,046	28,893	389,757	3,836,034	9.00
10.00	01000	DIETARY	1,427,901	481,500	112,153	126,946	2,148,500	10.00
11.00	01100	CAFETERIA	2,448,832	0	0	268,141	2,716,973	11.00
13.00	01300	NURSING ADMINISTRATION	11,892,325	218,824	50,969	1,998,658	14,160,776	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	649,464	218,578	50,912	3,243	922,197	14.00
15.00	01500	PHARMACY	7,100,575	169,421	39,462	889,696	8,199,154	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,717,684	249,860	58,198	0	3,025,742	16.00
17.00	01700	SOCIAL SERVICE	710,790	33,590	7,824	3,699	755,903	17.00
20.00	02000	NURSING PROGRAM	1,723,803	0	0	289,371	2,013,174	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,135,704	2,174,089	506,400	3,793,158	30,609,351	30.00
31.00	03100	INTENSIVE CARE UNIT	8,387,966	508,018	118,330	1,023,125	10,037,439	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,228,664	92,862	21,630	336,631	2,679,787	35.00
41.00	04100	SUBPROVIDER - IRF	4,076,766	400,522	93,291	673,849	5,244,428	41.00
43.00	04300	NURSERY	787,445	0	0	124,770	912,215	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,253,308	1,856,317	432,381	1,736,257	20,278,263	50.00
51.00	05100	RECOVERY ROOM	2,975,289	247,355	57,615	465,815	3,746,074	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,758,699	304,123	70,838	812,429	6,946,089	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,821,431	688,047	160,263	822,288	7,492,029	54.00
54.01	05402	ULTRASOUND	1,433,442	76,166	17,741	171,156	1,698,505	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,919,643	421,540	98,187	405,752	3,845,122	55.00
56.00	05600	RADIOISOTOPE	786,326	83,434	19,434	83,200	972,394	56.00
57.00	05700	CT SCAN	2,737,235	437,991	102,019	256,647	3,533,892	57.00
58.00	05800	MRI	1,173,858	228,891	53,314	148,515	1,604,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,249,411	217,007	50,546	605,784	5,122,748	59.00
60.00	06000	LABORATORY	9,962,000	542,295	126,314	1,058,268	11,688,877	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,295,500	25,487	5,937	332,533	2,659,457	64.00
65.00	06500	RESPIRATORY THERAPY	3,355,212	126,992	29,580	497,706	4,009,490	65.00
66.00	06600	PHYSICAL THERAPY	3,939,777	379,258	88,338	589,014	4,996,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	834,875	227,565	53,005	139,339	1,254,784	67.00
68.00	06800	SPEECH PATHOLOGY	701,433	36,438	8,487	111,661	858,019	68.00
69.00	06900	ELECTROCARDIOLOGY	351,210	67,474	15,716	56,797	491,197	69.00
69.01	06901	ECHOCARDIOLOGY	627,406	295	69	76,384	704,154	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	137,839	0	0	25,433	163,272	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,934,158	0	0	0	5,934,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,427,057	0	0	0	6,427,057	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,593,231	0	0	0	12,593,231	73.00
74.00	07400	RENAL DIALYSIS	1,110,375	61,385	14,298	21,841	1,207,899	74.00
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	PHARMACOTHERAPY CLINIC	104,344	0	0	19,057	123,401	90.01
90.02	09002	DIETITIANS SERVICES	240,501	11,933	2,780	40,054	295,268	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	150,568	0	40,137	7,203	197,908	90.04
91.00	09100	EMERGENCY	12,849,395	661,038	153,972	1,621,394	15,285,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	281,507,760	14,216,949	3,351,611	21,013,317	280,221,366	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	268,773	57,210	13,326	34,486	373,795	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	8,886,637	0	63,723	928,427	9,878,787	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	895	0	0	0	895	194.06
194.07	07957	FOUNDATION	1,784,785	0	0	189,097	1,973,882	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	2,415,611	0	0	125	2,415,736	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	294,864,461	14,274,159	3,428,660	22,165,452	294,864,461	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	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	45,949,604					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,798,509	17,958,364				6.00
7.00	00700	OPERATION OF PLANT	1,399,540	42,220	9,023,236			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,605	49,896	25,130	239,337		8.00
9.00	00900	HOUSEKEEPING	708,132	193,904	97,657	0	4,835,727	9.00
10.00	01000	DIETARY	396,613	752,663	379,069	0	205,953	10.00
11.00	01100	CAFETERIA	501,553	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,614,079	342,057	172,272	0	93,598	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	170,238	341,673	172,079	0	93,493	14.00
15.00	01500	PHARMACY	1,513,564	264,833	133,380	0	72,467	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	558,552	390,571	196,706	0	106,873	16.00
17.00	01700	SOCIAL SERVICE	139,540	52,506	26,444	0	14,367	17.00
20.00	02000	NURSING PROGRAM	371,632	0	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,650,408	3,398,459	1,711,591	163,695	929,926	30.00
31.00	03100	INTENSIVE CARE UNIT	1,852,911	794,115	399,946	25,104	217,296	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	494,689	145,159	73,108	7,190	39,720	35.00
41.00	04100	SUBPROVIDER - IRF	968,121	626,081	315,317	30,047	171,316	41.00
43.00	04300	NURSERY	168,395	0	0	13,101	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,743,367	2,901,725	1,461,417	0	794,006	50.00
51.00	05100	RECOVERY ROOM	691,525	386,656	194,734	0	105,802	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,282,248	475,394	239,426	200	130,083	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,383,029	1,075,529	541,676	0	294,300	54.00
54.01	05402	ULTRASOUND	313,544	119,060	59,963	0	32,579	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	709,810	658,935	331,864	0	180,306	55.00
56.00	05600	RADIOISOTOPE	179,504	130,421	65,685	0	35,687	56.00
57.00	05700	CT SCAN	652,356	684,651	344,816	0	187,343	57.00
58.00	05800	MRI	296,205	357,793	180,198	0	97,904	58.00
59.00	05900	CARDIAC CATHETERIZATION	945,659	339,217	170,842	0	92,821	59.00
60.00	06000	LABORATORY	2,157,767	847,696	426,931	0	231,957	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	490,936	39,840	20,065	0	10,902	64.00
65.00	06500	RESPIRATORY THERAPY	740,152	198,510	99,977	0	54,319	65.00
66.00	06600	PHYSICAL THERAPY	922,333	592,842	298,577	0	162,221	66.00
67.00	06700	OCCUPATIONAL THERAPY	231,633	355,721	179,154	0	97,337	67.00
68.00	06800	SPEECH PATHOLOGY	158,390	56,958	28,686	0	15,586	68.00
69.00	06900	ELECTROCARDIOLOGY	90,675	105,473	53,120	0	28,861	69.00
69.01	06901	ECHOCARDIOLOGY	129,987	461	232	0	126	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	30,140	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,095,446	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,186,435	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,324,710	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	222,978	95,954	48,326	0	26,256	74.00
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	PHARMACOTHERAPY CLINIC	22,780	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	54,506	18,653	9,395	0	5,104	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	36,534	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,821,758	1,033,309	520,413	0	282,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,246,488	17,868,935	8,978,196	239,337	4,811,256	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	69,003	89,429	45,040	0	24,471	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	1,823,624	0	0	0	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	165	0	0	0	0	194.06
194.07	07957	FOUNDATION	364,379	0	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	445,945	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
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)	45,949,604	17,958,364	9,023,236	239,337	4,835,727	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,882,798					10.00
11.00	01100	CAFETERIA	0	3,218,526				11.00
13.00	01300	NURSING ADMINISTRATION	0	315,440	17,698,222			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	512	0	1,700,192		14.00
15.00	01500	PHARMACY	0	140,417	0	19,045	10,342,860	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	584	0	3	0	17.00
20.00	02000	NURSING PROGRAM	0	45,670	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,904,303	598,665	6,054,151	100,680	0	30.00
31.00	03100	INTENSIVE CARE UNIT	445,399	161,475	1,591,344	48,021	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	53,129	533,320	7,342	0	35.00
41.00	04100	SUBPROVIDER - IRF	533,096	106,351	1,032,531	3,108	0	41.00
43.00	04300	NURSERY	0	19,692	234,677	790	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	274,026	1,891,493	222,773	0	50.00
51.00	05100	RECOVERY ROOM	0	73,518	735,359	12,824	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	128,222	1,330,672	31,086	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	129,778	270,514	5,197	0	54.00
54.01	05402	ULTRASOUND	0	27,013	6,549	6,454	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	64,038	122,788	4,022	0	55.00
56.00	05600	RADIOISOTOPE	0	13,131	15	552	0	56.00
57.00	05700	CT SCAN	0	40,505	1,227	3,506	0	57.00
58.00	05800	MRI	0	23,440	22,053	2,515	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	95,608	773,444	30,034	0	59.00
60.00	06000	LABORATORY	0	167,022	0	7,889	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	52,482	398,423	14,810	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	78,551	0	19,367	0	65.00
66.00	06600	PHYSICAL THERAPY	0	92,962	69,020	2,579	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,991	4	36	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,623	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,964	88,022	157	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	12,055	417	551	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,014	0	215	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	516,574	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	559,483	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,342,860	73.00
74.00	07400	RENAL DIALYSIS	0	3,447	33,474	801	0	74.00
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	PHARMACOTHERAPY CLINIC	0	3,008	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	6,322	0	5	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	1,137	0	0	0	90.04
91.00	09100	EMERGENCY	0	255,897	2,508,591	79,388	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,882,798	3,036,689	17,698,088	1,699,807	10,342,860	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	5,443	134	0	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	0	146,530	0	385	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	0	29,844	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	20	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,882,798	3,218,526	17,698,222	1,700,192	10,342,860	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	20.00	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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
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	4,278,444					16.00
17.00	01700	SOCIAL SERVICE	0	989,347				17.00
20.00	02000	NURSING PROGRAM	0	0	2,430,476			20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	362,926	740,024	1,755,916	54,980,095	0	30.00
31.00	03100	INTENSIVE CARE UNIT	122,143	113,489	145,129	15,953,811	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,311	0	0	4,049,755	0	35.00
41.00	04100	SUBPROVIDER - IRF	48,324	135,834	0	9,214,554	0	41.00
43.00	04300	NURSERY	9,888	0	0	1,358,758	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	634,689	0	0	32,201,759	0	50.00
51.00	05100	RECOVERY ROOM	13,602	0	0	5,960,094	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,027	0	0	10,617,447	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,846	0	306,948	11,624,846	0	54.00
54.01	05402	ULTRASOUND	43,664	0	0	2,307,331	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	216,125	0	0	6,133,010	0	55.00
56.00	05600	RADIOISOTOPE	12,702	0	0	1,410,091	0	56.00
57.00	05700	CT SCAN	290,974	0	0	5,739,270	0	57.00
58.00	05800	MRI	89,539	0	0	2,674,225	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	132,810	0	0	7,703,183	0	59.00
60.00	06000	LABORATORY	586,602	0	0	16,114,741	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	48,077	0	0	3,734,992	0	64.00
65.00	06500	RESPIRATORY THERAPY	111,004	0	0	5,311,370	0	65.00
66.00	06600	PHYSICAL THERAPY	48,492	0	0	7,185,413	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,789	0	0	2,151,449	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,841	0	0	1,151,103	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,321	0	0	898,790	0	69.00
69.01	06901	ECHOCARDIOLOGY	41,754	0	0	889,737	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	6,321	0	0	203,962	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,883	0	0	7,594,061	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,189	0	0	8,265,164	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	322,160	0	0	25,582,961	0	73.00
74.00	07400	RENAL DIALYSIS	6,836	0	0	1,645,971	0	74.00
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	PHARMACOTHERAPY CLINIC	0	0	0	149,189	0	90.01
90.02	09002	DIETITIANS SERVICES	2,408	0	0	391,661	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	725	0	0	236,304	0	90.04
91.00	09100	EMERGENCY	726,349	0	222,483	23,736,734	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	20.00	24.00	25.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,273,321	989,347	2,430,476	277,171,831	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	607,315	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	5,123	0	0	11,854,449	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	1,060	0	194.06
194.07	07957	FOUNDATION	0	0	0	2,368,105	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	0	2,861,701	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments			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)	4,278,444	989,347	2,430,476	294,864,461	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
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
20.00	02000	NURSING PROGRAM			20.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	54,980,095		30.00
31.00	03100	INTENSIVE CARE UNIT	15,953,811		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,049,755		35.00
41.00	04100	SUBPROVIDER - IRF	9,214,554		41.00
43.00	04300	NURSERY	1,358,758		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	32,201,759		50.00
51.00	05100	RECOVERY ROOM	5,960,094		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,617,447		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,624,846		54.00
54.01	05402	ULTRASOUND	2,307,331		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,133,010		55.00
56.00	05600	RADIOISOTOPE	1,410,091		56.00
57.00	05700	CT SCAN	5,739,270		57.00
58.00	05800	MRI	2,674,225		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,703,183		59.00
60.00	06000	LABORATORY	16,114,741		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		63.00
64.00	06400	INTRAVENOUS THERAPY	3,734,992		64.00
65.00	06500	RESPIRATORY THERAPY	5,311,370		65.00
66.00	06600	PHYSICAL THERAPY	7,185,413		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,151,449		67.00
68.00	06800	SPEECH PATHOLOGY	1,151,103		68.00
69.00	06900	ELECTROCARDIOLOGY	898,790		69.00
69.01	06901	ECHOCARDIOLOGY	889,737		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	203,962		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,594,061		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,265,164		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,582,961		73.00
74.00	07400	RENAL DIALYSIS	1,645,971		74.00
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	PHARMACOTHERAPY CLINIC	149,189		90.01
90.02	09002	DIETITIANS SERVICES	391,661		90.02
90.03	09003	BLANK	0		90.03
90.04	09004	URGENT CARE	236,304		90.04
91.00	09100	EMERGENCY	23,736,734		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04951	PALLIATIVE CARE	0		93.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0		99.10
99.20	09920	OPT	0		99.20
99.30	09930	OOT	0		99.30
99.40	09940	OSP	0		99.40
101.00	10100	HOME HEALTH AGENCY	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		102.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		110.00
111.00	11100	ISLET ACQUISITION	0		111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	277,171,831		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0		190.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part I | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Total		
			26.00		
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NON-REIMBURSABLE	607,315		194.00
194.01	07951	CARE FOR THE POOR	0		194.01
194.02	07952	CLINIC OLE	0		194.02
194.03	07953	MARKETING/PUB RELATIONS	0		194.03
194.04	07965	COMMUNITY OUTREACH	11,854,449		194.04
194.05	07955	HIV NETWORK/CASE MGMT	0		194.05
194.06	07956	CONVENT	1,060		194.06
194.07	07957	FOUNDATION	2,368,105		194.07
194.08	07958	NON-REIMBURSABLE MEALS	0		194.08
194.09	07959	WELLNESS CENTER	2,861,701		194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0		194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0		194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0		194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0		194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0		194.14
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	294,864,461		202.00

COST ALLOCATION STATISTICS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet Non-CMS W | Date/Time Prepared: 3/11/2025 5:11 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	PATIENT DAYS	10.00
11.00	CAFETERIA	S	GROSS SALARIES	11.00
13.00	NURSING ADMINISTRATION	13	NURSING SALARIES	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	GROSS PATIENT REVENUE	16.00
17.00	SOCIAL SERVICE	10	PATIENT DAYS	17.00
20.00	NURSING PROGRAM	20	ASSIGNED TIME	20.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		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	109,952	25,610	135,562	135,562	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,186,300	1,921,925	447,663	4,555,888	3,025	5.00
6.00	00600	MAINTENANCE & REPAIRS	228,563	753,802	175,579	1,157,944	3,019	6.00
7.00	00700	OPERATION OF PLANT	225,258	27,009	6,291	258,558	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	31,920	7,435	39,355	0	8.00
9.00	00900	HOUSEKEEPING	6,476	124,046	28,893	159,415	2,385	9.00
10.00	01000	DIETARY	10,260	481,500	112,153	603,913	777	10.00
11.00	01100	CAFETERIA	15,456	0	0	15,456	1,641	11.00
13.00	01300	NURSING ADMINISTRATION	11,269	218,824	50,969	281,062	12,229	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	91,218	218,578	50,912	360,708	20	14.00
15.00	01500	PHARMACY	436,712	169,421	39,462	645,595	5,444	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	249,860	58,198	308,058	0	16.00
17.00	01700	SOCIAL SERVICE	0	33,590	7,824	41,414	23	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	1,770	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,600	2,174,089	506,400	2,704,089	23,148	30.00
31.00	03100	INTENSIVE CARE UNIT	170,817	508,018	118,330	797,165	6,260	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,292	92,862	21,630	119,784	2,060	35.00
41.00	04100	SUBPROVIDER - IRF	26,610	400,522	93,291	520,423	4,123	41.00
43.00	04300	NURSERY	0	0	0	0	763	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,178,463	1,856,317	432,381	3,467,161	10,623	50.00
51.00	05100	RECOVERY ROOM	528	247,355	57,615	305,498	2,850	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,563	304,123	70,838	429,524	4,971	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	158,106	688,047	160,263	1,006,416	5,031	54.00
54.01	05402	ULTRASOUND	26,705	76,166	17,741	120,612	1,047	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,223	421,540	98,187	523,950	2,483	55.00
56.00	05600	RADIOISOTOPE	1,392	83,434	19,434	104,260	509	56.00
57.00	05700	CT SCAN	7,824	437,991	102,019	547,834	1,570	57.00
58.00	05800	MRI	213	228,891	53,314	282,418	909	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,485	217,007	50,546	307,038	3,706	59.00
60.00	06000	LABORATORY	74,151	542,295	126,314	742,760	6,475	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	9,494	25,487	5,937	40,918	2,035	64.00
65.00	06500	RESPIRATORY THERAPY	53,650	126,992	29,580	210,222	3,045	65.00
66.00	06600	PHYSICAL THERAPY	720	379,258	88,338	468,316	3,604	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	227,565	53,005	280,570	853	67.00
68.00	06800	SPEECH PATHOLOGY	692	36,438	8,487	45,617	683	68.00
69.00	06900	ELECTROCARDIOLOGY	4,932	67,474	15,716	88,122	348	69.00
69.01	06901	ECHOCARDIOLOGY	13,749	295	69	14,113	467	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	156	70.00
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	61,385	14,298	75,683	134	74.00
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	PHARMACOTHERAPY CLINIC	0	0	0	0	117	90.01
90.02	09002	DIETITIANS SERVICES	0	11,933	2,780	14,713	245	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	61,289	0	40,137	101,426	44	90.04
91.00	09100	EMERGENCY	72,404	661,038	153,972	887,414	9,920	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,200,414	14,216,949	3,351,611	22,768,974	128,512	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	57,210	13,326	70,536	211	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	217,216	0	63,723	280,939	5,681	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	1,014	0	0	1,014	1,157	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	31,128	0	0	31,128	1	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,449,772	14,274,159	3,428,660	23,152,591	135,562	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	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	4,558,913					5.00
6.00	00600	MAINTENANCE & REPAIRS	277,653	1,438,616				6.00
7.00	00700	OPERATION OF PLANT	138,855	3,382	400,795			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,540	3,997	1,116	47,008		8.00
9.00	00900	HOUSEKEEPING	70,257	15,533	4,338	0	251,928	9.00
10.00	01000	DIETARY	39,350	60,295	16,838	0	10,730	10.00
11.00	01100	CAFETERIA	49,761	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	259,355	27,402	7,652	0	4,876	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,890	27,371	7,643	0	4,871	14.00
15.00	01500	PHARMACY	150,168	21,215	5,924	0	3,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,416	31,288	8,737	0	5,568	16.00
17.00	01700	SOCIAL SERVICE	13,844	4,206	1,175	0	748	17.00
20.00	02000	NURSING PROGRAM	36,871	0	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	560,648	272,246	76,027	32,152	48,446	30.00
31.00	03100	INTENSIVE CARE UNIT	183,836	63,615	17,765	4,931	11,321	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	49,080	11,628	3,247	1,412	2,069	35.00
41.00	04100	SUBPROVIDER - IRF	96,052	50,154	14,006	5,901	8,925	41.00
43.00	04300	NURSERY	16,707	0	0	2,573	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	371,396	232,453	64,913	0	41,366	50.00
51.00	05100	RECOVERY ROOM	68,609	30,974	8,650	0	5,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	127,218	38,083	10,635	39	6,777	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	137,217	86,159	24,060	0	15,332	54.00
54.01	05402	ULTRASOUND	31,108	9,538	2,663	0	1,697	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	70,423	52,786	14,741	0	9,393	55.00
56.00	05600	RADIOISOTOPE	17,809	10,448	2,918	0	1,859	56.00
57.00	05700	CT SCAN	64,723	54,846	15,316	0	9,760	57.00
58.00	05800	MRI	29,388	28,662	8,004	0	5,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	93,823	27,174	7,588	0	4,836	59.00
60.00	06000	LABORATORY	214,082	67,908	18,963	0	12,084	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	48,708	3,192	891	0	568	64.00
65.00	06500	RESPIRATORY THERAPY	73,434	15,902	4,441	0	2,830	65.00
66.00	06600	PHYSICAL THERAPY	91,509	47,492	13,262	0	8,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,981	28,496	7,958	0	5,071	67.00
68.00	06800	SPEECH PATHOLOGY	15,715	4,563	1,274	0	812	68.00
69.00	06900	ELECTROCARDIOLOGY	8,996	8,449	2,359	0	1,504	69.00
69.01	06901	ECHOCARDIOLOGY	12,897	37	10	0	7	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,990	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,684	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	117,712	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	230,645	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	22,123	7,687	2,147	0	1,368	74.00
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	PHARMACOTHERAPY CLINIC	2,260	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	5,408	1,494	417	0	266	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	3,625	0	0	0	0	90.04
91.00	09100	EMERGENCY	279,959	82,777	23,116	0	14,730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,290,725	1,431,452	398,794	47,008	250,653	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	6,846	7,164	2,001	0	1,275	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	180,930	0	0	0	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	16	0	0	0	0	194.06
194.07	07957	FOUNDATION	36,152	0	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	44,244	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,558,913	1,438,616	400,795	47,008	251,928	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	731,903					10.00
11.00	01100	CAFETERIA	0	66,858				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,553	599,129			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11	0	417,514		14.00
15.00	01500	PHARMACY	0	2,917	0	4,677	839,715	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	12	0	1	0	17.00
20.00	02000	NURSING PROGRAM	0	949	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	547,458	12,433	204,960	24,724	0	30.00
31.00	03100	INTENSIVE CARE UNIT	83,957	3,355	53,869	11,793	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,104	18,054	1,803	0	35.00
41.00	04100	SUBPROVIDER - IRF	100,488	2,209	34,953	763	0	41.00
43.00	04300	NURSERY	0	409	7,944	194	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,693	64,030	54,706	0	50.00
51.00	05100	RECOVERY ROOM	0	1,527	24,893	3,149	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,664	45,045	7,634	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,696	9,157	1,276	0	54.00
54.01	05402	ULTRASOUND	0	561	222	1,585	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,330	4,157	988	0	55.00
56.00	05600	RADIOISOTOPE	0	273	0	135	0	56.00
57.00	05700	CT SCAN	0	842	42	861	0	57.00
58.00	05800	MRI	0	487	747	618	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,986	26,182	7,375	0	59.00
60.00	06000	LABORATORY	0	3,470	0	1,937	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,090	13,487	3,637	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,632	0	4,756	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,931	2,336	633	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	457	0	9	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	366	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	186	2,980	39	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	250	14	135	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	83	0	53	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	126,854	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	137,392	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	839,715	73.00
74.00	07400	RENAL DIALYSIS	0	72	1,133	197	0	74.00
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	PHARMACOTHERAPY CLINIC	0	62	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	131	0	1	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	24	0	0	0	90.04
91.00	09100	EMERGENCY	0	5,316	84,919	19,495	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	731,903	63,081	599,124	417,420	839,715	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	113	5	0	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	0	3,044	0	94	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	0	620	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
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)	731,903	66,858	599,129	417,514	839,715	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	20.00	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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
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	409,067					16.00
17.00	01700	SOCIAL SERVICE	0	61,423				17.00
20.00	02000	NURSING PROGRAM	0	0	39,590			20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,751	45,944		4,587,026	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,696	7,046		1,256,609	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,562	0		211,803	0	35.00
41.00	04100	SUBPROVIDER - IRF	4,627	8,433		851,057	0	41.00
43.00	04300	NURSERY	947	0		29,537	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	60,774	0		4,373,115	0	50.00
51.00	05100	RECOVERY ROOM	1,302	0		452,964	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,173	0		677,763	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,050	0		1,299,394	0	54.00
54.01	05402	ULTRASOUND	4,181	0		173,214	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	20,695	0		700,946	0	55.00
56.00	05600	RADIOISOTOPE	1,216	0		139,427	0	56.00
57.00	05700	CT SCAN	27,862	0		723,656	0	57.00
58.00	05800	MRI	8,574	0		364,908	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,717	0		492,425	0	59.00
60.00	06000	LABORATORY	56,169	0		1,123,848	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,604	0		119,130	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,629	0		326,891	0	65.00
66.00	06600	PHYSICAL THERAPY	4,643	0		642,177	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,033	0		347,428	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,517	0		70,547	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,095	0		116,078	0	69.00
69.01	06901	ECHOCARDIOLOGY	3,998	0		31,928	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	605	0		3,887	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,585	0		240,123	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,827	0		263,931	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,848	0		1,101,208	0	73.00
74.00	07400	RENAL DIALYSIS	655	0		111,199	0	74.00
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	PHARMACOTHERAPY CLINIC	0	0		2,439	0	90.01
90.02	09002	DIETITIANS SERVICES	231	0		22,906	0	90.02
90.03	09003	BLANK	0	0		0	0	90.03
90.04	09004	URGENT CARE	69	0		105,188	0	90.04
91.00	09100	EMERGENCY	68,941	0		1,476,587	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04951	PALLIATIVE CARE	0	0		0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0		0	0	99.10
99.20	09920	OPT	0	0		0	0	99.20
99.30	09930	OOT	0	0		0	0	99.30
99.40	09940	OSP	0	0		0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0		0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0		0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	20.00	24.00	25.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	408,576	61,423	0	22,439,339	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		0	0	190.00
193.00	19300	NONPAID WORKERS	0	0		0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0		88,151	0	194.00
194.01	07951	CARE FOR THE POOR	0	0		0	0	194.01
194.02	07952	CLINIC OLE	0	0		0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0		0	0	194.03
194.04	07965	COMMUNITY OUTREACH	491	0		471,179	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0		0	0	194.05
194.06	07956	CONVENT	0	0		16	0	194.06
194.07	07957	FOUNDATION	0	0		38,943	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0		0	0	194.08
194.09	07959	WELLNESS CENTER	0	0		75,373	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0		0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0		0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0		0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	194.14
200.00		Cross Foot Adjustments			39,590	39,590	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	409,067	61,423	39,590	23,152,591	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
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
20.00	02000	NURSING PROGRAM			20.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	4,587,026		30.00
31.00	03100	INTENSIVE CARE UNIT	1,256,609		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	211,803		35.00
41.00	04100	SUBPROVIDER - IRF	851,057		41.00
43.00	04300	NURSERY	29,537		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	4,373,115		50.00
51.00	05100	RECOVERY ROOM	452,964		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	677,763		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,299,394		54.00
54.01	05402	ULTRASOUND	173,214		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	700,946		55.00
56.00	05600	RADIOISOTOPE	139,427		56.00
57.00	05700	CT SCAN	723,656		57.00
58.00	05800	MRI	364,908		58.00
59.00	05900	CARDIAC CATHETERIZATION	492,425		59.00
60.00	06000	LABORATORY	1,123,848		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		63.00
64.00	06400	INTRAVENOUS THERAPY	119,130		64.00
65.00	06500	RESPIRATORY THERAPY	326,891		65.00
66.00	06600	PHYSICAL THERAPY	642,177		66.00
67.00	06700	OCCUPATIONAL THERAPY	347,428		67.00
68.00	06800	SPEECH PATHOLOGY	70,547		68.00
69.00	06900	ELECTROCARDIOLOGY	116,078		69.00
69.01	06901	ECHOCARDIOLOGY	31,928		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,887		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	240,123		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	263,931		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,101,208		73.00
74.00	07400	RENAL DIALYSIS	111,199		74.00
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	PHARMACOTHERAPY CLINIC	2,439		90.01
90.02	09002	DIETITIANS SERVICES	22,906		90.02
90.03	09003	BLANK	0		90.03
90.04	09004	URGENT CARE	105,188		90.04
91.00	09100	EMERGENCY	1,476,587		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04951	PALLIATIVE CARE	0		93.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0		99.10
99.20	09920	OPT	0		99.20
99.30	09930	OOT	0		99.30
99.40	09940	OSP	0		99.40
101.00	10100	HOME HEALTH AGENCY	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		102.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		110.00
111.00	11100	ISLET ACQUISITION	0		111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,439,339		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0		190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B Part II | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	Total		
			26.00		
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NON-REIMBURSABLE	88,151		194.00
194.01	07951	CARE FOR THE POOR	0		194.01
194.02	07952	CLINIC OLE	0		194.02
194.03	07953	MARKETING/PUB RELATIONS	0		194.03
194.04	07965	COMMUNITY OUTREACH	471,179		194.04
194.05	07955	HIV NETWORK/CASE MGMT	0		194.05
194.06	07956	CONVENT	16		194.06
194.07	07957	FOUNDATION	38,943		194.07
194.08	07958	NON-REIMBURSABLE MEALS	0		194.08
194.09	07959	WELLNESS CENTER	75,373		194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0		194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0		194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0		194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0		194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0		194.14
200.00		Cross Foot Adjustments	39,590		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	23,152,591		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	290,671					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		299,751				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,239	2,239	118,754,517			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	39,137	39,137	2,648,473	-45,949,604	248,914,857	5.00
6.00	00600	MAINTENANCE & REPAIRS	15,350	15,350	2,643,366	0	15,159,855	6.00
7.00	00700	OPERATION OF PLANT	550	550	157	0	7,581,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	650	650	0	0	138,706	8.00
9.00	00900	HOUSEKEEPING	2,526	2,526	2,088,180	0	3,836,034	9.00
10.00	01000	DIETARY	9,805	9,805	680,130	0	2,148,500	10.00
11.00	01100	CAFETERIA	0	0	1,436,607	0	2,716,973	11.00
13.00	01300	NURSING ADMINISTRATION	4,456	4,456	10,708,111	0	14,160,776	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,451	4,451	17,373	0	922,197	14.00
15.00	01500	PHARMACY	3,450	3,450	4,766,681	0	8,199,154	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,088	5,088	0	0	3,025,742	16.00
17.00	01700	SOCIAL SERVICE	684	684	19,816	0	755,903	17.00
20.00	02000	NURSING PROGRAM	0	0	1,550,346	0	2,013,174	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	44,272	44,272	20,322,188	0	30,609,351	30.00
31.00	03100	INTENSIVE CARE UNIT	10,345	10,345	5,481,545	0	10,037,439	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,891	1,891	1,803,552	0	2,679,787	35.00
41.00	04100	SUBPROVIDER - IRF	8,156	8,156	3,610,247	0	5,244,428	41.00
43.00	04300	NURSERY	0	0	668,475	0	912,215	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,801	37,801	9,302,257	0	20,278,263	50.00
51.00	05100	RECOVERY ROOM	5,037	5,037	2,495,675	0	3,746,074	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,193	6,193	4,352,709	0	6,946,089	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,011	14,011	4,405,532	0	7,492,029	54.00
54.01	05402	ULTRASOUND	1,551	1,551	916,992	0	1,698,505	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,584	8,584	2,173,877	0	3,845,122	55.00
56.00	05600	RADIOISOTOPE	1,699	1,699	445,754	0	972,394	56.00
57.00	05700	CT SCAN	8,919	8,919	1,375,024	0	3,533,892	57.00
58.00	05800	MRI	4,661	4,661	795,693	0	1,604,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,419	4,419	3,245,580	0	5,122,748	59.00
60.00	06000	LABORATORY	11,043	11,043	5,669,830	0	11,688,877	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	519	519	1,781,597	0	2,659,457	64.00
65.00	06500	RESPIRATORY THERAPY	2,586	2,586	2,666,533	0	4,009,490	65.00
66.00	06600	PHYSICAL THERAPY	7,723	7,723	3,155,733	0	4,996,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,634	4,634	746,531	0	1,254,784	67.00
68.00	06800	SPEECH PATHOLOGY	742	742	598,241	0	858,019	68.00
69.00	06900	ELECTROCARDIOLOGY	1,374	1,374	304,300	0	491,197	69.00
69.01	06901	ECHOCARDIOLOGY	6	6	409,240	0	704,154	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	136,263	0	163,272	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,934,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,427,057	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,593,231	73.00
74.00	07400	RENAL DIALYSIS	1,250	1,250	117,019	0	1,207,899	74.00
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	PHARMACOTHERAPY CLINIC	0	0	102,099	0	123,401	90.01
90.02	09002	DIETITIANS SERVICES	243	243	214,597	0	295,268	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	3,509	38,592	0	197,908	90.04
91.00	09100	EMERGENCY	13,461	13,461	8,686,859	0	15,285,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	289,506	293,015	112,581,774	-45,949,604	234,271,762	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	1,165	1,165	184,766	0	373,795	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	0	5,571	4,974,189	0	9,878,787	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	895	194.06
194.07	07957	FOUNDATION	0	0	1,013,117	0	1,973,882	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	671	0	2,415,736	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
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)	14,274,159	3,428,660	22,165,452		45,949,604	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	49.107613	11.438361	0.186649		0.184600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			135,562		4,558,913	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001142		0.018315	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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
		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	233,945					6.00
7.00	00700	OPERATION OF PLANT	550	233,395				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	650	650	23,968			8.00
9.00	00900	HOUSEKEEPING	2,526	2,526	0	230,219		9.00
10.00	01000	DIETARY	9,805	9,805	0	9,805	21,916	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,456	4,456	0	4,456	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,451	4,451	0	4,451	0	14.00
15.00	01500	PHARMACY	3,450	3,450	0	3,450	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,088	5,088	0	5,088	0	16.00
17.00	01700	SOCIAL SERVICE	684	684	0	684	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	44,272	44,272	16,393	44,272	16,393	30.00
31.00	03100	INTENSIVE CARE UNIT	10,345	10,345	2,514	10,345	2,514	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,891	1,891	720	1,891	0	35.00
41.00	04100	SUBPROVIDER - IRF	8,156	8,156	3,009	8,156	3,009	41.00
43.00	04300	NURSERY	0	0	1,312	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,801	37,801	0	37,801	0	50.00
51.00	05100	RECOVERY ROOM	5,037	5,037	0	5,037	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,193	6,193	20	6,193	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,011	14,011	0	14,011	0	54.00
54.01	05402	ULTRASOUND	1,551	1,551	0	1,551	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,584	8,584	0	8,584	0	55.00
56.00	05600	RADIOISOTOPE	1,699	1,699	0	1,699	0	56.00
57.00	05700	CT SCAN	8,919	8,919	0	8,919	0	57.00
58.00	05800	MRI	4,661	4,661	0	4,661	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,419	4,419	0	4,419	0	59.00
60.00	06000	LABORATORY	11,043	11,043	0	11,043	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	519	519	0	519	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,586	2,586	0	2,586	0	65.00
66.00	06600	PHYSICAL THERAPY	7,723	7,723	0	7,723	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,634	4,634	0	4,634	0	67.00
68.00	06800	SPEECH PATHOLOGY	742	742	0	742	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,374	1,374	0	1,374	0	69.00
69.01	06901	ECHOCARDIOLOGY	6	6	0	6	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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	1,250	1,250	0	1,250	0	74.00
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	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	243	243	0	243	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	13,461	13,461	0	13,461	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,780	232,230	23,968	229,054	21,916	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	1,165	1,165	0	1,165	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	0	0	0	0	0	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	0	0	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	0	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
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)	17,958,364	9,023,236	239,337	4,835,727	3,882,798	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	76.763188	38.660794	9.985689	21.004900	177.167275	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,438,616	400,795	47,008	251,928	731,903	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.149377	1.717239	1.961282	1.094297	33.395830	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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	109,257,604					11.00
13.00	01300	NURSING ADMINISTRATION	10,708,111	50,413,306				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,373	0	19,530,948			14.00
15.00	01500	PHARMACY	4,766,681	0	218,780	12,593,231		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,780,885,589	16.00
17.00	01700	SOCIAL SERVICE	19,816	0	30	0	0	17.00
20.00	02000	NURSING PROGRAM	1,550,346	0	0	0	0	20.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,322,188	17,245,269	1,156,568	0	151,093,269	30.00
31.00	03100	INTENSIVE CARE UNIT	5,481,545	4,532,931	551,645	0	50,850,746	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,803,552	1,519,157	84,336	0	6,790,695	35.00
41.00	04100	SUBPROVIDER - IRF	3,610,247	2,941,157	35,699	0	20,118,324	41.00
43.00	04300	NURSERY	668,475	668,475	9,070	0	4,116,452	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,302,257	5,387,901	2,559,108	0	264,233,430	50.00
51.00	05100	RECOVERY ROOM	2,495,675	2,094,665	147,320	0	5,662,659	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,352,709	3,790,408	357,102	0	22,492,408	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,405,532	770,556	59,695	0	52,392,336	54.00
54.01	05402	ULTRASOUND	916,992	18,655	74,139	0	18,178,385	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,173,877	349,761	46,199	0	89,977,303	55.00
56.00	05600	RADIOISOTOPE	445,754	42	6,337	0	5,287,991	56.00
57.00	05700	CT SCAN	1,375,024	3,494	40,275	0	121,138,236	57.00
58.00	05800	MRI	795,693	62,819	28,891	0	37,276,975	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,245,580	2,203,150	345,013	0	55,291,290	59.00
60.00	06000	LABORATORY	5,669,830	0	90,622	0	244,213,805	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,781,597	1,134,904	170,133	0	20,015,290	64.00
65.00	06500	RESPIRATORY THERAPY	2,666,533	0	222,479	0	46,213,214	65.00
66.00	06600	PHYSICAL THERAPY	3,155,733	196,602	29,631	0	20,188,166	66.00
67.00	06700	OCCUPATIONAL THERAPY	746,531	10	410	0	4,491,760	67.00
68.00	06800	SPEECH PATHOLOGY	598,241	0	0	0	6,595,019	68.00
69.00	06900	ELECTROCARDIOLOGY	304,300	250,731	1,805	0	13,455,797	69.00
69.01	06901	ECHOCARDIOLOGY	409,240	1,188	6,332	0	17,383,190	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	136,263	0	2,472	0	2,631,435	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,934,158	0	19,934,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,427,057	0	38,379,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,593,231	134,121,546	73.00
74.00	07400	RENAL DIALYSIS	117,019	95,350	9,200	0	2,845,925	74.00
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	PHARMACOTHERAPY CLINIC	102,099	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	214,597	0	53	0	1,002,521	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	38,592	0	0	0	301,671	90.04
91.00	09100	EMERGENCY	8,686,859	7,145,699	911,969	0	302,078,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	103,084,861	50,412,924	19,526,528	12,593,231	1,778,752,930	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NON-REIMBURSABLE	184,766	382	0	0	0	194.00
194.01	07951	CARE FOR THE POOR	0	0	0	0	0	194.01
194.02	07952	CLINIC OLE	0	0	0	0	0	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	0	0	0	194.03
194.04	07965	COMMUNITY OUTREACH	4,974,189	0	4,420	0	2,132,659	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	0	0	0	194.05
194.06	07956	CONVENT	0	0	0	0	0	194.06
194.07	07957	FOUNDATION	1,013,117	0	0	0	0	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	0	0	0	194.08
194.09	07959	WELLNESS CENTER	671	0	0	0	0	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	0	0	0	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0	0	0	0	194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,218,526	17,698,222	1,700,192	10,342,860	4,278,444	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.029458	0.351063	0.087051	0.821303	0.002402	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	66,858	599,129	417,514	839,715	409,067	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000612	0.011884	0.021377	0.066680	0.000230	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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)		
			17.00	20.00		
		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
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
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	21,916			17.00
20.00	02000	NURSING PROGRAM	0	16,747		20.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	16,393	12,099		30.00
31.00	03100	INTENSIVE CARE UNIT	2,514	1,000		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	3,009	0		41.00
43.00	04300	NURSERY	0	0		43.00
		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	2,115		54.00
54.01	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
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	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	1,533		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
99.20	09920	OPT	0	0		99.20
99.30	09930	OOT	0	0		99.30
99.40	09940	OSP	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		102.00
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE				113.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet B-1 | Date/Time Prepared: 3/11/2025 5:11 pm

		Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)					
			17.00	20.00					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,916	16,747					118.00
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0					190.00
193.00	19300	NONPAID WORKERS	0	0					193.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0					194.00
194.01	07951	CARE FOR THE POOR	0	0					194.01
194.02	07952	CLINIC OLE	0	0					194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0					194.03
194.04	07965	COMMUNITY OUTREACH	0	0					194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0					194.05
194.06	07956	CONVENT	0	0					194.06
194.07	07957	FOUNDATION	0	0					194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0					194.08
194.09	07959	WELLNESS CENTER	0	0					194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0					194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0					194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0					194.12
194.13	07963	PHARMACOTHERAPY CLINIC	0	0					194.13
194.14	07964	OTHER NONREIMBURSABLE COST CENTERS	0	0					194.14
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)	989,347	2,430,476					202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	45.142681	145.129038					203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	61,423	39,590					204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.802656	2.364005					205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 3/11/2025 5:11 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,980,095		54,980,095	0	54,980,095	30.00
31.00	03100	INTENSIVE CARE UNIT	15,953,811		15,953,811	5,315	15,959,126	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,049,755		4,049,755	0	4,049,755	35.00
41.00	04100	SUBPROVIDER - IRF	9,214,554		9,214,554	0	9,214,554	41.00
43.00	04300	NURSERY	1,358,758		1,358,758	0	1,358,758	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,201,759		32,201,759	0	32,201,759	50.00
51.00	05100	RECOVERY ROOM	5,960,094		5,960,094	0	5,960,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,617,447		10,617,447	0	10,617,447	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,624,846		11,624,846	0	11,624,846	54.00
54.01	05402	ULTRASOUND	2,307,331		2,307,331	0	2,307,331	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,133,010		6,133,010	0	6,133,010	55.00
56.00	05600	RADIOISOTOPE	1,410,091		1,410,091	0	1,410,091	56.00
57.00	05700	CT SCAN	5,739,270		5,739,270	0	5,739,270	57.00
58.00	05800	MRI	2,674,225		2,674,225	0	2,674,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,703,183		7,703,183	3,170	7,706,353	59.00
60.00	06000	LABORATORY	16,114,741		16,114,741	0	16,114,741	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,734,992		3,734,992	0	3,734,992	64.00
65.00	06500	RESPIRATORY THERAPY	5,311,370	0	5,311,370	0	5,311,370	65.00
66.00	06600	PHYSICAL THERAPY	7,185,413	0	7,185,413	0	7,185,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,151,449	0	2,151,449	0	2,151,449	67.00
68.00	06800	SPEECH PATHOLOGY	1,151,103	0	1,151,103	0	1,151,103	68.00
69.00	06900	ELECTROCARDIOLOGY	898,790		898,790	0	898,790	69.00
69.01	06901	ECHOCARDIOLOGY	889,737		889,737	0	889,737	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	203,962		203,962	0	203,962	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,594,061		7,594,061	0	7,594,061	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,265,164		8,265,164	0	8,265,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,582,961		25,582,961	0	25,582,961	73.00
74.00	07400	RENAL DIALYSIS	1,645,971		1,645,971	0	1,645,971	74.00
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	PHARMACOTHERAPY CLINIC	149,189		149,189	0	149,189	90.01
90.02	09002	DIETITIANS SERVICES	391,661		391,661	0	391,661	90.02
90.03	09003	BLANK	0		0	0	0	90.03
90.04	09004	URGENT CARE	236,304		236,304	0	236,304	90.04
91.00	09100	EMERGENCY	23,736,734		23,736,734	0	23,736,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,466,682		6,466,682		6,466,682	92.00
93.00	04951	PALLIATIVE CARE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OPT	0		0		0	99.20
99.30	09930	OOT	0		0		0	99.30
99.40	09940	OSP	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	283,638,513	0	283,638,513	8,485	283,646,998	200.00
201.00		Less Observation Beds	6,466,682		6,466,682		6,466,682	201.00
202.00		Total (see instructions)	277,171,831	0	277,171,831	8,485	277,180,316	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 3/11/2025 5:11 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	134,345,230		134,345,230			30.00
31.00	03100	INTENSIVE CARE UNIT	50,854,064		50,854,064			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,790,695		6,790,695			35.00
41.00	04100	SUBPROVIDER - IRF	20,118,324		20,118,324			41.00
43.00	04300	NURSERY	4,116,452		4,116,452			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	81,389,422	182,846,410	264,235,832	0.121867	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,232,617	3,430,042	5,662,659	1.052526	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,641,481	7,850,927	22,492,408	0.472046	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,770,041	37,727,829	52,497,870	0.221435	0.000000	54.00
54.01	05402	ULTRASOUND	4,109,414	14,068,971	18,178,385	0.126927	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	636,294	89,341,009	89,977,303	0.068162	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,428,620	3,859,371	5,287,991	0.266659	0.000000	56.00
57.00	05700	CT SCAN	34,283,467	86,884,478	121,167,945	0.047366	0.000000	57.00
58.00	05800	MRI	8,584,792	28,989,747	37,574,539	0.071171	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,340,700	29,950,590	55,291,290	0.139320	0.000000	59.00
60.00	06000	LABORATORY	117,521,155	127,271,026	244,792,181	0.065830	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	525,029	19,490,261	20,015,290	0.186607	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	41,345,029	4,868,185	46,213,214	0.114932	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,159,841	14,028,325	20,188,166	0.355922	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,929,284	1,562,476	4,491,760	0.478977	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,097,509	1,497,510	6,595,019	0.174541	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,373,854	9,081,943	13,455,797	0.066796	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	7,642,717	9,741,719	17,384,436	0.051180	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,452,068	1,179,367	2,631,435	0.077510	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,851,985	12,082,524	19,934,509	0.380950	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,556,295	24,823,691	38,379,986	0.215351	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,861,665	89,716,435	134,578,100	0.190098	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,630,179	215,746	2,845,925	0.578361	0.000000	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	16,287	986,234	1,002,521	0.390676	0.000000	90.02
90.03	09003	BLANK	0	0	0	0.000000	0.000000	90.03
90.04	09004	URGENT CARE	4,000	297,671	301,671	0.783317	0.000000	90.04
91.00	09100	EMERGENCY	79,097,384	222,981,213	302,078,597	0.078578	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,864,564	12,883,475	16,748,039	0.386116	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	742,570,458	1,037,657,175	1,780,227,633			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	742,570,458	1,037,657,175	1,780,227,633			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 3/11/2025 5:11 pm

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		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.121867	50.00
51.00	05100	RECOVERY ROOM	1.052526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472046	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221435	54.00
54.01	05402	ULTRASOUND	0.126927	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.068162	55.00
56.00	05600	RADIOISOTOPE	0.266659	56.00
57.00	05700	CT SCAN	0.047366	57.00
58.00	05800	MRI	0.071171	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139377	59.00
60.00	06000	LABORATORY	0.065830	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.186607	64.00
65.00	06500	RESPIRATORY THERAPY	0.114932	65.00
66.00	06600	PHYSICAL THERAPY	0.355922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478977	67.00
68.00	06800	SPEECH PATHOLOGY	0.174541	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066796	69.00
69.01	06901	ECHOCARDIOLOGY	0.051180	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.077510	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380950	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215351	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190098	73.00
74.00	07400	RENAL DIALYSIS	0.578361	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0.390676	90.02
90.03	09003	BLANK	0.000000	90.03
90.04	09004	URGENT CARE	0.783317	90.04
91.00	09100	EMERGENCY	0.078578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.386116	92.00
93.00	04951	PALLIATIVE CARE	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS		
99.10	09910	CORF		99.10
99.20	09920	OPT		99.20
99.30	09930	OOT		99.30
99.40	09940	OSP		99.40
101.00	10100	HOME HEALTH AGENCY		101.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
		SPECIAL PURPOSE COST CENTERS		
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | 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	54,980,095		54,980,095	0	54,980,095	30.00
31.00	03100	INTENSIVE CARE UNIT	15,953,811		15,953,811	5,315	15,959,126	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,049,755		4,049,755	0	4,049,755	35.00
41.00	04100	SUBPROVIDER - IRF	9,214,554		9,214,554	0	9,214,554	41.00
43.00	04300	NURSERY	1,358,758		1,358,758	0	1,358,758	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,201,759		32,201,759	0	32,201,759	50.00
51.00	05100	RECOVERY ROOM	5,960,094		5,960,094	0	5,960,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,617,447		10,617,447	0	10,617,447	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,624,846		11,624,846	0	11,624,846	54.00
54.01	05402	ULTRASOUND	2,307,331		2,307,331	0	2,307,331	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,133,010		6,133,010	0	6,133,010	55.00
56.00	05600	RADIOISOTOPE	1,410,091		1,410,091	0	1,410,091	56.00
57.00	05700	CT SCAN	5,739,270		5,739,270	0	5,739,270	57.00
58.00	05800	MRI	2,674,225		2,674,225	0	2,674,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,703,183		7,703,183	3,170	7,706,353	59.00
60.00	06000	LABORATORY	16,114,741		16,114,741	0	16,114,741	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,734,992		3,734,992	0	3,734,992	64.00
65.00	06500	RESPIRATORY THERAPY	5,311,370	0	5,311,370	0	5,311,370	65.00
66.00	06600	PHYSICAL THERAPY	7,185,413	0	7,185,413	0	7,185,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,151,449	0	2,151,449	0	2,151,449	67.00
68.00	06800	SPEECH PATHOLOGY	1,151,103	0	1,151,103	0	1,151,103	68.00
69.00	06900	ELECTROCARDIOLOGY	898,790		898,790	0	898,790	69.00
69.01	06901	ECHOCARDIOLOGY	889,737		889,737	0	889,737	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	203,962		203,962	0	203,962	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,594,061		7,594,061	0	7,594,061	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,265,164		8,265,164	0	8,265,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,582,961		25,582,961	0	25,582,961	73.00
74.00	07400	RENAL DIALYSIS	1,645,971		1,645,971	0	1,645,971	74.00
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	PHARMACOTHERAPY CLINIC	149,189		149,189	0	149,189	90.01
90.02	09002	DIETITIANS SERVICES	391,661		391,661	0	391,661	90.02
90.03	09003	BLANK	0		0	0	0	90.03
90.04	09004	URGENT CARE	236,304		236,304	0	236,304	90.04
91.00	09100	EMERGENCY	23,736,734		23,736,734	0	23,736,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,466,682		6,466,682		6,466,682	92.00
93.00	04951	PALLIATIVE CARE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OPT	0		0		0	99.20
99.30	09930	OOT	0		0		0	99.30
99.40	09940	OSP	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	283,638,513	0	283,638,513	8,485	283,646,998	200.00
201.00		Less Observation Beds	6,466,682		6,466,682		6,466,682	201.00
202.00		Total (see instructions)	277,171,831	0	277,171,831	8,485	277,180,316	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0		0			35.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0.000000	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0.000000	0.000000	90.02
90.03	09003	BLANK	0	0	0	0.000000	0.000000	90.03
90.04	09004	URGENT CARE	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
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	05402	ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	ECHOCARDIOLOGY	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
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
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	PHARMACOTHERAPY CLINIC	0.000000		90.01
90.02	09002	DIETITIANS SERVICES	0.000000		90.02
90.03	09003	BLANK	0.000000		90.03
90.04	09004	URGENT CARE	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.00	04951	PALLIATIVE CARE	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0.000000		111.00
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part II Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,201,759	4,373,115	27,828,644	0	0	50.00
51.00	05100	RECOVERY ROOM	5,960,094	452,964	5,507,130	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,617,447	677,763	9,939,684	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,624,846	1,299,394	10,325,452	0	0	54.00
54.01	05402	ULTRASOUND	2,307,331	173,214	2,134,117	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,133,010	700,946	5,432,064	0	0	55.00
56.00	05600	RADIOISOTOPE	1,410,091	139,427	1,270,664	0	0	56.00
57.00	05700	CT SCAN	5,739,270	723,656	5,015,614	0	0	57.00
58.00	05800	MRI	2,674,225	364,908	2,309,317	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,703,183	492,425	7,210,758	0	0	59.00
60.00	06000	LABORATORY	16,114,741	1,123,848	14,990,893	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,734,992	119,130	3,615,862	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,311,370	326,891	4,984,479	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,185,413	642,177	6,543,236	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,151,449	347,428	1,804,021	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,151,103	70,547	1,080,556	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	898,790	116,078	782,712	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	889,737	31,928	857,809	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	203,962	3,887	200,075	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,594,061	240,123	7,353,938	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,265,164	263,931	8,001,233	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,582,961	1,101,208	24,481,753	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,645,971	111,199	1,534,772	0	0	74.00
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	PHARMACOTHERAPY CLINIC	149,189	2,439	146,750	0	0	90.01
90.02	09002	DIETITIANS SERVICES	391,661	22,906	368,755	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	236,304	105,188	131,116	0	0	90.04
91.00	09100	EMERGENCY	23,736,734	1,476,587	22,260,147	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,466,682	539,522	5,927,160	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	198,081,540	16,042,829	182,038,711	0	0	200.00
201.00		Less Observation Beds	6,466,682	539,522	5,927,160	0	0	201.00
202.00		Total (line 200 minus line 201)	191,614,858	15,503,307	176,111,551	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part II Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	32,201,759	264,235,832	0.121867		50.00
51.00	05100	RECOVERY ROOM	5,960,094	5,662,659	1.052526		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,617,447	22,492,408	0.472046		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,624,846	52,497,870	0.221435		54.00
54.01	05402	ULTRASOUND	2,307,331	18,178,385	0.126927		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,133,010	89,977,303	0.068162		55.00
56.00	05600	RADIOISOTOPE	1,410,091	5,287,991	0.266659		56.00
57.00	05700	CT SCAN	5,739,270	121,167,945	0.047366		57.00
58.00	05800	MRI	2,674,225	37,574,539	0.071171		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,703,183	55,291,290	0.139320		59.00
60.00	06000	LABORATORY	16,114,741	244,792,181	0.065830		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	3,734,992	20,015,290	0.186607		64.00
65.00	06500	RESPIRATORY THERAPY	5,311,370	46,213,214	0.114932		65.00
66.00	06600	PHYSICAL THERAPY	7,185,413	20,188,166	0.355922		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,151,449	4,491,760	0.478977		67.00
68.00	06800	SPEECH PATHOLOGY	1,151,103	6,595,019	0.174541		68.00
69.00	06900	ELECTROCARDIOLOGY	898,790	13,455,797	0.066796		69.00
69.01	06901	ECHOCARDIOLOGY	889,737	17,384,436	0.051180		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	203,962	2,631,435	0.077510		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,594,061	19,934,509	0.380950		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,265,164	38,379,986	0.215351		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,582,961	134,578,100	0.190098		73.00
74.00	07400	RENAL DIALYSIS	1,645,971	2,845,925	0.578361		74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0.000000		78.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	PHARMACOTHERAPY CLINIC	149,189	0	0.000000		90.01
90.02	09002	DIETITIANS SERVICES	391,661	1,002,521	0.390676		90.02
90.03	09003	BLANK	0	0	0.000000		90.03
90.04	09004	URGENT CARE	236,304	301,671	0.783317		90.04
91.00	09100	EMERGENCY	23,736,734	302,078,597	0.078578		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,466,682	16,748,039	0.386116		92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	0.000000		99.10
99.20	09920	OPT	0	0	0.000000		99.20
99.30	09930	OOT	0	0	0.000000		99.30
99.40	09940	OSP	0	0	0.000000		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0.000000		102.00
		SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	198,081,540	1,564,002,868			200.00
201.00		Less Observation Beds	6,466,682	0			201.00
202.00		Total (line 200 minus line 201)	191,614,858	1,564,002,868			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 3/11/2025 5:11 pm

Title V | 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	54,980,095		54,980,095	0	54,980,095	30.00
31.00	03100	INTENSIVE CARE UNIT	15,953,811		15,953,811	5,315	15,959,126	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,049,755		4,049,755	0	4,049,755	35.00
41.00	04100	SUBPROVIDER - IRF	9,214,554		9,214,554	0	9,214,554	41.00
43.00	04300	NURSERY	1,358,758		1,358,758	0	1,358,758	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,201,759		32,201,759	0	32,201,759	50.00
51.00	05100	RECOVERY ROOM	5,960,094		5,960,094	0	5,960,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,617,447		10,617,447	0	10,617,447	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,624,846		11,624,846	0	11,624,846	54.00
54.01	05402	ULTRASOUND	2,307,331		2,307,331	0	2,307,331	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,133,010		6,133,010	0	6,133,010	55.00
56.00	05600	RADIOISOTOPE	1,410,091		1,410,091	0	1,410,091	56.00
57.00	05700	CT SCAN	5,739,270		5,739,270	0	5,739,270	57.00
58.00	05800	MRI	2,674,225		2,674,225	0	2,674,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,703,183		7,703,183	3,170	7,706,353	59.00
60.00	06000	LABORATORY	16,114,741		16,114,741	0	16,114,741	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,734,992		3,734,992	0	3,734,992	64.00
65.00	06500	RESPIRATORY THERAPY	5,311,370	0	5,311,370	0	5,311,370	65.00
66.00	06600	PHYSICAL THERAPY	7,185,413	0	7,185,413	0	7,185,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,151,449	0	2,151,449	0	2,151,449	67.00
68.00	06800	SPEECH PATHOLOGY	1,151,103	0	1,151,103	0	1,151,103	68.00
69.00	06900	ELECTROCARDIOLOGY	898,790		898,790	0	898,790	69.00
69.01	06901	ECHOCARDIOLOGY	889,737		889,737	0	889,737	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	203,962		203,962	0	203,962	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,594,061		7,594,061	0	7,594,061	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,265,164		8,265,164	0	8,265,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,582,961		25,582,961	0	25,582,961	73.00
74.00	07400	RENAL DIALYSIS	1,645,971		1,645,971	0	1,645,971	74.00
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	PHARMACOTHERAPY CLINIC	149,189		149,189	0	149,189	90.01
90.02	09002	DIETITIANS SERVICES	391,661		391,661	0	391,661	90.02
90.03	09003	BLANK	0		0	0	0	90.03
90.04	09004	URGENT CARE	236,304		236,304	0	236,304	90.04
91.00	09100	EMERGENCY	23,736,734		23,736,734	0	23,736,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,466,682		6,466,682		6,466,682	92.00
93.00	04951	PALLIATIVE CARE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OPT	0		0		0	99.20
99.30	09930	OOT	0		0		0	99.30
99.40	09940	OSP	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	283,638,513	0	283,638,513	8,485	283,646,998	200.00
201.00		Less Observation Beds	6,466,682		6,466,682		6,466,682	201.00
202.00		Total (see instructions)	277,171,831	0	277,171,831	8,485	277,180,316	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 3/11/2025 5:11 pm

Title V | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	134,345,230		134,345,230			30.00
31.00	03100	INTENSIVE CARE UNIT	50,854,064		50,854,064			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,790,695		6,790,695			35.00
41.00	04100	SUBPROVIDER - IRF	20,118,324		20,118,324			41.00
43.00	04300	NURSERY	4,116,452		4,116,452			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	81,389,422	182,846,410	264,235,832	0.121867	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,232,617	3,430,042	5,662,659	1.052526	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,641,481	7,850,927	22,492,408	0.472046	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,770,041	37,727,829	52,497,870	0.221435	0.000000	54.00
54.01	05402	ULTRASOUND	4,109,414	14,068,971	18,178,385	0.126927	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	636,294	89,341,009	89,977,303	0.068162	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,428,620	3,859,371	5,287,991	0.266659	0.000000	56.00
57.00	05700	CT SCAN	34,283,467	86,884,478	121,167,945	0.047366	0.000000	57.00
58.00	05800	MRI	8,584,792	28,989,747	37,574,539	0.071171	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,340,700	29,950,590	55,291,290	0.139320	0.000000	59.00
60.00	06000	LABORATORY	117,521,155	127,271,026	244,792,181	0.065830	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	525,029	19,490,261	20,015,290	0.186607	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	41,345,029	4,868,185	46,213,214	0.114932	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,159,841	14,028,325	20,188,166	0.355922	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,929,284	1,562,476	4,491,760	0.478977	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,097,509	1,497,510	6,595,019	0.174541	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,373,854	9,081,943	13,455,797	0.066796	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	7,642,717	9,741,719	17,384,436	0.051180	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,452,068	1,179,367	2,631,435	0.077510	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,851,985	12,082,524	19,934,509	0.380950	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,556,295	24,823,691	38,379,986	0.215351	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,861,665	89,716,435	134,578,100	0.190098	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,630,179	215,746	2,845,925	0.578361	0.000000	74.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	0.000000	78.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	16,287	986,234	1,002,521	0.390676	0.000000	90.02
90.03	09003	BLANK	0	0	0	0.000000	0.000000	90.03
90.04	09004	URGENT CARE	4,000	297,671	301,671	0.783317	0.000000	90.04
91.00	09100	EMERGENCY	79,097,384	222,981,213	302,078,597	0.078578	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,864,564	12,883,475	16,748,039	0.386116	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	742,570,458	1,037,657,175	1,780,227,633			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	742,570,458	1,037,657,175	1,780,227,633			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet C Part I Date/Time Prepared: 3/11/2025 5:11 pm

Title V | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
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	05402	ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	ECHOCARDIOLOGY	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
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
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	PHARMACOTHERAPY CLINIC	0.000000		90.01
90.02	09002	DIETITIANS SERVICES	0.000000		90.02
90.03	09003	BLANK	0.000000		90.03
90.04	09004	URGENT CARE	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.00	04951	PALLIATIVE CARE	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0.000000		111.00
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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part I Date/Time Prepared: 3/11/2025 5:11 pm

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	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,587,026	0	4,587,026	18,577	246.92	30.00
31.00	INTENSIVE CARE UNIT	1,256,609		1,256,609	2,514	499.84	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	211,803		211,803	720	294.17	35.00
41.00	SUBPROVIDER - IRF	851,057	0	851,057	3,009	282.84	41.00
43.00	NURSERY	29,537		29,537	1,312	22.51	43.00
200.00	Total (lines 30 through 199)	6,936,032		6,936,032	26,132		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	6,614	1,633,129				30.00
31.00	INTENSIVE CARE UNIT	938	468,850				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
41.00	SUBPROVIDER - IRF	1,490	421,432				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	9,042	2,523,411				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part II Date/Time Prepared: 3/11/2025 5:11 pm

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	4,373,115	264,235,832	0.016550	29,699,043	491,519	50.00
51.00	05100	RECOVERY ROOM	452,964	5,662,659	0.079991	736,890	58,945	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	677,763	22,492,408	0.030133	18,080	545	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,299,394	52,497,870	0.024751	6,621,359	163,885	54.00
54.01	05402	ULTRASOUND	173,214	18,178,385	0.009529	1,642,316	15,650	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	700,946	89,977,303	0.007790	379,850	2,959	55.00
56.00	05600	RADIOISOTOPE	139,427	5,287,991	0.026367	473,455	12,484	56.00
57.00	05700	CT SCAN	723,656	121,167,945	0.005972	14,474,839	86,444	57.00
58.00	05800	MRI	364,908	37,574,539	0.009712	3,551,049	34,488	58.00
59.00	05900	CARDIAC CATHETERIZATION	492,425	55,291,290	0.008906	9,681,552	86,224	59.00
60.00	06000	LABORATORY	1,123,848	244,792,181	0.004591	48,102,904	220,840	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	119,130	20,015,290	0.005952	330,125	1,965	64.00
65.00	06500	RESPIRATORY THERAPY	326,891	46,213,214	0.007074	14,877,057	105,240	65.00
66.00	06600	PHYSICAL THERAPY	642,177	20,188,166	0.031810	1,453,856	46,247	66.00
67.00	06700	OCCUPATIONAL THERAPY	347,428	4,491,760	0.077348	549,817	42,527	67.00
68.00	06800	SPEECH PATHOLOGY	70,547	6,595,019	0.010697	1,201,725	12,855	68.00
69.00	06900	ELECTROCARDIOLOGY	116,078	13,455,797	0.008627	2,080,026	17,944	69.00
69.01	06901	ECHOCARDIOLOGY	31,928	17,384,436	0.001837	3,688,136	6,775	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,887	2,631,435	0.001477	651,627	962	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	240,123	19,934,509	0.012046	2,635,547	31,748	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	263,931	38,379,986	0.006877	6,529,807	44,905	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,101,208	134,578,100	0.008183	16,193,156	132,509	73.00
74.00	07400	RENAL DIALYSIS	111,199	2,845,925	0.039073	1,185,985	46,340	74.00
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	PHARMACOTHERAPY CLINIC	2,439	0	0.000000	0	0	90.01
90.02	09002	DIETITIANS SERVICES	22,906	1,002,521	0.022848	0	0	90.02
90.03	09003	BLANK	0	0	0.000000	0	0	90.03
90.04	09004	URGENT CARE	105,188	301,671	0.348684	0	0	90.04
91.00	09100	EMERGENCY	1,476,587	302,078,597	0.004888	32,301,306	157,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	539,522	16,748,039	0.032214	1,852,871	59,688	92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	16,042,829	1,564,002,868		200,912,378	1,881,577	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part III Date/Time Prepared: 3/11/2025 5:11 pm

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		Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,755,916	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	145,129	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	1,901,045	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	1,755,916	18,577	94.52	6,614	30.00
31.00	03100	INTENSIVE CARE UNIT		145,129	2,514	57.73	938	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	720	0.00	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,009	0.00	1,490	41.00
43.00	04300	NURSERY		0	1,312	0.00	0	43.00
200.00		Total (lines 30 through 199)		1,901,045	26,132		9,042	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost		
			9.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	625,155	0		30.00
31.00	03100	INTENSIVE CARE UNIT	54,151	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
200.00		Total (lines 30 through 199)	679,306	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

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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	306,948	0	0	54.00
54.01	05402	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
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	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	222,483	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		206,526		0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	735,957	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

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		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	264,235,832	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,662,659	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	22,492,408	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	306,948	306,948	52,497,870	0.005847	54.00
54.01	05402	ULTRASOUND	0	0	0	18,178,385	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	89,977,303	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,287,991	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	121,167,945	0.000000	57.00
58.00	05800	MRI	0	0	0	37,574,539	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	55,291,290	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	244,792,181	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	20,015,290	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	46,213,214	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,188,166	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,491,760	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,595,019	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,455,797	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	17,384,436	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,631,435	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,934,509	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,379,986	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	134,578,100	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,845,925	0.000000	74.00
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	PHARMACOTHERAPY CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	1,002,521	0.000000	90.02
90.03	09003	BLANK	0	0	0	0	0.000000	90.03
90.04	09004	URGENT CARE	0	0	0	301,671	0.000000	90.04
91.00	09100	EMERGENCY	0	222,483	222,483	302,078,597	0.000737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	206,526	206,526	16,748,039	0.012331	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	735,957	735,957	1,564,002,868		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

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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	29,699,043	0	64,004,338	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	736,890	0	1,374,947	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	18,080	0	38,797	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.005847	6,621,359	38,715	8,030,654	46,955	54.00
54.01	05402	ULTRASOUND	0.000000	1,642,316	0	3,033,495	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	379,850	0	17,773,013	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	473,455	0	1,544,495	0	56.00
57.00	05700	CT SCAN	0.000000	14,474,839	0	30,330,684	0	57.00
58.00	05800	MRI	0.000000	3,551,049	0	11,435,735	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,681,552	0	15,337,666	0	59.00
60.00	06000	LABORATORY	0.000000	48,102,904	0	20,598,510	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	330,125	0	8,007,492	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	14,877,057	0	1,636,111	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,453,856	0	203,961	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	549,817	0	63,479	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,201,725	0	73,745	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,080,026	0	2,845,926	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.000000	3,688,136	0	5,530,794	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	651,627	0	459,925	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,635,547	0	4,494,118	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,529,807	0	11,055,874	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	16,193,156	0	40,465,940	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,185,985	0	201,939	0	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.000000	0	0	159	0	90.04
91.00	09100	EMERGENCY	0.000737	32,301,306	23,806	45,588,455	33,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.012331	1,852,871	22,848	4,194,479	51,722	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		200,912,378	85,369	298,324,731	132,276	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV | Date/Time Prepared: 3/11/2025 5:11 pm

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		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
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	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.121867	64,004,338	0	0	7,800,017	50.00
51.00	05100	RECOVERY ROOM	1.052526	1,374,947	0	0	1,447,167	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472046	38,797	0	0	18,314	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221435	8,030,654	0	0	1,778,268	54.00
54.01	05402	ULTRASOUND	0.126927	3,033,495	0	0	385,032	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.068162	17,773,013	0	0	1,211,444	55.00
56.00	05600	RADIOISOTOPE	0.266659	1,544,495	0	0	411,853	56.00
57.00	05700	CT SCAN	0.047366	30,330,684	0	0	1,436,643	57.00
58.00	05800	MRI	0.071171	11,435,735	0	0	813,893	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139320	15,337,666	0	0	2,136,844	59.00
60.00	06000	LABORATORY	0.065830	20,598,510	0	0	1,356,000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.186607	8,007,492	0	0	1,494,254	64.00
65.00	06500	RESPIRATORY THERAPY	0.114932	1,636,111	0	0	188,042	65.00
66.00	06600	PHYSICAL THERAPY	0.355922	203,961	0	0	72,594	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478977	63,479	0	0	30,405	67.00
68.00	06800	SPEECH PATHOLOGY	0.174541	73,745	0	0	12,872	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066796	2,845,926	0	0	190,096	69.00
69.01	06901	ECHOCARDIOLOGY	0.051180	5,530,794	0	0	283,066	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.077510	459,925	0	0	35,649	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380950	4,494,118	0	0	1,712,034	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215351	11,055,874	123,755	0	2,380,894	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190098	40,465,940	0	6,767	7,692,494	73.00
74.00	07400	RENAL DIALYSIS	0.578361	201,939	0	0	116,794	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.390676	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.783317	159	0	0	125	90.04
91.00	09100	EMERGENCY	0.078578	45,588,455	0	351	3,582,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.386116	4,194,479	0	0	1,619,555	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		298,324,731	123,755	7,118	38,206,599	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		298,324,731	123,755	7,118	38,206,599	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,651	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,286		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
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	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	28		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Subtotal (see instructions)	26,651	1,314		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	26,651	1,314		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part II Date/Time Prepared: 3/11/2025 5:11 pm

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	4,373,115	264,235,832	0.016550	77,160	1,277	50.00
51.00	05100	RECOVERY ROOM	452,964	5,662,659	0.079991	2,499	200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	677,763	22,492,408	0.030133	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,299,394	52,497,870	0.024751	147,516	3,651	54.00
54.01	05402	ULTRASOUND	173,214	18,178,385	0.009529	34,346	327	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	700,946	89,977,303	0.007790	4,498	35	55.00
56.00	05600	RADIOISOTOPE	139,427	5,287,991	0.026367	0	0	56.00
57.00	05700	CT SCAN	723,656	121,167,945	0.005972	216,579	1,293	57.00
58.00	05800	MRI	364,908	37,574,539	0.009712	44,827	435	58.00
59.00	05900	CARDIAC CATHETERIZATION	492,425	55,291,290	0.008906	11,482	102	59.00
60.00	06000	LABORATORY	1,123,848	244,792,181	0.004591	1,452,919	6,670	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	119,130	20,015,290	0.005952	7,973	47	64.00
65.00	06500	RESPIRATORY THERAPY	326,891	46,213,214	0.007074	447,028	3,162	65.00
66.00	06600	PHYSICAL THERAPY	642,177	20,188,166	0.031810	1,356,473	43,149	66.00
67.00	06700	OCCUPATIONAL THERAPY	347,428	4,491,760	0.077348	922,889	71,384	67.00
68.00	06800	SPEECH PATHOLOGY	70,547	6,595,019	0.010697	1,155,336	12,359	68.00
69.00	06900	ELECTROCARDIOLOGY	116,078	13,455,797	0.008627	16,569	143	69.00
69.01	06901	ECHOCARDIOLOGY	31,928	17,384,436	0.001837	18,325	34	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,887	2,631,435	0.001477	7,729	11	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	240,123	19,934,509	0.012046	2,714	33	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	263,931	38,379,986	0.006877	5,743	39	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,101,208	134,578,100	0.008183	515,043	4,215	73.00
74.00	07400	RENAL DIALYSIS	111,199	2,845,925	0.039073	72,284	2,824	74.00
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	PHARMACOTHERAPY CLINIC	2,439	0	0.000000	0	0	90.01
90.02	09002	DIETITIANS SERVICES	22,906	1,002,521	0.022848	0	0	90.02
90.03	09003	BLANK	0	0	0.000000	0	0	90.03
90.04	09004	URGENT CARE	105,188	301,671	0.348684	0	0	90.04
91.00	09100	EMERGENCY	1,476,587	302,078,597	0.004888	258,526	1,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,748,039	0.000000	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	15,503,307	1,564,002,868		6,778,458	152,654	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Subprovider - IRF | PPS

		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	306,948	0	0	54.00
54.01	05402	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
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	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	222,483	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	529,431	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV | Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	264,235,832	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,662,659	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	22,492,408	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	306,948	306,948	52,497,870	0.005847	54.00
54.01	05402	ULTRASOUND	0	0	0	18,178,385	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	89,977,303	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,287,991	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	121,167,945	0.000000	57.00
58.00	05800	MRI	0	0	0	37,574,539	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	55,291,290	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	244,792,181	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	20,015,290	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	46,213,214	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,188,166	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,491,760	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,595,019	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,455,797	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	17,384,436	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,631,435	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,934,509	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,379,986	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	134,578,100	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,845,925	0.000000	74.00
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	PHARMACOTHERAPY CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	1,002,521	0.000000	90.02
90.03	09003	BLANK	0	0	0	0	0.000000	90.03
90.04	09004	URGENT CARE	0	0	0	301,671	0.000000	90.04
91.00	09100	EMERGENCY	0	222,483	222,483	302,078,597	0.000737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,748,039	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	529,431	529,431	1,564,002,868		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

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	77,160	0	82,138	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,499	0	2,397	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	0.005847	147,516	863	6,898	40	54.00
54.01	05402	ULTRASOUND	0.000000	34,346	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	4,498	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	216,579	0	0	0	57.00
58.00	05800	MRI	0.000000	44,827	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	11,482	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,452,919	0	168	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	7,973	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	447,028	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,356,473	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	922,889	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,155,336	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	16,569	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.000000	18,325	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	7,729	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,714	0	10,970	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,743	0	102,939	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	515,043	0	7,483	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	72,284	0	0	0	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000737	258,526	191	1,044	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		6,778,458	1,054	214,037	41	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV | Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
			21.00	24.00	
		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	05402	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
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	PHARMACOTHERAPY CLINIC	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	90.02
90.03	09003	BLANK	0	0	90.03
90.04	09004	URGENT CARE	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V | Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.121867	82,138	0	0	10,010	50.00
51.00	05100	RECOVERY ROOM	1.052526	2,397	0	0	2,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472046	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221435	6,898	0	0	1,527	54.00
54.01	05402	ULTRASOUND	0.126927	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.068162	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.266659	0	0	0	0	56.00
57.00	05700	CT SCAN	0.047366	0	0	0	0	57.00
58.00	05800	MRI	0.071171	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139320	0	0	0	0	59.00
60.00	06000	LABORATORY	0.065830	168	0	0	11	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.186607	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.114932	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.355922	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478977	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.174541	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066796	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.051180	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.077510	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380950	10,970	0	0	4,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215351	102,939	0	0	22,168	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190098	7,483	0	646	1,423	73.00
74.00	07400	RENAL DIALYSIS	0.578361	0	0	0	0	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.390676	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.783317	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.078578	1,044	0	0	82	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.386116	0	0	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		214,037	0	646	41,923	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		214,037	0	646	41,923	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V | Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	123		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
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	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Subtotal (see instructions)	0	123		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	123		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part I Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | PPS

	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	4,587,026	0	4,587,026	18,577	246.92	30.00
31.00	INTENSIVE CARE UNIT	1,256,609		1,256,609	2,514	499.84	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	211,803		211,803	720	294.17	35.00
41.00	SUBPROVIDER - IRF	851,057	0	851,057	3,009	282.84	41.00
43.00	NURSERY	29,537		29,537	1,312	22.51	43.00
200.00	Total (lines 30 through 199)	6,936,032		6,936,032	26,132		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	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30 through 199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part II Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | 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	4,373,115	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM	452,964	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	677,763	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,299,394	0	0.000000	0	0	54.00
54.01	05402	ULTRASOUND	173,214	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	700,946	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	139,427	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	723,656	0	0.000000	0	0	57.00
58.00	05800	MRI	364,908	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	492,425	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,123,848	0	0.000000	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	119,130	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	326,891	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	642,177	0	0.000000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	347,428	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	70,547	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	116,078	0	0.000000	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	31,928	0	0.000000	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,887	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	240,123	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	263,931	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,101,208	0	0.000000	0	0	73.00
74.00	07400	RENAL DIALYSIS	111,199	0	0.000000	0	0	74.00
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	PHARMACOTHERAPY CLINIC	2,439	0	0.000000	0	0	90.01
90.02	09002	DIETITIANS SERVICES	22,906	0	0.000000	0	0	90.02
90.03	09003	BLANK	0	0	0.000000	0	0	90.03
90.04	09004	URGENT CARE	105,188	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,476,587	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	539,522	0	0.000000	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	16,042,829	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part III Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | PPS

		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	1,755,916	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	145,129	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	1,901,045	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	1,755,916	18,577	94.52	0	30.00
31.00	03100	INTENSIVE CARE UNIT		145,129	2,514	57.73	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	720	0.00	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,009	0.00	0	41.00
43.00	04300	NURSERY		0	1,312	0.00	0	43.00
200.00		Total (lines 30 through 199)		1,901,045	26,132		0	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost		
			9.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
200.00		Total (lines 30 through 199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | PPS

		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	306,948	0	0	54.00
54.01	05402	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
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	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	222,483	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		206,526		0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	735,957	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	306,948	306,948	0	0.000000	54.00
54.01	05402	ULTRASOUND	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
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	PHARMACOTHERAPY CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0.000000	90.02
90.03	09003	BLANK	0	0	0	0	0.000000	90.03
90.04	09004	URGENT CARE	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	222,483	222,483	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	206,526	206,526	0	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	735,957	735,957	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | 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	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	05402	ULTRASOUND	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
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
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV | Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
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	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part II Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | 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	4,373,115	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM	452,964	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	677,763	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,299,394	0	0.000000	0	0	54.00
54.01	05402	ULTRASOUND	173,214	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	700,946	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	139,427	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	723,656	0	0.000000	0	0	57.00
58.00	05800	MRI	364,908	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	492,425	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,123,848	0	0.000000	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	119,130	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	326,891	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	642,177	0	0.000000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	347,428	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	70,547	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	116,078	0	0.000000	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	31,928	0	0.000000	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,887	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	240,123	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	263,931	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,101,208	0	0.000000	0	0	73.00
74.00	07400	RENAL DIALYSIS	111,199	0	0.000000	0	0	74.00
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	PHARMACOTHERAPY CLINIC	2,439	0	0.000000	0	0	90.01
90.02	09002	DIETITIANS SERVICES	22,906	0	0.000000	0	0	90.02
90.03	09003	BLANK	0	0	0.000000	0	0	90.03
90.04	09004	URGENT CARE	105,188	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,476,587	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	15,503,307	0		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Subprovider - IRF | PPS

		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	306,948	0	0	54.00
54.01	05402	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
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	PHARMACOTHERAPY CLINIC	0	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0	90.02
90.03	09003	BLANK	0	0	0	0	0	90.03
90.04	09004	URGENT CARE	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	222,483	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	529,431	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	306,948	306,948	0	0.000000	54.00
54.01	05402	ULTRASOUND	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	06901	ECHOCARDIOLOGY	0	0	0	0	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
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	PHARMACOTHERAPY CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	DIETITIANS SERVICES	0	0	0	0	0.000000	90.02
90.03	09003	BLANK	0	0	0	0	0.000000	90.03
90.04	09004	URGENT CARE	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	222,483	222,483	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
93.00	04951	PALLIATIVE CARE	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	529,431	529,431	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | 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	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	05402	ULTRASOUND	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
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
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part IV | Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
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	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V Date/Time Prepared: 3/11/2025 5:11 pm

Title V | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.121867	1,416,506	0	0	172,625	50.00
51.00	05100	RECOVERY ROOM	1.052526	43,915	0	0	46,222	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472046	440,875	0	0	208,113	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221435	1,399,592	0	0	309,919	54.00
54.01	05402	ULTRASOUND	0.126927	828,961	0	0	105,218	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.068162	153,852	0	0	10,487	55.00
56.00	05600	RADIOISOTOPE	0.266659	26,459	0	0	7,056	56.00
57.00	05700	CT SCAN	0.047366	3,395,097	0	0	160,812	57.00
58.00	05800	MRI	0.071171	208,771	0	0	14,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139320	127,058	0	0	17,702	59.00
60.00	06000	LABORATORY	0.065830	4,639,341	0	0	305,408	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.186607	192,835	0	0	35,984	64.00
65.00	06500	RESPIRATORY THERAPY	0.114932	86,685	0	0	9,963	65.00
66.00	06600	PHYSICAL THERAPY	0.355922	64,421	0	0	22,929	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478977	15,019	0	0	7,194	67.00
68.00	06800	SPEECH PATHOLOGY	0.174541	1,083	0	0	189	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066796	343,512	0	0	22,945	69.00
69.01	06901	ECHOCARDIOLOGY	0.051180	48,371	0	0	2,476	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.077510	11,088	0	0	859	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380950	90,925	0	0	34,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215351	66,600	0	0	14,342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190098	210,995	0	0	40,110	73.00
74.00	07400	RENAL DIALYSIS	0.578361	6,873	0	0	3,975	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.390676	15,715	0	0	6,139	90.02
90.03	09003	BLANK	0.000000	0	0	0	0	90.03
90.04	09004	URGENT CARE	0.783317	3,634	0	0	2,847	90.04
91.00	09100	EMERGENCY	0.078578	13,459,526	0	0	1,057,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.386116	296,770	0	0	114,588	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		27,594,479	0	0	2,735,221	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		27,594,479	0	0	2,735,221	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D Part V Date/Time Prepared: 3/11/2025 5:11 pm

Title V | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	05402	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	ECHOCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
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	PHARMACOTHERAPY CLINIC	0	0		90.01
90.02	09002	DIETITIANS SERVICES	0	0		90.02
90.03	09003	BLANK	0	0		90.03
90.04	09004	URGENT CARE	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	PALLIATIVE CARE	0	0		93.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Hospital | 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)	18,577	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	18,577	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)	16,392	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)	6,614	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)	54,980,095	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)	54,980,095	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)	54,980,095	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)	2,959.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	19,574,662	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)	19,574,662	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 3/11/2025 5:11 pm

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	15,959,126	2,514	6,348.10	938	5,954,518	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	4,049,755	720	5,624.66	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	24,252,846	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)	49,782,026	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)	2,781,285	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,966,946	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	4,748,231	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	45,033,795	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
55.03	CAR T-cell amount paid as an interim payment	0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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)	2,185	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,959.58	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 3/11/2025 5:11 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,466,682	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	4,587,026	54,980,095	0.083431	6,466,682	539,522	90.00
91.00	Nursing Program cost	1,755,916	54,980,095	0.031937	6,466,682	206,526	91.00
92.00	Allied health cost	0	54,980,095	0.000000	6,466,682	0	92.00
93.00	All other Medical Education	0	54,980,095	0.000000	6,466,682	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 3/11/2025 5:11 pm
	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)	3,009	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,009	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)	3,009	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)	1,490	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)	9,214,554	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)	9,214,554	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)	9,214,554	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)	3,062.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,562,872	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)	4,562,872	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 3/11/2025 5:11 pm

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)	1,504,364	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)	6,067,236	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)	421,432	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	153,708	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	575,140	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,492,096	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
55.03	CAR T-cell amount paid as an interim payment		55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 3/11/2025 5:11 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
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	851,057	9,214,554	0.092360	0	0	90.00
91.00	Nursing Program cost	0	9,214,554	0.000000	0	0	91.00
92.00	Allied health cost	0	9,214,554	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,214,554	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | Hospital | 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)	18,577	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	18,577	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)	16,392	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)	1,312	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)	54,980,095	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)	54,980,095	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)	54,980,095	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)	2,959.58	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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | 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)	1,358,758	1,312	1,035.64	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,959,126	2,514	6,348.10	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	4,049,755	720	5,624.66	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	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)	0	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 anesthetist, 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
55.03	CAR T-cell amount paid as an interim payment	0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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)	2,185	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,959.58	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 3/11/2025 5:11 pm
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,466,682	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	4,587,026	54,980,095	0.083431	6,466,682	539,522	90.00
91.00	Nursing Program cost	1,755,916	54,980,095	0.031937	6,466,682	206,526	91.00
92.00	Allied health cost	0	54,980,095	0.000000	6,466,682	0	92.00
93.00	All other Medical Education	0	54,980,095	0.000000	6,466,682	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 3/11/2025 5:11 pm
	Title XIX	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)	3,009	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,009	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)	3,009	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)	1,312	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)	9,214,554	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)	9,214,554	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)	9,214,554	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)	3,062.33	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: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 3/11/2025 5:11 pm

Title XIX | 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)	0	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)	0	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 anesthetist, 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
55.03	CAR T-cell amount paid as an interim payment		55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 3/11/2025 5:11 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
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	851,057	9,214,554	0.092360	0	0	90.00
91.00	Nursing Program cost	0	9,214,554	0.000000	0	0	91.00
92.00	Allied health cost	0	9,214,554	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,214,554	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 3/11/2025 5:11 pm
	Title V	Hospital	Cost

	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)	18,577	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	18,577	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)	16,392	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)	625	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)	1,312	15.00
16.00	Nursery days (title V or XIX only)	112	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)	54,980,095	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)	54,980,095	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)	54,980,095	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)	2,959.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,849,738	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)	1,849,738	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-1 | Date/Time Prepared: 3/11/2025 5:11 pm

Title V | Hospital | Cost

	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)	1,358,758	1,312	1,035.64	112	115,992	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,953,811	2,514	6,345.99	103	653,637	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	4,049,755	720	5,624.66	9	50,622	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,770,952	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)	5,440,941	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 anesthetist, 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
55.03	CAR T-cell amount paid as an interim payment	0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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)	2,185	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,959.58	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 3/11/2025 5:11 pm
	Title V	Hospital	Cost

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,466,682	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	4,587,026	54,980,095	0.083431	6,466,682	539,522	90.00
91.00	Nursing Program cost	0	54,980,095	0.000000	6,466,682	0	91.00
92.00	Allied health cost	0	54,980,095	0.000000	6,466,682	0	92.00
93.00	All other Medical Education	0	54,980,095	0.000000	6,466,682	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-3 | Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		55,688,139		30.00
31.00	03100	INTENSIVE CARE UNIT		19,019,549		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.121867	29,699,043	3,619,333	50.00
51.00	05100	RECOVERY ROOM	1.052526	736,890	775,596	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472046	18,080	8,535	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221435	6,621,359	1,466,201	54.00
54.01	05402	ULTRASOUND	0.126927	1,642,316	208,454	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.068162	379,850	25,891	55.00
56.00	05600	RADIOISOTOPE	0.266659	473,455	126,251	56.00
57.00	05700	CT SCAN	0.047366	14,474,839	685,615	57.00
58.00	05800	MRI	0.071171	3,551,049	252,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139377	9,681,552	1,349,386	59.00
60.00	06000	LABORATORY	0.065830	48,102,904	3,166,614	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.186607	330,125	61,604	64.00
65.00	06500	RESPIRATORY THERAPY	0.114932	14,877,057	1,709,850	65.00
66.00	06600	PHYSICAL THERAPY	0.355922	1,453,856	517,459	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478977	549,817	263,350	67.00
68.00	06800	SPEECH PATHOLOGY	0.174541	1,201,725	209,750	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066796	2,080,026	138,937	69.00
69.01	06901	ECHOCARDIOLOGY	0.051180	3,688,136	188,759	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.077510	651,627	50,508	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380950	2,635,547	1,004,012	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215351	6,529,807	1,406,200	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190098	16,193,156	3,078,287	73.00
74.00	07400	RENAL DIALYSIS	0.578361	1,185,985	685,927	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.390676	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	90.03
90.04	09004	URGENT CARE	0.783317	0	0	90.04
91.00	09100	EMERGENCY	0.078578	32,301,306	2,538,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.386116	1,852,871	715,423	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		200,912,378	24,252,846	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)		200,912,378		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-3 | Date/Time Prepared: 3/11/2025 5:11 pm

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		9,834,109		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.121867	77,160	9,403	50.00
51.00	05100	RECOVERY ROOM	1.052526	2,499	2,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472046	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221435	147,516	32,665	54.00
54.01	05402	ULTRASOUND	0.126927	34,346	4,359	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.068162	4,498	307	55.00
56.00	05600	RADIOISOTOPE	0.266659	0	0	56.00
57.00	05700	CT SCAN	0.047366	216,579	10,258	57.00
58.00	05800	MRI	0.071171	44,827	3,190	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139377	11,482	1,600	59.00
60.00	06000	LABORATORY	0.065830	1,452,919	95,646	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.186607	7,973	1,488	64.00
65.00	06500	RESPIRATORY THERAPY	0.114932	447,028	51,378	65.00
66.00	06600	PHYSICAL THERAPY	0.355922	1,356,473	482,799	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478977	922,889	442,043	67.00
68.00	06800	SPEECH PATHOLOGY	0.174541	1,155,336	201,654	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066796	16,569	1,107	69.00
69.01	06901	ECHOCARDIOLOGY	0.051180	18,325	938	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.077510	7,729	599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380950	2,714	1,034	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215351	5,743	1,237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190098	515,043	97,909	73.00
74.00	07400	RENAL DIALYSIS	0.578361	72,284	41,806	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.390676	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	90.03
90.04	09004	URGENT CARE	0.783317	0	0	90.04
91.00	09100	EMERGENCY	0.078578	258,526	20,314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.386116	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,778,458	1,504,364	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)		6,778,458		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-3 | Date/Time Prepared: 3/11/2025 5:11 pm

Title V | Hospital | Cost

		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		4,942,030		30.00
31.00	03100	INTENSIVE CARE UNIT		2,099,503		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		77,670		35.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		351,581		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.121867	3,702,209	451,177	50.00
51.00	05100	RECOVERY ROOM	1.052526	97,154	102,257	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472046	601,798	284,076	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221435	479,014	106,070	54.00
54.01	05402	ULTRASOUND	0.126927	207,488	26,336	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.068162	2,986	204	55.00
56.00	05600	RADIOISOTOPE	0.266659	115,040	30,676	56.00
57.00	05700	CT SCAN	0.047366	1,416,611	67,099	57.00
58.00	05800	MRI	0.071171	468,175	33,320	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139320	1,551,012	216,087	59.00
60.00	06000	LABORATORY	0.065830	5,477,777	360,602	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.186607	34,687	6,473	64.00
65.00	06500	RESPIRATORY THERAPY	0.114932	943,972	108,493	65.00
66.00	06600	PHYSICAL THERAPY	0.355922	101,370	36,080	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478977	16,530	7,917	67.00
68.00	06800	SPEECH PATHOLOGY	0.174541	73,736	12,870	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066796	169,050	11,292	69.00
69.01	06901	ECHOCARDIOLOGY	0.051180	281,738	14,419	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.077510	63,059	4,888	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380950	271,643	103,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215351	248,839	53,588	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190098	1,850,966	351,865	73.00
74.00	07400	RENAL DIALYSIS	0.578361	78,322	45,298	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.390676	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	90.03
90.04	09004	URGENT CARE	0.783317	0	0	90.04
91.00	09100	EMERGENCY	0.078578	3,463,273	272,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.386116	166,390	64,246	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		21,882,839	2,770,952	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)		21,882,839		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet D-3 | Date/Time Prepared: 3/11/2025 5:11 pm

Title V | Subprovider - IRF | Cost

		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		1,088,079		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.121867	0	0	50.00
51.00	05100	RECOVERY ROOM	1.052526	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472046	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221435	12,436	2,754	54.00
54.01	05402	ULTRASOUND	0.126927	7,998	1,015	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.068162	0	0	55.00
56.00	05600	RADIOISOTOPE	0.266659	0	0	56.00
57.00	05700	CT SCAN	0.047366	0	0	57.00
58.00	05800	MRI	0.071171	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139320	0	0	59.00
60.00	06000	LABORATORY	0.065830	122,879	8,089	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.186607	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.114932	15,861	1,823	65.00
66.00	06600	PHYSICAL THERAPY	0.355922	117,779	41,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478977	82,577	39,552	67.00
68.00	06800	SPEECH PATHOLOGY	0.174541	156,522	27,320	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066796	0	0	69.00
69.01	06901	ECHOCARDIOLOGY	0.051180	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.077510	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380950	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215351	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190098	35,716	6,790	73.00
74.00	07400	RENAL DIALYSIS	0.578361	0	0	74.00
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	PHARMACOTHERAPY CLINIC	0.000000	0	0	90.01
90.02	09002	DIETITIANS SERVICES	0.390676	0	0	90.02
90.03	09003	BLANK	0.000000	0	0	90.03
90.04	09004	URGENT CARE	0.783317	0	0	90.04
91.00	09100	EMERGENCY	0.078578	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.386116	0	0	92.00
93.00	04951	PALLIATIVE CARE	0.000000	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		551,768	129,263	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)		551,768		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 3/11/2025 5:11 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	8,231,689	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	27,400,325	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)	209,533	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	473,090	2.04
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	132.96	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 qualifing 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)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
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).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
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
8.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)		8.28
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 8.28 (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	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.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program (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	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	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)	0.00	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)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.97	30.00
31.00	Percentage of Medicaid patient days (see instructions)	31.09	31.00
32.00	Sum of lines 30 and 31	38.06	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 3/11/2025 5:11 pm
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			1.00	
33.00	Allowable disproportionate share percentage (see instructions)		20.61	33.00
34.00	Disproportionate share adjustment (see instructions)		1,835,940	34.00
		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)	0.000237190	0.000214456	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	1,630,540	1,273,438	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	410,986	953,339	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,364,325		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	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	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	39,514,902		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		39,514,902	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,864,519	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		84,148	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 intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		679,306	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		85,369	58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,228,244	59.00
60.00	Primary payer payments		6,168	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,222,076	61.00
62.00	Deductibles billed to program beneficiaries		2,439,732	62.00
63.00	Coinsurance billed to program beneficiaries		20,216	63.00
64.00	Allowable bad debts (see instructions)		740,059	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		481,038	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		470,598	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,243,166	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	PS&R - OTHER ADJUSTMENTS		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
70.76	Essential medicines payment adjustment amount (see instructions)			70.76
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)			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)		417,407	70.93
70.94	HRR adjustment amount (see instructions)		-162,972	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 3/11/2025 5:11 pm
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		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)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,497,601	71.00
71.01	Sequestration adjustment (see instructions)		829,952	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		39,412,206	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,255,443	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		12,523,596	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. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
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	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	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. II, 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
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet DSH | Date/Time Prepared: 3/11/2025 5:11 pm

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		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.97	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	31.09	0.00			31.09	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	38.06	0.00			31.09	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	132.96	0.00			132.96	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	20.61	0.00			14.86	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.97	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	808	0			808	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	260	0			260	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	4	0			4	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	11	0			11	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	5,433	0			5,433	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,516	0			6,516	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	20,938	0			20,938	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	20	0			20	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	20,958	0			20,958	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	31.09	0.00			31.09	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet DSH | Date/Time Prepared: 3/11/2025 5:11 pm

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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	20.61		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		20.61		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		20.61		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet DSH Date/Time Prepared: 3/11/2025 5:11 pm
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		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	14.86		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	14.86		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	14.86		31.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 3/11/2025 5:11 pm

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		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	8,231,689	0	8,231,689		8,231,689	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	27,400,325	0		27,400,325	27,400,325	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	209,533	0	209,533		209,533	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	473,090	0		473,090	473,090	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	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	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2061	0.2061	0.2061	0.2061		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,835,940	0	424,138	1,411,802	1,835,940	11.00
11.01	Uncompensated care payments	36.00	1,364,325	0	410,986	953,339	1,364,325	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	39,514,902	0	9,276,346	30,238,556	39,514,902	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	39,514,902	0	9,276,346	30,238,556	39,514,902	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,864,519	0	660,445	2,204,074	2,864,519	16.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 3/11/2025 5:11 pm

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		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	
17.00	Special add-on payments for new technologies	54.00	84,148	0	84,148	0	84,148	17.00
17.01	Net organ aquisition cost							17.01
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	10,020,939	32,442,630	42,463,569	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	2,663,210	0	603,795	2,059,415	2,663,210	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	36,144	0	8,226	27,918	36,144	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0802	0.0802	0.0000	0.0802		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	165,165	0	48,424	116,741	165,165	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,864,519	0	660,445	2,204,074	2,864,519	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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/11/2025 5:11 pm

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 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	8,231,689	8,231,689		8,231,689	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	27,400,325		27,400,325	27,400,325	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	209,533	209,533		209,533	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	473,090		473,090	473,090	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2061	0.2061	0.2061		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,835,940	424,138	1,411,802	1,835,940	11.00
11.01	Uncompensated care payments	36.00	1,364,325	410,986	953,339	1,364,325	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	39,514,902	9,276,346	30,238,556	39,514,902	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	39,514,902	9,276,346	30,238,556	39,514,902	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,864,519	660,445	2,204,074	2,864,519	16.00
17.00	Special add-on payments for new technologies	54.00	84,148	84,148	0	84,148	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			10,020,939	32,442,630	42,463,569	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/11/2025 5:11 pm

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		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	2,663,210	603,795	2,059,415	2,663,210	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	36,144	8,226	27,918	36,144	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0802	0.0000	0.0802		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	165,165	48,424	116,741	165,165	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,864,519	660,445	2,204,074	2,864,519	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	417,407	0	417,407	417,407	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	-162,972	-42,410	-120,562	-162,972	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	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E Part B Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	27,965	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	38,074,323	2.00
3.00	OPPS or REH payments	35,719,908	3.00
4.00	Outlier payment (see instructions)	268,871	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	132,276	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	27,965	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	130,873	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)	130,873	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 chargebasis 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)	130,873	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	102,908	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)	27,965	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)	36,121,055	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	24,751	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	5,605,944	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)	30,518,325	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)	30,518,325	30.00
31.00	Primary payer payments	2,300	31.00
32.00	Subtotal (line 30 minus line 31)	30,516,025	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)	1,864,348	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,211,826	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,616,970	36.00
37.00	Subtotal (see instructions)	31,727,851	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-26	38.00
39.00	PS&R - OTHER ADJUSTMENTS	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)	31,727,877	40.00
40.01	Sequestration adjustment (see instructions)	634,558	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	30,085,890	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)	1,007,429	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	372,870	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: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 3/11/2025 5:11 pm
	Title XVIII	Hospital	PPS

		1.00	
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00
		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days	0	200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 3/11/2025 5:11 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	123	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	41,882	2.00
3.00	OPPS or REH payments	23,967	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	41	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	123	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	646	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)	646	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 chargebasis 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)	646	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	523	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)	123	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)	24,008	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)	1,702	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)	22,429	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)	22,429	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	22,429	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)	22,429	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)	22,429	40.00
40.01	Sequestration adjustment (see instructions)	449	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	21,947	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)	33	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 3/11/2025 5:11 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00
		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days		200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E-1 Part I | Date/Time Prepared: 3/11/2025 5:11 pm

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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		39,412,206		30,085,890	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		39,412,206		30,085,890	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		1,255,443		1,007,429	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		40,667,649		31,093,319	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: 05-0009 | Component CCN: 05-T009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet E-1 Part I | Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Subprovider - IRF | 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		5,243,145		21,947	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)		5,243,145		21,947	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		0		33	6.01
6.02	SETTLEMENT TO PROGRAM		35,627		0	6.02
7.00	Total Medicare program liability (see instructions)		5,207,518		21,980	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: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet E-1 Part II Date/Time Prepared: 3/11/2025 5:11 pm
	Title XVIII	Hospital	PPS

			1.00
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1.00
2.00	Medicare days (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
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment		108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2023 To 06/30/2024	Worksheet E-3 Part III Date/Time Prepared: 3/11/2025 5:11 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	4,441,699	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	266,058	3.00
4.00	Outlier Payments	669,876	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)	8.221311	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)	5,377,633	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	5,377,633	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	5,377,633	19.00
20.00	Deductibles	29,056	20.00
21.00	Subtotal (line 19 minus line 20)	5,348,577	21.00
22.00	Coinsurance	38,824	22.00
23.00	Subtotal (line 21 minus line 22)	5,309,753	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	4,596	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	2,987	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,112	26.00
27.00	Subtotal (sum of lines 23 and 25)	5,312,740	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)	1,054	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	PS&R - OTHER ADJUSTMENTS	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)	5,313,794	32.00
32.01	Sequestration adjustment (see instructions)	106,276	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	5,243,145	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)	-35,627	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	919	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	669,876	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: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet E-3 Part VII Date/Time Prepared: 3/11/2025 5:11 pm
	Title V	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	5,440,941		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)	5,440,941	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	5,440,941	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	7,470,784		8.00
9.00	Ancillary service charges	21,882,839	27,594,479	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)	29,353,623	27,594,479	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)	29,353,623	27,594,479	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	23,912,682	27,594,479	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)	5,440,941	0	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)	5,440,941	0	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)	5,440,941	0	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)	5,440,941	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	5,440,941	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	5,440,941	0	40.00
41.00	Interim payments	5,440,941	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 05-0009 Component CCN: 05-T009	Period: From 07/01/2023 To 06/30/2024	Worksheet E-3 Part VII Date/Time Prepared: 3/11/2025 5:11 pm
	Title V	Subprovider - IRF	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	0		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)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	551,768	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	551,768	0	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)	551,768	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	551,768	0	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)	0	0	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)	0	0	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)	0	0	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)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet E-5 Date/Time Prepared: 3/11/2025 5:11 pm
	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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet G | Date/Time Prepared: 3/11/2025 5:11 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	138,602,918	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	45,952,389	0	0	0	4.00
5.00	Other receivable	32,665,667	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,428	0	0	0	6.00
7.00	Inventory	4,113,637	0	0	0	7.00
8.00	Prepaid expenses	1,805,226	0	0	0	8.00
9.00	Other current assets	36,741	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)	223,171,150	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,618,499	0	0	0	12.00
13.00	Land improvements	2,635,482	0	0	0	13.00
14.00	Accumulated depreciation	-243,324	0	0	0	14.00
15.00	Buildings	266,282,655	0	0	0	15.00
16.00	Accumulated depreciation	-145,177,300	0	0	0	16.00
17.00	Leasehold improvements	2,492,622	0	0	0	17.00
18.00	Accumulated depreciation	-406,824	0	0	0	18.00
19.00	Fixed equipment	29,461,310	0	0	0	19.00
20.00	Accumulated depreciation	-27,922,539	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	142,923,703	0	0	0	23.00
24.00	Accumulated depreciation	-133,508,437	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	25,212,292	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	167,368,139	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	65,178,711	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	2,065,883	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	67,244,594	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	457,783,883	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	11,106,071	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,414,309	0	0	0	38.00
39.00	Payroll taxes payable	1,758	0	0	0	39.00
40.00	Notes and loans payable (short term)	32,187,346	0	0	0	40.00
41.00	Deferred income	82,367	0	0	0	41.00
42.00	Accelerated payments	1,245,994				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	20,001,985	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	71,039,830	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	68,601,264	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	35,595,776	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	104,197,040	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	175,236,870	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	282,547,013				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)	282,547,013	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	457,783,883	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet G-1 | Date/Time Prepared: 3/11/2025 5:11 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		269,229,636		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,524,619				2.00
3.00	Total (sum of line 1 and line 2)		270,754,255		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ADD BACK SYSTEM ASSESSMENTS	70,155,562		0		0	5.00
6.00	INVESTMENT AND OTHER INCOME	2,537,314		0		0	6.00
7.00	RESTRICTED CONTRIBUTIONS & GRANTS	602,656		0		0	7.00
8.00	NET ASSETS RELEASED FROM REST.	3,660,882		0		0	8.00
9.00	OTHER AND ROUNDING	0		0		0	9.00
10.00	Total additions (sum of line 4-9)		76,956,414		0		10.00
11.00	Subtotal (line 3 plus line 10)		347,710,669		0		11.00
12.00	INTERDIVISION TRANSFERS	65,162,834		0		0	12.00
13.00	EXTRAORDINARY ITEMS & OTHER	941		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00	OTHER AND ROUNDING	-119		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		65,163,656		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		282,547,013		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	ADD BACK SYSTEM ASSESSMENTS		0			5.00
6.00	INVESTMENT AND OTHER INCOME		0			6.00
7.00	RESTRICTED CONTRIBUTIONS & GRANTS		0			7.00
8.00	NET ASSETS RELEASED FROM REST.		0			8.00
9.00	OTHER AND ROUNDING		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	INTERDIVISION TRANSFERS		0			12.00
13.00	EXTRAORDINARY ITEMS & OTHER		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00	OTHER AND ROUNDING		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: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet G-2 Parts I & II | Date/Time Prepared: 3/11/2025 5:11 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	138,461,682		138,461,682	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	20,118,324		20,118,324	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)	158,580,006		158,580,006	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	50,850,746		50,850,746	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	6,790,695		6,790,695	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	57,641,441		57,641,441	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	216,221,447		216,221,447	17.00
18.00	Ancillary services	440,443,279	799,035,572	1,239,478,851	18.00
19.00	Outpatient services	82,962,235	237,168,593	320,130,828	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	RENAL DIALYSIS	2,630,179	215,746	2,845,925	27.00
27.01	OTHER NON-REIMBURSABLE	0	2,132,659	2,132,659	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	742,257,140	1,038,552,570	1,780,809,710	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		283,534,674		29.00
30.00	SYSTEM ASSESSMENT	70,155,562			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)		70,155,562		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)		353,690,236		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 05-0009	Period: From 07/01/2023 To 06/30/2024	Worksheet G-3 Date/Time Prepared: 3/11/2025 5:11 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,780,809,710	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,466,590,708	2.00
3.00	Net patient revenues (line 1 minus line 2)	314,219,002	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	353,690,236	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-39,471,234	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	248,001	6.00
7.00	Income from investments	6,275,522	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	720,680	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	34,486,385	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	41,730,588	25.00
26.00	Total (line 5 plus line 25)	2,259,354	26.00
27.00	MISCELLANEOUS	734,735	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	734,735	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,524,619	29.00

CALCULATION OF CAPITAL PAYMENT | Provider CCN: 05-0009 | Period: From 07/01/2023 To 06/30/2024 | Worksheet L Parts I-III Date/Time Prepared: 3/11/2025 5:11 pm

Title XVIII | Hospital | PPS

		Urban Post 10/1	Rural Pre 10/1	
		1.00	1.01	
	PART I - FULLY PROSPECTIVE METHOD			
	CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	2,059,416	603,794	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	0	1.01
2.00	Capital DRG outlier payments	36,144		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)	53.68		3.00
4.00	Number of interns & residents (see instructions)	0.00		4.00
5.00	Indirect medical education percentage (see instructions)	0.00		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)	0		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.97		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	31.09		8.00
9.00	Sum of lines 7 and 8	38.06		9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.02		10.00
11.00	Disproportionate share adjustment (see instructions)	165,165		11.00
12.00	Total prospective capital payments (see instructions)	2,864,519		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

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: 09-30-2028

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: — Time:
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report.
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] 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 Vendor Code: 4
12. [0] If line 5, column 1, is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF 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 QUEEN OF THE VALLEY MEDICAL CENTER, {Provider Name(s) and Number(s)}for the cost reporting period beginning 07/01/2024 and ending 06/30/2025 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

PART III - SETTLEMENT SUMMARY

			Title XVIII				
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00	HOSPITAL	0	-218,986	328,947	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	8,293	-23		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	TOTAL	**0**	**-210,693**	**328,924**	**0**	**0**	200.00

The above amount represents "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 Supplemental to Form CMS 2552-10, Worksheet S-12, is OMB 0938-1486. The time required to complete this information collection is estimated to be 685 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s), or suggestions for improving this 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.

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

PART I - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX IDENTIFICATION DATA

Hospital and Hospital Health Care Complex Address:

1.00	Street:	1000 TRANCAS STREET	P.O. Box:						1.00
2.00	City:	NAPA	State:	CA	ZIP Code:	94558	County	NAPA	2.00

Hospital and Hospital-Based Component Identification:

							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00	Hospital	QUEEN OF THE VALLEY MEDICAL CENTER	050009	34900	1 - General Short Term	07/01/1966	O	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	QUEEN OF THE VALLEY REHAB	05T009	34900	5 - Rehabilitation	07/01/1995	O	P	P	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
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
20.00	Cost Reporting Period (mm/dd/yyyy)	From: 07/01/2024	To: 06/30/2025							20.00
21.00	Type of Control (see instructions)	1 - Voluntary Nonprofit, Church								21.00

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 redesignation from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015 or FY2025? 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
22.05	Did this hospital receive a geographic reclassification from urban to rural in accordance with 42 CFR 412.103? Enter in column 1, "Y" for yes or "N" for no. If column 1 is Y, enter the effective date of the geographic reclassification in column 2.	N			22.05
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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,063	187	0	0	5,588	0	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.	82	16	0	0	530		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.	2		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.	2		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
			1.00	
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
		Beginning:	Ending:	
		1.00	2.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

Prospective Payment System (PPS)-Capital

		V	XVIII	XIX	
		1.00	2.00	3.00	
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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

Teaching Hospitals

		V	XVIII	XIX	
		1.00	2.00	3.00	
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.	N			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.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	4	60.01

		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

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

		1.00	
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

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.

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs 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

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)

		1.00	
68.00	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

Inpatient Psychiatric Facility PPS

		1.00	2.00	3.00	
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)			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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

Long Term Care Hospital PPS

		1.00	
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00

TEFRA Providers

85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		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

Title V and XIX Services

		V	XIX	
		1.00	2.00	
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.	Y	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.	Y	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00

		V	XIX	
		1.00	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.	N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	N	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	N	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	N	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	N	98.06

Rural Providers

		1.00	2.00	
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)	N		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)	N		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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00
				1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N		111.00
			1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (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		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00
			Premiums	Losses	Insurance	
			1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:		0	0	1,284,734	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	Y	123.00
124.00	Did the hospital incur cost, either directly or through a contract with an outside supplier, to establish and maintain access to no less than a 6-month buffer stock of one or more essential medicines according to 42 CFR 412.113(g)? Enter "Y" for yes or "N" for no.					124.00
Certified Transplant Center Information						
				1.00	2.00	
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						
				1.00	2.00	
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	HB0456	140.00

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:	PROVIDENCE HEALTH	Contractor's Name:	NORIDIAN HEALTHCARE SOLUTIONS	Contractor's Number:	2001	141.00
142.00	Street:	1801 LIND AVE SW	P.O. Box:				142.00
143.00	City:	RENTON	State:	WA	Zip Code:	98057	143.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Worksheet S-2
Part I

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

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)

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10
161.20	OPT		N	N	N	161.20
161.30	OOT		N	N	N	161.30
161.40	OSP		N	N	N	161.40

Multicampus

			1.00	
165.00	Is this hospital part of a Multicampus 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

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

		1.00	
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	0	171.00

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HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2
Part II

PART II - HOSPITAL AND HOSPITAL HEATHCARE 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

		Y/N	Date		
		1.00	2.00		
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)	Y			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		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	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		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.		Y		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.		N		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.		N		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.			Y	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, in columns 2 and 4, from the PS&R used to prepare this cost report, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date.(see instructions)		Y	08/17/2025	Y	08/17/2025	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, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)		N		N		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
		Description	Y/N	Date	Y/N	Date	
		0	1.00	2.00	3.00	4.00	
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

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HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2
Part II

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

		1.00	
Capital Related Cost			
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		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.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		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.		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		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		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.		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.		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.		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.		35.00

		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			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.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	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.	ROSEMARY	LEE	DIRECTOR REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.	PROVIDENCE ST JOSEPH HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	747-201-3858	PHSCORPREIMBURSEMENT@PROVIDENCE.ORG		43.00

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HFS Supplemental Information

Worksheet S-2
Part IX

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	N	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	N	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		Y	3.02
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	N	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	N	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00
			State	
			1.00	
STATE MEDICAID FORMS				
10.00	Select the state when using state Medicaid forms.			10.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Worksheet S-3
Part I

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
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	140	51,100	0.00	773	7,567	0	17,413	1.00
2.00	HMO and other (see instructions)						2,734	6,838		2.00
3.00	HMO IPF Subprovider						0	0		3.00
4.00	HMO IRF Subprovider						319	628		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	0	0	0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0		0	0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		**140**	**51,100**	**0.00**	**773**	**7,567**	**0**	**17,413**	7.00
8.00	INTENSIVE CARE UNIT	31.00	16	5,840	0.00	65	1,057	0	2,726	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	8	2,920	0.00	103	0	0	610	12.00
13.00	NURSERY	43.00				160		0	1,194	13.00
14.00	Total (see instructions)		**164**	**59,860**	**0.00**	**1,101**	**8,624**	**0**	**21,943**	14.00
15.00	CAH visits					0	0	0	0	15.00
15.10	REH hours and visits				0.00	0	0	0	0	15.10
16.00	SUBPROVIDER - IPF									16.00
17.00	SUBPROVIDER - IRF	41.00	14	5,110		82	1,756	0	3,000	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	101.00				0	0	0	0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)									23.00
24.00	HOSPICE									24.00
24.10	HOSPICE (non-distinct part)	30.00							7	24.10
25.00	CMHC - CMHC									25.00
25.10	CMHC - CORF	99.10				0	0	0	0	25.10
25.20	CMHC - OPT	99.20				0	0	0	0	25.20
25.30	CMHC - OOT	99.30				0	0	0	0	25.30
25.40	CMHC - OSP	99.40				0	0	0	0	25.40
26.00	RURAL HEALTH CLINIC									26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	0	0	0	26.25
27.00	Total (sum of lines 14-26)		**178**							27.00
28.00	Observation Bed Days					64		0	2,762	28.00
29.00	Ambulance Trips						0			29.00
30.00	Employee discount days (see instruction)								0	30.00
31.00	Employee discount days - IRF								0	31.00
32.00	Labor & delivery days (see instructions)		0	0			0	0	20	32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								**26**	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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Worksheet S-3
Part I

		Full Time Equivalents			Discharges					
	Component	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients		
		9.00	10.00	11.00	12.00	13.00	14.00	15.00		
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)				250	2,299	0	5,836		1.00
2.00	HMO and other (see instructions)					693	1,439			2.00
3.00	HMO IPF Subprovider						0			3.00
4.00	HMO IRF Subprovider						45			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**	**723.81**	**0.00**	**250**	**2,299**	**0**	**5,836**		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	20.30	0.00	5	158	0	268		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	0.00	0.00	0.00						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
25.10	CMHC - CORF	0.00	0.00	0.00						25.10
25.20	CMHC - OPT	0.00	0.00	0.00						25.20
25.30	CMHC - OOT	0.00	0.00	0.00						25.30
25.40	CMHC - OSP	0.00	0.00	0.00						25.40
26.00	RURAL HEALTH CLINIC									26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00						26.25
27.00	Total (sum of lines 14-26)	**0.00**	**744.11**	**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

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HOSPITAL WAGE INDEX INFORMATION

Worksheet S-3
Part II

PART II - WAGE DATA

		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	
SALARIES								
1.00	Total salaries (see instructions)	200.00	122,378,957	-390,625	121,988,332	1,676,086.00	72.78	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		4,644	0	4,644	45.00	103.20	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		8,159,831	320,618	8,480,449	128,333.00	66.08	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,284,573	0	1,284,573	21,967.00	58.48	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		2,165,881	0	2,165,881	6,408.00	338.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		9,664,578	0	9,664,578	152,148.00	63.52	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
15.01	Home office Physicians Part A - Administrative		0	0	0	0.00	0.00	15.01
15.02	Home office contract Physicians Part A - Administrative		1,684	0	1,684	11.00	153.09	15.02
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		29,983,647	0	29,983,647			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		2,341,406	0	2,341,406			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,021	0	1,021			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		3,077,593	0	3,077,593			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	802,788	0	802,788	11,575.00	69.36	26.00
27.00	Administrative & General	5.00	4,676,216	-1,158,700	3,517,516	59,790.00	58.83	27.00
28.00	Administrative & General under contract (see inst.)		477,046	0	477,046	5,226.00	91.28	28.00
29.00	Maintenance & Repairs	6.00	3,097,419	0	3,097,419	44,916.00	68.96	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,161,070	5,283	2,166,353	72,962.00	29.69	32.00
33.00	Housekeeping under contract (see instructions)		313,917	0	313,917	7,570.00	41.47	33.00
34.00	Dietary	10.00	1,988,664	-1,270,328	718,336	23,162.00	31.01	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00

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HOSPITAL WAGE INDEX INFORMATION

Worksheet S-3
Part II

PART II - WAGE DATA

		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	
36.00	Cafeteria	11.00	0	1,270,848	1,270,848	41,914.00	30.32	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	10,156,075	38,368	10,194,443	124,766.00	81.71	38.00
39.00	Central Services and Supply	14.00	0	23,596	23,596	0.00	0.00	39.00
40.00	Pharmacy	15.00	5,119,625	-1,331	5,118,294	70,138.00	72.97	40.00
41.00	Medical Records & Medical Records Library	16.00	0	7,500	7,500	0.00	0.00	41.00
42.00	Social Service	17.00	26,047	0	26,047	571.00	45.62	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

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HOSPITAL WAGE INDEX INFORMATION

Worksheet S-3
Part III

PART III - HOSPITAL WAGE INDEX SUMMARY

		Worksheet A Line Number	Amount Reported	Reclassification 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	
1.00	Net salaries (see instructions)		123,165,276	-390,625	122,774,651	1,688,837.00	72.70	1.00
2.00	Excluded area salaries (see instructions)		8,159,831	320,618	8,480,449	128,333.00	66.08	2.00
3.00	Subtotal salaries (line 1 minus line 2)		**115,005,445**	**-711,243**	**114,294,202**	**1,560,504.00**	**73.24**	3.00
4.00	Subtotal other wages & related costs (see inst.)		13,116,716	0	13,116,716	180,534.00	72.66	4.00
5.00	Subtotal wage-related costs (see inst.)		33,061,240	0	33,061,240	0.00	28.93	5.00
6.00	Total (sum of lines 3 thru 5)		**161,183,401**	**-711,243**	**160,472,158**	**1,741,038.00**	**92.17**	6.00
7.00	Total overhead cost (see instructions)		28,818,867	-1,084,764	27,734,103	462,590.00	59.95	7.00

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HOSPITAL WAGE RELATED COSTS

Worksheet S-3
Part IV

PART IV - WAGE RELATED COSTS			
Part A - Core List			
		Amount Reported	
		1.00	
RETIREMENT COST			
1.00	401K Employer Contributions	7,896,692	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	13,079,472	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	133,654	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)	410,947	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,605,792	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	8,768,645	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	153,854	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	277,018	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	**32,326,074**	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

Worksheet S-3
Part V

PART V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

		Contract Labor	Benefit Cost	
		1.00	2.00	
1.00	Total facility's contract labor and benefit cost	1,284,573	32,326,074	1.00
2.00	Hospital	1,284,573	30,050,478	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	973,608	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	1,301,988	18.00

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Worksheet S-10
Parts I - II

PART I - HOSPITAL AND HOSPITAL COMPLEX DATA

Uncompensated and Indigent Care Cost-to-Charge Ratio			
		1.00	
1.00	Cost to charge ratio (see instructions)	0.147759	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	23,729,639	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	17,000,260	5.00
6.00	Medicaid charges	481,524,569	6.00
7.00	Medicaid cost (line 1 times line 6)	71,149,589	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)	**30,419,690**	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)	**30,419,690**	19.00

Uncompensated care cost (see instructions for each line)

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges and uninsured discounts (see instructions)	18,856,717	1,030,256	**19,886,973**	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,786,250	1,018,937	**3,805,187**	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)	**2,786,250**	**1,018,937**	**3,805,187**	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)	13,281	25.01
26.00	Bad debt amount (see instructions)	8,625,202	26.00
27.00	Medicare reimbursable bad debts (see instructions)	1,294,099	27.00
27.01	Medicare allowable bad debts (see instructions)	1,990,922	27.01
28.00	Non-Medicare bad debt amount (see instructions)	6,634,280	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	1,677,098	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	**5,482,285**	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	**35,901,975**	31.00

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Worksheet S-10
Parts I - II

PART II - HOSPITAL DATA

Uncompensated and Indigent Care Cost-to-Charge Ratio

		1.00	
1.00	Cost to charge ratio (see instructions)	0.144495	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

Uncompensated care cost (see instructions for each line)

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges and uninsured discounts (see instructions)	18,627,943	1,030,256	**19,658,199**	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,691,645	1,018,894	**3,710,539**	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)	**2,691,645**	**1,018,894**	**3,710,539**	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)	13,281	25.01
26.00	Bad debt amount (see instructions)	8,621,066	26.00
27.00	Medicare reimbursable bad debts (see instructions)	1,293,010	27.00
27.01	Medicare allowable bad debts (see instructions)	1,989,246	27.01
28.00	Non-Medicare bad debt amount (see instructions)	6,631,820	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)	1,654,501	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)	**5,365,040**	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	**5,365,040**	31.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments (See A-8)	Net Expenses For Allocation	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	**0**	11,061,342	**11,061,342**	5,888,377	**16,949,719**	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	**0**	0	**0**	1,716,024	**1,716,024**	2.00
3.00	00300	OTHER CAP REL COSTS		0	**0**	0	**0**	0	**0**	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	802,788	20,081,813	**20,884,601**	0	**20,884,601**	2,907,256	**23,791,857**	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,676,216	40,902,654	**45,578,870**	-11,156,055	**34,422,815**	7,823,267	**42,246,082**	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,097,419	8,513,195	**11,610,614**	0	**11,610,614**	279,256	**11,889,870**	6.00
7.00	00700	OPERATION OF PLANT	0	8,388,987	**8,388,987**	0	**8,388,987**	-17,687	**8,371,300**	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	220,398	**220,398**	0	**220,398**	0	**220,398**	8.00
9.00	00900	HOUSEKEEPING	2,161,070	1,080,633	**3,241,703**	0	**3,241,703**	0	**3,241,703**	9.00
10.00	01000	DIETARY	1,988,664	1,801,988	**3,790,652**	-2,186,320	**1,604,332**	-11,508	**1,592,824**	10.00
11.00	01100	CAFETERIA	0	654,050	**654,050**	2,186,320	**2,840,370**	-553,415	**2,286,955**	11.00
13.00	01300	NURSING ADMINISTRATION	10,156,075	2,553,836	**12,709,911**	-11,347	**12,698,564**	-135,128	**12,563,436**	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,086,060	**1,086,060**	-24,338	**1,061,722**	0	**1,061,722**	14.00
15.00	01500	PHARMACY	5,119,625	14,267,898	**19,387,523**	-12,814,103	**6,573,420**	-54,130	**6,519,290**	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	104,524	**104,524**	0	**104,524**	673,437	**777,961**	16.00
17.00	01700	SOCIAL SERVICE	26,047	1,188,422	**1,214,469**	0	**1,214,469**	-510,159	**704,310**	17.00
20.00	02000	NURSING PROGRAM	0	0	**0**	390,056	**390,056**	0	**390,056**	20.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	23,475,450	4,837,971	**28,313,421**	-2,190,419	**26,123,002**	-962,062	**25,160,940**	30.00
31.00	03100	INTENSIVE CARE UNIT	6,443,762	3,762,432	**10,206,194**	-760,413	**9,445,781**	-787,211	**8,658,570**	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,109,084	503,083	**2,612,167**	-298,835	**2,313,332**	-10	**2,313,322**	35.00
41.00	04100	SUBPROVIDER - IRF	3,555,410	714,538	**4,269,948**	-42,847	**4,227,101**	-264,783	**3,962,318**	41.00
43.00	04300	NURSERY	0	0	**0**	634,170	**634,170**	0	**634,170**	43.00
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	9,142,769	20,912,894	**30,055,663**	-7,707,394	**22,348,269**	-7,292,103	**15,056,166**	50.00
51.00	05100	RECOVERY ROOM	2,346,045	486,096	**2,832,141**	-16,232	**2,815,909**	0	**2,815,909**	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,442,619	2,496,359	**6,938,978**	-3,401	**6,935,577**	-1,020,780	**5,914,797**	52.00
53.00	05300	ANESTHESIOLOGY	0	0	**0**	0	**0**	0	**0**	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,301,354	1,877,375	**6,178,729**	-299,368	**5,879,361**	-388,302	**5,491,059**	54.00
54.01	05402	ULTRASOUND	1,081,313	321,975	**1,403,288**	-34,122	**1,369,166**	0	**1,369,166**	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,235,018	1,860,593	**4,095,611**	78,667	**4,174,278**	-989,505	**3,184,773**	55.00
56.00	05600	RADIOISOTOPE	445,083	1,273,747	**1,718,830**	0	**1,718,830**	0	**1,718,830**	56.00
57.00	05700	CT SCAN	1,413,095	1,471,780	**2,884,875**	-89,170	**2,795,705**	0	**2,795,705**	57.00
58.00	05800	MRI	889,567	227,044	**1,116,611**	-8,606	**1,108,005**	0	**1,108,005**	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,197,040	4,848,830	**8,045,870**	-3,153,021	**4,892,849**	-843,376	**4,049,473**	59.00
60.00	06000	LABORATORY	4,864,766	3,511,715	**8,376,481**	-1,933	**8,374,548**	50,884	**8,425,432**	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	**0**	0	**0**	0	**0**	63.00
64.00	06400	INTRAVENOUS THERAPY	1,373,744	332,965	**1,706,709**	887,829	**2,594,538**	0	**2,594,538**	64.00
65.00	06500	RESPIRATORY THERAPY	2,467,566	798,557	**3,266,123**	-74,477	**3,191,646**	-43,908	**3,147,738**	65.00
66.00	06600	PHYSICAL THERAPY	3,066,309	1,160,886	**4,227,195**	101,185	**4,328,380**	-8	**4,328,372**	66.00
67.00	06700	OCCUPATIONAL THERAPY	747,531	248,998	**996,529**	0	**996,529**	-3	**996,526**	67.00
68.00	06800	SPEECH PATHOLOGY	646,739	129,457	**776,196**	2,775	**778,971**	-2	**778,969**	68.00
69.00	06900	ELECTROCARDIOLOGY	310,781	210,958	**521,739**	0	**521,739**	-203,978	**317,761**	69.00
69.01	06901	ECHOCARDIOLOGY	496,731	83,902	**580,633**	7,438	**588,071**	-16	**588,055**	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	151,378	158	**151,536**	0	**151,536**	0	**151,536**	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	**0**	6,674,417	**6,674,417**	0	**6,674,417**	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	**0**	5,426,514	**5,426,514**	0	**5,426,514**	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	**0**	12,795,745	**12,795,745**	0	**12,795,745**	73.00
74.00	07400	RENAL DIALYSIS	0	864,853	**864,853**	304,608	**1,169,461**	0	**1,169,461**	74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0	**0**	0	**0**	0	**0**	90.00
90.01	09001	PHARMACOTHERAPY CLINIC	256,788	139,457	**396,245**	-26,856	**369,389**	-96,304	**273,085**	90.01
90.02	09002	DIETITIANS SERVICES	218,819	24,744	**243,563**	0	**243,563**	0	**243,563**	90.02
90.03	09003	BLANK	0	0	**0**	0	**0**	0	**0**	90.03

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments (See A-8)	Net Expenses For Allocation	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
90.04	09004	URGENT CARE	0	89,662	**89,662**	0	**89,662**	0	**89,662**	90.04
91.00	09100	EMERGENCY	10,067,871	7,111,640	**17,179,511**	348,191	**17,527,702**	-4,141,431	**13,386,271**	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART								92.00
93.00	04951	PALLIATIVE CARE	0	0	**0**	0	**0**	0	**0**	93.00
OTHER REIMBURSABLE COST CENTERS										
99.10	09910	CORF	0	0	**0**	0	**0**	0	**0**	99.10
99.20	09920	OPT	0	0	**0**	0	**0**	0	**0**	99.20
99.30	09930	OOT	0	0	**0**	0	**0**	0	**0**	99.30
99.40	09940	OSP	0	0	**0**	0	**0**	0	**0**	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	**0**	0	**0**	0	**0**	101.00
SPECIAL PURPOSE COST CENTERS										
109.00	10900	PANCREAS ACQUISITION	0	0	**0**	0	**0**	0	**0**	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	**0**	0	**0**	0	**0**	110.00
111.00	11100	ISLET ACQUISITION	0	0	**0**	0	**0**	0	**0**	111.00
113.00	11300	INTEREST EXPENSE		0	**0**	0	**0**	0	**0**	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	**117,774,536**	**161,147,127**	**278,921,663**	**0**	**278,921,663**	**1,022,692**	**279,944,355**	118.00
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	**0**	0	**0**	0	**0**	190.00
193.00	19300	NONPAID WORKERS	0	0	**0**	0	**0**	0	**0**	193.00
194.00	07950	OTHER NON-REIMBURSABLE	138,377	40,564	**178,941**	0	**178,941**	0	**178,941**	194.00
194.01	07951	CARE FOR THE POOR	0	0	**0**	0	**0**	0	**0**	194.01
194.02	07952	CLINIC OLE	0	0	**0**	0	**0**	0	**0**	194.02
194.03	07953	MARKETING/PUB RELATIONS	0	0	**0**	0	**0**	0	**0**	194.03
194.04	07965	COMMUNITY OUTREACH	4,465,999	1,936,421	**6,402,420**	0	**6,402,420**	0	**6,402,420**	194.04
194.05	07955	HIV NETWORK/CASE MGMT	0	0	**0**	0	**0**	0	**0**	194.05
194.06	07956	CONVENT	0	0	**0**	0	**0**	0	**0**	194.06
194.07	07957	FOUNDATION	0	0	**0**	0	**0**	0	**0**	194.07
194.08	07958	NON-REIMBURSABLE MEALS	0	0	**0**	0	**0**	0	**0**	194.08
194.09	07959	WELLNESS CENTER	45	3,116,540	**3,116,585**	0	**3,116,585**	0	**3,116,585**	194.09
194.10	07960	FORENSIC MEDICAL CLINIC	0	0	**0**	0	**0**	0	**0**	194.10
194.11	07961	MEDICAL OFFICE BUILDINGS	0	0	**0**	0	**0**	0	**0**	194.11
194.12	07962	OTHER NONREIMBURSABLE COST CENTERS	0	0	**0**	0	**0**	0	**0**	194.12
200.00		TOTAL (SUM OF LINES 118 through 199)	**122,378,957**	**166,240,652**	**288,619,609**	**0**	**288,619,609**	**1,022,692**	**289,642,301**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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RECLASSIFICATIONS **Worksheet A-6**

	Increases				Decreases					
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
A - CAPITAL										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,836,677	ADMINISTRATIVE & GENERAL	5.00	0	6,841,899	9	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	31,511	ADULTS & PEDIATRICS	30.00	0	15,756	13	2.00
3.00		0.00	0	0	OPERATING ROOM	50.00	0	1,330	0	3.00
4.00		0.00	0	0	LABORATORY	60.00	0	403	0	4.00
5.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	8,800	0	5.00
	Totals		**0**	**6,868,188**			**0**	**6,868,188**		
B - INTEREST										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,193,154	ADMINISTRATIVE & GENERAL	5.00	0	4,193,154	11	1.00
	Totals		**0**	**4,193,154**			**0**	**4,193,154**		
C - SUPPLIES										
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,674,417	ADMINISTRATIVE & GENERAL	5.00	0	85,002	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,426,514	CENTRAL SERVICES & SUPPLY	14.00	0	24,338	0	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,795,745	PHARMACY	15.00	0	12,809,060	0	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	34,860	0	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	6,132	0	5.00
6.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	3,991	0	6.00
7.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	1,135	0	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	7,706,064	0	8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	20,136	0	9.00
10.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	113,978	0	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	299,368	0	11.00
12.00		0.00	0	0	ULTRASOUND	54.01	0	34,122	0	12.00
13.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	4,907	0	13.00
14.00		0.00	0	0	CT SCAN	57.00	0	93,609	0	14.00
15.00		0.00	0	0	MRI	58.00	0	8,606	0	15.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	3,409,284	0	16.00
17.00		0.00	0	0	LABORATORY	60.00	0	1,870	0	17.00
18.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	3,700	0	18.00
19.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	65,677	0	19.00
20.00		0.00	0	0	ECHOCARDIOLOGY	69.01	0	849	0	20.00
21.00		0.00	0	0	PHARMACOTHERAPY CLINIC	90.01	0	27,132	0	21.00
22.00		0.00	0	0	EMERGENCY	91.00	0	142,856	0	22.00
	Totals		**0**	**24,896,676**			**0**	**24,896,676**		
D - CHARGES										
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,881	449	PHARMACY	15.00	1,331	3,712	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	56,504	13,889	ADULTS & PEDIATRICS	30.00	1,059,730	162,785	0	2.00
3.00	CT SCAN	57.00	1,172	3,267	INTENSIVE CARE UNIT	31.00	321,768	185,428	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	180,811	70,733	NEONATAL INTENSIVE CARE UNIT	35.00	252,819	42,025	0	4.00
5.00	LABORATORY	60.00	80	14	SUBPROVIDER - IRF	41.00	34,733	6,979	0	5.00
6.00	INTRAVENOUS THERAPY	64.00	766,864	121,958		0.00	0	0	0	6.00
7.00	PHYSICAL THERAPY	66.00	742	140		0.00	0	0	0	7.00
8.00	SPEECH PATHOLOGY	68.00	2,302	377		0.00	0	0	0	8.00
9.00	ECHOCARDIOLOGY	69.01	6,258	2,029		0.00	0	0	0	9.00
10.00	RENAL DIALYSIS	74.00	242,058	62,550		0.00	0	0	0	10.00
11.00	EMERGENCY	91.00	411,709	125,523		0.00	0	0	0	11.00
	Totals		**1,670,381**	**400,929**			**1,670,381**	**400,929**		
H - FAMILY MATERNITY CENTER										
1.00	NURSERY	43.00	522,118	112,052	ADULTS & PEDIATRICS	30.00	783,742	168,202	0	1.00
2.00	RECOVERY ROOM	51.00	3,214	690		0.00	0	0	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	134,414	28,847		0.00	0	0	0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	10,852	2,329		0.00	0	0	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	3,885	834		0.00	0	0	0	5.00
6.00	LABORATORY	60.00	202	44		0.00	0	0	0	6.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period: From: 07/01/2024 To: 06/30/2025	Run Date Time: 4/3/2026 11:51 am MCRIF32 **2552-10** Version: 25.1.181.0
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RECLASSIFICATIONS **Worksheet A-6**

	Increases				Decreases					
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
7.00	INTRAVENOUS THERAPY	64.00	2,229	478		0.00	0	0	0	7.00
8.00	PHYSICAL THERAPY	66.00	82,580	17,723		0.00	0	0	0	8.00
9.00	SPEECH PATHOLOGY	68.00	79	17		0.00	0	0	0	9.00
10.00	PHARMACOTHERAPY CLINIC	90.01	227	49		0.00	0	0	0	10.00
11.00	EMERGENCY	91.00	23,942	5,139		0.00	0	0	0	11.00
	Totals		**783,742**	**168,202**			**783,742**	**168,202**		
I - CAFETERIA										
1.00	CAFETERIA	11.00	1,270,848	915,472	DIETARY	10.00	1,270,848	915,472	0	1.00
	Totals		**1,270,848**	**915,472**			**1,270,848**	**915,472**		
K - RN RESIDENCY										
1.00	NURSING PROGRAM	20.00	348,706	41,350	NURSING ADMINISTRATION	13.00	10,349	998	0	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	1,220	124	0	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	221,535	25,550	0	3.00
4.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	48,558	6,456	0	4.00
5.00		0.00	0	0	EMERGENCY	91.00	67,044	8,222	0	5.00
	Totals		**348,706**	**41,350**			**348,706**	**41,350**		
M - BONUSES										
1.00	ADMINISTRATIVE & GENERAL	5.00	9,234	0	ADMINISTRATIVE & GENERAL	5.00	0	9,234	0	1.00
2.00	HOUSEKEEPING	9.00	5,283	0	HOUSEKEEPING	9.00	0	5,283	0	2.00
3.00	DIETARY	10.00	520	0	DIETARY	10.00	0	520	0	3.00
4.00	NURSING ADMINISTRATION	13.00	48,717	0	NURSING ADMINISTRATION	13.00	0	48,717	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	23,596	0	CENTRAL SERVICES & SUPPLY	14.00	0	23,596	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	7,500	0	MEDICAL RECORDS & LIBRARY	16.00	0	7,500	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	168,316	0	ADULTS & PEDIATRICS	30.00	0	168,316	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	30,705	0	INTENSIVE CARE UNIT	31.00	0	30,705	0	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	34,550	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	34,550	0	9.00
10.00	SUBPROVIDER - IRF	41.00	5,678	0	SUBPROVIDER - IRF	41.00	0	5,678	0	10.00
11.00	OPERATING ROOM	50.00	126,494	0	OPERATING ROOM	50.00	0	126,494	0	11.00
12.00	RECOVERY ROOM	51.00	27,692	0	RECOVERY ROOM	51.00	0	27,692	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	129,403	0	DELIVERY ROOM & LABOR ROOM	52.00	0	129,403	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	8,467	0	RADIOLOGY-DIAGNOSTIC	54.00	0	8,467	0	14.00
15.00	ULTRASOUND	54.01	7,113	0	ULTRASOUND	54.01	0	7,113	0	15.00
16.00	CT SCAN	57.00	10,994	0	CT SCAN	57.00	0	10,994	0	16.00
17.00	LABORATORY	60.00	29,354	0	LABORATORY	60.00	0	29,354	0	17.00
18.00	RESPIRATORY THERAPY	65.00	21,206	0	RESPIRATORY THERAPY	65.00	0	21,206	0	18.00
19.00	PHYSICAL THERAPY	66.00	32,304	0	PHYSICAL THERAPY	66.00	0	32,304	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	4,499	0	OCCUPATIONAL THERAPY	67.00	0	4,499	0	20.00
21.00	EMERGENCY	91.00	44,717	0	EMERGENCY	91.00	0	44,717	0	21.00
22.00	COMMUNITY OUTREACH	194.04	967	0	COMMUNITY OUTREACH	194.04	0	967	0	22.00
	Totals		**777,309**	**0**			**0**	**777,309**		
N - ELIMINATE NCR SALARIES										
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,167,934	ADMINISTRATIVE & GENERAL	5.00	1,167,934	0	0	1.00
	Totals		**0**	**1,167,934**			**1,167,934**	**0**		
P - CONTRACT PHYSC										
1.00	ADULTS & PEDIATRICS	30.00	0	36,000	ADMINISTRATIVE & GENERAL	5.00	0	36,000	0	1.00
	Totals		**0**	**36,000**			**0**	**36,000**		
500.00	**TOTAL RECLASSIFICATIONS (sum of columns 4 and 5 must equal sum of columns 8 and 9)**		**4,850,986**	**38,687,905**			**5,241,611**	**38,297,280**		500.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
(2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, line as appropriate.

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7
Part I

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	Land	5,618,499	0	0	**0**	0	**5,618,499**	0	1.00
2.00	Land Improvements	2,635,482	0	0	**0**	0	**2,635,482**	1,952,349	2.00
3.00	Buildings and Fixtures	176,183,799	0	0	**0**	0	**176,183,799**	11,958,027	3.00
4.00	Building Improvements	92,591,478	9,756,511	0	**9,756,511**	0	**102,347,989**	65,147,980	4.00
5.00	Fixed Equipment	29,461,310	0	0	**0**	0	**29,461,310**	14,878,055	5.00
6.00	Movable Equipment	142,923,703	1,946,228	0	**1,946,228**	0	**144,869,931**	87,998,915	6.00
7.00	HIT designated Assets	0	0	0	**0**	0	**0**	0	7.00
8.00	Subtotal (sum of lines 1-7)	**449,414,271**	**11,702,739**	**0**	**11,702,739**	**0**	**461,117,010**	**181,935,326**	8.00
9.00	Reconciling Items	0	0	0	**0**	0	**0**	0	9.00
10.00	Total (line 8 minus line 9)	**449,414,271**	**11,702,739**	**0**	**11,702,739**	**0**	**461,117,010**	**181,935,326**	10.00

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2

	Description	SUMMARY OF CAPITAL: Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		9.00	10.00	11.00	12.00	13.00	14.00	15.00	
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	0	**0**	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	0	**0**	2.00
3.00	Total (sum of lines 1-2)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	3.00

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

	Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	CAP REL COSTS-BLDG & FIXT	316,247,079	0	316,247,079	0.685828	0	0	0	**0**	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	144,869,931	0	144,869,931	0.314172	0	0	0	**0**	2.00
3.00	Total (sum of lines 1-2)	**461,117,010**	**0**	**461,117,010**	**1.000000**	**0**	**0**	**0**	**0**	3.00

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

	Description	SUMMARY OF CAPITAL: Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		9.00	10.00	11.00	12.00	13.00	14.00	15.00	
1.00	CAP REL COSTS-BLDG & FIXT	12,608,786	0	4,193,154	0	31,511	116,268	**16,949,719**	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,716,024	0	0	0	0	0	**1,716,024**	2.00
3.00	Total (sum of lines 1-2)	**14,324,810**	**0**	**4,193,154**	**0**	**31,511**	**116,268**	**18,665,743**	3.00

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ADJUSTMENTS TO EXPENSES **Worksheet A-8**

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Description (1)	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL 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)	A	0	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-16,757	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	0	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-87	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	0	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-17,753,785			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	34,251,397			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0	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	0	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	A	0	INTENSIVE CARE UNIT	31.00	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)	B	-11,012	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	OPERATING REVENUE	B	-63,555	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	OPERATING REVENUE	B	-11,508	DIETARY	10.00	0	33.01
33.02	OPERATING REVENUE	B	-553,415	CAFETERIA	11.00	0	33.02
33.03	OPERATING REVENUE	B	-51,699	PHARMACY	15.00	0	33.03
33.04	OPERATING REVENUE	B	-59,453	ELECTROCARDIOLOGY	69.00	0	33.04
34.00	NON-ALLOWED EXPENSE	A	-129,053	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	NON-ALLOWED EXPENSE	A	-511	MAINTENANCE & REPAIRS	6.00	0	34.01
34.02	NON-ALLOWED EXPENSE	A	-2,402	PHARMACY	15.00	0	34.02
34.03	NON-ALLOWED EXPENSE	A	-2,400	SOCIAL SERVICE	17.00	0	34.03
34.04	NON-ALLOWED EXPENSE	A	50,891	LABORATORY	60.00	0	34.04
34.05	NON-ALLOWED EXPENSE	A	-36,558	RESPIRATORY THERAPY	65.00	0	34.05
34.06	NON-ALLOWED EXPENSE	A	-96,304	PHARMACOTHERAPY CLINIC	90.01	0	34.06
35.00	UNNECESSARY BORROWING	A	-144,079	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.01	UNALLOWABLE OTHER DIRECT	A	-24,468	ADMINISTRATIVE & GENERAL	5.00	0	35.01
35.02	UNALLOWABLE OTHER DIRECT	A	-23,956	MAINTENANCE & REPAIRS	6.00	0	35.02
35.03	UNALLOWABLE OTHER DIRECT	A	-17,687	OPERATION OF PLANT	7.00	0	35.03
35.04	UNALLOWABLE OTHER DIRECT	A	-13,071	MEDICAL RECORDS & LIBRARY	16.00	0	35.04
35.05	UNALLOWABLE OTHER DIRECT	A	-671	OPERATING ROOM	50.00	0	35.05
35.06	UNALLOWABLE OTHER DIRECT	A	-665	RADIOLOGY-DIAGNOSTIC	54.00	0	35.06
35.07	UNALLOWABLE OTHER DIRECT	A	-93	CARDIAC CATHETERIZATION	59.00	0	35.07

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ADJUSTMENTS TO EXPENSES **Worksheet A-8**

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Description (1)	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.08	UNALLOWABLE OTHER DIRECT	A	-47,585	EMERGENCY	91.00	0	35.08
35.09	UNALLOWABLE TAX EXPENSE	A	-10,936	OPERATING ROOM	50.00	0	35.09
35.10	UNALLOWABLE MEAL EXPENSE	A	-406	ADMINISTRATIVE & GENERAL	5.00	0	35.10
35.11	UNALLOWABLE MEAL EXPENSE	A	-164	MAINTENANCE & REPAIRS	6.00	0	35.11
35.12	UNALLOWABLE MEAL EXPENSE	A	-98	NURSING ADMINISTRATION	13.00	0	35.12
35.13	UNALLOWABLE MEAL EXPENSE	A	-29	PHARMACY	15.00	0	35.13
35.14	UNALLOWABLE MEAL EXPENSE	A	-50	ADULTS & PEDIATRICS	30.00	0	35.14
35.15	UNALLOWABLE MEAL EXPENSE	A	-17	INTENSIVE CARE UNIT	31.00	0	35.15
35.16	UNALLOWABLE MEAL EXPENSE	A	-10	NEONATAL INTENSIVE CARE UNIT	35.00	0	35.16
35.17	UNALLOWABLE MEAL EXPENSE	A	-5	OPERATING ROOM	50.00	0	35.17
35.18	UNALLOWABLE MEAL EXPENSE	A	-20	DELIVERY ROOM & LABOR ROOM	52.00	0	35.18
35.19	UNALLOWABLE MEAL EXPENSE	A	-31	RADIOLOGY-DIAGNOSTIC	54.00	0	35.19
35.20	UNALLOWABLE MEAL EXPENSE	A	-63	CARDIAC CATHETERIZATION	59.00	0	35.20
35.21	UNALLOWABLE MEAL EXPENSE	A	-7	LABORATORY	60.00	0	35.21
35.22	UNALLOWABLE MEAL EXPENSE	A	-8	PHYSICAL THERAPY	66.00	0	35.22
35.23	UNALLOWABLE MEAL EXPENSE	A	-3	OCCUPATIONAL THERAPY	67.00	0	35.23
35.24	UNALLOWABLE MEAL EXPENSE	A	-2	SPEECH PATHOLOGY	68.00	0	35.24
35.25	UNALLOWABLE MEAL EXPENSE	A	-16	ECHOCARDIOLOGY	69.01	0	35.25
35.26	UNALLOWABLE MEAL EXPENSE	A	-18	EMERGENCY	91.00	0	35.26
35.27	PART B MID-LEVELS	A	-4,928	ADMINISTRATIVE & GENERAL	5.00	0	35.27
35.28	BOND DEFEASANCE	A	116,268	CAP REL COSTS-BLDG & FIXT	1.00	14	35.28
35.29	PROVIDER TAX	A	-14,318,279	ADMINISTRATIVE & GENERAL	5.00	0	35.29
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		**1,022,692**				50.00

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

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

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

Worksheet A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HB0533 CAPITAL RELATED BUILDING	5,177,258	0	**5,177,258**	9	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HB0533 CAPITAL RELATED EQUIPMENT	3,333	0	**3,333**	9	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0533 HUMAN RESOURCES	18,134	0	**18,134**	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HB0533 PURCHASING RECEIVING AND STOR	290,646	0	**290,646**	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HB0533 GENERAL ACCOUNTING	780,593	0	**780,593**	0	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HB0533 MEDICAL RECORDS & LIBRARY	925	0	**925**	0	4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	HB0456 CAPITAL RELATED BUILDING	580,961	0	**580,961**	9	4.03
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	HB0456 CAPITAL RELATED EQUIPMENT	1,712,691	0	**1,712,691**	9	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 HEALTH PLANS	13,510,637	13,010,296	**500,341**	0	4.05
4.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 PENSION	5,142,662	4,707,002	**435,660**	0	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 WORKERS COMP	1,605,726	1,839,424	**-233,698**	0	4.07
4.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB0456 HUMAN RESOURCES	2,104,276	0	**2,104,276**	0	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	HB0456 DATA PROCESSING	7,477,173	0	**7,477,173**	0	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	HB0456 PURCHASING RECEIVING AND STOR	673,901	0	**673,901**	0	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	HB0456 ADMITTING	65,638	0	**65,638**	0	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	HB0456 OP REGISTRATION	417,194	0	**417,194**	0	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	HB0456 CASHIERING/ACCOUNTS RECEIVABL	5,183,376	0	**5,183,376**	0	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	HB0456 CREDIT AND COLLECTION	1,025,407	0	**1,025,407**	0	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	HB0456 FINANCE AND REIMBURSEMENT	792,607	0	**792,607**	0	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	HB0456 OTHER ADMINSTRATIVE AND GENER	6,921,954	0	**6,921,954**	0	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	HB0456 GENERAL ACCOUNTING	80,276	0	**80,276**	0	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	HB0456 PHYSICIAN SERVICES	6,368	0	**6,368**	0	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	HB0456 PROFESSIONAL LIABILITY	1,284,734	2,045,779	**-761,045**	0	4.19
4.20	5.00	ADMINISTRATIVE & GENERAL	HB0456 COMMUNICATIONS	303,343	0	**303,343**	0	4.20
4.21	6.00	MAINTENANCE & REPAIRS	HB0456 PLANT OPERATION, MAINT. & REP	303,887	0	**303,887**	0	4.21
4.22	16.00	MEDICAL RECORDS & LIBRARY	HB0456 MEDICAL RECORDS & LIBRARY	685,583	0	**685,583**	0	4.22
4.23	1.00	CAP REL COSTS-BLDG & FIXT	HB1581 CAPITAL RELATED BUILDING	13,890	0	**13,890**	9	4.23
4.24	4.00	EMPLOYEE BENEFITS DEPARTMENT	HB1581 HUMAN RESOURCES	82,543	0	**82,543**	0	4.24
4.25	5.00	ADMINISTRATIVE & GENERAL	HB1581 GENERAL ACCOUNTING	188,669	0	**188,669**	0	4.25
4.26	5.00	ADMINISTRATIVE & GENERAL	HB1581 OTHER ADMINSTRATIVE AND GENER	1,244,134	2,062,483	**-818,349**	0	4.26
4.27	13.00	NURSING ADMINISTRATION	HB1581 NURSE ADMINISTRATION	237,862	0	**237,862**	0	4.27
5.00	**TOTALS (sum of lines 1 through 4) Transfer column 6, line 5, to Worksheet A-8, column 2, line 12.**			**57,916,381**	**23,664,984**	**34,251,397**		5.00

* The amounts on lines 1 through 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 have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
6.00	B		100.00	HB0533 ST JOSE	0.00	SYSTEM OFFICE	6.00
7.00	B		100.00	HB0456 PROVIDE	0.00	CORPORATE SHAR	7.00
8.00	B		100.00	HB1581 ST JOSE	0.00	REGIONAL OFFIC	8.00
9.00			0.00		0.00		9.00
10.00			0.00		0.00		10.00

(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.

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

Worksheet A-8-1

G. Other (financial or non-financial) specify:	

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PROVIDER BASED PHYSICIAN ADJUSTMENT **Worksheet A-8-2**

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
1.00	13.00	NURSING ADMINISTRATION	618	618	0	211,500	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	89,599	89,599	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	297,558	297,558	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	507,759	507,759	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	951,000	951,000	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	787,194	787,194	0	0	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	264,783	264,783	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	6,942,728	6,942,728	0	0	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	1,020,760	1,020,760	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	387,606	387,606	0	0	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	989,505	989,505	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	843,220	843,220	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	7,350	7,350	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	144,525	144,525	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	4,093,828	4,093,828	0	0	0	0	0	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	27,000	0	27,000	211,500	135	13,727	686	16.00
17.00	13.00	NURSING ADMINISTRATION	171,620	0	171,620	211,500	953	96,904	4,845	17.00
18.00	50.00	OPERATING ROOM	433,446	0	433,446	211,500	941	95,683	4,784	18.00
200.00		**TOTAL**	**17,960,099**	**17,328,033**	**632,066**		**2,029**	**206,314**	**10,315**	200.00

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PROVIDER BASED PHYSICIAN ADJUSTMENT **Worksheet A-8-2**

	Wkst. A Line #	Cost Center/Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	
1.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	0	**618**	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	0	**89,599**	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	0	**297,558**	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	0	**507,759**	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	0	**951,000**	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	0	**787,194**	6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	0	**264,783**	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	0	**6,942,728**	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	**1,020,760**	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	**387,606**	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	**989,505**	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	**843,220**	12.00
13.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	**7,350**	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	**144,525**	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	0	**4,093,828**	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	13,727	13,273	**13,273**	16.00
17.00	13.00	NURSING ADMINISTRATION	0	0	0	0	96,904	74,716	**74,716**	17.00
18.00	50.00	OPERATING ROOM	0	0	0	0	95,683	337,763	**337,763**	18.00
200.00		**TOTAL**	**0**	**0**	**0**	**0**	**206,314**	**425,752**	**17,753,785**	200.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

			CAPITAL RELATED COSTS					
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	16,949,719	**16,949,719**					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,716,024		**1,716,024**				2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	23,791,857	49,851	4,900	**23,846,608**			4.00
5.00	ADMINISTRATIVE & GENERAL	42,246,082	5,425,148	533,292	692,170	48,896,692	**48,896,692**	5.00
6.00	MAINTENANCE & REPAIRS	11,889,870	430,440	42,312	609,504	12,972,126	2,634,704	6.00
7.00	OPERATION OF PLANT	8,371,300	1,001,099	98,407	0	9,470,806	1,923,568	7.00
8.00	LAUNDRY & LINEN SERVICE	220,398	0	0	0	220,398	44,764	8.00
9.00	HOUSEKEEPING	3,241,703	168,219	16,536	426,291	3,852,749	782,513	9.00
10.00	DIETARY	1,592,824	444,747	43,718	141,353	2,222,642	451,430	10.00
11.00	CAFETERIA	2,286,955	0	0	250,075	2,537,030	515,283	11.00
13.00	NURSING ADMINISTRATION	12,563,436	368,349	36,208	2,006,042	14,974,035	3,041,301	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,061,722	246,125	24,194	4,643	1,336,684	271,487	14.00
15.00	PHARMACY	6,519,290	154,191	15,157	1,007,168	7,695,806	1,563,057	15.00
16.00	MEDICAL RECORDS & LIBRARY	777,961	79,415	7,806	1,476	866,658	176,023	16.00
17.00	SOCIAL SERVICE	704,310	5,030	494	5,125	714,959	145,212	17.00
20.00	NURSING PROGRAM	390,056	0	0	68,618	458,674	93,159	20.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	25,160,940	1,944,076	191,101	4,289,532	31,585,649	6,415,258	30.00
31.00	INTENSIVE CARE UNIT	8,658,570	878,428	86,349	1,167,123	10,790,470	2,191,598	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,313,322	41,021	4,032	372,071	2,730,446	554,567	35.00
41.00	SUBPROVIDER - IRF	3,962,318	397,914	39,115	693,909	5,093,256	1,034,466	41.00
43.00	NURSERY	634,170	72,206	7,098	102,741	816,215	165,777	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	15,056,166	982,321	96,561	1,823,987	17,959,035	3,647,570	50.00
51.00	RECOVERY ROOM	2,815,909	302,124	29,698	467,732	3,615,463	734,319	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,914,797	550,149	54,079	916,938	7,435,963	1,510,281	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,491,059	441,002	43,350	848,078	6,823,489	1,385,885	54.00
54.01	ULTRASOUND	1,369,166	65,443	6,433	214,178	1,655,220	336,183	54.01
55.00	RADIOLOGY-THERAPEUTIC	3,184,773	417,697	41,059	453,057	4,096,586	832,037	55.00
56.00	RADIOISOTOPE	1,718,830	55,272	5,433	87,583	1,867,118	379,221	56.00
57.00	CT SCAN	2,795,705	101,043	9,932	280,460	3,187,140	647,324	57.00
58.00	MRI	1,108,005	101,155	9,943	175,047	1,394,150	283,159	58.00
59.00	CARDIAC CATHETERIZATION	4,049,473	208,793	20,524	665,451	4,944,241	1,004,200	59.00
60.00	LABORATORY	8,425,432	417,809	41,070	963,111	9,847,422	2,000,061	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	2,594,538	301,621	29,649	421,663	3,347,471	679,888	64.00
65.00	RESPIRATORY THERAPY	3,147,738	114,009	11,207	489,736	3,762,690	764,221	65.00
66.00	PHYSICAL THERAPY	4,328,372	147,876	14,536	626,135	5,116,919	1,039,272	66.00
67.00	OCCUPATIONAL THERAPY	996,526	0	0	147,983	1,144,509	232,456	67.00
68.00	SPEECH PATHOLOGY	778,969	7,154	703	127,733	914,559	185,752	68.00
69.00	ELECTROCARDIOLOGY	317,761	36,382	3,576	61,155	418,874	85,075	69.00
69.01	ECHOCARDIOLOGY	588,055	9,221	906	98,977	697,159	141,596	69.01
70.00	ELECTROENCEPHALOGRAPHY	151,536	10,786	1,060	29,788	193,170	39,234	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	6,674,417	0	0	0	6,674,417	1,355,607	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,426,514	0	0	0	5,426,514	1,102,152	72.00
73.00	DRUGS CHARGED TO PATIENTS	12,795,745	0	0	0	12,795,745	2,598,880	73.00
74.00	RENAL DIALYSIS	1,169,461	27,105	2,664	47,632	1,246,862	253,244	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	273,085	6,036	593	50,575	330,289	67,083	90.01
90.02	DIETITIANS SERVICES	243,563	28,614	2,813	43,059	318,049	64,597	90.02
90.03	BLANK	0	0	0	0	0	0	90.03

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

			CAPITAL RELATED COSTS					
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
90.04	URGENT CARE	89,662	0	19,277	0	108,939	22,126	90.04
91.00	EMERGENCY	13,386,271	827,124	81,306	2,062,469	16,357,170	3,322,223	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	0	99.20
99.30	OOT	0	0	0	0	0	0	99.30
99.40	OSP	0	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**279,944,355**	**16,864,995**	**1,677,091**	**22,940,368**	**278,914,458**	**46,717,813**	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NON-REIMBURSABLE	178,941	54,825	5,389	27,230	266,385	54,104	194.00
194.01	CARE FOR THE POOR	0	0	0	0	0	0	194.01
194.02	CLINIC OLE	0	0	0	0	0	0	194.02
194.03	MARKETING/PUB RELATIONS	0	0	0	0	0	0	194.03
194.04	COMMUNITY OUTREACH	6,402,420	16,263	32,204	879,001	7,329,888	1,488,737	194.04
194.05	HIV NETWORK/CASE MGMT	0	0	0	0	0	0	194.05
194.06	CONVENT	0	0	0	0	0	0	194.06
194.07	FOUNDATION	0	13,636	1,340	0	14,976	3,042	194.07
194.08	NON-REIMBURSABLE MEALS	0	0	0	0	0	0	194.08
194.09	WELLNESS CENTER	3,116,585	0	0	9	3,116,594	632,996	194.09
194.10	FORENSIC MEDICAL CLINIC	0	0	0	0	0	0	194.10
194.11	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0	194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.12
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)	**289,642,301**	**16,949,719**	**1,716,024**	**23,846,608**	**289,642,301**	**48,896,692**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS	**15,606,830**						6.00
7.00	OPERATION OF PLANT	1,414,667	**12,809,041**					7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	**265,162**				8.00
9.00	HOUSEKEEPING	237,713	214,546	0	**5,087,521**			9.00
10.00	DIETARY	628,478	567,228	0	229,131	**4,098,909**		10.00
11.00	CAFETERIA	0	0	0	0	0	**3,052,313**	11.00
13.00	NURSING ADMINISTRATION	520,520	469,792	0	189,771	0	281,815	13.00
14.00	CENTRAL SERVICES & SUPPLY	347,803	313,907	0	126,802	0	652	14.00
15.00	PHARMACY	217,890	196,655	0	79,439	0	141,490	15.00
16.00	MEDICAL RECORDS & LIBRARY	112,223	101,286	0	40,914	0	207	16.00
17.00	SOCIAL SERVICE	7,108	6,415	0	2,591	0	720	17.00
20.00	NURSING PROGRAM	0	0	0	0	0	9,640	20.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,747,198	2,479,465	149,381	1,001,576	2,913,119	602,613	30.00
31.00	INTENSIVE CARE UNIT	1,241,319	1,120,344	28,948	452,561	564,524	163,961	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	57,967	52,318	42,084	21,134	0	52,270	35.00
41.00	SUBPROVIDER - IRF	562,297	507,498	31,858	205,003	621,266	97,483	41.00
43.00	NURSERY	102,035	92,091	12,679	37,200	0	14,433	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	1,388,132	1,252,849	0	506,086	0	256,240	50.00
51.00	RECOVERY ROOM	426,935	385,328	0	155,652	0	65,708	51.00
52.00	DELIVERY ROOM & LABOR ROOM	777,423	701,658	212	283,433	0	128,814	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	623,187	562,453	0	227,202	0	119,141	54.00
54.01	ULTRASOUND	92,479	83,466	0	33,716	0	30,088	54.01
55.00	RADIOLOGY-THERAPEUTIC	590,254	532,730	0	215,195	0	63,647	55.00
56.00	RADIOISOTOPE	78,106	70,494	0	28,476	0	12,304	56.00
57.00	CT SCAN	142,786	128,870	0	52,057	0	39,400	57.00
58.00	MRI	142,944	129,013	0	52,114	0	24,591	58.00
59.00	CARDIAC CATHETERIZATION	295,048	266,294	0	107,569	0	93,485	59.00
60.00	LABORATORY	590,412	532,873	0	215,253	0	135,301	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	426,225	384,686	0	155,393	0	59,237	64.00
65.00	RESPIRATORY THERAPY	161,108	145,407	0	58,737	0	68,800	65.00
66.00	PHYSICAL THERAPY	208,966	188,601	0	76,185	0	87,961	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	20,789	67.00
68.00	SPEECH PATHOLOGY	10,109	9,124	0	3,685	0	17,944	68.00
69.00	ELECTROCARDIOLOGY	51,412	46,402	0	18,744	0	8,591	69.00
69.01	ECHOCARDIOLOGY	13,031	11,761	0	4,751	0	13,905	69.01
70.00	ELECTROENCEPHALOGRAPHY	15,242	13,757	0	5,557	0	4,185	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	38,303	34,570	0	13,964	0	6,691	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	8,529	7,698	0	3,110	0	7,105	90.01
90.02	DIETITIANS SERVICES	40,435	36,494	0	14,742	0	6,049	90.02
90.03	BLANK	0	0	0	0	0	0	90.03
90.04	URGENT CARE	0	0	0	0	0	0	90.04
91.00	EMERGENCY	1,168,820	1,054,911	0	426,129	0	289,742	91.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	0	99.20
99.30	OOT	0	0	0	0	0	0	99.30
99.40	OSP	0	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**15,487,104**	**12,700,984**	**265,162**	**5,043,872**	**4,098,909**	**2,925,002**	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NON-REIMBURSABLE	77,474	69,923	0	28,245	0	3,825	194.00
194.01	CARE FOR THE POOR	0	0	0	0	0	0	194.01
194.02	CLINIC OLE	0	0	0	0	0	0	194.02
194.03	MARKETING/PUB RELATIONS	0	0	0	0	0	0	194.03
194.04	COMMUNITY OUTREACH	22,982	20,742	0	8,379	0	123,485	194.04
194.05	HIV NETWORK/CASE MGMT	0	0	0	0	0	0	194.05
194.06	CONVENT	0	0	0	0	0	0	194.06
194.07	FOUNDATION	19,270	17,392	0	7,025	0	0	194.07
194.08	NON-REIMBURSABLE MEALS	0	0	0	0	0	0	194.08
194.09	WELLNESS CENTER	0	0	0	0	0	1	194.09
194.10	FORENSIC MEDICAL CLINIC	0	0	0	0	0	0	194.10
194.11	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0	194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.12
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	**15,606,830**	**12,809,041**	**265,162**	**5,087,521**	**4,098,909**	**3,052,313**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	
		13.00	14.00	15.00	16.00	17.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY							10.00
11.00	CAFETERIA							11.00
13.00	NURSING ADMINISTRATION	**19,477,234**						13.00
14.00	CENTRAL SERVICES & SUPPLY	0	**2,397,335**					14.00
15.00	PHARMACY	0	36,543	**9,930,880**				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	**1,297,311**			16.00
17.00	SOCIAL SERVICE	0	0	0	0	**877,005**		17.00
20.00	NURSING PROGRAM	0	0	0	0	0	**561,473**	20.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,531,592	115,941	0	127,926	623,292	331,482	30.00
31.00	INTENSIVE CARE UNIT	1,878,278	103,893	0	42,798	120,786	0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	594,237	8,686	0	3,047	0	0	35.00
41.00	SUBPROVIDER - IRF	1,041,564	4,994	0	15,562	132,927	0	41.00
43.00	NURSERY	200,948	1,165	0	2,723	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	1,975,063	254,208	0	163,765	0	0	50.00
51.00	RECOVERY ROOM	740,630	15,689	0	3,959	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,449,949	41,767	0	14,392	0	97,944	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	284,469	4,257	0	37,539	0	0	54.00
54.01	ULTRASOUND	11,548	5,376	0	14,411	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	152,570	6,166	0	64,991	0	0	55.00
56.00	RADIOISOTOPE	46	959	0	7,399	0	0	56.00
57.00	CT SCAN	563	7,143	0	93,539	0	0	57.00
58.00	MRI	15,687	8,959	0	29,598	0	0	58.00
59.00	CARDIAC CATHETERIZATION	814,816	6,717	0	43,691	0	0	59.00
60.00	LABORATORY	0	9,815	0	151,463	0	0	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	516,811	20,621	0	17,814	0	0	64.00
65.00	RESPIRATORY THERAPY	0	30,637	0	34,953	0	0	65.00
66.00	PHYSICAL THERAPY	58,804	3,598	0	14,948	0	0	66.00
67.00	OCCUPATIONAL THERAPY	5,352	87	0	3,997	0	0	67.00
68.00	SPEECH PATHOLOGY	0	15	0	4,817	0	0	68.00
69.00	ELECTROCARDIOLOGY	89,896	69	0	8,568	0	0	69.00
69.01	ECHOCARDIOLOGY	696	631	0	14,535	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	1	0	2,182	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	868,469	0	12,849	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	706,098	0	26,928	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	9,930,538	94,161	0	0	73.00
74.00	RENAL DIALYSIS	0	3,027	0	2,240	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	0	1	0	37	0	0	90.01
90.02	DIETITIANS SERVICES	0	0	0	784	0	0	90.02
90.03	BLANK	0	0	0	0	0	0	90.03
90.04	URGENT CARE	0	0	0	0	0	0	90.04

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	
		13.00	14.00	15.00	16.00	17.00	20.00	
91.00	EMERGENCY	3,113,607	131,251	0	240,345	0	132,047	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	0	99.20
99.30	OOT	0	0	0	0	0	0	99.30
99.40	OSP	0	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**19,477,126**	**2,396,783**	**9,930,538**	**1,295,961**	**877,005**	**561,473**	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NON-REIMBURSABLE	108	0	0	0	0	0	194.00
194.01	CARE FOR THE POOR	0	0	0	0	0	0	194.01
194.02	CLINIC OLE	0	0	0	0	0	0	194.02
194.03	MARKETING/PUB RELATIONS	0	0	0	0	0	0	194.03
194.04	COMMUNITY OUTREACH	0	552	342	1,350	0	0	194.04
194.05	HIV NETWORK/CASE MGMT	0	0	0	0	0	0	194.05
194.06	CONVENT	0	0	0	0	0	0	194.06
194.07	FOUNDATION	0	0	0	0	0	0	194.07
194.08	NON-REIMBURSABLE MEALS	0	0	0	0	0	0	194.08
194.09	WELLNESS CENTER	0	0	0	0	0	0	194.09
194.10	FORENSIC MEDICAL CLINIC	0	0	0	0	0	0	194.10
194.11	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0	194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.12
200.00	Cross Foot Adjustments						0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	**19,477,234**	**2,397,335**	**9,930,880**	**1,297,311**	**877,005**	**561,473**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
20.00	NURSING PROGRAM					20.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	**55,624,492**	0	**55,624,492**		30.00
31.00	INTENSIVE CARE UNIT	**18,699,480**	0	**18,699,480**		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**4,116,756**	0	**4,116,756**		35.00
41.00	SUBPROVIDER - IRF	**9,348,174**	0	**9,348,174**		41.00
43.00	NURSERY	**1,445,266**	0	**1,445,266**		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	**27,402,948**	0	**27,402,948**		50.00
51.00	RECOVERY ROOM	**6,143,683**	0	**6,143,683**		51.00
52.00	DELIVERY ROOM & LABOR ROOM	**12,441,836**	0	**12,441,836**		52.00
53.00	ANESTHESIOLOGY	**0**	0	**0**		53.00
54.00	RADIOLOGY-DIAGNOSTIC	**10,067,622**	0	**10,067,622**		54.00
54.01	ULTRASOUND	**2,262,487**	0	**2,262,487**		54.01
55.00	RADIOLOGY-THERAPEUTIC	**6,554,176**	0	**6,554,176**		55.00
56.00	RADIOISOTOPE	**2,444,123**	0	**2,444,123**		56.00
57.00	CT SCAN	**4,298,822**	0	**4,298,822**		57.00
58.00	MRI	**2,080,215**	0	**2,080,215**		58.00
59.00	CARDIAC CATHETERIZATION	**7,576,061**	0	**7,576,061**		59.00
60.00	LABORATORY	**13,482,600**	0	**13,482,600**		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	0	**0**		63.00
64.00	INTRAVENOUS THERAPY	**5,608,146**	0	**5,608,146**		64.00
65.00	RESPIRATORY THERAPY	**5,026,553**	0	**5,026,553**		65.00
66.00	PHYSICAL THERAPY	**6,795,254**	0	**6,795,254**		66.00
67.00	OCCUPATIONAL THERAPY	**1,407,190**	0	**1,407,190**		67.00
68.00	SPEECH PATHOLOGY	**1,146,005**	0	**1,146,005**		68.00
69.00	ELECTROCARDIOLOGY	**727,631**	0	**727,631**		69.00
69.01	ECHOCARDIOLOGY	**898,065**	0	**898,065**		69.01
70.00	ELECTROENCEPHALOGRAPHY	**273,328**	0	**273,328**		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**8,911,342**	0	**8,911,342**		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**7,261,692**	0	**7,261,692**		72.00
73.00	DRUGS CHARGED TO PATIENTS	**25,419,324**	0	**25,419,324**		73.00
74.00	RENAL DIALYSIS	**1,598,901**	0	**1,598,901**		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	**0**	0	**0**		90.00
90.01	PHARMACOTHERAPY CLINIC	**423,852**	0	**423,852**		90.01
90.02	DIETITIANS SERVICES	**481,150**	0	**481,150**		90.02
90.03	BLANK	**0**	0	**0**		90.03
90.04	URGENT CARE	**131,065**	0	**131,065**		90.04

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
91.00	EMERGENCY	**26,236,245**	0	**26,236,245**		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
93.00	PALLIATIVE CARE	**0**	0	**0**		93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	**0**	0	**0**		99.10
99.20	OPT	**0**	0	**0**		99.20
99.30	OOT	**0**	0	**0**		99.30
99.40	OSP	**0**	0	**0**		99.40
101.00	HOME HEALTH AGENCY	**0**	0	**0**		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	**0**	0	**0**		109.00
110.00	INTESTINAL ACQUISITION	**0**	0	**0**		110.00
111.00	ISLET ACQUISITION	**0**	0	**0**		111.00
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**276,334,484**	**0**	**276,334,484**		118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	**0**	0	**0**		190.00
193.00	NONPAID WORKERS	**0**	0	**0**		193.00
194.00	OTHER NON-REIMBURSABLE	**500,064**	0	**500,064**		194.00
194.01	CARE FOR THE POOR	**0**	0	**0**		194.01
194.02	CLINIC OLE	**0**	0	**0**		194.02
194.03	MARKETING/PUB RELATIONS	**0**	0	**0**		194.03
194.04	COMMUNITY OUTREACH	**8,996,457**	0	**8,996,457**		194.04
194.05	HIV NETWORK/CASE MGMT	**0**	0	**0**		194.05
194.06	CONVENT	**0**	0	**0**		194.06
194.07	FOUNDATION	**61,705**	0	**61,705**		194.07
194.08	NON-REIMBURSABLE MEALS	**0**	0	**0**		194.08
194.09	WELLNESS CENTER	**3,749,591**	0	**3,749,591**		194.09
194.10	FORENSIC MEDICAL CLINIC	**0**	0	**0**		194.10
194.11	MEDICAL OFFICE BUILDINGS	**0**	0	**0**		194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	**0**	0	**0**		194.12
200.00	Cross Foot Adjustments	**0**	0	**0**		200.00
201.00	Negative Cost Centers	**0**	0	**0**		201.00
202.00	TOTAL (sum lines 118 through 201)	**289,642,301**	**0**	**289,642,301**		202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
20.00	NURSING PROGRAM			20.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	**55,624,492**		30.00
31.00	INTENSIVE CARE UNIT	**18,699,480**		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**4,116,756**		35.00
41.00	SUBPROVIDER - IRF	**9,348,174**		41.00
43.00	NURSERY	**1,445,266**		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	**27,402,948**		50.00
51.00	RECOVERY ROOM	**6,143,683**		51.00
52.00	DELIVERY ROOM & LABOR ROOM	**12,441,836**		52.00
53.00	ANESTHESIOLOGY	**0**		53.00
54.00	RADIOLOGY-DIAGNOSTIC	**10,067,622**		54.00
54.01	ULTRASOUND	**2,262,487**		54.01
55.00	RADIOLOGY-THERAPEUTIC	**6,554,176**		55.00
56.00	RADIOISOTOPE	**2,444,123**		56.00
57.00	CT SCAN	**4,298,822**		57.00
58.00	MRI	**2,080,215**		58.00
59.00	CARDIAC CATHETERIZATION	**7,576,061**		59.00
60.00	LABORATORY	**13,482,600**		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**		63.00
64.00	INTRAVENOUS THERAPY	**5,608,146**		64.00
65.00	RESPIRATORY THERAPY	**5,026,553**		65.00
66.00	PHYSICAL THERAPY	**6,795,254**		66.00
67.00	OCCUPATIONAL THERAPY	**1,407,190**		67.00
68.00	SPEECH PATHOLOGY	**1,146,005**		68.00
69.00	ELECTROCARDIOLOGY	**727,631**		69.00
69.01	ECHOCARDIOLOGY	**898,065**		69.01
70.00	ELECTROENCEPHALOGRAPHY	**273,328**		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**8,911,342**		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**7,261,692**		72.00
73.00	DRUGS CHARGED TO PATIENTS	**25,419,324**		73.00
74.00	RENAL DIALYSIS	**1,598,901**		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	**0**		90.00
90.01	PHARMACOTHERAPY CLINIC	**423,852**		90.01
90.02	DIETITIANS SERVICES	**481,150**		90.02
90.03	BLANK	**0**		90.03
90.04	URGENT CARE	**131,065**		90.04
91.00	EMERGENCY	**26,236,245**		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART			92.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I

	Cost Center Description	Total		
		26.00		
93.00	PALLIATIVE CARE	**0**		93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	**0**		99.10
99.20	OPT	**0**		99.20
99.30	OOT	**0**		99.30
99.40	OSP	**0**		99.40
101.00	HOME HEALTH AGENCY	**0**		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	**0**		109.00
110.00	INTESTINAL ACQUISITION	**0**		110.00
111.00	ISLET ACQUISITION	**0**		111.00
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**276,334,484**		118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	**0**		190.00
193.00	NONPAID WORKERS	**0**		193.00
194.00	OTHER NON-REIMBURSABLE	**500,064**		194.00
194.01	CARE FOR THE POOR	**0**		194.01
194.02	CLINIC OLE	**0**		194.02
194.03	MARKETING/PUB RELATIONS	**0**		194.03
194.04	COMMUNITY OUTREACH	**8,996,457**		194.04
194.05	HIV NETWORK/CASE MGMT	**0**		194.05
194.06	CONVENT	**0**		194.06
194.07	FOUNDATION	**61,705**		194.07
194.08	NON-REIMBURSABLE MEALS	**0**		194.08
194.09	WELLNESS CENTER	**3,749,591**		194.09
194.10	FORENSIC MEDICAL CLINIC	**0**		194.10
194.11	MEDICAL OFFICE BUILDINGS	**0**		194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	**0**		194.12
200.00	Cross Foot Adjustments	**0**		200.00
201.00	Negative Cost Centers	**0**		201.00
202.00	TOTAL (sum lines 118 through 201)	**289,642,301**		202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

			CAPITAL RELATED COSTS					
	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	2A	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	0	49,851	4,900	54,751	**54,751**		4.00
5.00	ADMINISTRATIVE & GENERAL	1,654,589	5,425,148	533,292	7,613,029	1,590	**7,614,619**	5.00
6.00	MAINTENANCE & REPAIRS	151,676	430,440	42,312	624,428	1,400	410,295	6.00
7.00	OPERATION OF PLANT	405,523	1,001,099	98,407	1,505,029	0	299,552	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6,971	8.00
9.00	HOUSEKEEPING	15,516	168,219	16,536	200,271	979	121,859	9.00
10.00	DIETARY	10,260	444,747	43,718	498,725	325	70,300	10.00
11.00	CAFETERIA	15,456	0	0	15,456	574	80,244	11.00
13.00	NURSING ADMINISTRATION	15,645	368,349	36,208	420,202	4,608	473,614	13.00
14.00	CENTRAL SERVICES & SUPPLY	87,695	246,125	24,194	358,014	11	42,278	14.00
15.00	PHARMACY	470,428	154,191	15,157	639,776	2,313	243,411	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	79,415	7,806	87,221	3	27,412	16.00
17.00	SOCIAL SERVICE	0	5,030	494	5,524	12	22,613	17.00
20.00	NURSING PROGRAM	0	0	0	0	158	14,507	20.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	23,012	1,944,076	191,101	2,158,189	9,829	999,097	30.00
31.00	INTENSIVE CARE UNIT	108,936	878,428	86,349	1,073,713	2,681	341,292	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	4,593	41,021	4,032	49,646	855	86,361	35.00
41.00	SUBPROVIDER - IRF	27,188	397,914	39,115	464,217	1,594	161,095	41.00
43.00	NURSERY	0	72,206	7,098	79,304	236	25,816	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	1,031,415	982,321	96,561	2,110,297	4,190	568,026	50.00
51.00	RECOVERY ROOM	6,336	302,124	29,698	338,158	1,074	114,353	51.00
52.00	DELIVERY ROOM & LABOR ROOM	104,245	550,149	54,079	708,473	2,106	235,192	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	90,637	441,002	43,350	574,989	1,948	215,820	54.00
54.01	ULTRASOUND	28,714	65,443	6,433	100,590	492	52,353	54.01
55.00	RADIOLOGY-THERAPEUTIC	4,223	417,697	41,059	462,979	1,041	129,571	55.00
56.00	RADIOISOTOPE	1,392	55,272	5,433	62,097	201	59,055	56.00
57.00	CT SCAN	7,824	101,043	9,932	118,799	644	100,806	57.00
58.00	MRI	852	101,155	9,943	111,950	402	44,096	58.00
59.00	CARDIAC CATHETERIZATION	129,531	208,793	20,524	358,848	1,529	156,381	59.00
60.00	LABORATORY	21,874	417,809	41,070	480,753	2,212	311,464	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	8,420	301,621	29,649	339,690	969	105,877	64.00
65.00	RESPIRATORY THERAPY	50,543	114,009	11,207	175,759	1,125	119,010	65.00
66.00	PHYSICAL THERAPY	0	147,876	14,536	162,412	1,438	161,843	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	340	36,200	67.00
68.00	SPEECH PATHOLOGY	4,152	7,154	703	12,009	293	28,927	68.00
69.00	ELECTROCARDIOLOGY	4,963	36,382	3,576	44,921	140	13,249	69.00
69.01	ECHOCARDIOLOGY	22,488	9,221	906	32,615	227	22,050	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	10,786	1,060	11,846	68	6,110	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	211,105	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	171,635	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	404,717	73.00
74.00	RENAL DIALYSIS	0	27,105	2,664	29,769	109	39,437	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	0	6,036	593	6,629	116	10,447	90.01
90.02	DIETITIANS SERVICES	0	28,614	2,813	31,427	99	10,060	90.02
90.03	BLANK	0	0	0	0	0	0	90.03

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

			CAPITAL RELATED COSTS					
	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	2A	4.00	5.00	
90.04	URGENT CARE	5,100	0	19,277	24,377	0	3,446	90.04
91.00	EMERGENCY	64,546	827,124	81,306	972,976	4,738	517,361	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	0	99.20
99.30	OOT	0	0	0	0	0	0	99.30
99.40	OSP	0	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**4,577,772**	**16,864,995**	**1,677,091**	**23,119,858**	**52,669**	**7,275,308**	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NON-REIMBURSABLE	0	54,825	5,389	60,214	63	8,425	194.00
194.01	CARE FOR THE POOR	0	0	0	0	0	0	194.01
194.02	CLINIC OLE	0	0	0	0	0	0	194.02
194.03	MARKETING/PUB RELATIONS	0	0	0	0	0	0	194.03
194.04	COMMUNITY OUTREACH	212,484	16,263	32,204	260,951	2,019	231,837	194.04
194.05	HIV NETWORK/CASE MGMT	0	0	0	0	0	0	194.05
194.06	CONVENT	0	0	0	0	0	0	194.06
194.07	FOUNDATION	0	13,636	1,340	14,976	0	474	194.07
194.08	NON-REIMBURSABLE MEALS	0	0	0	0	0	0	194.08
194.09	WELLNESS CENTER	31,128	0	0	31,128	0	98,575	194.09
194.10	FORENSIC MEDICAL CLINIC	0	0	0	0	0	0	194.10
194.11	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0	194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.12
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers		0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	**4,821,384**	**16,949,719**	**1,716,024**	**23,487,127**	**54,751**	**7,614,619**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS	**1,036,123**						6.00
7.00	OPERATION OF PLANT	93,918	**1,898,499**					7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	**6,971**				8.00
9.00	HOUSEKEEPING	15,782	31,799	0	**370,690**			9.00
10.00	DIETARY	41,724	84,072	0	16,695	**711,841**		10.00
11.00	CAFETERIA	0	0	0	0	0	**96,274**	11.00
13.00	NURSING ADMINISTRATION	34,557	69,630	0	13,827	0	8,890	13.00
14.00	CENTRAL SERVICES & SUPPLY	23,090	46,526	0	9,239	0	21	14.00
15.00	PHARMACY	14,466	29,147	0	5,788	0	4,463	15.00
16.00	MEDICAL RECORDS & LIBRARY	7,450	15,012	0	2,981	0	7	16.00
17.00	SOCIAL SERVICE	472	951	0	189	0	23	17.00
20.00	NURSING PROGRAM	0	0	0	0	0	304	20.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	182,386	367,496	3,927	72,976	505,909	18,997	30.00
31.00	INTENSIVE CARE UNIT	82,410	166,052	761	32,975	98,039	5,172	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	3,848	7,754	1,106	1,540	0	1,649	35.00
41.00	SUBPROVIDER - IRF	37,330	75,219	838	14,937	107,893	3,075	41.00
43.00	NURSERY	6,774	13,649	333	2,710	0	455	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	92,157	185,692	0	36,875	0	8,083	50.00
51.00	RECOVERY ROOM	28,344	57,112	0	11,341	0	2,073	51.00
52.00	DELIVERY ROOM & LABOR ROOM	51,612	103,997	6	20,652	0	4,063	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	41,373	83,364	0	16,555	0	3,758	54.00
54.01	ULTRASOUND	6,140	12,371	0	2,457	0	949	54.01
55.00	RADIOLOGY-THERAPEUTIC	39,186	78,959	0	15,680	0	2,008	55.00
56.00	RADIOISOTOPE	5,185	10,448	0	2,075	0	388	56.00
57.00	CT SCAN	9,479	19,101	0	3,793	0	1,243	57.00
58.00	MRI	9,490	19,122	0	3,797	0	776	58.00
59.00	CARDIAC CATHETERIZATION	19,588	39,469	0	7,838	0	2,949	59.00
60.00	LABORATORY	39,197	78,980	0	15,684	0	4,268	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	28,297	57,016	0	11,322	0	1,869	64.00
65.00	RESPIRATORY THERAPY	10,696	21,552	0	4,280	0	2,170	65.00
66.00	PHYSICAL THERAPY	13,873	27,954	0	5,551	0	2,775	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	656	67.00
68.00	SPEECH PATHOLOGY	671	1,352	0	269	0	566	68.00
69.00	ELECTROCARDIOLOGY	3,413	6,877	0	1,366	0	271	69.00
69.01	ECHOCARDIOLOGY	865	1,743	0	346	0	439	69.01
70.00	ELECTROENCEPHALOGRAPHY	1,012	2,039	0	405	0	132	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,543	5,124	0	1,017	0	211	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	566	1,141	0	227	0	224	90.01
90.02	DIETITIANS SERVICES	2,684	5,409	0	1,074	0	191	90.02
90.03	BLANK	0	0	0	0	0	0	90.03
90.04	URGENT CARE	0	0	0	0	0	0	90.04
91.00	EMERGENCY	77,597	156,354	0	31,049	0	9,140	91.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	0	99.20
99.30	OOT	0	0	0	0	0	0	99.30
99.40	OSP	0	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**1,028,175**	**1,882,483**	**6,971**	**367,510**	**711,841**	**92,258**	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NON-REIMBURSABLE	5,143	10,364	0	2,058	0	121	194.00
194.01	CARE FOR THE POOR	0	0	0	0	0	0	194.01
194.02	CLINIC OLE	0	0	0	0	0	0	194.02
194.03	MARKETING/PUB RELATIONS	0	0	0	0	0	0	194.03
194.04	COMMUNITY OUTREACH	1,526	3,074	0	610	0	3,895	194.04
194.05	HIV NETWORK/CASE MGMT	0	0	0	0	0	0	194.05
194.06	CONVENT	0	0	0	0	0	0	194.06
194.07	FOUNDATION	1,279	2,578	0	512	0	0	194.07
194.08	NON-REIMBURSABLE MEALS	0	0	0	0	0	0	194.08
194.09	WELLNESS CENTER	0	0	0	0	0	0	194.09
194.10	FORENSIC MEDICAL CLINIC	0	0	0	0	0	0	194.10
194.11	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0	194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.12
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	**1,036,123**	**1,898,499**	**6,971**	**370,690**	**711,841**	**96,274**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	
		13.00	14.00	15.00	16.00	17.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY							10.00
11.00	CAFETERIA							11.00
13.00	NURSING ADMINISTRATION	**1,025,328**						13.00
14.00	CENTRAL SERVICES & SUPPLY	0	**479,179**					14.00
15.00	PHARMACY	0	7,304	**946,668**				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	**140,086**			16.00
17.00	SOCIAL SERVICE	0	0	0	0	**29,784**		17.00
20.00	NURSING PROGRAM	0	0	0	0	0	**14,969**	20.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	343,824	23,174	0	13,845	21,168		30.00
31.00	INTENSIVE CARE UNIT	98,879	20,766	0	4,632	4,102		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	31,283	1,736	0	330	0		35.00
41.00	SUBPROVIDER - IRF	54,831	998	0	1,684	4,514		41.00
43.00	NURSERY	10,579	233	0	295	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	103,974	50,810	0	17,724	0		50.00
51.00	RECOVERY ROOM	38,989	3,136	0	429	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	76,330	8,348	0	1,558	0		52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,975	851	0	4,063	0		54.00
54.01	ULTRASOUND	608	1,075	0	1,560	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	8,032	1,232	0	7,034	0		55.00
56.00	RADIOISOTOPE	2	192	0	801	0		56.00
57.00	CT SCAN	30	1,428	0	10,123	0		57.00
58.00	MRI	826	1,791	0	3,203	0		58.00
59.00	CARDIAC CATHETERIZATION	42,895	1,343	0	4,728	0		59.00
60.00	LABORATORY	0	1,962	0	16,392	0		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	27,207	4,122	0	1,928	0		64.00
65.00	RESPIRATORY THERAPY	0	6,124	0	3,783	0		65.00
66.00	PHYSICAL THERAPY	3,096	719	0	1,618	0		66.00
67.00	OCCUPATIONAL THERAPY	282	17	0	433	0		67.00
68.00	SPEECH PATHOLOGY	0	3	0	521	0		68.00
69.00	ELECTROCARDIOLOGY	4,732	14	0	927	0		69.00
69.01	ECHOCARDIOLOGY	37	126	0	1,573	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	236	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	173,593	0	1,391	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	141,133	0	2,914	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	946,635	10,191	0		73.00
74.00	RENAL DIALYSIS	0	605	0	242	0		74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0		90.00
90.01	PHARMACOTHERAPY CLINIC	0	0	0	4	0		90.01
90.02	DIETITIANS SERVICES	0	0	0	85	0		90.02
90.03	BLANK	0	0	0	0	0		90.03
90.04	URGENT CARE	0	0	0	0	0		90.04

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	
		13.00	14.00	15.00	16.00	17.00	20.00	
91.00	EMERGENCY	163,911	26,234	0	25,693	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
93.00	PALLIATIVE CARE	0	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0		99.10
99.20	OPT	0	0	0	0	0		99.20
99.30	OOT	0	0	0	0	0		99.30
99.40	OSP	0	0	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0	0		111.00
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**1,025,322**	**479,069**	**946,635**	**139,940**	**29,784**	**0**	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
193.00	NONPAID WORKERS	0	0	0	0	0		193.00
194.00	OTHER NON-REIMBURSABLE	6	0	0	0	0		194.00
194.01	CARE FOR THE POOR	0	0	0	0	0		194.01
194.02	CLINIC OLE	0	0	0	0	0		194.02
194.03	MARKETING/PUB RELATIONS	0	0	0	0	0		194.03
194.04	COMMUNITY OUTREACH	0	110	33	146	0		194.04
194.05	HIV NETWORK/CASE MGMT	0	0	0	0	0		194.05
194.06	CONVENT	0	0	0	0	0		194.06
194.07	FOUNDATION	0	0	0	0	0		194.07
194.08	NON-REIMBURSABLE MEALS	0	0	0	0	0		194.08
194.09	WELLNESS CENTER	0	0	0	0	0		194.09
194.10	FORENSIC MEDICAL CLINIC	0	0	0	0	0		194.10
194.11	MEDICAL OFFICE BUILDINGS	0	0	0	0	0		194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.12
200.00	Cross Foot Adjustments						14,969	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	**1,025,328**	**479,179**	**946,668**	**140,086**	**29,784**	**14,969**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
20.00	NURSING PROGRAM					20.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	**4,720,817**	0	**4,720,817**		30.00
31.00	INTENSIVE CARE UNIT	**1,931,474**	0	**1,931,474**		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**186,108**	0	**186,108**		35.00
41.00	SUBPROVIDER - IRF	**928,225**	0	**928,225**		41.00
43.00	NURSERY	**140,384**	0	**140,384**		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	**3,177,828**	0	**3,177,828**		50.00
51.00	RECOVERY ROOM	**595,009**	0	**595,009**		51.00
52.00	DELIVERY ROOM & LABOR ROOM	**1,212,337**	0	**1,212,337**		52.00
53.00	ANESTHESIOLOGY	**0**	0	**0**		53.00
54.00	RADIOLOGY-DIAGNOSTIC	**957,696**	0	**957,696**		54.00
54.01	ULTRASOUND	**178,595**	0	**178,595**		54.01
55.00	RADIOLOGY-THERAPEUTIC	**745,722**	0	**745,722**		55.00
56.00	RADIOISOTOPE	**140,444**	0	**140,444**		56.00
57.00	CT SCAN	**265,446**	0	**265,446**		57.00
58.00	MRI	**195,453**	0	**195,453**		58.00
59.00	CARDIAC CATHETERIZATION	**635,568**	0	**635,568**		59.00
60.00	LABORATORY	**950,912**	0	**950,912**		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	0	**0**		63.00
64.00	INTRAVENOUS THERAPY	**578,297**	0	**578,297**		64.00
65.00	RESPIRATORY THERAPY	**344,499**	0	**344,499**		65.00
66.00	PHYSICAL THERAPY	**381,279**	0	**381,279**		66.00
67.00	OCCUPATIONAL THERAPY	**37,928**	0	**37,928**		67.00
68.00	SPEECH PATHOLOGY	**44,611**	0	**44,611**		68.00
69.00	ELECTROCARDIOLOGY	**75,910**	0	**75,910**		69.00
69.01	ECHOCARDIOLOGY	**60,021**	0	**60,021**		69.01
70.00	ELECTROENCEPHALOGRAPHY	**21,848**	0	**21,848**		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**386,089**	0	**386,089**		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**315,682**	0	**315,682**		72.00
73.00	DRUGS CHARGED TO PATIENTS	**1,361,543**	0	**1,361,543**		73.00
74.00	RENAL DIALYSIS	**79,057**	0	**79,057**		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	**0**	0	**0**		90.00
90.01	PHARMACOTHERAPY CLINIC	**19,354**	0	**19,354**		90.01
90.02	DIETITIANS SERVICES	**51,029**	0	**51,029**		90.02
90.03	BLANK	**0**	0	**0**		90.03
90.04	URGENT CARE	**27,823**	0	**27,823**		90.04

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
91.00	EMERGENCY	**1,985,053**	0	**1,985,053**		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
93.00	PALLIATIVE CARE	**0**	0	**0**		93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	**0**	0	**0**		99.10
99.20	OPT	**0**	0	**0**		99.20
99.30	OOT	**0**	0	**0**		99.30
99.40	OSP	**0**	0	**0**		99.40
101.00	HOME HEALTH AGENCY	**0**	0	**0**		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	**0**	0	**0**		109.00
110.00	INTESTINAL ACQUISITION	**0**	0	**0**		110.00
111.00	ISLET ACQUISITION	**0**	0	**0**		111.00
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**22,732,041**	**0**	**22,732,041**		118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	**0**	0	**0**		190.00
193.00	NONPAID WORKERS	**0**	0	**0**		193.00
194.00	OTHER NON-REIMBURSABLE	**86,394**	0	**86,394**		194.00
194.01	CARE FOR THE POOR	**0**	0	**0**		194.01
194.02	CLINIC OLE	**0**	0	**0**		194.02
194.03	MARKETING/PUB RELATIONS	**0**	0	**0**		194.03
194.04	COMMUNITY OUTREACH	**504,201**	0	**504,201**		194.04
194.05	HIV NETWORK/CASE MGMT	**0**	0	**0**		194.05
194.06	CONVENT	**0**	0	**0**		194.06
194.07	FOUNDATION	**19,819**	0	**19,819**		194.07
194.08	NON-REIMBURSABLE MEALS	**0**	0	**0**		194.08
194.09	WELLNESS CENTER	**129,703**	0	**129,703**		194.09
194.10	FORENSIC MEDICAL CLINIC	**0**	0	**0**		194.10
194.11	MEDICAL OFFICE BUILDINGS	**0**	0	**0**		194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	**0**	0	**0**		194.12
200.00	Cross Foot Adjustments	**14,969**	0	**14,969**		200.00
201.00	Negative Cost Centers	**0**	0	**0**		201.00
202.00	TOTAL (sum lines 118 through 201)	**23,487,127**	**0**	**23,487,127**		202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
20.00	NURSING PROGRAM			20.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	**4,720,817**		30.00
31.00	INTENSIVE CARE UNIT	**1,931,474**		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**186,108**		35.00
41.00	SUBPROVIDER - IRF	**928,225**		41.00
43.00	NURSERY	**140,384**		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	**3,177,828**		50.00
51.00	RECOVERY ROOM	**595,009**		51.00
52.00	DELIVERY ROOM & LABOR ROOM	**1,212,337**		52.00
53.00	ANESTHESIOLOGY	**0**		53.00
54.00	RADIOLOGY-DIAGNOSTIC	**957,696**		54.00
54.01	ULTRASOUND	**178,595**		54.01
55.00	RADIOLOGY-THERAPEUTIC	**745,722**		55.00
56.00	RADIOISOTOPE	**140,444**		56.00
57.00	CT SCAN	**265,446**		57.00
58.00	MRI	**195,453**		58.00
59.00	CARDIAC CATHETERIZATION	**635,568**		59.00
60.00	LABORATORY	**950,912**		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**		63.00
64.00	INTRAVENOUS THERAPY	**578,297**		64.00
65.00	RESPIRATORY THERAPY	**344,499**		65.00
66.00	PHYSICAL THERAPY	**381,279**		66.00
67.00	OCCUPATIONAL THERAPY	**37,928**		67.00
68.00	SPEECH PATHOLOGY	**44,611**		68.00
69.00	ELECTROCARDIOLOGY	**75,910**		69.00
69.01	ECHOCARDIOLOGY	**60,021**		69.01
70.00	ELECTROENCEPHALOGRAPHY	**21,848**		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**386,089**		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**315,682**		72.00
73.00	DRUGS CHARGED TO PATIENTS	**1,361,543**		73.00
74.00	RENAL DIALYSIS	**79,057**		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	**0**		90.00
90.01	PHARMACOTHERAPY CLINIC	**19,354**		90.01
90.02	DIETITIANS SERVICES	**51,029**		90.02
90.03	BLANK	**0**		90.03
90.04	URGENT CARE	**27,823**		90.04
91.00	EMERGENCY	**1,985,053**		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART			92.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	Total		
		26.00		
93.00	PALLIATIVE CARE	**0**		93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	**0**		99.10
99.20	OPT	**0**		99.20
99.30	OOT	**0**		99.30
99.40	OSP	**0**		99.40
101.00	HOME HEALTH AGENCY	**0**		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	**0**		109.00
110.00	INTESTINAL ACQUISITION	**0**		110.00
111.00	ISLET ACQUISITION	**0**		111.00
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**22,732,041**		118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	**0**		190.00
193.00	NONPAID WORKERS	**0**		193.00
194.00	OTHER NON-REIMBURSABLE	**86,394**		194.00
194.01	CARE FOR THE POOR	**0**		194.01
194.02	CLINIC OLE	**0**		194.02
194.03	MARKETING/PUB RELATIONS	**0**		194.03
194.04	COMMUNITY OUTREACH	**504,201**		194.04
194.05	HIV NETWORK/CASE MGMT	**0**		194.05
194.06	CONVENT	**0**		194.06
194.07	FOUNDATION	**19,819**		194.07
194.08	NON-REIMBURSABLE MEALS	**0**		194.08
194.09	WELLNESS CENTER	**129,703**		194.09
194.10	FORENSIC MEDICAL CLINIC	**0**		194.10
194.11	MEDICAL OFFICE BUILDINGS	**0**		194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	**0**		194.12
200.00	Cross Foot Adjustments	**14,969**		200.00
201.00	Negative Cost Centers	**0**		201.00
202.00	TOTAL (sum lines 118 through 201)	**23,487,127**		202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

		CAPITAL RELATED COSTS						
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	**303,287**						1.00
2.00	CAP REL COSTS-MVBLE EQUIP		**312,367**					2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	892	892	**121,185,544**				4.00
5.00	ADMINISTRATIVE & GENERAL	97,074	97,074	3,517,516	**-48,896,692**	**240,745,609**		5.00
6.00	MAINTENANCE & REPAIRS	7,702	7,702	3,097,419	0	12,972,126	**197,619**	6.00
7.00	OPERATION OF PLANT	17,913	17,913	0	0	9,470,806	17,913	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	220,398	0	8.00
9.00	HOUSEKEEPING	3,010	3,010	2,166,353	0	3,852,749	3,010	9.00
10.00	DIETARY	7,958	7,958	718,336	0	2,222,642	7,958	10.00
11.00	CAFETERIA	0	0	1,270,848	0	2,537,030	0	11.00
13.00	NURSING ADMINISTRATION	6,591	6,591	10,194,443	0	14,974,035	6,591	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,404	4,404	23,596	0	1,336,684	4,404	14.00
15.00	PHARMACY	2,759	2,759	5,118,294	0	7,695,806	2,759	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,421	1,421	7,500	0	866,658	1,421	16.00
17.00	SOCIAL SERVICE	90	90	26,047	0	714,959	90	17.00
20.00	NURSING PROGRAM	0	0	348,706	0	458,674	0	20.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	34,786	34,786	21,799,074	0	31,585,649	34,786	30.00
31.00	INTENSIVE CARE UNIT	15,718	15,718	5,931,164	0	10,790,470	15,718	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	734	734	1,890,815	0	2,730,446	734	35.00
41.00	SUBPROVIDER - IRF	7,120	7,120	3,526,355	0	5,093,256	7,120	41.00
43.00	NURSERY	1,292	1,292	522,118	0	816,215	1,292	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	17,577	17,577	9,269,263	0	17,959,035	17,577	50.00
51.00	RECOVERY ROOM	5,406	5,406	2,376,951	0	3,615,463	5,406	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,844	9,844	4,659,759	0	7,435,963	9,844	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,891	7,891	4,309,821	0	6,823,489	7,891	54.00
54.01	ULTRASOUND	1,171	1,171	1,088,426	0	1,655,220	1,171	54.01
55.00	RADIOLOGY-THERAPEUTIC	7,474	7,474	2,302,374	0	4,096,586	7,474	55.00
56.00	RADIOISOTOPE	989	989	445,083	0	1,867,118	989	56.00
57.00	CT SCAN	1,808	1,808	1,425,261	0	3,187,140	1,808	57.00
58.00	MRI	1,810	1,810	889,567	0	1,394,150	1,810	58.00
59.00	CARDIAC CATHETERIZATION	3,736	3,736	3,381,736	0	4,944,241	3,736	59.00
60.00	LABORATORY	7,476	7,476	4,894,402	0	9,847,422	7,476	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	5,397	5,397	2,142,837	0	3,347,471	5,397	64.00
65.00	RESPIRATORY THERAPY	2,040	2,040	2,488,772	0	3,762,690	2,040	65.00
66.00	PHYSICAL THERAPY	2,646	2,646	3,181,935	0	5,116,919	2,646	66.00
67.00	OCCUPATIONAL THERAPY	0	0	752,030	0	1,144,509	0	67.00
68.00	SPEECH PATHOLOGY	128	128	649,120	0	914,559	128	68.00
69.00	ELECTROCARDIOLOGY	651	651	310,781	0	418,874	651	69.00
69.01	ECHOCARDIOLOGY	165	165	502,989	0	697,159	165	69.01
70.00	ELECTROENCEPHALOGRAPHY	193	193	151,378	0	193,170	193	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,674,417	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,426,514	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,795,745	0	73.00
74.00	RENAL DIALYSIS	485	485	242,058	0	1,246,862	485	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	108	108	257,015	0	330,289	108	90.01
90.02	DIETITIANS SERVICES	512	512	218,819	0	318,049	512	90.02

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

		CAPITAL RELATED COSTS						
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	6.00	
90.03	BLANK	0	0	0	0	0	0	90.03
90.04	URGENT CARE	0	3,509	0	0	108,939	0	90.04
91.00	EMERGENCY	14,800	14,800	10,481,195	0	16,357,170	14,800	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	0	99.20
99.30	OOT	0	0	0	0	0	0	99.30
99.40	OSP	0	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**301,771**	**305,280**	**116,580,156**	**-48,896,692**	**230,017,766**	**196,103**	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NON-REIMBURSABLE	981	981	138,377	0	266,385	981	194.00
194.01	CARE FOR THE POOR	0	0	0	0	0	0	194.01
194.02	CLINIC OLE	0	0	0	0	0	0	194.02
194.03	MARKETING/PUB RELATIONS	0	0	0	0	0	0	194.03
194.04	COMMUNITY OUTREACH	291	5,862	4,466,966	0	7,329,888	291	194.04
194.05	HIV NETWORK/CASE MGMT	0	0	0	0	0	0	194.05
194.06	CONVENT	0	0	0	0	0	0	194.06
194.07	FOUNDATION	244	244	0	0	14,976	244	194.07
194.08	NON-REIMBURSABLE MEALS	0	0	0	0	0	0	194.08
194.09	WELLNESS CENTER	0	0	45	0	3,116,594	0	194.09
194.10	FORENSIC MEDICAL CLINIC	0	0	0	0	0	0	194.10
194.11	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0	194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.12
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)	16,949,719	1,716,024	23,846,608		48,896,692	15,606,830	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	55.886731	5.493615	0.196778		0.203105	78.974340	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			54,751		7,614,619	1,036,123	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000452		0.031629	5.243033	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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
		7.00	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT	**179,706**						7.00
8.00	LAUNDRY & LINEN SERVICE	0	**24,970**					8.00
9.00	HOUSEKEEPING	3,010	0	**176,696**				9.00
10.00	DIETARY	7,958	0	7,958	**19,793**			10.00
11.00	CAFETERIA	0	0	0	0	**110,415,072**		11.00
13.00	NURSING ADMINISTRATION	6,591	0	6,591	0	10,194,443	**53,514,966**	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,404	0	4,404	0	23,596	0	14.00
15.00	PHARMACY	2,759	0	2,759	0	5,118,294	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,421	0	1,421	0	7,500	0	16.00
17.00	SOCIAL SERVICE	90	0	90	0	26,047	0	17.00
20.00	NURSING PROGRAM	0	0	0	0	348,706	0	20.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	34,786	14,067	34,786	14,067	21,799,074	17,946,011	30.00
31.00	INTENSIVE CARE UNIT	15,718	2,726	15,718	2,726	5,931,164	5,160,687	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	734	3,963	734	0	1,890,815	1,632,702	35.00
41.00	SUBPROVIDER - IRF	7,120	3,000	7,120	3,000	3,526,355	2,861,761	41.00
43.00	NURSERY	1,292	1,194	1,292	0	522,118	552,118	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	17,577	0	17,577	0	9,269,263	5,426,609	50.00
51.00	RECOVERY ROOM	5,406	0	5,406	0	2,376,951	2,034,926	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,844	20	9,844	0	4,659,759	3,983,826	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,891	0	7,891	0	4,309,821	781,597	54.00
54.01	ULTRASOUND	1,171	0	1,171	0	1,088,426	31,728	54.01
55.00	RADIOLOGY-THERAPEUTIC	7,474	0	7,474	0	2,302,374	419,195	55.00
56.00	RADIOISOTOPE	989	0	989	0	445,083	126	56.00
57.00	CT SCAN	1,808	0	1,808	0	1,425,261	1,546	57.00
58.00	MRI	1,810	0	1,810	0	889,567	43,100	58.00
59.00	CARDIAC CATHETERIZATION	3,736	0	3,736	0	3,381,736	2,238,759	59.00
60.00	LABORATORY	7,476	0	7,476	0	4,894,402	0	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	5,397	0	5,397	0	2,142,837	1,419,970	64.00
65.00	RESPIRATORY THERAPY	2,040	0	2,040	0	2,488,772	0	65.00
66.00	PHYSICAL THERAPY	2,646	0	2,646	0	3,181,935	161,567	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	752,030	14,705	67.00
68.00	SPEECH PATHOLOGY	128	0	128	0	649,120	0	68.00
69.00	ELECTROCARDIOLOGY	651	0	651	0	310,781	246,994	69.00
69.01	ECHOCARDIOLOGY	165	0	165	0	502,989	1,912	69.01
70.00	ELECTROENCEPHALOGRAPHY	193	0	193	0	151,378	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	485	0	485	0	242,058	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	108	0	108	0	257,015	0	90.01
90.02	DIETITIANS SERVICES	512	0	512	0	218,819	0	90.02
90.03	BLANK	0	0	0	0	0	0	90.03

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
		7.00	8.00	9.00	10.00	11.00	13.00	
90.04	URGENT CARE	0	0	0	0	0	0	90.04
91.00	EMERGENCY	14,800	0	14,800	0	10,481,195	8,554,829	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0	0	99.10
99.20	OPT	0	0	0	0	0	0	99.20
99.30	OOT	0	0	0	0	0	0	99.30
99.40	OSP	0	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**178,190**	**24,970**	**175,180**	**19,793**	**105,809,684**	**53,514,668**	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	OTHER NON-REIMBURSABLE	981	0	981	0	138,377	298	194.00
194.01	CARE FOR THE POOR	0	0	0	0	0	0	194.01
194.02	CLINIC OLE	0	0	0	0	0	0	194.02
194.03	MARKETING/PUB RELATIONS	0	0	0	0	0	0	194.03
194.04	COMMUNITY OUTREACH	291	0	291	0	4,466,966	0	194.04
194.05	HIV NETWORK/CASE MGMT	0	0	0	0	0	0	194.05
194.06	CONVENT	0	0	0	0	0	0	194.06
194.07	FOUNDATION	244	0	244	0	0	0	194.07
194.08	NON-REIMBURSABLE MEALS	0	0	0	0	0	0	194.08
194.09	WELLNESS CENTER	0	0	0	0	45	0	194.09
194.10	FORENSIC MEDICAL CLINIC	0	0	0	0	0	0	194.10
194.11	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	0	194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.12
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)	12,809,041	265,162	5,087,521	4,098,909	3,052,313	19,477,234	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	71.277759	10.619223	28.792508	207.088819	0.027644	0.363959	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,898,499	6,971	370,690	711,841	96,274	1,025,328	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.564472	0.279175	2.097897	35.964280	0.000872	0.019160	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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	20.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY							10.00
11.00	CAFETERIA							11.00
13.00	NURSING ADMINISTRATION							13.00
14.00	CENTRAL SERVICES & SUPPLY	**18,424,074**						14.00
15.00	PHARMACY	280,838	**12,796,186**					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	**1,870,815,890**				16.00
17.00	SOCIAL SERVICE	0	0	0	**19,793**			17.00
20.00	NURSING PROGRAM	0	0	0	0	**4,116**		20.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	891,028	0	184,597,165	14,067	2,430		30.00
31.00	INTENSIVE CARE UNIT	798,439	0	61,757,502	2,726	0		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	66,754	0	4,396,599	0	0		35.00
41.00	SUBPROVIDER - IRF	38,382	0	22,456,340	3,000	0		41.00
43.00	NURSERY	8,951	0	3,929,782	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	1,953,642	0	236,313,346	0	0		50.00
51.00	RECOVERY ROOM	120,576	0	5,713,443	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	320,992	0	20,767,187	0	718		52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	32,717	0	54,168,521	0	0		54.00
54.01	ULTRASOUND	41,316	0	20,794,771	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	47,387	0	93,782,309	0	0		55.00
56.00	RADIOISOTOPE	7,370	0	10,676,495	0	0		56.00
57.00	CT SCAN	54,896	0	134,977,240	0	0		57.00
58.00	MRI	68,855	0	42,709,922	0	0		58.00
59.00	CARDIAC CATHETERIZATION	51,619	0	63,045,840	0	0		59.00
60.00	LABORATORY	75,429	0	218,561,095	0	0		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	158,477	0	25,706,251	0	0		64.00
65.00	RESPIRATORY THERAPY	235,450	0	50,437,299	0	0		65.00
66.00	PHYSICAL THERAPY	27,651	0	21,569,662	0	0		66.00
67.00	OCCUPATIONAL THERAPY	666	0	5,767,051	0	0		67.00
68.00	SPEECH PATHOLOGY	113	0	6,950,353	0	0		68.00
69.00	ELECTROCARDIOLOGY	532	0	12,363,231	0	0		69.00
69.01	ECHOCARDIOLOGY	4,851	0	20,973,373	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	8	0	3,148,388	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	6,674,417	0	18,540,609	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,426,514	0	38,857,768	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	12,795,745	135,874,402	0	0		73.00
74.00	RENAL DIALYSIS	23,264	0	3,232,316	0	0		74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0		90.00
90.01	PHARMACOTHERAPY CLINIC	4	0	53,116	0	0		90.01
90.02	DIETITIANS SERVICES	0	0	1,130,983	0	0		90.02
90.03	BLANK	0	0	0	0	0		90.03

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	20.00		
90.04	URGENT CARE	0	0	0	0	0		90.04
91.00	EMERGENCY	1,008,694	0	345,615,800	0	968		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART							92.00
93.00	PALLIATIVE CARE	0	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF	0	0	0	0	0		99.10
99.20	OPT	0	0	0	0	0		99.20
99.30	OOT	0	0	0	0	0		99.30
99.40	OSP	0	0	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0	0		111.00
113.00	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	**18,419,832**	**12,795,745**	**1,868,868,159**	**19,793**	**4,116**		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
193.00	NONPAID WORKERS	0	0	0	0	0		193.00
194.00	OTHER NON-REIMBURSABLE	0	0	0	0	0		194.00
194.01	CARE FOR THE POOR	0	0	0	0	0		194.01
194.02	CLINIC OLE	0	0	0	0	0		194.02
194.03	MARKETING/PUB RELATIONS	0	0	0	0	0		194.03
194.04	COMMUNITY OUTREACH	4,242	441	1,947,731	0	0		194.04
194.05	HIV NETWORK/CASE MGMT	0	0	0	0	0		194.05
194.06	CONVENT	0	0	0	0	0		194.06
194.07	FOUNDATION	0	0	0	0	0		194.07
194.08	NON-REIMBURSABLE MEALS	0	0	0	0	0		194.08
194.09	WELLNESS CENTER	0	0	0	0	0		194.09
194.10	FORENSIC MEDICAL CLINIC	0	0	0	0	0		194.10
194.11	MEDICAL OFFICE BUILDINGS	0	0	0	0	0		194.11
194.12	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.12
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,397,335	9,930,880	1,297,311	877,005	561,473		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.130120	0.776081	0.000693	44.308847	136.412293		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	479,179	946,668	140,086	29,784	14,969		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.026008	0.073980	0.000075	1.504774	3.636783		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000		207.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I

Title XVIII Hospital PPS

				Costs			Charges			
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (col. 6 + col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	ADULTS & PEDIATRICS	**55,624,492**		**55,624,492**	0	**55,624,492**	162,652,279		**162,652,279**	30.00
31.00	INTENSIVE CARE UNIT	**18,699,480**		**18,699,480**	0	**18,699,480**	61,753,053		**61,753,053**	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**4,116,756**		**4,116,756**	0	**4,116,756**	4,396,599		**4,396,599**	35.00
41.00	SUBPROVIDER - IRF	**9,348,174**		**9,348,174**	0	**9,348,174**	22,456,340		**22,456,340**	41.00
43.00	NURSERY	**1,445,266**		**1,445,266**	0	**1,445,266**	3,929,782		**3,929,782**	43.00
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	**27,402,948**		**27,402,948**	337,763	**27,740,711**	73,804,718	162,508,628	**236,313,346**	50.00
51.00	RECOVERY ROOM	**6,143,683**		**6,143,683**	0	**6,143,683**	2,148,979	3,564,464	**5,713,443**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	**12,441,836**		**12,441,836**	0	**12,441,836**	13,222,784	7,544,403	**20,767,187**	52.00
53.00	ANESTHESIOLOGY	**0**		**0**	0	**0**	0	0	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	**10,067,622**		**10,067,622**	0	**10,067,622**	14,640,367	39,574,825	**54,215,192**	54.00
54.01	ULTRASOUND	**2,262,487**		**2,262,487**	0	**2,262,487**	4,288,369	16,506,402	**20,794,771**	54.01
55.00	RADIOLOGY-THERAPEUTIC	**6,554,176**		**6,554,176**	0	**6,554,176**	1,422,472	92,359,837	**93,782,309**	55.00
56.00	RADIOISOTOPE	**2,444,123**		**2,444,123**	0	**2,444,123**	1,617,989	9,058,703	**10,676,692**	56.00
57.00	CT SCAN	**4,298,822**		**4,298,822**	0	**4,298,822**	37,989,356	97,024,007	**135,013,363**	57.00
58.00	MRI	**2,080,215**		**2,080,215**	0	**2,080,215**	9,397,503	33,465,589	**42,863,092**	58.00
59.00	CARDIAC CATHETERIZATION	**7,576,061**		**7,576,061**	0	**7,576,061**	29,644,093	33,402,425	**63,046,518**	59.00
60.00	LABORATORY	**13,482,600**		**13,482,600**	0	**13,482,600**	123,125,535	95,868,344	**218,993,879**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**		**0**	0	**0**	0	0	**0**	63.00
64.00	INTRAVENOUS THERAPY	**5,608,146**		**5,608,146**	0	**5,608,146**	308,880	25,397,371	**25,706,251**	64.00
65.00	RESPIRATORY THERAPY	**5,026,553**	0	**5,026,553**	0	**5,026,553**	45,655,295	4,783,291	**50,438,586**	65.00
66.00	PHYSICAL THERAPY	**6,795,254**	0	**6,795,254**	0	**6,795,254**	6,449,592	15,120,070	**21,569,662**	66.00
67.00	OCCUPATIONAL THERAPY	**1,407,190**	0	**1,407,190**	0	**1,407,190**	3,985,924	1,781,127	**5,767,051**	67.00
68.00	SPEECH PATHOLOGY	**1,146,005**	0	**1,146,005**	0	**1,146,005**	5,582,486	1,367,867	**6,950,353**	68.00
69.00	ELECTROCARDIOLOGY	**727,631**		**727,631**	0	**727,631**	3,997,851	8,365,380	**12,363,231**	69.00
69.01	ECHOCARDIOLOGY	**898,065**		**898,065**	0	**898,065**	10,856,603	10,117,372	**20,973,975**	69.01
70.00	ELECTROENCEPHALOGRAPHY	**273,328**		**273,328**	0	**273,328**	1,635,777	1,512,611	**3,148,388**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**8,911,342**		**8,911,342**	0	**8,911,342**	7,353,935	11,186,674	**18,540,609**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**7,261,692**		**7,261,692**	0	**7,261,692**	14,875,912	23,981,856	**38,857,768**	72.00
73.00	DRUGS CHARGED TO PATIENTS	**25,419,324**		**25,419,324**	0	**25,419,324**	46,035,350	90,471,814	**136,507,164**	73.00
74.00	RENAL DIALYSIS	**1,598,901**		**1,598,901**	0	**1,598,901**	2,894,751	351,470	**3,246,221**	74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	**0**		**0**	0	**0**	0	0	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	**423,852**		**423,852**	0	**423,852**	902	52,214	**53,116**	90.01
90.02	DIETITIANS SERVICES	**481,150**		**481,150**	0	**481,150**	287	1,130,696	**1,130,983**	90.02
90.03	BLANK	**0**		**0**	0	**0**	0	0	**0**	90.03
90.04	URGENT CARE	**131,065**		**131,065**	0	**131,065**	0	0	**0**	90.04
91.00	EMERGENCY	**26,236,245**		**26,236,245**	0	**26,236,245**	88,721,395	256,894,405	**345,615,800**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**7,615,110**		**7,615,110**		**7,615,110**	6,075,351	15,860,265	**21,935,616**	92.00
93.00	PALLIATIVE CARE	**0**		**0**	0	**0**	0	0	**0**	93.00
OTHER REIMBURSABLE COST CENTERS										
99.10	CORF	**0**		**0**		**0**	0	0	**0**	99.10
99.20	OPT	**0**		**0**		**0**	0	0	**0**	99.20
99.30	OOT	**0**		**0**		**0**	0	0	**0**	99.30
99.40	OSP	**0**		**0**		**0**	0	0	**0**	99.40
101.00	HOME HEALTH AGENCY	**0**		**0**		**0**	0	0	**0**	101.00
SPECIAL PURPOSE COST CENTERS										
109.00	PANCREAS ACQUISITION	**0**		**0**		**0**	0	0	**0**	109.00
110.00	INTESTINAL ACQUISITION	**0**		**0**		**0**	0	0	**0**	110.00
111.00	ISLET ACQUISITION	**0**		**0**		**0**	0	0	**0**	111.00
113.00	INTEREST EXPENSE									113.00
200.00	Subtotal (see instructions)	**283,949,594**	**0**	**283,949,594**	**337,763**	**284,287,357**	**810,920,509**	**1,059,252,110**	**1,870,172,619**	200.00
201.00	Less Observation Beds	**7,615,110**		**7,615,110**		**7,615,110**				201.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period: From: 07/01/2024	Run Date Time: 4/3/2026 11:51 am
		MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I

Title XVIII Hospital PPS

				Costs			Charges			
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (col. 6 + col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
202.00	Total (see instructions)	**276,334,484**	**0**	**276,334,484**	**337,763**	**276,672,247**	**810,920,509**	**1,059,252,110**	**1,870,172,619**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I

Title XVIII Hospital PPS

	Cost Center Description	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
35.00	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	SUBPROVIDER - IRF				41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.115960	0.000000	0.117390	50.00
51.00	RECOVERY ROOM	1.075303	0.000000	1.075303	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.599110	0.000000	0.599110	52.00
53.00	ANESTHESIOLOGY	0.000000	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.185697	0.000000	0.185697	54.00
54.01	ULTRASOUND	0.108801	0.000000	0.108801	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.069887	0.000000	0.069887	55.00
56.00	RADIOISOTOPE	0.228921	0.000000	0.228921	56.00
57.00	CT SCAN	0.031840	0.000000	0.031840	57.00
58.00	MRI	0.048532	0.000000	0.048532	58.00
59.00	CARDIAC CATHETERIZATION	0.120166	0.000000	0.120166	59.00
60.00	LABORATORY	0.061566	0.000000	0.061566	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0.218163	0.000000	0.218163	64.00
65.00	RESPIRATORY THERAPY	0.099657	0.000000	0.099657	65.00
66.00	PHYSICAL THERAPY	0.315038	0.000000	0.315038	66.00
67.00	OCCUPATIONAL THERAPY	0.244005	0.000000	0.244005	67.00
68.00	SPEECH PATHOLOGY	0.164884	0.000000	0.164884	68.00
69.00	ELECTROCARDIOLOGY	0.058854	0.000000	0.058854	69.00
69.01	ECHOCARDIOLOGY	0.042818	0.000000	0.042818	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.086815	0.000000	0.086815	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480639	0.000000	0.480639	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.186879	0.000000	0.186879	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186212	0.000000	0.186212	73.00
74.00	RENAL DIALYSIS	0.492542	0.000000	0.492542	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0.000000	0.000000	90.00
90.01	PHARMACOTHERAPY CLINIC	7.979742	0.000000	7.979742	90.01
90.02	DIETITIANS SERVICES	0.425426	0.000000	0.425426	90.02
90.03	BLANK	0.000000	0.000000	0.000000	90.03
90.04	URGENT CARE	0.000000	0.000000	0.000000	90.04
91.00	EMERGENCY	0.075912	0.000000	0.075912	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.347157	0.000000	0.347157	92.00
93.00	PALLIATIVE CARE	0.000000	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF				99.10
99.20	OPT				99.20
99.30	OOT				99.30
99.40	OSP				99.40
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I

Title XIX Hospital PPS

				Costs			Charges			
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (col. 6 + col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	ADULTS & PEDIATRICS	**55,624,492**		**55,624,492**	0	**55,624,492**	0		**0**	30.00
31.00	INTENSIVE CARE UNIT	**18,699,480**		**18,699,480**	0	**18,699,480**	0		**0**	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**4,116,756**		**4,116,756**	0	**4,116,756**	0		**0**	35.00
41.00	SUBPROVIDER - IRF	**9,348,174**		**9,348,174**	0	**9,348,174**	0		**0**	41.00
43.00	NURSERY	**1,445,266**		**1,445,266**	0	**1,445,266**	0		**0**	43.00
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	**27,402,948**		**27,402,948**	337,763	**27,740,711**	0	0	**0**	50.00
51.00	RECOVERY ROOM	**6,143,683**		**6,143,683**	0	**6,143,683**	0	0	**0**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	**12,441,836**		**12,441,836**	0	**12,441,836**	0	0	**0**	52.00
53.00	ANESTHESIOLOGY	**0**		**0**	0	**0**	0	0	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	**10,067,622**		**10,067,622**	0	**10,067,622**	0	0	**0**	54.00
54.01	ULTRASOUND	**2,262,487**		**2,262,487**	0	**2,262,487**	0	0	**0**	54.01
55.00	RADIOLOGY-THERAPEUTIC	**6,554,176**		**6,554,176**	0	**6,554,176**	0	0	**0**	55.00
56.00	RADIOISOTOPE	**2,444,123**		**2,444,123**	0	**2,444,123**	0	0	**0**	56.00
57.00	CT SCAN	**4,298,822**		**4,298,822**	0	**4,298,822**	0	0	**0**	57.00
58.00	MRI	**2,080,215**		**2,080,215**	0	**2,080,215**	0	0	**0**	58.00
59.00	CARDIAC CATHETERIZATION	**7,576,061**		**7,576,061**	0	**7,576,061**	0	0	**0**	59.00
60.00	LABORATORY	**13,482,600**		**13,482,600**	0	**13,482,600**	0	0	**0**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**		**0**	0	**0**	0	0	**0**	63.00
64.00	INTRAVENOUS THERAPY	**5,608,146**		**5,608,146**	0	**5,608,146**	0	0	**0**	64.00
65.00	RESPIRATORY THERAPY	**5,026,553**	0	**5,026,553**	0	**5,026,553**	0	0	**0**	65.00
66.00	PHYSICAL THERAPY	**6,795,254**	0	**6,795,254**	0	**6,795,254**	0	0	**0**	66.00
67.00	OCCUPATIONAL THERAPY	**1,407,190**	0	**1,407,190**	0	**1,407,190**	0	0	**0**	67.00
68.00	SPEECH PATHOLOGY	**1,146,005**	0	**1,146,005**	0	**1,146,005**	0	0	**0**	68.00
69.00	ELECTROCARDIOLOGY	**727,631**		**727,631**	0	**727,631**	0	0	**0**	69.00
69.01	ECHOCARDIOLOGY	**898,065**		**898,065**	0	**898,065**	0	0	**0**	69.01
70.00	ELECTROENCEPHALOGRAPHY	**273,328**		**273,328**	0	**273,328**	0	0	**0**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**8,911,342**		**8,911,342**	0	**8,911,342**	0	0	**0**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**7,261,692**		**7,261,692**	0	**7,261,692**	0	0	**0**	72.00
73.00	DRUGS CHARGED TO PATIENTS	**25,419,324**		**25,419,324**	0	**25,419,324**	0	0	**0**	73.00
74.00	RENAL DIALYSIS	**1,598,901**		**1,598,901**	0	**1,598,901**	0	0	**0**	74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	**0**		**0**	0	**0**	0	0	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	**423,852**		**423,852**	0	**423,852**	0	0	**0**	90.01
90.02	DIETITIANS SERVICES	**481,150**		**481,150**	0	**481,150**	0	0	**0**	90.02
90.03	BLANK	**0**		**0**	0	**0**	0	0	**0**	90.03
90.04	URGENT CARE	**131,065**		**131,065**	0	**131,065**	0	0	**0**	90.04
91.00	EMERGENCY	**26,236,245**		**26,236,245**	0	**26,236,245**	0	0	**0**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**7,615,110**		**7,615,110**		**7,615,110**	0	0	**0**	92.00
93.00	PALLIATIVE CARE	**0**		**0**	0	**0**	0	0	**0**	93.00
OTHER REIMBURSABLE COST CENTERS										
99.10	CORF	**0**		**0**		**0**	0	0	**0**	99.10
99.20	OPT	**0**		**0**		**0**	0	0	**0**	99.20
99.30	OOT	**0**		**0**		**0**	0	0	**0**	99.30
99.40	OSP	**0**		**0**		**0**	0	0	**0**	99.40
101.00	HOME HEALTH AGENCY	**0**		**0**		**0**	0	0	**0**	101.00
SPECIAL PURPOSE COST CENTERS										
109.00	PANCREAS ACQUISITION	**0**		**0**		**0**	0	0	**0**	109.00
110.00	INTESTINAL ACQUISITION	**0**		**0**		**0**	0	0	**0**	110.00
111.00	ISLET ACQUISITION	**0**		**0**		**0**	0	0	**0**	111.00
113.00	INTEREST EXPENSE									113.00
200.00	Subtotal (see instructions)	**283,949,594**	**0**	**283,949,594**	**337,763**	**284,287,357**	**0**	**0**	**0**	200.00
201.00	Less Observation Beds	**7,615,110**		**7,615,110**		**7,615,110**				201.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I

Title XIX Hospital PPS

				Costs			Charges			
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (col. 6 + col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
202.00	Total (see instructions)	**276,334,484**	**0**	**276,334,484**	**337,763**	**276,672,247**	**0**	**0**	**0**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I

Title XIX Hospital PPS

	Cost Center Description	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
35.00	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	SUBPROVIDER - IRF				41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000	0.000000	0.000000	50.00
51.00	RECOVERY ROOM	0.000000	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	0.000000	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	0.000000	0.000000	54.00
54.01	ULTRASOUND	0.000000	0.000000	0.000000	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0.000000	0.000000	0.000000	56.00
57.00	CT SCAN	0.000000	0.000000	0.000000	57.00
58.00	MRI	0.000000	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0.000000	0.000000	59.00
60.00	LABORATORY	0.000000	0.000000	0.000000	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	0.000000	0.000000	0.000000	65.00
66.00	PHYSICAL THERAPY	0.000000	0.000000	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0.000000	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0.000000	0.000000	69.00
69.01	ECHOCARDIOLOGY	0.000000	0.000000	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0.000000	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0.000000	0.000000	73.00
74.00	RENAL DIALYSIS	0.000000	0.000000	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0.000000	0.000000	90.00
90.01	PHARMACOTHERAPY CLINIC	0.000000	0.000000	0.000000	90.01
90.02	DIETITIANS SERVICES	0.000000	0.000000	0.000000	90.02
90.03	BLANK	0.000000	0.000000	0.000000	90.03
90.04	URGENT CARE	0.000000	0.000000	0.000000	90.04
91.00	EMERGENCY	0.000000	0.000000	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0.000000	0.000000	92.00
93.00	PALLIATIVE CARE	0.000000	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF				99.10
99.20	OPT				99.20
99.30	OOT				99.30
99.40	OSP				99.40
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0.000000	0.000000	0.000000	109.00
110.00	INTESTINAL ACQUISITION	0.000000	0.000000	0.000000	110.00
111.00	ISLET ACQUISITION	0.000000	0.000000	0.000000	111.00
113.00	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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Worksheet C
Part II

Title XIX Hospital PPS

	Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	**27,402,948**	3,177,828	**24,225,120**	0	0	**27,402,948**	**236,313,346**	0.115960	50.00
51.00	RECOVERY ROOM	**6,143,683**	595,009	**5,548,674**	0	0	**6,143,683**	**5,713,443**	1.075303	51.00
52.00	DELIVERY ROOM & LABOR ROOM	**12,441,836**	1,212,337	**11,229,499**	0	0	**12,441,836**	**20,767,187**	0.599110	52.00
53.00	ANESTHESIOLOGY	**0**	0	**0**	0	0	**0**	**0**	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	**10,067,622**	957,696	**9,109,926**	0	0	**10,067,622**	**54,215,192**	0.185697	54.00
54.01	ULTRASOUND	**2,262,487**	178,595	**2,083,892**	0	0	**2,262,487**	**20,794,771**	0.108801	54.01
55.00	RADIOLOGY-THERAPEUTIC	**6,554,176**	745,722	**5,808,454**	0	0	**6,554,176**	**93,782,309**	0.069887	55.00
56.00	RADIOISOTOPE	**2,444,123**	140,444	**2,303,679**	0	0	**2,444,123**	**10,676,692**	0.228921	56.00
57.00	CT SCAN	**4,298,822**	265,446	**4,033,376**	0	0	**4,298,822**	**135,013,363**	0.031840	57.00
58.00	MRI	**2,080,215**	195,453	**1,884,762**	0	0	**2,080,215**	**42,863,092**	0.048532	58.00
59.00	CARDIAC CATHETERIZATION	**7,576,061**	635,568	**6,940,493**	0	0	**7,576,061**	**63,046,518**	0.120166	59.00
60.00	LABORATORY	**13,482,600**	950,912	**12,531,688**	0	0	**13,482,600**	**218,993,879**	0.061566	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	0	**0**	0	0	**0**	**0**	0.000000	63.00
64.00	INTRAVENOUS THERAPY	**5,608,146**	578,297	**5,029,849**	0	0	**5,608,146**	**25,706,251**	0.218163	64.00
65.00	RESPIRATORY THERAPY	**5,026,553**	344,499	**4,682,054**	0	0	**5,026,553**	**50,438,586**	0.099657	65.00
66.00	PHYSICAL THERAPY	**6,795,254**	381,279	**6,413,975**	0	0	**6,795,254**	**21,569,662**	0.315038	66.00
67.00	OCCUPATIONAL THERAPY	**1,407,190**	37,928	**1,369,262**	0	0	**1,407,190**	**5,767,051**	0.244005	67.00
68.00	SPEECH PATHOLOGY	**1,146,005**	44,611	**1,101,394**	0	0	**1,146,005**	**6,950,353**	0.164884	68.00
69.00	ELECTROCARDIOLOGY	**727,631**	75,910	**651,721**	0	0	**727,631**	**12,363,231**	0.058854	69.00
69.01	ECHOCARDIOLOGY	**898,065**	60,021	**838,044**	0	0	**898,065**	**20,973,975**	0.042818	69.01
70.00	ELECTROENCEPHALOGRAPHY	**273,328**	21,848	**251,480**	0	0	**273,328**	**3,148,388**	0.086815	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**8,911,342**	386,089	**8,525,253**	0	0	**8,911,342**	**18,540,609**	0.480639	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**7,261,692**	315,682	**6,946,010**	0	0	**7,261,692**	**38,857,768**	0.186879	72.00
73.00	DRUGS CHARGED TO PATIENTS	**25,419,324**	1,361,543	**24,057,781**	0	0	**25,419,324**	**136,507,164**	0.186212	73.00
74.00	RENAL DIALYSIS	**1,598,901**	79,057	**1,519,844**	0	0	**1,598,901**	**3,246,221**	0.492542	74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	**0**	0	**0**	0	0	**0**	**0**	0.000000	90.00
90.01	PHARMACOTHERAPY CLINIC	**423,852**	19,354	**404,498**	0	0	**423,852**	**53,116**	7.979742	90.01
90.02	DIETITIANS SERVICES	**481,150**	51,029	**430,121**	0	0	**481,150**	**1,130,983**	0.425426	90.02
90.03	BLANK	**0**	0	**0**	0	0	**0**	**0**	0.000000	90.03
90.04	URGENT CARE	**131,065**	27,823	**103,242**	0	0	**131,065**	**0**	0.000000	90.04
91.00	EMERGENCY	**26,236,245**	1,985,053	**24,251,192**	0	0	**26,236,245**	**345,615,800**	0.075912	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**7,615,110**	646,287	**6,968,823**	0	0	**7,615,110**	**21,935,616**	0.347157	92.00
93.00	PALLIATIVE CARE	**0**	0	**0**	0	0	**0**	**0**	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS										
99.10	CORF	**0**	0	**0**	0	0	**0**	**0**	0.000000	99.10
99.20	OPT	**0**	0	**0**	0	0	**0**	**0**	0.000000	99.20
99.30	OOT	**0**	0	**0**	0	0	**0**	**0**	0.000000	99.30
99.40	OSP	**0**	0	**0**	0	0	**0**	**0**	0.000000	99.40
101.00	HOME HEALTH AGENCY	**0**	0	**0**	0	0	**0**	**0**	0.000000	101.00
SPECIAL PURPOSE COST CENTERS										
109.00	PANCREAS ACQUISITION	**0**	0	**0**	0	0	**0**	**0**	0.000000	109.00
110.00	INTESTINAL ACQUISITION	**0**	0	**0**	0	0	**0**	**0**	0.000000	110.00
111.00	ISLET ACQUISITION	**0**	0	**0**	0	0	**0**	**0**	0.000000	111.00
113.00	INTEREST EXPENSE									113.00
200.00	Subtotal (sum of lines 50 thru 199)	**194,715,426**	**15,471,320**	**179,244,106**	**0**	**0**	**194,715,426**	**1,614,984,566**		200.00
201.00	Less Observation Beds	**7,615,110**	646,287	**6,968,823**	0	0	**7,615,110**	**0**		201.00
202.00	Total (line 200 minus line 201)	**187,100,316**	**14,825,033**	**172,275,283**	**0**	**0**	**187,100,316**	**1,614,984,566**		202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I

Title V Hospital Cost

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
				Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (col. 6 + col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	ADULTS & PEDIATRICS	**55,624,492**		**55,624,492**	0	**55,624,492**	162,652,279		**162,652,279**	30.00
31.00	INTENSIVE CARE UNIT	**18,699,480**		**18,699,480**	0	**18,699,480**	61,753,053		**61,753,053**	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**4,116,756**		**4,116,756**	0	**4,116,756**	4,396,599		**4,396,599**	35.00
41.00	SUBPROVIDER - IRF	**9,348,174**		**9,348,174**	0	**9,348,174**	22,456,340		**22,456,340**	41.00
43.00	NURSERY	**1,445,266**		**1,445,266**	0	**1,445,266**	3,929,782		**3,929,782**	43.00
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	**27,402,948**		**27,402,948**	337,763	**27,740,711**	73,804,718	162,508,628	**236,313,346**	50.00
51.00	RECOVERY ROOM	**6,143,683**		**6,143,683**	0	**6,143,683**	2,148,979	3,564,464	**5,713,443**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	**12,441,836**		**12,441,836**	0	**12,441,836**	13,222,784	7,544,403	**20,767,187**	52.00
53.00	ANESTHESIOLOGY	**0**		**0**	0	**0**	0	0	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	**10,067,622**		**10,067,622**	0	**10,067,622**	14,640,367	39,574,825	**54,215,192**	54.00
54.01	ULTRASOUND	**2,262,487**		**2,262,487**	0	**2,262,487**	4,288,369	16,506,402	**20,794,771**	54.01
55.00	RADIOLOGY-THERAPEUTIC	**6,554,176**		**6,554,176**	0	**6,554,176**	1,422,472	92,359,837	**93,782,309**	55.00
56.00	RADIOISOTOPE	**2,444,123**		**2,444,123**	0	**2,444,123**	1,617,989	9,058,703	**10,676,692**	56.00
57.00	CT SCAN	**4,298,822**		**4,298,822**	0	**4,298,822**	37,989,356	97,024,007	**135,013,363**	57.00
58.00	MRI	**2,080,215**		**2,080,215**	0	**2,080,215**	9,397,503	33,465,589	**42,863,092**	58.00
59.00	CARDIAC CATHETERIZATION	**7,576,061**		**7,576,061**	0	**7,576,061**	29,644,093	33,402,425	**63,046,518**	59.00
60.00	LABORATORY	**13,482,600**		**13,482,600**	0	**13,482,600**	123,125,535	95,868,344	**218,993,879**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**		**0**	0	**0**	0	0	**0**	63.00
64.00	INTRAVENOUS THERAPY	**5,608,146**		**5,608,146**	0	**5,608,146**	308,880	25,397,371	**25,706,251**	64.00
65.00	RESPIRATORY THERAPY	**5,026,553**	0	**5,026,553**	0	**5,026,553**	45,655,295	4,783,291	**50,438,586**	65.00
66.00	PHYSICAL THERAPY	**6,795,254**	0	**6,795,254**	0	**6,795,254**	6,449,592	15,120,070	**21,569,662**	66.00
67.00	OCCUPATIONAL THERAPY	**1,407,190**	0	**1,407,190**	0	**1,407,190**	3,985,924	1,781,127	**5,767,051**	67.00
68.00	SPEECH PATHOLOGY	**1,146,005**	0	**1,146,005**	0	**1,146,005**	5,582,486	1,367,867	**6,950,353**	68.00
69.00	ELECTROCARDIOLOGY	**727,631**		**727,631**	0	**727,631**	3,997,851	8,365,380	**12,363,231**	69.00
69.01	ECHOCARDIOLOGY	**898,065**		**898,065**	0	**898,065**	10,856,603	10,117,372	**20,973,975**	69.01
70.00	ELECTROENCEPHALOGRAPHY	**273,328**		**273,328**	0	**273,328**	1,635,777	1,512,611	**3,148,388**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**8,911,342**		**8,911,342**	0	**8,911,342**	7,353,935	11,186,674	**18,540,609**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**7,261,692**		**7,261,692**	0	**7,261,692**	14,875,912	23,981,856	**38,857,768**	72.00
73.00	DRUGS CHARGED TO PATIENTS	**25,419,324**		**25,419,324**	0	**25,419,324**	46,035,350	90,471,814	**136,507,164**	73.00
74.00	RENAL DIALYSIS	**1,598,901**		**1,598,901**	0	**1,598,901**	2,894,751	351,470	**3,246,221**	74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	**0**		**0**	0	**0**	0	0	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	**423,852**		**423,852**	0	**423,852**	902	52,214	**53,116**	90.01
90.02	DIETITIANS SERVICES	**481,150**		**481,150**	0	**481,150**	287	1,130,696	**1,130,983**	90.02
90.03	BLANK	**0**		**0**	0	**0**	0	0	**0**	90.03
90.04	URGENT CARE	**131,065**		**131,065**	0	**131,065**	0	0	**0**	90.04
91.00	EMERGENCY	**26,236,245**		**26,236,245**	0	**26,236,245**	88,721,395	256,894,405	**345,615,800**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**7,615,110**		**7,615,110**		**7,615,110**	6,075,351	15,860,265	**21,935,616**	92.00
93.00	PALLIATIVE CARE	**0**		**0**	0	**0**	0	0	**0**	93.00
OTHER REIMBURSABLE COST CENTERS										
99.10	CORF	**0**		**0**		**0**	0	0	**0**	99.10
99.20	OPT	**0**		**0**		**0**	0	0	**0**	99.20
99.30	OOT	**0**		**0**		**0**	0	0	**0**	99.30
99.40	OSP	**0**		**0**		**0**	0	0	**0**	99.40
101.00	HOME HEALTH AGENCY	**0**		**0**		**0**	0	0	**0**	101.00
SPECIAL PURPOSE COST CENTERS										
109.00	PANCREAS ACQUISITION	**0**		**0**		**0**	0	0	**0**	109.00
110.00	INTESTINAL ACQUISITION	**0**		**0**		**0**	0	0	**0**	110.00
111.00	ISLET ACQUISITION	**0**		**0**		**0**	0	0	**0**	111.00
113.00	INTEREST EXPENSE									113.00
200.00	Subtotal (see instructions)	**283,949,594**	**0**	**283,949,594**	**337,763**	**284,287,357**	**810,920,509**	**1,059,252,110**	**1,870,172,619**	200.00
201.00	Less Observation Beds	**7,615,110**		**7,615,110**		**7,615,110**				201.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I

Title V Hospital Cost

				Costs			Charges			
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (col. 6 + col. 7)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
202.00	Total (see instructions)	**276,334,484**	**0**	**276,334,484**	**337,763**	**276,672,247**	**810,920,509**	**1,059,252,110**	**1,870,172,619**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Worksheet C
Part I

Title V Hospital Cost

	Cost Center Description	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
35.00	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	SUBPROVIDER - IRF				41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.115960	0.000000	0.000000	50.00
51.00	RECOVERY ROOM	1.075303	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.599110	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	0.000000	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.185697	0.000000	0.000000	54.00
54.01	ULTRASOUND	0.108801	0.000000	0.000000	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.069887	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0.228921	0.000000	0.000000	56.00
57.00	CT SCAN	0.031840	0.000000	0.000000	57.00
58.00	MRI	0.048532	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0.120166	0.000000	0.000000	59.00
60.00	LABORATORY	0.061566	0.000000	0.000000	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0.218163	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	0.099657	0.000000	0.000000	65.00
66.00	PHYSICAL THERAPY	0.315038	0.000000	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0.244005	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0.164884	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0.058854	0.000000	0.000000	69.00
69.01	ECHOCARDIOLOGY	0.042818	0.000000	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.086815	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480639	0.000000	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.186879	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186212	0.000000	0.000000	73.00
74.00	RENAL DIALYSIS	0.492542	0.000000	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0.000000	0.000000	90.00
90.01	PHARMACOTHERAPY CLINIC	7.979742	0.000000	0.000000	90.01
90.02	DIETITIANS SERVICES	0.425426	0.000000	0.000000	90.02
90.03	BLANK	0.000000	0.000000	0.000000	90.03
90.04	URGENT CARE	0.000000	0.000000	0.000000	90.04
91.00	EMERGENCY	0.075912	0.000000	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.347157	0.000000	0.000000	92.00
93.00	PALLIATIVE CARE	0.000000	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF				99.10
99.20	OPT				99.20
99.30	OOT				99.30
99.40	OSP				99.40
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0.000000	0.000000	0.000000	109.00
110.00	INTESTINAL ACQUISITION	0.000000	0.000000	0.000000	110.00
111.00	ISLET ACQUISITION	0.000000	0.000000	0.000000	111.00
113.00	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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Worksheet D
Part I

Title XVIII Hospital PPS

	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)	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	**4,720,817**	0	**4,720,817**	**20,175**	233.99	7,567	**1,770,602**	30.00
31.00	INTENSIVE CARE UNIT	**1,931,474**		**1,931,474**	**2,726**	708.54	1,057	**748,927**	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**186,108**		**186,108**	**610**	305.10	0	**0**	35.00
41.00	SUBPROVIDER - IRF	**928,225**	0	**928,225**	**3,000**	309.41	1,756	**543,324**	41.00
43.00	NURSERY	**140,384**		**140,384**	**1,194**	117.57	0	**0**	43.00
200.00	Total (lines 30 through 199)	**7,907,008**		**7,907,008**	**27,705**		**10,380**	**3,062,853**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Worksheet D
Part II

Title XVIII Hospital 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	OPERATING ROOM	**3,177,828**	**236,313,346**	0.013448	28,918,192	**388,892**	50.00
51.00	RECOVERY ROOM	**595,009**	**5,713,443**	0.104142	818,549	**85,245**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	**1,212,337**	**20,767,187**	0.058378	11,026	**644**	52.00
53.00	ANESTHESIOLOGY	**0**	**0**	0.000000	0	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	**957,696**	**54,215,192**	0.017665	6,957,326	**122,901**	54.00
54.01	ULTRASOUND	**178,595**	**20,794,771**	0.008588	1,716,704	**14,743**	54.01
55.00	RADIOLOGY-THERAPEUTIC	**745,722**	**93,782,309**	0.007952	862,171	**6,856**	55.00
56.00	RADIOISOTOPE	**140,444**	**10,676,692**	0.013154	609,832	**8,022**	56.00
57.00	CT SCAN	**265,446**	**135,013,363**	0.001966	17,523,376	**34,451**	57.00
58.00	MRI	**195,453**	**42,863,092**	0.004560	4,331,252	**19,751**	58.00
59.00	CARDIAC CATHETERIZATION	**635,568**	**63,046,518**	0.010081	13,502,923	**136,123**	59.00
60.00	LABORATORY	**950,912**	**218,993,879**	0.004342	53,045,966	**230,326**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	**0**	0.000000	0	**0**	63.00
64.00	INTRAVENOUS THERAPY	**578,297**	**25,706,251**	0.022496	214,395	**4,823**	64.00
65.00	RESPIRATORY THERAPY	**344,499**	**50,438,586**	0.006830	16,649,907	**113,719**	65.00
66.00	PHYSICAL THERAPY	**381,279**	**21,569,662**	0.017677	1,624,978	**28,725**	66.00
67.00	OCCUPATIONAL THERAPY	**37,928**	**5,767,051**	0.006577	936,503	**6,159**	67.00
68.00	SPEECH PATHOLOGY	**44,611**	**6,950,353**	0.006419	1,416,677	**9,094**	68.00
69.00	ELECTROCARDIOLOGY	**75,910**	**12,363,231**	0.006140	1,935,351	**11,883**	69.00
69.01	ECHOCARDIOLOGY	**60,021**	**20,973,975**	0.002862	5,027,069	**14,387**	69.01
70.00	ELECTROENCEPHALOGRAPHY	**21,848**	**3,148,388**	0.006939	672,407	**4,666**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**386,089**	**18,540,609**	0.020824	2,407,897	**50,142**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**315,682**	**38,857,768**	0.008124	7,129,148	**57,917**	72.00
73.00	DRUGS CHARGED TO PATIENTS	**1,361,543**	**136,507,164**	0.009974	17,536,689	**174,911**	73.00
74.00	RENAL DIALYSIS	**79,057**	**3,246,221**	0.024354	1,355,182	**33,004**	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	**0**	**0**	0.000000	0	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	**19,354**	**53,116**	0.364372	0	**0**	90.01
90.02	DIETITIANS SERVICES	**51,029**	**1,130,983**	0.045119	0	**0**	90.02
90.03	BLANK	**0**	**0**	0.000000	0	**0**	90.03
90.04	URGENT CARE	**27,823**	**0**	0.000000	0	**0**	90.04
91.00	EMERGENCY	**1,985,053**	**345,615,800**	0.005744	38,595,593	**221,693**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**646,287**	**21,935,616**	0.029463	2,971,717	**87,556**	92.00
93.00	PALLIATIVE CARE	**0**	**0**	0.000000	0	**0**	93.00
200.00	Total (lines 50 through 199)	**15,471,320**	**1,614,984,566**		**226,770,830**	**1,866,633**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Worksheet D
Part III

Title XVIII Hospital PPS

	Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1A	1.00	2A	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	0	**0**	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0		**0**	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0		**0**	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	0	**0**	41.00
43.00	NURSERY	0	0	0	0	0		**0**	43.00
200.00	Total (lines 30 through 199)	**0**	**0**	**0**	**0**	**0**		**0**	200.00

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	**20,175**	0.00	7,567	**0**		30.00
31.00	INTENSIVE CARE UNIT	**2,726**	0.00	1,057	**0**		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**610**	0.00	0	**0**		35.00
41.00	SUBPROVIDER - IRF	**3,000**	0.00	1,756	**0**		41.00
43.00	NURSERY	**1,194**	0.00	0	**0**		43.00
200.00	Total (lines 30 through 199)	**27,705**		**10,380**	**0**		200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Worksheet D
Part IV

Title XVIII Hospital PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	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)	
		1.00	2A	2.00	3A	3.00	4.00	5.00	6.00	
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	0	0	0	0	0	0	**0**	**0**	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	**0**	**0**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	**0**	**0**	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	**0**	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	**0**	**0**	54.00
54.01	ULTRASOUND	0	0	0	0	0	0	**0**	**0**	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	**0**	**0**	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	**0**	**0**	56.00
57.00	CT SCAN	0	0	0	0	0	0	**0**	**0**	57.00
58.00	MRI	0	0	0	0	0	0	**0**	**0**	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	**0**	**0**	59.00
60.00	LABORATORY	0	0	0	0	0	0	**0**	**0**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	**0**	**0**	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	**0**	**0**	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	**0**	**0**	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	**0**	**0**	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	**0**	**0**	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	**0**	**0**	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	**0**	**0**	69.00
69.01	ECHOCARDIOLOGY	0	0	0	0	0	0	**0**	**0**	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	**0**	**0**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	**0**	**0**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	**0**	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	**0**	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	**0**	**0**	74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	0	0	0	0	0	0	**0**	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	0	0	0	0	0	0	**0**	**0**	90.01
90.02	DIETITIANS SERVICES	0	0	0	0	0	0	**0**	**0**	90.02
90.03	BLANK	0	0	0	0	0	0	**0**	**0**	90.03
90.04	URGENT CARE	0	0	0	0	0	0	**0**	**0**	90.04
91.00	EMERGENCY	0	0	0	0	0	0	**0**	**0**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	0	**0**	**0**	92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	**0**	**0**	93.00
200.00	Total (lines 50 through 199)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Worksheet D
Part IV

Title XVIII Hospital PPS

	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	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)		
		7.00	8.00	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	**236,313,346**	0.000000	0.000000	28,918,192	**0**	50,956,907	**0**		50.00
51.00	RECOVERY ROOM	**5,713,443**	0.000000	0.000000	818,549	**0**	1,484,384	**0**		51.00
52.00	DELIVERY ROOM & LABOR ROOM	**20,767,187**	0.000000	0.000000	11,026	**0**	0	**0**		52.00
53.00	ANESTHESIOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		53.00
54.00	RADIOLOGY-DIAGNOSTIC	**54,215,192**	0.000000	0.000000	6,957,326	**0**	8,568,466	**0**		54.00
54.01	ULTRASOUND	**20,794,771**	0.000000	0.000000	1,716,704	**0**	3,263,211	**0**		54.01
55.00	RADIOLOGY-THERAPEUTIC	**93,782,309**	0.000000	0.000000	862,171	**0**	22,320,504	**0**		55.00
56.00	RADIOISOTOPE	**10,676,692**	0.000000	0.000000	609,832	**0**	5,825,688	**0**		56.00
57.00	CT SCAN	**135,013,363**	0.000000	0.000000	17,523,376	**0**	32,531,821	**0**		57.00
58.00	MRI	**42,863,092**	0.000000	0.000000	4,331,252	**0**	12,834,121	**0**		58.00
59.00	CARDIAC CATHETERIZATION	**63,046,518**	0.000000	0.000000	13,502,923	**0**	16,795,038	**0**		59.00
60.00	LABORATORY	**218,993,879**	0.000000	0.000000	53,045,966	**0**	21,294,239	**0**		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	0.000000	0.000000	0	**0**	0	**0**		63.00
64.00	INTRAVENOUS THERAPY	**25,706,251**	0.000000	0.000000	214,395	**0**	10,640,642	**0**		64.00
65.00	RESPIRATORY THERAPY	**50,438,586**	0.000000	0.000000	16,649,907	**0**	1,339,870	**0**		65.00
66.00	PHYSICAL THERAPY	**21,569,662**	0.000000	0.000000	1,624,978	**0**	172,756	**0**		66.00
67.00	OCCUPATIONAL THERAPY	**5,767,051**	0.000000	0.000000	936,503	**0**	69,331	**0**		67.00
68.00	SPEECH PATHOLOGY	**6,950,353**	0.000000	0.000000	1,416,677	**0**	97,360	**0**		68.00
69.00	ELECTROCARDIOLOGY	**12,363,231**	0.000000	0.000000	1,935,351	**0**	2,593,974	**0**		69.00
69.01	ECHOCARDIOLOGY	**20,973,975**	0.000000	0.000000	5,027,069	**0**	5,345,840	**0**		69.01
70.00	ELECTROENCEPHALOGRAPHY	**3,148,388**	0.000000	0.000000	672,407	**0**	656,724	**0**		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**18,540,609**	0.000000	0.000000	2,407,897	**0**	3,685,629	**0**		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**38,857,768**	0.000000	0.000000	7,129,148	**0**	9,472,326	**0**		72.00
73.00	DRUGS CHARGED TO PATIENTS	**136,507,164**	0.000000	0.000000	17,536,689	**0**	39,315,769	**0**		73.00
74.00	RENAL DIALYSIS	**3,246,221**	0.000000	0.000000	1,355,182	**0**	206,854	**0**		74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	**0**	0.000000	0.000000	0	**0**	0	**0**		90.00
90.01	PHARMACOTHERAPY CLINIC	**53,116**	0.000000	0.000000	0	**0**	0	**0**		90.01
90.02	DIETITIANS SERVICES	**1,130,983**	0.000000	0.000000	0	**0**	0	**0**		90.02
90.03	BLANK	**0**	0.000000	0.000000	0	**0**	0	**0**		90.03
90.04	URGENT CARE	**0**	0.000000	0.000000	0	**0**	0	**0**		90.04
91.00	EMERGENCY	**345,615,800**	0.000000	0.000000	38,595,593	**0**	53,562,012	**0**		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**21,935,616**	0.000000	0.000000	2,971,717	**0**	5,106,721	**0**		92.00
93.00	PALLIATIVE CARE	**0**	0.000000	0.000000	0	**0**	0	**0**		93.00
200.00	Total (lines 50 through 199)	**1,614,984,566**			**226,770,830**	**0**	**308,140,187**	**0**		200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Worksheet D
Part V

Title XVIII Hospital PPS

			Charges			Costs			
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	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.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS									
50.00	OPERATING ROOM	0.115960	50,956,907	0	0	5,908,963	0	0	50.00
51.00	RECOVERY ROOM	1.075303	1,484,384	0	0	1,596,163	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.599110	0	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.185697	8,568,466	0	0	1,591,138	0	0	54.00
54.01	ULTRASOUND	0.108801	3,263,211	0	0	355,041	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.069887	22,320,504	0	0	1,559,913	0	0	55.00
56.00	RADIOISOTOPE	0.228921	5,825,688	0	0	1,333,622	0	0	56.00
57.00	CT SCAN	0.031840	32,531,821	0	0	1,035,813	0	0	57.00
58.00	MRI	0.048532	12,834,121	0	0	622,866	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.120166	16,795,038	0	0	2,018,193	0	0	59.00
60.00	LABORATORY	0.061566	21,294,239	0	0	1,311,001	0	0	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.218163	10,640,642	0	0	2,321,394	0	0	64.00
65.00	RESPIRATORY THERAPY	0.099657	1,339,870	0	0	133,527	0	0	65.00
66.00	PHYSICAL THERAPY	0.315038	172,756	0	0	54,425	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.244005	69,331	0	0	16,917	0	0	67.00
68.00	SPEECH PATHOLOGY	0.164884	97,360	0	0	16,053	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.058854	2,593,974	0	0	152,666	0	0	69.00
69.01	ECHOCARDIOLOGY	0.042818	5,345,840	0	0	228,898	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.086815	656,724	0	0	57,013	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480639	3,685,629	0	0	1,771,457	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.186879	9,472,326	61,013	0	1,770,179	11,402	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186212	39,315,769	0	13,647	7,321,068	0	2,541	73.00
74.00	RENAL DIALYSIS	0.492542	206,854	0	0	101,884	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	CLINIC	0.000000	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	7.979742	0	0	0	0	0	0	90.01
90.02	DIETITIANS SERVICES	0.425426	0	0	0	0	0	0	90.02
90.03	BLANK	0.000000	0	0	0	0	0	0	90.03
90.04	URGENT CARE	0.000000	0	0	0	0	0	0	90.04
91.00	EMERGENCY	0.075912	53,562,012	0	0	4,065,999	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.347157	5,106,721	0	0	1,772,834	0	0	92.00
93.00	PALLIATIVE CARE	0.000000	0	0	0	0	0	0	93.00
200.00	Subtotal (see instructions)		**308,140,187**	**61,013**	**13,647**	**37,117,027**	**11,402**	**2,541**	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)		**308,140,187**	**61,013**	**13,647**	**37,117,027**	**11,402**	**2,541**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS — Component CCN: 05T009 — **Worksheet D Part II**

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	OPERATING ROOM	**3,177,828**	**236,313,346**	0.013448	189,963	**2,555**	50.00
51.00	RECOVERY ROOM	**595,009**	**5,713,443**	0.104142	3,264	**340**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	**1,212,337**	**20,767,187**	0.058378	0	**0**	52.00
53.00	ANESTHESIOLOGY	**0**	**0**	0.000000	0	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	**957,696**	**54,215,192**	0.017665	181,498	**3,206**	54.00
54.01	ULTRASOUND	**178,595**	**20,794,771**	0.008588	12,437	**107**	54.01
55.00	RADIOLOGY-THERAPEUTIC	**745,722**	**93,782,309**	0.007952	809	**6**	55.00
56.00	RADIOISOTOPE	**140,444**	**10,676,692**	0.013154	3,447	**45**	56.00
57.00	CT SCAN	**265,446**	**135,013,363**	0.001966	170,107	**334**	57.00
58.00	MRI	**195,453**	**42,863,092**	0.004560	0	**0**	58.00
59.00	CARDIAC CATHETERIZATION	**635,568**	**63,046,518**	0.010081	26,609	**268**	59.00
60.00	LABORATORY	**950,912**	**218,993,879**	0.004342	1,628,527	**7,071**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	**0**	0.000000	0	**0**	63.00
64.00	INTRAVENOUS THERAPY	**578,297**	**25,706,251**	0.022496	50,039	**1,126**	64.00
65.00	RESPIRATORY THERAPY	**344,499**	**50,438,586**	0.006830	513,800	**3,509**	65.00
66.00	PHYSICAL THERAPY	**381,279**	**21,569,662**	0.017677	1,593,152	**28,162**	66.00
67.00	OCCUPATIONAL THERAPY	**37,928**	**5,767,051**	0.006577	1,261,682	**8,298**	67.00
68.00	SPEECH PATHOLOGY	**44,611**	**6,950,353**	0.006419	1,682,300	**10,799**	68.00
69.00	ELECTROCARDIOLOGY	**75,910**	**12,363,231**	0.006140	18,147	**111**	69.00
69.01	ECHOCARDIOLOGY	**60,021**	**20,973,975**	0.002862	18,393	**53**	69.01
70.00	ELECTROENCEPHALOGRAPHY	**21,848**	**3,148,388**	0.006939	5,544	**38**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**386,089**	**18,540,609**	0.020824	97,206	**2,024**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**315,682**	**38,857,768**	0.008124	1,774	**14**	72.00
73.00	DRUGS CHARGED TO PATIENTS	**1,361,543**	**136,507,164**	0.009974	648,714	**6,470**	73.00
74.00	RENAL DIALYSIS	**79,057**	**3,246,221**	0.024354	45,872	**1,117**	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	**0**	**0**	0.000000	0	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	**19,354**	**53,116**	0.364372	0	**0**	90.01
90.02	DIETITIANS SERVICES	**51,029**	**1,130,983**	0.045119	0	**0**	90.02
90.03	BLANK	**0**	**0**	0.000000	0	**0**	90.03
90.04	URGENT CARE	**27,823**	**0**	0.000000	0	**0**	90.04
91.00	EMERGENCY	**1,985,053**	**345,615,800**	0.005744	46,104	**265**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**0**	**21,935,616**	0.000000	0	**0**	92.00
93.00	PALLIATIVE CARE	**0**	**0**	0.000000	0	**0**	93.00
200.00	Total (lines 50 through 199)	**14,825,033**	**1,614,984,566**		**8,199,388**	**75,918**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Component CCN: 05T009

Worksheet D
Part IV

Title XVIII Subprovider - IRF PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	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)	
		1.00	2A	2.00	3A	3.00	4.00	5.00	6.00	
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	0	0	0	0	0	0	**0**	**0**	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	**0**	**0**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	**0**	**0**	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	**0**	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	**0**	**0**	54.00
54.01	ULTRASOUND	0	0	0	0	0	0	**0**	**0**	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	**0**	**0**	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	**0**	**0**	56.00
57.00	CT SCAN	0	0	0	0	0	0	**0**	**0**	57.00
58.00	MRI	0	0	0	0	0	0	**0**	**0**	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	**0**	**0**	59.00
60.00	LABORATORY	0	0	0	0	0	0	**0**	**0**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	**0**	**0**	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	**0**	**0**	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	**0**	**0**	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	**0**	**0**	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	**0**	**0**	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	**0**	**0**	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	**0**	**0**	69.00
69.01	ECHOCARDIOLOGY	0	0	0	0	0	0	**0**	**0**	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	**0**	**0**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	**0**	**0**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	**0**	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	**0**	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	**0**	**0**	74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	0	0	0	0	0	0	**0**	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	0	0	0	0	0	0	**0**	**0**	90.01
90.02	DIETITIANS SERVICES	0	0	0	0	0	0	**0**	**0**	90.02
90.03	BLANK	0	0	0	0	0	0	**0**	**0**	90.03
90.04	URGENT CARE	0	0	0	0	0	0	**0**	**0**	90.04
91.00	EMERGENCY	0	0	0	0	0	0	**0**	**0**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	0	**0**	**0**	92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	**0**	**0**	93.00
200.00	Total (lines 50 through 199)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Component CCN: 05T009 **Worksheet D Part IV**

Title XVIII Subprovider - IRF PPS

	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	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)		
		7.00	8.00	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	**236,313,346**	0.000000	0.000000	189,963	**0**	66,152	**0**		50.00
51.00	RECOVERY ROOM	**5,713,443**	0.000000	0.000000	3,264	**0**	3,485	**0**		51.00
52.00	DELIVERY ROOM & LABOR ROOM	**20,767,187**	0.000000	0.000000	0	**0**	0	**0**		52.00
53.00	ANESTHESIOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		53.00
54.00	RADIOLOGY-DIAGNOSTIC	**54,215,192**	0.000000	0.000000	181,498	**0**	5,731	**0**		54.00
54.01	ULTRASOUND	**20,794,771**	0.000000	0.000000	12,437	**0**	0	**0**		54.01
55.00	RADIOLOGY-THERAPEUTIC	**93,782,309**	0.000000	0.000000	809	**0**	0	**0**		55.00
56.00	RADIOISOTOPE	**10,676,692**	0.000000	0.000000	3,447	**0**	0	**0**		56.00
57.00	CT SCAN	**135,013,363**	0.000000	0.000000	170,107	**0**	11,388	**0**		57.00
58.00	MRI	**42,863,092**	0.000000	0.000000	0	**0**	0	**0**		58.00
59.00	CARDIAC CATHETERIZATION	**63,046,518**	0.000000	0.000000	26,609	**0**	0	**0**		59.00
60.00	LABORATORY	**218,993,879**	0.000000	0.000000	1,628,527	**0**	6,023	**0**		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	0.000000	0.000000	0	**0**	0	**0**		63.00
64.00	INTRAVENOUS THERAPY	**25,706,251**	0.000000	0.000000	50,039	**0**	0	**0**		64.00
65.00	RESPIRATORY THERAPY	**50,438,586**	0.000000	0.000000	513,800	**0**	10,464	**0**		65.00
66.00	PHYSICAL THERAPY	**21,569,662**	0.000000	0.000000	1,593,152	**0**	1,277	**0**		66.00
67.00	OCCUPATIONAL THERAPY	**5,767,051**	0.000000	0.000000	1,261,682	**0**	498	**0**		67.00
68.00	SPEECH PATHOLOGY	**6,950,353**	0.000000	0.000000	1,682,300	**0**	0	**0**		68.00
69.00	ELECTROCARDIOLOGY	**12,363,231**	0.000000	0.000000	18,147	**0**	1,578	**0**		69.00
69.01	ECHOCARDIOLOGY	**20,973,975**	0.000000	0.000000	18,393	**0**	0	**0**		69.01
70.00	ELECTROENCEPHALOGRAPHY	**3,148,388**	0.000000	0.000000	5,544	**0**	0	**0**		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**18,540,609**	0.000000	0.000000	97,206	**0**	1,003	**0**		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**38,857,768**	0.000000	0.000000	1,774	**0**	0	**0**		72.00
73.00	DRUGS CHARGED TO PATIENTS	**136,507,164**	0.000000	0.000000	648,714	**0**	8,451	**0**		73.00
74.00	RENAL DIALYSIS	**3,246,221**	0.000000	0.000000	45,872	**0**	0	**0**		74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	**0**	0.000000	0.000000	0	**0**	0	**0**		90.00
90.01	PHARMACOTHERAPY CLINIC	**53,116**	0.000000	0.000000	0	**0**	0	**0**		90.01
90.02	DIETITIANS SERVICES	**1,130,983**	0.000000	0.000000	0	**0**	0	**0**		90.02
90.03	BLANK	**0**	0.000000	0.000000	0	**0**	0	**0**		90.03
90.04	URGENT CARE	**0**	0.000000	0.000000	0	**0**	0	**0**		90.04
91.00	EMERGENCY	**345,615,800**	0.000000	0.000000	46,104	**0**	25,990	**0**		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**21,935,616**	0.000000	0.000000	0	**0**	0	**0**		92.00
93.00	PALLIATIVE CARE	**0**	0.000000	0.000000	0	**0**	0	**0**		93.00
200.00	Total (lines 50 through 199)	**1,614,984,566**			**8,199,388**	**0**	**142,040**	**0**		200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Component CCN: 05T009 **Worksheet D Part V**

Title XVIII Subprovider - IRF PPS

			Charges			Costs			
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	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.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS									
50.00	OPERATING ROOM	0.115960	66,152	0	0	7,671	0	0	50.00
51.00	RECOVERY ROOM	1.075303	3,485	0	0	3,747	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.599110	0	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.185697	5,731	0	0	1,064	0	0	54.00
54.01	ULTRASOUND	0.108801	0	0	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.069887	0	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0.228921	0	0	0	0	0	0	56.00
57.00	CT SCAN	0.031840	11,388	0	0	363	0	0	57.00
58.00	MRI	0.048532	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.120166	0	0	0	0	0	0	59.00
60.00	LABORATORY	0.061566	6,023	0	0	371	0	0	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.218163	0	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.099657	10,464	0	0	1,043	0	0	65.00
66.00	PHYSICAL THERAPY	0.315038	1,277	0	0	402	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.244005	498	0	0	122	0	0	67.00
68.00	SPEECH PATHOLOGY	0.164884	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.058854	1,578	0	0	93	0	0	69.00
69.01	ECHOCARDIOLOGY	0.042818	0	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.086815	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480639	1,003	0	0	482	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.186879	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186212	8,451	0	1,638	1,574	0	305	73.00
74.00	RENAL DIALYSIS	0.492542	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	CLINIC	0.000000	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	7.979742	0	0	0	0	0	0	90.01
90.02	DIETITIANS SERVICES	0.425426	0	0	0	0	0	0	90.02
90.03	BLANK	0.000000	0	0	0	0	0	0	90.03
90.04	URGENT CARE	0.000000	0	0	0	0	0	0	90.04
91.00	EMERGENCY	0.075912	25,990	0	0	1,973	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.347157	0	0	0	0	0	0	92.00
93.00	PALLIATIVE CARE	0.000000	0	0	0	0	0	0	93.00
200.00	Subtotal (see instructions)		**142,040**	**0**	**1,638**	**18,905**	**0**	**305**	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)		**142,040**	**0**	**1,638**	**18,905**	**0**	**305**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Worksheet D
Part I

Title XIX Hospital PPS

	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)	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	**4,720,817**	0	**4,720,817**	**20,175**	233.99	0	**0**	30.00
31.00	INTENSIVE CARE UNIT	**1,931,474**		**1,931,474**	**2,726**	708.54	0	**0**	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**186,108**		**186,108**	**610**	305.10	0	**0**	35.00
41.00	SUBPROVIDER - IRF	**928,225**	0	**928,225**	**3,000**	309.41	0	**0**	41.00
43.00	NURSERY	**140,384**		**140,384**	**1,194**	117.57	0	**0**	43.00
200.00	Total (lines 30 through 199)	**7,907,008**		**7,907,008**	**27,705**		**0**	**0**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Worksheet D
Part II

Title XIX Hospital 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	OPERATING ROOM	**3,177,828**	**0**	0.000000	0	**0**	50.00
51.00	RECOVERY ROOM	**595,009**	**0**	0.000000	0	**0**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	**1,212,337**	**0**	0.000000	0	**0**	52.00
53.00	ANESTHESIOLOGY	**0**	**0**	0.000000	0	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	**957,696**	**0**	0.000000	0	**0**	54.00
54.01	ULTRASOUND	**178,595**	**0**	0.000000	0	**0**	54.01
55.00	RADIOLOGY-THERAPEUTIC	**745,722**	**0**	0.000000	0	**0**	55.00
56.00	RADIOISOTOPE	**140,444**	**0**	0.000000	0	**0**	56.00
57.00	CT SCAN	**265,446**	**0**	0.000000	0	**0**	57.00
58.00	MRI	**195,453**	**0**	0.000000	0	**0**	58.00
59.00	CARDIAC CATHETERIZATION	**635,568**	**0**	0.000000	0	**0**	59.00
60.00	LABORATORY	**950,912**	**0**	0.000000	0	**0**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	**0**	0.000000	0	**0**	63.00
64.00	INTRAVENOUS THERAPY	**578,297**	**0**	0.000000	0	**0**	64.00
65.00	RESPIRATORY THERAPY	**344,499**	**0**	0.000000	0	**0**	65.00
66.00	PHYSICAL THERAPY	**381,279**	**0**	0.000000	0	**0**	66.00
67.00	OCCUPATIONAL THERAPY	**37,928**	**0**	0.000000	0	**0**	67.00
68.00	SPEECH PATHOLOGY	**44,611**	**0**	0.000000	0	**0**	68.00
69.00	ELECTROCARDIOLOGY	**75,910**	**0**	0.000000	0	**0**	69.00
69.01	ECHOCARDIOLOGY	**60,021**	**0**	0.000000	0	**0**	69.01
70.00	ELECTROENCEPHALOGRAPHY	**21,848**	**0**	0.000000	0	**0**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**386,089**	**0**	0.000000	0	**0**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**315,682**	**0**	0.000000	0	**0**	72.00
73.00	DRUGS CHARGED TO PATIENTS	**1,361,543**	**0**	0.000000	0	**0**	73.00
74.00	RENAL DIALYSIS	**79,057**	**0**	0.000000	0	**0**	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	**0**	**0**	0.000000	0	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	**19,354**	**0**	0.000000	0	**0**	90.01
90.02	DIETITIANS SERVICES	**51,029**	**0**	0.000000	0	**0**	90.02
90.03	BLANK	**0**	**0**	0.000000	0	**0**	90.03
90.04	URGENT CARE	**27,823**	**0**	0.000000	0	**0**	90.04
91.00	EMERGENCY	**1,985,053**	**0**	0.000000	0	**0**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**646,287**	**0**	0.000000	0	**0**	92.00
93.00	PALLIATIVE CARE	**0**	**0**	0.000000	0	**0**	93.00
200.00	Total (lines 50 through 199)	**15,471,320**	**0**		**0**	**0**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Worksheet D
Part III

Title XIX Hospital PPS

	Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1A	1.00	2A	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	0	**0**	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0		**0**	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0		**0**	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	0	**0**	41.00
43.00	NURSERY	0	0	0	0	0		**0**	43.00
200.00	Total (lines 30 through 199)	**0**	**0**	**0**	**0**	**0**		**0**	200.00

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	**20,175**	0.00	0	**0**	30.00
31.00	INTENSIVE CARE UNIT	**2,726**	0.00	0	**0**	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	**610**	0.00	0	**0**	35.00
41.00	SUBPROVIDER - IRF	**3,000**	0.00	0	**0**	41.00
43.00	NURSERY	**1,194**	0.00	0	**0**	43.00
200.00	Total (lines 30 through 199)	**27,705**		**0**	**0**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Worksheet D
Part IV

Title XIX Hospital PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	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)	
		1.00	2A	2.00	3A	3.00	4.00	5.00	6.00	
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	0	0	0	0	0	0	**0**	**0**	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	**0**	**0**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	**0**	**0**	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	**0**	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	**0**	**0**	54.00
54.01	ULTRASOUND	0	0	0	0	0	0	**0**	**0**	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	**0**	**0**	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	**0**	**0**	56.00
57.00	CT SCAN	0	0	0	0	0	0	**0**	**0**	57.00
58.00	MRI	0	0	0	0	0	0	**0**	**0**	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	**0**	**0**	59.00
60.00	LABORATORY	0	0	0	0	0	0	**0**	**0**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	**0**	**0**	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	**0**	**0**	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	**0**	**0**	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	**0**	**0**	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	**0**	**0**	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	**0**	**0**	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	**0**	**0**	69.00
69.01	ECHOCARDIOLOGY	0	0	0	0	0	0	**0**	**0**	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	**0**	**0**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	**0**	**0**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	**0**	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	**0**	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	**0**	**0**	74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	0	0	0	0	0	0	**0**	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	0	0	0	0	0	0	**0**	**0**	90.01
90.02	DIETITIANS SERVICES	0	0	0	0	0	0	**0**	**0**	90.02
90.03	BLANK	0	0	0	0	0	0	**0**	**0**	90.03
90.04	URGENT CARE	0	0	0	0	0	0	**0**	**0**	90.04
91.00	EMERGENCY	0	0	0	0	0	0	**0**	**0**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	0	**0**	**0**	92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	**0**	**0**	93.00
200.00	Total (lines 50 through 199)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Worksheet D
Part IV

Title XIX Hospital PPS

	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	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)		
		7.00	8.00	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	**0**	0.000000	0.000000	0	**0**	0	**0**		50.00
51.00	RECOVERY ROOM	**0**	0.000000	0.000000	0	**0**	0	**0**		51.00
52.00	DELIVERY ROOM & LABOR ROOM	**0**	0.000000	0.000000	0	**0**	0	**0**		52.00
53.00	ANESTHESIOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		53.00
54.00	RADIOLOGY-DIAGNOSTIC	**0**	0.000000	0.000000	0	**0**	0	**0**		54.00
54.01	ULTRASOUND	**0**	0.000000	0.000000	0	**0**	0	**0**		54.01
55.00	RADIOLOGY-THERAPEUTIC	**0**	0.000000	0.000000	0	**0**	0	**0**		55.00
56.00	RADIOISOTOPE	**0**	0.000000	0.000000	0	**0**	0	**0**		56.00
57.00	CT SCAN	**0**	0.000000	0.000000	0	**0**	0	**0**		57.00
58.00	MRI	**0**	0.000000	0.000000	0	**0**	0	**0**		58.00
59.00	CARDIAC CATHETERIZATION	**0**	0.000000	0.000000	0	**0**	0	**0**		59.00
60.00	LABORATORY	**0**	0.000000	0.000000	0	**0**	0	**0**		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	0.000000	0.000000	0	**0**	0	**0**		63.00
64.00	INTRAVENOUS THERAPY	**0**	0.000000	0.000000	0	**0**	0	**0**		64.00
65.00	RESPIRATORY THERAPY	**0**	0.000000	0.000000	0	**0**	0	**0**		65.00
66.00	PHYSICAL THERAPY	**0**	0.000000	0.000000	0	**0**	0	**0**		66.00
67.00	OCCUPATIONAL THERAPY	**0**	0.000000	0.000000	0	**0**	0	**0**		67.00
68.00	SPEECH PATHOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		68.00
69.00	ELECTROCARDIOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		69.00
69.01	ECHOCARDIOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		69.01
70.00	ELECTROENCEPHALOGRAPHY	**0**	0.000000	0.000000	0	**0**	0	**0**		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**0**	0.000000	0.000000	0	**0**	0	**0**		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**0**	0.000000	0.000000	0	**0**	0	**0**		72.00
73.00	DRUGS CHARGED TO PATIENTS	**0**	0.000000	0.000000	0	**0**	0	**0**		73.00
74.00	RENAL DIALYSIS	**0**	0.000000	0.000000	0	**0**	0	**0**		74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	**0**	0.000000	0.000000	0	**0**	0	**0**		90.00
90.01	PHARMACOTHERAPY CLINIC	**0**	0.000000	0.000000	0	**0**	0	**0**		90.01
90.02	DIETITIANS SERVICES	**0**	0.000000	0.000000	0	**0**	0	**0**		90.02
90.03	BLANK	**0**	0.000000	0.000000	0	**0**	0	**0**		90.03
90.04	URGENT CARE	**0**	0.000000	0.000000	0	**0**	0	**0**		90.04
91.00	EMERGENCY	**0**	0.000000	0.000000	0	**0**	0	**0**		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**0**	0.000000	0.000000	0	**0**	0	**0**		92.00
93.00	PALLIATIVE CARE	**0**	0.000000	0.000000	0	**0**	0	**0**		93.00
200.00	Total (lines 50 through 199)	**0**			**0**	**0**	**0**	**0**		200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS — Component CCN: 05T009 — **Worksheet D Part II**

Title XIX — 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	OPERATING ROOM	**3,177,828**	**0**	0.000000	0	**0**	50.00
51.00	RECOVERY ROOM	**595,009**	**0**	0.000000	0	**0**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	**1,212,337**	**0**	0.000000	0	**0**	52.00
53.00	ANESTHESIOLOGY	**0**	**0**	0.000000	0	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	**957,696**	**0**	0.000000	0	**0**	54.00
54.01	ULTRASOUND	**178,595**	**0**	0.000000	0	**0**	54.01
55.00	RADIOLOGY-THERAPEUTIC	**745,722**	**0**	0.000000	0	**0**	55.00
56.00	RADIOISOTOPE	**140,444**	**0**	0.000000	0	**0**	56.00
57.00	CT SCAN	**265,446**	**0**	0.000000	0	**0**	57.00
58.00	MRI	**195,453**	**0**	0.000000	0	**0**	58.00
59.00	CARDIAC CATHETERIZATION	**635,568**	**0**	0.000000	0	**0**	59.00
60.00	LABORATORY	**950,912**	**0**	0.000000	0	**0**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	**0**	0.000000	0	**0**	63.00
64.00	INTRAVENOUS THERAPY	**578,297**	**0**	0.000000	0	**0**	64.00
65.00	RESPIRATORY THERAPY	**344,499**	**0**	0.000000	0	**0**	65.00
66.00	PHYSICAL THERAPY	**381,279**	**0**	0.000000	0	**0**	66.00
67.00	OCCUPATIONAL THERAPY	**37,928**	**0**	0.000000	0	**0**	67.00
68.00	SPEECH PATHOLOGY	**44,611**	**0**	0.000000	0	**0**	68.00
69.00	ELECTROCARDIOLOGY	**75,910**	**0**	0.000000	0	**0**	69.00
69.01	ECHOCARDIOLOGY	**60,021**	**0**	0.000000	0	**0**	69.01
70.00	ELECTROENCEPHALOGRAPHY	**21,848**	**0**	0.000000	0	**0**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**386,089**	**0**	0.000000	0	**0**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**315,682**	**0**	0.000000	0	**0**	72.00
73.00	DRUGS CHARGED TO PATIENTS	**1,361,543**	**0**	0.000000	0	**0**	73.00
74.00	RENAL DIALYSIS	**79,057**	**0**	0.000000	0	**0**	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	**0**	**0**	0.000000	0	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	**19,354**	**0**	0.000000	0	**0**	90.01
90.02	DIETITIANS SERVICES	**51,029**	**0**	0.000000	0	**0**	90.02
90.03	BLANK	**0**	**0**	0.000000	0	**0**	90.03
90.04	URGENT CARE	**27,823**	**0**	0.000000	0	**0**	90.04
91.00	EMERGENCY	**1,985,053**	**0**	0.000000	0	**0**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**0**	**0**	0.000000	0	**0**	92.00
93.00	PALLIATIVE CARE	**0**	**0**	0.000000	0	**0**	93.00
200.00	Total (lines 50 through 199)	**14,825,033**	**0**		**0**	**0**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Component CCN: 05T009

Worksheet D
Part IV

Title XIX Subprovider - IRF PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	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)	
		1.00	2A	2.00	3A	3.00	4.00	5.00	6.00	
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	0	0	0	0	0	0	**0**	**0**	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	**0**	**0**	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	**0**	**0**	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	**0**	**0**	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	**0**	**0**	54.00
54.01	ULTRASOUND	0	0	0	0	0	0	**0**	**0**	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	**0**	**0**	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	**0**	**0**	56.00
57.00	CT SCAN	0	0	0	0	0	0	**0**	**0**	57.00
58.00	MRI	0	0	0	0	0	0	**0**	**0**	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	**0**	**0**	59.00
60.00	LABORATORY	0	0	0	0	0	0	**0**	**0**	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	**0**	**0**	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	**0**	**0**	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	**0**	**0**	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	**0**	**0**	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	**0**	**0**	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	**0**	**0**	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	**0**	**0**	69.00
69.01	ECHOCARDIOLOGY	0	0	0	0	0	0	**0**	**0**	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	**0**	**0**	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	**0**	**0**	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	**0**	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	**0**	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	**0**	**0**	74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	0	0	0	0	0	0	**0**	**0**	90.00
90.01	PHARMACOTHERAPY CLINIC	0	0	0	0	0	0	**0**	**0**	90.01
90.02	DIETITIANS SERVICES	0	0	0	0	0	0	**0**	**0**	90.02
90.03	BLANK	0	0	0	0	0	0	**0**	**0**	90.03
90.04	URGENT CARE	0	0	0	0	0	0	**0**	**0**	90.04
91.00	EMERGENCY	0	0	0	0	0	0	**0**	**0**	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	0	**0**	**0**	92.00
93.00	PALLIATIVE CARE	0	0	0	0	0	0	**0**	**0**	93.00
200.00	Total (lines 50 through 199)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Component CCN: 05T009

Worksheet D
Part IV

Title XIX Subprovider - IRF PPS

	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	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)		
		7.00	8.00	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS										
50.00	OPERATING ROOM	**0**	0.000000	0.000000	0	**0**	0	**0**		50.00
51.00	RECOVERY ROOM	**0**	0.000000	0.000000	0	**0**	0	**0**		51.00
52.00	DELIVERY ROOM & LABOR ROOM	**0**	0.000000	0.000000	0	**0**	0	**0**		52.00
53.00	ANESTHESIOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		53.00
54.00	RADIOLOGY-DIAGNOSTIC	**0**	0.000000	0.000000	0	**0**	0	**0**		54.00
54.01	ULTRASOUND	**0**	0.000000	0.000000	0	**0**	0	**0**		54.01
55.00	RADIOLOGY-THERAPEUTIC	**0**	0.000000	0.000000	0	**0**	0	**0**		55.00
56.00	RADIOISOTOPE	**0**	0.000000	0.000000	0	**0**	0	**0**		56.00
57.00	CT SCAN	**0**	0.000000	0.000000	0	**0**	0	**0**		57.00
58.00	MRI	**0**	0.000000	0.000000	0	**0**	0	**0**		58.00
59.00	CARDIAC CATHETERIZATION	**0**	0.000000	0.000000	0	**0**	0	**0**		59.00
60.00	LABORATORY	**0**	0.000000	0.000000	0	**0**	0	**0**		60.00
63.00	BLOOD STORING PROCESSING & TRANS.	**0**	0.000000	0.000000	0	**0**	0	**0**		63.00
64.00	INTRAVENOUS THERAPY	**0**	0.000000	0.000000	0	**0**	0	**0**		64.00
65.00	RESPIRATORY THERAPY	**0**	0.000000	0.000000	0	**0**	0	**0**		65.00
66.00	PHYSICAL THERAPY	**0**	0.000000	0.000000	0	**0**	0	**0**		66.00
67.00	OCCUPATIONAL THERAPY	**0**	0.000000	0.000000	0	**0**	0	**0**		67.00
68.00	SPEECH PATHOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		68.00
69.00	ELECTROCARDIOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		69.00
69.01	ECHOCARDIOLOGY	**0**	0.000000	0.000000	0	**0**	0	**0**		69.01
70.00	ELECTROENCEPHALOGRAPHY	**0**	0.000000	0.000000	0	**0**	0	**0**		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	**0**	0.000000	0.000000	0	**0**	0	**0**		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	**0**	0.000000	0.000000	0	**0**	0	**0**		72.00
73.00	DRUGS CHARGED TO PATIENTS	**0**	0.000000	0.000000	0	**0**	0	**0**		73.00
74.00	RENAL DIALYSIS	**0**	0.000000	0.000000	0	**0**	0	**0**		74.00
OUTPATIENT SERVICE COST CENTERS										
90.00	CLINIC	**0**	0.000000	0.000000	0	**0**	0	**0**		90.00
90.01	PHARMACOTHERAPY CLINIC	**0**	0.000000	0.000000	0	**0**	0	**0**		90.01
90.02	DIETITIANS SERVICES	**0**	0.000000	0.000000	0	**0**	0	**0**		90.02
90.03	BLANK	**0**	0.000000	0.000000	0	**0**	0	**0**		90.03
90.04	URGENT CARE	**0**	0.000000	0.000000	0	**0**	0	**0**		90.04
91.00	EMERGENCY	**0**	0.000000	0.000000	0	**0**	0	**0**		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	**0**	0.000000	0.000000	0	**0**	0	**0**		92.00
93.00	PALLIATIVE CARE	**0**	0.000000	0.000000	0	**0**	0	**0**		93.00
200.00	Total (lines 50 through 199)	**0**			**0**	**0**	**0**	**0**		200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Worksheet D
Part V

Title V Hospital Cost

			Charges			Costs			
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	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.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS									
50.00	OPERATING ROOM	0.115960	1,648,682	0	0	191,181	0	0	50.00
51.00	RECOVERY ROOM	1.075303	56,371	0	0	60,616	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.599110	163,084	0	0	97,705	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.185697	1,314,769	0	0	244,149	0	0	54.00
54.01	ULTRASOUND	0.108801	750,821	0	0	81,690	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.069887	11,435	0	0	799	0	0	55.00
56.00	RADIOISOTOPE	0.228921	12,343	0	0	2,826	0	0	56.00
57.00	CT SCAN	0.031840	2,837,959	0	0	90,361	0	0	57.00
58.00	MRI	0.048532	407,261	0	0	19,765	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.120166	431,257	0	0	51,822	0	0	59.00
60.00	LABORATORY	0.061566	4,557,969	0	0	280,616	0	0	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.218163	307,442	0	0	67,072	0	0	64.00
65.00	RESPIRATORY THERAPY	0.099657	71,396	0	0	7,115	0	0	65.00
66.00	PHYSICAL THERAPY	0.315038	41,703	0	0	13,138	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.244005	8,217	0	0	2,005	0	0	67.00
68.00	SPEECH PATHOLOGY	0.164884	5,368	0	0	885	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.058854	301,203	0	0	17,727	0	0	69.00
69.01	ECHOCARDIOLOGY	0.042818	101,184	0	0	4,332	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.086815	38,484	0	0	3,341	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480639	127,896	0	0	61,472	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.186879	176,280	0	0	32,943	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186212	240,900	0	0	44,858	0	0	73.00
74.00	RENAL DIALYSIS	0.492542	7,973	0	0	3,927	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	CLINIC	0.000000	0	0	0	0	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	7.979742	0	0	0	0	0	0	90.01
90.02	DIETITIANS SERVICES	0.425426	7,714	0	0	3,282	0	0	90.02
90.03	BLANK	0.000000	0	0	0	0	0	0	90.03
90.04	URGENT CARE	0.000000	0	0	0	0	0	0	90.04
91.00	EMERGENCY	0.075912	13,073,311	0	0	992,421	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.347157	303,894	0	0	105,499	0	0	92.00
93.00	PALLIATIVE CARE	0.000000	0	0	0	0	0	0	93.00
200.00	Subtotal (see instructions)		**27,004,916**	**0**	**0**	**2,481,547**	**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)		**27,004,916**	**0**	**0**	**2,481,547**	**0**	**0**	202.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COMPUTATION OF INPATIENT OPERATING COST **Worksheet D-1**

Title XVIII Hospital PPS

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

		1.00	
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	20,175	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,175	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)	17,413	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)	**7,567**	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)	**55,624,492**	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)	**55,624,492**	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)	**55,624,492**	37.00

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COMPUTATION OF INPATIENT OPERATING COST — **Worksheet D-1**

Title XVIII Hospital PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

						1.00	
38.00	Adjusted general inpatient routine service cost per diem (see instructions)					2,757.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)					20,862,976	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)					0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)					**20,862,976**	41.00
		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	18,699,480	2,726	6,859.68	1,057	7,250,682	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	4,116,756	610	6,748.78	0	0	47.00
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,068,433	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)					**53,182,091**	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)	2,519,529	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,866,633	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	**4,386,162**	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	**48,795,929**	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
55.03	CAR T-cell amount paid as an interim payment	0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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

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COMPUTATION OF INPATIENT OPERATING COST **Worksheet D-1**

Title XVIII Hospital PPS

PART III - SNF, NF, AND ICF/IID ONLY

		1.00	
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

		1.00	
87.00	Total observation bed days (see instructions)	2,762	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,757.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	**7,615,110**	89.00

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		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	
90.00	Capital-related cost	4,720,817	55,624,492	0.084869	7,615,110	**646,287**	90.00
91.00	Nursing Program cost	0	55,624,492	0.000000	7,615,110	**0**	91.00
92.00	Allied health cost	0	55,624,492	0.000000	7,615,110	**0**	92.00
93.00	All other Medical Education	0	55,624,492	0.000000	7,615,110	**0**	93.00

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COMPUTATION OF INPATIENT OPERATING COST — Component CCN: 05T009 — **Worksheet D-1**

Title XVIII — Subprovider - IRF — PPS

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

		1.00	
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,000	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,000	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)	3,000	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)	**1,756**	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)	**9,348,174**	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)	**9,348,174**	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)	**9,348,174**	37.00

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COMPUTATION OF INPATIENT OPERATING COST — Component CCN: 05T009 — **Worksheet D-1**

Title XVIII — Subprovider - IRF — PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

						1.00	
38.00	Adjusted general inpatient routine service cost per diem (see instructions)					3,116.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)					5,471,801	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)					**5,471,801**	41.00
		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
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,516,135	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)					**6,987,936**	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)	543,324	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	75,918	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	**619,242**	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	**6,368,694**	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
55.03	CAR T-cell amount paid as an interim payment		55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COMPUTATION OF INPATIENT OPERATING COST — Component CCN: 05T009 — **Worksheet D-1**

Title XVIII — Subprovider - IRF — PPS

PART III - SNF, NF, AND ICF/IID ONLY

		1.00	
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

		1.00	
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
89.00	Observation bed cost (line 87 x line 88) (see instructions)	**0**	89.00

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		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	
90.00	Capital-related cost	928,225	9,348,174	0.099295	0	**0**	90.00
91.00	Nursing Program cost	0	9,348,174	0.000000	0	**0**	91.00
92.00	Allied health cost	0	9,348,174	0.000000	0	**0**	92.00
93.00	All other Medical Education	0	9,348,174	0.000000	0	**0**	93.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COMPUTATION OF INPATIENT OPERATING COST **Worksheet D-1**

Title XIX Hospital PPS

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

		1.00	
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	20,175	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,175	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)	17,413	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)	1,194	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)	**55,624,492**	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)	**55,624,492**	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)	**55,624,492**	37.00

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COMPUTATION OF INPATIENT OPERATING COST — **Worksheet D-1**

Title XIX Hospital PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

						1.00	
38.00	Adjusted general inpatient routine service cost per diem (see instructions)					2,757.10	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
		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)	1,445,266	1,194	1,210.44	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	18,699,480	2,726	6,859.68	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	4,116,756	610	6,748.78	0	0	47.00
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	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)					**0**	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 anesthetist, 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
55.03	CAR T-cell amount paid as an interim payment	0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COMPUTATION OF INPATIENT OPERATING COST **Worksheet D-1**

Title XIX Hospital PPS

PART III - SNF, NF, AND ICF/IID ONLY

		1.00	
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

		1.00	
87.00	Total observation bed days (see instructions)	2,762	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,757.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	**7,615,110**	89.00

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		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	
90.00	Capital-related cost	4,720,817	55,624,492	0.084869	7,615,110	**646,287**	90.00
91.00	Nursing Program cost	0	55,624,492	0.000000	7,615,110	**0**	91.00
92.00	Allied health cost	0	55,624,492	0.000000	7,615,110	**0**	92.00
93.00	All other Medical Education	0	55,624,492	0.000000	7,615,110	**0**	93.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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COMPUTATION OF INPATIENT OPERATING COST — Component CCN: 05T009 — **Worksheet D-1**

Title XIX — Subprovider - IRF — PPS

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

		1.00	
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,000	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,000	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)	3,000	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)	1,194	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)	**9,348,174**	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)	**9,348,174**	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)	**9,348,174**	37.00

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COMPUTATION OF INPATIENT OPERATING COST — Component CCN: 05T009 — **Worksheet D-1**

Title XIX — Subprovider - IRF — PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

						1.00	
38.00	Adjusted general inpatient routine service cost per diem (see instructions)					3,116.06	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
		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
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	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)					**0**	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 anesthetist, 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
55.03	CAR T-cell amount paid as an interim payment		55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

COMPUTATION OF INPATIENT OPERATING COST — Component CCN: 05T009 — **Worksheet D-1**

Title XIX — Subprovider - IRF — PPS

PART III - SNF, NF, AND ICF/IID ONLY

		1.00	
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

		1.00	
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
89.00	Observation bed cost (line 87 x line 88) (see instructions)	**0**	89.00

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		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	
90.00	Capital-related cost	928,225	9,348,174	0.099295	0	**0**	90.00
91.00	Nursing Program cost	0	9,348,174	0.000000	0	**0**	91.00
92.00	Allied health cost	0	9,348,174	0.000000	0	**0**	92.00
93.00	All other Medical Education	0	9,348,174	0.000000	0	**0**	93.00

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COMPUTATION OF INPATIENT OPERATING COST **Worksheet D-1**

		Title V Hospital	Cost
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
		1.00	
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	20,175	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,175	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)	17,413	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)	**773**	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)	1,194	15.00
16.00	Nursery days (title V or XIX only)	160	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)	**55,624,492**	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)	**55,624,492**	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)	**55,624,492**	37.00

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COMPUTATION OF INPATIENT OPERATING COST — **Worksheet D-1**

Title V Hospital Cost

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

						1.00	
38.00	Adjusted general inpatient routine service cost per diem (see instructions)					2,757.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)					2,131,238	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)					**2,131,238**	41.00
		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)	1,445,266	1,194	1,210.44	-160	193,670	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	18,699,480	2,726	6,859.68	65	445,879	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	4,116,756	610	6,748.78	103	695,124	47.00
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,301,128	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)					**5,767,039**	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 anesthetist, 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
55.03	CAR T-cell amount paid as an interim payment	0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)	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

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COMPUTATION OF INPATIENT OPERATING COST **Worksheet D-1**

Title V Hospital Cost

PART III - SNF, NF, AND ICF/IID ONLY

		1.00	
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

		1.00	
87.00	Total observation bed days (see instructions)	2,762	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,757.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	**7,615,110**	89.00

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		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	
90.00	Capital-related cost	4,720,817	55,624,492	0.084869	7,615,110	**646,287**	90.00
91.00	Nursing Program cost	0	55,624,492	0.000000	7,615,110	**0**	91.00
92.00	Allied health cost	0	55,624,492	0.000000	7,615,110	**0**	92.00
93.00	All other Medical Education	0	55,624,492	0.000000	7,615,110	**0**	93.00

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Worksheet D-3

Title XVIII Hospital PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		71,386,186		30.00
31.00	INTENSIVE CARE UNIT		24,148,415		31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.117390	28,918,192	3,394,707	50.00
51.00	RECOVERY ROOM	1.075303	818,549	880,188	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.599110	11,026	6,606	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.185697	6,957,326	1,291,955	54.00
54.01	ULTRASOUND	0.108801	1,716,704	186,779	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.069887	862,171	60,255	55.00
56.00	RADIOISOTOPE	0.228921	609,832	139,603	56.00
57.00	CT SCAN	0.031840	17,523,376	557,944	57.00
58.00	MRI	0.048532	4,331,252	210,204	58.00
59.00	CARDIAC CATHETERIZATION	0.120166	13,502,923	1,622,592	59.00
60.00	LABORATORY	0.061566	53,045,966	3,265,828	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.218163	214,395	46,773	64.00
65.00	RESPIRATORY THERAPY	0.099657	16,649,907	1,659,280	65.00
66.00	PHYSICAL THERAPY	0.315038	1,624,978	511,930	66.00
67.00	OCCUPATIONAL THERAPY	0.244005	936,503	228,511	67.00
68.00	SPEECH PATHOLOGY	0.164884	1,416,677	233,587	68.00
69.00	ELECTROCARDIOLOGY	0.058854	1,935,351	113,903	69.00
69.01	ECHOCARDIOLOGY	0.042818	5,027,069	215,249	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.086815	672,407	58,375	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480639	2,407,897	1,157,329	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.186879	7,129,148	1,332,288	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186212	17,536,689	3,265,542	73.00
74.00	RENAL DIALYSIS	0.492542	1,355,182	667,484	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	7.979742	0	0	90.01
90.02	DIETITIANS SERVICES	0.425426	0	0	90.02
90.03	BLANK	0.000000	0	0	90.03
90.04	URGENT CARE	0.000000	0	0	90.04
91.00	EMERGENCY	0.075912	38,595,593	2,929,869	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.347157	2,971,717	1,031,652	92.00
93.00	PALLIATIVE CARE	0.000000	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		**226,770,830**	**25,068,433**	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)		**226,770,830**		202.00

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT Component CCN: 05T009 **Worksheet D-3**

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	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
35.00	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	SUBPROVIDER - IRF		13,079,341		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.117390	189,963	22,300	50.00
51.00	RECOVERY ROOM	1.075303	3,264	3,510	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.599110	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.185697	181,498	33,704	54.00
54.01	ULTRASOUND	0.108801	12,437	1,353	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.069887	809	57	55.00
56.00	RADIOISOTOPE	0.228921	3,447	789	56.00
57.00	CT SCAN	0.031840	170,107	5,416	57.00
58.00	MRI	0.048532	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.120166	26,609	3,197	59.00
60.00	LABORATORY	0.061566	1,628,527	100,262	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.218163	50,039	10,917	64.00
65.00	RESPIRATORY THERAPY	0.099657	513,800	51,204	65.00
66.00	PHYSICAL THERAPY	0.315038	1,593,152	501,903	66.00
67.00	OCCUPATIONAL THERAPY	0.244005	1,261,682	307,857	67.00
68.00	SPEECH PATHOLOGY	0.164884	1,682,300	277,384	68.00
69.00	ELECTROCARDIOLOGY	0.058854	18,147	1,068	69.00
69.01	ECHOCARDIOLOGY	0.042818	18,393	788	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.086815	5,544	481	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480639	97,206	46,721	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.186879	1,774	332	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186212	648,714	120,798	73.00
74.00	RENAL DIALYSIS	0.492542	45,872	22,594	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	7.979742	0	0	90.01
90.02	DIETITIANS SERVICES	0.425426	0	0	90.02
90.03	BLANK	0.000000	0	0	90.03
90.04	URGENT CARE	0.000000	0	0	90.04
91.00	EMERGENCY	0.075912	46,104	3,500	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.347157	0	0	92.00
93.00	PALLIATIVE CARE	0.000000	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		**8,199,388**	**1,516,135**	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)		**8,199,388**		202.00

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Worksheet D-3

Title V Hospital Cost

	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	ADULTS & PEDIATRICS		6,776,759		30.00
31.00	INTENSIVE CARE UNIT		1,456,712		31.00
35.00	NEONATAL INTENSIVE CARE UNIT		1,031,588		35.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY		534,677		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.115960	2,677,525	310,486	50.00
51.00	RECOVERY ROOM	1.075303	84,642	91,016	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.599110	335,550	201,031	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.185697	442,438	82,159	54.00
54.01	ULTRASOUND	0.108801	199,374	21,692	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.069887	1,873	131	55.00
56.00	RADIOISOTOPE	0.228921	58,682	13,434	56.00
57.00	CT SCAN	0.031840	1,588,250	50,570	57.00
58.00	MRI	0.048532	527,639	25,607	58.00
59.00	CARDIAC CATHETERIZATION	0.120166	1,345,564	161,691	59.00
60.00	LABORATORY	0.061566	5,076,574	312,544	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.218163	22,310	4,867	64.00
65.00	RESPIRATORY THERAPY	0.099657	654,690	65,244	65.00
66.00	PHYSICAL THERAPY	0.315038	170,592	53,743	66.00
67.00	OCCUPATIONAL THERAPY	0.244005	50,127	12,231	67.00
68.00	SPEECH PATHOLOGY	0.164884	70,882	11,687	68.00
69.00	ELECTROCARDIOLOGY	0.058854	117,663	6,925	69.00
69.01	ECHOCARDIOLOGY	0.042818	385,929	16,525	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.086815	62,533	5,429	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480639	229,172	110,149	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.186879	184,501	34,479	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186212	1,714,075	319,181	73.00
74.00	RENAL DIALYSIS	0.492542	49,663	24,461	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	7.979742	0	0	90.01
90.02	DIETITIANS SERVICES	0.425426	0	0	90.02
90.03	BLANK	0.000000	0	0	90.03
90.04	URGENT CARE	0.000000	0	0	90.04
91.00	EMERGENCY	0.075912	3,808,120	289,082	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.347157	221,122	76,764	92.00
93.00	PALLIATIVE CARE	0.000000	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		**20,079,490**	**2,301,128**	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)		**20,079,490**		202.00

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT — Component CCN: 05T009 — **Worksheet D-3**

Title V — Subprovider - IRF — Cost

	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	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
35.00	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	SUBPROVIDER - IRF		624,232		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.115960	0	0	50.00
51.00	RECOVERY ROOM	1.075303	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.599110	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.185697	3,294	612	54.00
54.01	ULTRASOUND	0.108801	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.069887	0	0	55.00
56.00	RADIOISOTOPE	0.228921	0	0	56.00
57.00	CT SCAN	0.031840	0	0	57.00
58.00	MRI	0.048532	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.120166	0	0	59.00
60.00	LABORATORY	0.061566	75,485	4,647	60.00
63.00	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.218163	0	0	64.00
65.00	RESPIRATORY THERAPY	0.099657	0	0	65.00
66.00	PHYSICAL THERAPY	0.315038	70,845	22,319	66.00
67.00	OCCUPATIONAL THERAPY	0.244005	62,915	15,352	67.00
68.00	SPEECH PATHOLOGY	0.164884	106,890	17,624	68.00
69.00	ELECTROCARDIOLOGY	0.058854	0	0	69.00
69.01	ECHOCARDIOLOGY	0.042818	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.086815	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480639	36,886	17,729	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.186879	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.186212	22,912	4,266	73.00
74.00	RENAL DIALYSIS	0.492542	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0	0	90.00
90.01	PHARMACOTHERAPY CLINIC	7.979742	0	0	90.01
90.02	DIETITIANS SERVICES	0.425426	0	0	90.02
90.03	BLANK	0.000000	0	0	90.03
90.04	URGENT CARE	0.000000	0	0	90.04
91.00	EMERGENCY	0.075912	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.347157	0	0	92.00
93.00	PALLIATIVE CARE	0.000000	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		**379,227**	**82,549**	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)		**379,227**		202.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E
Part A

Title XVIII Hospital PPS

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS

		1.00	
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	9,863,155	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	28,623,954	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)	89,252	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	430,306	2.04
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	156.34	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 qualifing 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)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
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).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
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
8.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)		8.28
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 8.28 (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	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.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program (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	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	**0**	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	**0**	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)	0.00	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)	**0**	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	**0**	29.01
Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	5.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)	31.13	31.00
32.00	Sum of lines 30 and 31	36.81	32.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E
Part A

Title XVIII Hospital PPS

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS

			1.00	
33.00	Allowable disproportionate share percentage (see instructions)		19.58	33.00
34.00	Disproportionate share adjustment (see instructions)		**1,883,945**	34.00
Uncompensated Care Payment Adjustment				
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
35.00	Total uncompensated care amount (see instructions)	5,938,006,757	5,705,743,275	35.00
35.01	Factor 3 (see instructions)	0.000214456	0.000188526	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	1,273,438	1,075,681	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	320,099	804,550	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	**1,124,649**		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	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	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)	**42,015,261**		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)		**42,015,261**	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,174,397	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		4,885	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 intructions)		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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		**45,194,543**	59.00
60.00	Primary payer payments		3,053	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		**45,191,490**	61.00
62.00	Deductibles billed to program beneficiaries		2,740,150	62.00
63.00	Coinsurance billed to program beneficiaries		48,065	63.00
64.00	Allowable bad debts (see instructions)		573,392	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		372,705	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		524,248	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		**42,775,980**	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
70.76	Essential medicines payment adjustment amount (see instructions)			70.76
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)			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E
Part A

Title XVIII Hospital PPS

			Amount	
			1.00	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		327,119	70.93
70.94	HRR adjustment amount (see instructions)		-146,463	70.94
70.95	Recovery of accelerated depreciation		0	70.95
		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)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		**42,956,636**	71.00
71.01	Sequestration adjustment (see instructions)		859,133	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		42,316,489	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		**-218,986**	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		14,539,544	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. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
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
HSP Bonus Payment Amount				
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
100.00	HSP bonus amount (see instructions)	**0**	**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**	**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**	**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. II, 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
Comparision 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

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CALCULATION OF DSH PAYMENT PERCENTAGE **Worksheet DSH**

Title XVIII Hospital PPS

CALCULATION OF THE DSH PAYMENT PERCENTAGE

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.68	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	31.13	0.00			31.13	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	**36.81**	**0.00**			**31.13**	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	156.34	0.00			156.34	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	19.58	0.00			14.90	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	5.68	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	**5.87**	**0.00**	**0.00**	**0.00**	**0.00**	14.00

CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS

15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,063	0			1,063	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	187	0			187	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	5,588	0			5,588	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,838	0			6,838	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	**21,943**	**0**			**21,943**	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	20	0			20	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	**21,963**	**0**			**21,963**	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	31.13	0.00			31.13	27.00

CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE

		Original .mcrx Values		Adjusted .mcax Values		Revised		
		Condition	Percentage	Condition	Percentage	Condition	Percentage	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	19.58		0.00	True	14.90	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	0.00	29.00
30.00	Line 28 or 29 as applicable		**19.58**		**0.00**		**14.90**	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		**19.58**		**0.00**		**14.90**	31.00

DETERMINATION OF PROVIDER TYPE

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

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LOW VOLUME CALCULATION EXHIBIT 4

Worksheet E
Part A Exhibit 4

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	9,863,155	0	9,863,155		**9,863,155**	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,623,954	0		28,623,954	**28,623,954**	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	89,252	0	89,252		**89,252**	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	430,306	0		430,306	**430,306**	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	**0**	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	**0**	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	**0**	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	**0**	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	0	0	0	0	**0**	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	**0**	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1958	0.1958	0.1958	0.1958		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,883,945	0	482,802	1,401,143	**1,883,945**	11.00
11.01	Uncompensated care payments	36.00	1,124,649	0	320,099	804,443	**1,124,542**	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**	**42,015,261**	**0**	**10,755,308**	**31,259,953**	**42,015,261**	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**	**42,015,261**	**0**	**10,755,308**	**31,259,953**	**42,015,261**	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,174,397	0	809,620	2,364,777	**3,174,397**	16.00
17.00	Special add-on payments for new technologies	54.00	4,885	0	0	4,885	**4,885**	17.00
17.01	Net organ aquisition cost							17.01
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**	**11,564,928**	**33,629,615**	**45,194,543**	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	2,897,218	0	741,318	2,155,900	**2,897,218**	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	53,224	0	10,998	42,226	**53,224**	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	**0**	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0773	0.0773	0.0773	0.0773		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	223,955	0	57,304	166,651	**223,955**	25.00
26.00	Total prospective capital payments (see instructions)	**12.00**	**3,174,397**	**0**	**809,620**	**2,364,777**	**3,174,397**	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

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Worksheet E
Part A Exhibit 5

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 (cols. 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	9,863,155	9,863,155		**9,863,155**	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	28,623,954		28,623,954	**28,623,954**	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	89,252	89,252		**89,252**	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	430,306		430,306	**430,306**	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	**0**	3.00
4.00	Managed care simulated payments	3.00	0	0	0	**0**	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	**0**	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	**0**	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	0	0	0	**0**	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	**0**	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1958	0.1958	0.1958		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,883,945	482,802	1,401,143	**1,883,945**	11.00
11.01	Uncompensated care payments	36.00	1,124,649	320,099	804,443	**1,124,542**	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**	**42,015,261**	**10,755,308**	**31,259,953**	**42,015,261**	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**	**42,015,261**	**10,755,308**	**31,259,953**	**42,015,261**	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,174,397	809,620	2,364,777	**3,174,397**	16.00
17.00	Special add-on payments for new technologies	54.00	4,885	0	4,885	**4,885**	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			**11,564,928**	**33,629,615**	**45,194,543**	19.00
		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	2,897,218	741,318	2,155,900	**2,897,218**	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	53,224	10,998	42,226	**53,224**	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	**0**	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0773	0.0773	0.0773		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	223,955	57,304	166,651	**223,955**	25.00
26.00	Total prospective capital payments (see instructions)	**12.00**	**3,174,397**	**809,620**	**2,364,777**	**3,174,397**	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	327,119	150,252	176,867	**327,119**	30.00

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Worksheet E
Part A Exhibit 5

Title XVIII Hospital PPS

		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
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	-146,463	-43,398	-103,065	**-146,463**	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**	**0**	**0**	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E
Part B

Title XVIII Hospital PPS

		1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	13,943	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	37,117,027	2.00
3.00	OPPS or REH payments	35,063,474	3.00
4.00	Outlier payment (see instructions)	204,641	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)	**13,943**	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	74,660	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)	**74,660**	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 chargebasis 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)	74,660	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	60,717	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)	**13,943**	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)	**35,268,115**	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	12,203	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	5,758,785	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)	**29,511,070**	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)	**29,511,070**	30.00
31.00	Primary payer payments	19,013	31.00
32.00	Subtotal (line 30 minus line 31)	**29,492,057**	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)	1,415,854	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	920,305	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,352,583	36.00
37.00	Subtotal (see instructions)	**30,412,362**	37.00
38.00	MSP-LCC reconciliation amount from PS&R	82	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)	9,399	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	30,412,280	40.00
40.01	Sequestration adjustment (see instructions)	608,246	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	29,475,087	41.00
41.01	Interim payments-PARHM		41.01

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E
Part B

Title XVIII Hospital PPS

PART B - MEDICAL AND OTHER HEALTH SERVICES			
		1.00	
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	**328,947**	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	283,171	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
WORKSHEET OVERRIDE VALUES			
		Overrides	
112.00	Override of Ancillary service charges (line 12)	0	112.00
MEDICARE PART B ANCILLARY COSTS			
200.00	Part B Combined Billed Days	0	200.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT — Component CCN: 05T009 — **Worksheet E Part B**

Title XVIII — Subprovider - IRF — PPS

		1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	305	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	18,905	2.00
3.00	OPPS or REH payments	14,075	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)	**305**	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	1,638	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)	**1,638**	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 chargebasis 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)	1,638	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,333	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)	**305**	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	**14,075**	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)	2,636	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	**11,744**	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)	**11,744**	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	**11,744**	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)	**11,744**	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)	11,744	40.00
40.01	Sequestration adjustment (see instructions)	235	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	11,532	41.00
41.01	Interim payments-PARHM		41.01

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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CALCULATION OF REIMBURSEMENT SETTLEMENT — Component CCN: 05T009 — **Worksheet E Part B**

Title XVIII — Subprovider - IRF — PPS

PART B - MEDICAL AND OTHER HEALTH SERVICES			
		1.00	
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	-23	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
WORKSHEET OVERRIDE VALUES			
		Overrides	
112.00	Override of Ancillary service charges (line 12)	0	112.00
MEDICARE PART B ANCILLARY COSTS			
200.00	Part B Combined Billed Days		200.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1
Part I

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		42,316,489		29,475,087	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)		**42,316,489**		**29,475,087**	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		0		328,947	6.01
6.02	SETTLEMENT TO PROGRAM		218,986		0	6.02
7.00	Total Medicare program liability (see instructions)		**42,097,503**		**29,804,034**	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

(1) On lines 3, 5, and 6, where an amount is due "Provider to Program", show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED — Component CCN: 05T009 — **Worksheet E-1 Part I**

Title XVIII — Subprovider - IRF — 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		6,386,146		11,532	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)		**6,386,146**		**11,532**	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		8,293		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		23	6.02
7.00	Total Medicare program liability (see instructions)		**6,394,439**		**11,509**	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

(1) On lines 3, 5, and 6, where an amount is due "Provider to Program", show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Worksheet E-1
Part II

Title XVIII Hospital PPS

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
		1.00	
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
CONTRACTOR OVERRIDES			
		Overrides	
		1.00	
108.00	Override of HIT payment		108.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT — Component CCN: 05T009 — **Worksheet E-3 Part III**

Title XVIII — Subprovider - IRF — PPS

		1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)	5,276,590	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0587	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	413,685	3.00
4.00	Outlier Payments	871,770	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)	8.219178	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)	**6,562,045**	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	**6,562,045**	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	**6,562,045**	19.00
20.00	Deductibles	26,552	20.00
21.00	Subtotal (line 19 minus line 20)	**6,535,493**	21.00
22.00	Coinsurance	11,644	22.00
23.00	Subtotal (line 21 minus line 22)	**6,523,849**	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,676	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,089	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,676	26.00
27.00	Subtotal (sum of lines 23 and 25)	**6,524,938**	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)	0	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)	**6,524,938**	32.00
32.01	Sequestration adjustment (see instructions)	130,499	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	6,386,146	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)	**8,293**	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	335	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	871,770	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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E-3
Part VII

Title V Hospital Cost

		Inpatient	Outpatient	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	5,767,039		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)	**5,767,039**	**0**	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	**5,767,039**	**0**	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	9,799,736		8.00
9.00	Ancillary service charges	20,079,490	27,004,916	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)	**29,879,226**	**27,004,916**	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)	**29,879,226**	**27,004,916**	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	24,112,187	27,004,916	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)	**5,767,039**	**0**	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)	**5,767,039**	**0**	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)	**5,767,039**	**0**	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)	**5,767,039**	**0**	36.00
37.00	CLEAR MEDICAL NET TO ZERO	-6,052,133	0	37.00
38.00	Subtotal (line 36 ± line 37)	**-285,094**	**0**	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	**-285,094**	**0**	40.00
41.00	Interim payments	-285,094	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	**0**	**0**	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
OVERRIDES				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT — Component CCN: 05T009 — **Worksheet E-3 Part VII**

Title V — Subprovider - IRF — Cost

		Inpatient	Outpatient	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	**0**	**0**	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	**0**	**0**	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	379,227	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	**379,227**	**0**	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)	**379,227**	**0**	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	379,227	0	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)	**0**	**0**	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)	**0**	**0**	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)	**0**	**0**	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)	**0**	**0**	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	**0**	**0**	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	**0**	**0**	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	**0**	**0**	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
OVERRIDES				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period: From: 07/01/2024	Run Date Time: 4/3/2026 11:51 am
		MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT

Worksheet E-5

Title XVIII PPS

TO BE COMPLETED BY CONTRACTOR

		1.00	
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

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

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

	Assets (Omit Cents)	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	136,302,464	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	44,800,931	0	0	0	4.00
5.00	Other receivable	46,742,405	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,990	0	0	0	6.00
7.00	Inventory	4,224,126	0	0	0	7.00
8.00	Prepaid expenses	36,396	0	0	0	8.00
9.00	Other current assets	0	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)	**232,100,332**	**0**	**0**	**0**	11.00
FIXED ASSETS						
12.00	Land	5,618,499	0	0	0	12.00
13.00	Land improvements	2,635,482	0	0	0	13.00
14.00	Accumulated depreciation	-364,986	0	0	0	14.00
15.00	Buildings	276,039,166	0	0	0	15.00
16.00	Accumulated depreciation	-151,887,285	0	0	0	16.00
17.00	Leasehold improvements	2,492,622	0	0	0	17.00
18.00	Accumulated depreciation	-407,880	0	0	0	18.00
19.00	Fixed equipment	29,461,310	0	0	0	19.00
20.00	Accumulated depreciation	-28,409,173	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	144,869,931	0	0	0	23.00
24.00	Accumulated depreciation	-136,268,241	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	19,943,777	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	**163,723,222**	**0**	**0**	**0**	30.00
OTHER ASSETS						
31.00	Investments	75,403,340	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	1,819,218	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	77,222,558	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	**473,046,112**	**0**	**0**	**0**	36.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
	From: 07/01/2024	MCRIF32 **2552-10**
Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

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

	Liabilities and Fund Balances (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT LIABILITIES						
37.00	Accounts payable	12,141,300	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,664,335	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	35,175,741	0	0	0	40.00
41.00	Deferred income	-119,463	0	0	0	41.00
42.00	Accelerated payments	3,715,165				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	19,948,744	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	**77,525,822**	**0**	**0**	**0**	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	33,961,030	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	58,973,339	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	92,934,369	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	**170,460,191**	**0**	**0**	**0**	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	302,585,921				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)	**302,585,921**	**0**	**0**	**0**	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	**473,046,112**	**0**	**0**	**0**	60.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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STATEMENT OF CHANGES IN FUND BALANCES **Worksheet G-1**

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		282,547,013		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,013,818							2.00
3.00	Total (sum of line 1 and line 2)		**285,560,831**		**0**		**0**		**0**	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0		0		4.00
5.00	ADD BACK SYSTEM ASSESSMENTS	61,197,805		0		0		0		5.00
6.00	INVESTMENT AND OTHER INCOME	8,723,573		0		0		0		6.00
7.00	RESTRICTED CONTRIBUTIONS & GRANTS	911,772		0		0		0		7.00
8.00	NET ASSETS RELEASED FROM REST.	5,794,651		0		0		0		8.00
9.00	OTHER AND ROUNDING	77		0		0		0		9.00
10.00	Total additions (sum of line 4-9)		**76,627,878**		**0**		**0**		**0**	10.00
11.00	Subtotal (line 3 plus line 10)		**362,188,709**		**0**		**0**		**0**	11.00
12.00	INTERDIVISION TRANSFERS	59,602,788		0		0		0		12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		**59,602,788**		**0**		**0**		**0**	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		**302,585,921**		**0**		**0**		**0**	19.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Parts I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Services					
1.00	Hospital	166,591,331		166,591,331	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	22,456,340		22,456,340	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)	**189,047,671**		**189,047,671**	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	61,757,502		61,757,502	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	4,396,599		4,396,599	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	**66,154,101**		**66,154,101**	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	**255,201,772**		**255,201,772**	17.00
18.00	Ancillary services	457,939,770	783,465,097	1,241,404,867	18.00
19.00	Outpatient services	94,797,935	273,937,580	368,735,515	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	RENAL DIALYSIS	2,894,751	337,565	3,232,316	27.00
27.01	MISCELLANEOUS	0	1,947,731	1,947,731	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	**810,834,228**	**1,059,687,973**	**1,870,522,201**	28.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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Provider CCN: 05-0009	To: 06/30/2025	Version: 25.1.181.0

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Parts I & II

PART II - OPERATING EXPENSES

		1.00	2.00	
29.00	Operating expenses (per Wkst. A, column 3, line 200)		**288,619,609**	29.00
30.00	SYSTEM ASSESSMENT	61,197,805		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)		**61,197,805**	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)		**349,817,414**	43.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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STATEMENT OF REVENUES AND EXPENSES **Worksheet G-3**

	Description		
		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,870,522,201	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,562,137,493	2.00
3.00	Net patient revenues (line 1 minus line 2)	308,384,708	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	349,817,414	4.00
5.00	Net income from service to patients (line 3 minus line 4)	**-41,432,706**	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	768,353	6.00
7.00	Income from investments	671,957	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	663,796	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	43,092,973	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	**45,197,079**	25.00
26.00	Total (line 5 plus line 25)	**3,764,373**	26.00
27.00	MISCELLANEOUS	750,555	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	**750,555**	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	**3,013,818**	29.00

QUEEN OF THE VALLEY MEDICAL CENTER	Period:	Run Date Time: 4/3/2026 11:51 am
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CALCULATION OF CAPITAL PAYMENT

Worksheet L
Parts I-III

Title XVIII Hospital PPS

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

		1.00	
1.00	Capital DRG other than outlier	2,897,218	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	53,224	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)	56.90	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	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)	**0**	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	31.13	8.00
9.00	Sum of lines 7 and 8	36.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.73	10.00
11.00	Disproportionate share adjustment (see instructions)	**223,955**	11.00
12.00	Total prospective capital payments (see instructions)	**3,174,397**	12.00

PART II - PAYMENT UNDER REASONABLE COST

		1.00	
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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

		1.00	
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

EXHIBIT 2 TO

SECTION 999.5(d)(5)(C)

Providence Health
QUEEN OF THE VALLEY
Payor Mix Report (Whole Dollars)
Reported as of December 2021

PAYOR_MIX_WD
Entity - NOR_CAL.2700
Printed On 4/21/26 @ 11:44 AM
Printed By eve.aoun

Month-To-Date				Year-To-Date				
Actual	**Budget**	**% Variance**		**Actual**	**Budget**	**% Variance**	**PY Actual**	**% Variance**
			GROSS PATIENT SVC REV BY PAYOR					
(1,255,278)	2,658,491	(147.22%)	Self-Pay	22,306,876	31,994,110	(30.28%)	24,539,733	(9.10%)
30,583,192	32,663,947	(6.37%)	Commercial	367,158,605	383,581,932	(4.28%)	342,052,997	7.34%
61,456,178	59,085,226	4.01%	Medicare	684,491,029	700,522,106	(2.29%)	652,824,948	4.85%
28,635,214	27,617,503	3.69%	Medicaid	339,734,283	324,427,493	4.72%	294,773,016	15.25%
259,938	963,055	(73.01%)	Other Government	3,952,177	11,294,349	(65.01%)	6,573,818	(39.88%)
2,859,286	2,524,531	13.26%	Other	36,931,834	30,429,849	21.37%	28,980,932	27.43%
122,538,530	125,512,753	(2.37%)	Gross Patient Service Revenue By Payor	1,454,574,804	1,482,249,839	(1.87%)	1,349,745,444	7.77%
			AS A % OF TOTAL REVENUE					
(1.02%)	2.12%	(148.36%)	Self-Pay	1.53%	2.16%	(28.95%)	1.82%	(15.65%)
24.96%	26.02%	(4.10%)	Commercial	25.24%	25.88%	(2.46%)	25.34%	(0.40%)
50.15%	47.08%	6.54%	Medicare	47.06%	47.26%	(0.43%)	48.37%	(2.71%)
23.37%	22.00%	6.20%	Medicaid	23.36%	21.89%	6.71%	21.84%	6.95%
0.21%	0.77%	(72.35%)	Other Government	0.27%	0.76%	(64.34%)	0.49%	(44.21%)
2.33%	2.01%	16.01%	Other	2.54%	2.05%	23.68%	2.15%	18.25%
100.00%	100.00%	-	Total Gross Patient Service Revenue	100.00%	100.00%	-	100.00%	-
			NET PATIENT SVC REV BY PAYOR					
(2,000,381)	(2,789,439)	(28.29%)	Self-Pay	11,343,096	(32,344,672)	(135.07%)	8,621,488	31.57%
12,292,047	8,886,840	38.32%	Commercial	99,705,242	102,774,734	(2.99%)	105,201,319	(5.22%)
8,956,016	9,766,551	(8.30%)	Medicare	98,868,535	118,079,891	(16.27%)	89,638,324	10.30%
8,382,542	2,034,365	312.05%	Medicaid	47,653,905	22,301,996	113.68%	37,456,519	27.22%
137,766	963,055	(85.69%)	Other Government	27,247	11,294,349	(99.76%)	(475,288)	(105.73%)
244,973	2,030,392	87.93%	Other	615,546	24,326,136	(97.47%)	(486,221)	226.60%
28,012,963	20,891,764	34.09%	Net Patient Service Revenue By Payor	258,213,571	246,432,434	4.78%	239,956,141	7.61%
			AS A % OF TOTAL REVENUE					
(7.14%)	(13.35%)	(46.52%)	Self-Pay	4.39%	(13.13%)	(133.47%)	3.59%	22.27%
43.88%	42.54%	3.16%	Commercial	38.61%	41.71%	(7.41%)	43.84%	(11.93%)
31.97%	46.75%	(31.61%)	Medicare	38.29%	47.92%	(20.09%)	37.36%	2.50%
29.92%	9.74%	207.30%	Medicaid	18.46%	9.05%	103.93%	15.61%	18.23%
0.49%	4.61%	89.33%	Other Government	0.01%	4.58%	(99.77%)	(0.20%)	(105.33%)
0.87%	9.72%	91.00%	Other	0.24%	9.87%	97.59%	(0.20%)	217.65%
100.00%	100.00%	-	Total Net Patient Service Revenue	100.00%	100.00%	-	100.00%	-

Providence Health
QUEEN OF THE VALLEY
Payor Mix Report (Whole Dollars)
Reported as of December 2022

PAYOR_MIX_WD
Entity - NOR_CAL.2700
Printed On 4/21/26 @ 11:59 AM
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Month-To-Date				Year-To-Date				
Actual	**Budget**	**% Variance**		**Actual**	**Budget**	**% Variance**	**PY Actual**	**% Variance**
			GROSS PATIENT SVC REV BY PAYOR					
1,759,988	1,843,761	(4.54%)	Self-Pay	15,589,182	21,921,121	(28.89%)	22,306,876	(30.11%)
26,554,456	30,670,469	(13.42%)	Commercial	335,376,022	365,222,188	(8.17%)	367,158,605	(8.66%)
79,049,995	59,292,164	33.32%	Medicare	796,208,811	698,677,319	13.96%	684,491,029	16.32%
31,760,536	29,590,580	7.33%	Medicaid	344,654,040	349,196,146	(1.30%)	339,734,283	1.45%
1,563,034	314,461	397.05%	Other Government	33,354,973	3,732,656	793.60%	3,952,177	743.96%
4,537,055	2,946,205	54.00%	Other	26,248,362	35,012,140	(25.03%)	36,931,834	(28.93%)
145,225,064	124,657,640	16.50%	Gross Patient Service Revenue By Payor	1,551,431,390	1,473,761,570	5.27%	1,454,574,804	6.66%
			AS A % OF TOTAL REVENUE					
1.21%	1.48%	(18.06%)	Self-Pay	1.00%	1.49%	(32.45%)	1.53%	(34.48%)
18.29%	24.60%	(25.68%)	Commercial	21.62%	24.78%	(12.77%)	25.24%	(14.36%)
54.43%	47.56%	14.44%	Medicare	51.32%	47.41%	8.25%	47.06%	9.06%
21.87%	23.74%	(7.87%)	Medicaid	22.22%	23.69%	(6.24%)	23.36%	(4.89%)
1.08%	0.25%	326.66%	Other Government	2.15%	0.25%	748.86%	0.27%	691.28%
3.12%	2.36%	32.19%	Other	1.69%	2.38%	(28.78%)	2.54%	(33.36%)
100.00%	100.00%	-	Total Gross Patient Service Revenue	100.00%	100.00%	-	100.00%	-
			NET PATIENT SVC REV BY PAYOR					
(1,432,567)	978,093	(246.47%)	Self-Pay	3,796,120	11,475,867	(66.92%)	11,343,096	(66.53%)
10,043,684	9,772,341	2.78%	Commercial	145,759,594	112,600,923	29.45%	99,705,242	46.19%
10,379,690	11,099,645	(6.49%)	Medicare	105,585,726	116,718,386	(9.54%)	98,868,535	6.79%
3,969,714	3,480,943	14.04%	Medicaid	16,661,240	34,153,873	(51.22%)	47,653,905	(65.04%)
178,753	(742,780)	(124.07%)	Other Government	5,927,458	(9,024,145)	(165.68%)	27,247	21,654.41%
14,147	310,722	95.45%	Other	(3,558,140)	3,212,056	(210.77%)	615,546	678.05%
23,153,421	24,898,964	(7.01%)	Net Patient Service Revenue By Payor	274,171,998	269,136,960	1.87%	258,213,571	6.18%
			AS A % OF TOTAL REVENUE					
(6.19%)	3.93%	(257.51%)	Self-Pay	1.38%	4.26%	(67.53%)	4.39%	(68.48%)
43.38%	39.25%	10.53%	Commercial	53.16%	41.84%	27.07%	38.61%	37.68%
44.83%	44.58%	0.56%	Medicare	38.51%	43.37%	(11.20%)	38.29%	0.58%
17.15%	13.98%	22.64%	Medicaid	6.08%	12.69%	(52.11%)	18.46%	(67.07%)
0.77%	(2.98%)	125.88%	Other Government	2.16%	(3.35%)	(164.48%)	0.01%	20,388.17%
0.06%	1.25%	95.10%	Other	(1.30%)	1.19%	208.74%	0.24%	644.40%
100.00%	100.00%	-	Total Net Patient Service Revenue	100.00%	100.00%	-	100.00%	-

Providence Health
QUEEN OF THE VALLEY
Payor Mix Report (Whole Dollars)
Reported as of December 2023

PAYOR_MIX_WD
Entity - NOR_CAL.2700
Printed On 4/21/26 @ 11:59 AM
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Month-To-Date				Year-To-Date				
Actual	**Budget**	**% Variance**		**Actual**	**Budget**	**% Variance**	**PY Actual**	**% Variance**
			GROSS PATIENT SVC REV BY PAYOR					
1,395,309	1,289,811	8.18%	Self-Pay	16,860,453	15,398,583	9.49%	15,589,182	8.15%
29,199,403	29,052,188	0.51%	Commercial	380,156,912	338,476,327	12.31%	335,376,022	13.35%
67,425,144	70,751,625	(4.70%)	Medicare	888,246,316	822,062,574	8.05%	796,208,811	11.56%
36,112,680	30,846,541	17.07%	Medicaid	428,492,388	358,630,189	19.48%	344,654,040	24.33%
2,445,046	4,364,033	(43.97%)	Other Government	24,730,437	50,956,802	(51.47%)	33,354,973	(25.86%)
1,418,961	2,042	69,388.79%	Other	38,528,886	23,824	161,622.99%	26,248,362	46.79%
137,996,543	136,306,240	1.24%	Gross Patient Service Revenue By Payor	1,777,015,392	1,585,548,299	12.08%	1,551,431,390	14.54%
			AS A % OF TOTAL REVENUE					
1.01%	0.95%	6.85%	Self-Pay	0.95%	0.97%	(2.30%)	1.00%	(5.57%)
21.16%	21.31%	(0.72%)	Commercial	21.39%	21.35%	0.21%	21.62%	(1.04%)
48.86%	51.91%	(5.87%)	Medicare	49.99%	51.85%	(3.59%)	51.32%	(2.60%)
26.17%	22.63%	15.64%	Medicaid	24.11%	22.62%	6.61%	22.22%	8.54%
1.77%	3.20%	(44.66%)	Other Government	1.39%	3.21%	(56.70%)	2.15%	(35.27%)
1.03%	-	68,504.02%	Other	2.17%	-	144,197.91%	1.69%	28.15%
100.00%	100.00%	-	Total Gross Patient Service Revenue	100.00%	100.00%	-	100.00%	-
			NET PATIENT SVC REV BY PAYOR					
(1,397,496)	(2,923,249)	(52.19%)	Self-Pay	(5,457,138)	(33,892,398)	(83.90%)	3,796,120	(243.76%)
10,571,563	14,951,781	(29.30%)	Commercial	139,303,649	174,241,901	(20.05%)	145,759,594	(4.43%)
12,505,342	9,577,395	30.57%	Medicare	121,316,571	110,622,886	9.67%	105,585,726	14.90%
9,765,497	1,822,112	435.94%	Medicaid	45,467,835	21,069,597	115.80%	16,661,240	172.90%
258,316	701,097	(63.16%)	Other Government	3,107,753	8,360,641	(62.83%)	5,927,458	(47.57%)
2,835,714	823	(344,458.20%)	Other	6,219,043	9,617	64,567.18%	(3,558,140)	274.78%
34,538,936	24,129,959	43.14%	Net Patient Service Revenue By Payor	309,957,713	280,412,244	10.54%	274,171,998	13.05%
			AS A % OF TOTAL REVENUE					
(4.05%)	(12.11%)	(66.60%)	Self-Pay	(1.76%)	(12.09%)	(85.43%)	1.38%	(227.16%)
30.61%	61.96%	(50.60%)	Commercial	44.94%	62.14%	(27.67%)	53.16%	(15.46%)
36.21%	39.69%	(8.78%)	Medicare	39.14%	39.45%	(0.79%)	38.51%	1.63%
28.27%	7.55%	274.43%	Medicaid	14.67%	7.51%	95.23%	6.08%	141.39%
0.75%	2.91%	74.26%	Other Government	1.00%	2.98%	(66.37%)	2.16%	(53.62%)
8.21%	-	(240,618.92%)	Other	2.01%	-	(58,403.04%)	(1.30%)	254.60%
100.00%	100.00%	-	Total Net Patient Service Revenue	100.00%	100.00%	-	100.00%	-

Providence Health
QUEEN OF THE VALLEY
Payor Mix Report (Whole Dollars)
Reported as of December 2024

PAYOR_MIX_WD
Entity - NOR_CAL.2700
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Month-To-Date				Year-To-Date				
Actual	**Budget**	**% Variance**		**Actual**	**Budget**	**% Variance**	**PY Actual**	**% Variance**
			GROSS PATIENT SVC REV BY PAYOR					
1,943,727	1,406,912	38.16%	Self-Pay	20,572,258	16,337,054	25.92%	16,860,453	22.01%
32,312,861	33,824,758	(4.47%)	Commercial	360,294,685	391,338,429	(7.93%)	380,156,912	(5.22%)
74,264,458	87,240,651	(14.87%)	Medicare	902,607,754	1,005,225,620	(10.21%)	888,246,316	1.62%
33,812,167	41,537,991	(18.60%)	Medicaid	465,639,944	475,356,567	(2.04%)	428,492,388	8.67%
3,324,728	2,780,033	19.59%	Other Government	32,575,692	31,611,454	3.05%	24,730,437	31.72%
1,529,072	3,343,229	(54.26%)	Other	20,579,695	39,300,465	(47.63%)	38,528,886	(46.59%)
147,187,013	170,133,574	(13.49%)	Gross Patient Service Revenue By Payor	1,802,270,028	1,959,169,589	(8.01%)	1,777,015,392	1.42%
			AS A % OF TOTAL REVENUE					
1.32%	0.83%	59.69%	Self-Pay	1.14%	0.83%	36.89%	0.95%	20.31%
21.95%	19.88%	10.42%	Commercial	19.99%	19.97%	0.08%	21.39%	(6.55%)
50.46%	51.28%	(1.60%)	Medicare	50.08%	51.31%	(2.39%)	49.99%	0.19%
22.97%	24.41%	(5.91%)	Medicaid	25.84%	24.26%	6.48%	24.11%	7.15%
2.26%	1.63%	38.24%	Other Government	1.81%	1.61%	12.02%	1.39%	29.88%
1.04%	1.97%	(47.13%)	Other	1.14%	2.01%	(43.08%)	2.17%	(47.33%)
100.00%	100.00%	-	Total Gross Patient Service Revenue	100.00%	100.00%	-	100.00%	-
			NET PATIENT SVC REV BY PAYOR					
(526,903)	(445,771)	18.20%	Self-Pay	(4,939,423)	(5,182,559)	(4.69%)	(5,457,138)	(9.49%)
12,211,012	11,754,299	3.89%	Commercial	136,196,753	146,464,024	(7.01%)	139,303,649	(2.23%)
9,332,386	10,942,628	(14.72%)	Medicare	117,127,718	125,560,541	(6.72%)	121,316,571	(3.45%)
2,979,367	3,615,902	(17.60%)	Medicaid	49,354,852	53,010,295	(6.90%)	45,467,835	8.55%
450,941	539,260	(16.38%)	Other Government	4,356,685	6,014,071	(27.56%)	3,107,753	40.19%
382,182	(366,573)	204.26%	Other	2,263,272	(4,009,697)	(156.44%)	6,219,043	63.61%
24,828,985	26,039,745	(4.65%)	Net Patient Service Revenue By Payor	304,359,857	321,856,675	(5.44%)	309,957,713	(1.81%)
			AS A % OF TOTAL REVENUE					
(2.12%)	(1.71%)	23.96%	Self-Pay	(1.62%)	(1.61%)	0.79%	(1.76%)	(7.82%)
49.18%	45.14%	8.95%	Commercial	44.75%	45.51%	(1.66%)	44.94%	(0.43%)
37.59%	42.02%	(10.56%)	Medicare	38.48%	39.01%	(1.35%)	39.14%	(1.68%)
12.00%	13.89%	(13.59%)	Medicaid	16.22%	16.47%	(1.54%)	14.67%	10.55%
1.82%	2.07%	12.30%	Other Government	1.43%	1.87%	(23.39%)	1.00%	42.77%
1.54%	(1.41%)	209.34%	Other	0.74%	(1.25%)	159.69%	2.01%	62.94%
100.00%	100.00%	-	Total Net Patient Service Revenue	100.00%	100.00%	-	100.00%	-

Providence Health
QUEEN OF THE VALLEY
Payor Mix Report (Whole Dollars)
Reported as of December 2025

PAYOR_MIX_WD
Entity - NOR_CAL.2700
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Month-To-Date				Year-To-Date				
Actual	**Budget**	**% Variance**		**Actual**	**Budget**	**% Variance**	**PY Actual**	**% Variance**
			GROSS PATIENT SVC REV BY PAYOR					
1,573,874	1,591,236	(1.09%)	Self-Pay	20,218,573	19,949,515	1.35%	20,572,258	(1.72%)
33,002,195	31,153,771	5.93%	Commercial	361,696,537	390,579,875	(7.39%)	360,294,685	0.39%
84,250,440	77,107,609	9.26%	Medicare	1,003,703,756	966,815,448	3.82%	902,607,754	11.20%
42,837,475	39,696,328	7.91%	Medicaid	496,121,270	497,589,285	(0.30%)	465,639,944	6.55%
2,682,616	3,083,020	(12.99%)	Other Government	37,362,748	38,659,209	(3.35%)	32,575,692	14.70%
1,918,100	1,954,784	(1.88%)	Other	16,737,576	24,511,790	(31.72%)	20,579,695	(18.67%)
166,264,700	154,586,748	7.55%	Gross Patient Service Revenue By Payor	1,935,840,460	1,938,105,122	(0.12%)	1,802,270,028	7.41%
			AS A % OF TOTAL REVENUE					
0.95%	1.03%	(8.04%)	Self-Pay	1.04%	1.03%	1.47%	1.14%	(8.50%)
19.85%	20.15%	(1.51%)	Commercial	18.68%	20.15%	(7.29%)	19.99%	(6.54%)
50.67%	49.88%	1.59%	Medicare	51.85%	49.88%	3.94%	50.08%	3.53%
25.76%	25.68%	0.33%	Medicaid	25.63%	25.67%	(0.18%)	25.84%	(0.81%)
1.61%	1.99%	(19.10%)	Other Government	1.93%	1.99%	(3.24%)	1.81%	6.78%
1.15%	1.26%	(8.77%)	Other	0.86%	1.26%	(31.64%)	1.14%	(24.28%)
100.00%	100.00%	-	Total Gross Patient Service Revenue	100.00%	100.00%	-	100.00%	-
			NET PATIENT SVC REV BY PAYOR					
(62,006)	85,198	(172.78%)	Self-Pay	(5,238,995)	899,035	(682.74%)	(4,939,423)	6.06%
13,576,741	11,782,397	15.23%	Commercial	140,118,549	146,636,240	(4.44%)	136,196,753	2.88%
10,027,001	9,943,499	0.84%	Medicare	118,613,431	124,647,910	(4.84%)	117,127,718	1.27%
5,698,287	4,059,854	40.36%	Medicaid	57,451,620	49,265,493	16.62%	49,354,852	16.41%
495,005	391,820	26.33%	Other Government	5,017,297	4,910,116	2.18%	4,356,685	15.16%
909,341	140,811	(545.79%)	Other	3,113,054	1,765,671	76.31%	2,263,272	(37.55%)
30,644,369	26,403,579	16.06%	Net Patient Service Revenue By Payor	319,074,956	328,124,465	(2.76%)	304,359,857	4.83%
			AS A % OF TOTAL REVENUE					
(0.20%)	0.32%	(162.71%)	Self-Pay	(1.64%)	0.27%	(699.26%)	(1.62%)	1.17%
44.30%	44.62%	(0.72%)	Commercial	43.91%	44.69%	(1.73%)	44.75%	(1.87%)
32.72%	37.66%	(13.12%)	Medicare	37.17%	37.99%	(2.14%)	38.48%	(3.40%)
18.59%	15.38%	20.93%	Medicaid	18.01%	15.01%	19.92%	16.22%	11.04%
1.62%	1.48%	(8.85%)	Other Government	1.57%	1.50%	5.08%	1.43%	9.85%
2.97%	0.53%	(456.42%)	Other	0.98%	0.54%	(81.31%)	0.74%	(31.20%)
100.00%	100.00%	-	Total Net Patient Service Revenue	100.00%	100.00%	-	100.00%	-

EXHIBIT 3 TO

SECTION 999.5(d)(5)(C)

Providence Health
QUEEN OF THE VALLEY
Performance Metrics Stats
Reported as of December 2021

STAT_Performance Metrics NEW
Entity - NOR_CAL.2700
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Month-To-Date					Year-To-Date			
Actual	**Budget**	**% Variance**	**Pr. Year**		**Actual**	**Budget**	**% Variance**	**Pr. Year**
				Volume:				
1,155	1,199	(3.7%)	994	Acute Adjusted Admissions	13,220	14,391	(8.1%)	12,548
498	556	(10.4%)	442	Total Acute Admissions	5,683	6,451	(11.9%)	5,441
1,915	2,378	(19.5%)	2,058	Total Acute Patient Days	23,087	28,479	(18.9%)	23,473
62	77	-	66	Total Average Daily Census	63	78	-	-
37	126	(70.6%)	143	Total Observations	2,076	1,490	39.3%	1,584
				Surgeries and Procedures:				
180	158	14.0%	95	Inpatient Surgery Cases	1,280	1,674	(23.5%)	1,369
180	158	14.0	95	Inpatient Surgeries and Procedures	1,280	1,674	23.5	1,369
285	328	(13.1%)	349	Outpatient Surgeries	3,653	3,796	(3.8%)	3,182
285	328	(13.0%)	349	Outpatient Surgeries and Procedures	3,653	3,796	(3.8%)	3,182
465	**486**	**(4.2%)**	**444**	**Total Surgeries and Procedures**	**4,933**	**5,470**	**(9.8%)**	**4,551**
				Emergency Room Visits:				
286	305	(6.2%)	346	Inpatient ER Visits	3,569	3,704	(3.7%)	3,615
1,939	1,899	2.1%	1,657	Outpatient ER Visits	21,994	23,356	(5.8%)	21,224
2,225	**2,204**	**1.0%**	**2,003**	**Total Emergency Room Visits**	**25,563**	**27,060**	**(5.5%)**	**24,839**
				Outpatient Visits:				
13,081	10,985	19.1%	9,661	Other Outpatient Visits	168,642	137,070	23.0%	127,729
				Efficiency and Financial stats:				
(15.1)	3.3%	(556.9%)	11.8%	EBIDA Margin Fully Burdened	(3.0%)	0.9%	(438.6%)	(3.2)
33.6%	22.7%	48.1%	23.9%	EBIDA Margin	21.1%	21.4%	(1.5%)	15.9%
(19.4)	(3.0)	544.0%	7.7%	Operating Margin Fully Burdened	(9.0)	(5.5)	65.2%	(9.4)
29.2%	16.4%	78.7%	19.8%	Operating Margin	15.1%	15.1%	0.1%	9.7%
877	822	6.7%	864	FTEs	856	838	2.1%	861
1.7066	1.6680	2.3%	1.7049	YTD Overall Case-Mix Index	1.7066	1.6680	2.3%	1.7049
22,561	24,005	(6.0%)	21,393	YTD Case-Mix Adj Admissions	22,561	24,005	(6.0%)	21,393
2.4	2.6	10.1%	2.5	YTD Acute Care LOS (CMAA)	2.4	2.6	10.1%	2.5
11,445	10,266	11.5%	11,216	YTD Net Svc Rev/CMAA	11,445	10,266	11.5%	11,216
10,275	9,235	(11.3%)	10,815	YTD Net Expense/CMAA	10,275	9,235	(11.3%)	10,815
1,046,167.1	-	100%	674,493.0	CAPITAL SPENDING	8,045,228.0	-	100%	4,693,876
				Balance Sheet ratios:				
327	-	100%	333	R12 Days of Total Cash on Hand	327	-	100%	333
54	-	100%	41	Net Patient AR Days (3 mo rolling)	54	-	100%	41
1.9	10.6	(82.3%)	1.6	Debt Service Coverage	1.9	10.6	(82.3%)	1.6
27.5	-	100%	31.1	Debt to Capitalization Ratio	27.5	-	100%	31.1
219.3	-	100%	200.5	Cash to Debt Ratio	219.3	-	100%	200.5
0.7	-	100%	1.1	Current Ratio	0.7	-	100%	1.1
				Community Benefit: ('000)				
251	349	(28.2%)	349	Cost of Charity Care Provided	3,465	4,232	(18.1%)	3,336
(11,470)	3,533	(424.6%)	(1,389)	Unpaid Cost of Medicaid	26,602	44,800	(40.6%)	40,791
-	-	-	(1)	Education And Research Programs	(1)	-	100%	-
827	584	41.5%	715	Other Community Benefit Costs	8,639	7,013	23.2%	7,608
(10,392)	**4,467**	**(332.6%)**	**(326)**	**Total Community Benefit Costs**	**38,705**	**56,046**	**(30.9%)**	**51,735**

Providence Health
QUEEN OF THE VALLEY
Performance Metrics Stats
Reported as of December 2022

STAT_Performance Metrics NEW
Entity - NOR_CAL.2700
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Month-To-Date					Year-To-Date			
Actual	**Budget**	**% Variance**	**Pr. Year**		**Actual**	**Budget**	**% Variance**	**Pr. Year**
				Volume:				
1,187	1,277	(7.0%)	1,155	Acute Adjusted Admissions	13,918	15,012	(7.3%)	13,220
510	524	(2.7%)	498	Total Acute Admissions	5,843	6,105	(4.3%)	5,683
2,028	2,222	(8.7%)	1,915	Total Acute Patient Days	22,777	25,783	(11.7%)	23,087
65	72	-	62	Total Average Daily Census	62	71	-	-
167	128	30.5%	37	Total Observations	2,119	1,540	37.6%	2,076
-	-	-	-	Hospice Days	14	-	100%	-
				Surgeries and Procedures:				
79	100	(21.0%)	-	Inpatient Procedures	588	1,169	(49.7%)	-
231	145	59.3%	180	Inpatient Surgery Cases	1,405	1,734	(19.0%)	1,280
310	245	26.5	180	Inpatient Surgeries and Procedures	1,993	2,903	31.3	1,280
253	104	143.3%	-	Outpatient Procedures	1,730	1,223	41.5%	-
309	258	19.8%	285	Outpatient Surgeries	3,624	3,097	17.0%	3,653
562	362	55.2%	285	Outpatient Surgeries and Procedures	5,354	4,320	23.9%	3,653
872	**607**	**43.7%**	**465**	**Total Surgeries and Procedures**	**7,347**	**7,223**	**1.7%**	**4,933**
				Emergency Room Visits:				
339	330	2.7%	286	Inpatient ER Visits	3,467	3,704	(6.4%)	3,569
2,340	2,149	8.9%	1,939	Outpatient ER Visits	25,722	25,951	(0.9%)	21,994
2,679	**2,479**	**8.1%**	**2,225**	**Total Emergency Room Visits**	**29,189**	**29,655**	**(1.6%)**	**25,563**
				Outpatient Visits:				
37,912	12,124	212.7%	13,081	Other Outpatient Visits	165,917	144,488	14.8%	168,642
				Efficiency and Financial stats:				
(29.3)	10.4%	(382.9%)	(15.1)	EBIDA Margin Fully Burdened	(2.5%)	2.3%	(207.8%)	(3.0)
14.1%	29.6%	(52.5%)	33.6%	EBIDA Margin	22.0%	23.7%	(7.2%)	21.1%
(34.3)	5.0%	(783.5%)	(19.4)	Operating Margin Fully Burdened	(7.7)	(3.5)	117.4%	(9.0)
108.9%	24.3%	348.9%	29.2%	Operating Margin	116.8%	17.8%	555.5%	15.1%
907	850	6.7%	877	FTEs	900	846	6.4%	856
1.7214	1.7100	0.7%	1.7066	YTD Overall Case-Mix Index	1.7214	1.7100	0.7%	1.7066
23,958	25,670	(6.7%)	22,561	YTD Case-Mix Adj Admissions	23,958	25,670	(6.7%)	22,561
2.3	2.5	8.3%	2.4	YTD Acute Care LOS (CMAA)	2.3	2.5	8.3%	2.4
11,444	10,484	9.2%	11,445	YTD Net Svc Rev/CMAA	11,444	10,484	9.2%	11,445
10,103	9,120	(10.8%)	10,275	YTD Net Expense/CMAA	10,103	9,120	(10.8%)	10,275
776,092.8	-	100%	1,046,167.1	CAPITAL SPENDING	6,150,512.9	-	100%	8,045,228
				Balance Sheet ratios:				
175	-	100%	327	R12 Days of Total Cash on Hand	175	-	100%	327
57	-	100%	54	Net Patient AR Days (3 mo rolling)	57	-	100%	54
1.2	13.2	(90.8%)	1.9	Debt Service Coverage	1.2	13.2	(90.8%)	1.9
31.3	-	100%	27.5	Debt to Capitalization Ratio	31.3	-	100%	27.5
114.0	-	100%	219.3	Cash to Debt Ratio	114.0	-	100%	219.3
0.2	-	-	0.7	Current Ratio	0.2	-	-	0.7
				Community Benefit: ('000)				
58	262	(77.9%)	251	Cost of Charity Care Provided	2,192	3,169	(30.8%)	3,465
(1,196)	3,147	(138.0%)	(11,470)	Unpaid Cost of Medicaid	54,196	44,415	22.0%	26,602
-	-	-	-	Education And Research Programs	-	-	-	(1)
97	749	(87.1%)	827	Other Community Benefit Costs	7,642	8,987	(15.0%)	8,639
(1,041)	**4,158**	**(125.0%)**	**(10,392)**	**Total Community Benefit Costs**	**64,030**	**56,571**	**13.2%**	**38,705**

Providence Health
QUEEN OF THE VALLEY
Performance Metrics Stats
Reported as of December 2023

STAT_Performance Metrics NEW
Entity - NOR_CAL.2700
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Month-To-Date					Year-To-Date			
Actual	**Budget**	**% Variance**	**Pr. Year**		**Actual**	**Budget**	**% Variance**	**Pr. Year**
				Volume:				
1,113	1,157	(3.8%)	1,187	Acute Adjusted Admissions	14,500	13,595	6.7%	13,918
479	521	(8.1%)	510	Total Acute Admissions	6,093	6,105	(0.2%)	5,843
1,926	2,200	(12.5%)	2,028	Total Acute Patient Days	23,571	25,786	(8.6%)	22,777
62	71	-	65	Total Average Daily Census	65	71	-	-
131	215	(39.1%)	167	Total Observations	1,599	2,602	(38.5%)	2,119
-	-	-	-	Hospice Days	1	-	100%	14
				Surgeries and Procedures:				
50	61	(18.1%)	79	Inpatient Procedures	778	733	6.1%	588
115	105	9.5%	231	Inpatient Surgery Cases	1,446	1,204	20.1%	1,405
165	166	0.7	310	Inpatient Surgeries and Procedures	2,224	1,937	14.8	1,993
119	64	86.4%	253	Outpatient Procedures	2,651	766	246.1%	1,730
286	271	5.5%	309	Outpatient Surgeries	3,684	3,173	16.1%	3,624
405	335	21.0%	562	Outpatient Surgeries and Procedures	6,335	3,939	60.8%	5,354
570	**501**	**13.8%**	**872**	**Total Surgeries and Procedures**	**8,559**	**5,876**	**45.7%**	**7,347**
				Emergency Room Visits:				
305	330	(7.6%)	339	Inpatient ER Visits	3,872	3,738	3.6%	3,467
2,360	2,215	6.5%	2,340	Outpatient ER Visits	27,698	25,547	8.4%	25,722
2,665	**2,545**	**4.7%**	**2,679**	**Total Emergency Room Visits**	**31,570**	**29,285**	**7.8%**	**29,189**
				Outpatient Visits:				
307	-	100%	-	Primary Specialty Retail Visits	3,919	-	100%	-
14,247	13,775	3.4%	37,912	Other Outpatient Visits	192,609	165,299	16.5%	165,917
				Efficiency and Financial stats:				
26.2%	(0.4)	(6,495.2%)	(29.3)	EBIDA Margin Fully Burdened	6.2%	1.9%	229.3%	(2.5)
36.9%	24.6%	50.3%	14.1%	EBIDA Margin	29.8%	26.1%	14.3%	22.0%
22.5%	(4.9)	(555.8%)	(34.3)	Operating Margin Fully Burdened	1.5%	(3.1)	(146.2%)	(7.7)
33.1%	20.1%	65.2%	108.9%	Operating Margin	25.1%	21.1%	18.9%	116.8%
1,121	862	30.1%	907	FTEs	844	852	(0.9%)	900
1.6841	1.7211	(2.1%)	1.7214	YTD Overall Case-Mix Index	1.6841	1.7211	(2.1%)	1.7214
24,419	23,398	4.4%	23,958	YTD Case-Mix Adj Admissions	24,419	23,398	4.4%	23,958
2.3	2.5	6.4%	2.3	YTD Acute Care LOS (CMAA)	2.3	2.5	6.4%	2.3
12,693	11,985	5.9%	11,444	YTD Net Svc Rev/CMAA	12,693	11,985	5.9%	11,444
9,917	9,956	0.4%	10,103	YTD Net Expense/CMAA	9,917	9,956	0.4%	10,103
238,297.7	-	100%	776,092.8	CAPITAL SPENDING	6,487,362.5	-	100%	6,150,513
				Balance Sheet ratios:				
238	-	100%	175	R12 Days of Total Cash on Hand	238	-	100%	175
48	-	100%	57	Net Patient AR Days (3 mo rolling)	48	-	100%	57
13.8	15.6	(11.8%)	1.2	Debt Service Coverage	13.8	15.6	(11.8%)	1.2
34.4	-	100%	31.3	Debt to Capitalization Ratio	34.4	-	100%	31.3
123.3	-	100%	114.0	Cash to Debt Ratio	123.3	-	100%	114.0
2.1	-	100%	0.2	Current Ratio	2.1	-	100%	0.2
				Community Benefit: ('000)				
385	235	63.9%	58	Cost of Charity Care Provided	1,706	2,666	(36.0%)	2,192
(1,403)	4,218	(133.3%)	(1,196)	Unpaid Cost of Medicaid	33,539	48,046	(30.2%)	54,196
444	642	(30.9%)	97	Other Community Benefit Costs	7,437	7,705	(3.5%)	7,642
(575)	**5,095**	**(111.3%)**	**(1,041)**	**Total Community Benefit Costs**	**42,682**	**58,417**	**(26.9%)**	**64,030**

Providence Health
QUEEN OF THE VALLEY
Performance Metrics Stats
Reported as of December 2024

STAT_Performance Metrics NEW
Entity - NOR_CAL.2700
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Month-To-Date					Year-To-Date			
Actual	**Budget**	**% Variance**	**Pr. Year**		**Actual**	**Budget**	**% Variance**	**Pr. Year**
				Volume:				
1,118	1,225	(8.7%)	1,113	Acute Adjusted Admissions	14,185	14,466	(1.9%)	14,500
515	563	(8.5%)	479	Total Acute Admissions	6,102	6,542	(6.7%)	6,093
2,100	2,410	(12.9%)	1,926	Total Acute Patient Days	23,257	26,123	(11.0%)	23,571
68	78	-	62	Total Average Daily Census	64	71	-	-
147	206	(28.5%)	131	Total Observations	1,842	2,420	(23.9%)	1,599
-	-	-	-	Hospice Days	-	3	(100.0%)	1
				Surgeries and Procedures:				
71	81	(12.6%)	50	Inpatient Procedures	666	945	(29.5%)	778
96	134	(28.1%)	115	Inpatient Surgery Cases	1,384	1,629	(15.1%)	1,446
167	215	22.2	165	Inpatient Surgeries and Procedures	2,050	2,574	20.4	2,224
124	296	(58.2%)	119	Outpatient Procedures	1,737	3,488	(50.2%)	2,651
230	358	(35.8%)	286	Outpatient Surgeries	3,326	4,133	(19.5%)	3,684
354	654	(45.9%)	405	Outpatient Surgeries and Procedures	5,063	7,621	(33.6%)	6,335
521	**869**	**(40.0%)**	**570**	**Total Surgeries and Procedures**	**7,113**	**10,195**	**(30.2%)**	**8,559**
				Emergency Room Visits:				
329	345	(4.6%)	305	Inpatient ER Visits	4,057	4,140	(2.0%)	3,872
2,399	2,589	(7.3%)	2,360	Outpatient ER Visits	29,507	29,019	1.7%	27,698
2,728	**2,934**	**(7.0%)**	**2,665**	**Total Emergency Room Visits**	**33,564**	**33,159**	**1.2%**	**31,570**
				Outpatient Visits:				
347	-	100%	307	Primary Specialty Retail Visits	4,105	2,285	79.7%	3,919
11,542	20,077	(42.5%)	14,247	Other Outpatient Visits	151,552	236,204	(35.8%)	192,609
				Efficiency and Financial stats:				
12.5%	10.0%	25.1%	26.2%	EBIDA Margin Fully Burdened	2.1%	6.2%	(65.5%)	6.2%
32.6%	26.4%	23.3%	36.9%	EBIDA Margin	20.2%	23.9%	(15.2%)	29.8%
11.7%	5.1%	130.6%	22.5%	Operating Margin Fully Burdened	(2.1)	1.0%	(319.6%)	1.5%
31.8%	21.5%	47.9%	33.1%	Operating Margin	16.0%	18.7%	(14.5%)	25.1%
827	895	(7.5%)	1,121	FTEs	843	870	(3.2%)	844
1.6621	1.7053	(2.5%)	1.6841	YTD Overall Case-Mix Index	1.6621	1.7053	(2.5%)	1.6841
23,577	24,669	(4.4%)	24,419	YTD Case-Mix Adj Admissions	23,577	24,669	(4.4%)	24,419
2.3	2.3	2.1%	2.3	YTD Acute Care LOS (CMAA)	2.3	2.3	2.1%	2.3
12,909	13,047	(1.1%)	12,693	YTD Net Svc Rev/CMAA	12,909	13,047	(1.1%)	12,693
11,506	11,320	(1.7%)	9,917	YTD Net Expense/CMAA	11,506	11,320	(1.7%)	9,917
1,670,952.0	-	100%	238,297.7	CAPITAL SPENDING	12,473,778.0	-	100%	6,487,362
				Balance Sheet ratios:				
199	-	100%	238	R12 Days of Total Cash on Hand	199	-	100%	238
51	-	100%	48	Net Patient AR Days (3 mo rolling)	51	-	100%	48
8.9	14.0	(36.7%)	13.8	Debt Service Coverage	8.9	14.0	(36.7%)	13.8
31.2	-	100%	34.4	Debt to Capitalization Ratio	31.2	-	100%	34.4
130.8	-	100%	123.3	Cash to Debt Ratio	130.8	-	100%	123.3
3.1	-	100%	2.1	Current Ratio	3.1	-	100%	2.1
				Community Benefit: ('000)				
319	102	211.8%	385	Cost of Charity Care Provided	1,864	1,172	59.0%	1,706
3,768	2,442	54.3%	(1,403)	Unpaid Cost of Medicaid	31,723	27,256	16.4%	33,539
428	764	(44.0%)	444	Other Community Benefit Costs	8,572	9,167	(6.5%)	7,437
4,515	**3,308**	**36.5%**	**(575)**	**Total Community Benefit Costs**	**42,158**	**37,595**	**12.1%**	**42,682**

Providence Health
QUEEN OF THE VALLEY
Performance Metrics Stats
Reported as of December 2025

STAT_Performance Metrics NEW
Entity - NOR_CAL.2700
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Month-To-Date					Year-To-Date			
Actual	**Budget**	**% Variance**	**Pr. Year**		**Actual**	**Budget**	**% Variance**	**Pr. Year**
				Volume:				
1,202	1,151	4.5%	1,118	Acute Adjusted Admissions	14,070	14,425	(2.5%)	14,185
532	495	7.5%	515	Total Acute Admissions	6,090	6,207	(1.9%)	6,102
2,270	1,896	19.7%	2,100	Total Acute Patient Days	24,256	23,773	2.0%	23,257
73	61	-	68	Total Average Daily Census	66	65	-	-
96	143	(32.8%)	147	Total Observations	1,566	1,791	(12.6%)	1,842
				Surgeries and Procedures:				
42	59	(28.8%)	71	Inpatient Procedures	748	740	1.1%	666
111	122	(8.7%)	96	Inpatient Surgery Cases	1,294	1,525	(15.1%)	1,384
153	181	15.3	167	Inpatient Surgeries and Procedures	2,042	2,265	9.8	2,050
151	133	13.2%	124	Outpatient Procedures	1,948	1,673	16.5%	1,737
245	279	(12.2%)	230	Outpatient Surgeries	3,018	3,492	(13.6%)	3,326
396	412	(3.9%)	354	Outpatient Surgeries and Procedures	4,966	5,165	(3.9%)	5,063
549	**593**	**(7.3%)**	**521**	**Total Surgeries and Procedures**	**7,008**	**7,430**	**(5.7%)**	**7,113**
				Emergency Room Visits:				
421	326	29.3%	329	Inpatient ER Visits	4,214	4,083	3.2%	4,057
2,432	2,353	3.3%	2,399	Outpatient ER Visits	30,087	29,511	2.0%	29,507
2,853	**2,679**	**6.5%**	**2,728**	**Total Emergency Room Visits**	**34,301**	**33,594**	**2.1%**	**33,564**
				Outpatient Visits:				
238	333	(28.6%)	347	Primary Specialty Retail Visits	3,579	4,181	(14.4%)	4,105
12,082	12,920	(6.5%)	11,542	Other Outpatient Visits	148,554	162,014	(8.3%)	151,552
				Efficiency and Financial stats:				
14.6%	6.3%	132.1%	12.5%	EBIDA Margin Fully Burdened	6.6%	8.0%	(17.4%)	2.1%
28.9%	20.7%	39.9%	32.6%	EBIDA Margin	21.8%	22.0%	(1.1%)	20.2%
10.9%	2.5%	344.1%	11.7%	Operating Margin Fully Burdened	2.3%	4.3%	(46.3%)	(2.1)
25.2%	16.8%	49.8%	31.8%	Operating Margin	17.5%	18.4%	(4.6%)	16.0%
817	786	3.8%	827	FTEs	813	821	(0.9%)	843
1.6404	1.6662	(1.5%)	1.6621	YTD Overall Case-Mix Index	1.6404	1.6662	(1.5%)	1.6621
23,080	24,035	(4.0%)	23,577	YTD Case-Mix Adj Admissions	23,080	24,035	(4.0%)	23,577
2.4	2.3	(5.6%)	2.3	YTD Acute Care LOS (CMAA)	2.4	2.3	(5.6%)	2.3
13,825	13,652	1.3%	12,909	YTD Net Svc Rev/CMAA	13,825	13,652	1.3%	12,909
12,143	11,780	(3.1%)	11,506	YTD Net Expense/CMAA	12,143	11,780	(3.1%)	11,506
1,009,140.7	-	100%	1,670,952.0	CAPITAL SPENDING	6,128,014.5	-	100%	12,473,778
				Balance Sheet ratios:				
201	-	100%	199	R12 Days of Total Cash on Hand	201	-	100%	199
49	-	100%	51	Net Patient AR Days (3 mo rolling)	49	-	100%	51
5.5	15.6	(64.8%)	8.9	Debt Service Coverage	5.5	15.6	(64.8%)	8.9
30.1	-	100%	31.2	Debt to Capitalization Ratio	30.1	-	100%	31.2
137.6	-	100%	130.8	Cash to Debt Ratio	137.6	-	100%	130.8
3.9	-	100%	3.1	Current Ratio	3.9	-	100%	3.1
				Community Benefit: ('000)				
182	107	70.3%	319	Cost of Charity Care Provided	2,510	1,155	117.3%	1,864
1,904	3,756	(49.3%)	3,768	Unpaid Cost of Medicaid	29,747	35,586	(16.4%)	31,723
710	553	28.4%	428	Other Community Benefit Costs	7,678	6,638	15.7%	8,572
2,797	**4,416**	**(36.7%)**	**4,515**	**Total Community Benefit Costs**	**39,935**	**43,379**	**(7.9%)**	**42,158**

11 Cal. Code Reg. Section 999.5(d)(5)(D)

A description of any community benefit program provided by the health facility or facility that provides similar healthcare during the past five years with an annual cost of at least $10,000 and the annual cost of each program for the past five years

Attached to this Section 999.5(d)(5)(D) as **Exhibit 1** is a description of any community benefit program provided by QVMC during the past 5 years with an annual cost of at least $10,000.

For more information regarding QVMC's recent community benefit activities, please see the responses to Section 999.5(d)(5)(B) of this Notice, including the community benefit reports of QVMC for the past 5 years, and Section 999.5(d)(5)(A) of this Notice, which includes the two most recent Community Health Needs Assessments conducted by QVMC for fiscal years 2020 and 2023.

EXHIBIT 1 TO

SECTION 999.5(d)(5)(D)

Providence

Providence Queen of the Valley Medical Center Community Health Programs

- **CARE Network**: The CARE Network provides comprehensive care coordination and assistance to low-income Napa County residents with complex medical and social challenges who are underinsured or uninsured.
    - *Training*: Over the past 18 years, more than 20 social work interns have trained with the CARE Network program while pursuing their bachelor's or master's degree. Five of these interns now serve as full-time Providence caregivers.
    - *HIV Support*: The CARE Network team delivers wraparound services including nursing, social work, and community health worker support for patients seen at the local Federally Qualified Health Center, CommuniCare+OLE. In 2024, the clinic recorded 192 visits. In addition to staffing the HIV clinic, the CARE Network manages two five-year federal grants that expand services for people living with HIV/AIDS: Housing Opportunities for Persons with AIDS ($541,391) and the Ryan White HIV/AIDS Program ($436,600).
    - *Awards and recognitions*: In June 2025, the CARE Network was one of 16 organizations across a 24-county service region to receive a CalAIM Make a Difference Award.
- **Mobile Dental Clinic**: Supported by a grant from the Napa County Office of Education, the Queen's Mobile Dental Clinic provides dental care to children and young adults throughout Napa County. In 2024, the clinic served 1,664 active patients, who had 4,159 clinic visits and received 5,559 procedures. Notably, 92% of patients returned for their six-month checkups. The preschool program also reached 309 preschoolers and kindergarteners, providing oral health screenings, education, and fluoride varnish applications at 19 sites throughout Napa County.
- **Naloxone Distribution Box:** Providence Queen of the Valley Medical Center placed a Naloxone Distribution Box outside its emergency room in December of 2024. The box provides 24/7 free access to life-saving naloxone and fentanyl testing strips. Queen of the Valley is one of eight naloxone box locations throughout Napa County and offers the only box located outside, eliminating barriers to the lifesaving kits. The hospital's Community Health Department and Substance Use Navigator are responsible for keeping the box filled to ensure kits are readily available to the Napa Valley community.

- **Substance Use Navigation:** Care coordination embedded in the emergency department to connect patients to treatment for Substance Use Disorder (SUD).
- **Healthy for Life:** School-based physical activity and wellness programs at Title 1 schools in Napa County designed to increase physical activity, improve self-esteem and promote healthy behaviors. This program sunset in December 2025.
- **Grants and Donations to Community:** Contributions to 3rd party nonprofit organizations for programs that increase capacity, address CHNA needs or meet a community benefit objective.
- **Community Benefit Administration:** Costs associated with staff, resources and administrative efforts dedicated to planning and implementing Community Benefit programming and initiatives.

Community serving program funded by Clinical Operations

- **Perinatal and Health Education:** This primary prevention program offers a range of maternal and child health education classes and community health services for mothers, children, and families. In 2024, the program recorded 3,260 encounters.
- **Discharge Clothing:** Provide clothing for patients who do not have suitable clothing at time of discharge.

Community serving program funded by Philanthropy

- **Soules Family Cancer Wellness Program**: Every year more than 100 cancer patients and survivors rely on the Queen's Cancer Wellness Program.
- *"Mentally, physically and emotionally, the Cancer Wellness Program helped me regain a positive outlook on life and to look towards a healthy future. This was made possible by donors, like you, and I am so grateful." – Krista Galyen*
- With a physician referral, Queen of the Valley's 12-week Cancer Wellness Program is available free of charge to all cancer patients who reside in the Napa Valley, regardless of where they are treated, and for all patients treated at the Queen, regardless of where they live. This critical program offers a personalized plan for exercise; nutritional counseling with a registered dietitian; individual counseling sessions with a licensed therapist and/or meditative wellness coach; individual sessions with a Rosen Method/Comfort Touch practitioner; information about community resources and organizations that serve cancer patients in the journey to becoming a proactive cancer survivor.

11 Cal. Code Reg. Section 999.5(d)(5)(E)

For each health facility or facility that provides similar healthcare that is the subject of the agreement or transaction, a description of current policies and procedures on staffing for patient care areas; employee input on health quality and staffing issues; and employee wages, salaries, benefits, working conditions and employment protections.

Staffing for Patient Care Areas and Employee Input on Health Quality and Staffing Issues

QVMC has established policies and procedures to ensure that its medical staff and multidisciplinary patient care teams provide care to its patients that is appropriate, individualized, and planned along a continuum of care. Each department has a formalized staffing plan, which is reviewed at least annually based on a variety of criteria, such as performance assessment and improvement activities, mandated staffing ratios, and patient acuity. These policies are:

- Scheduling
- Scope of Service and Staffing Plan – 2 North
- Patient Classification System
- Level of Care/Acuity and Staffing Ratios: Intermediate Care Newborn Nursery
- Flexible Staffing Program Policy
- Hours of Work Policy
- Shift Assignments Policy
- Alternative Workweek Schedules Policy
- Attendance Absenteeism Policy
- Background Check and Excluded Individual Policy
- Pre-Employment Health Screening Policy
- On-Call / Standby and Callback Policy
- Overtime for 12-Hour Shifts Policy
- Overtime for 9 and 10 Hour Shifts Policy
- Overtime Payment for Non-Exempt Employees Policy
- Safe Patient Handling Policy
- Staff Request Not to Participate in Some Aspects of Patient Care Policy
- Transitional Duty Policy

Employee Wages, Salaries, Benefits, Working Conditions and Employment Protections

QVMC has established the following human resource policies and procedures that address employee wages, salaries, benefits, working conditions and employment protections:

- Shift Differentials Policy
- Reporting Time Pay Policy
- Timekeeping Policy
- Paid Time Off (PTO) Policy
- Voluntary Employee PTO Sharing (Medical Emergency) Program Policy
- Paid Sick and Safe Leave Policy for Caregivers in California
- Paid Parental Leave Policy for Staff
- Short-Term Disability for Staff Policy
- Education Benefit Policy
- Bereavement Policy
- Leave for Reproductive Loss Policy
- Leave of Absence - Family and Medical Leaves

- Leave of Absence - Military Policy
- Leave of Absence - Personal Policy
- Meal and Rest Period Policy
- Ergonomics Policy
- Uniforms Policy
- Personal Appearance Policy
- Virtual / Remote / Hybrid Workers Policy
- Equal Employment Opportunity Policy
- Harassment, Discrimination and Retaliation Policy
- Reasonable Accommodation Policy
- Dispute Resolution Policy
- Separation of Employment Policy
- Standards of Conduct Policy
- Reemployment Policy
- Counseling and Corrective Action Policy

The employment of certain employees of SJHNC at QVMC are governed by the following collective bargaining agreements:

1. Collective Bargaining Agreement, dated June 4, 2023, by and between Queen of the Valley Medical Center and California Nurses Association.
2. Collective Bargaining Agreement, dated September 13, 2023, by and between Queen of the Valley Medical Center and the International Union of Operating Engineers, Stationary Engineers, Local 39, AFL-CIO.
3. Collective Bargaining Agreement, dated June 13, 2025, by and between Queen of the Valley Medical Center and National Union of Healthcare Workers.

11 Cal. Code Reg. Section 999.5(d)(5)(F)

For each health facility or facility that provides similar healthcare that is the subject of the agreement or transaction, all existing documents setting forth any guarantees made by and entity that would be taking over operation or control of the health facility or facility that provides similar healthcare relating to employee job security and retraining, or the continuation of current staffing levels and policies, employee wages, salaries, benefits, working conditions and employment protections

Pursuant to the Asset Purchase Agreement, NorthBay, or an affiliate of NorthBay, will offer employment to all employees of SJHNC and PMF who primarily provide services to QVMC and the Napa Clinics, subject to the standard hiring practices and policies of NorthBay or the relevant NorthBay affiliate. The employees who accept such offer of employment will be employed in the same or comparable positions (including the same or better job title) for a minimum of twelve (12) months after the Transaction closes. NorthBay or the relevant NorthBay affiliate will ensure that each employee that accepts their offer of employment will be provided with: (i) base salary or wages, applicable pay differentials and target annual bonus and/or incentive compensation opportunities at least equal to the base salary or wages and target annual bonus and/or incentive compensation made available to such employee prior to closing; (ii) severance benefits at least as favorable as those in effect for such employee prior to closing; and (iii) other benefits and terms and conditions of employment that are either: (A) substantially comparable in the aggregate to those in effect for such employee prior to closing; or (B) substantially comparable to those provided to similarly situated employees of NorthBay or the relevant NorthBay affiliate. In addition, NorthBay will assume all existing collective bargaining agreements in place with respect to SJHNC employees who primarily provide services to QVMC and the Napa Clinics and accept employment with NorthBay or an affiliate of NorthBay.

11 Cal. Code Reg. Section 999.5(d)(5)(G)

If the agreement or transaction will have any impact on reproductive healthcare services provided by any facility that is the subject of the agreement or transaction, or any impact on the availability or accessibility of reproductive healthcare services, a description of all reproductive healthcare services provided in the last five years by each health facility or facility that provides similar healthcare that is the subject of the agreement or transaction.

The Transaction will not have any adverse impact on reproductive healthcare services provided by any facility that is the subject of the Transaction.

11 Cal. Code Reg. Section 999.5(d)(5)(H)

A statement describing all effects that the proposed agreement or transaction may have on health care services provided by each facility proposed to be transferred including, but not limited to, any changes in the types or levels of medical services that may be provided at the health facility or facility that provides similar healthcare and a statement of how the proposed transaction may affect the availability and accessibility of healthcare in the affected communities

The proposed Transaction is not expected to have any adverse impact on the health care services provided by QVMC or the Napa Clinics, nor is it expected to limit the availability or accessibility of healthcare in the affected communities. Rather, it is anticipated to enhance the quality and accessibility of care throughout the Napa and larger Northern California regions through expanded ambulatory access, employee engagement, provider engagement, and commitment to community. Anticipated areas of focus are primary care, urgent care, ambulatory centers, and behavioral health.

11 Cal. Code Reg. Section 999.5(d)(5)(I)

A description and copy of all current contracts between the applicant and the city in which the applicant is located and current contracts between the applicant and the county in which the applicant is located for each health facility or facility that provides similar healthcare that are the subject of the agreement or transaction

Attached to this Section 999.5(d)(5)(I) are the following contracts between QVMC and Napa County:

1. Napa County Agreement No. 240067B Emergency Medical Services Base Contractor Agreement, dated July 1, 2023, by and between Napa County and St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center. A copy of the agreement is attached hereto as **Exhibit 1**.
2. Napa County Agreement for Services No. 250143D, dated July 1, 2024, by and between Napa County and St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center. A copy of the agreement is attached hereto as **Exhibit 2**.
3. Napa County Agreement for Services No. 250265C, dated January 1, 2025, by and between by and between Napa County and St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center. A copy of the agreement is attached hereto as **Exhibit 3**.
4. Napa County Agreement No. 250335C Level III Trauma Center Agreement, dated July 1, 2025, by and between Napa County and St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center. A copy of the agreement is attached hereto as **Exhibit 4**.
5. Napa County Agreement No. 119, dated January 1, 2024, by and between Providence Queen of the Valley Medical Center and Napa County Health & Human Services, Public Health Division. A copy of the agreement is attached hereto as **Exhibit 5**.
6. Memorandum of Understanding, dated November 1, 2024, by and between Providence Queen of the Valley Medical Center and Napa County Health & Human Services, Public Health Division. A copy of the agreement is attached hereto as **Exhibit 6**.
7. Memorandum of Understanding, dated January 1, 2011, by and between Providence Queen of the Valley Medical Center and Napa County Child Welfare Services. A copy of the agreement is attached hereto as **Exhibit 7**.
8. Service Agreement for Local Oral Health Program, dated July 1, 2025, by and between Providence Queen of the Valley Medical Cetner and Napa County Office of Education. A copy of the agreement is attached hereto as **Exhibit 8**.
9. Extended Partner Membership Agreement, dated February 4, 2026, by and between Providence Queen of the Valley Medical Center and Connections Napa County. A copy of the agreement is attached hereto as **Exhibit 9**.
10. Napa County Agreement No. 250040B, dated July 1, 2024, by and between St. Joseph Health Northern California dba Providence Queen of the Valley Medical Cetner and Napa County. A copy of the agreement is attached hereto as **Exhibit 10**.
11. Napa County Agreement No. 250131B, dated July 1, 2024, by and between St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center and Napa County. A copy of the agreement is attached hereto as **Exhibit 11**.
12. Napa County Agreement No. A-250238B, dated September 1, 2024, by and between St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center CARE Network. A copy of the agreement is attached hereto as **Exhibit 12**.
13. Hospital Preparedness Program Coalition Participation Agreement, dated August 14, 2023. A copy of the agreement is attached hereto as **Exhibit 13**.
14. Memorandum of Understanding for Medical Emergency Cooperative Agreement for Healthcare Organizations, dated December 18, 2007, by and among Community Health Clinic Ole, Kaiser Foundation Hospitals/Health Plan, Napa State Hospital, Queen of the Valley Medical Center, St.

Helena Hospital, Veterans Home of California, Yountville, and County of Napa. A copy of the agreement is attached hereto as **Exhibit 14**.

EXHIBIT 1 TO

SECTION 999.5(d)(5)(I)

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NAPA COUNTY AGREEMENT NO. 240067B
EMERGENCY MEDICAL SERVICES BASE CONTRACTOR AGREEMENT

This agreement ("Agreement,"), dated the 1st day of July, 2023, ("Effective Date") is by and between NAPA COUNTY, a political subdivision of the State of California (hereinafter "COUNTY"), and **ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC d.b.a. PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER**, an acute care general hospital located in NAPA, California (hereinafter "CONTRACTOR").

RECITALS

WHEREAS, COUNTY has established an Emergency Medical Services (EMS) system pursuant to Division 2.5 of the California Health and Safety Code and has designated the Napa County Health and Human Services Agency, Public Health division as the local Emergency Medical Services Agency, hereinafter referred to as "EMS AGENCY", pursuant to Section 1797.200 of the Health and Safety Code; and

WHEREAS, in the judgment of the EMS AGENCY, a need exists for a base hospital to serve the EMS system in Napa County; and

WHEREAS, CONTRACTOR is owned and operated by Queen of the Valley Medical Center, a non-profit corporation; and

WHEREAS, CONTRACTOR desires to act as a base hospital in Napa County; and

WHEREAS, the EMS AGENCY has designated CONTRACTOR as a base hospital pursuant to Section 1798.100 of the Health and Safety Code.

NOW THEREFORE, for good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, COUNTY and CONTRACTOR agree that CONTRACTOR shall be a base hospital to provide medical control and direction to advanced life support (ALS) prehospital EMS units pursuant to the terms and conditions contained herein.

AGREEMENT

I. Scope of Services.

1.1 Contractor's Specified Services. CONTRACTOR shall perform the services described in "Exhibit A – Scope of Work" attached hereto and incorporated herein by this reference (hereinafter "Exhibit A") as though set forth in full herein. In the event of a conflict between the body of this Agreement and Exhibit A, the provisions in the body of this Agreement shall control.

1.2 Cooperation with County. CONTRACTOR shall cooperate with COUNTY in the performance of all services hereunder.

1.3 Performance Standard. CONTRACTOR shall perform all work hereunder in a manner consistent with the level of competency and standard of care normally observed by a person practicing in CONTRACTOR's profession. COUNTY has relied upon the professional ability and training of CONTRACTOR as a material inducement to enter into this Agreement. CONTRACTOR hereby agrees to provide all services under this Agreement in accordance with generally accepted professional practices and standards of care, as well as the requirements of applicable federal, state and local laws, it being understood that acceptance of CONTRACTOR's work by COUNTY shall not operate as a waiver or release. If COUNTY determines that any of CONTRACTOR's work is not in accordance with such level of competency and standard of care, COUNTY, in its sole discretion, shall have the right to do any or all of the following: (a) require CONTRACTOR to meet with COUNTY to review the quality of the work and resolve matters of concern; (b) require CONTRACTOR to repeat the work at no additional charge until it is satisfactory; (c) terminate this Agreement pursuant to the provisions of Section 4 below; or (d) pursue any and all other remedies at law or in equity.

1.4 Assigned Personnel.

a. CONTRACTOR shall assign only competent personnel to perform work hereunder. In the event that at any time COUNTY, in its sole discretion, desires the removal of any person or persons assigned by CONTRACTOR to perform work hereunder, CONTRACTOR shall remove such person or persons immediately upon receiving written notice from COUNTY.

b. Any and all persons identified in this Agreement or any exhibit hereto as the project manager, project team, or other professional performing work hereunder are deemed by COUNTY to be key personnel whose services were a material inducement to COUNTY to enter into this Agreement and without whose services COUNTY would not have entered into this Agreement. CONTRACTOR shall not remove, replace, substitute, or otherwise change any key personnel without the prior written consent of COUNTY.

c. In the event that any of CONTRACTOR's personnel assigned to perform services under this Agreement become unavailable due to resignation, sickness or other factors outside of CONTRACTOR's control, CONTRACTOR shall be responsible for timely provision of adequately qualified replacements.

2. Payment. CONTRACTOR shall reimburse COUNTY for functions related to its designation as a base hospital in accordance with the following schedule:

Fiscal Year	Due Date	Amount Due
2023-2024	December 31, 2023	$25,000
2024-2025	December 31, 2024	$25,000
2025-2026	December 31, 2025	$25,000
TOTAL		**$75,000**

3. Term of Agreement. The term of this Agreement shall be July 1, 2023 to June 30, 2026. This Agreement shall expire at 11:59 p.m. on June 30, 2026, unless otherwise extended or unless terminated earlier in accordance with the provisions of Section 4 below.

4. Termination.

4.1 Termination Without Cause. Notwithstanding any other provision of this Agreement, at any time and without cause, either party shall have the right, in its sole discretion, to terminate this Agreement upon thirty (30) days written notice to the other party.

4.2 Termination for Cause. Notwithstanding any other provision of this Agreement, should CONTRACTOR fail to perform any of its obligations hereunder, within the time and in the manner herein provided, or otherwise violate any of the terms of this Agreement ("Material Breach"), subject to CONTRACTOR's opportunity to cure Material Breach, COUNTY may immediately terminate this Agreement by giving CONTRACTOR written notice of such termination, stating the reason for termination.

a. Opportunity to Cure Material Breach. Prior to COUNTY exercising its right to terminate for cause, COUNTY shall provide CONTRACTOR at least thirty (30) days written notice ("Cure Period") specifying the nature of such Material Breach. COUNTY may shorten the Cure Period to no less than ten (10) days if the COUNTY determines that CONTRACTOR's action or inaction has seriously threatened, or will seriously threaten public health and safety. If CONTRACTOR has not remedied such Material Breach prior to the end of the Cure Period to the satisfaction of the COUNTY, or the COUNTY has not approved a plan of correction within the Cure Period, the COUNTY may terminate this Agreement upon written notice to CONTRACTOR, specifying the effective date of termination.

4.3 Delivery of Work Product and Final Payment Upon Termination. In the event of termination, CONTRACTOR, within thirty (30) days following the date of termination, shall deliver to COUNTY all materials and work product subject to Section 9.8 and shall submit to COUNTY an invoice showing the services performed, hours worked, and copies of receipts for reimbursable expenses up to the date of termination. In no event shall patients' medical records be considered "Work Product." Medical records shall remain the property of CONTRACTOR subject to patients' rights to access their own information.

4.4 Payment Upon Termination. In the event COUNTY exercises its right to terminate this Agreement, COUNTY agrees to reimburse CONTRACTOR a pro-rata share of that Fiscal Year's $25,000 payment made by CONTRACTOR to COUNTY.

4.5 Change in Funding. CONTRACTOR understands and agrees that COUNTY shall have the right to terminate this Agreement upon thirty (30) days written notice to CONTRACTOR in the event any state and/or federal agency and/or other funder(s) reduce, withhold or terminate funding, which the COUNTY anticipated using to pay CONTRACTOR

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for services provided under this Agreement or COUNTY has exhausted all funds legally available for payments due under this Agreement.

4.6 Obligations After Termination. The following sections shall remain in full force and effect after termination of this Agreement: (1) Section 9.4, Records Maintenance; (2) Section 9.4.1, Right to Audit, Inspect and Copy Records; (3) Section 9.13, Confidentiality; (4) Section 13.5, Applicable Law and Forum; and (5) Section 5, Indemnification.

4.7 Authority to Terminate by COUNTY. The Board of Supervisors has the authority to terminate this Agreement on behalf of the COUNTY. In addition, the Purchasing Agent or Department Head, in consultation with COUNTY Counsel, shall have the authority to terminate this Agreement on behalf of the COUNTY. Termination shall be in accordance with Sections 4.1, 4.2, and 4.2.a of this Agreement.

5. Indemnification. CONTRACTOR agrees to indemnify, hold harmless, and release COUNTY, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, that arise out of, pertain to, or relate to CONTRACTOR's negligence or willful misconduct with respect to its performance or obligations under this Agreement. CONTRACTOR agrees to provide a complete defense for any claim or action brought against COUNTY based upon a claim relating to CONTRACTOR's negligence or willful misconduct with respect to its performance or obligations under this Agreement.

6. Insurance. With respect to performance of CONTRACTOR's Specified Services under this Agreement, CONTRACTOR shall maintain insurance policies as described below, which shall not cancel or materially change such policies without first giving thirty (30) days prior written notice to Napa County, Department of Health & Human Services and shall require all of its subcontractors, CONTRACTOR's, and other agents to maintain, insurance as described below.

6.1 Workers' Compensation Insurance. Workers' compensation insurance with statutory limits as required by the Labor Code of the State of California.

6.2 General Liability Insurance. Commercial general liability insurance covering bodily injury and property damage using an occurrence policy form, in an amount no less than One Million Dollars ($1,000,000) limit for each occurrence and Two Million Dollars ($2,000,000) each for the general aggregate and the products/completed operations aggregate. Said commercial general liability insurance policy shall either be endorsed with the following specific language or contain equivalent language in the policy:

a. Napa County, its officers and employees, is named as additional insured for all liability arising out of the on-going and completed operations by or on behalf of the named insured in the performance of this Agreement between Napa County and CONTRACTOR.

b. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage

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afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

c. The insurance provided herein is primary and non-contributory coverage to Napa County with respect to any insurance or self-insurance programs maintained by Napa County.

6.3 Automobile Insurance. Automobile liability insurance covering bodily injury and property damage in an amount no less than One Million Dollars ($1,000,000) combined single limit for each occurrence. Said insurance shall include coverage for owned, hired, and non-owned vehicles.

6.4 Professional Liability Insurance. Professional liability insurance for all activities of CONTRACTOR arising out of or in connection with this Agreement in an amount no less than One Million Dollars ($1,000,000) combined single limit for each occurrence.

6.5 Documentation. The following documentation shall be submitted to Napa County Health and Human Services Agency:

a. Properly executed Certificates of Insurance clearly evidencing all coverages and limits required above. Said Certificates shall be submitted prior to the execution of this Agreement. CONTRACTOR agrees to maintain current Certificates of Insurance evidencing the above-required coverages and limits on file with the COUNTY for the duration of this Agreement.

b. Copies of properly executed endorsements required above for each policy. Said endorsement copies shall be submitted prior to the execution of this Agreement. CONTRACTOR agrees to maintain current endorsements evidencing the above-specified requirements on file with the COUNTY for the duration of this Agreement.

c. Upon COUNTY's written request, certified copies of the insurance policies. Said policy copies shall be submitted within thirty (30) days of COUNTY's request.

d. After the Agreement has been signed, signed Certificates of Insurance shall be submitted for any renewal or replacement of a policy that already exists, at least ten (10) days before expiration or other termination of the existing policy.

6.6 Policy Obligations. CONTRACTOR's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

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6.7 Material Breach. If CONTRACTOR, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. COUNTY, in its sole option, may terminate this Agreement and obtain damages from CONTRACTOR resulting from said breach, if any. Alternatively, COUNTY may purchase such required insurance coverage, and with notice to CONTRACTOR, COUNTY may deduct from sums due to CONTRACTOR any premium costs advanced by COUNTY for such insurance. These remedies shall be in addition to any other remedies available to COUNTY.

7. Prosecution of Work. The execution of this Agreement shall constitute CONTRACTOR's authority to proceed immediately with the performance of this Agreement. Performance of the services hereunder shall be completed within the time required herein, provided, however, that if the performance is delayed by earthquake, flood, high water, or other Act of God or by strike, lockout, or similar labor disturbances, the time for CONTRACTOR's performance of this Agreement shall be extended by a number of days equal to the number of days CONTRACTOR has been delayed.

8. Extra or Changed Work. Extra or changed work or other changes to the Agreement may be authorized only by written amendment to this Agreement, signed by both parties. Minor changes, which do not increase the amount paid under the Agreement, and which do not significantly change the scope of work or significantly lengthen time schedules may be executed by the Director of Health and Human Services Agency in a form approved by COUNTY Counsel. The Board of Supervisors/Purchasing Agent must authorize all other extra or changed work. Failure of CONTRACTOR to secure such written authorization for extra or changed work shall constitute a waiver of any and all right to adjustment in the Agreement price or Agreement time due to such unauthorized work and thereafter CONTRACTOR shall be entitled to no compensation whatsoever for the performance of such unauthorized work. CONTRACTOR further expressly waives any and all right or remedy by way of restitution and quantum merit for any and all extra work performed without such express and prior written authorization of the COUNTY.

9. Representations of CONTRACTOR.

9.1 Standard of Care. COUNTY has relied upon the professional ability and training of CONTRACTOR as a material inducement to enter into this Agreement. CONTRACTOR hereby agrees that all its work will be performed and that its operations shall be conducted in accordance with generally accepted and applicable professional practices and standards as well as the requirements of applicable federal, state and local laws, it being understood that acceptance of CONTRACTOR's work by COUNTY shall not operate as a waiver or release.

9.2 Status of CONTRACTOR. The parties intend that CONTRACTOR, in performing the services specified herein, shall act as an independent contractor and shall control the work and the manner in which it is performed. CONTRACTOR is not to be considered an agent or employee of COUNTY and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits COUNTY provides its employees. In the event COUNTY exercises its right to terminate this Agreement pursuant to Section 4, above,

CONTRACTOR expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

9.3 Taxes. CONTRACTOR agrees to file federal and state tax returns and pay all applicable taxes on amounts paid pursuant to this Agreement and shall be solely liable and responsible to pay such taxes and other obligations, including, but not limited to, state and federal income and FICA taxes. CONTRACTOR agrees to indemnify and hold COUNTY harmless from any liability which it may incur to the United States or to the State of California as a consequence of CONTRACTOR's failure to pay, when due, all such taxes and obligations. In case COUNTY is audited for compliance regarding any withholding or other applicable taxes, CONTRACTOR agrees to furnish COUNTY with proof of payment of taxes on these earnings.

9.4 Records Maintenance. CONTRACTOR shall keep and maintain full and complete documentation and accounting records concerning all services performed that are compensable under this Agreement and shall make such documents and records available to COUNTY for inspection, to the extent permitted by law, at reasonable times. CONTRACTOR shall maintain such records (in any legally permissible media format) for a period of seven (7) years following completion of work hereunder.

9.4.1 Right to Audit, Inspect and Copy Records. Upon COUNTY's reasonable request, CONTRACTOR agrees to permit COUNTY and any authorized state or federal agency to audit, inspect and copy all records, notes, and writings of any kind in connection with the services provided by CONTRACTOR under this Agreement, to the extent permitted by law, for the purpose of monitoring the quality and quantity of services, accessibility and appropriateness of services, and ensuring fiscal accountability. Upon such reasonable request, CONTRACTOR shall supply copies of any and all such records to COUNTY, to the extent permitted by law. Failure to provide the above noted documents requested by COUNTY within the requested time frame indicated may result in COUNTY withholding payments due under this Agreement. If CONTRACTOR believes COUNTY's access to requested records is precluded by law, CONTRACTOR shall provide COUNTY with citable legal authority.

9.5 Conflict of Interest. CONTRACTOR covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its services hereunder. CONTRACTOR further covenants that in the performance of this Agreement no person having any such interests shall be employed. In addition, if requested to do so by COUNTY, CONTRACTOR shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Statement of Economic Interest" with COUNTY disclosing CONTRACTOR's or such other person's financial interests.

9.6 Nondiscrimination. CONTRACTOR shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation or other prohibited basis, including without limitation,

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the COUNTY's Non-Discrimination Policy. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

9.7 Assignment Of Rights. CONTRACTOR shares with COUNTY all rights throughout the world in perpetuity in the nature of copyright, trademark, patent, right to ideas, in and to all versions of the plans and specifications, if any, now or later prepared by CONTRACTOR in connection with this Agreement. CONTRACTOR agrees to take such actions as are necessary to protect the rights assigned to COUNTY in this Agreement, and to refrain from taking any action which would impair those rights. CONTRACTOR's responsibilities under this provision include, but are not limited to, placing proper notice of copyright on all versions of the plans and specifications as COUNTY may direct, and refraining from disclosing any versions of the plans and specifications to any third party without first obtaining written permission of COUNTY. Neither Party shall use or permit another to use the plans and specifications, prepared by CONTRACTOR, in connection with this or any other project without first obtaining written permission from the other Party.

9.8 Ownership And Disclosure Of Work Product. All reports, original drawings, graphics, plans, studies, and other data or documents ("documents"), in whatever form or format, assembled or prepared by CONTRACTOR or CONTRACTOR's subcontractors, contractors, and other agents in connection with this Agreement shall be the shared property of CONTRACTOR and COUNTY. COUNTY shall be entitled to immediate possession of such documents upon completion of the work pursuant to this Agreement. Upon expiration or termination of this Agreement, CONTRACTOR shall promptly deliver to COUNTY duplicate copies of all such documents, which have not already been provided to COUNTY in such form or format, as COUNTY deems appropriate. Such documents shall be and will remain the property of COUNTY without restriction or limitation. Each Party may retain copies of the above- described documents but agrees not to disclose or discuss any information gathered, discovered, or generated in any way through this Agreement without the express written permission from the other Party unless legally compelled to do so.

9.9 Sanctioned Employee. CONTRACTOR agrees that it shall not employ in any capacity, or retain as a subcontractor in any capacity, any individual or entity that is listed on either the Suspended and Ineligible Contractor List published by the California Department of Health Services, or any list published by the Federal Office of Inspector General regarding the sanctioning, suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs. CONTRACTOR agrees to periodically review said State and Federal lists to confirm the status of current employees, subcontractor and contractors. In the event CONTRACTOR does employ such individual(s) or entity(s), CONTRACTOR agrees to assume full liability for any associated penalties, sanctions, loss or damage that may be imposed on COUNTY by the Medicare or Medicaid programs.

9.10 Statutory Compliance. CONTRACTOR agrees to comply with all applicable federal, state and local laws, regulations, statutes and policies applicable to the services provided under this Agreement as they exist now and as they are changed, amended or modified during the term of this Agreement.

9.11 Compliance with County Policies and Procedures. CONTRACTOR agrees to comply with all COUNTY policies and procedures as they may relate to services provided hereunder. COUNTY shall ensure any and all new, updated, and/or revised COUNTY policies and procedures that are material to this Agreement are provided to CONTRACTOR allowing for such compliance.

9.12 Confidentiality. CONTRACTOR agrees to maintain the confidentiality all patient medical records and client information in accordance with all applicable state and federal laws and regulations. This Paragraph 9.12 shall survive termination of this Agreement.

10. Demand for Assurance. Each party to this Agreement undertakes the obligation that the other's expectation of receiving due performance will not be impaired. When reasonable grounds for insecurity arise with respect to the performance of either party, the other may in writing demand adequate assurance of due performance and until such assurance is received may, if commercially reasonable, suspend any performance for which the agreed return has not been received. "Commercially reasonable" includes not only the conduct of a party with respect to performance under this Agreement, but also conduct with respect to other agreements with parties to this Agreement or others. After receipt of a justified demand, failure to provide within a reasonable time, but not exceeding thirty (30) days, such assurance of due performance as is adequate under the circumstances of the particular case is a repudiation of this Agreement. Acceptance of any improper delivery, service, or payment does not prejudice the aggrieved party's right to demand adequate assurance of future performance. Nothing in this Paragraph 10 limits COUNTY's right to terminate this Agreement pursuant to Paragraph 4.

11. Assignment and Delegation. Neither party hereto shall assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of the other, and no such transfer shall be of any force or effect whatsoever unless and until the other party shall have so consented. Notwithstanding the foregoing, CONTRACTOR may assign this Agreement to a parent company, subsidiary or affiliate, or in connection with the sale or transfer of substantially all of the assets of CONTRACTOR, upon thirty (30) days' written notice to the COUNTY.

12. Method and Place of Giving Notice, Submitting Bills and Making Payments. All notices, bills, and payments shall be made in writing and shall be given by personal delivery or by U.S. Mail or courier service. Notices, bills, and payments shall be addressed as follows:

TO: COUNTY:

Emergency Medical Services Agency
Attn: Shaun Vincent
EMS Administrator
2751 Napa Valley Corporate Drive
Napa, CA 94558

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TO: CONTRACTOR: **Queen of the Valley Medical Center**
Attn: Director Emergency Services
1000 Trancas
Napa, CA 94558

COPY TO: **St. Joseph Health Northern California, LLC**
Attn: Regional Contracting Department
1165 Montgomery Drive
Santa Rosa, CA 95405

When a notice, bill or payment is given by a generally recognized overnight courier service, the notice, bill or payment shall be deemed received on the next business day. When a copy of a notice, bill or payment is sent by facsimile or email, the notice, bill or payment shall be deemed received upon transmission as long as (1) the original copy of the notice, bill or payment is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email (for a payment, on or before the due date), (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices, bills and payments shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

13. Miscellaneous Provisions.

13.1 No Waiver of Breach. The waiver by COUNTY of any breach of any term or promise contained in this Agreement shall not be deemed a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

13.2 Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. CONTRACTOR and COUNTY acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one party in favor of the other. CONTRACTOR and COUNTY acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

13.3 Consent. Wherever in this Agreement the consent or approval of one party is required to an act of the other party, such consent or approval shall not be unreasonably withheld or delayed.

13.4 No Third Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.

13.5 Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in Napa or the forum nearest to the city of Napa, in the Napa County.

13.6 Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

13.7 Merger. This writing is intended both as the final expression of the Agreement between the parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement, pursuant to Code of Civil Procedure Section 1856. No modification of this Agreement shall be effective unless and until such modification is evidenced by a writing signed by both parties.

13.8 Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

13.9 Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original but such counterparts together shall constitute one and the same instrument. The parties hereby acknowledge and agree to accept electronic reproduction of an original signed document intended to preserve the original graphics and pictorial appearance of a handwritten signature having the same legal binding, force and effect as physical execution and delivery of original document(s) bearing the original handwritten signature(s).

14. Incorporated Documents.

The following documents are incorporated herein by this reference and attached hereto and labeled as the following Exhibit letters:

Exhibit A: Scope of Work
Attachment 1 to Exhibit A: On-line Medical Director
Attachment 2 to Exhibit A: Base Hospital Physicians
Attachment 3 to Exhibit A: Pre-Hospital Liaison Nurse
Exhibit C: "Section 2, General Terms and Conditions, Version 12"

[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

COUNTY:
NAPA COUNTY, a political subdivision of the State of California,

By _____
BELIA RAMOS, Chair of the Board of Supervisors

"COUNTY"

APPROVED AS TO FORM Office of County Counsel By: *Doug Parker (via e-sign)* Deputy County Counsel Date: August 4, 2023	APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS Date: August 22 2023 Processed By: _____ Deputy Clerk of the Board	ATTEST: NEHA HOSKINS Clerk of the Board of Supervisors By: _____

CONTRACTOR:
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC D.B.A. PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER

DocuSigned by:
By: Todd Peterson
F4ED3459CD9A413...
TODD PETERSON, Interim Chief Financial Officer

DocuSigned by:
By: Terry Wooten
67BF3D0C7BF43A...
TERRY WOOTEN, Chief Executive Officer

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EXHIBIT A
SCOPE OF WORK
(July 1, 2023 through June 30, 2026)

GENERAL PROVISIONS

1. Prehospital Emergency Medical Services (EMS) provider agencies participating in the local EMS system shall be assigned to CONTRACTOR by EMS AGENCY for the purposes of medical control pursuant to the provisions of the Health and Safety Code and local EMS policies and procedures.

2. Assignment of prehospital EMS provider agencies to CONTRACTOR shall be made upon mutual agreement of CONTRACTOR, EMS AGENCY, and prehospital EMS provider agency.

3. CONTRACTOR may enter into any agreement with an assigned prehospital EMS provider agency for medical control services that they mutually deem necessary. Any such agreements shall be subject to the approval of EMS AGENCY.

4. Prehospital EMS provider agencies participating in the local EMS system shall be responsible to COUNTY and EMS AGENCY under the applicable provisions of the Health and Safety Code, Napa County Code, and local EMS AGENCY policies and procedures.

5. The parties agree that this Agreement shall be non-exclusive, and that COUNTY may enter into a similar agreement with other entities pursuant to State law and regulation and consistent with the terms contained within this Agreement.

COUNTY RESPONSIBILITIES

1. COUNTY'S responsibilities under this Agreement shall be carried out by Napa County's Health and Human Services Agency (HHSA) Director, Public Health (PH) Officer, the Regional EMS Manager, and the EMS Medical Director.

2. EMS AGENCY shall establish program criteria, operational policies and medical protocols in conformity with applicable Federal, State, and local laws and regulations, and accepted EMS system standards. Such criteria and protocols shall be developed with consultation from the CONTRACTOR.

3. EMS AGENCY shall accredit and certify personnel for participation in the EMS system in accordance with State statutes and regulations, and local EMS policies and procedures.

4. EMS AGENCY shall monitor the base hospital medical control program, hereinafter referred to as "program", for adequacy of services and medical quality improvement in cooperation with CONTRACTOR in an ongoing evaluation of the EMS system.

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5. EMS AGENCY shall maintain confidentiality of all patient specific information and quality improvement information and records provided for review and audit purposes to the fullest extent available under the law.

6. EMS AGENCY shall designate a physician to function as the EMS Medical Director.

COUNTY AND CONTRACTOR JOINT RESPONSIBILITIES

EMS AGENCY shall reimburse CONTRACTOR for the purchase of adequate communications equipment to be used for the purposes of communicating and recording all communications between EMS Field Resources an on-line medical control, to be operated and maintained by CONTRACTOR. CONTRACTOR shall purchase communications equipment and submit an invoice to COUNTY within thirty (30) days of such purchase. COUNTY agrees to reimburse CONTRACTOR up to seventy-five (75) percent of the cost of such equipment or six thousand dollars ($6,000), whichever is less. CONTACTOR shall be solely responsible for the cost of maintenance of the communications equipment.

CONTRACTOR RESPONSIBILITIES

1. CONTRACTOR shall maintain a basic EMS meeting the requirements established in Title 22 of the California Code of Regulations, including, but not limited to, Sections 70413, 70415, 70417, 70419 or in successor regulations.

2. CONTRACTOR shall be responsible for complying with all applicable requirements of Division 2.5 of the Health and Safety Code, or successor statutes, regulations, and codes.

3. CONTRACTOR shall follow all policies and medical protocols established by EMS AGENCY pursuant to Health and Safety Code Sections 1797.220 and 1798 or successor statutes. Medical control shall not be provided to other than assigned units or personnel in the course of normal operations.

4. CONTRACTOR shall staff its emergency department in conformance with the Joint Commission on Accreditation of Hospitals Standard II Accreditation Manual, 1984 or its latest updating.

5. CONTRACTOR shall, subject to the approval of the EMS Medical Director, designate one (1) physician to serve as On-Line Medical Director. The On-Line Medical Director shall be certified by the American Board of Emergency Medicine and shall provide the services and functions described in the EMS AGENCY Policy Manual and Attachment 1 to Exhibit A, attached herein and incorporated by reference.

6. CONTRACTOR shall maintain a physician to provide medical control and direction to prehospital personnel. Base Hospital physicians shall meet the standards described in Attachment 2 to Exhibit A, attached herein and incorporated herein by reference.

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7. CONTRACTOR shall appoint one (1) registered nurse as Prehospital Liaison Nurse. The Prehospital Liaison Nurse shall meet the standards and provide the services and functions described in Attachment 3 to Exhibit A, attached herein and incorporated herein by reference.

8. CONTRACTOR shall train or have trained emergency department physicians to provide on-line medical control and direction, guidance, and assistance to prehospital personnel in accordance with State and local laws and regulations, and EMS policies and procedures.

9. CONTRACTOR shall allow only authorized personnel as described herein to provide on-line medical control and direction.

10. CONTRACTOR shall orient all affected hospital employees, contractors, and agents to the Napa County system, including all applicable EMS policies and procedures.

11. CONTRACTOR shall direct patient transport based entirely on objective analysis of patient needs and point of entry protocols and shall make no effort to obtain institutional or commercial advantage through use of transport instructions and hospital assignments.

12. CONTRACTOR shall participate in the patient destination review process as set forth by EMS AGENCY policies and procedures.

13. CONTRACTOR shall actively participate in the Napa County Emergency Medical Care Committee (EMCC). CONTRACTOR shall fully participate and cooperate with any and all local EMS quality assurance/improvement programs as currently exist or as may be adopted pursuant to local EMS policies and procedures.

14. CONTRACTOR shall completely and accurately complete all appropriate forms and records of the advanced life support and emergency ambulance program, cooperate with the EMS AGENCY in the collection and analysis of patient care and other data necessary to an ongoing evaluation of prehospital care and emergency ambulance operations, and provide records and other necessary information to the EMS AGENCY Medical Director or designee for assessment of emergency ambulance services.

15. CONTRACTOR shall conduct continuing education sessions, supervise and, when necessary, immediately critique prehospital runs, develop and schedule base hospital training programs in accordance with EMS AGENCY requirements. EMS AGENCY agrees to allow CONTRACTOR's efforts to secure the protections of Evidence Code Section 1157 to the information, discussion and records generated by such critique and education sessions.

16. CONTRACTOR shall provide a continuing education and clinical experience program, approved by the EMS AGENCY, for pre-hospital and emergency ambulance personnel.

17. CONTRACTOR shall document any continuing education, clinical experience, and other training provided for prehospital and emergency ambulance personnel under the program.

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18. CONTRACTOR shall maintain and keep in good repair all communication equipment assigned to or operated by CONTRACTOR, including a direct telephone line to the designated EMS Communication Center. All equipment shall be kept in good repair and/or adequate supply. The equipment shall be tested on a schedule approved by EMS AGENCY.

19. CONTRACTOR shall maintain an unlisted telephone number answered at the medical control console to be used for communications by EMS personnel in the field.

20. CONTRACTOR shall participate in the EMS AGENCY designated inter-hospital communications system and maintain and utilize the system in a manner that assures that information is communicated effectively.

21. CONTRACTOR shall record all prehospital communications requiring medical direction from EMS field units. Such recordings shall be maintained for a period of not less than twelve (12) months.

22. CONTRACTOR shall ensure that all effected personnel receive the appropriate training and continued retraining necessary to operate such communications and other required program equipment.

23. CONTRACTOR agrees that the acts and omissions of prehospital and emergency ambulance field personnel that are made pursuant to CONTRACTOR'S direction or control shall be the responsibility of CONTRACTOR.

24. CONTRACTOR shall not use its designation as a base hospital in advertising and public relations materials including, but not limited to, yellow pages and newspaper advertisements. Exceptions may be granted by EMS AGENCY for public information and education materials which promote the local EMS system.

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ATTACHMENT 1 TO EXHIBIT A
ON-LINE MEDICAL DIRECTOR
(July 1, 2023 through June 30, 2026)

1. APPOINTMENT: Each base hospital shall, subject to the approval of the Napa County EMS AGENCY Medical Director, designate an On-Line Medical Director who shall be responsible for base hospital operations.

2. QUALIFICATIONS: In addition to meeting the requirements for base hospital physicians, the On-Line Medical Director shall be:

   A. A physician contracted by the hospital or a member of the hospital staff, licensed in the State of California; and

   B. Certified by the American Board of Emergency Medicine; and

   C. Be regularly assigned to the emergency department; and

   D. Have experience and knowledge of base hospital radio operations; and

   E. Be familiar with local EMS AGENCY policies and procedures; and

   F. Have knowledge of California laws and regulations, Napa County ordinances affecting the operation of a base hospital, and the provision of prehospital care.

3. RESPONSIBILITIES: The On-Line Medical Director shall:

   A. Be responsible for overall medical supervision, direction, and operation of the base hospital as it applies to the provisions of the Base Hospital Agreement, including audit of prehospital care patient records, and critique with base and/or prehospital care personnel involved; and

   B. Ensure that all emergency department physicians at the hospital wherein the base hospital is located, and who may direct prehospital patient care in the EMS system, are oriented to the local EMS system and are familiar with the scope of practice, role and function of prehospital EMS personnel, including paramedics, first responders, and EMT-Defibrillation certified personnel; and

   C. Supervise physicians who may direct prehospital care and ensure their familiarization with EMS AGENCY policies and procedures; and

   D. Be responsible for reporting known deficiencies in patient-care regardless of personnel involved, to the EMS AGENCY; and

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E. Review all EMS Notification Forms involving the base hospital or units under the direction of the base hospital; and

F. Approve all continuing education for prehospital care personnel offered by the base hospital consistent with EMS AGENCY policies and procedures; and

G. Represent the base hospital at appropriate Napa County EMS meetings; and

H. Perform an on-going evaluation of certified prehospital care personnel employed by agencies assigned to the base hospital; and identify problems and weaknesses, recommend specific remediation as needed.

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ATTACHMENT 2 TO EXHIBIT A
BASE HOSPITAL PHYSICIANS
(July 1, 2023 through June 30, 2026)

1. Qualifications: Prior to functioning in a Napa County base hospital, each base hospital physician shall meet the following requirements:

   A. Emergency Medicine Training/Experience:

      (1) Certified by the American Board of Emergency Medicine; or

      (2) Have at least five thousand (5,000) hours of experience as a physician in an acute care hospital emergency department in the past seven (7) years, with at least two thousand eight hundred (2,800) hours of experience within a consecutive twenty-four (24) month period; or

      (3) Successfully complete a residency program in emergency medicine, approved by the Accreditation Council for Graduate Medical Education; or

      (4) The Napa County EMS Medical Director may approve physicians who do not meet any of the above alternatives but whose training and experience qualifies them to serve as base hospital physicians.

   B. Receive an orientation to the Napa County EMS system and local EMS AGENCY.

2. On-going Service: Annually, each base hospital physician shall:

   A. Work at least seven hundred fifty (750) hours in the emergency department of a Napa County base hospital; and

   B. Attend at least three (3) EMS AGENCY approved meetings and/or education sessions, these may include, but are not limited to: Trauma Committee, Field Care Audits, Staff Meetings on EMS related topics.

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ATTACHMENT 3 TO EXHIBIT A
PRE-HOSPITAL LIAISON NURSE
(July 1, 2023 through June 30, 2026)

The Prehospital Liaison Nurse will possess experience in and knowledge of base hospital operations and Napa County EMS AGENCY policies and procedures, and who is employed by a base hospital for that role. This individual, in conjunction with the On-line Medical Director, is responsible for ensuring appropriate planning, organization, implementation, supervision, and evaluation of prehospital care operations of that base hospital (as described in Division 2.5 of the Health and Safety Code), and the assigned field units.

Responsibilities of the Prehospital Liaison Nurse include:

1. Manages Base Hospital Operations

   A. Supervises hospital operations with particular regard to the base station in order to best ensure that operations are in accordance with California laws and regulations, and Napa County policies and procedures.

   B. Ensures that field-hospital communications reflect the requirements set forth by the Federal Communications Commission and the Napa County EMS AGENCY.

   C. Coordinates provision of equipment, medication, and supplies to those ALS patients once assigned to the base hospital.

   D. Ensures the maintenance of a medically and legally proper system for documentation, storage and maintenance of prehospital taped transmissions of field runs and all prehospital care written records, including all ALS prehospital records and tapes, in accordance with California laws and the requirements set forth by Napa County EMS policies and procedures.

   E. Works with the Napa County EMS Coordinating Manager or designee to identify base hospital problems/needs and to develop plans for solutions.

   F. Establishes and implements base hospital orientation for emergency department staff and physicians, and other appropriate personnel.

   G. Participates in the process of reviewing and revising Napa County EMS policies and procedures.

2. Plans and Implements Continuing Education Programs:

   A. Coordinates and provides regularly scheduled education and training, and submits necessary documentation to EMS AGENCY for prior approval of continuing education units in accordance with EMS policies and procedures.

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B. Schedules and coordinates clinical experience for prehospital EMS personnel as outlined in EMS policies and procedures.

3. Maintains Intra and Inter-Agency Communications:

A. Maintains communications between base hospital administration and the On-line Medical Director.

B. Coordinates communications between the base hospital and the local EMS AGENCY.

C. Serves as liaison for the base hospital with:
(1) Field care provider agencies and personnel; and
(2) Other base hospitals and receiving hospitals.

D. Works with the provider agencies to identify and resolve problems.

E. Maintains communication with appropriate agencies regarding base hospital radio communications equipment.

F. Maintains files for communication and continuing education for Emergency Department (ED) nursing and prehospital care personnel.

G. Attends and participates in the Napa County Emergency Medical Care Committee meetings and other appropriate related EMS meetings on a regular basis.

4. Evaluates Field and Base Personnel:

A. Performs routine critiques and evaluations of prehospital care performance through written reviews of tapes and records.

B. Gives appropriate feedback on performance to prehospital care personnel, which may include problem solving and/or teaching on a regular basis.

C. Supervises clinical orientation and evaluation of ED nursing and prehospital care personnel.

D. Reports findings of all evaluations and makes recommendations for remedial training, if necessary, to On-line Medical Director, EMS Coordinator, and appropriate other agencies.

E. Participates in training and evaluation of prehospital EMS provider agency field preceptors.

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5. Assesses and Reports the Effectiveness of Prehospital Care:

   A. Reports at Prehospital Care Committee Meetings as requested.

   B. Maintains records and submits statistics related to the prehospital care program as requested by base hospital administration, local EMS Agency, and State EMS Authority.

   C. Participates on EMS AGENCY ad-hoc committees.

   D. Identifies and reports prehospital care problems to the EMS AGENCY. Lists in the report steps taken to clarify or correct the situation, including the names of the individuals involved.

6. Accountability:

   A. The Prehospital Liaison Nurse is an employee of a base hospital who works in conjunction with the On-line Medical Director. The PLN may not be supervised by any individual who is certified as an EMT-Paramedic in Napa County. Assignment of an individual by the base hospital as Prehospital Liaison Nurse is subject to prior review and comment by the EMS AGENCY.

7. Knowledge:

   A. This individual should have a good working knowledge of the prehospital care program philosophy, local EMS policies and procedures, base hospital operations, and local EMS system, including EMS provider agencies, by demonstrating a good understanding of:

      (1) State and local laws and regulations effecting prehospital care and the local EMS system.

      (2) Prehospital personnel, including EMT-I, Paramedic, training programs and course content.

      (3) Local EMS policies and procedures, and medical protocols.

      (4) FCC regulations and County communications policies and procedures.

      (5) State Board of Pharmacy regulations.

      (6) Policies and procedures of the inter-related agencies outside the base hospital affecting prehospital care (e.g., law enforcement, fire services, coroner's office, EMS provider agencies, etc.).

8. Qualifications:

   A. This person should have the ability to effectively communicate on both a personal and professional level with agencies and individuals involved on the prehospital care program. The PLN should have the ability to effectively communicate through means of committees, meetings, conferences, letters, verbal, and written reports.

   B. Education/Licensure/Certification/Experience:

      (1) Current licensure as a registered nurse in the State of California.

      (2) Minimum of two years full-time equivalent experience as an emergency nurse in a base hospital.

   C. Experience in prehospital care training, management, and/or EMS administration is preferred.

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EXHIBIT C

SECTION 2. GENERAL TERMS AND CONDITIONS --VERSION 12

2.1 **Term of the Agreement.**

(a) Term. The term of this Agreement shall commence on the date first written on page 1 and shall expire on the expiration date set forth on page 1 unless terminated earlier in accordance with Paragraphs 2.9 (Termination for Cause), 2.10 (Other Termination) or 2.23(a) (Covenant of No Undisclosed Conflict).

(b) Automatic Renewal. The term of this Agreement shall be automatically renewed for an additional year at the end of each fiscal year, under the same terms and conditions, unless either party gives the other party written notice of intention not to renew no less than thirty (30) days prior to the expiration of the then current term. For purposes of this Agreement, "fiscal year" shall mean the period commencing on July 1 and ending on June 30. COUNTY authorizes the Department Director to determine whether this Agreement shall not be renewed and to provide the written notice of the intention to not renew on behalf of COUNTY.

(c) Obligations Extending Beyond Term. The obligations of the parties under Paragraphs 2.7 (Insurance) and 2.8 (Hold Harmless/Defense/Indemnification) shall continue in full force and effect after the expiration date or early termination in relation to acts or omissions occurring prior to such dates during the term of the Agreement, and the obligations of CONTRACTOR to COUNTY shall also continue after the expiration date or early termination in relation to the obligations prescribed by Paragraphs 2.15 (Confidentiality), 2.20 (Taxes), 2.21 (Access to Records/Retention), 2.31 (Compliance with Federal Health Care Program Requirements, 2.32 (Compliance with State Medi-Cal Specialty Mental Health Services Requirements), and 2.33 (Compliance with Mental Health Activities Requirements). To the extent the paragraphs referenced in this Paragraph 2.1 may be modified by Specific Terms and Conditions contained in SECTION 3 of this Agreement, the modifications shall also continue after the expiration date or early termination.

2.2 **Scope of Services.** CONTRACTOR shall provide COUNTY those services set forth in Exhibit "A."

2.3 **Compensation.**

(a) Compensation/Maximum. In consideration of CONTRACTOR's fulfillment of the promised work, COUNTY shall pay CONTRACTOR at the rates and/or in the amount(s) set forth in Exhibit "B". The maximum payment for the initial term of this Agreement, and the successive maximum payments for each subsequent automatically renewed term, shall each be that maximum amount set forth on page 1; provided, however, that such amounts shall not be construed as guaranteed sums, and compensation shall be based upon services actually rendered and reimbursable expenses actually incurred.

(b) Advance Funding.

1. Use of Funds. To the extent this Agreement may permit advance funding of services and expenses, use of funds delineated in this Agreement is limited to the term of performance unless otherwise modified in accordance with Paragraph 2.17

(Amendment/Modification). COUNTY may at its discretion recapture funds obligated under the authority of this Agreement if expenditure plans are not being met.

2. Reversion of Funds. If funds awarded to CONTRACTOR have not been expended in accordance with this Agreement and COUNTY has determined after consultation with CONTRACTOR that funds will not be spent in a timely manner, such funds will revert to COUNTY for that reason and to the extent permitted by and in a manner consistent with federal and state law, regulations, and policies.

(c) Availability of Funds. It is mutually understood that, for the benefit of both parties, this Agreement may have been written before ascertaining the availability of congressional and/or state legislative appropriation of funds in order to avoid program and fiscal delays that would occur if the Agreement were executed after that determination was made. If funding of this Agreement is dependent upon the availability of congressional and legislative appropriation of funds, then:

1. This Agreement shall be deemed automatically terminated if the Congress and and/or the State Legislature do not appropriate funds needed for this Agreement;

2. At COUNTY's discretion, this Agreement may be deemed automatically terminated or this Agreement may be modified or amended in accordance with Paragraph 2.17 (Amendment/Modifications), if the Congress and/or State Legislature do not appropriate sufficient funds needed for this Agreement; and

3. This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or State Legislature, or any statute enacted by the Congress or State Legislature, that may in any manner affect the provisions, terms, or funding of this Agreement.

(d) COUNTY may withhold any compensation due CONTRACTOR as an offset for any revenues lost arising from an act or omission in billing or documentation practices by CONTRACTOR. CONTRACTOR shall make COUNTY whole for any such lost revenues.

2.4 **Method of Payment.**

(a) Invoices. All payments for compensation and reimbursement for expenses shall be made only upon presentation by CONTRACTOR to COUNTY of an itemized billing invoice in a form acceptable to the Napa County Auditor which indicates, at a minimum, CONTRACTOR's name, address, Social Security or Taxpayer Identification Number, itemization of the hours worked or, where compensation is on a per-task basis, a description of the tasks completed during the billing period, the person(s) actually performing the services and the position(s) held by such person(s), and the approved hourly or task rate. Where expense reimbursement is sought, the invoice shall describe the nature and cost of the expense, the task(s) if any to which the expense was related, and the date incurred. CONTRACTOR shall submit invoices not more often than monthly to the Contract Administrator. After review and approval as to form and content, the invoice shall be submitted to the Napa County Auditor no later than fifteen (15) calendar days following receipt.

(b) Legal status. So that COUNTY may properly comply with its reporting obligations under federal and state laws pertaining to taxation, if CONTRACTOR is or becomes a corporation during the term of this Agreement, proof that such status is currently recognized by and complies with the laws of both the state of incorporation or organization and the State of California, if different, shall be provided to the Contract Administrator upon request during the term of this Agreement in a form satisfactory to the Napa County Auditor. Such proof shall

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include, but need not be limited to, a copy of any annual or other periodic filings or registrations required by the state of origin or California, the current address for service of process on the corporation or limited liability partnership, and the name of any agent designated for service of process by CONTRACTOR within the State of California.

2.5 **Independent Contractor.** CONTRACTOR shall perform this Agreement as an independent contractor. CONTRACTOR and the officers, agents and employees of CONTRACTOR are not, and shall not be deemed, COUNTY employees for any purpose, including workers' compensation and employee benefits. CONTRACTOR shall, at CONTRACTOR's own risk and expense, determine the method and manner by which duties imposed on CONTRACTOR by this Agreement shall be performed; provided, however, that COUNTY may monitor the work performed by CONTRACTOR. COUNTY shall not deduct or withhold any amounts whatsoever from the compensation paid to CONTRACTOR, including, but not limited to amounts required to be withheld for state and federal taxes. As between the parties to this Agreement, CONTRACTOR shall be solely responsible for all such payments.

2.6 **Specific Performance.** It is agreed that CONTRACTOR, including the agents, employees and authorized subcontractors of CONTRACTOR, shall be the sole providers of the services required by this Agreement. Because the services to be performed by CONTRACTOR under the terms of this Agreement are of a special, unique, unusual, extraordinary, and intellectual or time-sensitive character which gives them a peculiar value, the loss of which cannot be reasonably or adequately compensated in damages in an action of law, COUNTY, in addition to any other rights or remedies which COUNTY may possess, shall be entitled to injunctive and other equitable relief to prevent a breach of this Agreement by CONTRACTOR.

2.7. **Insurance.** CONTRACTOR shall obtain and maintain in full force and effect throughout the term of this Agreement, and thereafter as to matters occurring during the term of this Agreement, the following insurance coverage:

(a) Workers' Compensation Insurance. To the extent required by law during the term of this Agreement, CONTRACTOR shall provide workers' compensation insurance for the performance of any of CONTRACTOR's duties under this Agreement, including but not limited to, coverage for workers' compensation and employer's liability and a waiver of subrogation, and shall provide COUNTY with certification of all such coverages upon request by COUNTY's Risk Manager.

(b) Liability Insurance. CONTRACTOR shall obtain and maintain in full force and effect during the term of this Agreement the following liability insurance coverages, issued by a company admitted to do business in California and having an A.M. Best rating of A:VII or better, or equivalent self-insurance:

(1) General Liability. Commercial general liability [CGL] insurance coverage (personal injury and property damage) of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence, covering liability or claims for any personal injury, including death, to any person and/or damage to the property of any person arising from the acts or omissions of CONTRACTOR or any officer, agent, or employee of CONTRACTOR under this Agreement. If the coverage includes an aggregate limit, the aggregate limit shall be no less than twice the per occurrence limit.

(2) Professional Liability/Errors and Omissions. Professional liability [or errors and omissions] insurance for all activities of CONTRACTOR arising out of or in connection with this Agreement in an amount not less than ONE MILLION DOLLARS ($1,000,000) per claim.

(3) Comprehensive Automobile Liability Insurance. Comprehensive automobile liability insurance (Bodily Injury and Property Damage) on owned, hired, leased and non-owned vehicles used in conjunction with CONTRACTOR's business of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence. Coverage shall be business auto insurance coverage using Insurance Services Office (ISO) form number CA 0001 06 92 including symbol 1 (any Auto) or the exact equivalent. If CONTRACTOR owns no vehicles, this requirement may be satisfied by a non-owned auto endorsement to the General Liability Insurance described in subparagraph (b)(1) above. If CONTRACTOR or CONTRACTOR's employees, officers, or agents will use personal automobiles in any way in the performance of this Agreement, CONTRACTOR shall provide evidence of personal auto liability coverage for each such person upon request.

(c) Certificates of Coverage. All insurance coverages referenced in 2.7(b), above, shall be evidenced by one or more certificates of coverage or, with the consent of COUNTY's Risk Manager, demonstrated by other evidence of coverage acceptable to COUNTY's Risk Manager, which shall be filed by CONTRACTOR with the Health and Human Services Agency prior to commencement of performance of any of CONTRACTOR's duties.

(1) The certificate(s) or other evidence of coverage shall reference this Agreement by its COUNTY number or title and department; shall be kept current during the term of this Agreement; shall provide that COUNTY shall be given no less than thirty (30) days prior written notice of any non-renewal, cancellation, other termination, or material change, except that only ten (10) days prior written notice shall be required where the cause of non-renewal or cancellation is non-payment of premium; and shall provide that the inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, the coverage afforded applying as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

(2) Waiver of Subrogation and Additional Insured Endorsements. For the commercial general liability insurance coverage referenced in 2.7(b)(1) and, for the comprehensive automobile liability insurance coverage referenced in 2.7(b)(3) where the vehicles are covered by a commercial policy rather than a personal policy, CONTRACTOR shall also file with the evidence of coverage an endorsement from the insurance provider naming COUNTY, its officers, employees, agents and volunteers as additional insureds and waiving subrogation. For the Workers Compensation insurance coverage, CONTRACTOR shall file with the evidence of coverage an endorsement waiving subrogation.

(3) The certificate or other evidence of coverage shall provide that if the same policy applies to activities of CONTRACTOR not covered by this Agreement, then the limits in the applicable certificate relating to the additional insured coverage of COUNTY shall pertain only to liability for activities of CONTRACTOR under this Agreement, and that the insurance provided is primary coverage to COUNTY with respect to any insurance or self-insurance programs maintained by COUNTY. The additional insured endorsements for the general liability coverage shall use Insurance Services Office (ISO) Form No. CG 20 09 11 85 or CG 20

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10 11 85, or equivalent, including (if used together) CG 2010 10 01 and CG 2037 10 01; but shall not use the following forms: CG 20 10 10 93 or 03 94.

(4) Upon request by COUNTY's Risk Manager, CONTRACTOR shall provide or arrange for the insurer to provide within thirty (30) days of the request, certified copies of the actual insurance policies or relevant portions thereof.

(d) Deductibles/Retentions. Any deductibles or self-insured retentions shall be declared to, and be subject to approval by, COUNTY's Risk Manager, which approval shall not be denied unless the COUNTY's Risk Manager determines that the deductibles or self-insured retentions are unreasonably large in relation to compensation payable under this Agreement and the risks of liability associated with the activities required of CONTRACTOR by this Agreement. At the option of and upon request by COUNTY's Risk Manager if the Risk Manager determines that such deductibles or retentions are unreasonably high, either the insurer shall reduce or eliminate such deductibles or self-insurance retentions as respects COUNTY, its officers, employees, agents and volunteers or CONTRACTOR shall procure a bond guaranteeing payment of losses and related investigations, claims administration and defense expenses.

(e) Inclusion in Subcontracts. CONTRACTOR agrees to require all subcontractors and any other entity or person who is involved in providing services under this Agreement to comply with the Workers Compensation and General Liability insurance requirements set forth in this Paragraph 2.7.

(f) Failure to demand evidence of full compliance with the insurance requirements set forth in this Agreement or failure to identify any insurance deficiency shall not relieve CONTRACTOR, nor be construed or deemed a waiver of, its obligation to maintain the required insurance at all times during the performance of this Agreement.

2.8 **Hold Harmless/Defense/Indemnification.**

(a) In General. To the full extent permitted by law, CONTRACTOR shall hold harmless, defend at its own expense, and indemnify COUNTY and the officers, agents, employees and volunteers of COUNTY from any and all liability, claims, losses, damages or expenses, including reasonable attorney's fees, for personal injury (including death) or damage to property, arising from all acts or omissions to act of CONTRACTOR or its officers, agents, employees, volunteers, contractors and subcontractors in rendering services under this Agreement, excluding, however, such liability, claims, losses, damages or expenses arising from the sole negligence or willful acts of COUNTY or its officers, agents, employees or volunteers or other contractors or their subcontractors. Each party shall notify the other party immediately in writing of any claim or damage related to activities performed under this Agreement. The parties shall cooperate with each other in the investigation and disposition of any claim arising out of the activities under this Agreement, providing that nothing shall require either party to disclose any documents, records or communications that are protected under peer review privilege, attorney-client privilege, or attorney work product privilege.

(b) Obligations Relating to Criminal Background Checks.

1. If CONTRACTOR's obligations under this Agreement involve contact with vulnerable populations such as children, elderly, mentally ill or disabled persons (hereafter in this paragraph referred to as "third persons"), then CONTRACTOR shall investigate by all lawful means, including but not limited to obtaining information from official government sources as the result of taking fingerprints, the criminal background of each and all of its officers, agents, employees, interns, and volunteers, however denominated (hereafter, "employees"), who

will have direct personal contact with, or provide direct personal services to, third persons in the performance of this contract. Depending upon the information acquired by its investigation, CONTRACTOR shall not allow any of its employees to have personal contact with, or provide direct personal services to, third persons where it may reasonably be concluded as a result of its investigation that an employee should not have such contact or provide such service. Nothing herein requires CONTRACTOR to investigate the criminal background of an employee who is currently licensed by the State of California and whose license requires a criminal background investigation.

2. Notwithstanding anything to the contrary in (a) or (c), CONTRACTOR shall defend and indemnify COUNTY and its officers, agents and employees from any and all claims, actions, settlements or judgments of whatever kind which may arise from the failure of CONTRACTOR to conduct the criminal background investigation described in this subparagraph (b) or from the failure of CONTRACTOR after the investigation to reasonably disallow an employee from having such personal contact or providing such direct personal service.

(c) Employee Character and Fitness. CONTRACTOR accepts responsibility for determining and approving the character and fitness of its employees (including volunteers, agents or representatives) to provide the services required of CONTRACTOR under this Agreement, including completion of a satisfactory criminal/background check and period rechecks to the extent permitted by law. Notwithstanding anything to the contrary in this Paragraph, CONTRACTOR shall hold COUNTY and its officers, agents and employees harmless from any liability for injuries or damages resulting from a breach of this provision or CONTRACTOR's actions in this regard.

2.9 **Termination for Cause.**

(a) If either party shall fail to fulfill in a timely and proper manner that party's obligations under this Agreement or otherwise breach this Agreement and fail to cure such failure or breach within ten (10) days of receipt of written notice from the other party describing the nature of the breach, the non-defaulting party may, in addition to any other remedies it may have, terminate this Agreement by giving five (5) days written notice to the defaulting party in the manner set forth in Paragraph 2.13 (Notices).

(b) The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to terminate this Agreement under this Paragraph.

2.10 **Other Termination.**

(a) This Agreement may be terminated by either party for any reason and at any time by giving prior written notice of such termination to the other party specifying the effective date thereof at least thirty
(30)
days prior to the effective date; provided, however, that no such termination may be effected by

COUNTY unless an opportunity for consultation is provided prior to the effective date of the termination.

(b) The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to terminate this Agreement under this Paragraph.

2.11. **Disposition of, Title to and Payment for Work upon Expiration or Termination.**

(a) Upon expiration or termination of this Agreement, if and to the extent CONTRACTOR has provided services through Software and Applications materials licensed to COUNTY, COUNTY shall promptly return the Software and Application materials to CONTRACTOR. In addition, to the extent CONTRACTOR maintains COUNTY data on those portions of digital software hosted by CONTRACTOR and not controlled by COUNTY ("County data"), CONTRACTOR shall promptly return County data to COUNTY Information Technology Department (ITS) in a format designated by ITS and shall subsequently purge County data from CONTRACTOR's systems upon confirmation from COUNTY that the copy of the data provided to COUNTY is comprehensive of the data previously hosted by CONTRACTOR.

(b) Upon expiration or termination of this Agreement, all finished or unfinished documents and other materials, if any, and all rights therein shall become, at the option of COUNTY, the property of and shall be promptly returned to COUNTY, although CONTRACTOR may retain a copy of such work for its personal records only. Unless otherwise expressly provided in this Agreement, any copyrightable or patentable work created by CONTRACTOR under this Agreement shall be deemed a "work made for hire" for purposes of copyright or patent law and only COUNTY shall be entitled to claim or apply for the copyright or patent thereof.

(c) Notwithstanding the provisions set forth in subparagraph (b) above, if the services involve development or improvement of previously patented inventions or previously copyrighted software, upon expiration or termination of this Agreement, title to, ownership of, and all applicable patents, copyrights and trade secrets in the products developed or improved under this Agreement, shall remain with CONTRACTOR or any other person or entity if such person previously owned or held such patents, copyrights, and trade secrets, and such persons shall retain complete rights to market such product; provided, however, that COUNTY shall receive, at no additional cost, a perpetual license to use such products for its own use or the use of any consortium or joint powers agency to which COUNTY is a party. If the product involves a source code, CONTRACTOR shall either provide a copy of the source code to COUNTY or shall place the source code in an escrow account, at CONTRACTOR's expense, from which the source code may be withdrawn and used by COUNTY for the sole purpose of maintaining and updating the system dependent upon such code when such use is necessary to prevent loss of service to COUNTY.

(d) CONTRACTOR shall be entitled to receive compensation for any satisfactory work completed prior to expiration or receipt of the notice of termination or commenced prior to receipt of notice of termination and completed satisfactorily prior to the effective date of the

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termination; except that CONTRACTOR shall not be relieved of liability to COUNTY for damages sustained by COUNTY by virtue of any breach of the Agreement by CONTRACTOR whether or not the Agreement expired or was otherwise terminated, and COUNTY may withhold any payments not yet made to CONTRACTOR for purpose of setoff until such time as the exact amount of damages due to COUNTY from CONTRACTOR is determined.

2.12 **No Waiver.** The waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement.

2.13 **Notices.**

(a) In General. Except as set forth in subparagraph (b) below with respect to notice of automatically adopted provisions, all notices required or authorized by this Agreement shall be in writing and shall be delivered in person or by deposit in the United States mail, by certified mail, postage prepaid, return receipt requested. Any notice sent by mail in the manner prescribed by this subparagraph shall be deemed to have been received on the date noted on the return receipt or five days following the date of deposit, whichever is earlier. Any mailed notice, demand, request, consent, approval or communication that COUNTY desires to give to CONTRACTOR shall be addressed to CONTRACTOR's Contract Contact Person at the mailing address set forth in SECTION 1 of this Agreement. Any mailed notice, demand, request, consent, approval or communication that CONTRACTOR desires to give to COUNTY shall be addressed to COUNTY's Contract Administrator at the mailing address set forth in SECTION 1 of this Agreement. Either party may change its address by notifying the other party of the change of address.

(b) Provisions Adopted Automatically. COUNTY reserves the right to provide notice to CONTRACTOR via facsimile of terms, which automatically become part of this Agreement upon approval by the Napa County Board of Supervisors. Notice delivered by facsimile shall be deemed to have been received on the date a successful delivery confirmation report is generated.

(c) Waiver of Notice by CONTRACTOR. If receipt of notice is refused by CONTRACTOR or if notice is undeliverable due to CONTRACTOR's failure to provide a change of address, notice shall be deemed waived and COUNTY may proceed as though notice were accomplished.

2.14 **Compliance with COUNTY Policies on Waste, Harassment, Drug/Alcohol-Free Workplace, and Computer Use.** CONTRACTOR hereby agrees to comply, and require its employees and subcontractors to comply, with the following policies, copies of which are on file with the Clerk of the Board of Supervisors and incorporated by reference herein. Future versions of the following policies shall automatically become part of this Agreement upon approval by the Napa County Board of Supervisors and notice to CONTRACTOR pursuant to Paragraph 2.13. CONTRACTOR also agrees that it shall not engage in any activities, or permit its officers, agents and employees to do so, during the performance of any of the services required under this Agreement, which would interfere with compliance or induce violation of these policies by COUNTY employees or contractors.

(a) Waste Source Reduction and Recycled Product Content Procurement Policy.

(b) County of Napa "Policy for Maintaining a Harassment and Discrimination Free Work Environment."

(c) Drug and Alcohol Policy.

(d) Napa County Information Technology Use and Security Policy. To this end, all employees and subcontractors of CONTRACTOR whose performance of services under this Agreement requires access to any portion of the COUNTY computer network shall sign and have on file with COUNTY's ITS Department prior to receiving such access the certification attached to said Policy.

(e) Napa County Workplace Violence Policy, adopted by the BOS effective May 23, 1995 and subsequently revised effective November 2, 2004, which is located in the County of Napa Policy Manual Part I, Section 37U.

2.15 **Confidentiality.**

(a) Maintenance of Confidential Information. Confidential information is defined as all information disclosed to or created by CONTRACTOR which relates to COUNTY's past, present, and future activities, as well as activities under this Agreement. CONTRACTOR shall hold all such information as CONTRACTOR may receive or create, if any, in trust and confidence, except with the prior written approval of COUNTY, as expressed through the Department Director. Upon cancellation or expiration of this Agreement, to the extent permitted by law, CONTRACTOR shall return to COUNTY all written and descriptive matter which contains any such confidential information, except that CONTRACTOR may retain for its files a copy of CONTRACTOR's work product if such product has been made available to the public by COUNTY.

(b) Protection of Personally Identifiable Information and Protected Health Information.

(1) To the extent CONTRACTOR is provided, creates, or has access to, Protected Health Information (PHI), Personally Identifiable Information (PII), or any other legally protected confidential information or data in any form or matter (collectively referred to as "Protected Information"), CONTRACTOR shall adhere to all federal, state and local laws, rules and regulations protecting the privacy of such information. CONTRACTOR shall adhere to all existing and future federal, state and local laws, rules and regulations regarding the privacy and security of Protected Information, including, but not limited to, laws and regulations requiring data encryption or policy and awareness programs for the protection of COUNTY Protected Information provided to, or accessed or created by, CONTRACTOR.

(2) CONTRACTOR agrees to adhere to the applicable terms regarding the privacy and security of Protected Information as set forth in the COUNTY-entity agreements identified in Paragraph 1.8 of Section 1 of this Agreement (Contract Administration). CONTRACTOR shall also observe and comply with those requirements set forth in "Addendum For Contracts Involving Protected Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at: **www.countyofnapa.org**.

(3) CONTRACTOR shall ensure that its staff is trained to its privacy and security policies and procedures and that appropriate physical, technological and administrative safeguards are in place to protect the confidentiality of COUNTY's Protected Information, including, but not limited to, PHI and PII. Upon request, CONTRACTOR shall make available to COUNTY its policies and procedures, staff training records and other documentation of compliance with this Paragraph 2.15.

(4) CONTRACTOR agrees to notify COUNTY, by and through the Napa County Privacy Officer at 2751 Napa Valley Corporate Dr. Suite B, Napa, CA 94559, or 707.253-4715, immediately in the following instances:

(A) Upon the discovery of a breach of PHI/PII/other Protected Information in electronic or other media;

(B) Upon the discovery that PHI/PII/other Protected Information was, or is reasonably believed to have been accessed or acquired by an unauthorized person;

(C) Upon the discovery of a suspected security incident that involves PHI/PII/other Protected Information; or

(D) Upon the discovery of any breach, security incident, intrusion, or unauthorized access, use, or disclosure of PHI/PII/other Protected Information.

(5) CONTRACTOR will be responsible for all costs associated with CONTRACTOR's breach of the security and privacy of PHI/PII/other Protected Information, or its unauthorized access to or disclosure of PHI/PII/or other Protected Information, including, but not limited to, mitigation of the breach, cost to the County of any monetary sanctions resulting from breach, notification of individuals affected by the breach, and any other action required by federal, state, or local laws, rules or regulations applicable at the time of the breach.

(c) To the extent CONTRACTOR creates, is provided, or has access to applications and records concerning any individual made or kept by COUNTY in connection with public social services (records) as defined in California Welfare & Institutions Code Section 10850, CONTRACTOR shall maintain the confidentiality of such records in accordance with Section 10850, except as otherwise permitted by COUNTY and as necessary for purposes of providing services under this Agreement.

(d) Protection of County Data. If CONTRACTOR will be processing and storing the COUNTY's data in an offsite location, such as a cloud service site, cloud storage site, hosted application site, or hosted storage site, CONTRACTOR shall guarantee that such data is encrypted using an encryption algorithm that meets the current US Department of Defense minimum requirements in order to protect COUNTY data against a breach of protected data if lost or stolen. All offsite cloud applications and storage systems utilized by CONTRACTOR shall be located in the United States, which includes any backup and failover facilities. Application and storage solutions in any foreign location is prohibited.

All desktop and laptop computers, as well other similar type computer systems, used by CONTRACTOR shall be encrypted using the same encryption algorithm described above. All data in transit shall require the same encryption. Storage of COUNTY data on removable portable storage is prohibited.

Upon termination of this agreement, CONTRACTOR shall purge all COUNTY data from all CONTRACTOR systems using a forensic grade deletion that conforms to US Department of Defense DoD 5220.22-M (E) standards.

CONTRACTOR shall reimburse the COUNTY for all associated costs of a breach, including but not limited to reporting costs and associated penalties the COUNTY must bear.

(e) HHSA Contractor Security Requirements. Whenever CONTRACTOR utilizes their own equipment to perform work under this Agreement , CONTRACTOR warrants that they have reviewed "HHSA Contractor Security Requirements" and can adhere to the minimum standards at all time. A copy of "HHSA Contractor Security Requirements" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at: **www.countyofnapa.org**.

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2.16 **No Assignments or Subcontracts.**

(a) In general. A consideration of this Agreement is the personal reputation of CONTRACTOR; therefore, CONTRACTOR shall not assign any interest in this Agreement or subcontract any of the services CONTRACTOR is to perform hereunder without the prior written consent of COUNTY, which shall not be unreasonably withheld. The inability of the assignee to provide personnel equivalent in experience, expertise, and numbers to those provided by CONTRACTOR, or to perform any of the remaining services required under this Agreement within the same time frame required of CONTRACTOR shall be deemed to be reasonable grounds for COUNTY to withhold its consent to assignment. For purposes of this subparagraph, the consent of COUNTY may be given by the Department Director.

(b) Effect of Change in Status. If CONTRACTOR changes its status during the term of this Agreement from or to that of a corporation, limited liability partnership, limited liability company, general partnership, or sole proprietorship, such change in organizational status shall be viewed as an attempted assignment of this Agreement by CONTRACTOR. Failure of CONTRACTOR to obtain approval of such assignment under this Paragraph shall be viewed as a material breach of this Agreement.

2.17 **Amendment/Modification.**

(a) Except as specifically provided herein, this Agreement may be modified or amended only in writing and with the prior written consent of both parties. In particular, only COUNTY, by the Department Director (as long as the aggregate compensation payable to CONTRACTOR by COUNTY under this and all prior agreements with CONTRACTOR will not exceed $10,000), or by COUNTY's Purchasing Agent (as long as the aggregate compensation payable to CONTRACTOR by COUNTY under this and all prior agreements with CONTRACTOR will not exceed the maximum aggregate amount for Purchasing Agent contracts as specified by Napa County Code section 2.36.040 (G)) or by COUNTY's Board of Supervisors (in all other instances), in the form of an amendment of this Agreement, may authorize extra and/or changed work if beyond the scope of services prescribed by "Exhibit A." Failure of CONTRACTOR to secure such authorization in writing in advance of performing any of the extra or changed work shall constitute a waiver of any and all rights to adjustment in the contract price or contract time and no compensation shall be paid for such extra work.

(b) Notwithstanding anything to the contrary in (a), this Agreement may be unilaterally modified by COUNTY upon written notice to CONTRACTOR under the following circumstances:

1. There is a decrease in state or federal funding needed for this Agreement;
2. There is a no-cost extension of the end date of the Agreement as authorized by a state or federal funding source; or
3. There is a change in state/federal law or regulation requiring a change in a provision of this Agreement.

(c) The Department Director is delegated the authority to modify this Agreement in accordance with subparagraph (b), but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; provided, however, that nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to modify this Agreement under subparagraph (b).

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2.18 **Interpretation; Venue.**

(a) Interpretation. The headings used herein are for reference only. The terms of the Agreement are set out in the text under the headings. This Agreement shall be governed by the laws of the State of California without regard to the choice of law or conflicts.

(b) Venue. This Agreement is made in Napa County, California. The venue for any legal action in state court filed by either party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement shall be in the Superior Court of California, County of Napa, a unified court. The venue for any legal action in federal court filed by either party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement lying within the jurisdiction of the federal courts shall be the Northern District of California. The appropriate venue for arbitration, mediation or similar legal proceedings under this Agreement shall be Napa County, California; however, nothing in this sentence shall obligate either party to submit to mediation or arbitration any dispute arising under this Agreement.

2.19 **Compliance with Laws.** CONTRACTOR shall observe and comply with all applicable Federal, State and local laws, ordinances, and codes. **CONTRACTOR acknowledges its independent duty to be and to remain informed of all changes in such laws without reliance on COUNTY to provide notice of such changes.** Such laws shall include, but not be limited to, the following, except where prohibited by law:

(a) Non-Discrimination. During the performance of this Agreement, CONTRACTOR and its subcontractors shall not deny the benefits thereof to any person on the basis of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS), or political affiliation or belief nor shall they discriminate unlawfully against any employee or applicant for employment because of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS, use of family care leave, or political affiliation or belief. CONTRACTOR shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination or harassment. In addition to the foregoing general obligations, CONTRACTOR shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12900, et seq.), the regulations promulgated thereunder (Title 2, California Code of Regulations, section 7285.0, et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (sections 11135-11139.5) and any state or local regulations adopted to implement any of the foregoing, as such statutes and regulations may be amended from time to time. To the extent this Agreement subcontracts to CONTRACTOR services or works required of COUNTY by the State of California pursuant to agreement between COUNTY and the State, the applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990 (a) through (f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are expressly incorporated into this Agreement by reference and made a part hereof as if set forth in full, and CONTRACTOR and any of its subcontractors shall give written notice of their obligations thereunder to labor organizations with which they have collective bargaining or other agreements.

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(b) Documentation of Right to Work. CONTRACTOR agrees to abide by the requirements of the Immigration and Control Reform Act pertaining to assuring that all newly-hired employees of CONTRACTOR performing any services under this Agreement have a legal right to work in the United States of America, that all required documentation of such right to work is inspected, and that INS Form 1-9 (as it may be amended from time to time) is completed and on file for each employee. CONTRACTOR shall make the required documentation available upon request to COUNTY for inspection.

(c) Federal Grant Source. Notwithstanding anything to the contrary in this Agreement, if the funds for this Agreement are derived from a grant from a federal agency, pursuant to 29 CFR 97.36(i)(8) and (9), CONTRACTOR is hereby notified of, and shall comply with the requirements and regulations imposed by the federal granting agency with respect to any discovery or invention which arises or is developed pursuant to this Agreement, and pertaining to any copyrights or rights in data created or otherwise developed when engaging in activities of CONTRACTOR under this Agreement. The requirements and regulations imposed by the federal granting agency are set forth in the original grant agreement specified in Section 1 of the Agreement and are incorporated by reference herein. The original grant agreement is on file with the Clerk of the Board of Supervisors.

(d) Prevailing Wages. If the services to be provided relate to construction or pre-construction-related services, including but not limited to testing, surveying, and inspection, then this Agreement includes the following provisions:

(1) Affected work. CONTRACTOR shall comply with Labor Code sections 1774 and 1775 in relation to payment of prevailing wages for any portion of the required work performed under this Agreement on or after January 1, 2002 relating to construction design, testing, surveying and/inspection work, and construction if the State Director of Industrial Relations has established prevailing wage rates for the types of work involved.

(2) Prevailing wages rates. In accordance with the provisions of Section 1774 of the Labor Code of the State of California, to the extent the Director of Industrial Relations has established the general prevailing rate of wages (which rate includes employer payments for health and welfare, pension, vacation and similar purposes) for the above-described portions of the work required under this Agreement, such rates of wages will be on file and available for inspection at the office of the County of Napa Department of Public Works, 1195 Third Street, Room 201, Napa, California.

(3) Payroll records. In accordance with Labor Code section 1776, a copy of all payrolls for work subject to this subparagraph shall be submitted weekly to COUNTY's Director of Public Works. Payrolls shall contain the full name, address and social security number of each employee, his correct classification, rate of pay, daily and weekly number of hours worked, itemized deductions made and actual wages paid. They shall also indicate apprentices and ratio of apprentices to journeymen. The employee's address and social security number need only appear on the first payroll on which his name appears. The payroll shall be accompanied by a "Statement of Compliance" signed by the employer or his agent indicating that the payrolls are correct and complete and that the wage rates contained therein are not less than those required by the contract. The "Statement of Compliance" shall be on forms furnished by the Director of Public Works or his designee or on any form with identical wording. CONTRACTOR shall be responsible for the submission of copies of payrolls of all subcontractors.

(4) Apprentices. CONTRACTOR shall be responsible for ensuring compliance with the provisions of Labor Code section 1777.5 relating to employment and

payment of apprentices for work under this Agreement relating to land surveying and/or construction inspection if the total compensation to be paid CONTRACTOR for such work is $30,000 or more.

(e) Inclusion in Subcontracts. To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include all of the provisions of this Paragraph 2.19 in all such subcontracts as obligations of the subcontractor.

(f) Notwithstanding any other provisions of this contract, CONTRACTOR represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by COUNTY as set forth in 2 C.F.R. 200 et. seq., as currently enacted or as may be amended throughout the term of this Agreement.

2.20 **Taxes.** CONTRACTOR agrees to file all applicable federal and state tax returns or applicable withholding documents and to pay all applicable taxes or to make all required withholdings on amounts paid pursuant to this Agreement, and shall be solely liable and responsible to make such withholdings and/or pay such taxes and other obligations including, without limitation, state and federal income and FICA taxes. CONTRACTOR agrees to indemnify and hold COUNTY harmless from any liability it may incur to the United States or the State of California as a consequence of CONTRACTOR's failure to pay or withhold, when due, all such taxes and obligations. In the event that COUNTY is audited for compliance regarding any withholding or other applicable taxes or amounts, CONTRACTOR agrees to furnish COUNTY with proof of payment of taxes or withholdings on those earnings.

2.21 **Access to Records/Retention.** COUNTY, any federal or state grantor agency funding all or part of the compensation payable hereunder, the State Controller, the Comptroller General of the United States, or the duly authorized representatives of any of the above, shall have access to any books, documents, papers and records of CONTRACTOR which are directly pertinent to the subject matter of this Agreement for the purpose of making audit, examination, excerpts and transcriptions. Except where longer retention is required by any federal or state law, CONTRACTOR shall maintain all required records, including clinical documentation, for at least ten (10) years after COUNTY makes final payment for any other work authorized hereunder and all pending matters are closed, whichever is later.

2.22 **Authority to Contract.** CONTRACTOR and COUNTY each warrant hereby that they are legally permitted and otherwise have the authority to enter into and perform this Agreement. The parties further warrant that the signatories to this Agreement are authorized to execute this Agreement on behalf of their respective parties and that any action necessary to bind each such party has been taken by that party prior to entering into this Agreement.

2.23 **Conflict of Interest.**

(a) Covenant of No Undisclosed Conflict. The parties to the Agreement acknowledge that they are aware of the provisions of Government Code section 1090, et seq., and section 87100, et seq., relating to conflict of interest of public officers and employees. CONTRACTOR hereby covenants that it presently has no interest not disclosed to COUNTY and shall not acquire any interest, direct or indirect, which would conflict in any material manner or degree with the performance of its services or confidentiality obligation hereunder, except as such as COUNTY

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may consent to in writing prior to the acquisition by CONTRACTOR of such conflict. CONTRACTOR further warrants that it is unaware of any financial or economic interest of any public officer or employee of County relating to this Agreement. CONTRACTOR agrees that if such financial interest does exist at the inception of this Agreement, COUNTY may terminate this Agreement immediately upon giving written notice without further obligation by COUNTY to CONTRACTOR under this Agreement. The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors terminate this Agreement.

(b) Statements of Economic Interest. CONTRACTOR acknowledges and understands that COUNTY has developed and approved a Conflict of Interest Code as required by state law which requires CONTRACTOR to file with the Elections Division of the Napa County Assessor-Clerk Recorder "assuming office", "annual", and "leaving office" Statements of Economic Interest as a "consultant", as defined in section 18701(a)(2) of Title 2 of the California Code of Regulations, unless COUNTY, through a person authorized to execute this Agreement on behalf of COUNTY, or the Department Director, has determined in writing that CONTRACTOR, although holding a "designated" position as a consultant, has been hired to perform a range of duties so limited in scope as to not be required to fully comply with such disclosure obligation. CONTRACTOR agrees to timely comply with all filing obligations for a consultant under COUNTY's Conflict of Interest Code unless such a determination is on file on the filing dates for each of the required Statements of Economic Interest.

2.24 **Non-Solicitation of Employees.** Each party agrees not to solicit for employment the employees of the other party who were directly involved in the performance of the services hereunder for the term of this Agreement and a period of six (6) months after termination of this Agreement except with the written permission of the other party, except that nothing in this Paragraph shall preclude either party from publishing or otherwise distributing applications and information regarding that party's job openings where such publication or distribution is directed to the general public.

2.25 **Third Party Beneficiaries.** Nothing contained in this Agreement shall be construed to create any rights in third parties and the parties do not intend to create such rights.

2.26 **Attorney's Fees.** In the event that either party commences legal action of any kind or character to either enforce the provisions of this Agreement or to obtain damages for breach thereof, the prevailing party in such litigation shall be entitled to all costs and reasonable attorney's fees incurred in connection with such action.

2.27 **Severability.** If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

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2.28 **Entirety of Contract.** This Agreement, including documents incorporated by reference and not attached hereto, constitutes the entire agreement between the parties relating to the subject of this Agreement and supersedes all previous agreements, promises, representations, understandings and negotiations, whether written or oral, among the parties with respect to the subject matter hereof.

2.29. **Other Terms and Conditions [Reserved.]**

2.30 **Acknowledgment of Funds; Compliance with Government Code Section 7550.**

(a) **In General.** Because the monies provided by COUNTY are funded by taxpayer dollars, it is important that the public know the individuals and organizations that are receiving funds from COUNTY under this Agreement. Therefore, CONTRACTOR shall acknowledge funding received under this Agreement in statements or printed materials relating thereto. All printed materials shall contain the following information in a type size and style appropriate to the materials: "Made possible by funding provided by the County of Napa."

(b) **Compliance With Government Code Section 7550.** In addition, if the Scope of Work includes preparation of a document or written report and the total cost of the work is more than $5,000, each document or report prepared by CONTRACTOR for or under the direction of COUNTY pursuant to this Agreement shall contain the numbers and dollar amounts of the Agreement and all subcontracts under the Agreement relating to the preparation of the document or written report as required by Government Code section 7550. The Agreement and subcontract dollar amounts shall be contained in a separate section of the document or written report. If multiple documents or written reports are the subject of the Agreement or subcontracts, the disclosure section may also contain a statement indicating that the total contract amount represents compensation for multiple documents or written reports.

2.31 **Compliance with Federal Health Care Program Requirements.** If CONTRACTOR will be performing services under this Agreement that are covered by a Federal Health Care Program, then:

(a) CONTRACTOR shall observe and comply with all applicable Federal Health Care Program Requirements, including but not limited to those requirements set forth in "Addendum For Contracts Involving Federal Health Care Programs—Revision of March 22, 2021." The Addendum is incorporated by reference as if set forth herein. A copy of the Addendum is on file with and available for inspection in the offices of the Clerk of the Napa County Board of Supervisors and the Department and is online at: www.countyofnapa.org.

(b) CONTRACTOR shall attend and/or provide Compliance Trainings as required by the Department Director unless otherwise deemed exempt by the Department Director or designee thereof.

(c) CONTRACTOR shall make COUNTY whole for any revenues lost arising from an act or omission in billing practices by CONTRACTOR.

(d) CONTRACTOR warrants that no one providing services is an Excluded Individual as such term is defined for Federal Health Care Programs.

(e) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with the obligations imposed by the "Addendum for Contractors Involving Federal Health Care Programs". Said penalties and fines that may be

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assessed are as follows: civil monetary penalties of $11,000 per item or service; treble damages for the submission of claims for reimbursement from an excluded health care provider.

(f) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties or fines which may be assessed under a Federal or State False Claims Act provision.

(g) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the Addenda in all such subcontracts as obligations of the subcontractor.

(h) CONTRACTOR agrees to abide by COUNTY'S policies entitled "Whistleblower Protections", "The False Claims Act (Federal & State Statutes) & Other Administrative Remedies & Statutes", "Federal Anti-Kickback Prohibitions" and "Physicians Referrals – The Stark Law". The policies are on file with the Clerk of the Napa County Board of Supervisors and the Department and are also online at: www.countyofnapa.org.

(i) CONTRACTOR shall provide copies of any and all clinical documentation supporting the services it provided pursuant to this Agreement at any time requested by COUNTY, including after this Agreement is terminated. CONTRACTOR shall provide copies of documentation requested by COUNTY immediately, and by no later than 14 calendar days, after such request is made. As set forth in Paragraph 2.21, CONTRACTOR is required to maintain all records, including clinical documentation, for a period of ten (10) years after COUNTY makes final payment for any work authorized pursuant to this Agreement and after all audit and fiscal matters are closed by COUNTY, whichever is later. Failure by CONTRACTOR to provide such documentation upon request by COUNTY shall subject contractor to monetary damages, in addition to CONTRACTOR reimbursing the payments it received from COUNTY for services related to the requested documentation, and all remedies and damages that COUNTY may seek for CONTRACTOR'S breach of its specific performance of the services provided pursuant to this Agreement.

2.32 **Compliance with State Medi-Cal Specialty Mental Health Services Requirements.** If CONTRACTOR, under this Agreement, is required to and performs services that are covered by a State Medi-Cal Specialty Mental Health Services Program, then:

(a) CONTRACTOR shall observe and comply with all applicable State Medi-Cal Specialty Mental Health Services Requirements, including but not limited to those requirements set forth in "Addendum for Contracts Involving Medi-Cal Specialty Mental Health Services-- Revision No. 1" for services performed on or after July 1, 2014. The Addendum is incorporated by reference as if set forth herein. A copy of the Addendum is on file with and available for inspection in the offices of the Clerk of the Napa County Board of Supervisors and the Department and are also online at: **www.countyofnapa.org**.

(b) CONTRACTOR shall provide such documentation as required by the Department Director, Contract Administrator, or designees thereof at any time for purposes of quality assurance, audit, or to substantiate claims for payment. COUNTY may elect to withhold payment, or request reimbursement of payments made, for failure by CONTRACTOR to provide such documentation as required by COUNTY.

(c) CONTRACTOR is subject to any audits of its services or claims conducted by the Department, the California State Department of Mental Health or other auditors. Any resulting audit exemption shall be repaid to COUNTY.

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(d) CONTRACTOR shall make COUNTY whole for any losses, including, but not limited to, disallowances for payment or lost revenues identified and discovered by COUNTY that are attributable to CONTRACTOR's actions when performing its obligations under this Agreement, such as insufficient documentation by CONTRACTOR of Medical Necessity or billing errors by CONTRACTOR that preclude COUNTY from claiming the Federal Financial Participation share of Medi-Cal or State General Funds.

(e) To the extent that CONTRACTOR must make COUNTY whole under this Paragraph, COUNTY may elect to withhold any payments for past services, offset against any payments for future services for which CONTRACTOR provides, or demand reimbursement without offset.

(f) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties or fines which may be assessed under a Federal or State False Claims Act provision.

(g) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the applicable Addendum in all such subcontracts as obligations of the subcontractor.

(h) CONTRACTOR shall provide copies of any and all clinical documentation supporting the services it provided pursuant to this Agreement at any time requested by COUNTY, including after this Agreement is terminated. CONTRACTOR shall provide copies of documentation requested by COUNTY immediately, and by no later than 14 calendar days, after such request is made. As set forth in Paragraph 2.21, CONTRACTOR is required to maintain all records, including clinical documentation, for a period of ten (10) years after COUNTY makes final payment for any work authorized pursuant to this Agreement and after all audit and fiscal matters are closed by COUNTY, whichever is later. Failure by CONTRACTOR to provide such documentation upon request by COUNTY shall subject contractor to monetary damages, in addition to CONTRACTOR reimbursing the payments it received from COUNTY for services related to the requested documentation, and all remedies and damages that COUNTY may seek for CONTRACTOR'S breach of its specific performance of the services provided pursuant to this Agreement.

2.33 **Compliance with Mental Health Activities Requirements.** If CONTRACTOR, under this Agreement, is required to perform mental health activities, then:

(a) CONTRACTOR shall provide such documentation as required by the Department Director, Contract Administrator or designees thereof at any time for purposes of quality assurance, audit, or to substantiate claims for payment. COUNTY may elect to withhold payment, or request reimbursement of payments made, for failure by CONTRACTOR to provide such documentation as required by COUNTY.

(b) CONTRACTOR shall be subject to any audits of its services or claims conducted by Department, California State Department of Mental Health or other auditors. Any resulting audit exemption shall be repaid to COUNTY.

(c) CONTRACTOR shall make COUNTY whole for any losses, including, but not limited to, lost revenues as identified and discovered by the COUNTY that are attributable to CONTRACTOR's performance under this Agreement such as CONTRACTOR's insufficient documentation of services as required by the Agreement.

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(d) To the extent that CONTRACTOR must make COUNTY whole under this Paragraph, COUNTY may elect to withhold any payments for past services, offset against any payments for future services for which CONTRACTOR provides, or demand reimbursement without offset.

(e) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with all applicable requirements.

(f) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party; CONTRACTOR shall include the provisions of this Paragraph in all such subcontracts as obligations of the subcontractor.

(g) CONTRACTOR shall provide copies of any and all clinical documentation supporting the services it provided pursuant to this Agreement at any time requested by COUNTY, including after this Agreement is terminated. CONTRACTOR shall provide copies of documentation requested by COUNTY immediately, and by no later than 14 calendar days, after such request is made. As set forth in Paragraph 2.21, CONTRACTOR is required to maintain all records, including clinical documentation, for a period of ten (10) years after COUNTY makes final payment for any work authorized pursuant to this Agreement and after all audit and fiscal matters are closed by COUNTY, whichever is later. Failure by CONTRACTOR to provide such documentation upon request by COUNTY shall subject contractor to monetary damages, in addition to CONTRACTOR reimbursing the payments it received from COUNTY for services related to the requested documentation, and all remedies and damages that COUNTY may seek for CONTRACTOR'S breach of its specific performance of the services provided pursuant to this Agreement.

2.34 **Compliance with Federal Health Insurance Portability and Accountability Act of 1996.** If CONTRACTOR shall perform services under this Agreement involving the receipt, use, or disclosure of protected health information, then:

(a) Federal and other applicable law. CONTRACTOR shall observe and comply with all applicable requirements of the Federal Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder by the U.S. Department of Health and Human Services (collectively referred to as "HIPAA"), and other applicable laws.

(b) HIPAA Business Associate Agreement. If applicable, CONTRACTOR shall comply with the terms and conditions of the HIPAA Business Associate Agreement previously entered into with COUNTY, which is incorporated by reference herein and on file with the Clerk of the Board of Supervisors.

(c) Use or Disclosure of Protected Health Information. CONTRACTOR may use or disclose protected health information for the purpose of performing functions, activities for or on behalf of COUNTY, as specified in this Agreement, provided that such use or disclosure would not violate HIPAA, if done by COUNTY, or the provisions of any applicable HIPAA Business Associate Agreement.

(d) Subcontractors. To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall require compliance with all applicable HIPAA provisions, other applicable law, and any applicable HIPAA Business Associate Agreement(s) in such subcontracts as obligations of the subcontractor.

2.35 **Compliance With COUNTY's Obligations Under Contracts With Other Entities.** If CONTRACTOR under this Agreement shall perform services as a subcontractor under COUNTY's contract(s) with other entities, including, but not limited to State and Federal Agencies, and such services involve the use or disclosure of personally identifiable information, then:

(a) CONTRACTOR shall observe and comply with all applicable terms of COUNTY's contract(s) with other entities, including, but not limited to, those requirements set forth in "Addendum For Contracts Involving Personally Identifiable Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at: **www.countyofnapa.org**.

(b) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with the obligations imposed by the "Addendum for Contracts Involving Personally Identifiable Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities".

(c) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the "Addendum for Contracts Involving Protected Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" in all such subcontracts as obligations of the subcontractor.

2.36 **Napa Health Matters Listing.** If CONTRACTOR is an organization providing health, human, or social services of a type recognized for listing on the "Napa Health Matters" website, CONTRACTOR agrees to maintain a current and accurate listing on www.NapaHealthMatters.org for such services.

2.37 **Licensure Status.**

(a) License in Good Standing. If CONTRACTOR is providing services under this Agreement as a state-licensed professional, CONTRACTOR shall ensure that CONTRACTOR's professional license is in good standing with all applicable licensing boards. CONTRACTOR understands COUNTY may terminate the Agreement if CONTRACTOR fails to maintain a current professional license in good standing. For purposes of this Agreement, "license in good standing" means there is no suspension, revocation or probation for any reason (including the failure to pay licensing fees), nor any restriction upon the provisions of the license: including, but not limited to, restrictions placed by a licensing agency upon CONTRACTOR's license pursuant to any consent or settlement agreement or to an administrative decision of the licensing agency.

(b) Expiration of License. In the event that CONTRACTOR's professional license is not renewed on or before its expiration, CONTRACTOR shall neither provide nor be reimbursed for services pursuant to this Agreement commencing the day after license expiration and until CONTRACTOR's professional license is renewed. For purposes of this Agreement, renewal date is the date the licensing board issues a renewed license, and it is irrelevant whether the licensing board subsequently recognizes any lapse in licensure.

2.38 **Code of Ethics.** CONTRACTOR understands that Napa County Health and Human Services (HHSA) has adopted a Code of Ethics. If the Department Director determines that the

HHSA Code of Ethics applies to CONTRACTOR's activities under this Agreement, CONTRACTOR shall read, understand, and abide by the Code of Ethics, and CONTRACTOR shall on an annual basis provide written certification to HHSA that CONTRACTOR has received, read, understands, and will abide by HHSA's Code of Ethics. The Code of Ethics may be found online at **www.countyofnapa.org** or may be obtained from HHSA upon written request.

2.39 **Electronic Billing System**. CONTRACTOR understands that Napa County Health and Human Services (HHSA) operates an electronic billing system program, which seeks reimbursement from the State of California for the delivery of alcohol, drug abuse and mental health services. If CONTRACTOR provides any services related to alcohol, drug abuse or mental health services under the terms of CONTRACTOR's Agreement, CONTRACTOR agrees, upon request of the Director of HHSA or the Director's designee, to implement the COUNTY's sponsored electronic health record system as part of CONTRACTOR's requirement for the delivery of these services.

2.40 **Audit Report Requirements.** If COUNTY has determined that CONTRACTOR is a "subrecipient" (also known as a "pass-through entity") as defined in 2 C.F.R. § 200 et. seq., CONTRACTOR represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by COUNTY as set forth in 2 C.F.R. § 200 et. seq., as currently enacted or as may be amended throughout the term of this Agreement. CONTRACTOR shall observe and comply with all applicable Audit Report Requirements, including but not limited to those requirements set forth in "Addendum for Contracts Involving Federal Awards." The Addendum is incorporated by reference as if set forth herein. A copy of the Addendum is on file with and available for inspection in the offices of the Clerk of the Napa County Board of Supervisors and the Department and are also online at: **www.countyofnapa.org**.

EXHIBIT 2 TO

SECTION 999.5(d)(5)(I)

NAPA COUNTY AGREEMENT FOR SERVICES NO. 250143D

This agreement ("Agreement"), dated the 1st day of July, 2024, ("Effective Date") is by and between NAPA COUNTY, a political subdivision of the State of California (hereinafter "COUNTY"), and **ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC, D.B.A. PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER**, a California nonprofit public benefit corporation (hereinafter "HOSPITAL"), which maintains an acute care hospital located in Napa, CA.

WHEREAS, COUNTY has established an Emergency Medical Services (EMS) system pursuant to Division 2.5 of the California Health and Safety Code and has designated the Napa County Department of Health & Human Services, Public Health Division as the local Emergency Medical Services Agency, hereinafter referred to as the "EMS Agency," pursuant to Section 1797.200 of the Health and Safety Code; and

WHEREAS, the COUNTY wishes to assure the highest quality of care by directing ST Elevation Myocardial Infarction (STEMI) patients to facilities qualified to meet STEMI Receiving Hospital standards; and

WHEREAS, the COUNTY has implemented a Comprehensive Cardiac Care System; and

WHEREAS, the COUNTY has designated HOSPITAL as a STEMI Receiving Hospital pursuant to Section 1797.204 of the Health and Safety Code and the Emergency Medical Services System Plan approved by the California EMS Authority; and

WHEREAS, HOSPITAL is willing to accept designation as a STEMI Receiving Center; and

WHEREAS, HOSPITAL, by virtue of the parties' execution of this Agreement, will be designated by the COUNTY as a STEMI Receiving Center under the terms of the Agreement;

NOW THEREFORE, in consideration of the recitals and the mutual obligations of the parties expressed herein, both the COUNTY and HOSPITAL do hereby expressly agree as follows:

1. Definitions.

For the purposes of this Agreement:

a. "STEMI Patient" means a person evaluated by prehospital, physician, nursing or other clinical personnel according to the policies and procedures established by the EMS Agency, as may be amended from time to time, and been found to require STEMI Receiving Center Services.

b. "STEMI Care System" means an integrated prehospital and hospital program that is intended to direct patients with field identified ST Segment Elevation Myocardial Infarction directly to hospitals with specialized capabilities to promptly treat these patients.

c. "STEMI Receiving Center Services" means the customary and appropriate hospital and physician services provided by a STEMI Receiving Center to STEMI patients, which, at a minimum, meet STEMI Receiving Center Standards.

d. "STEMI Receiving Center Standards" means the standards applicable to STEMI Receiving Centers set forth in Attachment A of this Agreement and the EMS Agency policies and procedures, as may be amended from time to time.

2. Term of Agreement.

The term of this Agreement shall be July 1, 2024 to June 30, 2027. It will cover the fiscal years 2024-2025, 2025-2026 and 2026-2027. The fiscal year is recognized as commencing the first of July and ending on the thirtieth of June. This Agreement shall expire at 11:59 p.m. on June 30, 2027, unless otherwise extended or unless terminated earlier in accordance with the provisions of Section 8 below.

3. Fees.

HOSPITAL shall reimburse the COUNTY for functions related to its designation as a STEMI Receiving Center. The annual HOSPITAL fee is $15,000. The COUNTY shall submit an invoice to HOSPITAL by July 31st of each fiscal year; fee is payable within 30 days of receipt of invoice.

At its discretion, the COUNTY may suspend HOSPITAL's designation whenever payment of a fee is more than ten days overdue, and may revoke the designation whenever a payment of a fee is more than 90 days overdue.

In the event of the termination of this Agreement by COUNTY without cause, COUNTY shall return to HOSPITAL, a prorated amount of the annual fee paid by HOSPITAL for that year.

4. Scope of Hospital Services.

a. HOSPITAL shall provide STEMI Receiving Center Services to any STEMI patient that comes to the emergency department of HOSPITAL, regardless of the STEMI patient's ability to pay physician fees and/or hospital costs. For purposes of this Agreement, the phrase "comes to the emergency department" shall have the same meaning as set forth in the Emergency Medical Treatment and Active Labor Act (EMTALA) and the regulations promulgated there under. HOSPITAL acknowledges that the COUNTY makes no representation, and does not guarantee that STEMI patients will be delivered or diverted to HOSPITAL for care and cannot assure that a minimum number of STEMI patients will be delivered to HOSPITAL during the term of this Agreement.

b. Any transfer of a STEMI patient by HOSPITAL must be in accordance with EMTALA.

c. HOSPITAL shall comply with STEMI Receiving Center Standards described in Attachment A, which is attached hereto and is incorporated into this Agreement by

reference. HOSPITAL shall monitor compliance with STEMI Receiving Center Standards on a regular and ongoing basis. Documentation of such efforts shall be available to the COUNTY upon request.

d. HOSPITAL shall maintain an adequate number of physicians, surgeons, nurses, and other medical staff possessing that degree of learning and skill ordinarily possessed by medical personnel practicing in the same or similar circumstances.

e. HOSPITAL shall provide all persons, employees, supplies, equipment, and faculties needed to perform the services required under this Agreement.

f. HOSPITAL shall notify the COUNTY, in writing, within 24 hours of any failure to meet STEMI Receiving Center Standards, and take corrective action within a reasonable period of time to correct the failure.

g. HOSPITAL shall immediately notify the COUNTY of any circumstances that will prevent HOSPITAL from providing STEMI Receiving Center Services.

h. HOSPITAL shall comply with any COUNTY plan of correction, regarding any identified failure to meet STEMI Receiving Center Standards, within the timeframes established by the COUNTY.

i. HOSPITAL shall actively and cooperatively participate as a member of the STEMI Committee, and such other related committees that may, from time to time, be named and organized by the COUNTY.

j. HOSPITAL shall maintain and submit STEMI data to the COUNTY on a regular basis, as requested by the EMS Agency. HOSPITAL shall, at a minimum, collect and maintain the data specified by the COUNTY.

5. Obligations of the COUNTY.

a. The COUNTY shall meet and consult with HOSPITAL prior to the adoption of any policies or procedures that concern the administration of the STEMI Care System, or the triage, transport, and treatment of STEMI patients.

b. The COUNTY will provide prehospital data related to STEMI care.

c. The COUNTY will strive to optimize the overall effectiveness of the STEMI Care System and employ continuous quality improvement strategies and collaboration with stakeholders.

6. Administration.

The COUNTY's Health and Human Services Agency Director or designee shall administer this Agreement on behalf of the COUNTY. The COUNTY shall audit and inspect records, monitor

HOSPITAL's services and provide technical guidance as required. HOSPITAL's Chief Administrative Officer or designee shall administer this Agreement on behalf of the HOSPITAL.

7. On-Site Review.

The COUNTY shall have the right at all times to monitor, assess, or evaluate HOSPITAL's performance as a STEMI RECEIVING CENTER. Such monitoring, assessments, or evaluations may include, without limitation, audits and inspections of premises, reports, patient records, and interviews of staff and participants, all to the maximum extent permitted by law. At any time during the term of designation, the COUNTY may, at its discretion, conduct an on-site review of all records and materials related to HOSPITAL's operation of the STEMI Receiving Center to evaluate the effectiveness of the center in providing care in compliance with the terms and conditions of this Agreement.

8. Termination.

a. Termination Without Cause. Notwithstanding any other provision of this Agreement, at any time and without cause, COUNTY shall have the right, in its sole discretion, to terminate this Agreement with thirty (30) days written notice to HOSPITAL. HOSPITAL may terminate this Agreement at any time and for any reason by serving written notice upon the other party at least ninety (90) days prior to the effective date of such termination.

b. Termination for Cause. COUNTY may terminate this Agreement upon written notice to HOSPITAL, subject to HOSPITAL's opportunity to cure as set forth below, upon the occurrence of any one or more of the following events as determined by the COUNTY:

i. any material breach of this Agreement by HOSPITAL;

ii. any violation by HOSPITAL of any applicable laws, regulations, or local ordinances;

iii. any failure to provide timely surgical and non-surgical physician coverage for STEMI patients, causing unnecessary risk of mortality and/or morbidity for the STEMI patient;

iv. submission by HOSPITAL to the COUNTY reports or information that HOSPITAL knows or should know is incorrect in any material respect;

v. any failure by HOSPITAL to comply with STEMI Receiving Center Standards;

vi. loss or suspension of licensure as an acute care hospital, loss or suspension of any existing or future special permits issued by state or federal agencies necessary for the provision of the services provided by HOSPITAL under the terms of this Agreement;

vii. any failure to comply with a plan of correction imposed by the COUNTY;

viii. any failure to remedy any recurring malfunction, physician, nursing and other staff shortages, staff response delays, or facility problems of HOSPITAL, which causes or contributes to HOSPITAL's diversion of ambulances transporting STEMI patients intended for HOSPITAL; and

ix. repeated failure to submit specified reports, STEMI data, or other information required under this Agreement.

c. Opportunity to Cure. Prior to the exercise of the COUNTY's right to terminate for cause, the COUNTY shall give HOSPITAL at least thirty (30) days written notice (hereinafter "Correction Period") specifying in reasonable detail the grounds for termination and all deficiencies requiring correction. The COUNTY may shorten the Correction Period to no less than seven (7) days if the COUNTY determines that HOSPITAL's action or inaction has seriously threatened, or will seriously threaten public health and safety. If HOSPITAL has not remedied each deficiency prior to the end of the Correction Period to the satisfaction of the COUNTY, or the COUNTY has not approved a plan of correction within the Correction Period, the COUNTY may terminate this Agreement upon written notice to HOSPITAL, specifying the effective date of termination. No opportunity to cure is required prior to the COUNTY's termination of this Agreement for failure by HOSPITAL to complete any plan of correction imposed by the COUNTY.

d. Obligations After Termination. The following sections shall remain in full force and effect after termination of this Agreement: (1) Section 10 Records Maintenance; (2) Section 12, Right to Audit, Inspect, and Copy Records; (3) Section 14, Indemnification (4) Section 23, Confidentiality; and (5) Section 28 (e), Applicable Law and Forum.

e. Authority to Terminate. The Board of Supervisors has the authority to terminate this Agreement on behalf of the COUNTY. In addition, the Director of the Department of Health and Human Services Agency, in consultation with Napa County Counsel, shall have the authority to terminate this Agreement on behalf of the COUNTY.

9. Financial Responsibility.

The COUNTY and the EMS Agency shall not be liable for any costs or expenses incurred by HOSPITAL to satisfy HOSPITAL's responsibilities under this Agreement.

10. Records Maintenance.

HOSPITAL shall keep and maintain full and complete documentation and accounting records concerning all services performed that are compensable under this Agreement and shall make such documents and records available to the EMS Agency for inspection at any reasonable time.

HOSPITAL shall maintain such records for a period of ten (10) years following completion of work hereunder.

11. Ownership of Information.

Patient statistical information furnished to the COUNTY pursuant to this Agreement shall be the property of the COUNTY.

12. Right to Audit, Inspect, and Copy Records.

HOSPITAL agrees to permit the COUNTY and any authorized state or federal agency to audit, inspect and copy all records, notes and writings of any kind in connection with the services provided by HOSPITAL under this Agreement, to the extent permitted by law, for the purpose of monitoring the quality and quantity of services, accessibility and appropriateness of services, and ensuring fiscal accountability. Upon request, HOSPITAL shall supply copies of any and all such records to the COUNTY.

13. Data and Reports.

HOSPITAL shall submit reports as requested by the COUNTY, in a format to be determined by the COUNTY from time to time. The timely submission of these reports is a material condition of ongoing STEMI Receiving Center designation, and material or repeated failure to meet specified deadlines may be grounds for suspension or revocation of STEMI Receiving Center designation, at the COUNTY's discretion.

14. Indemnification.

HOSPITAL agrees to accept all responsibility for loss or damage to any person or entity, including COUNTY and the EMS Agency, and to indemnify, hold harmless, and release COUNTY and the EMS Agency, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including HOSPITAL, that arise out of, pertain to, or relate to HOSPITAL's performance or obligations under this Agreement. HOSPITAL agrees to provide a complete defense for any claim or action brought against COUNTY and the EMS Agency based upon a claim relating to HOSPITAL's performance or obligations under this Agreement. HOSPITAL's obligations under this Article apply whether or not there is concurrent negligence on COUNTY's or the EMS Agency's part, but to the extent required by law, excluding liability due to COUNTY's or the EMS Agency's conduct. COUNTY shall have the right to select its legal counsel at HOSPITAL's expense, subject to HOSPITAL's approval, which shall not be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for HOSPITAL or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

15. Insurance.

With respect to performance of services under this Agreement, HOSPITAL shall maintain throughout the term of this Agreement, and shall require its subcontractors, contractors and other agents to maintain, insurance as required below:

a. Workers Compensation Insurance. Workers' compensation insurance with statutory limits as required by the Labor Code of the State of California. Said policy shall be endorsed with the following specific language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days' prior written notice to the Napa County, Department of Health and Human Services Agency.

b. General Liability Insurance. Commercial general liability insurance covering bodily injury and property damage using an occurrence policy form, in an amount no less than Five Million Dollars ($5,000,000) limit for each occurrence and Ten Million Dollars ($10,000,000) each for the general aggregate and the products/completed operations aggregate. Said commercial general liability insurance policy shall either be endorsed with the following specific language or contain equivalent language in the policy listed below. Notwithstanding any other provision of this Agreement, HOSPITAL may fulfill such insurance obligations under Section 15 of this Agreement through its alternative risk management programs, including self-insurance, and Napa County consents to such self-insurance and agrees that, in such case, HOSPITAL cannot provide endorsements or report deductibles, or self-insured retentions, or other requirements that are inconsistent with a program of self-insurance.

   i. Napa County, its officers and employees, is named as additional insured for all liability arising out of the on-going and completed operations by or on behalf of the named insured in the performance of this Agreement between Napa County and HOSPITAL.

   ii. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

   iii. The insurance provided herein is primary and non-contributory coverage to Napa County with respect to any insurance or self-insurance programs maintained by the County.

   iv. This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to Napa County, Department of Health and Human Services Agency.

c. Automobile Insurance. Automobile liability insurance covering bodily injury and property damage in an amount no less than One Million Dollars ($1,000,000) combined single limit for each occurrence. Said insurance shall include coverage for owned, hired, and non-owned vehicles. Said policy shall be endorsed with the following language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to Napa County, Department of Health and Human Services Agency.

d. Professional Liability Insurance. Professional liability insurance for all activities of HOSPITAL arising out of or in connection with this Agreement in an amount no less than Five Million Dollars ($5,000,000) combined single limit for each occurrence. Said policy shall be endorsed with the following specific language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to Napa County, Department of Health and Human Services Agency.

e. Documentation. The following documentation shall be submitted to the EMS Agency:

i. Properly executed Certificates of Insurance clearly evidencing all coverages and limits required above. Said Certificates shall be submitted prior to the execution of this Agreement. HOSPITAL agrees to maintain current Certificates of Insurance evidencing the above-required coverages and limits on file with the COUNTY for the duration of this Agreement.

ii. Copies of properly executed endorsements required above for each policy. Said endorsement copies shall be submitted prior to the execution of this Agreement. HOSPITAL agrees to maintain current endorsements evidencing the above-specified requirements on file with the COUNTY for the duration of this Agreement.

iii. Upon the COUNTY's written request, certified copies of the insurance policies. Said policy copies shall be submitted within thirty (30) days of the COUNTY's request.

iv. After the Agreement has been signed, signed Certificates of Insurance shall be submitted for any renewal or replacement of a policy that already exists, at least ten (10) days before expiration or other termination of the existing policy.

f. Policy Obligations. HOSPITAL's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

g. Material Breach. If HOSPITAL, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. The COUNTY, in its sole option, may suspend or revoke HOSPITAL's designation and obtain damages from HOSPITAL resulting from said breach.

16. Conflict of Interest.

HOSPITAL covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its obligations hereunder. HOSPITAL further covenants that in the performance of this Agreement no person having any such

interests shall be employed. HOSPITAL shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Statement of Economic Interest" with requesting entity disclosing HOSPITAL's or such other person's financial interests.

17. Patient Transport.

HOSPITAL acknowledges that the COUNTY policies and procedures require that STEMI patients be transported to the closest designated STEMI Receiving Center, except under certain circumstances such as hospital diversion or multi-casualty incidents. Neither HOSPITAL, COUNTY nor the COUNTY shall exert any direct or indirect influence that would cause or contribute to the transport of STEMI patients to a facility other than the closest STEMI Receiving Center, except as specifically authorized by the COUNTY policies or procedures.

18. Responsibility for Costs.

All costs or expenses incurred by HOSPITAL by reason of this Agreement with respect to the acquisition of equipment or personnel or with respect to the provisions of patient care, services, including emergency patient care services of all types and description provided to patients who would not have been treated by HOSPITAL in the absence of this Agreement are the responsibility of the HOSPITAL and are not the responsibility of the EMS Agency or the COUNTY or any county which has designated the EMS Agency pursuant to Health and Safety Code Section 1797.200.

19. Compliance.

a. HOSPITAL shall comply with applicable federal, state, and local rules and regulations, current and hereinafter enacted, including but not limited to guidelines promulgated by the State EMS Authority, EMS plans, and EMS policies and protocols established by the COUNTY, legal requirements for patient transfers and medical screening exams, and applicable facility and professional licensing and certification laws. HOSPITAL shall keep in effect any and all licenses, permits, notices, and certificates that are required for its operations.

b. HOSPITAL shall observe and comply with all applicable Federal, State and local laws, ordinances, and codes. HOSPITAL acknowledges its independent duty to be and to remain informed of all changes in such laws without reliance on COUNTY to provide notice of such changes. Such laws shall include, but not be limited to, the following, except where prohibited by law:

    i. Non-Discrimination. During the performance of this Agreement, HOSPITAL and its subcontractors shall not deny the benefits thereof to any person on the basis of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability or medical condition (including cancer, HIV and AIDS), nor shall they discriminate

unlawfully against any employee or applicant for employment because of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability or medical condition (including cancer, HIV and AIDS), or use of family care leave. HOSPITAL shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination or harassment. In addition to the foregoing general obligations, HOSPITAL shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12900, et seq.), the regulations promulgated thereunder (Title 2, California Code of Regulations, section 7285.0, et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (sections 11135-11139.5) and any state or local regulations adopted to implement any of the foregoing, as such statutes and regulations may be amended from time to time. To the extent this Agreement subcontracts to HOSPITAL services or works required of COUNTY by the State of California pursuant to agreement between COUNTY and the State, the applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990 (a) through (f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are expressly incorporated into this Agreement by reference and made a part hereof as if set forth in full, and HOSPITAL and any of its subcontractors shall give written notice of their obligations thereunder to labor organizations with which they have collective bargaining or other agreements.

ii. Documentation of Right to Work. HOSPITAL agrees to abide by the requirements of the Immigration and Control Reform Act pertaining to assuring that all newly-hired employees of HOSPITAL performing any services under this Agreement have a legal right to work in the United States of America, that all required documentation of such right to work is inspected, and that INS Form I-9 (as it may be amended from time to time) is completed and on file for each employee. HOSPITAL shall make the required documentation available upon request to COUNTY for inspection.

iii. Inclusion in Subcontracts. To the extent any of the services required of HOSPITAL under this Agreement are subcontracted to a third party, HOSPITAL shall include all of the provisions of this Paragraph in all such subcontracts as obligations of the subcontractors.

iv. Federal Grant Source. Notwithstanding anything to the contrary in this Agreement, if the funds for this Agreement are derived from a grant from a federal agency, pursuant to 29 CFR 97.36(i)(8) and (9), HOSPITAL is hereby notified of, and shall comply with the requirements and regulations imposed by the federal granting agency with respect to any discovery or invention which arises or is developed pursuant to this Agreement, and pertaining to any copyrights or rights in data created or otherwise developed when engaging in

activities of HOSPITAL under this Agreement. The requirements and regulations imposed by the federal granting agency are set forth in the original grant agreement specified in Section 1 of the Agreement and are incorporated by reference herein. The original grant agreement is on file with the Clerk of the Board of Supervisors.

v. Prevailing Wages. If the services to be provided relate to construction or pre-construction-related services, including but not limited to testing, surveying, and inspection, then this Agreement includes the following provisions:

(1) Affected work. HOSPITAL shall comply with Labor Code sections 1774 and 1775 in relation to payment of prevailing wages for any portion of the required work performed under this Agreement on or after January 1, 2002 relating to construction design, testing, surveying and/inspection work, and construction if the State Director of Industrial Relations has established prevailing wage rates for the types of work involved.

(2) Prevailing wages rates. In accordance with the provisions of Section 1774 of the Labor Code of the State of California, to the extent the Director of Industrial Relations has established the general prevailing rate of wages (which rate includes employer payments for health and welfare, pension, vacation and similar purposes) for the above-described portions of the work required under this Agreement, such rates of wages will be on file and available for inspection at the office of the County of Napa Department of Public Works, 1195 Third Street, Room 201, Napa, California.

(3) Payroll records. In accordance with Labor Code section 1776, a copy of all payrolls for work subject to this subparagraph shall be submitted weekly to County's Director of Public Works. Payrolls shall contain the full name, address and social security number of each employee, his correct classification, rate of pay, daily and weekly number of hours worked, itemized deductions made and actual wages paid. They shall also indicate apprentices and ratio of apprentices to journeymen. The employee's address and social security number need only appear on the first payroll on which his name appears. The payroll shall be accompanied by a "Statement of Compliance" signed by the employer or his agent indicating that the payrolls are correct and complete and that the wage rates contained therein are not less than those required by the contract. The "Statement of Compliance" shall be on forms furnished by the Director of Public Works or his designee or on any form with identical wording. Hospital shall be responsible for the submission of copies of payrolls of all subcontractors.

vi. Apprentices. HOSPITAL shall be responsible for ensuring compliance with the provisions of Labor Code section 1777.5 relating to employment and payment of apprentices for work under this Agreement relating to land surveying and/or construction inspection if the total compensation to be paid HOSPITAL for such work is $30,000 or more.

vii. Inclusion in Subcontracts. To the extent any of the services required of HOSPITAL under this Agreement are subcontracted to a third party, Hospital shall include all of the provisions of this Paragraph in all such subcontracts as obligations of the subcontractors.

20. Compliance with COUNTY and EMS Policies and Procedures.

a. HOSPITAL agrees to comply with all COUNTY policies and procedures as they may relate to services provided hereunder.

b. HOSPITAL hereby agrees to comply, and require its employees and subcontractors to comply, with the following policies, copies of which are on file with the Clerk of the Board of Supervisors and incorporated by reference herein. HOSPITAL also agrees that it shall not engage in any activities, or permit its officers, agents and employees to do so, during the performance of any of the services required under this Agreement, which would interfere with compliance or induce violation of these policies by COUNTY employees or Hospitals.

i. Waste Source Reduction and Recycled Product Content Procurement Policy.

ii. County of Napa "Policy for Maintaining a Harassment and Discrimination Free Work Environment."

iii. Drug and Alcohol Policy.

iv. Napa County Information Technology Use and Security Policy. To this end, all employees and subcontractors of Hospital whose performance of services under this Agreement requires access to any portion of the County computer network shall sign and have on file with County's ITS Department prior to receiving such access the certification attached to said Policy.

v. Napa County Workplace Violence Policy, adopted by the BOS effective May 23, 1995 and subsequently revised effective November 2, 2004, which is located in the County of Napa Policy Manual Part I, Section 37U.

21. EMS Meetings and Training.

HOSPITAL's staff will participate in the continuing development of cardiovascular care systems at the county, regional, state and national levels. HOSPITAL's staff shall attend educational and training programs as may be requested from time to time by the EMS Agency Medical Director.

22. Nondiscrimination.

Without limiting any other provision hereunder HOSPITAL shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment

because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation or other prohibited basis, including without limitation, the COUNTY'S Non-Discrimination Policy. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

23. Confidentiality.

HOSPITAL agrees to maintain the confidentiality all patient medical records and client information in accordance with all applicable state and federal laws and regulations. This Section shall survive termination of this Agreement.

24. Sanctioned Employee.

HOSPITAL agrees that it shall not employ in any capacity, or retain as a subcontractor in any capacity, any individual or entity that is listed on either the Suspended and Ineligible Contractor List published by the California Department of Health Services, or any list published by the Federal Office of Inspector General regarding the sanctioning, suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs. HOSPITAL agrees to periodically review said State and Federal lists to confirm the status of current employees, subcontractor and contractors. In the event HOSPITAL does employ such individual(s) or entity(s), HOSPITAL agrees to assume full liability for any associated penalties, sanctions, loss or damage that may be imposed on COUNTY by the Medicare or Medicaid programs.

25. Notice.

Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other party by the party giving such notice, by U.S. Mail or courier service, or as provided in Section 25 to the following representatives at the address cited below:

EMS AGENCY:

Shaun Vincent
EMS Agency Director
Napa County EMS Agency
2751 Napa Valley Corporate Dr. Bldg. B
Napa, CA 94558

HOSPITAL:

Director of Emergency Services
Providence Queen of the Valley Medical Center
1000 Trancas Street
Napa, CA 94559

Copy to:
St. Joseph Health Northern California LLC
1165 Montgomery Drive
Santa Rosa, CA 95405
Attn: Regional Contracting Department

When a notice is given by a generally recognized overnight courier service, the notice shall be deemed received on the next business day. When a copy of a notice is sent by facsimile or email, the notice shall be deemed received upon transmission as long as (1) the original copy of the notice is

promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email, or (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

26. Assignment.

HOSPITAL shall not assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of the COUNTY, and no such transfer shall be of any force or effect whatsoever unless and until the COUNTY shall have so consented.

27. Relationship of the Parties.

Operation of the facility or facilities utilized in the provision of the services described herein shall be the responsibility of the HOSPITAL. The parties intend that HOSPITAL, as well as its officers, agents, employees, and subcontractors, including its professional and non-professional staff, in performing the services specified herein, shall act as an independent contractor and shall control the work and the manner in which it is performed. HOSPITAL is not to be considered an agent or employee of the COUNTY or the EMS Agency and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits the EMS Agency provides its employees. In the event the COUNTY exercises its right to terminate this Agreement pursuant to Section 8 above, HOSPITAL expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

28. Miscellaneous Provisions.

a. No Waiver of Breach. The waiver by the COUNTY of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

b. Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. HOSPITAL and the COUNTY acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one party in favor of the other. HOSPITAL and the COUNTY acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

c. Consent. Wherever in this Agreement the consent or approval of one party is required to an act of the other party, such consent or approval shall not be unreasonably withheld or delayed.

d. No Third Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.

e. Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in the city of Napa, in the County of Napa.

f. Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

g. Merger. This document and its exhibits and references incorporated herein fully express all understandings of the parties concerning matters covered herein, and supersede any other agreements between the parties for the services described herein. No addition to or alteration of the terms of this Agreement shall be effective unless it is in writing and executed by the EMS Agency Director. Other EMS Agency personnel are without power to waive or alter any of the terms and conditions of this Agreement.

h. Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

[SIGNATURE PAGE FOLLOWS]

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IN WITNESS WHEREOF the parties have caused their fully authorized representatives to execute this Agreement as of the Effective Date.

HOSPITAL:

PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER

By Scott Ciesielski
SCOTT CIESIELSKI, Chief Administrative Officer

By Luke Rockenbach
LUKE ROCKENBACH, Divisional Chief Financial Officer

COUNTY:

NAPA COUNTY, a political subdivision of the State of California,

By
JENNIFER YASUMOTO
Director of Health and Human Services Agency

APPROVED AS TO FORM
Office of County Counsel

By: *Corey S. Utsurogi*

Date: 9/10/24

ATTACHMENT A
STEMI Receiving Center Standards

Hospital Services: Hospital shall maintain the following:

a. Licensure under California Health and Safety Code Section 1250 et seq.,

b. Permit for Basic or Comprehensive Emergency Medical Services pursuant to the provisions of Title 22, Division 5, of the California Code of Regulations,

c. Cardiac Catheterization Laboratory as a supplemental service pursuant to the provisions of Title 22, Division 5, of the California Code of Regulations,

d. Intra-aortic balloon pump capability with necessary staffing available,

e. Priority telephone line to be used by ambulance personnel to contact Hospital regarding patients with STEMIs, and

f. Cardiovascular surgery availability:

   1) California permit for cardiovascular surgery, or

   2) A plan for emergency transport to a facility with cardiovascular surgery available that describes steps for timely transfer (within one (1) hour).

Hospital Personnel: Hospital shall provide program oversight staff and shall have available all staff necessary to perform optimal care for patients with STEMIs.

i. **SRC Program Medical Director**:

   a. Qualifications:

      i. Board Certified in cardiovascular disease through American Board of Medical Specialties;

      ii. Board Certified in interventional cardiology (desired), though American Board of Medical Specialties;

      iii. Credentialed member of medical staff with privileges for primary percutaneous coronary intervention (PCI); and

      iv. Trained in cardiac radiographic imaging and radiation protection.

   b. Responsibilities:

      i. Oversight of STEMI program patient care,

      ii. Coordination of staff and services,

      iii. Authority and accountability for quality and performance improvement,

      iv. Participation in protocol development,

      v. Establishes and monitors quality control, including Mortality and Morbidity, and

      vi. Participation in County STEMI quality improvement (QI) Committee.

2. **SRC Program Manager**:
    a. Qualifications:
        i. California RN License, and
        ii. STEMI program experience.
    b. Responsibilities:
        i. Support SRC Medical Director functions,
        ii. Act as EMS-STEMI Program Liaison,
        iii. Assure EMS-Facility STEMI data sharing,
        iv. Manage EMS-Facility STEMI QI activities, and
        v. Authority and accountability for (QI) and performance improvement (PI).
3. **Physician Consultants**: Hospital shall maintain a daily on-call roster as follows:
    a. Cardiologist(s) with PCI privileges and evidence of training/experience in PCI including primary PCI.
    b. Cardiovascular Surgeon(s) if cardiovascular surgery is a service provided by Hospital.
    c. Additional personnel: Cardiac catheterization Registered Nursing and special procedures technologists

Performance Standards: Hospital shall strive to meet the following in caring for patients who present to Hospital with identified STEMIs:

1. Fibrinolysis within thirty (30) minutes of emergency department arrival, if STEMI has been identified.
2. "Door-to-balloon" time within ninety (90) minutes of emergency department arrival.

Hospital Policies and Procedures: Hospital shall develop and implement policies and procedures designed to ensure that patients presented to Hospital with possible STEMIs receive appropriate care in a timely manner. Such internal policies shall include:

1. Definition of patients, including, but not limited to, who receives emergent angiography and who receives emergent fibrinolysis, based on physician's decision of each patient;
2. Processes by which fibrinolytic therapy and PCI can be delivered rapidly (including prompt activation of personnel) to meet Performance Standards;
3. Written arrangements with a tertiary institution that provides for rapid transfer of patients for any required additional care, including elective or emergency cardiac surgery or PCI, for hospitals without cardiovascular surgery services.

Data Collection and Reporting: Hospital shall:

1. Provide data, with respect to all patients transported to Hospital by ambulance with suspected STEMIs and patients treated for STEMIs at Hospital, from date of patient admission.;
2. Submit quarterly QI Committee Data Reports and annual performance reports to the Administrator of the County's EMS Agency, in the format established by the County's EMS Agency. Said reports shall be submitted within one (1) month of conclusion of calendar quarter or calendar year respectively;
3. Provide data to the National Cardiac Data Registry; and the Mission: Lifeline approved data collection tool, ACTION Registry.
4. Facilitate future data elements related to the STEMI system and implement performance improvement activities.

Quality Improvement:

1. Hospital staff, involved with the STEMI Program, shall participate in the Napa EMS QI Committee as requested.
2. Hospital shall maintain a written internal quality improvement plan for STEMI patients that includes, but is not limited to, the determination and evaluation of:
    a. Death rate;
    b. Complications;
    c. Sentinel events;
    d. System issues; and
    e. Organizational issues and resolution processes.
3. Hospital shall support County's EMS Agency QI activities including educational activities for ambulance personnel.

EXHIBIT 3 TO

SECTION 999.5(d)(5)(I)

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NAPA COUNTY AGREEMENT FOR SERVICES NO. 250265C

This Agreement is made and entered into as of the 1st day of January, 2025, by and between NAPA COUNTY, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC, dba PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER,** hereinafter referred to as "HOSPITAL," that maintains an acute care hospital located at 1000 Trancas Street, Napa, CA 94558.

WHEREAS, COUNTY has established an Emergency Medical Services (EMS) System pursuant to Division 2.5 of the California Health and Safety Code and has designated the Napa County Health and Human Services Agency (HHSA) Public Health (PH) Division, as the local Emergency Medical Services Agency (EMS Agency) pursuant to Section 1797.200 of the Health and Safety Code; and

WHEREAS, COUNTY wishes to assure the highest quality of care by directing all Stroke Alert patients to facilities qualified to meet Stroke Receiving Center Standards; and

WHEREAS, COUNTY has designated HOSPITAL as a Stroke Receiving Hospital pursuant to Section 1798.170 of the Health and Safety Code and the EMS System Plan approved by the California EMS Authority; and

WHEREAS, HOSPITAL is willing to accept designation as a Stroke Receiving Center; and

WHEREAS, HOSPITAL, by virtue of the parties' execution of this Agreement, will be designated by the COUNTY as a Stroke Receiving Center under the terms of the Agreement; and

NOW THEREFORE, in consideration of the recitals and the mutual obligations of the parties expressed herein, both the COUNTY and HOSPITAL hereby expressly agree as follows:

1. Definitions.

For the purposes of this Agreement:

a. "Stroke Patient" means a person evaluated by prehospital personnel, a physician, nurse, or other clinical personnel that meets stroke criteria according to the policies and procedures established by the COUNTY.

b. "Stroke Care System" means an integrated prehospital and hospital program that is intended to direct patients with field identified acute stroke symptoms directly to hospitals with specialized capabilities to promptly treat these patients.

c. "Stroke Receiving Center Services" means the customary and appropriate hospital and physician services provided by a Stroke Receiving Center to Stroke patients, which, at a minimum, meet Stroke Receiving Center Standards.

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d. "Stroke Receiving Center Standards" means the standards applicable to Stroke Receiving Centers set forth in Exhibit "A", attached hereto and incorporated by reference herein, and the COUNTY policies and procedures, as may be amended from time to time.

2. Term of Agreement.

The term of this Agreement shall commence on January 1, 2025 and shall expire at 11:59 p.m. on December 31, 2029, unless otherwise extended or unless terminated earlier in accordance with the provisions of Section 8 below.

3. Fees.

HOSPITAL shall reimburse the COUNTY for functions related to its designation as a Stroke Receiving Center. The annual HOSPITAL fee is $30,000 for a total contract maximum of $150,000. The COUNTY shall submit an invoice to HOSPITAL by January 31st of each calendar year during the term of the Agreement. The fee is payable within thirty (30) days of receipt of invoice.

At its discretion, the COUNTY may suspend HOSPITAL's designation whenever payment of a fee is more than ten (10) days overdue, and may revoke the designation whenever a payment of a fee is more than ninety (90) days overdue.

In the event of the termination of this Agreement by COUNTY without cause, COUNTY shall return to HOSPITAL a prorated amount of the annual fee paid by HOSPITAL for that year.

4. Scope of Hospital Services.

HOSPITAL shall comply with Stroke Receiving Center Service Plan, set forth in Exhibit "A", which is attached hereto and is incorporated by reference. HOSPITAL shall monitor compliance with Stroke Receiving Center Standards on a regular and ongoing basis. Documentation of such efforts shall be available to the COUNTY upon request.

5. Obligations of the COUNTY.

a. COUNTY shall meet and consult with HOSPITAL prior to the adoption of any policies or procedures that concern the administration of the Stroke Receiving Center, or the triage, transport, and treatment of Stroke patients.

b. COUNTY will provide prehospital data related to Stroke care.

c. COUNTY will strive to optimize the overall effectiveness of the Stroke Receiving Center and employ continuous quality improvement strategies and collaboration with stakeholders.

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6. Administration.

COUNTY's Health and Human Services Agency Director or designee shall administer this Agreement on behalf of the COUNTY. The COUNTY shall audit and inspect records, monitor HOSPITAL's services and provide technical guidance as required. HOSPITAL's Chief Executive Officer or designee shall administer this Agreement on behalf of the HOSPITAL.

7. On-Site Review.

The COUNTY shall have the right at all times to monitor, assess, or evaluate HOSPITAL's performance as a Stroke Receiving Center. Such monitoring, assessments, or evaluations may include, without limitation, audits and inspections of premises, reports, patient records, and interviews of staff and participants, all to the maximum extent permitted by law. At any time, upon reasonable advance notice to HOSPITAL and during normal daytime weekday business hours, during the term of designation, the COUNTY may, at its discretion, conduct an on-site review of all records and materials related to HOSPITAL's operation of the Stroke Receiving Center to evaluate the effectiveness of the center in providing care in compliance with the terms and conditions of this Agreement.

8. Termination.

a. Termination Without Cause. Notwithstanding any other provision of this Agreement, at any time and without cause, COUNTY shall have the right, in its sole discretion, to terminate this Agreement with thirty (30) days written notice to HOSPITAL. HOSPITAL may terminate this Agreement at any time and for any reason by serving written notice upon the other party at least ninety (90) days prior to the effective date of such termination.

b. Termination for Cause. COUNTY may terminate this Agreement upon written notice to HOSPITAL, subject to HOSPITAL's opportunity to cure as set forth below, upon the occurrence of any one or more of the following events as determined by the COUNTY:

   i. any material breach of this Agreement by HOSPITAL.

   ii. any violation by HOSPITAL of any applicable laws, regulations, or local ordinances.

   iii. any failure to provide timely surgical and non-surgical physician coverage for Stroke patients, causing unnecessary risk of mortality and/or morbidity for the Stroke patient.

   iv. submission by HOSPITAL to the COUNTY reports or information that HOSPITAL knows or should know is incorrect in any material respect.

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v. any failure by HOSPITAL to comply with Stroke Receiving Center Standards.

vi. loss or suspension of licensure as an acute care hospital, loss or suspension of any existing or future special permits issued by state or federal agencies necessary for the provision of the services provided by HOSPITAL under the terms of this Agreement.

vii. any failure to comply with a plan of correction imposed by the COUNTY.

viii. any failure to remedy any recurring malfunction, physician, nursing and other staff shortages, staff response delays, or facility problems of HOSPITAL, which causes or contributes to HOSPITAL's diversion of ambulances transporting Stroke patients intended for HOSPITAL; and

ix. repeated failure to submit specified reports, Stroke data, or other information required under this Agreement.

x. failure of HOSPITAL to maintain certification by the Joint Commission as a Primary Stroke Center through the term of this Agreement constitutes a material breach.

c. Opportunity to Cure. Prior to the exercise of the COUNTY's right to terminate for cause, the COUNTY shall give HOSPITAL at least thirty (30) days written notice (hereinafter "Correction Period") specifying in reasonable detail the grounds for termination and all deficiencies requiring correction. The COUNTY may shorten the Correction Period to no less than seven (7) days if the COUNTY determines that HOSPITAL's action or inaction has seriously threatened, or will seriously threaten public health and safety. If HOSPITAL has not remedied each deficiency prior to the end of the Correction Period to the satisfaction of the COUNTY, or the COUNTY has not approved a plan of correction within the Correction Period, the COUNTY may terminate this Agreement upon written notice to HOSPITAL, specifying the effective date of termination. No opportunity to cure is required prior to the COUNTY's termination of this Agreement for failure by HOSPITAL to complete any plan of correction imposed by the COUNTY.

d. Obligations After Termination. The following sections shall remain in full force and effect after termination of this Agreement: (1) Section 10, Records Maintenance; (2) Section 12, Right to Audit, Inspect, and Copy Records; (3) Section 14, Indemnification; (4) Section 23, Confidentiality; and (5) Section 28 (e), Applicable Law and Forum.

e. Authority to Terminate. The Board of Supervisors (BOS) has the authority to terminate this Agreement on behalf of COUNTY. In addition, the Director of Health and Human Services Agency, in consultation with Napa County Counsel, shall have the authority to terminate this Agreement on behalf of COUNTY.

9. Financial Responsibility.

COUNTY shall not be liable for any costs or expenses incurred by HOSPITAL to satisfy HOSPITAL's responsibilities under this Agreement.

10. Records Maintenance.

HOSPITAL shall keep and maintain full and complete documentation and accounting records concerning all services performed that are compensable under this Agreement and shall make such documents and records available to the COUNTY for inspection at any reasonable time. HOSPITAL shall maintain such records for a period of ten (10) years following completion of work hereunder.

11. Ownership of Information.

Patient statistical information furnished to the COUNTY pursuant to this Agreement shall be the property of the COUNTY.

12. Right to Audit, Inspect, and Copy Records.

HOSPITAL agrees, upon reasonable request, to permit the COUNTY and any authorized state or federal agency to audit, inspect and copy all records, notes, and writings of any kind in connection with the services provided by HOSPITAL under this Agreement, to the extent permitted by law, for the purpose of monitoring the quality and quantity of services, accessibility and appropriateness of services, and ensuring fiscal accountability. Upon reasonable request, HOSPITAL shall make available any and all such records to copy by the COUNTY.

13. Data and Reports.

HOSPITAL shall submit reports as requested by the COUNTY, in a format to be determined by the COUNTY and mutually agreed upon from time to time. The timely submission of these reports is a material condition of ongoing Stroke Receiving Center designation, and material or repeated failure to meet specified deadlines may be grounds for suspension or revocation of Stroke Receiving Center designation, at the COUNTY's discretion.

14. Indemnification.

HOSPITAL agrees to accept all responsibility for loss or damage to any person or entity, including COUNTY, and to indemnify, hold harmless, and release COUNTY, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including HOSPITAL, that arise out of, pertain to, or relate to HOSPITAL's performance or obligations under this Agreement. HOSPITAL agrees to provide a complete defense for any claim or action brought against COUNTY based upon a claim relating to HOSPITAL's performance or obligations under this Agreement. HOSPITAL's obligations under this Article apply whether or not there is concurrent negligence on COUNTY's part, but to the extent required by law, excluding liability due to

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COUNTY's conduct. COUNTY shall have the right to select its legal counsel at HOSPITAL's expense, subject to HOSPITAL's approval, which shall not be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for HOSPITAL or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

15. Insurance.

With respect to performance of services under this Agreement, HOSPITAL shall maintain throughout the term of this Agreement, and shall require its subcontractors, contractors and other agents to maintain, insurance as required below:

a. Workers Compensation Insurance. Workers' compensation insurance with statutory limits as required by the Labor Code of the State of California. Said policy shall be endorsed with the following specific language:

   This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to Napa County Health and Human Services Agency.

b. General Liability Insurance. Commercial general liability insurance covering bodily injury and property damage using an occurrence policy form, in an amount no less than Five Million Dollars ($5,000,000) limit for each occurrence and Ten Million Dollars ($10,000,000) each for the general aggregate and the products/completed operations aggregate. Said commercial general liability insurance policy shall either be endorsed with the following specific language or contain equivalent language in the policy:

   i. Napa County, its officers and employees, is named as additional insured for all liability arising out of the on-going and completed operations by or on behalf of the named insured in the performance of this Agreement between COUNTY and HOSPITAL.

   ii. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

   iii. The insurance provided herein is primary and non-contributory coverage to COUNTY with respect to any insurance or self-insurance programs maintained by the COUNTY.

   iv. This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to Napa County Health and Human Services Agency.

c. Automobile Insurance. Automobile liability insurance covering bodily injury and property damage in an amount no less than One Million Dollars ($1,000,000) combined single limit for each occurrence. Said insurance shall include coverage for owned, hired, and non-owned vehicles. Said policy shall be endorsed with the following language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to Napa County Health and Human Services Agency.

d. Professional Liability Insurance. Professional liability insurance for all activities of HOSPITAL arising out of or in connection with this Agreement in an amount no less than Five Million Dollars ($5,000,000) combined single limit for each occurrence. Said policy shall be endorsed with the following specific language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to Napa County Health and Human Services Agency.

e. Documentation. The following documentation shall be submitted to the COUNTY:

i. Properly executed Certificates of Insurance clearly evidencing all coverages and limits required above. Said Certificates shall be submitted prior to the execution of this Agreement. HOSPITAL agrees to maintain current Certificates of Insurance evidencing the above-required coverages and limits on file with the COUNTY for the duration of this Agreement.

ii. Copies of properly executed endorsements required above for each policy. Said endorsement copies shall be submitted prior to the execution of this Agreement. HOSPITAL agrees to maintain current endorsements evidencing the above-specified requirements on file with the COUNTY for the duration of this Agreement.

iii. Upon the COUNTY's written request, certified copies of the insurance policies. Said policy copies shall be submitted within thirty (30) days of the COUNTY's request.

iv. After the Agreement has been signed, signed Certificates of Insurance shall be submitted for any renewal or replacement of a policy that already exists, at least ten (10) days before expiration or other termination of the existing policy.

f. Policy Obligations. HOSPITAL's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

g. Material Breach. If HOSPITAL, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. The COUNTY, in its sole option, may suspend or revoke

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HOSPITAL's designation and obtain damages from HOSPITAL resulting from said breach.

16. Conflict of Interest.

HOSPITAL covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its obligations hereunder. HOSPITAL further covenants that in the performance of this Agreement no person having any such interests shall be employed. HOSPITAL shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Statement of Economic Interest" with requesting entity disclosing HOSPITAL's or such other person's financial interests.

17. Patient Transport.

HOSPITAL acknowledges that the COUNTY policies and procedures require that Stroke patients be transported to the closest designated Stroke Receiving Center, except under certain circumstances such as hospital diversion or multi-casualty incidents. Neither HOSPITAL nor the COUNTY shall exert any direct or indirect influence that would cause or contribute to the transport of Stroke patients to a facility other than the closest Stroke Receiving Center, except as specifically authorized by the COUNTY policies or procedures.

18. Responsibility for Costs.

All costs or expenses incurred by HOSPITAL by reason of this Agreement with respect to the acquisition of equipment or personnel or with respect to the provisions of patient care, services, including emergency patient care services of all types and description provided to patients who would not have been treated by HOSPITAL in the absence of this Agreement are the sole responsibility of the HOSPITAL and shall not be the responsibility of the COUNTY or any county which has designated the EMS Agency pursuant to Health and Safety Code Section 1797.200.

19. Compliance.

a. HOSPITAL shall comply with applicable federal, state, and local rules and regulations, current and hereinafter enacted, including but not limited to guidelines promulgated by the State EMS Authority, EMS plans, and EMS policies and protocols established by the COUNTY, legal requirements for patient transfers and medical screening exams, and applicable facility and professional licensing and certification laws. HOSPITAL shall keep in effect any and all licenses, permits, notices, and certificates that are required for its operations.

b. HOSPITAL shall observe and comply with all applicable Federal, State and local laws, ordinances, and codes. HOSPITAL acknowledges its independent duty to be and to remain informed of all changes in such laws without reliance on COUNTY to

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provide notice of such changes. Such laws shall include, but not be limited to, the following, except where prohibited by law:

i. Non-Discrimination. During the performance of this Agreement, HOSPITAL and its subcontractors shall not deny the benefits thereof to any person on the basis of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability or medical condition (including cancer, HIV and AIDS), nor shall they discriminate unlawfully against any employee or applicant for employment because of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability or medical condition (including cancer, HIV and AIDS), or use of family care leave. HOSPITAL shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination or harassment. In addition to the foregoing general obligations, HOSPITAL shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12900, et seq.), the regulations promulgated thereunder (Title 2, California Code of Regulations, section 7285.0, et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (sections 11135-11139.5) and any state or local regulations adopted to implement any of the foregoing, as such statutes and regulations may be amended from time to time. To the extent this Agreement subcontracts to HOSPITAL services or works required of COUNTY by the State of California pursuant to agreement between COUNTY and the State, the applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990 (a) through (f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are expressly incorporated into this Agreement by reference and made a part hereof as if set forth in full, and HOSPITAL and any of its subcontractors shall give written notice of their obligations thereunder to labor organizations with which they have collective bargaining or other agreements.

ii. Documentation of Right to Work. HOSPITAL agrees to abide by the requirements of the Immigration and Control Reform Act pertaining to assuring that all newly-hired employees of HOSPITAL performing any services under this Agreement have a legal right to work in the United States of America, that all required documentation of such right to work is inspected, and that INS Form 1-9 (as it may be amended from time to time) is completed and on file for each employee. HOSPITAL shall make the required documentation available upon request to COUNTY for inspection.

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iii. Inclusion in Subcontracts. To the extent any of the services required of HOSPITAL under this Agreement are subcontracted to a third party, HOSPITAL shall include all of the provisions of this Paragraph in all such subcontracts as obligations of the subcontractors.

iv. Federal Grant Source. Notwithstanding anything to the contrary in this Agreement, if the funds for this Agreement are derived from a grant from a federal agency, pursuant to 29 CFR 97.36(i)(8) and (9), HOSPITAL is hereby notified of, and shall comply with the requirements and regulations imposed by the federal granting agency with respect to any discovery or invention which arises or is developed pursuant to this Agreement, and pertaining to any copyrights or rights in data created or otherwise developed when engaging in activities of HOSPITAL under this Agreement. The requirements and regulations imposed by the federal granting agency are set forth in the original grant agreement specified in Section 1 of the Agreement and are incorporated by reference herein. The original grant agreement is on file with the Clerk of the Board of Supervisors.

v. Prevailing Wages. If the services to be provided relate to construction or pre-construction-related services, including but not limited to testing, surveying, and inspection, then this Agreement includes the following provisions:

(1) Affected work. HOSPITAL shall comply with Labor Code sections 1774 and 1775 in relation to payment of prevailing wages for any portion of the required work performed under this Agreement on or after January 1, 2002 relating to construction design, testing, surveying and/inspection work, and construction if the State Director of Industrial Relations has established prevailing wage rates for the types of work involved.

(2) Prevailing wages rates. In accordance with the provisions of Section 1774 of the Labor Code of the State of California, to the extent the Director of Industrial Relations has established the general prevailing rate of wages (which rate includes employer payments for health and welfare, pension, vacation and similar purposes) for the above-described portions of the work required under this Agreement, such rates of wages will be on file and available for inspection at the office of the County of Napa Department of Public Works, 1195 Third Street, Room 201, Napa, California.

(3) Payroll records. In accordance with Labor Code section 1776, a copy of all payrolls for work subject to this subparagraph shall be submitted weekly to COUNTY'S Director of Public Works. Payrolls shall contain the full name, address and social security number of each employee, correct classification, rate of pay, daily and weekly number of hours

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worked, itemized deductions made, and actual wages paid. They shall also indicate apprentices and ratio of apprentices to journeymen. The employee's address and social security number need only appear on the first payroll on which his name appears. The payroll shall be accompanied by a "Statement of Compliance" signed by the employer or his agent indicating that the payrolls are correct and complete and that the wage rates contained therein are not less than those required by the contract. The "Statement of Compliance" shall be on forms furnished by the Director of Public Works or his designee or on any form with identical wording. HOSPITAL shall be responsible for the submission of copies of payrolls of all subcontractors.

vi. Apprentices. HOSPITAL shall be responsible for ensuring compliance with the provisions of Labor Code section 1777.5 relating to employment and payment of apprentices for work under this Agreement relating to land surveying and/or construction inspection if the total compensation to be paid HOSPITAL for such work is $30,000 or more.

vii. Inclusion in Subcontracts. To the extent any of the services required of HOSPITAL under this Agreement are subcontracted to a third party, HOSPITAL shall include all of the provisions of this Paragraph in all such subcontracts as obligations of the subcontractors.

20. Compliance with COUNTY and EMS Policies and Procedures.

a. HOSPITAL agrees to comply with all COUNTY policies and procedures as they may relate to services provided hereunder.

b. HOSPITAL hereby agrees to comply, and require its employees and subcontractors to comply, with the following policies, copies of which COUNTY shall provide to HOSPITAL and are on file with the Clerk of the Board of Supervisors and incorporated by reference herein. HOSPITAL also agrees that it shall not engage in any activities, or permit its officers, agents and employees to do so, during the performance of any of the services required under this Agreement, which would interfere with compliance or induce violation of these policies by COUNTY employees or HOSPITALS.

i. Waste Source Reduction and Recycled Product Content Procurement Policy.

ii. County of Napa "Policy for Maintaining a Harassment and Discrimination Free Work Environment".

iii. Drug and Alcohol Policy.

iv. Napa County Information Technology Use and Security Policy. To this

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end, all employees and subcontractors of HOSPITAL whose performance of services under this Agreement requires access to any portion of the COUNTY computer network shall sign and have on file with County's ITS Department prior to receiving such access the certification attached to said Policy.

v. Napa County Workplace Violence Policy, adopted by the BOS effective May 23, 1995 and subsequently revised effective November 2, 2004, which is located in the County of Napa Policy Manual Part I, Section 37U.

21. EMS Meetings and Training.

HOSPITAL's staff will participate in the continuing development of cardiovascular care systems at the county, regional, state and national levels. HOSPITAL's staff shall attend educational and training programs as may be requested from time to time by the COUNTY EMS Medical Director.

22. Nondiscrimination.

Without limiting any other provision hereunder HOSPITAL shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation or other prohibited basis, including without limitation, the COUNTY'S Non-Discrimination Policy. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

23. Confidentiality.

a. Maintenance of Confidential Information. Confidential information is defined as all information disclosed to or created by HOSPITAL which relates to COUNTY's past, present, and future activities under this Agreement. HOSPITAL shall hold all such information as HOSPITAL may receive or create, if any, in trust and confidence. Upon cancellation or expiration of this Agreement, to the extent permitted by law, HOSPITAL shall return to COUNTY all written and descriptive matter which contains any such confidential information, except that HOSPITAL may retain for its files a copy of HOSPITAL work product if such product has been made available to the public by COUNTY.

b. Protection of Personally Identifiable Information and Protected Health Information.

i. To the extent HOSPITAL is provided, creates, or has access to, Protected Health Information (PHI), Personally Identifiable Information (PII), or any other legally protected confidential information or data in any form or

matter (collectively referred to as "Protected Information"), HOSPITAL shall adhere to all federal, state and local laws, rules and regulations protecting the privacy of such information. HOSPITAL shall adhere to all existing and future federal, state and local laws, rules and regulations regarding the privacy and security of Protected Information, including, but not limited to, laws and regulations requiring data encryption or policy and awareness programs for the protection Protected Information provided to, or accessed or created by, HOSPITAL.

ii. HOSPITAL shall ensure that its staff is trained to its privacy and security policies and procedures and that appropriate physical, technological and administrative safeguards are in place to protect the confidentiality of Protected Information, including, but not limited to, PHI and PII.

iii. HOSPITAL will be responsible for all costs associated with HOSPITAL's breach of the security and privacy of PHI/PII/other Protected Information, or its unauthorized access to or disclosure of PHI/PII/or other Protected Information, including, but not limited to, mitigation of the breach, cost to resulting from breach, notification of individuals affected by the breach, and any other action required by federal, state, or local laws, rules or regulations applicable at the time of the breach.

24. Sanctioned Employee.

HOSPITAL agrees that it shall not employ in any capacity, or retain as a subcontractor in any capacity, any individual or entity that is listed on either the Suspended and Ineligible Contractor List published by the California Department of Health Services, or any list published by the Federal Office of Inspector General regarding the sanctioning, suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs. HOSPITAL agrees to periodically review said State and Federal lists to confirm the status of current employees, subcontractor and contractors. In the event HOSPITAL does employ such individual(s) or entity(s), HOSPITAL agrees to assume full liability for any associated penalties, sanctions, loss or damage that may be imposed on COUNTY by the Medicare or Medicaid programs.

25. Notice.

Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other party by the party giving such notice, or by U.S. Mail or courier service, to the following representatives at the address cited below:

EMS AGENCY:
Shaun Vincent
EMS Agency Director
Napa County EMS Agency
2751 Napa Valley Corporate Dr., Bldg B
Napa, CA 94558

HOSPITAL:
Director of Emergency Services
Providence Queen of the Valley Medical Center
1000 Trancas Street
Napa, CA 94558

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COPY TO:
St. Joseph Health Northern California LLC
Attn: Contracting Department
1165 Montgomery Drive
Santa Rosa, California, 95405

When a notice is given by a generally recognized overnight courier service, the notice shall be deemed received on the next business day. When a copy of a notice is sent by facsimile or email, the notice shall be deemed received upon transmission as long as (1) the original copy of the notice is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email, (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

26. Assignment.

HOSPITAL shall not assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of the COUNTY, and no such transfer shall be of any force or effect whatsoever unless and until the COUNTY shall have so consented.

27. Relationship of the Parties.

Operation of the facility or facilities utilized in the provision of the services described herein shall be the responsibility of the HOSPITAL. The parties intend that HOSPITAL, as well as its officers, agents, employees, and subcontractors, including its professional and non-professional staff, in performing the services specified herein, shall act as an independent contractor and shall control the work and the manner in which it is performed. HOSPITAL is not to be considered an agent or employee of the COUNTY and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits the COUNTY provides its employees. In the event the COUNTY exercises its right to terminate this Agreement pursuant to Section 8 above, HOSPITAL expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

28. Miscellaneous Provisions.

a. No Waiver of Breach. The waiver by the COUNTY of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

b. Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute,

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ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. HOSPITAL and the COUNTY acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one party in favor of the other. HOSPITAL and the COUNTY acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

c. Consent. Wherever in this Agreement the consent or approval of one party is required to an act of the other party, such consent or approval shall not be unreasonably withheld or delayed.

d. No Third Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.

e. Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in the County of Napa.

f. Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

h. Merger. This document and its exhibits and references incorporated herein fully express all understandings of the parties concerning matters covered herein, and supersede any other agreements between the parties for the services described herein. No addition to or alteration of the terms of this Agreement shall be effective unless it is in writing and executed by the EMS Agency Director. Other EMS Agency personnel are without power to waive or alter any of the terms and conditions of this Agreement.

i. Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

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IN WITNESS WHEREOF, this Agreement was executed by the Parties hereto as of the date first above written.

HOSPITAL

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC, D.B.A. PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER

DocuSigned by:
By: Amy Herold, MD

AMY HEROLD, MD

Chief Administrative Officer & Chief Medical Officer

Signed by:
By: Brandon Williams

BRANDON WILLIAMS

Chief Financial Officer

COUNTY

NAPA COUNTY, a political subdivision of the State of California

By: _____

RYAN J. ALSOP

County Executive Officer

APPROVED AS TO FORM
Office of County Counsel

By: _____
County Counsel

Date: January 7, 2025

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EXHIBIT "A"
STROKE RECEIVING CENTER SERVICE PLAN
(January 1, 2025 through December 31, 2029)

1. **Scope of Services**. In consideration of the COUNTY'S designation of a hospital as a Stroke Receiving Center (SRC). HOSPITAL shall perform the services identified in this Service Plan without interruption, twenty-four (24) hours per day, seven (7) days per week, fifty-two (52) weeks per year, for the full term of this Contract as set forth below:
   a. HOSPITAL shall provide all services, equipment, and personnel including maintenance of adequate staffing levels, equipment, and facilities according to the SRC Designation criteria set forth in Emergency Medical Services (EMS) Agency policy;
   b. HOSPITAL shall accept all County of Napa suspected stroke patients triaged as a "Stroke Alert" and transported to the HOSPITAL. HOSPITAL shall provide appropriate medical management for said patients without regard to the patient's race, color, national origin, religious affiliation, age, sex, or ability to pay.
   c. HOSPITAL shall maintain certification as a Primary Stroke Center by the Joint Commission through the term of this Agreement.

2. **Hospital Services**: HOSPITAL shall keep in effect the following:
   a. Licensure under California Health and Safety Code (HSC) Section 1250 et seq.
   b. Priority telephone line, or other means of communication, to be used by prehospital personnel to contact HOSPITAL regarding "Stroke Alert" patients.
   c. Internal protocols in place to assure reliable notification of stroke service staff of "Stroke Alert" and the need for response.
   d. Neuro-imaging services capability that is available twenty-four (24) hours a day, seven (7) days a week, such that imaging shall be initiated within twenty-five (25) minutes following emergency department arrival.
   e. Neuro-imaging services shall, at a minimum, include computerized tomography (CT) scanning or magnetic resonance imaging (MRI), as well as interpretation of the imaging within forty-five (45) minutes of emergency department arrival. internal protocols in place to assure reliable notification of prehospital of CT diversion consistent with EMS Agency hospital diversion policy Neurologist accessibility 24/7 in person or via telemedicine.
   f. Neurosurgical consultation and referral.
      1. Neurosurgical intervention available within two (2) hours or
      2. A plan for rapid emergency transport (within 2 hours) to a facility with neurosurgical intervention capabilities.
   g. Acute care rehabilitation services.
   h. Transfer arrangements with one or more higher level of care centers when clinically warranted.

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3. **Stroke Receiving Center Program Personnel**. HOSPITAL shall provide program oversight staff and shall have available all staff necessary to perform optimal care for patients with suspected stroke.

SRC Program Medical Director:

1. Qualifications:
   a) Identified Physician Leader knowledgeable of cerebrovascular disease.
   b) Supportive of SRC designation.
2. Responsibilities:
   a) Oversight of Stroke program patient care.
   b) Coordination of staff and services.
   c) Authority and accountability for quality and performance improvement;
   d) Participation in protocol development.
   e) Establishes and monitors quality control, including Mortality and Morbidity.
   f) Supports SRC Program Coordinator with EMS-Facility Stroke Quality Improvement (QI).

SRC Program Coordinator:

1. Qualifications:
   a) California RN License.
   b) Stroke care/program experience.
2. Responsibilities:
   a) Supports SRC Medical Director functions.
   b) Acts as EMS-Stroke Receiving Center Program Liaison.
   c) Facilitates EMS-Facility Stroke Receiving Center data sharing.
   d) Manages EMS-Facility Stroke Quality Improvement activities.
   e) Participation in County of Napa QI Committee.
   f) Coordinates/assures Stroke Care training/retraining for stroke services staff.

Physician Consultants: HOSPITAL shall maintain a daily on-call roster of:

1. Neurologist (s) with privileges and evidence of training/experience or Neurologist consultation using telemedicine available within twenty (20) minutes of being deemed necessary.

4. **Performance Standards**. HOSPITAL shall be compliant with performance standards required to qualify and maintain SRC designation.

Performance standards include the following capabilities:

a. Adequate staff, equipment and training to perform Emergency Department (ED) rapid evaluation, triage, and treatment.

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b. Acute Stroke Team available 24/7, at bedside within fifteen (15) minutes.

c. Standardized stroke care pathway. These written policies and procedures for stroke services are reviewed at least every two (2) years, revised more frequently as needed, and implemented.

d. Twenty-four/seven (24/7) stroke diagnosis and treatment capacity.

e. Diagnostic Testing Capability: CT/MRI, labs, CTA, MRA 24/7, and cardiac imaging when necessary.

f. Treatment Capabilities: IV thrombolytics, may have the ability to perform neurovascular interventions for aneurysms, stenting of carotid arteries, carotid endarterectomy, and endovascular therapy.

g. Designated SRCs using telemedicine are to have the ability to provide brain imaging (e.g. CT/MRI) interpretation within forty-five (45) minutes of hospital arrival for those patients who arrive in less than four (4) hours after onset of systems.

h. SRCs using telemedicine are to have neurologist accessibility within twenty (20) minutes of it being deemed necessary,

i. SRC designated hospitals using telemedicine shall have the staff and technical support to assure the technology is available and can be used reliably.

j. Stroke continuum of inpatient care,

k. Stroke Unit or designated beds for the acute care of stroke patients.

l. Transfer protocols in place for patient needing care at a Comprehensive Stroke Center.

m. Quality improvement system supporting patient safety and optimal stroke care.

5. **Community Stroke Reduction Plan**. HOSPITAL shall develop a written plan to reduce stroke through community participation and promotion of education and activities to reduce risks of stroke and heart disease in all patient populations. Community messages should focus on:

a. Signs and symptoms of Stroke.

b. Time-sensitive window for EMS response.

c. Educational materials and campaigns that are culturally sensitive, language appropriate, and presented at the literacy level of the intended audience.

d. Work with the County of Napa Public Information and Education (PIE) Committee to assure messages are coordinated and amplified.

e. Provide at least two (2) stroke education activities for the public per year.

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6. **Data Collection and Reporting.**

HOSPITAL shall:

a. Maintain minimum data reporting elements consistent with Joint Commission Primary Stroke Center Certification data reporting standards;

b. Measure and report clinical performance measures, consistent with Joint Commission Primary Stroke Center data reporting standards (minimum of 8 core stroke measures);

c. Respond to EMS Agency requests for data on "Stroke Alert" patients transported to HOSPITAL by ambulance;

d. Establish and maintain a written agreement with the California Stroke Registry;

e. Submit data into the California Stroke Registry;

f. Grant permission to the California Stroke Registry to send data files and reports to the EMS Agency using the California Stroke Registry's Limited Data Set to fulfill Primary Stroke Center Stroke System reporting requirements;

g. Participate in the American Heart Association (AHA) Get With The Guidelines – Stroke program; and

h Participate in the implementation of data elements related to future Stroke System performance improvement activities.

7. **Quality Improvement.** HOSPITAL (PSC) shall maintain internal QI processes and procedures as required by COUNTY and serve on the County of Napa Quality Improvement (QI) Committee. The County of Napa QI Committee provides the medical oversight and guidance for the County of Napa Stoke System. HOSPITAL participation in stroke system QI includes, but is not limited to:

a. HOSPITAL SRC Medical Director and/or SRC Program Coordinator shall represent the HOSPITAL as members of the County of Napa QI Committee.
b. Review and analysis of quality improvement reports on pre-hospital and hospital components of the stroke system care.
c. Collaboration with the EMS Agency to revise and improve the stroke system.
d. Support for EMS Agency quality improvement activities including educational activities for pre-hospital personnel.

8. **Designated Maintenance.** HOSPITAL shall be qualified for automatic re-designation as a SRC upon the following conditions:

a. Verifies designation as a Primary Stroke Center by The Joint Commission;
b. Meet and maintain SRC designation criteria;
c. Provide data for stroke system oversight;
d. Participate in Stroke System QI Committee meetings and activities;
e. Promote and participation in community stroke awareness and reduction; and

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f. Upon execution of the Contract and every year thereafter, HOSPITAL shall pay COUNTY, an amount not to exceed $30,000, annual maintenance fee, to cover cost of providing oversight activities such as a comprehensive Quality Improvement Program to evaluate program effectiveness.

TOTAL PAYMENTS UNDER THIS AGREEMENT SHALL NOT EXCEED $30,000.00 per calendar year.

EXHIBIT 4 TO

SECTION 999.5(d)(5)(I)

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NAPA COUNTY AGREEMENT NO. 250335C

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC., D.B.A. PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER LEVEL III TRAUMA CENTER AGREEMENT

This Agreement is made and entered into as of the 1st day of July, 2025, by and between NAPA COUNTY, a political subdivision of the State of California (hereinafter "COUNTY") and **ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC., d.b.a. PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER**, a licensed acute care Hospital located at 1000 Trancas Street, Napa, California 94558 (hereinafter "HOSPITAL"). COUNTY and HOSPITAL may be referred to below as "Parties" and individually as "Party."

RECITALS

WHEREAS, COUNTY is authorized by law to develop an Emergency Medical System ("EMS") and has designated its Health and Human Services Agency (HHSA) as the "Local EMS Agency" (hereinafter referred to as "COUNTY"), pursuant to Section 1797.200 of the Health and Safety Code; and

WHEREAS, COUNTY has implemented a regional trauma care system pursuant to Health and Safety Code Section 1798.162; and

WHEREAS, COUNTY may designate trauma facilities as part of its regional trauma care system pursuant to Health and Safety Code Section 1798.165; and

WHEREAS, COUNTY wishes to assure the highest quality of care by directing seriously injured patients to facilities committed to meeting Trauma Center criteria; and

WHEREAS, COUNTY has found that HOSPITAL meets state and local Trauma Center criteria; and

WHEREAS, HOSPITAL's current designation as a Level III Trauma Center expires on June 30, 2025; and

WHEREAS, Hospital desires and is willing to accept re-designation by COUNTY as a Level III Trauma Center according to the terms and conditions set forth in this Agreement; and

WHEREAS, Hospital, by virtue of the Parties' execution of this Agreement, will be designated by COUNTY as a Level III Trauma Center under the terms of this Agreement.

NOW, THEREFORE, for good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, and in consideration of the recitals and the mutual obligations of the Parties expressed herein, COUNTY and HOSPITAL do hereby expressly agree as follows:

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AGREEMENT

1. Designation of Hospital as a Level III Trauma Center

Upon execution of this Agreement by the Parties, effective the date set forth in 2. below, HOSPITAL shall be designated by COUNTY as a Level III Trauma Center and except as otherwise specified, shall continue in effect for as long as HOSPITAL's designation remains in effect.

2. Term of Agreement

This Agreement shall have a term of sixty (60) months, beginning at 12:00 a.m. on July 1, 2025 ("Effective Date") and continuing through and including June 30, 2030, unless earlier revoked, suspended, or terminated pursuant to this Agreement.

3. Administration

The COUNTY Administrator ("Administrator") or designee shall administer this Agreement on behalf of the COUNTY. COUNTY shall audit and inspect records, monitor HOSPITAL's services and provide technical guidance as required. HOSPITAL's Chief Executive Officer (CEO) or designee shall administer the Agreement of behalf of HOSPITAL.

4. Designation Fee

HOSPITAL shall reimburse COUNTY for functions related to its designation as a Trauma Center. The annual Hospital fee for each COUNTY fiscal year is thirty thousand dollars ($30,000). COUNTY shall submit an invoice to HOSPITAL by December of each year, and the fee is payable within thirty (30) days of receipt of invoice.

At its discretion, COUNTY may suspend HOSPITAL's designation whenever payment of a fee is more than ten (10) days overdue and may revoke the designation whenever a payment of a fee is more than ninety (90) days overdue.

In the event of the termination of this Agreement by COUNTY without cause, COUNTY shall return to HOSPITAL a prorated amount of the annual fee paid by HOSPITAL for that year.

5. On-Site Review & Right to Audit, Inspect, and Copy Records

COUNTY shall have the right at all times to monitor, assess or evaluate HOSPITAL's performance as a Level III Trauma Center. Such monitoring, assessments or evaluations may include, without limitation, audits and inspections of premises, reports, patient records, and interviews of Trauma Center staff and participants, all to the maximum extent permitted by law. At any time, upon reasonable advance notice to HOSPITAL and during normal daytime weekday business hours, during the term of designation, COUNTY may, at its discretion, conduct an on-site review of all records and materials related to HOSPITAL's operation of the Trauma Center

to evaluate the effectiveness of the Trauma Center in providing care in compliance with the terms and conditions of this Agreement and ensuring fiscal accountability. Upon reasonable request, HOSPITAL shall make available any and all such records to be copied by COUNTY.

6. ACS Consultation Verification Program

HOSPITAL shall have satisfactorily completed the American College of Surgeons Consultation Verification Program and be verified as meeting the criteria contained in *Resources for Optimal Care of the Injured Patient* throughout the term of this agreement.

7. Maintenance of Records

HOSPITAL shall keep and maintain full and complete documentation and accounting records concerning all services performed under this Agreement and shall make such documents and records available to COUNTY for inspection at any reasonable time. HOSPITAL shall maintain such records for a period of seven (7) years following completion of work hereunder.

8. Ownership of Information

Statistical information which relates to patients identified as trauma patients furnished to COUNTY pursuant to this Agreement shall be the property of COUNTY.

9. Data and Reports

HOSPITAL shall submit standing reports (monthly, quarterly, etc.) as well as individual reports as requested by COUNTY, in a format to be determined by COUNTY. The timely submission of these reports is a material condition of ongoing Level III Trauma Center designation and material or repeated failure to meet specified deadlines may be grounds for suspension or revocation of Level III Trauma Center designation, at COUNTY's discretion.

10. Indemnification

HOSPITAL agrees to accept all responsibility for loss or damage to any person or entity, including COUNTY and, to the fullest extent allowed by law, to indemnify, hold harmless and release COUNTY, its officers, agents and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including HOSPITAL, that arise out of, pertain to or relate to HOSPITAL's performance or obligations under this Agreement. HOSPITAL agrees to provide a complete defense for any claim or action brought against COUNTY based upon a claim relating to HOSPITAL's performance or obligations under this Agreement. HOSPITAL's obligations under this Section apply whether or not there is concurrent negligence on COUNTY's part but to the extent required by law, excluding liability due to COUNTY's conduct. COUNTY shall have the right to select its legal counsel at HOSPITAL's expense, subject to HOSPITAL's approval, which shall not be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for HOSPITAL or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

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11. Insurance

With respect to performance of services under this Agreement, HOSPITAL shall maintain throughout the term of this Agreement, and shall require its subcontractors, and other agents to maintain, insurance as required below:

a) Workers' Compensation Insurance. Workers' compensation insurance with statutory limits as required by the Labor Code of the State of California. Said policy shall be endorsed with the following specific language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to COUNTY.

b) General Liability Insurance. Commercial general liability insurance covering bodily injury and property damage using an occurrence policy form, in an amount no less than Five Million Dollars ($5,000,000) limit for each occurrence and Ten Million Dollars ($10,000,000) each for the general aggregate and the products/completed operations aggregate. Said commercial general liability insurance policy shall either be endorsed with the following specific language or contain equivalent language in the policy:

i. Napa County, its officers and employees, is named as additional insured for all liability arising out of the on-going and completed operations by or on behalf of the named insured in the performance of this Agreement between COUNTY and HOSPITAL.

ii. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

iii. The insurance provided herein is primary and non-contributory coverage to COUNTY with respect to any insurance or self-insurance programs maintained by COUNTY.

iv. This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to COUNTY.

c) Automobile Insurance. Automobile liability insurance covering bodily injury and property damage in an amount no less than One Million Dollars ($1,000,000) combined single limit for each occurrence. Said insurance shall include coverage for owned, hired, and non-owned vehicles. Said policy shall be endorsed with the following language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to COUNTY.

d) Professional Liability Insurance. Professional liability insurance for all activities of HOSPITAL arising out of or in connection with this Agreement in an amount no less than Five Million Dollars ($5,000,000) combined single limit for each occurrence. Said policy shall be endorsed with the following specific language:

This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to COUNTY.

e) Documentation. The following documentation shall be submitted to the COUNTY:

i. Properly executed Certificates of Insurance (COI) clearly evidencing all coverages and limits required above. Said Certificates shall be submitted prior to the execution of this Agreement. HOSPITAL agrees to maintain current COIs evidencing the above-required coverages and limits on file with COUNTY for the duration of this Agreement.

ii. Copies of properly executed endorsements required above for each policy. Said endorsement copies shall be submitted prior to the execution of this Agreement. HOSPITAL agrees to maintain current endorsements evidencing the above-specified requirements on file with COUNTY for the duration of this Agreement.

iii. Upon COUNTY's written request, certified copies of the insurance policies. Said policy copies shall be submitted within thirty (30) days of COUNTY's request.

iv. After the Agreement has been signed, signed COI shall be submitted for any renewal or replacement of a policy that already exists, at least ten (10) days before expiration or other termination of the existing policy.

f) Policy Obligations. HOSPITAL's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

g) Material Breach. If HOSPITAL, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. The COUNTY, in its sole option, may suspend or revoke HOSPITAL's designation and obtain damages from HOSPITAL resulting from said breach.

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12. Conflict of Interest

HOSPITAL covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its obligations hereunder. HOSPITAL further covenants that in the performance of this Agreement no person having any such interests shall be employed. In addition, if requested to do so by COUNTY, HOSPITAL shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Statement of Economic Interest" with requesting entity disclosing HOSPITAL's or such other person's financial interests.

13. Patient Transport

a) HOSPITAL acknowledges that COUNTY policies and procedures require that Major Trauma Patients be transported to the closest Trauma Center, except under certain circumstances such as HOSPITAL diversion or multi-casualty incidents. Neither HOSPITAL nor COUNTY shall exert any direct or indirect influence that would cause or contribute to the transport of Major Trauma Patients to a facility other than the closest Trauma Center, except as specifically authorized by COUNTY policies or procedures.

b) HOSPITAL acknowledges that COUNTY makes no representation and does not guarantee that Major Trauma Patients will be delivered or diverted to HOSPITAL for care and cannot assure that a minimum number of Major Trauma Patients will be transported to HOSPITAL during the term of this Agreement.

14. Financial Responsibility

COUNTY shall not be liable for any costs or expenses incurred by HOSPITAL to satisfy its responsibilities under this Agreement, including any costs or expenses incurred by HOSPITAL for services provided to indigent Major Trauma Patients. All costs or expenses incurred by HOSPITAL by reason of this Agreement with respect to the acquisition of equipment or personnel or with respect to the provisions of patient care, services, including emergency patient care services of all types and description provided to patients who would not have been treated by HOSPITAL in the absence of this Agreement are the responsibility of HOSPITAL and are not the responsibility of COUNTY or any County which has designated COUNTY pursuant to Health and Safety Code Section 1797.200.

15. Compliance

a) HOSPITAL shall comply with applicable federal, state, and local rules and regulations, current and hereinafter enacted, including but not limited to guidelines promulgated by the State EMS Authority, EMS plans, and EMS policies and protocols established by COUNTY, legal requirements for patient transfers and medical screening exams, and applicable facility and professional licensing and certification laws. HOSPITAL shall keep in effect any and all licenses, permits, notices, and certificates that are required for its operations.

b) HOSPITAL shall observe and comply with all applicable Federal, State, and local laws, ordinances, and codes. HOSPITAL acknowledges its independent duty to be and to remain informed of all changes in such laws without reliance on COUNTY to provide notice of such changes. Such laws shall include, but not be limited to, the following, except where prohibited by law:

i. Non-Discrimination. During the performance of this Agreement, HOSPITAL and its subcontractors shall not deny the benefits thereof to any person on the basis of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability or medical condition (including cancer, HIV, and AIDS), nor shall they discriminate unlawfully against any employee or applicant for employment because of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability or medical condition (including cancer, HIV, and AIDS), or use of family care leave. HOSPITAL shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination or harassment. In addition to the foregoing general obligations, HOSPITAL shall comply with the provisions of the Fair Employment and Housing Act (FEHA) (Government Code section 12900, et seq.), the regulations promulgated thereunder (Title 2, California Code of Regulations, section 7285.0, et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (sections 11135-11139.5) and any state or local regulations adopted to implement any of the foregoing, as such statutes and regulations may be amended from time to time. To the extent this Agreement subcontracts to HOSPITAL services or works required of COUNTY by the State of California pursuant to agreement between COUNTY and the State, the applicable regulations of the FEHA Commission implementing Government Code section 12990 (a) through (f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are expressly incorporated into this Agreement by reference and made a part hereof as if set forth in full, and HOSPITAL and any of its subcontractors shall give written notice of their obligations thereunder to labor organizations with which they have collective bargaining or other agreements.

ii. Documentation of Right to Work. HOSPITAL agrees to abide by the requirements of the Immigration Reform and Control Act (IRCA) pertaining to assuring that all newly-hired employees of HOSPITAL performing any services under this Agreement have a legal right to work in the United States of America, that all required documentation of such right to work is inspected, and that INS Form I-9 (as it may be amended from time to time) is completed and on file for each employee. HOSPITAL shall make the required documentation available upon request to COUNTY for inspection.

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iii. Inclusion in Subcontracts. To the extent any of the services required of HOSPITAL under this Agreement are subcontracted to a third party, HOSPITAL shall include all of the provisions of this Paragraph in all such subcontracts as obligations of the subcontractors.

iv. Federal Grant Source. Notwithstanding anything to the contrary in this Agreement, if the funds for this Agreement are derived from a grant from a federal agency, pursuant to 29 CFR 97.36(i)(8) and (9), HOSPITAL is hereby notified of, and shall comply with the requirements and regulations imposed by the federal granting agency with respect to any discovery or invention which arises or is developed pursuant to this Agreement, and pertaining to any copyrights or rights in data created or otherwise developed when engaging in activities of HOSPITAL under this Agreement. The requirements and regulations imposed by the federal granting agency are set forth in the original grant agreement specified in Section 1 of the Agreement and are incorporated by reference herein. The original grant agreement is on file with the Clerk of the Board of Supervisors (BOS).

v. Prevailing Wages. If the services to be provided relate to construction or pre-construction-related services, including but not limited to testing, surveying, and inspection, then this Agreement includes the following provisions:

(1) Affected work. HOSPITAL shall comply with Labor Code sections 1774 and 1775 in relation to payment of prevailing wages for any portion of the required work performed under this Agreement on or after January 1, 2002 relating to construction design, testing, surveying and/inspection work, and construction if the State Director of the Department of Industrial Relations (DIR) has established prevailing wage rates for the types of work involved.

(2) Prevailing wages rates. In accordance with the provisions of Section 1774 of the Labor Code of the State of California, to the extent the Director of DIR has established the general prevailing rate of wages (which rate includes employer payments for health and welfare, pension, vacation and similar purposes) for the above-described portions of the work required under this Agreement, such rates of wages will be on file and available for inspection at the office COUNTY's Department of Public Works (PW), 1195 Third Street, Room 201, Napa, California 94559.

(3) Payroll records. In accordance with Labor Code section 1776, a copy of all payrolls for work subject to this subparagraph shall be submitted weekly to COUNTY's Director of PW. Payrolls shall contain the full name, address, and social security number of each employee, correct classification, rate of pay, daily and weekly number of hours worked, itemized deductions made, and actual wages paid. They shall also indicate apprentices and ratio of apprentices to journeymen. The employee's address and social security number need only appear on the first payroll on which their name appears. The payroll shall be

accompanied by a "Statement of Compliance" signed by the employer or his agent indicating that the payrolls are correct and complete and that the wage rates contained therein are not less than those required by the contract. The "Statement of Compliance" shall be on forms furnished by the Director of PW or designee or on any form with identical wording. HOSPITAL shall be responsible for the submission of copies of payrolls of all subcontractors.

vi. Apprentices. HOSPITAL shall be responsible for ensuring compliance with the provisions of Labor Code section 1777.5 relating to employment and payment of apprentices for work under this Agreement relating to land surveying and/or construction inspection if the total compensation to be paid HOSPITAL for such work is Thirty Thousand Dollars ($30,000) or more.

vii. Inclusion in Subcontracts. To the extent any of the services required of HOSPITAL under this Agreement are subcontracted to a third party, HOSPITAL shall include all of the provisions of this Paragraph in all such subcontracts as obligations of the subcontractors.

16. Compliance with COUNTY and EMS Policies and Procedures

a. HOSPITAL agrees to comply with all COUNTY policies and procedures as they may relate to services provided hereunder.

b. HOSPITAL hereby agrees to comply, and require its employees and subcontractors to comply, with the following policies, copies of which COUNTY shall provide to HOSPITAL and are on file with the Clerk of the BOS and incorporated by reference herein. HOSPITAL also agrees that it shall not engage in any activities, or permit its officers, agents, and employees to do so, during the performance of any of the services required under this Agreement, which would interfere with compliance or induce violation of these policies by COUNTY employees or HOSPITAL's.

i. Waste Source Reduction and Recycled Product Content Procurement Policy.

ii. County of Napa "Policy for Maintaining a Harassment and Discrimination Free Work Environment".

iii. Drug and Alcohol Policy.

iv. Napa County Information Technology Services (ITS) Use and Security Policy. To this end, all employees and subcontractors of HOSPITAL whose performance of services under this Agreement requires access to any portion of COUNTY's computer network shall sign and have on file with COUNTY's ITS Department prior to receiving such access the certification attached to said Policy.

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v. Napa County Workplace Violence Policy, adopted by the BOS effective May 23, 1995 and subsequently revised effective November 2, 2004, which is located in the County of Napa Policy Manual Part I, Section 37U.

17. EMS Meetings and Training

HOSPITAL's staff will participate in the continuing development of trauma care systems at the county, regional, state, and national levels. HOSPITAL's staff shall attend educational and training programs as may be requested from time to time by COUNTY's EMS Medical Director.

18. Nondiscrimination

Without limiting any other provision hereunder, HOSPITAL shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation or other prohibited basis, including without limitation, COUNTY's Non-Discrimination Policy. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

19. Confidentiality

a) Maintenance of Confidential Information. Confidential information is defined as all information disclosed to or created by HOSPITAL which relates to COUNTY's past, present, and future activities under this Agreement. HOSPITAL shall hold all such information as HOSPITAL may receive or create, if any, in trust and confidence. Upon cancellation or expiration of this Agreement, to the extent permitted by law, HOSPITAL shall return to COUNTY all written and descriptive matter which contains any such confidential information, except that HOSPITAL may retain for its files a copy of HOSPITAL work product if such product has been made available to the public by COUNTY.

b) Protection of Personally Identifiable Information and Protected Health Information.

i. To the extent HOSPITAL is provided, creates, or has access to, Protected Health Information (PHI), Personally Identifiable Information (PII), or any other legally protected confidential information or data in any form or matter (collectively referred to as "Protected Information"), HOSPITAL shall adhere to all federal, state, and local laws, rules, and regulations protecting the privacy of such information. HOSPITAL shall adhere to all existing and future federal, state, and local laws, rules, and regulations regarding the privacy and security of Protected Information, including, but not limited to, laws and regulations requiring data encryption or policy and awareness programs for the protection Protected Information provided to, or accessed or created by, HOSPITAL.

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ii. Each Party shall ensure that its staff is trained to its privacy and security policies and procedures and that appropriate physical, technological and administrative safeguards are in place to protect the confidentiality of Protected Information, including, but not limited to, PHI and PII.

iii. HOSPITAL will be responsible for all costs associated with HOSPITAL's breach of the security and privacy of PHI/PII/other Protected Information, or its unauthorized access to or disclosure of PHI/PII/or other Protected Information, including, but not limited to, mitigation of the breach, cost to resulting from breach, notification of individuals affected by the breach, and any other action required by federal, state, or local laws, rules or regulations applicable at the time of the breach.

20. Advertising and Marketing Materials and Information

HOSPITAL shall comply with the terms of this Agreement with respect to the use of the terms "trauma facility", "trauma HOSPITAL", "trauma center", "trauma care provider", "trauma service", or similar terminology in its signs or advertisements or in printed materials and information ("Trauma Marketing Materials") it furnishes to the public, including but not limited to any individual or commercial consumer of health care services. HOSPITAL agrees to provide COUNTY the opportunity to comment on any Trauma Marketing Materials prior to releasing the Trauma Marketing Materials to the public.

21. Notice

a) Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other Party by the Party giving such notice or by United Staes Postal Service (UPSP) Mail or courier service, to the following representatives at the address cited below:

COUNTY:

EMS Agency Administrator
Napa County EMS Agency
2751 Napa Valley Corporate Dr.
Bldg. B, 2nd Floor
Napa, CA 94558

HOSPITAL:

Director of Emergency Services
Providence Queen of the Valley Medical Center
1000 Trancas Street
Napa, CA 94558

COPY TO:

St Joseph Health Northern California, LLC
1165 Montgomery Drive
Santa Rosa, CA 95405
Attn: Contracting Department

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b) When a notice is given by a generally recognized overnight courier service, the notice shall be deemed received on the next business day. When a copy of a notice is sent by facsimile or email, the notice shall be deemed received upon transmission as long as:

1) The original copy of the notice is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email

2) The sender has a written confirmation of the facsimile transmission or email; and

3) The facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

22. Assignment

HOSPITAL shall not assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of COUNTY and no such transfer shall be of any force or effect whatsoever unless and until COUNTY shall have so consented.

23. Relationship of the Parties

The Parties intend that HOSPITAL, as well as its officers, agents, employees, and subcontractors, including its professional and non-professional staff, in performing the services specified herein, shall act as an independent contractor and shall control the work and the manner in which it is performed. HOSPITAL is not to be considered an agent or employee of COUNTY and is not entitled to participate in any pension plan, workers' compensation plan, insurance, bonus, or similar benefits COUNTY provides its employees. In the event COUNTY exercises its right to suspend, revoke, or terminate under this Agreement, HOSPITAL expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

24. Investigation, Revocation and Suspension

COUNTY may investigate any report of material failure to comply with these conditions or any applicable standards incorporated herein. HOSPITAL agrees to cooperate fully with any such investigation. Upon the determination of the COUNTY Administrator that HOSPITAL has materially or repeatedly failed to comply with the terms and conditions of this Agreement or any applicable standards incorporated herein or that HOSPITAL has failed to fully cooperate in an investigation, COUNTY may suspend or revoke HOSPITAL 's Level III Trauma Center Designation or may institute such corrective measures as the Administrator may deem reasonable in light of the circumstances and in the interest of public health and safety. COUNTY shall give HOSPITAL written notice specifying the effective date, which shall be not less than thirty (30) days after the delivery of the written notice.

a) Grounds for revocation, suspension or corrective action shall include, without limitation:

1) Material or repeated failure, for any reason, of HOSPITAL to fulfill in a timely and proper manner, its obligations under the terms of this Agreement or to substantially comply with applicable federal, state, and local laws and regulations, or any corrective measures required by the COUNTY;

2) Material or repeated failure, for any reason, to make available sufficient personnel and HOSPITAL resources, as defined herein, to provide immediate care for the trauma patient;

3) Material or repeated failure, for any reason, to provide timely surgical coverage or other required specialty services for trauma patients, causing unnecessary risk of mortality and morbidity for the trauma patient;

4) Submission by HOSPITAL to the COUNTY of reports that are materially or repeatedly incorrect or incomplete in any respect;

5) Failure to cooperate in any investigation, monitoring or evaluation activities by COUNTY in connection with HOSPITAL's trauma services; and

6) If the COUNTY determines that HOSPITAL failure to comply with the terms and conditions of this Agreement has resulted in an immediate serious threat to the public health or safety, COUNTY may immediately terminate or suspend HOSPITAL's trauma center designation effective upon notice to HOSPITAL.

25. Administrative Appeal

If HOSPITAL so requests in writing at any time before the effective date of the proposed action, COUNTY shall afford HOSPITAL a hearing before an impartial panel appointed by the Administrator. The panel shall include three (3) members, all of whom have experience in health care and at least one (1) of whom is a physician experienced in trauma care. The panel shall hold an informal hearing not more than thirty (30) days after HOSPITAL's request. Each Party may submit oral or written evidence but formal rules of evidence shall not apply. Discovery may be permitted by the panel and shall be limited in scope at the panel's discretion. Not more than thirty (30) days after the conclusion of the hearing, the panel shall evaluate the evidence and make written findings and conclusions. All findings must be supported by the evidence and the conclusion(s) supported by the findings. Each Party shall bear its own costs. The decision of the panel shall be final.

26. Termination of this Agreement

a. Termination Without Cause. Notwithstanding any other provision of this Agreement, at any time and without cause, COUNTY shall have the right, in its sole discretion, to terminate this Agreement with thirty (30) days written notice to HOSPITAL.

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HOSPITAL may terminate this Agreement at any time and for any reason by serving written notice upon the other Party at least ninety (90) days prior to the effective date of such termination.

b. Termination for Cause. COUNTY may terminate this Agreement upon written notice to HOSPITAL, subject to HOSPITAL's opportunity to cure as set forth below, upon the occurrence of any one or more of the following events as determined by the COUNTY:

i. any material breach of this Agreement by HOSPITAL;

ii. any violation by HOSPITAL of any applicable laws, regulations, or local ordinances;

iii. any failure to provide timely surgical and non-surgical physician coverage for trauma patients, causing unnecessary risk of mortality and/or morbidity for the trauma patient;

iv. submission by HOSPITAL to COUNTY reports or information that HOSPITAL knows or should know is incorrect in any material respect;

v. any failure by HOSPITAL to comply with Level III Trauma Center Standards;

vi. loss or suspension of licensure as an acute care hospital, loss or suspension of any existing or future special permits issued by state or federal agencies necessary for the provision of the services provided by HOSPITAL under the terms of this Agreement;

vii. any failure to comply with a plan of correction imposed by COUNTY;

viii. any failure to remedy any recurring malfunction, physician, nursing, and other staff shortages, staff response delays, or facility problems of HOSPITAL, which causes or contributes to HOSPITAL's diversion of ambulances transporting trauma patients intended for HOSPITAL;

ix. repeated failure to submit specified reports, trauma data, or other information required under this Agreement; and

x. failure of HOSPITAL to maintain certification by the American College of Surgeons (ACS) Committee on Trauma as a Level III Trauma Center through the term of this Agreement constitutes a material breach.

c. Opportunity to Cure. Prior to the exercise of COUNTY's right to terminate for cause, COUNTY shall give HOSPITAL at least thirty (30) days written notice (hereinafter "Correction Period") specifying in reasonable detail the grounds for termination and

all deficiencies requiring correction. COUNTY may shorten the Correction Period to no less than seven (7) days if COUNTY determines that HOSPITAL's action or inaction has seriously threatened, or will seriously threaten public health and safety. If HOSPITAL has not remedied each deficiency prior to the end of the Correction Period to the satisfaction of COUNTY, or COUNTY has not approved a plan of correction within the Correction Period, COUNTY may terminate this Agreement upon written notice to HOSPITAL, specifying the effective date of termination. No opportunity to cure is required prior to COUNTY's termination of this Agreement for failure by HOSPITAL to complete any plan of correction imposed by COUNTY.

d. Obligations After Termination. The following sections shall remain in full force and effect after termination of this Agreement: (1) Section 10 Records Maintenance; (2) Section 12, Right to Audit, Inspect, and Copy Records; (3) Section 14, Indemnification; (4) Section 23, Confidentiality; and (5) Section 28 (e), Applicable Law and Forum.

27. Authority to Terminate. The Napa County BOS has the authority to terminate this Agreement on behalf of COUNTY. In addition, the Director of Health and Human Services Agency (HHSA), in consultation with Napa County Counsel, shall have the authority to terminate this Agreement on behalf of COUNTY.

28. Sanctioned Employee.

HOSPITAL agrees that it shall not employ in any capacity or retain as a subcontractor in any capacity, any individual or entity that is listed on either the Suspended and Ineligible Contractor List published by the California Department of Health Care Services (DHCS) or any list published by the Federal Office of Inspector General (OIG) regarding the sanctioning, suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs. HOSPITAL agrees to periodically review said State and Federal lists to confirm the status of current employees, subcontractor and contractors. In the event HOSPITAL does employ such individual(s) or entity(s), HOSPITAL agrees to assume full liability for any associated penalties, sanctions, loss or damage that may be imposed on COUNTY by the Medicare or Medicaid programs.

29. Miscellaneous Provisions

a) No Waiver of Breach. The waiver by COUNTY of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

b) Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The Parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. HOSPITAL and COUNTY acknowledge that they

have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement; the language of the Agreement will not be construed against one Party in favor of the other. HOSPITAL and COUNTY acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

c) Consent. Wherever in this Agreement the consent or approval of one Party is required to an act of the other Party, such consent or approval shall not be unreasonably withheld or delayed.

d) No Third-Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the Parties do not intend to create any rights in third parties.

e) Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in the City of Napa, in Napa County.

f) Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

g) Merger. This document and its exhibits and references incorporated herein fully express all understandings of the Parties concerning matters covered herein and supersede any other agreements between the Parties for the services described herein. No addition to or alteration of the terms of this Agreement shall be effective unless it is in writing and executed by the Administrator. Other COUNTY personnel are without power to waive or alter any of the terms and conditions of this Agreement.

h) Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

IN WITNESS WHEREOF the Parties have caused their fully authorized representatives to execute this Agreement No. 250355C as of date first written above.

"HOSPITAL"
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC., D.B.A.
PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER

DocuSigned by:
By Amy M. Herold, MD
AMY HEROLD, MD
Chief Administrative Office & Chief Medical Officer

Signed by:
By Brandon Williams
BRANDON WILLIAMS
Chief Financial Officer

"COUNTY"
NAPA COUNTY, a political subdivision of
the State of California

By Rebecca Rhoads, Asst CEO for CEO
RYAN J. ALSOP
County Executive Officer

APPROVED AS TO FORM
Office of County Counsel

By: Coan N. Lourigo
County Counsel

Date: 3/24/25

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EXHIBIT A
QUEEN OF THE VALLEY MEDICAL CENTER
LEVEL III TRAUMA CENTER AGREEMENT
July 1, 2025 through June 30, 2026
And each subsequent automatic renewal, terminating no later than June 30, 2030

The following standards have been adopted from California Code and Regulations, Title 22, Division 9, Prehospital Emergency Medical Services, Chapter 7, Trauma Care Systems.

1. Definitions
For the purposes of this Agreement, the following terms shall have the meaning as defined by Division 9 of the California Code of Regulations given herein:

a) Abbreviated Injury Scale: "Abbreviated Injury Scale" or "AIS" is an anatomic severity scoring system. For the purposes of data sharing, the standard to be followed is AIS 90. For the purpose of volume performance measurement auditing, the standard to be followed is AIS 90, using AIS code derived or computer derived scoring.

b) Immediately Available: "Immediately" or "immediately available" means, unencumbered by conflicting duties or responsibilities, responding without delay when notified and being physically available to the specified area of the trauma center when the patient is delivered in accordance with Local EMS Agency policies and procedures.

c) Implementation: "Implementation" or "implemented" or "has implemented" means the development and activation of a trauma care system plan by the Local Emergency Medical Services (EMS) Agency, including the actual triage, transport, and treatment of trauma patients in accordance with the plan.

d) Injury Severity Score: "Injury Severity Score" or "ISS" means the sum of the squares of the Abbreviated Injury Scale score of the three most severely injured body regions.

e) Major Trauma Patient: "Major Trauma Patient" means a patient deemed a Major Trauma Patient under the trauma triage criteria set forth in the Local EMS Agency's policies and procedures, as may be amended from time to time.

f) Napa County EMS Agency: "Napa County Emergency Medical Services Agency" means the Local EMS Agency that was established by the Napa County Board of Supervisors (BOS), to among other responsibilities, establish a trauma care system. Napa County EMS Agency is referred to throughout the Agreement as "COUNTY".

g) On-Call: "On-call" means agreeing to be available to respond to the trauma center in order to provide a defined service.

h) Promptly Available: "Promptly" or "promptly available" means:

1) Responding without delay when notified and requested to;

2) Respond to the HOSPITAL; and

3) Being physically available to the specified area of the trauma center within a period of time that is medically prudent and in accordance with COUNTY policies and procedures.

i) Qualified Specialist: "Qualified specialist" or "qualified surgical specialist" or "qualified non-surgical specialist" means a physician licensed in California who is board certified in a specialty by the American Board of Medical Specialties (ABMS), the Advisory Board for Osteopathic Specialties (AOA BOS), a Canadian board, or other appropriate foreign specialty board as determined by ABMS for that specialty.

1) A non-board-certified physician may be recognized as a "qualified specialist" by the COUNTY upon substantiation of need by a Trauma Center if:

a) The physician can demonstrate to the appropriate hospital body and the hospital is able to document that he/she has met requirements which are equivalent to those of the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada;

b) The physician can clearly demonstrate to the appropriate hospital body that they have substantial education, training, and experience in treating and managing trauma patients which shall be tracked by the trauma quality improvement program; and

c) The physician has successfully completed a residency program.

j) Receiving Hospital: "Receiving Hospital" means a licensed general acute care hospital with a special permit for stand-by, basic, or comprehensive emergency service, which has not been designated as a Trauma Center according to this section, but has been formally assigned a role in the trauma care system by COUNTY.

k) Service Area: "Service area" means that geographic area defined by COUNTY in its trauma care system plan as the area served by a designated trauma center.

l) Trauma Audit Program: "Trauma Audit Program" means the audit program established by COUNTY, including the Prehospital Trauma Audit Committee (Pre-TAC) and the Trauma Audit Committee (TAC), that are responsible for auditing the trauma care system, making recommendations for system improvements, and functioning in an advisory capacity on other trauma system issues as set forth in COUNTY policies and procedures.

m) Trauma Care System: "Trauma care system" or "trauma system" or "inclusive trauma care system" means a system that is designed to meet the needs of all injured patients. The system shall be defined by COUNTY in its trauma care system plan as described in Section

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100256 of the California Code of Regulations, Title 22, Division 9: Prehospital Emergency Medical Services.

n) Level III Trauma Center: "Level III Trauma Center" means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which has been designated or re-designated as a Level III, adult Trauma Center by COUNTY, in accordance with Articles 2 through 5 of Chapter 7.

o) Trauma Center Services: "Trauma Center Services" means services meeting or exceeding the minimum standards for a Level III Trauma Center as set forth in applicable laws, regulations and guidelines established by the State of California or COUNTY as amended from time to time, and in accordance with applicable policies and procedures of COUNTY.

p) Trauma Registry: "Trauma Registry" means the computer information system maintained by HOSPITAL and other designated Trauma Centers which captures pertinent injury, treatment, and outcome data for the trauma system.

q) Trauma Resuscitation Area: "Trauma Resuscitation Area" means a designated area within HOSPITAL where trauma patients are evaluated upon arrival.

r) Trauma Service: "Trauma service" is a clinical service established by the organized medical staff of HOSPITAL that has oversight and responsibility of the care of the trauma patient. It includes but is not limited to direct patient care services, administration, and as needed, support functions to provide medical care to injured persons.

s) Trauma Team: "Trauma team" means the multidisciplinary group of personnel who have been designated to collectively render care for trauma patients at HOSPITAL. The trauma team consists of physicians, nurses, and allied health personnel. The composition of the trauma team may vary in relationship to severity of injury which leads to trauma team activation.

t) Trauma Triage Criteria: "Triage criteria" means a measure or method of assessing the severity of a patient's injuries that is used for patient evaluation and that utilizes anatomic or physiologic considerations or mechanism of injury.

2. Level III Trauma Center Requirements

a) HOSPITAL shall include equipment and resources necessary for initial stabilization and personnel knowledgeable in the treatment of adult and pediatric trauma. HOSPITAL shall have at least the following:

b) A trauma program medical director who is a qualified surgical specialist, whose responsibilities include but are not limited to, factors that affect all aspects of trauma care such as:

1) Recommending trauma team physician privileges;

2) Working with nursing administration to support the nursing needs of trauma patients;

3) Developing trauma treatment protocols;

4) Having authority and accountability for the quality improvement peer review process;

5) Correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet the standards of the quality improvement program; and

6) Assisting in the coordination of budgetary process for the trauma program.

c) A trauma nurse coordinator/manager who is a registered nurse (RN) with qualifications, including evidence of educational preparation and clinical experience in the care of adult and pediatric trauma patients, administrative ability, and responsibilities that include but are not limited to:

1) Organizing services and systems necessary for the multidisciplinary approach to the care of the injured patient;

2) Coordinating day-to-day clinical process and performance improvement as pertains to nursing and ancillary personnel, and

3) Collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative, and outreach activities of the trauma program.

d) A trauma service which can provide for the implementation of the requirements specified in this Section and provide for coordination with COUNTY.

e) The capability of providing prompt assessment, resuscitation, and stabilization to trauma patients.

f) The ability to provide treatment or arrange for transportation to a higher-level Trauma Center as appropriate.

g) An emergency department, division, service or section staffed so that trauma patients are assured of immediate and appropriate initial care.

h) Intensive Care Service (ICU):

1) ICU shall have appropriate equipment and supplies as determined by the physician responsible for the intensive care service and the trauma program medical director;

2) ICU shall have a qualified specialist promptly available to care for trauma patients in the intensive care unit. The qualified specialist may be a resident with two (2)

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years of training who is supervised by the staff intensivist or attending surgeon who participates in all critical decision making; and

3) The qualified specialist in (2) above shall be a member of the trauma team;

i) A trauma team, which will be a multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.

j) Qualified surgical specialist(s) who shall be promptly available:

1) General;

2) Orthopedic; and

3) Neurosurgery (can be provided through a transfer agreement).

k) Qualified non-surgical specialist(s) or specialty availability, which shall be available as follows:

1) Emergency medicine, in-house and immediately available; and

2) Anesthesiology, on-call and promptly available with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives. This requirement may be fulfilled by senior residents or certified registered nurse anesthetists (CRNA) who are capable of assessing emergent situations in trauma patients and of providing any indicated emergent anesthesia treatment and are supervised by the staff anesthesiologist. In such cases, the staff anesthesiologist on-call shall be advised about the patient, be promptly available at all times, and be present for all operations.

3) The following services shall be in-house or may be provided through a written transfer agreement:

a) Burn care;

b) Pediatric care; and

c) Rehabilitation services.

l) The following service capabilities:

1) Radiological service. The radiological service shall have a radiological technician promptly available.

2) Clinical laboratory service. A clinical laboratory service shall have:

a) A comprehensive blood bank or access to a community central blood bank; and

b) Clinical laboratory services promptly available.

3) Surgical service. A surgical service shall have an operating suite that is available or being utilized for trauma patients and that has:

a) Operating staff who are promptly available; and

b) Appropriate surgical equipment and supplies requirements which have been approved by COUNTY.

l) Written transfer agreements with Level I or II Trauma Centers, Level I or II pediatric Trauma Centers, or other specialty care centers, for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.

m) An outreach program, to include:

1) Capability to provide both telephone and on-site consultations with physicians in the community and outlying areas; and

2) Trauma prevention for the general public.

n) Continuing education. Continuing education in trauma care shall be provided for:

1) Staff physicians;

2) Staff nurses;

3) Staff allied health personnel;

4) EMS personnel; and

5) Other community physicians and health care personnel.

3. <u>Scope of Hospital Services</u>

a) HOSPITAL will provide Trauma Center services meeting or exceeding the minimum standards for a Level III Trauma Center as set forth in applicable laws, regulations, and guidelines established by the State of California and COUNTY, as amended from time to time, and in accordance with applicable policies and protocols of COUNTY and the terms and conditions set forth in this Agreement. In the event of any inconsistency among these documents, preference shall be given in the following order:

1) Laws and regulation of the United States of America (USA) and of the State of California (CA);

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2) Guidelines of the State EMS Authority;
3) COUNTY plans, policies, and protocols; and
4) The terms and conditions of this Agreement.

b) HOSPITAL shall provide Trauma Center Services to Major Trauma Patients, throughout the full period of inpatient HOSPITAL care, regardless of patients' ability to pay physician fees and/or HOSPITAL costs, unless the Major Trauma Patient is transferred pursuant to paragraph 4(c) below.

c) HOSPITAL shall transfer Major Trauma Patients to other facilities only when medically appropriate or as may be requested or required by a Major Trauma Patient or their health plan or other applicable third-party payor. A Major Trauma Patient may not be transferred or referred to another facility for outpatient services, due to the patient's inability to pay physician fees and/or HOSPITAL costs. A Major Trauma Patient may be transferred based on the requirements of the patient's health plan or other applicable third-party payor but only if the patient's medical condition so permits, as determined by the attending trauma physician. Any transfer of a Major Trauma Patient must be in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA) (42 U.S.C. § 1 395dd) and the regulation promulgated thereunder.

d) HOSPITAL shall maintain an adequate number of physicians, surgeons, nurses, and other medical staff possessing that degree of learning and skill ordinarily possessed by medical personnel practicing in the same or similar circumstances.

e) HOSPITAL shall notify COUNTY in writing, in advance when possible, of any change lasting more than forty-eight (48) hours in any of the capabilities or resources, including personnel. If advance notification is not possible, HOSPITAL shall notify the COUNTY immediately upon HOSPITAL having knowledge of any changes in any of the listed capabilities and resources and in all instances, follow-up written notification shall be required as soon as possible but no later than one (1) business day from the time that HOSPITAL becomes aware of such changes. Notwithstanding the foregoing, HOSPITAL shall immediately notify COUNTY of any matter, regardless of duration, which impairs the HOSPITAL's ability to provide Level III Trauma Center Services, or is likely to cause diversion of trauma patients to another facility. COUNTY shall determine whether the change is likely to have a material effect upon HOSPITAL's ability to meet the minimum standards set forth in applicable State guidelines, or this Agreement. If COUNTY determines that the change is likely to have a material effect upon HOSPITAL's ability to meet the applicable standards, COUNTY shall notify HOSPITAL of its determination, and HOSPITAL shall have thirty (30) days to comply with the standard. Material failure to comply with such standards shall constitute grounds for revocation if COUNTY determines that a change has resulted in an immediate threat to the public health and safety, COUNTY may immediately suspend the Trauma Center designation, effective upon notice to HOSPITAL.

f) HOSPITAL shall actively and cooperatively participate in COUNTY's Trauma Audit Program, including participation on the Prehospital Trauma Audit Committee (Pre-TAC) and

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Trauma Audit Committee and such other related committees that may, from time to time, be named and organized by COUNTY.

g) HOSPITAL will participate as requested by COUNTY in a Trauma Registry and in research and/or evaluative studies designed to determine the effectiveness of HOSPITAL services or to provide information about HOSPITAL's services to Major Trauma Patients. HOSPITAL will participate in the integration and transmission of electronic data to the State Emergency Medical Services Authority's ("EMSA") Trauma database. HOSPITAL is responsible for all costs related to the implementation, operation and maintenance of the Trauma Registry.

h) HOSPITAL shall obtain COUNTY's written approval prior to entering agreements for providing trauma services to residents outside Napa County, or other government entities and prehospital care providers, including air ambulance service providers. Such approval shall not be unreasonably withheld. This Section shall not apply to standard payment agreements with health plans or other third-party payors.

i) HOSPITAL shall cooperate with COUNTY in performance of its obligations under this Agreement.

j) Throughout the term of this Agreement, HOSPITAL shall maintain its status as a base HOSPITAL pursuant to a written contract with COUNTY.

k) HOSPITAL's staff will participate in the continuing development of trauma care systems at the County, regional, state, and national levels. HOSPITAL's staff shall attend educational, and training programs as may be requested from time to time by COUNTY Administrator.

4. <u>Quality Improvement</u>

a) HOSPITAL shall have a quality improvement process to include structure, process, and outcome; evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process. In addition, the process shall include:

1) A detailed audit of all trauma-related deaths, major complications and transfers (including interfacility transfers);

a) A multidisciplinary trauma peer review committee that includes all members of the trauma team;

b) Participation in the trauma system data management system;

c) Participation in the local COUNTY trauma evaluation committee; and

d) HOSPITAL shall have a written system in place for patients, parents of minor children who are patients, legal guardian(s) of children who are patients

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and/or primary caretaker(s) of children who are patients to provide input and feedback to HOSPITAL staff regarding the care provided to the child.

e) HOSPITAL shall follow applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality.

5. **Interfacility Transfer of Trauma Patients**

a) HOSPITAL may transfer patients to, or receive patients from other Trauma Centers providing that:

1) Any transfer shall be, as determined by the Trauma Center surgeon of record, medically prudent; and

2) In accordance with COUNTY interfacility transfer policies.

b) HOSPITAL shall have written transfer agreements with Trauma Centers. HOSPITAL shall develop written criteria for consultation and transfer of patients needing a higher level of care.

c) HOSPITAL which has repatriated trauma patients from another Trauma Center shall provide the information required by the system trauma registry, as specified by COUNTY policies, to the transferring Trauma Center for inclusion in the system trauma registry.

d) HOSPITAL receiving trauma patients shall participate in system and trauma center quality improvement (QI) activities for those trauma patients who have been transferred.

END OF EXHIBIT A – NO OTHER EXHIBITS

EXHIBIT 5 TO

SECTION 999.5(d)(5)(I)

INDEPENDENT CONTRACTOR SERVICES AGREEMENT

This Independent Contractor Services Agreement ("Agreement") is made and entered into as of January1, 2024 (the "Effective Date") by and between St. Joseph Health Northern California, LLC., d.b.a. Providence Queen of the Valley Medical Center ("Hospital"), and Napa County Health & Human Services, Public Health Division ("Contractor"). The parties named herein may be referred to individually as a "Party" and collectively as the "Parties".

RECITALS

A. Hospital is a California limited liability company that operates a general acute care facility accredited in accordance with the standard of the Hospital's accreditation agency and licensed by the California Department of Public Health.

B. Contractor is a corporation operating as an independent contractor under this Agreement and is occasionally in need of services from other independent contractors to facilitate its training operations in general and in particular providing lactation and breastfeeding training practice and observation for its staff ("Employee Trainees")

C. Hospital operates clinical facilities within Hospital and as such has Board Certified Lactation Consultants which are suitable for training of Contractor's Employee Trainees.

D. The purpose of this Agreement is to set forth the terms and conditions pursuant to which Hospital shall provide lactation and breastfeeding support and training to Contractor's Employee Trainees.

AGREEMENT

NOW, THEREFORE, in consideration of mutual covenants and promises set forth herein and for such other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. SERVICES AND RESPONSIBILITIES OF HOSPITAL

1.1 Provision of Services. Hospital agrees to provide the Services described in **Exhibit A** (the "Services"), attached hereto and incorporated herein by reference. Hospital agrees that employees of Hospital and members of the Medical Staff shall perform training of Contractor Employee Trainees.

1.2 Service Standard. Hospital agrees that Services shall be provided in a competent, efficient, safe and effective manner as described herein.

1.3 Removal of Employee Trainees. Hospital shall have the absolute right to determine who will administer care to its patients. In the event that any Employee Trainee, in the sole discretion of Hospital, fails to perform satisfactorily, fails to follow Hospital policies, procedures and regulations, or fails to meet Hospital standards for health, safety, security, cooperation or ethical behavior, Hospital shall have the right to request that Contractor immediately withdraw the Employee Trainee from the training. Notwithstanding the foregoing, in the event of any emergency or if any Employee Trainee represents a threat to patient safety or personnel, Hospital may immediately exclude any employee trainee from Hospital until final resolution of the matter with Contractor.

2. QUALIFICATIONS AND RESPONSIBLITIES

2.1 General Qualifications. Hospital shall have the licensure and its employees shall have the education, training, licensure, certification and experience necessary to provide Services.

2.2 Number of Employee Trainees. Contractor shall notify Hospital of Employee Trainees who shall participate in training at Hospital in such numbers as agreed upon by Hospital. Contractor shall provide Contractor's scope of practice and/or training curriculum to Hospital prior to Employee Training. All Contractor Employee Trainees accepting Services must be approved in writing by Hospital prior to training. Hospital shall have the right to withhold or withdraw its approval of the assignment of any Employee Trainees at any time if Hospital, in its sole discretion, concludes that such assignment might be harmful to Hospital patients or otherwise interfere with Hospital's operations.

2.3 Health Clearances and Background Check. Contractor, at no cost to Hospital, shall ensure that Contractor and each Employee Trainee complies with Hospital's requirements for immunizations, tests, certification, and required education, including but not limited to the requirements as described in **Exhibit B** (the "CA Contractor Health Requirements and HR Pre-Assignment Screening Standards"), attached hereto and incorporated herein by reference. All screens are subject to the review and approval of the Hospital Human Resources and Caregiver Health Services departments, and such approvals may be withheld at Hospital's sole discretion. In addition, Contractor shall ensure that Contractor and each Employee Trainee has medical clearance to perform all tasks and physical demands required as part of providing Services pursuant to this Agreement, either with or without reasonable accommodations. Contractor agrees to immediately remove Contractor's Employee Trainees, agents, contractors, and/or subcontractors suspected of alcohol/drug use or diversion and shall suspend any such Contractor's Employee Trainees, agents, contractors, and/or subcontractors from Hospital's account or any Hospital affiliate. In addition, Contractor shall not reassign Contractor's Employee Trainees, agents, contractors, and/or subcontractors without Hospital's prior written consent and such consent shall be in Hospital's sole and absolute discretion. Contractor shall not assign individuals to Hospital and shall immediately remove any individuals that have been identified as being debarred, excluded or under sanction by federal or state governmental agencies.

2.4 Occupational Safety and Health Administration ("OSHA") Compliance. Contractor's Employee Trainees shall comply with OSHA regulations concerning occupational exposure to Bloodborne Pathogens, Contractor shall have the following in effect if on-site access to Hospital facility is required pursuant to this Agreement:

2.4.1 Record of Contractor and Contractor's Employee Trainees (employees, agents, contractors, and subcontractors hereinafter collectively referred to as "Employee Trainees") having or likely to have direct exposure to blood/other potentially infectious fluids.

2.4.2 Record of Contractor's Employee Trainees' participation in an education and training program upon orientation and annually thereafter. The training program shall contain the following elements: (i) explanation of epidemiology, clinical presentation, modes of transmission of Hepatitis B Virus ("HBV") / Human Immunodeficiency Virus ("HIV"); (ii) information on HBV vaccine, efficacy, safety and benefits; (iii) explanation of use and limitations of methods of control which may prevent/reduce exposure, including the universal precautions, personal protective equipment, and work practices; (iv) infectious waste handling and disposal;

(v) explanation of "biohazard"/ biological hazard symbol and color-coded systems for identification of biological hazard; and (vi) explanation of procedure to follow if an exposure incident occurs and available medical follow-up.

2.4.3 Record of Contractor's Employee Trainees' vaccination series, positive Hepatitis B surface or core antibodies, or declination of HBV vaccine.

2.4.4 Personal Protective Equipment. Contractor's Employee Trainees as appropriate may be required to utilize Personal Protective Equipment ("PPE"), including but not limited to, N95 rated respirators ("N95") and/or Powered Air Purifying Respirators ("PAPR") while assigned to Hospital. Contractor's Employee Trainees agrees to participate, including medical clearance of use, training, fit testing, assignment and utilization of such equipment as may be required. Furthermore, Contractor's Employee Trainees agrees to the proper use of PPE and shall abide by Hospital provided instruction and training, which may include elements required by the California/Occupational Safety and Health Administration ("Cal/OSHA") Respiratory Protection Standard.

2.5 Hospital Policies and Procedures. Contractor shall ensure that each Employee Trainee is aware of and understands all applicable Hospital policies and procedures and shall require every Employee Trainee conform to all such Hospital policies, procedures, regulations, standards for health, safety, cooperation, ethical behavior, and any additional requirements and restrictions agreed upon by representatives of Hospital and Contractor. Contractor shall instruct Employee Trainees that they are not permitted to interfere with the activity or judgment of the health care providers at Hospital in administering care to patients in the context of training.

3. RELATIONSHIP OF PARTIES

3.1 Independent Contractor. In the performance of the work, duties and obligations devolving upon it under this Agreement, it is understood and agreed that Contractor shall be and at all times is acting and performing as an independent contractor. Hospital shall neither have nor exercise any control or direction over the methods by which Contractor shall perform its work and functions; that Contractor does, by this Agreement, agree that Contractor will perform its work and functions at all times in strict accordance with currently approved methods and practices that are generally accepted industry standards. The sole interest of Hospital is to ensure that Services shall be performed in a competent, efficient and satisfactory manner. No relationship of employer and employee, joint venture, or partnership is created by this Agreement and neither Contractor nor anyone performing Services for Contractor pursuant to this Agreement, whether as an employee, independent contractor, subcontractor or otherwise, shall have any claim under this Agreement or otherwise against Hospital for any salary, vacation pay, sick leave, retirement benefits, Social Security, Worker's Compensation, disability , life insurance, pension and annuity benefits, educational allowances, professional membership dues, or unemployment benefits. Contractor shall indemnify and hold harmless Hospital from any and all liability for fees, compensation, wages and benefits for itself or its staff and from taxes on Contractor's or its Employee Trainee's income and other costs and expenses of an employer that Hospital would incur if, contrary to the Parties' intention, Contractor or its staff are determined to be employees of Hospital.

3.2 Patient Care. Pursuant to the California Code of Regulations ("CCR"), Title 22, Section 70713, Contractor understands and agrees that Hospital with its Medical Staff retains professional and administrative responsibility for services rendered to Hospital patients. Further, Contractor shall conduct its activities in providing Professional Services hereunder consistent with relevant laws and regulations, the Medical Staff Bylaws, the Medical Staff Rules

and Regulations, Hospital policies and procedures, Emergency Medical Treatment and Active Labor Act ("EMTALA"), CCR Title 22, the standards and requirements under the Hospital's accreditation agency, professional standards, and only applicable to St. Joseph Health Northern California LLC, the philosophy and values and the Ethical and Religious Directives for Catholic Health Facilities. The Parties understand and agree that this provision is intended to fulfill requirements of the Hospital's accreditation agency and state law and is not intended to modify the independent contractor relationship nor indemnification requirements between the Parties herein. In addition, Contractor and any individuals assigned, by Contractor to Hospital, acknowledge and understand the requirements for reporting suspected abuse.

3.3 Non-Exclusivity. Each Party understands and agrees that the provision of Services pursuant to the terms of this Agreement does not in any way constitute an exclusive arrangement and that either Party may contract for similar services at any time.

4. TERM AND TERMINATION

4.1 Term. The term of this Agreement shall commence as of the Effective Date and shall continue for five (5) years unless terminated sooner as provided for herein.

4.2 Termination without Cause. Either Party may terminate this Agreement at any time and for any reason upon at least thirty (30) days prior written notice to the other Party. To the extent reasonably possible and at its sole discretion, Hospital will attempt to limit the termination of this Agreement allowing the completion of the Program(s) by Contractor's Employee Trainees for the current academic semester/quarter by any student who, at the date of mailing of said notice of Termination by Hospital, was satisfactorily participating in the Program(s).

4.3 Termination for Cause. Hospital may terminate this Agreement immediately for cause in the event that Contractor (a) files for bankruptcy, is adjudicated bankrupt or has a receiver appointed for substantially all of its assets; (b) becomes insolvent or suspends business; (c) has any license or certifications required in order to carry out its duties under this Agreement revoked, suspended or otherwise restricted; (d) fails to cure a material breach of this Agreement within ten (10) days after written notice by Hospital specifying the nature of such material breach providing Contractor the opportunity to cure the material breach during such period, provided however that such right to cure shall not be applicable to a series of the same, or similar, or related breaches. A material breach of this Agreement shall include, without limitation, violation of any federal, state or local laws, regulations, rule, statutes, or ordinances related to the Services and any requirements necessary to provided Services; or if Hospital (e) no longer is able to carry out its duties and provide the Service for which this Agreement was entered into; (f) receives a written opinion from Hospital's legal counsel that this Agreement may adversely affect the ability of Hospital and/or any of its affiliates to obtain or maintain tax-exempt financing.

5. INSURANCE AND INDEMNIFICATION

5.1 Insurance. Contractor shall maintain in full force and effect continuous policies of coverage and ensure that all Employee Trainees maintain professional liability insurance coverage (either independently or as an additional insured on Contractor's policy) at a minimum of One Million Dollars ($1,000,000) per occurrence and Three Million Dollars ($3,000,000) in aggregate throughout the entire course of this Agreement, commencing with the Effective Date and shall continue through the term of this Agreement, any extensions and/or renewals thereof, and for a period thereafter of no less than three (3) years. Further, Contractor agrees to

maintain in full force and effect continuous policies of professional and comprehensive commercial general liability insurance at a minimum of One Million Dollars ($1,000,000) per occurrence and Three Million Dollars ($3,000,000) in aggregate throughout the entire course of this Agreement, commencing with the Effective Date and shall continue through the term of this Agreement, any extensions and/or renewals thereof, and for a period thereafter of no less than three (3) years. Further, Contractor shall maintain workers' compensation insurance as required by applicable State Law and employers' liability insurance, in the event of an injury received while working in or about Hospital. Contractor Employee Trainees who are not eligible for Workers' Compensation benefits shall be advised of their individual responsibility to carry extended health insurance. Nothing in this Section or any subsequent Sub-Sections be construed to limit the legal rights of the Hospital, limit Contractor's and/or Employee Trainee's liability, or be constituted as a waiver of any of the benefits of a statute of limitations or equitable defense by Hospital. If Contractor is a Business Associate under HIPAA/HITECH then Contractor shall also maintain cyber liability insurance including third party coverage of one million dollars ($1,000,000) and notification/breach response coverage of five hundred thousand dollars ($500,000).

5.1.1 If excess or umbrella liability insurance, over the primary policy, is used to meet limit requirements in Sections 5.1, such excess or umbrella liability insurance coverage shall follow primary policy and provide additional coverage at least as broad as specified in the underlying primary policy. The excess or umbrella liability insurance policy shall contain a clause stating that it takes effect and thereby drops down in the event the primary policy limits are impaired or exhausted.

5.1.2 In the event any coverage required in Section 5.1 are through a "claims made" policy and is either canceled, non-renewed, or should Contractor and/or Employee Trainees replace and bind coverage with a different carrier for any reason, Contractor and/or Employee Trainees shall, take the necessary actions required in order to provide continuous coverage by either obtaining "tail" insurance from the preceding carriers or "nose" insurance from the subsequent carriers. In order to satisfy the requirements of Section 5.1, the "tail" insurance must be of either an unlimited type or of the type which would extend the discovery period beyond the last effective day of the Agreement between the Parties for a period of three (3) years. In order to satisfy the requirements of Section 5.1 for "nose" insurance, the retroactive effective date for such insurance must be at least the first date of the relevant term noted above.

5.1.3 Contractor shall ensure that all such policies provide for notification to Hospital at least thirty (30) days in advance of any material modification or cancellation of such coverage. Contractor shall provide certificates evidencing all coverage referred to in this section within five (5) days of execution of this Agreement and thereafter, on an annual basis except that, with respect to Employee Trainees, such evidence will be provided prior to the date when any new Employee Trainee commences participation in the training.

5.1.4 In the event Contractor and/or Employee Trainees fail to procure, maintain or pay for said insurance as required herein, Hospital shall have the right, but not be obligated to, obtain such insurance. In such event, Contractor and/or Employee Trainees shall reimburse Hospital for the cost thereof and failure to repay the same upon demand by Hospital shall constitute a material breach hereunder.

5.1.5 Hospital shall be named or endorsed to name Hospital on all policies required under this Agreement as an additional insured.

5.1.6 All insurance coverage required hereunder shall be written with insurance carriers, which have an A.M. Best rating of A:VIII or better or a qualified program of self-insurance.

5.1.7 Contractor shall maintain the ability to self-insure so long as the coverage and limits described herein are met. It should be expressly understood, however, that the coverage of self-insurance required hereunder shall not in any way limit the liability of Contractor. Certificates evidencing such coverage of self-insurance shall include: (a) Certificate of Consent to Self-Insure and (b) Certificate of Authority. Any lapse of insurance shall be considered a default under the terms of this Agreement.

5.2 Indemnification. Contractor shall indemnify, defend and hold harmless Hospital, its parents and subsidiaries and their respective officers, directors, trustees, employees and agents, from and against any claim, demand, liability, loss, judgment, settlement, suit, action, cost or expense, including reasonable attorneys' fees, arising out of or incident to this Agreement.

5.3 Cooperation in Litigation, Investigation and Review. Contractor shall cooperate with Hospital's requests for assistance in the event of litigation, administrative proceedings, and/or dispute resolution brought against Hospital, its directors, officers, or employees related to this Agreement arising directly or indirectly from Services under this Agreement. Furthermore, Contractor shall make available to Hospital, any and all documentation, testimony, and all other relevant information, as required to fulfill the obligations of this section except where Contractor is named as an adverse party. Failure to comply with the requirements of this section shall constitute a material breach of this Agreement and shall provide grounds for immediate termination. Nothing contained in this section shall be construed as a waiver by Hospital of any legal rights of confidentiality with respect to patient information, records, and proprietary information. No permission is hereby granted to Contractor for access to any Hospital records. Contractor shall, during normal business hours and as often as Hospital and/or any agent of the Federal, State, and/or Local government may deem necessary, make available for examination and/or duplication all of its records with respect to all matters covered by this Agreement. Contractor acknowledges that the above-named entities shall have the right to observe, monitor, evaluate, audit, examine, and investigate all activities of Contractor and its employees, agents, contractors, and subcontractors associated with this Agreement.

6. GENERAL PROVISIONS

6.1 Confidentiality. Contractor and each of its employees, agents and contractors shall comply with all applicable laws regarding the confidentiality of patient information including but not limited to the regulations under the Health Information Portability and Accountability Act ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") as set forth in **Exhibit C** ("Business Associate Agreement"), attached hereto and incorporated herein by this reference, and regulations promulgated thereunder (including without limit the HIPAA Regulations, the HITECH Act, the Privacy Rule, and the Security Rule) by the U.S. Department of Health and Human Services (collectively referred to as "HIPAA Regulations") and other applicable State and Federal laws, regulations, and statutes as it may be amended and interpreted from time to time, in accordance with Hospital's written notification and guidance given to Contractor regarding the interpretation of such applicable regulations. Notwithstanding the foregoing, if any amendments, changes or modifications to any regulations relating to HIPAA Regulations result in any changes, such changes shall be implemented and incorporated into this Agreement. The Parties specifically agree to take actions necessary to implement the standards and requirements of the HIPAA Regulations and other applicable State

and Federal laws, regulations, and statutes. The Parties acknowledge and agree that any such applicable laws, regulations, and statues shall automatically be amended such that the HIPAA Regulations herein remains in compliance with such laws, regulations, and statues. Failure to abide by these HIPAA Regulations shall be cause for termination of this agreement. All information related to Hospital business and non-public information that is disclosed or becomes known as a consequence of or through its activities under this Agreement including, but not limited to, personnel information, matters of a business nature, and prospective names and information, bill rates, salary, compensation requests for placement, costs, profits, margins, markets, sales, business processes, products, processes, purchases, plans, information systems, business plans, projections and strategies, contracting and managed care strategies and information, past and present methods, procedures and techniques used in conducting and enhancing operations and any other information of a similar nature and including the contents of this Agreement shall be treated as confidential by Contractor and each of its employees, agents and contractors and shall not be disclosed to any third party without the prior written consent of Hospital unless otherwise required by law. This Agreement imposes no obligations on Contractor with respect to information that: (a) was in Contractor's possession before receipt from Hospital; (b) is or becomes a matter of public knowledge through no fault of Contractor; (c) is rightfully received by Contractor from a third party without a duty of confidentiality; (d) is disclosed by Hospital to a third party without a duty of confidentiality on the third party; (e) is independently developed by Contractor; or (f) is disclosed under operation of law. This provision shall survive the expiration or termination of this Agreement.

6.2 Compliance. Contractor acknowledges and agrees to abide by Hospital's Integrity and Compliance Program ("ICP") and acknowledges that copies of the policies, procedures and handbooks describing the ICP are available to Contractor at Hospital's compliance program website (https://www.providence.org/about/integrity-and-compliance). This ICP is intended to prevent compliance violations and to promote education related to fraud, abuse, false claims including but not limited to the Deficit Reduction Act provisions, excess private benefit and inappropriate referrals. Contractor hereby agrees, that it shall promptly report any regulatory compliance concerns either to an appropriate Hospital manager or through the Hospital's Integrity Hotline (1-888-294-8455), or Hospital's confidential program website: https://secure.ethicspoint.com/domain/media/en/gui/39016/index.html made available by Hospital to submit a report or follow up on a report already submitted online. Failure to abide by the ICP compliance requirements shall give Hospital the right to terminate this Agreement immediately at its sole discretion.

6.3 Assignment. Contractor shall not subcontract, assign its rights or delegate its duties under this Agreement without the prior written consent of Hospital. This Agreement shall be binding on and inure to the benefit of successors and permitted assigns of each Party.

6.4 Attorneys' Fees. In any dispute between the Parties arising out of this Agreement, the prevailing party shall be awarded its attorney fees and costs (including allocated costs of in-house counsel) incurred in connection with the dispute, including fees and costs incurred in any appeal, in addition to any other relief granted. All such costs and attorney fees shall be deemed to have accrued on commencement of any legal action or proceeding and this section shall be enforceable whether or not such legal action or proceeding is prosecuted to judgment. For purposes of this section, and to the fullest extent permitted by law, "prevailing party" includes a party against whom a legal action is filed and is later voluntarily dismissed in whole or in part, regardless of the reason or motivation for such dismissal.

6.5 Entire Agreement; Amendment. This Agreement including the attachments and exhibits hereto contains the complete and full agreement between the Parties hereto with

respect to the subject matter hereof and shall supersede all other, prior, or contemporaneous agreements, understandings, promises, or negotiations, whether written or oral relative to the subject matter hereof by and between the Parties. No other agreements, representations, warranties or other matters, whether written or oral, purportedly agreed to or represented by or on behalf of either Party by any of its agents, employees, contractors, or representatives acting under their control shall be deemed to bind the Parties hereto with respect to the subject matter hereof. This Agreement may be modified or amended but only by an instrument in writing mutually agreed upon and signed by both Parties to the Agreement. The Parties agree to amend this Agreement to the extent reasonably necessary for Hospital or its affiliates to comply with its tax-exempt bond obligations and covenants, to maintain tax-exempt status, and to qualify for tax-exempt financing. The Parties acknowledge and agree that each Party's authorized signatory is acting under their respective Party's control and each Party's authorized signatory is executing this Agreement in the capacity only as its respective Party's agent and representative.

6.6 Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original but such counterparts together shall constitute one and the same instrument. The Parties hereby acknowledge and agree to accept handwritten signatures transmitted by Facsimile ("Fax") or by Electronic Mail ("E-mail"), as an attached PDF or similar document, or any other electronic reproduction of the original signed document intended to preserve the original graphics and pictorial appearance of a document will have the same legal binding force and effect as physical execution and delivery of original document(s) bearing the original handwritten signature(s). Further the Parties intend to rely on such signature(s) transmitted electronically as being legal and binding as if an original, in whole or counterpart, had been delivered, by overnight courier service, mail, or in person, having the same protection as provided under the Electronic Signatures in Global and National Commerce Act ("E-SIGN") (Public Law 106-229). The signatory's name and title must be: (a) presented in printed or typed form preferably immediately below or adjacent to the signature and (b) reasonably specific and legible enough so that the identity of the signatory can be readily recognized.

6.7 Notices. Any and all notices permitted or required by this Agreement shall be made in writing and shall be deemed to have been duly given (a) on the date personally delivered; (b) three (3) business days after being mailed through the United States Postal Service registered or certified mail with postage prepaid and return receipt requested; (c) transmitted electronically either by Fax or E-mail with a reproduction of the original document as an attached PDF or similar document, sent to the recipient during recipient's normal working hours, with proof of its delivery; or (d) one (1) business day after being sent by a nationally recognized overnight courier service, properly addressed as follows or such other address as may later be designated by the Parties by a written notice thereof to the other Party:

HOSPITAL:	Providence Queen of the Valley Medical Center 1000 Trancas Street Napa, CA 94558 Attn: Community Health & Perinatal Health Ed.
With a Copy to:	St. Joseph Health Northern California, LLC. 1165 Montgomery Drive Santa Rosa, CA 95405 Attn: Regional Contracting Department
CONTRACTOR:	Napa County Health & Human Services 2751 Napa Valley Corporate Dr.

Napa, CA 94558
Attn: Public Health Division

6.8 Severability. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable by Act of Congress, statute passed by the California Legislature, local ordinance, or any regulation duly promulgated by officers of the United States or of the State of California acting in accordance with law, or is declared null and void by any court of competent jurisdiction for any reason, the remainder of this Agreement shall be effective and binding upon the Parties.

6.9 Governing Law. This Agreement shall be governed by and interpreted in accordance with the laws of the State of California. Any action arising out of this Agreement shall be instituted and prosecuted only in a court of proper jurisdiction in Napa County, California.

6.10 Waiver. Any waiver, express or implied, of any terms, covenants and/or conditions hereof must be in writing and signed by the Parties hereto. A failure to insist upon performance of the terms and conditions of this Agreement, failure to exercise any right or privilege herein, or the waiver of any of the terms, covenants and/or conditions hereof shall not operate as or be construed as a waiver of any other terms, covenants and/or conditions hereof nor shall any waiver constitute a continuing waiver.

6.11 Captions, Gender, and Numbers. Captions used herein as headings of various articles and sections are for convenience only and shall not be construed to be part of this Agreement or used in construing this Agreement. Whenever the context hereof requires, the gender of all words shall include the masculine, feminine and neuter, and the number of all words shall include the singular and plural.

6.12 Force Majeure. The obligations of the Hospital to perform under this Agreement will be excused during each period of failure or delay of performance which results, directly or indirectly, caused by acts of God; earthquakes, floods, high waters, or other unpredictable natural hazard; by shortage of power or materials; not caused by Hospital's failure to timely perform it duties; any act of war, terrorism, or other civil conflict; by civil, governmental order, or military authority; by strike, lockout, or similar labor or public disturbances; by accidents; fires; or any other causes or events that are beyond the reasonable control of the Hospital to perform ("Force Majeure Event").

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the Effective Date, as first written above.

"HOSPITAL"

DocuSigned by:
By: Garry Olney
Garry Olney
Its: Chief Executive - Northern California Service Area
Date: 1/25/2024

DocuSigned by:
By: Stan. Moser
Stan Moser
Its: Interim CFO
Date: 1/23/2024

"CONTRACTOR"

By:
Jennifer Yasumoto, Director
Health and Human Service Agency

Tax ID No.: 94-60000525
Date: 3-21-24

Approved as to form:
County Counsel, by Jo Ann Iwasaki Parker
Deputy County Counsel by e-signature
January 17, 2024

EXHIBIT A

SERVICES

Hospital shall perform the following Services for Contractor's Employee Trainees at Hospital under direction.

- Provide in-person consultations, telephone consultations, or online breastfeeding and lactation care that supports breastfeeding families, including lactation assistance to pregnant and breastfeeding clients and lactation education to families and/or professionals. (https://ibclc-commission.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/#:~:text=Provide%20in%2Dperson%20consultations%2C%20telephone,to%20families%20and%2For%20professionals).

- Up to One Thousand (1000) hours of lactation specific clinical practice in an appropriate supervised setting within the five (5) years immediately prior to examination application.

- Clinical practice is to be obtained in an appropriate supervised setting, to include the following: Hospital, Birth Center, Community Clinic, Lactation Care Clinic/Practice, Primary Care Practitioner's Practice/Office. Clinical practice hours can be earned through independent practice as a licensed/registered healthcare professional in non-healthcare settings. (https://ibclc-commission.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/pathway-1/).

- For breastfeeding support counsellors from a Recognized Breastfeeding Support Counsellor Organization, clinical hours must be earned in a delivery setting which meets the following criteria:

  o Provide structured training programs for their counsellors which include comprehensive education in breastfeeding and lactation management;
  o Have a Code of Ethics or Professional Conduct;
  o Provide structured supervision for counsellors, with an appropriate level of training; and
  o Provide a continuing education program for counsellors…Whether a Recognized Health Professional or a breastfeeding support counsellor from a Recognized Support Counsellor Organization, the 1000 hours do not need to be directly supervised. (https://ibclc-commission.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/pathway-1/).

EXHIBIT B

CA CONTRACTOR HEALTH REQUIREMENTS

In supporting and creating healthier caregiver communities and to promote our vision of Health for a Better World, our contractor partners must have the following health requirements assessed before starting their training in any Providence St. Joseph Health facility or affiliate building where patients are treated or caregivers perform work.

Please provide documentation to your administrator to keep on file:

Health Requirement	Check
Annual Health Screen - Indicate free of infectious disease, able to work with or without accommodation (specify any accommodations needed) and signed by MD, DO, NP or PA	
Tuberculosis Testing -- Tuberculosis testing; IGRA or Q-Gold blood test or two-step tuberculin skin test current within the last 12 months, and annual as per ministry requirements. If history of positive please provide copies of chest x-ray results after positive TB test and medical clearance note from your provider.	
Measles, Mumps, Rubella (MMR) – Documentation of 2 MMR's at least four weeks apart after the age of one and/or positive laboratory titer or signed declination (Rubella is required in AK)	
Varicella (Chicken pox) – Documentation of 2 doses of varicella at least four weeks apart and/or positive laboratory titer or signed declination	
Hepatitis B (Hep B) -- Documentation of Hepatitis B vaccinations (series of 3 Engerix or Recombivax or 2 Heplisav) and positive laboratory titer or signed declination where required. (*Hep B vaccination is required in Alaska*)	
Tetanus, Diphtheria & Pertussis (Tdap) – Documentation of vaccination/booster or signed declination	
Annual influenza vaccine -- Documentation of vaccination or signed declination, including reason for declining. Must follow masking requirements of setting.	
COVID vaccination -- Documentation of updated (most current) COVID-19 vaccine or a written declination for medical or religious purposes. Please refer to local policy for masking requirements.	
Respirator Training -- Respiratory Protection (PAPR or N95 Fit Mask Testing), if required by setting or functions performed. If prior training is not for device provided by PH&S, PH&S will provide training/testing as appropriate.	

I understand the declination of some vaccines may limit the locations where I am able to work. I hereby attest that I provided my administrator all the necessary medical documentation as outlined above in order to meet the health requirements of Providence St Joseph Health. I have done this to protect myself, our patients, colleagues, and the community.

Signature	Printed Name	Date
Administrator Signature	Printed Name	Date

EXHIBIT B CONTINUED

HR PRE-ASSIGNMENT SCREENING STANDARDS

Type	Requirement	Description	Applicable to:
Human Resources	Application / Resume	Provide 7 years of employment history. If clinician does not have 7 years of employment history in their current specialty please provide any employment history available for the last 7 years.	All providers
Human Resources	Photo ID	Legible copy of valid government ID	All providers
Human Resources	I-9	Attestation provided stating current I-9 on file with supporting documentation and E-verify Employment Eligibility Verification is complete	All providers
Human Resources	Adult Abuse Registry Check	Completed prior to start, dependent on where employee has lived or worked	All Assignments
Human Resources	Background Check	Attestation of completion of County Resided and Employed search, FACIS level 3, OFAC, VSOP, Nat'l Criminal, SSN Trace - completed prior to start and updated every 3 years thereafter	All Assignments
Human Resources	Drug Screening	Standard 10 panel, completed within 12 months pre-start and updated annually	All Assignments
Human Resources	Reference and/or Employment Verification	Completed prior to start, covering 1 year of full time employment within the last 3 years	All Assignments
Human Resources	Skills Checklist	Completed prior to start, updated annually	All Assignments

EXHIBIT C

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement") is entered into by and between Providence St. Joseph Health on behalf of itself and its Affiliated Entities as defined in this Agreement, and their current and future subsidiaries and affiliates ("collectively referred to hereinafter as PSJH"), and Napa Valley Health & Human Services, Public Health Division ("Business Associate"), including all current and future lines of business, affiliates, and subsidiaries, on October 23, 2023 ("Effective Date"). PSJH and Business Associate are collectively referred to as the "Parties". This Agreement replaces and supersedes any and all prior business associate agreements between the Parties.

RECITALS

WHEREAS, PSJH is a covered entity and Business Associate is a business associate as such terms are defined under the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act ("HIPAA/HITECH") regarding the confidentiality and privacy of Protected Health Information (PHI); and

WHEREAS, Business Associate has entered or may enter into agreement(s) with PSJH ("Service Agreement") pursuant to which Business Associate will render services to, for or on behalf of PSJH which may involve Business Associate's use, disclosure or creation of PHI on behalf of PSJH; and

WHEREAS, the provisions of this Agreement are specifically intended to meet the business associate contract requirements of the HIPAA/HITECH privacy standards set forth in Section 45 CFR, Section 164.504 ("Privacy Rule"), and the HIPAA/HITECH Security Standards for Business Associate Contracts set forth in Section 45 CFR 164.314 ("Security Rule"), and the requirements and guidance issued by United States Department of Health and Human Services ("HHS") pursuant to the American Recovery and Reinvestment Act of 2009 (42 USC Section 17931(a) et.seq.) ("ARRA").

NOW THEREFORE, in consideration of the mutual covenants, promises and agreements contained herein, the Parties hereto agree as follows:

I. DEFINITIONS

For the purposes of this Agreement, certain terms and concepts used herein shall have the definition given in HIPAA/HITECH or ARRA, or the respective implementing regulation, as applicable unless otherwise defined herein.

"**Affiliated Entities**" Providence St. Joseph Health (PSJH) is a Washington nonprofit corporation formed to create a fully integrated non-profit healthcare system. PSJH is the corporate member of Providence Health & Services and St. Joseph Health System. Providence Health & Services, St. Joseph Health System, and/or Western HealthConnect each have Affiliates, which shall be defined as any entity that is wholly owned or controlled by Providence Health & Services, St. Joseph Health System, or Western Health Connect, including but not limited to Swedish Health Services, PacMed Clinics, Kadlec Medical Center.

II. OBLIGATIONS OF BUSINESS ASSOCIATE

1. Use and Disclosure of Health Information

a) Business Associate shall comply with all applicable federal and state laws and regulations relating to maintaining and safeguarding the confidentiality of PHI and implement administrative, physical and technical safeguards, consistent with the size and complexity of Business Associate's operations that reasonably and appropriately protect the confidentiality, integrity and availability of the PHI that it creates, receives, maintains or transmits on behalf of PSJH. Business Associate shall comply with such safeguards as of the applicable dates pursuant to HIPAA/HITECH and ARRA and their respective implementing regulations. Such safeguards shall include, without limitation, implementing written policies and procedures in compliance with HIPAA/HITECH and ARRA, conducting a security risk assessment, and training Business Associate workforce members who will have access to PHI with respect to the policies and procedures required by HIPAA/HITECH and ARRA.

b) Business Associate warrants that Business Associate, its directors, officers, subcontractors, workforce members, affiliates, agents, and representatives: (1) shall use or disclose PHI only in connection with fulfilling its duties and obligations under this Agreement and the Service Agreement; (2) shall not use or disclose PHI other than as permitted or required by this Agreement, the Service Agreement, or required by law; and (3) shall not use or disclose PHI in any manner that violates applicable federal and state laws or would violate such laws if used or disclosed in such manner by PSJH; and (4) shall otherwise comply with the terms of this Agreement.

c) Subject to the restrictions set forth in the previous paragraph and throughout this Agreement, Business Associate may use the PHI received from PSJH if necessary for (1) the proper management and administration of Business Associate; or (2) to carry out the legal responsibilities of Business Associate pursuant to the Service Agreement.

d) Business Associate acknowledges that all PHI created, received, maintained, accessed or transmitted between Business Associate and PSJH shall be and remain the sole property of PSJH, including any and all forms thereof developed by Business Associate in the course of its fulfillment of its obligations pursuant to the Agreement and Service Agreement.

e) Business Associate agrees that no PHI may be created, received, maintained, accessed or transmitted outside of the United States of America.

f) Business Associate further represents that, to the extent Business Associate requests that PSJH disclose PHI to Business Associate, such request is only for the minimum necessary PHI for the accomplishment of the Business Associate's authorized purpose under the Service Agreement.

g) Business Associate shall provide adequate training to its workforce members and subcontractors to ensure compliance with this subsection.

h) Business Associate shall also comply with any additional security requirements contained in ARRA or subsequent rules promulgated by HHS that are applicable to Business Associates.

2. Access to Books and Records

a) Business Associate shall permit the Secretary and others required by law to audit Business Associate's internal practices, books and records at reasonable times as they pertain to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of, PSJH in order to ensure that PSJH and Business Associate are in compliance with the requirements of the Privacy Rule and Security Rule. Notwithstanding this provision, no attorney-client, accountant-client or other legal privilege will be deemed waived by Business Associate or PSJH as a result of this subsection.

b) Business Associate shall provide PSJH with a written attestation, from an authorized representative, of compliance with HIPAA/HITECH privacy and security rules, and the terms of this Agreement, upon reasonable request of PSJH, and in a form acceptable to PSJH.

3. Access of Individuals to Information

a) In the event that Business Associate maintains PHI in a Designated Record Set, Business Associate shall within five (5) business days of a request by PSJH for access to PHI about an individual, make available to PSJH such PHI for so long as such information is maintained. In the event any individual requests access to PHI directly from Business Associate, Business Associate shall within two (2) business days forward such requests to PSJH. Any denial of access to the PHI requested shall be the responsibility of PSJH.

b) Business Associate and PSJH agree to work cooperatively to meet applicable requirements under 45 CFR Section 164.524.

4. Amendment of Information

Within five (5) business days of receiving a request from PSJH to amend PHI about an individual contained in a Designated Record Set, Business Associate will provide such information to PSJH for amendment. If the request includes specific information to be included in the PHI as an amendment, Business Associate will incorporate such amendment within five (5) business days of receipt of the request. Business Associate will forward to PSJH within five (5) business days any requests by Individuals to Business Associate to amend PHI within a Designated Record Set. PSJH will be responsible for making all determinations regarding amendments to PHI and Business Associate will make no such determinations.

5. Accounting for Disclosures of PHI

a) Upon PSJH's request, Business Associate shall provide to PSJH an accounting of each Disclosure of PHI made by Business Associate or its workforce members, agents, representatives, or subcontractors.

b) Business Associate shall implement a process that allows for an accounting to be collected and maintained for any Disclosure of PHI for which PSJH is required to maintain an accounting. Business Associate shall include in the accounting: (a) the date of the disclosure; (b) the name, and address if known, of the entity or person who received the PHI; (c) a brief description of the PHI disclosed; and (d) a brief statement of the purpose of the disclosure. For each disclosure that requires an accounting under this Section, Business Associate shall document the information specified in (a) through (d), above, and shall securely retain this documentation for six (6) years from the date of the disclosure.

c) If an individual requests an accounting of Disclosures directly from Business Associate, Business Associate will forward the request to PSJH within two (2) business days of Business Associate's receipt of the request, and will make its records of disclosures available to PSJH as otherwise provided in this Section. PSJH will be responsible to prepare and deliver the records of disclosure to the individual. Business Associate will not provide an accounting of its Disclosure directly to the individual.

d) The provisions of this Section shall survive the termination of this Agreement.

6. Disclosures to Third Parties

a) Business Associate shall require each director, officer, subcontractor, workforce member, affiliate, agent, and representative that has or will have access to PHI, which is received from, created or received, maintained or transmitted by, Business Associate on behalf of PSJH, to be bound by substantially similar restrictions, terms, and conditions that apply to Business Associate pursuant to the Agreement with respect to such PHI. Business Associate shall incorporate this requirement in writing into any agreement between Business Associate and any of its subcontractors in the form of a business associate agreement. PSJH reserves the right to review documentation and other evidence of compliance with this requirement.

b) Business Associate shall also (i) obtain reasonable assurances from the person to whom the PHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed and (ii) obligate such person to notify Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been Breached.

7. Breaches

a) Unless state law requires otherwise, in the event of a Breach, a security incident, or any unauthorized or improper use or disclosure of any unsecured PHI that Business Associate accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds or uses on behalf of PSJH, Business Associate shall report such Breach to PSJH without unreasonable delay, but in no event more than thirty (30) calendar days after discovering the Breach to the **Business Associate Breach Reporting Hotline at 877-512-7119**. The parties acknowledge and agree that this Section 7(a) constitutes notice by Business Associate to PSJH of the ongoing existence and occurrence or attempts of unsuccessful security incidents for which no additional notice to PSJH shall be required. "Unsuccessful security incidents" means, without limitation, pings and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denial of service attacks, and any combination of the above, so long as no such incident results in unauthorized access, use or disclosure of PHI.

b) Notice to PSJH of a Breach or suspected Breach shall include, at a minimum: (i) the identification of each individual whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed during the Breach, (ii) the date of the Breach, if known, (iii) the scope of the Breach, and (iv) a description of the Business Associate's response to the Breach. Business Associate agrees that notice to PSJH shall not be delayed due to lack of all these elements.

c) In the event of a Breach, Business Associate shall, in consultation with PSJH, mitigate, to the extent practicable, any harmful effect of such Breach that is known to Business Associate.

8. Return/Destruction of Protected Health Information Upon Termination

Upon termination of Agreement for any reason, Business Associate shall not maintain any copies of the PHI and shall return or destroy all PHI that it maintains in any form. This provision applies to PHI that is in the possession of subcontractors or agents of Business Associate. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall notify PSJH of such a determination and shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. This Section shall survive the termination of this Agreement.

III. OBLIGATIONS OF PSJH

1. Use and Disclosure of PHI.

PSJH warrants that PSJH, its directors, officers, subcontractors, workforce members, affiliates, agents, and representatives: (1) shall comply with HIPAA/HITECH in its use or disclosure of PHI; (2) shall not use or disclose PHI in any manner that violates applicable federal and state laws; (3) shall not request Business Associate to use or disclose PHI in any manner that violates applicable federal and state laws if such use or disclosure were done by PSJH; and (4) may request Business Associate to disclose PHI directly to another Party only for the purposes allowed by HIPAA/HITECH. The provisions of this subsection shall survive the termination of this Agreement.

IV. TERM AND TERMINATION

1. General Term and Termination

This Agreement shall become effective on the Effective Date set forth above and shall terminate upon the termination or expiration of the Service Agreement and when all PHI provided by either Party to the other, or created or received by Business Associate on behalf of PSJH is, in accordance with subsection II.8, destroyed or returned to PSJH or, if it is not feasible to return or destroy PHI, protections are extended to such information, in accordance with the terms of this Agreement.

2. Material Breach

a. Where PSJH has knowledge of a material breach of this Agreement by Business Associate, PSJH shall have the right to terminate the Service Agreement and this Agreement immediately. Without limitation, Business Associate acknowledges that PSJH may consider noncompliance with Section II.7 a material breach.

b. At the discretion of PSJH, Business Associate will have the opportunity to cure any breach of Business Associate's obligations under this Agreement. Such breach shall be cured within thirty (30) calendar days.

c. In the event that either Party has knowledge of a material breach of this Agreement by the other Party and cure is not possible, the non-breaching Party shall terminate

the portion of the Service Agreement that is affected by the breach. When neither cure nor termination is feasible, the non-breaching Party shall report the problem to the Secretary.

3. Equitable Remedies

The Parties agree that damages are inadequate to compensate for the unique losses to be suffered in the event of a breach of this Agreement, and that the damaged party will be entitled, in addition to any other remedy it may have under this Agreement or at law, to seek and obtain injunctive and other equitable relief, including specific performance of the terms of this Agreement without the necessity of posting bond or other security and without having to prove the inadequacy of available remedies at law, it being acknowledged and agreed that any such violation shall cause irreparable injury to the Disclosing Party and that monetary damages shall not provide an adequate remedy.

V. AMENDMENT

If any of the regulations promulgated under HIPAA/HITECH or ARRA are amended or interpreted in a manner that renders this Agreement inconsistent therewith, PSJH may, on thirty (30) calendar days' written notice to Business Associate, amend this Agreement to the extent necessary to comply with such amendments or interpretations. Business Associate agrees that it will fully comply with all such regulations promulgated under HIPAA/HITECH or ARRA, and that it will agree to amend this Agreement to incorporate any provisions required by such regulations. This Agreement modifies and supplements the terms and conditions of the Service Agreement, and the provisions set forth herein shall be deemed a part of the Service Agreement.

VI. INDEMNIFICATION

Each of the Parties agrees to be liable for its own conduct in connection with this Business Associate Agreement and to indemnify the other Party against any and all losses therefore. In the event that loss or damage results from the conduct of more than one Party, each Party agrees to be responsible for its own proportionate share of the claimant's total damages under the laws of the State of Washington. Each of the Parties agrees to indemnify, defend and hold harmless the other Party and its directors, officers, subcontractors, workforce members, affiliates, agents, and representatives from and against any and all third party liabilities, costs, claims, suits, actions, proceedings, demands, losses and liabilities of any kind (including court costs and reasonable attorneys' fees) brought by a third party, arising from or relating to the acts or omissions of that Party or any of its directors, officers, subcontractors, workforce members, affiliates, agents, and representatives in connection with that Party's performance under this Agreement or Service Agreement, without regard to any limitation or exclusion of damages provision otherwise set forth in the Agreement. This Section shall survive the termination of this Agreement.

VII. COUNTERPARTS

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.

VIII. CONFLICTING TERMS

In the event any terms of this Agreement conflict with any terms of the Service Agreement, the terms of this Agreement shall govern and control.

IX. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of California.

IN WITNESS WHEREOF, each of the undersigned has duly executed this Agreement on behalf of the Party and as of the Effective Date.

Providence St. Joseph Health

By: Garry Olney

Name: Garry Olney

Title: Chief Executive - Northern California Service Area

Date: 1/25/2024

Business Associate

By:

Name: Jennifer Yasumoto

Title: Director, Health and Human Services Agency

Date: 3-21-24

Approved as to form:
County Counsel by Jo Ann Iwasaki Parker,
Deputy County Counsel, by e-signature
January 17,2024

EXHIBIT 6 TO

SECTION 999.5(d)(5)(I)

Docusign Envelope ID: ECA581D3-B69D-4070-9974-19BE2F963B80

NAPA COUNTY AGREEMENT NO. MOU 132
MEMORANDUM OF UNDERSTANDING (MOU)

This Memorandum of Understanding ("MOU") is made and entered into this 1st day of November 2024 ("Effective Date"), by and between Napa County Health and Human Services Agency ("the COUNTY") and St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center ("PQVMC"). The COUNTY and PQVMC are sometimes referred to herein individually as a "Party" and collectively as the "Parties."

RECITALS

WHEREAS, the Parties acknowledge the importance of access to the life-saving, overdose-reversing drug Naloxone (Narcan) to help prevent opioid overdose-related fatalities; and

WHEREAS, the COUNTY has purchased naloxone distribution boxes ("Naloxone Box") for placement in strategic locations throughout the County to provide greater public access to this life-saving medication; and

WHEREAS, PQVMC is the owner of certain real property referred to as the "Gasser Emergency Center" located at 1000 Trancas Street, 1st Floor, Napa, California 94558 ("the Premises");

WHEREAS, the COUNTY has requested to use space on the Premises to place a Naloxone Box;

WHEREAS, PQVMC, in acknowledging the importance of access to Naloxone, desires to make space on the Premises as agreed upon by the parties, available to the COUNTY for placement of a Naloxone Box;

WHEREAS, the Parties hereto agree that it is to their mutual benefit, and for the benefit of the Napa community at large, for the Parties to enter into an agreement providing for the COUNTY to use the Premises for placement of a Naloxone Box, under the terms and conditions set forth herein.

NOW, THEREFORE, the Parties agree as follows:

TERMS

1. **DESCRIPTION.** PQVMC hereby allows the COUNTY to place one (1) Naloxone Box on the Premises. The COUNTY shall use the Premises solely to place the Naloxone Box. Naloxone Boxes (30" H x 19 1/4" W x 16 1/4" D) are removable and will not be permanently attached to the Premises. Four (4) 10-pound canopy weights will be provided by the COUNTY to anchor each Naloxone Box. Each Naloxone Box holds two hundred (200) 2-dose boxes of Naloxone. No electricity

is required.

2. **MAINTENANCE.** PQVMC will be responsible for maintaining an ample supply of naloxone, displaying documents and resources provided inside or above the box as prescribed, and completing the ordering process. The COUNTY will assist PQVMC to develop a form to track the number of opioid overdose reversals reported with naloxone received through the Naloxone Distribution Project (NDP) (required for ordering).

3. **ORDERING**. PQVMC shall follow the steps to order naloxone through the NDP provided by the Department of Health Care Services (DHCS), while state funding is available. PQVMC will order an on-going ample supply of free naloxone kits and may order free fentanyl test strips, at the discretion of PQVMC.

   To apply for free naloxone and/or fentanyl test strips, please submit an application via the NDP online application form[1]. To review the required materials for applications, please visit the NDP webpage on the DHCS website[2].

4. **TERM.** This Agreement shall be effective as of the date first written above and shall expire on June 30, 2027. The term of the Agreement shall be automatically renewed for an additional year at the end of each fiscal year (June 30), under the terms and conditions then in effect. Either Party may terminate this Agreement with the provision of thirty (30) days written notice to the other Party. At the expiration of this Agreement or the termination thereof in any manner, PQVMC shall return the Naloxone Box to the COUNTY.

5. **FEE.** The sole consideration for this Agreement is the public benefit arising from services provided. For this reason, no monetary fee shall be paid by either Party for use of the Premises or the Naloxone Box.

[SIGNATURE PAGE TO FOLLOW]

[1] https://aurrerahealthgroup.qualtrics.com/jfe/form/SV_3aqWz9n74FH7tVs

[2] https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date and year first written above.

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC DBA PROVIDENCE QUEEN OF THE VALLEY

By: Scott Ciesielski

Name: Scott Ciesielski

Title: Chief Administrative Officer

NAPA COUNTY

By:

Name: Jennifer Yasumoto

Title: HHSA Director

APPROVED AS TO FORM, COUNTY COUNSEL'S OFFICE

By: Rachel L. Ross (via e-signature)

Date: September 24, 2024

EXHIBIT 7 TO

SECTION 999.5(d)(5)(I)

MEMORANDUM OF UNDERSTANDING
Between
NAPA COUNTY HOSPITALS
AND NAPA COUNTY CHILD WELFARE SERVICES

PURPOSE: To establish a Memorandum of Understanding between each Napa County Hospitals and Napa County Child Welfare Services to ensure a clear operational procedure when child abuse is suspected.

TERM: The term of this MOU shall commence Jan 1, 2011. This agreement shall be reviewed as necessary and will remain in effect until either party decides to terminate the agreement.

EACH ORGANIZATION AGREES TO:

Provide and maintain a list of current names and telephone numbers of persons who can resolve problems that require immediate attention.

Mutually review the Memorandum of Understanding and assess problem resolution annually or as necessary.

NAPA COUNTY CHILD WELFARE SERVICES (CWS) AGREES TO:

- Evaluate reports received from hospital staff immediately to determine appropriate response. Any questions regarding severity of injury will be clarified by attending physician.
- For referrals/reports requiring an immediate assessment, respond in person to the hospital within an hour or as soon as possible (if the patient and/or caregiver is still present).
- Have staff check in at the nurse's station when they arrive at the hospital, presenting their county badge as identification. Tell the nursing staff who they are visiting and ask for the nurse caring for that patient. The social worker will also ask hospital staff to contact hospital Social Services.
- Request admitting history/discharge summaries and other documents relevant to the case as a routine part of their investigation. If the CWS social worker is on site at the hospital, he/she will view the patients' medical records and request copies of relevant documents.
- If the child is placed in protective custody and not released to a caretaker, the documentation will include the name and telephone number of the social worker to contact concerning the discharge. As necessary, provide written information specifying to whom child is to be released and who may visit the child.
- Conduct Mandated Reporter training for hospital staff upon request.

NAPA COUNTY HOSPITALS AGREE TO:

- Make an immediate telephone call to Napa County Child Welfare Services as soon as child abuse is suspected.
- Complete the Penal Code 11166 form (Suspected Child Abuse Report) and mail within 36 hours of the initial telephone call.
- Ensure that the release, visitation and contact provisions are in the child's medical charts and enforced by hospital staff.
- Provide CWS social workers with the relevant documents from the patient's medical records.
- Have a health care team available to review the medical records with the CWS social worker and to explain the medical records which support the conclusion of child abuse.
- Schedule and provide facilities for conducting the Mandated Child Abuse Reporting training for the hospital staff.

RE: CHILD ABANDONMENT REPORTING REQUIREMENTS FOR SENATE BILL 1368 (SAFELY SURRENDERED BABY LAW)

NAPA COUNTY HOSPITALS AGREE TO:

- Place a coded, confidential ankle bracelet on the child and furnish, or make a good faith effort to provide the parent or other person surrendering child with a copy of the bracelet in case he or she later decides to reclaim the child.
- Make a good faith effort to have the parent or other person surrendering the child fill out a medical information questionnaire (which shall not require any identifying information about the child or the parent or person surrendering the child, other than the identification code on the ankle bracelet placed on the child).
- No later than 48 hours after taking custody of a child, the person taking physical custody shall notify child protective services or a county agency providing child welfare services pursuant to Welfare and Institutions Code Section 16501 that he or she has custody of the child.

NAPA COUNTY CHILD WELFARE SERVICES (CWS) AGREES TO:

- Assign the referral as an immediate investigation to an ER social worker.
- Place the infant in protective custody under the provisions of Welfare and Institutions Code Section 300 immediately upon receipt of notice from the public or private hospital person taking physical custody of the child.
- Obtain copies of any available medical information from the hospital.

- Within 24 hours of CWS placing the baby in protective custody, report all known identifying information about the child, except for information on the parent(s) or person who surrendered the baby, to the California Department of Social Services & the California Missing Children Clearing House.
- File a W&I petition.

NAPA COUNY HEALTH AND HUMAN SERVICES AGENCY (HHSA)

Randolph F. Snowden, Director — Date: 2·2·11

Linda Canan, Deputy Director, Child Welfare Services — Date: 2/1/11

QUEEN OF THE VALLEY MEDICAL CENTER

Dennis Sisto, Chief Executive Officer — Date: 1/19/2011

Walt Mickens, Chief Operating Officer — Date: 1·17·11

Barbara Eusebio, JD, Chief Nursing Officer — Date: 1-11-10

ST. HELENA HOSPITAL

Enter signature lines

EXHIBIT 8 TO

SECTION 999.5(d)(5)(I)

Docusign Envelope ID: 37B0963A-60CE-423D-A8C6-8C1AB80F7B1E

SAFE SCHOOLS & PREVENTION SERVICES

Agreement for Services

This agreement for personal or subcontractor services and/or advice (the "Agreement") is hereby entered into between the Napa County Office of Education, hereinafter "NCOE" (Local Oral Health Program ("LOHP")) and:

St. Joseph Health Northern California , LLC dba Providence Queen of the Valley Medical Center, hereinafter "Queen of the Valley Mobile Dental Clinic"

3448 Villa Lane, Suite 102

Napa, CA 94558

707.637.3616

maryam.mohsenzadeh@stjoe.org

Term: July 01, 2025- June 30, 2026

The Local Oral Health Program (LOHP) provides education, prevention, surveillance, and community-clinical linkages at the local level to improve the oral health of Napa County residents. These goals are achieved by supporting activities that address identified oral health needs and prioritize underserved populations and geographic areas.

Partnerships with individuals and organizations foster a collaborative network that works collectively, through a public health approach—to promote oral health and reduce the burden of oral disease.

As part of this effort, the Queen of the Valley Mobile Dental Clinic will collaborate with the Napa County Office of Education's LOHP to provide oral health assessments at school sites throughout Napa County.

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Scope of Services
Contractor: Queen of the Valley Mobile Dental Clinic

Work to Be Performed:
The Queen of the Valley Mobile Dental Clinic agrees to perform the following services in support of the Napa County Office of Education's Local Oral Health Program (LOHP):

1. **Oral Health Assessments:**
    - Provide direct oral health assessment services for children entering public school for the first time in transitional kindergarten (TK), kindergarten, and/or first grade.
    - Offer services in Napa County as needed, including outreach in rural areas such as St. Helena, Calistoga, Howell Mountain, and Pope Valley.
2. **Purchase of Supplies:**
    - Purchase necessary items to conduct oral health assessments. These may include, but are not limited to:
        - Personal protective equipment (PPE) such as gloves, face masks, gowns, protective eyewear/face shields
        - Disposable mirrors and tongue depressors
        - Loupe lights or flashlights
        - Alcohol-based hand sanitizer, surface disinfectants, and cleaning towels
        - Props and models for oral health education
        - Toothbrushes, dental floss, stickers, tissues
        - Any other materials essential to delivering oral health services
3. **Timeline:**
    - Oral health assessments shall begin on or after July 1, 2025, and be completed by no later than June 30, 2026.

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4. **Health Promotion and Education:**

    - Raise awareness of the Local Oral Health Program (LOHP) and educate students on the connection between oral health, overall well-being, and school readiness.

5. **Data Reporting:**

    - Collect and provide data related to oral health assessments conducted at school sites and clinics, including the number of patients served, in support of LOHP grant objectives.
    - Queen of the Valley Mobile Dental Clinic (QVMC) designated staff will contact families of children identified with priority dental health needs to offer or refer them to appropriate dental services, ensuring timely follow-up and access to dental care.

6. **Collaboration:**

    - Collaborate with the Napa County Office of Education and other local agencies to help achieve the goals outlined in the LOHP grant.
    - As the LOHP conducts Napa County's Needs Assessment, Queen of the Valley Dental Clinic can offer essential support through data sharing, community insight, outreach and engagement, collaboration on focus groups or interviews, and program planning input.

7. **Meetings and Professional Development:**

    - Attend and actively participate in LOHP advisory and stakeholder meetings.

    - Attend trainings and webinars that align with LOHP objectives, and support outreach efforts.

Additional Terms:
Queen of the Valley Mobile Dental Clinic certifies that it is specially trained, experienced, and qualified to provide these services on a limited basis for the Napa County Office of Education (NCOE). The contractor agrees to carry out all activities as described above.

The contractor further understands and agrees that its employees and subcontractors are not employees of NCOE and are not entitled to any benefits typically provided to NCOE employees.

<u>Compensation:</u>

Napa County Office of Education will provide:

Docusign Envelope ID: 37B0963A-60CE-423D-A8C6-8C1AB80F7B1E

The **Napa County Office of Education (NCOE)** shall pay an amount not to exceed **$10,000** for services provided during this calendar year. This includes funding for up to **eight (8) Napa County school sites**, at **$1,000 per site**, plus an additional **$250 per site** for necessary dental items, to be paid to **Queen of the Valley Mobile Dental Clinic** for the delivery of direct oral health assessment services. This total amount includes all expenses and services outlined in this agreement.

NCOE will evaluate the services provided, including data collection and tracking outcomes.

The invoices for work completed shall be submitted to:

Napa County Office of Education
Community Programs
Accounts Payable
2121 Imola Ave.
Napa, CA 94558

OR email invoices to: **rbacinett@napacoe.org**

Each invoice must include the following details:

I. The dates the services were provided
II. A description of the type of services provided, along with the amount of time spent on each service

Indemnification:

Queen of the Valley Mobile Dental Clinic agrees to hold harmless, indemnify, and defend the Napa County Office of Education (NCOE), including its trustees, officers, employees, agents, and volunteers, from any and all claims, damages, losses, and expenses—including attorney fees—arising from damage to property, injury, or death to any person, firm, or corporation in connection with the performance of this Agreement.

Additionally, Queen of the Valley Mobile Dental Clinic agrees to hold harmless, indemnify, and defend NCOE and its representatives against any claims or losses incurred by any supplier, contractor, or subcontractor providing work, services, or materials on behalf of Queen of the Valley Mobile Dental Clinic under this Agreement.

Insurance:

Docusign Envelope ID: 37B0963A-60CE-423D-A8C6-8C1AB80F7B1E

During the term of this contract, and any extension or modification thereof, Queen of the Valley Mobile Dental Clinic shall maintain Commercial General Liability Insurance with a minimum coverage of $2,000,000 per occurrence. This coverage must include a combined single limit for all damages arising from bodily injury and property damage per occurrence.

No later than the effective date of this contract, Queen of the Valley Mobile Dental Clinic shall provide the Napa County Office of Education (NCOE) with a certificate of insurance and an endorsement page naming NCOE, its Board of Trustees, officers, employees, volunteers, and students as additional insured. This insurance coverage may not be canceled or materially altered without at least thirty (30) days' prior written notice to NCOE.

Termination of Contract:

Either party may terminate this agreement with no less than thirty (30) days' written notice. In the event of termination, Queen of the Valley Mobile Dental Clinic shall be compensated for all work completed up to the termination date.

Approval:

Napa County Office of Education	**Queen of the Valley Mobile Dental Clinic**
Director of Fiscal Services	CAO,CMO
Title	*Title*
Kelly Bucy	Amy Herold, MD
Print Name	*Print Name*
DocuSigned by: Kelly Bucy *Signature*	Signed by: Amy Herold, MD *Signature*
9/30/2025	8/27/2025
Date	*Date*

EXHIBIT 9 TO

SECTION 999.5(d)(5)(I)

Docusign Envelope ID: 8B998547-9FC5-4240-B5DC-7B151E08AC68

Connections
NAPA COUNTY

Extended Partner Membership Agreement between *Connections Napa County: Napa County's Aging & Disability Resource Connection (ADRC) and St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center.*

Agreement Term:
This agreement is effective on the date this document is signed and remains in place for three (3) years unless either party terminates for any reason upon at least thirty (30) days prior written notice to the other party. This Membership Agreement establishes that St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center agrees to enter into a partnership with Connections Napa County (Napa County's Aging & Disability Resource Connection) as part of the Connections Napa County Extended Partner network, to provide streamlined access to services for older adults and residents with disabilities, their caregivers, families, and friends.

Background:
Connections Napa County is part of the state and national network of Aging & Disability Connections (ADRCs). The ADRC's purpose is to provide a single coordinated *No Wrong Door* system for people of all ages, income, and abilities seeking reliable information and access to services.

ADRCs are built on a core partnership between local Area Agencies on Aging (AAA) and Independent Living Centers (ILC) and additional community-based organization(s), as deemed necessary by the AAA and ILC. In addition to the core partnership, the model is built on a network of Extended Partners, which includes internal programs, community-based organizations, and other service providers.

The *No Wrong Door* model is a system which allows consumers to access the full array of available options in their community by connecting with any one partner organization.

Purpose:
ADRC partners are dedicated to increasing consumer access to services, diverting persons with disabilities and older adults from unnecessary institutionalization, and supporting a streamlined *No Wrong Door* referral process for the four core ADRC services:

1. **Enhanced Information and Referral**: Comprehensive resource information, follow-ups, and referrals via *warm hand-offs*

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2. **Options Counseling:** Personalized assistance in making informed decisions and navigating available resources, which may include in-home care, community services, care management services, residential care, and skilled nursing care
3. **Short-term Service Coordination and Expedited Access to Public Programs:** Streamlined access to services and support for individuals at risk of institutionalization
4. **Transition Assistance:** Assistance for individuals who are currently in a hospital, nursing facility, or other institution and wish to transition home or to a community-based setting

Agreement Terms:

Connections Napa County Extended Partners agree to participate in the implementation of Connections Napa County and the *No Wrong Door* system of referrals by participating in the following required membership activities:

a. Educate agency's board and staff about Connections Napa County, with assistance from the Connections Napa County Program Manager, as needed
b. Provide and receive in-service training with Connections Napa County partners throughout the year
c. Participate in the development and implementation of referral protocols with existing and future Connections Napa County partners
d. Update agency Release of Information policy to include sharing client information as required related to Connections Napa County partners
e. Participate in case consultation meetings as needed (with appropriate Release of Information form in place)
    - Each party shall comply with all applicable federal, state, and local laws and regulations governing the privacy and security of client information, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CMIA). No Protected Health Information (PHI) or Personally Identifiable Information (PII) shall be shared under this Agreement except as permitted by law and with appropriate client consent. Each party shall promptly notify the other of any actual or suspected breach of confidentiality involving shared information
f. Attend Connections Napa County Extended Partners Roundtable meetings as required.
g. Attend statewide ADRC meetings and workshops as needed (based on agency services and the topic of meeting or workshop)

Both parties shall perform their obligations under this Agreement in accordance with all applicable laws, regulations.

Each party shall indemnify, defend and hold harmless the other party, its parent and

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subsidiaries and their respective officers, directors, trustees, employees, and agents from and against any and all claims, demand, injury, liabilities, damages, losses and expenses, including reasonable attorneys' fees arising out of or related to the indemnifying party's acts or omissions in connection with this Agreement.

Agreement terms accepted by:

Providence Queen of the Valley Medical Center
Amy M. Herold, MD
Chief Administrative Officer, Chief Medical Officer

Signatu Signed by Amy Herold, MD F0248e7e12f5a01... Date: 2/4/2026

Connections Napa County
[Name] Celine Regalado
[Title] Executive Director
Signature: Date: 2/2/26

EXHIBIT 10 TO

SECTION 999.5(d)(5)(I)

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NAPA COUNTY AGREEMENT NO. 250040B
PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT (the "Agreement") is made and entered into as of the 1st of July 2024, by and between NAPA COUNTY, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and **ST. JOSEPH HEALTH NORTHERN CALIFORNIA dba PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER,** a Catholic nonprofit, whose address is 3448 Villa Lane, Suite 12, Napa, CA 94558, hereinafter referred to as "CONTRACTOR." COUNTY and CONTRACTOR may be referred to below collectively as "Parties" and individually as "Party."

RECITALS

WHEREAS, COUNTY wishes to obtain specialized services in order for CONTRACTOR to provide Substance Use Navigation (SUN) in the Emergency Department (ED); and CONTRACTOR is willing to provide such specialized services to COUNTY under the terms and conditions set forth herein;

TERMS

NOW, THEREFORE, for good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, COUNTY hereby engages the services of CONTRACTOR, and CONTRACTOR agrees to serve COUNTY in accordance with the Terms and Conditions and their own Exhibits, which together are attached hereto and incorporated by this reference as though set forth in full herein. The Section numbers of any portion of this Agreement may at times be referred to either as "Sections" or "Paragraphs" interchangeably.

IN WITNESS WHEREOF, this Agreement was executed by the Parties hereto as of the date first above written.

NAPA COUNTY, a political subdivision of the State of California	**CONTRACTOR**
By _____ **JOELLE GALLAGHER, Chair of the Board of Supervisors**	DocuSigned by: Scott Ciesielski **SCOTT CIESIELSKI, Chief Administrative Officer**
ATTEST: NEHA HOSKINS, Clerk of the Board By _____ DATE APPROVED BY THE BOARD: August 6, 2024 Processed by: _____ Deputy	Signed by: Brandon Williams **BRANDON WILLIAMS, Chief Financial Officer**

Maximum Amount of this Agreement: $134,269 Term Expires: June 30, 2027 Automatic renewal of term applies/does not apply	APPROVED AS TO FORM BY NAPA COUNTY COUNSEL By: *Corey S. Utsuregi* Date: 7/12/24

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TERMS AND CONDITIONS OF NAPA COUNTY AGREEMENT NO. 250040B

SECTION 1. Contract Administration

For purposes of this Agreement, the following shall apply:

1.1 "Department" shall mean: Health and Human Services Agency

1.2 "Director" shall mean the person elected or appointed to the chief management position of the Department.

1.3 "Contract Administrator" shall be: Contracts Analyst or such other person as designated by the Department Director. The address for COUNTY's Contract Administrator shall be: 2751 Napa Valley Corporate Drive, Building B, 2nd Floor, Napa, CA 94559.

1.4 The Program Manager for COUNTY shall be: Christine Wu, Deputy Director Public Health, 2751 Napa Valley Corporate Drive, Building B, 2nd Floor, Napa, CA 94559.

1.5 The Contract Contact Person for CONTRACTOR shall be: Rebecca Webster, 1000 Trancas Street, Napa, CA 94558.

1.6 CONTRACTOR is a [ ] sole proprietor [ ] partnership [X] corporation [ ] public agency [ ] other (specify) .

1.7 The source of funding for this Agreement shall be: Opioid Settlement Funds

1.8 In entering into this Agreement, CONTRACTOR acknowledges and agrees to abide by the applicable terms of the following COUNTY-entity agreements, and as they may amended from time to time: N/A

These agreements are on file with the Napa County Clerk of the Board of Supervisors and may be accessed at https://www.countyofnapa.org/DocumentCenter/ under "Departments/Health and Human Services/Administration/Contracts and Administration Documents" (See also Section 2, Paragraphs 2.15(b)(2) and 2.35)

SECTION 2. General Terms and Conditions.

Attached hereto and incorporated by this reference as Exhibit C is "SECTION 2. General Terms and Conditions – Version 12", which shall be referred to herein as the "General Terms and Conditions" and which shall apply to this Agreement unless otherwise specifically limited or excluded by more specific provisions.

Due to changes in the laws, future versions of General Terms and Conditions shall automatically become part of this Agreement upon approval by the Napa County Board of Supervisors and notice to CONTRACTOR, effective within such time period as is designated in Paragraph 2.10 (Other Termination) plus 15 days or as mandated by local, state or federal laws or regulations, whichever date is sooner.

SECTION 3. Specific Terms and Conditions.

The following Specific Terms and Conditions provide additional terms and conditions or modify

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the General Terms and Conditions of this Agreement. A Specific Term and Condition shall control if a conflict exists with a General Term and Condition.

3.1 The following Specific Terms and Conditions apply when CONTRACTOR's obligations under this Agreement involve the following as designated by an "X":

[X] (a) Contact with vulnerable populations such as children, elderly, mentally ill or disabled persons (General Terms and Conditions Paragraph 2.8(b) applies).

[ ] (b) Construction or pre-construction related services (General Terms and Conditions Paragraph 2.19(e) applies).

[ ] (c) Work on or the supplying of any software systems or equipment containing or suspected of containing clocks or embedded chips functioning as or dependent upon the use of clocks or calendars (General Terms and Conditions Paragraph 2.29 applies).

[ ] (d) Services covered by a Federal Health Care Program (General Terms and Conditions Paragraph 2.31 applies).

[ ] (e) Services covered by a State Medi-Cal Specialty Mental Health Program (General Terms and Conditions Paragraph 2.32 applies).

[ ] (f) Mental Health Activities (General Terms and Conditions Paragraph 2.33 applies).

[X] (g) Services involving the receipt, use or disclosure of protected health information: A determination has been made by COUNTY's Privacy Officer that CONTRACTOR shall not provide services under this Agreement as a Business Associate to COUNTY. General Terms and Conditions Paragraph 2.34(b) does not apply to this Agreement.

[ ] (h) Services provided under COUNTY's Managed Care Provider Program, which shall be subject to all the terms and conditions set forth in the Napa County Mental Health Managed Care Provider Manual, herein incorporated by reference and on file with the Clerk of the Napa County Board of Supervisors.

[ ] (i) Services as a provider for which CONTRACTOR has submitted a "Provider Application," which CONTRACTOR warrants that the information contained in said application is accurate and understands that any inaccuracies may be grounds for termination of this Agreement by COUNTY. CONTRACTOR authorizes COUNTY to consult with third parties, including but not limited, to the National Practitioner Data Bank or other applicable licensing boards.

[ ] (j) Services involving the use or disclosure of personally identifiable information that are performed as a subcontractor under COUNTY's contract with another entity when that contract requires COUNTY to include its applicable terms in COUNTY's subcontracts. (General Terms and Conditions Paragraph 2.35 applies.)

[ ] (k) Services determined by the Department Director to be covered by Department's Code of Ethics. (General Terms and Conditions Paragraph 2.38 applies.) CONTRACTOR understands that, by entering into this Agreement, CONTRACTOR acknowledges that CONTRACTOR has received, read, and understands the Code of Ethics, and agrees to abide by the terms therein as applicable to CONTRACTOR's activities under this Agreement. Department shall provide CONTRACTOR with copies of Department's Code of Ethics prior to

the execution of the Agreement. CONTRACTOR further understands that on an annual basis CONTRACTOR shall provide written certification to Department that CONTRACTOR has received, read, understands, and will abide by Department's Code of Ethics.

[X] (l) Services have been determined by the Department Director, or may be determined at a later date, that CONTRACTOR is a subrecipient or pass-through entity and is therefore required to meet all of the requirements found in 2 C.F.R. § 200.331. (General Terms and Conditions 2.40 applies.) COUNTY shall notify CONTRACTOR in accordance with General Terms and Conditions Paragraph 2.13 (Notices), of any change in designation as a subrecipient, and any subsequent increase to the amount of Federal funding CONTRACTOR shall receive under the terms of this Agreement. CONTRACTOR shall be bound thereby upon receipt of notice.

3.2 Source Funding.

(a) Change in Source Funding. Paragraph 1.7 may be unilaterally modified by COUNTY upon written notice to CONTRACTOR who shall be bound thereby immediately upon receipt. The Department Director is delegated the authority to modify Paragraph 1.7 and provide such written notice, but may exercise such authority only after consultation with, and concurrence of, the Napa County Counsel and the Napa County Executive Officer or their respective designees; provided, however, that nothing in this delegation prevents the Department Director from requesting the Napa County Board of Supervisors to modify Paragraph 1.7.

(b) Amendment to Source Funding Agreement. If Paragraph 1.7 identifies a funding source agreement, then any amendment to the funding source agreement shall be automatically incorporated and made a part of this Agreement, effective in accordance with the amended funding source agreement. As a subcontractor of COUNTY, CONTRACTOR shall be bound by the applicable terms of the funding source agreement, and any amendments thereto.

3.3 Statement of Economic Interests. By authorizing its Chair to execute this Agreement on its behalf, COUNTY's Board of Supervisors hereby determines in writing on behalf of COUNTY that CONTRACTOR has been hired to perform a range of duties so limited in scope as to not be required to comply with the disclosure obligations set forth in Paragraph 2.23(b).

3.4 Term of Agreement. Section 2.1 (b) of the General Terms and Conditions does not apply to this Agreement. The term of this Agreement shall commence on the date written on page 1 and shall expire as of **June 30, 2027**, unless terminated earlier in accordance with Paragraphs 2.9 (Termination for Cause), 2.10 (Termination for Convenience) or 2.23 (a) (Covenant of No Undisclosed Conflict). The obligations of the Parties under Paragraphs 2.7 (Insurance) and 2.8 (Indemnification) shall continue in full force and effect after the expiration date or early termination in relation to acts or omissions occurring prior to such dates during the term of the Agreement, and the obligations of CONTRACTOR to COUNTY shall also continue after the expiration date or early termination in relation to the obligations prescribed by Paragraphs 2.15 (Confidentiality), 2.20 (Taxes) and 2.21 (Access to Records/Retention).

3.5 COUNTY delegates its authority to the Director of the Health and Human Services Agency to approve future amendments to Exhibits A and B, attached to this Agreement, provided that any such amendment does not materially alter the nature of the services to be provided or increase the maximum compensation available under this Agreement.

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SECTION 4. Incorporated Documents.

The following documents are incorporated herein by this reference and attached hereto and labeled as the following Exhibit letters:

Exhibit A: Scope of Work (attached)
Exhibit B: Payments, Budget & Reporting (attached)
Exhibit C: "Section 2, General Terms and Conditions, Version 12" (attached)

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EXHIBIT A
SCOPE OF WORK
July 1, 2024 through June 30, 2027

1. **Program Name:** Substance Use Navigation in the Emergency Department

2. **Program Goal:** Increase access to treatment and services by offering Substance Use Navigation (SUN) services to all Emergency Department (ED) patients in need and continuing with outreach and education to hospital providers around the availability of SUN services and Medications for Addiction Treatment (MAT) services. The SUN will use the evidence-based method for Screening, Brief Intervention, and Referral to Treatment (SBIRT) for patients with a substance use disorder or opioid use disorder. Partnerships with and referrals to CommuniCare+OLE's MAT program, Napa County Alcohol & Drug Services (ADS), and Archway Services for withdrawal management and residential services, and other outpatient treatment programs. Further development of resource guides and materials for both internal and community use will help increase access to referrals and treatment for individuals in need.

3. **Services to be Provided:**
   A. Expand MAT Services.
      1) Staff the ED with a full-time SUN to screen patients and refer for appropriate opioid use disorder (OUD) treatment and services, including CommuniCare+OLE's MAT program.
      2) SUN and Clinical Champion continue outreach to hospital providers about available treatment and services to increase the number of providers comfortable prescribing MAT to patients with an OUD.
   B. Develop materials to inform community of a variety of resources.
      1) Develop materials for MAT services and how to refer patients so ED caregivers can offer equitable patient access to treatment and resources 24/7.
      2) Develop resource guides for patients to access necessary treatment and services throughout the county.

4. **Outcomes to be achieved during the grant period:**
   - By the end of Year 3, increase by 20% the number of patients diagnosed with an OUD that are prescribed MAT in the ED.
   - By the end of Year 3, increase by 20% the number of patients diagnosed with an OUD that are prescribed MAT for a limited term at discharge.
   - By the end of Year 3, 75% of patients prescribed MAT in the ED and/or at discharge will be connected with the SUN and referred to CommuniCare+OLE's MAT program or another outpatient treatment program.
   - Provide education and/or resources for SUD and OUD services available throughout Napa County to 100 hospital caregivers, patients, and family members each year, as measured by the number of individuals reached by SUN.

5. **Specific quantitative and qualitative evaluation methods that will be used to collect, analyze, and measure outputs and outcomes:**
   - Number of patients in the ED that SUN provides services and referrals for treatment, including CommuniCare+OLE's MAT program (Target = 320 per year).
   - Number of ED patients diagnosed with an OUD and prescribed MAT in the ED (Target = 140 in year 3).
   - Number of ED patients diagnosed with an OUD and prescribed MAT at discharge (Target = 110 in year 3).
   - Implement specific resource for CommuniCare+OLE MAT services in hospital resource book in the ED case management office.
   - Share flyer/resource for patient and community distribution.

CONFLICT RESOLUTION AND MEDIATION

In the event COUNTY or CONTRACTOR encounter problems that significantly threaten to impede the fulfillment of the terms of this agreement, an ad hoc meeting may be called by either the Health and Human Services Agency (HHSA) Director, or designee, or CONTRACTOR executive management, wherein problem resolution is attempted, if need be, with a third party agreeable to both. Prior to termination of Agreement, each party agrees to attempt such conflict resolution at least one time prior to termination of contract.

RECOGNITION OF COUNTY FUNDING

All press releases, media advisories, communications, and other material referencing programs funded by Opioid Settlement Funds (OSF) shall include the following tagline and/or HHSA and Napa County logos:

Providence Queen of the Valley Medical Center is funded in part by Napa County Health and Human Services Agency (HHSA) through Opioid Settlement Funds (OSF) to support prevention, intervention, treatment, recovery, and other life-saving programs and services for individuals and families throughout the community.

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EXHIBIT B
PAYMENTS, BUDGET & REPORTING
July 1, 2024 through June 30, 2027

METHOD OF PAYMENT

CONTRACTOR shall submit quarterly invoices to the Public Health (PH) Project Manager or their designee, not to exceed the contract maximum. Actual annual reimbursement shall be based on CONTRACTOR's actual cost, not to exceed the annual maximum budget amount in each Fiscal Year (FY). The quarterly reports and invoices due, as noted below, shall identify the activities conducted and expenditures made during the previous quarter ending on the last date of the calendar month prior to the report due date. Payment will be made following receipt of the report and invoice. COUNTY shall not release payments until CONTRACTOR has submitted reports for the previous quarter.

Year/Quarter	Reporting Period	Report / Invoice Due Date
Y1/Q1	July 1, 2024 – September 30, 2024	October 31, 2024
Y1/Q2	October 1, 2024 – December 31, 2024	January 31, 2025
Y1/Q3	January 1, 2025 – March 31, 2025	April 30, 2025
Y1/Q4	April 1, 2025 – June 30, 2025	July 31, 2025
Y2/Q1	July 1, 2025 – September 30, 2025	October 31, 2025
Y2/Q2	October 1, 2025 – December 31, 2025	January 31, 2026
Y2/Q3	January 1, 2026 – March 31, 2026	April 30, 2026
Y2/Q4	April 1, 2026 – June 30, 2026	July 31, 2026
Y3/Q1	July 1, 2026 – September 30, 2026	October 31, 2026
Y3/Q2	October 1, 2026 – December 31, 2026	January 31, 2027
Y3/Q3	January 1, 2027 – March 31, 2027	April 30, 2027
Y3/Q4	April 1, 2027 – June 30, 2027	July 31, 2027

CONTRACTOR shall, on each quarterly invoice, certify that the expenditures incurred represent accurate identifiable and eligible costs, and that CONTRACTOR's expenditures were made on eligible activities, as set forth in Exhibit A. Invoices shall be accompanied by documentation to support the costs for which the CONTRACTOR is seeking reimbursement (including general ledger reports; payroll report, timesheets; receipts; invoices, etc.).

With the written approval of the Director of COUNTY's Health and Human Services Agency (HHSA) or designee, CONTRACTOR may modify the maximum amount of individual budget items in its final approved budget. The dollar amount of any individual budget item may be reduced without limitation, provided the total dollar amount for all budget items shall remain unchanged, such changes in the budget shall not add a new type of service to the program description, and the

administrative cost line item shall remain unchanged. Such changes shall not be effective unless and until notice of consent by HHSA has been given to CONTRACTOR in writing.

CONTRACTOR shall perform services and provide such documentation as required by all applicable laws, rules, and regulations. Funds from the opioid settlements are subject to the requirements listed in Exhibit E to the National Opioid Settlement Agreements.

Other limitations affecting contract payments may include, but are not limited to:

CONTRACTOR shall provide such documentation as required by COUNTY in order to substantiate its claims for payment. COUNTY may elect to withhold payment for failure by CONTRACTOR to provide such documentation required by COUNTY.

CONTRACTOR's services and claims are subject to any audits conducted by COUNTY, the State of California or federal government, or other auditors. CONTRACTOR must maintain supporting documentation for any expenditures invoiced to COUNTY against this source of funding. Documentation for this entirety of this program should be maintained onsite for five (5) years from the date of the final invoice submitted to COUNTY. Any resulting audit exemption shall be repaid to COUNTY.

BUDGET

Summary Budget FY 2024-2027

Category	Year 1 FY 24-25	Year 2 FY 25-26	Year 3 FY 26-27	TOTAL
Personnel	$19,688.00	$41,237.00	$42,359.00	$103,284.00
Benefits	$5,906.00	$12,371.00	$12,708.00	$30,985.00
Operating Expenses	$0.00	$0.00	$0.00	$0.00
Program Expenses	$0.00	$0.00	$0.00	$0.00
TOTAL	**$25,594.00**	**$53,608.00**	**$55,067.00**	**$134,269.00**

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QUARTERLY & FULL YEAR ACTVITY REPORT

TEMPLATE

Reporting Period: _____

Summary of Activities Pertaining to the Contract (Narrative):

Targeted Outcomes	Measure	Total
By the end of Year 3, increase by 20% the number of patients diagnosed with an OUD that are prescribed MAT in the ED.	Number of patients diagnosed with an OUD in the ED	
	Number of patients diagnosed with an OUD that were prescribed MAT in the ED	
By the end of Year 3, increase by 20% the number of patients diagnosed with an OUD that are prescribed MAT for a limited term at discharge.	Number of patients diagnosed with an OUD that were prescribed MAT at discharge	
By the end of Year 3, 75% of patients prescribed MAT in the ED and/or at discharge will be connected with the SUN and referred to CommuniCare+OLE's MAT program or another outpatient treatment program.	Number of patients in the ED that SUN provided services and referrals for treatment	
Provide education and/or resources for SUD and OUD services available throughout Napa County to 100 hospital caregivers, patients, and family members each year, as measured by the number of individuals reached by SUN.	Number of unduplicated hospital providers and staff reached by SUN	
	Number of unduplicated patients and family members reached by SUN	

EXHIBIT C

SECTION 2. GENERAL TERMS AND CONDITIONS –VERSION 12

2.1 **Term of the Agreement.**

(a) Term. The term of this Agreement shall commence on the date first written on page 1 and shall expire on the expiration date set forth on page 1 unless terminated earlier in accordance with Paragraphs 2.9 (Termination for Cause), 2.10 (Other Termination) or 2.23(a) (Covenant of No Undisclosed Conflict).

(b) Automatic Renewal. The term of this Agreement shall be automatically renewed for an additional year at the end of each fiscal year, under the same terms and conditions, unless either party gives the other party written notice of intention not to renew no less than thirty (30) days prior to the expiration of the then current term. For purposes of this Agreement, "fiscal year" shall mean the period commencing on July 1 and ending on June 30. COUNTY authorizes the Department Director to determine whether this Agreement shall not be renewed and to provide the written notice of the intention to not renew on behalf of COUNTY.

(c) Obligations Extending Beyond Term. The obligations of the parties under Paragraphs 2.7 (Insurance) and 2.8 (Hold Harmless/Defense/Indemnification) shall continue in full force and effect after the expiration date or early termination in relation to acts or omissions occurring prior to such dates during the term of the Agreement, and the obligations of CONTRACTOR to COUNTY shall also continue after the expiration date or early termination in relation to the obligations prescribed by Paragraphs 2.15 (Confidentiality), 2.20 (Taxes), 2.21 (Access to Records/Retention), 2.31 (Compliance with Federal Health Care Program Requirements, 2.32 (Compliance with State Medi-Cal Specialty Mental Health Services Requirements), and 2.33 (Compliance with Mental Health Activities Requirements). To the extent the paragraphs referenced in this Paragraph 2.1 may be modified by Specific Terms and Conditions contained in SECTION 3 of this Agreement, the modifications shall also continue after the expiration date or early termination.

2.2 **Scope of Services.** CONTRACTOR shall provide COUNTY those services set forth in Exhibit "A."

2.3 **Compensation.**

(a) Compensation/Maximum. In consideration of CONTRACTOR's fulfillment of the promised work, COUNTY shall pay CONTRACTOR at the rates and/or in the amount(s) set forth in Exhibit "B". The maximum payment for the initial term of this Agreement, and the successive maximum payments for each subsequent automatically renewed term, shall each be that maximum amount set forth on page 1; provided, however, that such amounts shall not be construed as guaranteed sums, and compensation shall be based upon services actually rendered and reimbursable expenses actually incurred.

(b) Advance Funding.

1. Use of Funds. To the extent this Agreement may permit advance funding of services and expenses, use of funds delineated in this Agreement is limited to the term of performance unless otherwise modified in accordance with Paragraph 2.17

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(Amendment/Modification). COUNTY may at its discretion recapture funds obligated under the authority of this Agreement if expenditure plans are not being met.

2. Reversion of Funds. If funds awarded to CONTRACTOR have not been expended in accordance with this Agreement and COUNTY has determined after consultation with CONTRACTOR that funds will not be spent in a timely manner, such funds will revert to COUNTY for that reason and to the extent permitted by and in a manner consistent with federal and state law, regulations, and policies.

(c) Availability of Funds. It is mutually understood that, for the benefit of both parties, this Agreement may have been written before ascertaining the availability of congressional and/or state legislative appropriation of funds in order to avoid program and fiscal delays that would occur if the Agreement were executed after that determination was made. If funding of this Agreement is dependent upon the availability of congressional and legislative appropriation of funds, then:

1. This Agreement shall be deemed automatically terminated if the Congress and and/or the State Legislature do not appropriate funds needed for this Agreement;

2. At COUNTY's discretion, this Agreement may be deemed automatically terminated or this Agreement may be modified or amended in accordance with Paragraph 2.17 (Amendment/Modifications), if the Congress and/or State Legislature do not appropriate sufficient funds needed for this Agreement; and

3. This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or State Legislature, or any statute enacted by the Congress or State Legislature, that may in any manner affect the provisions, terms, or funding of this Agreement.

(d) COUNTY may withhold any compensation due CONTRACTOR as an offset for any revenues lost arising from an act or omission in billing or documentation practices by CONTRACTOR. CONTRACTOR shall make COUNTY whole for any such lost revenues.

2.4 **Method of Payment.**

(a) Invoices. All payments for compensation and reimbursement for expenses shall be made only upon presentation by CONTRACTOR to COUNTY of an itemized billing invoice in a form acceptable to the Napa County Auditor which indicates, at a minimum, CONTRACTOR's name, address, Social Security or Taxpayer Identification Number, itemization of the hours worked or, where compensation is on a per-task basis, a description of the tasks completed during the billing period, the person(s) actually performing the services and the position(s) held by such person(s), and the approved hourly or task rate. Where expense reimbursement is sought, the invoice shall describe the nature and cost of the expense, the task(s) if any to which the expense was related, and the date incurred. CONTRACTOR shall submit invoices not more often than monthly to the Contract Administrator. After review and approval as to form and content, the invoice shall be submitted to the Napa County Auditor no later than fifteen (15) calendar days following receipt.

(b) Legal status. So that COUNTY may properly comply with its reporting obligations under federal and state laws pertaining to taxation, if CONTRACTOR is or becomes a corporation during the term of this Agreement, proof that such status is currently recognized by and complies with the laws of both the state of incorporation or organization and the State of California, if different, shall be provided to the Contract Administrator upon request during the term of this Agreement in a form satisfactory to the Napa County Auditor. Such proof shall

include, but need not be limited to, a copy of any annual or other periodic filings or registrations required by the state of origin or California, the current address for service of process on the corporation or limited liability partnership, and the name of any agent designated for service of process by CONTRACTOR within the State of California.

2.5 **Independent Contractor.** CONTRACTOR shall perform this Agreement as an independent contractor. CONTRACTOR and the officers, agents and employees of CONTRACTOR are not, and shall not be deemed, COUNTY employees for any purpose, including workers' compensation and employee benefits. CONTRACTOR shall, at CONTRACTOR's own risk and expense, determine the method and manner by which duties imposed on CONTRACTOR by this Agreement shall be performed; provided, however, that COUNTY may monitor the work performed by CONTRACTOR. COUNTY shall not deduct or withhold any amounts whatsoever from the compensation paid to CONTRACTOR, including, but not limited to amounts required to be withheld for state and federal taxes. As between the parties to this Agreement, CONTRACTOR shall be solely responsible for all such payments.

2.6 **Specific Performance.** It is agreed that CONTRACTOR, including the agents, employees and authorized subcontractors of CONTRACTOR, shall be the sole providers of the services required by this Agreement. Because the services to be performed by CONTRACTOR under the terms of this Agreement are of a special, unique, unusual, extraordinary, and intellectual or time-sensitive character which gives them a peculiar value, the loss of which cannot be reasonably or adequately compensated in damages in an action of law, COUNTY, in addition to any other rights or remedies which COUNTY may possess, shall be entitled to injunctive and other equitable relief to prevent a breach of this Agreement by CONTRACTOR.

2.7. **Insurance.** CONTRACTOR shall obtain and maintain in full force and effect throughout the term of this Agreement, and thereafter as to matters occurring during the term of this Agreement, the following insurance coverage:

(a) Workers' Compensation Insurance. To the extent required by law during the term of this Agreement, CONTRACTOR shall provide workers' compensation insurance for the performance of any of CONTRACTOR's duties under this Agreement, including but not limited to, coverage for workers' compensation and employer's liability and a waiver of subrogation, and shall provide COUNTY with certification of all such coverages upon request by COUNTY's Risk Manager.

(b) Liability Insurance. CONTRACTOR shall obtain and maintain in full force and effect during the term of this Agreement the following liability insurance coverages, issued by a company admitted to do business in California and having an A.M. Best rating of A:VII or better, or equivalent self-insurance:

(1) General Liability. Commercial general liability [CGL] insurance coverage (personal injury and property damage) of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence, covering liability or claims for any personal injury, including death, to any person and/or damage to the property of any person arising from the acts or omissions of CONTRACTOR or any officer, agent, or employee of CONTRACTOR under this Agreement. If the coverage includes an aggregate limit, the aggregate limit shall be no less than twice the per occurrence limit.

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(2) Professional Liability/Errors and Omissions. Professional liability [or errors and omissions] insurance for all activities of CONTRACTOR arising out of or in connection with this Agreement in an amount not less than ONE MILLION DOLLARS ($1,000,000) per claim.

(3) Comprehensive Automobile Liability Insurance. Comprehensive automobile liability insurance (Bodily Injury and Property Damage) on owned, hired, leased and non-owned vehicles used in conjunction with CONTRACTOR's business of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence. Coverage shall be business auto insurance coverage using Insurance Services Office (ISO) form number CA 0001 06 92 including symbol 1 (any Auto) or the exact equivalent. If CONTRACTOR owns no vehicles, this requirement may be satisfied by a non-owned auto endorsement to the General Liability Insurance described in subparagraph (b)(1) above. If CONTRACTOR or CONTRACTOR's employees, officers, or agents will use personal automobiles in any way in the performance of this Agreement, CONTRACTOR shall provide evidence of personal auto liability coverage for each such person upon request.

(c) Certificates of Coverage. All insurance coverages referenced in 2.7(b), above, shall be evidenced by one or more certificates of coverage or, with the consent of COUNTY's Risk Manager, demonstrated by other evidence of coverage acceptable to COUNTY's Risk Manager, which shall be filed by CONTRACTOR with the Health and Human Services Agency prior to commencement of performance of any of CONTRACTOR's duties.

(1) The certificate(s) or other evidence of coverage shall reference this Agreement by its COUNTY number or title and department; shall be kept current during the term of this Agreement; shall provide that COUNTY shall be given no less than thirty (30) days prior written notice of any non-renewal, cancellation, other termination, or material change, except that only ten (10) days prior written notice shall be required where the cause of non-renewal or cancellation is non-payment of premium; and shall provide that the inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, the coverage afforded applying as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

(2) Waiver of Subrogation and Additional Insured Endorsements. For the commercial general liability insurance coverage referenced in 2.7(b)(1) and, for the comprehensive automobile liability insurance coverage referenced in 2.7(b)(3) where the vehicles are covered by a commercial policy rather than a personal policy, CONTRACTOR shall also file with the evidence of coverage an endorsement from the insurance provider naming COUNTY, its officers, employees, agents and volunteers as additional insureds and waiving subrogation. For the Workers Compensation insurance coverage, CONTRACTOR shall file with the evidence of coverage an endorsement waiving subrogation.

(3) The certificate or other evidence of coverage shall provide that if the same policy applies to activities of CONTRACTOR not covered by this Agreement, then the limits in the applicable certificate relating to the additional insured coverage of COUNTY shall pertain only to liability for activities of CONTRACTOR under this Agreement, and that the insurance provided is primary coverage to COUNTY with respect to any insurance or self-insurance programs maintained by COUNTY. The additional insured endorsements for the general liability coverage shall use Insurance Services Office (ISO) Form No. CG 20 09 11 85 or CG 20

10 11 85, or equivalent, including (if used together) CG 2010 10 01 and CG 2037 10 01; but shall not use the following forms: CG 20 10 10 93 or 03 94.

(4) Upon request by COUNTY's Risk Manager, CONTRACTOR shall provide or arrange for the insurer to provide within thirty (30) days of the request, certified copies of the actual insurance policies or relevant portions thereof.

(d) Deductibles/Retentions. Any deductibles or self-insured retentions shall be declared to, and be subject to approval by, COUNTY's Risk Manager, which approval shall not be denied unless the COUNTY's Risk Manager determines that the deductibles or self-insured retentions are unreasonably large in relation to compensation payable under this Agreement and the risks of liability associated with the activities required of CONTRACTOR by this Agreement. At the option of and upon request by COUNTY's Risk Manager if the Risk Manager determines that such deductibles or retentions are unreasonably high, either the insurer shall reduce or eliminate such deductibles or self-insurance retentions as respects COUNTY, its officers, employees, agents and volunteers or CONTRACTOR shall procure a bond guaranteeing payment of losses and related investigations, claims administration and defense expenses.

(e) Inclusion in Subcontracts. CONTRACTOR agrees to require all subcontractors and any other entity or person who is involved in providing services under this Agreement to comply with the Workers Compensation and General Liability insurance requirements set forth in this Paragraph 2.7.

(f) Failure to demand evidence of full compliance with the insurance requirements set forth in this Agreement or failure to identify any insurance deficiency shall not relieve CONTRACTOR, nor be construed or deemed a waiver of, its obligation to maintain the required insurance at all times during the performance of this Agreement.

2.8 **Hold Harmless/Defense/Indemnification.**

(a) In General. To the full extent permitted by law, CONTRACTOR shall hold harmless, defend at its own expense, and indemnify COUNTY and the officers, agents, employees and volunteers of COUNTY from any and all liability, claims, losses, damages or expenses, including reasonable attorney's fees, for personal injury (including death) or damage to property, arising from all acts or omissions to act of CONTRACTOR or its officers, agents, employees, volunteers, contractors and subcontractors in rendering services under this Agreement, excluding, however, such liability, claims, losses, damages or expenses arising from the sole negligence or willful acts of COUNTY or its officers, agents, employees or volunteers or other contractors or their subcontractors. Each party shall notify the other party immediately in writing of any claim or damage related to activities performed under this Agreement. The parties shall cooperate with each other in the investigation and disposition of any claim arising out of the activities under this Agreement, providing that nothing shall require either party to disclose any documents, records or communications that are protected under peer review privilege, attorney-client privilege, or attorney work product privilege.

(b) Obligations Relating to Criminal Background Checks.

1. If CONTRACTOR's obligations under this Agreement involve contact with vulnerable populations such as children, elderly, mentally ill or disabled persons (hereafter in this paragraph referred to as "third persons"), then CONTRACTOR shall investigate by all lawful means, including but not limited to obtaining information from official government sources as the result of taking fingerprints, the criminal background of each and all of its officers, agents, employees, interns, and volunteers, however denominated (hereafter, "employees"), who

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will have direct personal contact with, or provide direct personal services to, third persons in the performance of this contract. Depending upon the information acquired by its investigation, CONTRACTOR shall not allow any of its employees to have personal contact with, or provide direct personal services to, third persons where it may reasonably be concluded as a result of its investigation that an employee should not have such contact or provide such service. Nothing herein requires CONTRACTOR to investigate the criminal background of an employee who is currently licensed by the State of California and whose license requires a criminal background investigation.

2. Notwithstanding anything to the contrary in (a) or (c), CONTRACTOR shall defend and indemnify COUNTY and its officers, agents and employees from any and all claims, actions, settlements or judgments of whatever kind which may arise from the failure of CONTRACTOR to conduct the criminal background investigation described in this subparagraph (b) or from the failure of CONTRACTOR after the investigation to reasonably disallow an employee from having such personal contact or providing such direct personal service.

(c) Employee Character and Fitness. CONTRACTOR accepts responsibility for determining and approving the character and fitness of its employees (including volunteers, agents or representatives) to provide the services required of CONTRACTOR under this Agreement, including completion of a satisfactory criminal/background check and period rechecks to the extent permitted by law. Notwithstanding anything to the contrary in this Paragraph, CONTRACTOR shall hold COUNTY and its officers, agents and employees harmless from any liability for injuries or damages resulting from a breach of this provision or CONTRACTOR's actions in this regard.

2.9 **Termination for Cause.**

(a) If either party shall fail to fulfill in a timely and proper manner that party's obligations under this Agreement or otherwise breach this Agreement and fail to cure such failure or breach within ten (10) days of receipt of written notice from the other party describing the nature of the breach, the non-defaulting party may, in addition to any other remedies it may have, terminate this Agreement by giving five (5) days written notice to the defaulting party in the manner set forth in Paragraph 2.13 (Notices).

(b) The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to terminate this Agreement under this Paragraph.

2.10 **Other Termination.**

(a) This Agreement may be terminated by either party for any reason and at any time by giving prior written notice of such termination to the other party specifying the effective date thereof at least thirty
(30)
days prior to the effective date; provided, however, that no such termination may be effected by

COUNTY unless an opportunity for consultation is provided prior to the effective date of the termination.

(b) The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to terminate this Agreement under this Paragraph.

2.11. **Disposition of, Title to and Payment for Work upon Expiration or Termination.**

(a) Upon expiration or termination of this Agreement, if and to the extent CONTRACTOR has provided services through Software and Applications materials licensed to COUNTY, COUNTY shall promptly return the Software and Application materials to CONTRACTOR. In addition, to the extent CONTRACTOR maintains COUNTY data on those portions of digital software hosted by CONTRACTOR and not controlled by COUNTY ("County data"), CONTRACTOR shall promptly return County data to COUNTY Information Technology Department (ITS) in a format designated by ITS and shall subsequently purge County data from CONTRACTOR's systems upon confirmation from COUNTY that the copy of the data provided to COUNTY is comprehensive of the data previously hosted by CONTRACTOR.

(b) Upon expiration or termination of this Agreement, all finished or unfinished documents and other materials, if any, and all rights therein shall become, at the option of COUNTY, the property of and shall be promptly returned to COUNTY, although CONTRACTOR may retain a copy of such work for its personal records only. Unless otherwise expressly provided in this Agreement, any copyrightable or patentable work created by CONTRACTOR under this Agreement shall be deemed a "work made for hire" for purposes of copyright or patent law and only COUNTY shall be entitled to claim or apply for the copyright or patent thereof.

(c) Notwithstanding the provisions set forth in subparagraph (b) above, if the services involve development or improvement of previously patented inventions or previously copyrighted software, upon expiration or termination of this Agreement, title to, ownership of, and all applicable patents, copyrights and trade secrets in the products developed or improved under this Agreement, shall remain with CONTRACTOR or any other person or entity if such person previously owned or held such patents, copyrights, and trade secrets, and such persons shall retain complete rights to market such product; provided, however, that COUNTY shall receive, at no additional cost, a perpetual license to use such products for its own use or the use of any consortium or joint powers agency to which COUNTY is a party. If the product involves a source code, CONTRACTOR shall either provide a copy of the source code to COUNTY or shall place the source code in an escrow account, at CONTRACTOR's expense, from which the source code may be withdrawn and used by COUNTY for the sole purpose of maintaining and updating the system dependent upon such code when such use is necessary to prevent loss of service to COUNTY.

(d) CONTRACTOR shall be entitled to receive compensation for any satisfactory work completed prior to expiration or receipt of the notice of termination or commenced prior to receipt of notice of termination and completed satisfactorily prior to the effective date of the

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termination; except that CONTRACTOR shall not be relieved of liability to COUNTY for damages sustained by COUNTY by virtue of any breach of the Agreement by CONTRACTOR whether or not the Agreement expired or was otherwise terminated, and COUNTY may withhold any payments not yet made to CONTRACTOR for purpose of setoff until such time as the exact amount of damages due to COUNTY from CONTRACTOR is determined.

2.12 **No Waiver.** The waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement.

2.13 **Notices.**

(a) In General. Except as set forth in subparagraph (b) below with respect to notice of automatically adopted provisions, all notices required or authorized by this Agreement shall be in writing and shall be delivered in person or by deposit in the United States mail, by certified mail, postage prepaid, return receipt requested. Any notice sent by mail in the manner prescribed by this subparagraph shall be deemed to have been received on the date noted on the return receipt or five days following the date of deposit, whichever is earlier. Any mailed notice, demand, request, consent, approval or communication that COUNTY desires to give to CONTRACTOR shall be addressed to CONTRACTOR's Contract Contact Person at the mailing address set forth in SECTION 1 of this Agreement. Any mailed notice, demand, request, consent, approval or communication that CONTRACTOR desires to give to COUNTY shall be addressed to COUNTY's Contract Administrator at the mailing address set forth in SECTION 1 of this Agreement. Either party may change its address by notifying the other party of the change of address.

(b) Provisions Adopted Automatically. COUNTY reserves the right to provide notice to CONTRACTOR via facsimile of terms, which automatically become part of this Agreement upon approval by the Napa County Board of Supervisors. Notice delivered by facsimile shall be deemed to have been received on the date a successful delivery confirmation report is generated.

(c) Waiver of Notice by CONTRACTOR. If receipt of notice is refused by CONTRACTOR or if notice is undeliverable due to CONTRACTOR's failure to provide a change of address, notice shall be deemed waived and COUNTY may proceed as though notice were accomplished.

2.14 **Compliance with COUNTY Policies on Waste, Harassment, Drug/Alcohol-Free Workplace, and Computer Use.** CONTRACTOR hereby agrees to comply, and require its employees and subcontractors to comply, with the following policies, copies of which are on file with the Clerk of the Board of Supervisors and incorporated by reference herein. Future versions of the following policies shall automatically become part of this Agreement upon approval by the Napa County Board of Supervisors and notice to CONTRACTOR pursuant to Paragraph 2.13. CONTRACTOR also agrees that it shall not engage in any activities, or permit its officers, agents and employees to do so, during the performance of any of the services required under this Agreement, which would interfere with compliance or induce violation of these policies by COUNTY employees or contractors.

(a) Waste Source Reduction and Recycled Product Content Procurement Policy.

(b) County of Napa "Policy for Maintaining a Harassment and Discrimination Free Work Environment."

(c) Drug and Alcohol Policy.

(d) Napa County Information Technology Use and Security Policy. To this end, all employees and subcontractors of CONTRACTOR whose performance of services under this Agreement requires access to any portion of the COUNTY computer network shall sign and have on file with COUNTY's ITS Department prior to receiving such access the certification attached to said Policy.

(e) Napa County Workplace Violence Policy, adopted by the BOS effective May 23, 1995 and subsequently revised effective November 2, 2004, which is located in the County of Napa Policy Manual Part I, Section 37U.

2.15 **Confidentiality.**

(a) Maintenance of Confidential Information. Confidential information is defined as all information disclosed to or created by CONTRACTOR which relates to COUNTY's past, present, and future activities, as well as activities under this Agreement. CONTRACTOR shall hold all such information as CONTRACTOR may receive or create, if any, in trust and confidence, except with the prior written approval of COUNTY, as expressed through the Department Director. Upon cancellation or expiration of this Agreement, to the extent permitted by law, CONTRACTOR shall return to COUNTY all written and descriptive matter which contains any such confidential information, except that CONTRACTOR may retain for its files a copy of CONTRACTOR's work product if such product has been made available to the public by COUNTY.

(b) Protection of Personally Identifiable Information and Protected Health Information.

(1) To the extent CONTRACTOR is provided, creates, or has access to, Protected Health Information (PHI), Personally Identifiable Information (PII), or any other legally protected confidential information or data in any form or matter (collectively referred to as "Protected Information"), CONTRACTOR shall adhere to all federal, state and local laws, rules and regulations protecting the privacy of such information. CONTRACTOR shall adhere to all existing and future federal, state and local laws, rules and regulations regarding the privacy and security of Protected Information, including, but not limited to, laws and regulations requiring data encryption or policy and awareness programs for the protection of COUNTY Protected Information provided to, or accessed or created by, CONTRACTOR.

(2) CONTRACTOR agrees to adhere to the applicable terms regarding the privacy and security of Protected Information as set forth in the COUNTY-entity agreements identified in Paragraph 1.8 of Section 1 of this Agreement (Contract Administration). CONTRACTOR shall also observe and comply with those requirements set forth in "Addendum For Contracts Involving Protected Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at: www.countyofnapa.org.

(3) CONTRACTOR shall ensure that its staff is trained to its privacy and security policies and procedures and that appropriate physical, technological and administrative safeguards are in place to protect the confidentiality of COUNTY's Protected Information, including, but not limited to, PHI and PII. Upon request, CONTRACTOR shall make available to COUNTY its policies and procedures, staff training records and other documentation of compliance with this Paragraph 2.15.

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(4) CONTRACTOR agrees to notify COUNTY, by and through the Napa County Privacy Officer at 2751 Napa Valley Corporate Dr. Suite B, Napa, CA 94559, or 707.253-4715, immediately in the following instances:

(A) Upon the discovery of a breach of PHI/PII/other Protected Information in electronic or other media;

(B) Upon the discovery that PHI/PII/other Protected Information was, or is reasonably believed to have been accessed or acquired by an unauthorized person;

(C) Upon the discovery of a suspected security incident that involves PHI/PII/other Protected Information; or

(D) Upon the discovery of any breach, security incident, intrusion, or unauthorized access, use, or disclosure of PHI/PII/other Protected Information.

(5) CONTRACTOR will be responsible for all costs associated with CONTRACTOR's breach of the security and privacy of PHI/PII/other Protected Information, or its unauthorized access to or disclosure of PHI/PII/or other Protected Information, including, but not limited to, mitigation of the breach, cost to the County of any monetary sanctions resulting from breach, notification of individuals affected by the breach, and any other action required by federal, state, or local laws, rules or regulations applicable at the time of the breach.

(c) To the extent CONTRACTOR creates, is provided, or has access to applications and records concerning any individual made or kept by COUNTY in connection with public social services (records) as defined in California Welfare & Institutions Code Section 10850, CONTRACTOR shall maintain the confidentiality of such records in accordance with Section 10850, except as otherwise permitted by COUNTY and as necessary for purposes of providing services under this Agreement.

(d) Protection of County Data. If CONTRACTOR will be processing and storing the COUNTY's data in an offsite location, such as a cloud service site, cloud storage site, hosted application site, or hosted storage site, CONTRACTOR shall guarantee that such data is encrypted using an encryption algorithm that meets the current US Department of Defense minimum requirements in order to protect COUNTY data against a breach of protected data if lost or stolen. All offsite cloud applications and storage systems utilized by CONTRACTOR shall be located in the United States, which includes any backup and failover facilities. Application and storage solutions in any foreign location is prohibited.

All desktop and laptop computers, as well other similar type computer systems, used by CONTRACTOR shall be encrypted using the same encryption algorithm described above. All data in transit shall require the same encryption. Storage of COUNTY data on removable portable storage is prohibited.

Upon termination of this agreement, CONTRACTOR shall purge all COUNTY data from all CONTRACTOR systems using a forensic grade deletion that conforms to US Department of Defense DoD 5220.22-M (E) standards.

CONTRACTOR shall reimburse the COUNTY for all associated costs of a breach, including but not limited to reporting costs and associated penalties the COUNTY must bear.

(e) HHSA Contractor Security Requirements. Whenever CONTRACTOR utilizes their own equipment to perform work under this Agreement , CONTRACTOR warrants that they have reviewed "HHSA Contractor Security Requirements" and can adhere to the minimum standards at all time. A copy of "HHSA Contractor Security Requirements" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at: www.countyofnapa.org.

2.16 **No Assignments or Subcontracts.**

(a) In general. A consideration of this Agreement is the personal reputation of CONTRACTOR; therefore, CONTRACTOR shall not assign any interest in this Agreement or subcontract any of the services CONTRACTOR is to perform hereunder without the prior written consent of COUNTY, which shall not be unreasonably withheld. The inability of the assignee to provide personnel equivalent in experience, expertise, and numbers to those provided by CONTRACTOR, or to perform any of the remaining services required under this Agreement within the same time frame required of CONTRACTOR shall be deemed to be reasonable grounds for COUNTY to withhold its consent to assignment. For purposes of this subparagraph, the consent of COUNTY may be given by the Department Director.

(b) Effect of Change in Status. If CONTRACTOR changes its status during the term of this Agreement from or to that of a corporation, limited liability partnership, limited liability company, general partnership, or sole proprietorship, such change in organizational status shall be viewed as an attempted assignment of this Agreement by CONTRACTOR. Failure of CONTRACTOR to obtain approval of such assignment under this Paragraph shall be viewed as a material breach of this Agreement.

2.17 **Amendment/Modification.**

(a) Except as specifically provided herein, this Agreement may be modified or amended only in writing and with the prior written consent of both parties. In particular, only COUNTY, by the Department Director (as long as the aggregate compensation payable to CONTRACTOR by COUNTY under this and all prior agreements with CONTRACTOR will not exceed $10,000), or by COUNTY's Purchasing Agent (as long as the aggregate compensation payable to CONTRACTOR by COUNTY under this and all prior agreements with CONTRACTOR will not exceed the maximum aggregate amount for Purchasing Agent contracts as specified by Napa County Code section 2.36.040 (G)) or by COUNTY's Board of Supervisors (in all other instances), in the form of an amendment of this Agreement, may authorize extra and/or changed work if beyond the scope of services prescribed by "Exhibit A." Failure of CONTRACTOR to secure such authorization in writing in advance of performing any of the extra or changed work shall constitute a waiver of any and all rights to adjustment in the contract price or contract time and no compensation shall be paid for such extra work.

(b) Notwithstanding anything to the contrary in (a), this Agreement may be unilaterally modified by COUNTY upon written notice to CONTRACTOR under the following circumstances:

1. There is a decrease in state or federal funding needed for this Agreement;
2. There is a no-cost extension of the end date of the Agreement as authorized by a state or federal funding source; or
3. There is a change in state/federal law or regulation requiring a change in a provision of this Agreement.

(c) The Department Director is delegated the authority to modify this Agreement in accordance with subparagraph (b), but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; provided, however, that nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to modify this Agreement under subparagraph (b).

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2.18 **Interpretation; Venue.**

(a) Interpretation. The headings used herein are for reference only. The terms of the Agreement are set out in the text under the headings. This Agreement shall be governed by the laws of the State of California without regard to the choice of law or conflicts.

(b) Venue. This Agreement is made in Napa County, California. The venue for any legal action in state court filed by either party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement shall be in the Superior Court of California, County of Napa, a unified court. The venue for any legal action in federal court filed by either party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement lying within the jurisdiction of the federal courts shall be the Northern District of California. The appropriate venue for arbitration, mediation or similar legal proceedings under this Agreement shall be Napa County, California; however, nothing in this sentence shall obligate either party to submit to mediation or arbitration any dispute arising under this Agreement.

2.19 **Compliance with Laws.** CONTRACTOR shall observe and comply with all applicable Federal, State and local laws, ordinances, and codes. **CONTRACTOR acknowledges its independent duty to be and to remain informed of all changes in such laws without reliance on COUNTY to provide notice of such changes.** Such laws shall include, but not be limited to, the following, except where prohibited by law:

(a) Non-Discrimination. During the performance of this Agreement, CONTRACTOR and its subcontractors shall not deny the benefits thereof to any person on the basis of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS), or political affiliation or belief nor shall they discriminate unlawfully against any employee or applicant for employment because of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS, use of family care leave, or political affiliation or belief. CONTRACTOR shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination or harassment. In addition to the foregoing general obligations, CONTRACTOR shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12900, et seq.), the regulations promulgated thereunder (Title 2, California Code of Regulations, section 7285.0, et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (sections 11135-11139.5) and any state or local regulations adopted to implement any of the foregoing, as such statutes and regulations may be amended from time to time. To the extent this Agreement subcontracts to CONTRACTOR services or works required of COUNTY by the State of California pursuant to agreement between COUNTY and the State, the applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990 (a) through (f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are expressly incorporated into this Agreement by reference and made a part hereof as if set forth in full, and CONTRACTOR and any of its subcontractors shall give written notice of their obligations thereunder to labor organizations with which they have collective bargaining or other agreements.

(b) Documentation of Right to Work. CONTRACTOR agrees to abide by the requirements of the Immigration and Control Reform Act pertaining to assuring that all newly-hired employees of CONTRACTOR performing any services under this Agreement have a legal right to work in the United States of America, that all required documentation of such right to work is inspected, and that INS Form 1-9 (as it may be amended from time to time) is completed and on file for each employee. CONTRACTOR shall make the required documentation available upon request to COUNTY for inspection.

(c) Federal Grant Source. Notwithstanding anything to the contrary in this Agreement, if the funds for this Agreement are derived from a grant from a federal agency, pursuant to 29 CFR 97.36(i)(8) and (9), CONTRACTOR is hereby notified of, and shall comply with the requirements and regulations imposed by the federal granting agency with respect to any discovery or invention which arises or is developed pursuant to this Agreement, and pertaining to any copyrights or rights in data created or otherwise developed when engaging in activities of CONTRACTOR under this Agreement. The requirements and regulations imposed by the federal granting agency are set forth in the original grant agreement specified in Section 1 of the Agreement and are incorporated by reference herein. The original grant agreement is on file with the Clerk of the Board of Supervisors.

(d) Prevailing Wages. If the services to be provided relate to construction or pre-construction-related services, including but not limited to testing, surveying, and inspection, then this Agreement includes the following provisions:

(1) Affected work. CONTRACTOR shall comply with Labor Code sections 1774 and 1775 in relation to payment of prevailing wages for any portion of the required work performed under this Agreement on or after January 1, 2002 relating to construction design, testing, surveying and/inspection work, and construction if the State Director of Industrial Relations has established prevailing wage rates for the types of work involved.

(2) Prevailing wages rates. In accordance with the provisions of Section 1774 of the Labor Code of the State of California, to the extent the Director of Industrial Relations has established the general prevailing rate of wages (which rate includes employer payments for health and welfare, pension, vacation and similar purposes) for the above-described portions of the work required under this Agreement, such rates of wages will be on file and available for inspection at the office of the County of Napa Department of Public Works, 1195 Third Street, Room 201, Napa, California.

(3) Payroll records. In accordance with Labor Code section 1776, a copy of all payrolls for work subject to this subparagraph shall be submitted weekly to COUNTY's Director of Public Works. Payrolls shall contain the full name, address and social security number of each employee, his correct classification, rate of pay, daily and weekly number of hours worked, itemized deductions made and actual wages paid. They shall also indicate apprentices and ratio of apprentices to journeymen. The employee's address and social security number need only appear on the first payroll on which his name appears. The payroll shall be accompanied by a "Statement of Compliance" signed by the employer or his agent indicating that the payrolls are correct and complete and that the wage rates contained therein are not less than those required by the contract. The "Statement of Compliance" shall be on forms furnished by the Director of Public Works or his designee or on any form with identical wording. CONTRACTOR shall be responsible for the submission of copies of payrolls of all subcontractors.

(4) Apprentices. CONTRACTOR shall be responsible for ensuring compliance with the provisions of Labor Code section 1777.5 relating to employment and

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payment of apprentices for work under this Agreement relating to land surveying and/or construction inspection if the total compensation to be paid CONTRACTOR for such work is $30,000 or more.

(e) Inclusion in Subcontracts. To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include all of the provisions of this Paragraph 2.19 in all such subcontracts as obligations of the subcontractor.

(f) Notwithstanding any other provisions of this contract, CONTRACTOR represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by COUNTY as set forth in 2 C.F.R. 200 et. seq., as currently enacted or as may be amended throughout the term of this Agreement.

2.20 **Taxes.** CONTRACTOR agrees to file all applicable federal and state tax returns or applicable withholding documents and to pay all applicable taxes or to make all required withholdings on amounts paid pursuant to this Agreement, and shall be solely liable and responsible to make such withholdings and/or pay such taxes and other obligations including, without limitation, state and federal income and FICA taxes. CONTRACTOR agrees to indemnify and hold COUNTY harmless from any liability it may incur to the United States or the State of California as a consequence of CONTRACTOR's failure to pay or withhold, when due, all such taxes and obligations. In the event that COUNTY is audited for compliance regarding any withholding or other applicable taxes or amounts, CONTRACTOR agrees to furnish COUNTY with proof of payment of taxes or withholdings on those earnings.

2.21 **Access to Records/Retention.** COUNTY, any federal or state grantor agency funding all or part of the compensation payable hereunder, the State Controller, the Comptroller General of the United States, or the duly authorized representatives of any of the above, shall have access to any books, documents, papers and records of CONTRACTOR which are directly pertinent to the subject matter of this Agreement for the purpose of making audit, examination, excerpts and transcriptions. Except where longer retention is required by any federal or state law, CONTRACTOR shall maintain all required records, including clinical documentation, for at least ten (10) years after COUNTY makes final payment for any other work authorized hereunder and all pending matters are closed, whichever is later.

2.22 **Authority to Contract.** CONTRACTOR and COUNTY each warrant hereby that they are legally permitted and otherwise have the authority to enter into and perform this Agreement. The parties further warrant that the signatories to this Agreement are authorized to execute this Agreement on behalf of their respective parties and that any action necessary to bind each such party has been taken by that party prior to entering into this Agreement.

2.23 **Conflict of Interest.**

(a) Covenant of No Undisclosed Conflict. The parties to the Agreement acknowledge that they are aware of the provisions of Government Code section 1090, et seq., and section 87100, et seq., relating to conflict of interest of public officers and employees. CONTRACTOR hereby covenants that it presently has no interest not disclosed to COUNTY and shall not acquire any interest, direct or indirect, which would conflict in any material manner or degree with the performance of its services or confidentiality obligation hereunder, except as such as COUNTY

may consent to in writing prior to the acquisition by CONTRACTOR of such conflict. CONTRACTOR further warrants that it is unaware of any financial or economic interest of any public officer or employee of County relating to this Agreement. CONTRACTOR agrees that if such financial interest does exist at the inception of this Agreement, COUNTY may terminate this Agreement immediately upon giving written notice without further obligation by COUNTY to CONTRACTOR under this Agreement. The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors terminate this Agreement.

(b) Statements of Economic Interest. CONTRACTOR acknowledges and understands that COUNTY has developed and approved a Conflict of Interest Code as required by state law which requires CONTRACTOR to file with the Elections Division of the Napa County Assessor-Clerk Recorder "assuming office", "annual", and "leaving office" Statements of Economic Interest as a "consultant", as defined in section 18701(a)(2) of Title 2 of the California Code of Regulations, unless COUNTY, through a person authorized to execute this Agreement on behalf of COUNTY, or the Department Director, has determined in writing that CONTRACTOR, although holding a "designated" position as a consultant, has been hired to perform a range of duties so limited in scope as to not be required to fully comply with such disclosure obligation. CONTRACTOR agrees to timely comply with all filing obligations for a consultant under COUNTY's Conflict of Interest Code unless such a determination is on file on the filing dates for each of the required Statements of Economic Interest.

2.24 **Non-Solicitation of Employees.** Each party agrees not to solicit for employment the employees of the other party who were directly involved in the performance of the services hereunder for the term of this Agreement and a period of six (6) months after termination of this Agreement except with the written permission of the other party, except that nothing in this Paragraph shall preclude either party from publishing or otherwise distributing applications and information regarding that party's job openings where such publication or distribution is directed to the general public.

2.25 **Third Party Beneficiaries.** Nothing contained in this Agreement shall be construed to create any rights in third parties and the parties do not intend to create such rights.

2.26 **Attorney's Fees.** In the event that either party commences legal action of any kind or character to either enforce the provisions of this Agreement or to obtain damages for breach thereof, the prevailing party in such litigation shall be entitled to all costs and reasonable attorney's fees incurred in connection with such action.

2.27 **Severability.** If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

2.28 **Entirety of Contract.** This Agreement, including documents incorporated by reference and not attached hereto, constitutes the entire agreement between the parties relating to the subject of this Agreement and supersedes all previous agreements, promises, representations, understandings and negotiations, whether written or oral, among the parties with respect to the subject matter hereof.

2.29. **Other Terms and Conditions [Reserved.]**

2.30 **Acknowledgment of Funds; Compliance with Government Code Section 7550.**

(a) **In General.** Because the monies provided by COUNTY are funded by taxpayer dollars, it is important that the public know the individuals and organizations that are receiving funds from COUNTY under this Agreement. Therefore, CONTRACTOR shall acknowledge funding received under this Agreement in statements or printed materials relating thereto. All printed materials shall contain the following information in a type size and style appropriate to the materials: "Made possible by funding provided by the County of Napa."

(b) **Compliance With Government Code Section 7550**. In addition, if the Scope of Work includes preparation of a document or written report and the total cost of the work is more than $5,000, each document or report prepared by CONTRACTOR for or under the direction of COUNTY pursuant to this Agreement shall contain the numbers and dollar amounts of the Agreement and all subcontracts under the Agreement relating to the preparation of the document or written report as required by Government Code section 7550. The Agreement and subcontract dollar amounts shall be contained in a separate section of the document or written report. If multiple documents or written reports are the subject of the Agreement or subcontracts, the disclosure section may also contain a statement indicating that the total contract amount represents compensation for multiple documents or written reports.

2.31 **Compliance with Federal Health Care Program Requirements.** If CONTRACTOR will be performing services under this Agreement that are covered by a Federal Health Care Program, then:

(a) CONTRACTOR shall observe and comply with all applicable Federal Health Care Program Requirements, including but not limited to those requirements set forth in "Addendum For Contracts Involving Federal Health Care Programs—Revision of March 22, 2021." The Addendum is incorporated by reference as if set forth herein. A copy of the Addendum is on file with and available for inspection in the offices of the Clerk of the Napa County Board of Supervisors and the Department and is online at: www.countyofnapa.org.

(b) CONTRACTOR shall attend and/or provide Compliance Trainings as required by the Department Director unless otherwise deemed exempt by the Department Director or designee thereof.

(c) CONTRACTOR shall make COUNTY whole for any revenues lost arising from an act or omission in billing practices by CONTRACTOR.

(d) CONTRACTOR warrants that no one providing services is an Excluded Individual as such term is defined for Federal Health Care Programs.

(e) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with the obligations imposed by the "Addendum for Contractors Involving Federal Health Care Programs". Said penalties and fines that may be

assessed are as follows: civil monetary penalties of $11,000 per item or service; treble damages for the submission of claims for reimbursement from an excluded health care provider.

(f) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties or fines which may be assessed under a Federal or State False Claims Act provision.

(g) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the Addenda in all such subcontracts as obligations of the subcontractor.

(h) CONTRACTOR agrees to abide by COUNTY'S policies entitled "Whistleblower Protections", "The False Claims Act (Federal & State Statutes) & Other Administrative Remedies & Statutes", "Federal Anti-Kickback Prohibitions" and "Physicians Referrals – The Stark Law". The policies are on file with the Clerk of the Napa County Board of Supervisors and the Department and are also online at: www.countyofnapa.org.

(i) CONTRACTOR shall provide copies of any and all clinical documentation supporting the services it provided pursuant to this Agreement at any time requested by COUNTY, including after this Agreement is terminated. CONTRACTOR shall provide copies of documentation requested by COUNTY immediately, and by no later than 14 calendar days, after such request is made. As set forth in Paragraph 2.21, CONTRACTOR is required to maintain all records, including clinical documentation, for a period of ten (10) years after COUNTY makes final payment for any work authorized pursuant to this Agreement and after all audit and fiscal matters are closed by COUNTY, whichever is later. Failure by CONTRACTOR to provide such documentation upon request by COUNTY shall subject contractor to monetary damages, in addition to CONTRACTOR reimbursing the payments it received from COUNTY for services related to the requested documentation, and all remedies and damages that COUNTY may seek for CONTRACTOR'S breach of its specific performance of the services provided pursuant to this Agreement.

2.32 **Compliance with State Medi-Cal Specialty Mental Health Services Requirements.** If CONTRACTOR, under this Agreement, is required to and performs services that are covered by a State Medi-Cal Specialty Mental Health Services Program, then:

(a) CONTRACTOR shall observe and comply with all applicable State Medi-Cal Specialty Mental Health Services Requirements, including but not limited to those requirements set forth in "Addendum for Contracts Involving Medi-Cal Specialty Mental Health Services--Revision No. 1" for services performed on or after July 1, 2014. The Addendum is incorporated by reference as if set forth herein. A copy of the Addendum is on file with and available for inspection in the offices of the Clerk of the Napa County Board of Supervisors and the Department and are also online at: **www.countyofnapa.org**.

(b) CONTRACTOR shall provide such documentation as required by the Department Director, Contract Administrator, or designees thereof at any time for purposes of quality assurance, audit, or to substantiate claims for payment. COUNTY may elect to withhold payment, or request reimbursement of payments made, for failure by CONTRACTOR to provide such documentation as required by COUNTY.

(c) CONTRACTOR is subject to any audits of its services or claims conducted by the Department, the California State Department of Mental Health or other auditors. Any resulting audit exemption shall be repaid to COUNTY.

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(d) CONTRACTOR shall make COUNTY whole for any losses, including, but not limited to, disallowances for payment or lost revenues identified and discovered by COUNTY that are attributable to CONTRACTOR's actions when performing its obligations under this Agreement, such as insufficient documentation by CONTRACTOR of Medical Necessity or billing errors by CONTRACTOR that preclude COUNTY from claiming the Federal Financial Participation share of Medi-Cal or State General Funds.

(e) To the extent that CONTRACTOR must make COUNTY whole under this Paragraph, COUNTY may elect to withhold any payments for past services, offset against any payments for future services for which CONTRACTOR provides, or demand reimbursement without offset.

(f) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties or fines which may be assessed under a Federal or State False Claims Act provision.

(g) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the applicable Addendum in all such subcontracts as obligations of the subcontractor.

(h) CONTRACTOR shall provide copies of any and all clinical documentation supporting the services it provided pursuant to this Agreement at any time requested by COUNTY, including after this Agreement is terminated. CONTRACTOR shall provide copies of documentation requested by COUNTY immediately, and by no later than 14 calendar days, after such request is made. As set forth in Paragraph 2.21, CONTRACTOR is required to maintain all records, including clinical documentation, for a period of ten (10) years after COUNTY makes final payment for any work authorized pursuant to this Agreement and after all audit and fiscal matters are closed by COUNTY, whichever is later. Failure by CONTRACTOR to provide such documentation upon request by COUNTY shall subject contractor to monetary damages, in addition to CONTRACTOR reimbursing the payments it received from COUNTY for services related to the requested documentation, and all remedies and damages that COUNTY may seek for CONTRACTOR'S breach of its specific performance of the services provided pursuant to this Agreement.

2.33 **Compliance with Mental Health Activities Requirements.** If CONTRACTOR, under this Agreement, is required to perform mental health activities, then:

(a) CONTRACTOR shall provide such documentation as required by the Department Director, Contract Administrator or designees thereof at any time for purposes of quality assurance, audit, or to substantiate claims for payment. COUNTY may elect to withhold payment, or request reimbursement of payments made, for failure by CONTRACTOR to provide such documentation as required by COUNTY.

(b) CONTRACTOR shall be subject to any audits of its services or claims conducted by Department, California State Department of Mental Health or other auditors. Any resulting audit exemption shall be repaid to COUNTY.

(c) CONTRACTOR shall make COUNTY whole for any losses, including, but not limited to, lost revenues as identified and discovered by the COUNTY that are attributable to CONTRACTOR's performance under this Agreement such as CONTRACTOR's insufficient documentation of services as required by the Agreement.

(d) To the extent that CONTRACTOR must make COUNTY whole under this Paragraph, COUNTY may elect to withhold any payments for past services, offset against any payments for future services for which CONTRACTOR provides, or demand reimbursement without offset.

(e) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with all applicable requirements.

(f) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party; CONTRACTOR shall include the provisions of this Paragraph in all such subcontracts as obligations of the subcontractor.

(g) CONTRACTOR shall provide copies of any and all clinical documentation supporting the services it provided pursuant to this Agreement at any time requested by COUNTY, including after this Agreement is terminated. CONTRACTOR shall provide copies of documentation requested by COUNTY immediately, and by no later than 14 calendar days, after such request is made. As set forth in Paragraph 2.21, CONTRACTOR is required to maintain all records, including clinical documentation, for a period of ten (10) years after COUNTY makes final payment for any work authorized pursuant to this Agreement and after all audit and fiscal matters are closed by COUNTY, whichever is later. Failure by CONTRACTOR to provide such documentation upon request by COUNTY shall subject contractor to monetary damages, in addition to CONTRACTOR reimbursing the payments it received from COUNTY for services related to the requested documentation, and all remedies and damages that COUNTY may seek for CONTRACTOR'S breach of its specific performance of the services provided pursuant to this Agreement.

2.34 **Compliance with Federal Health Insurance Portability and Accountability Act of 1996.** If CONTRACTOR shall perform services under this Agreement involving the receipt, use, or disclosure of protected health information, then:

(a) Federal and other applicable law. CONTRACTOR shall observe and comply with all applicable requirements of the Federal Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder by the U.S. Department of Health and Human Services (collectively referred to as "HIPAA"), and other applicable laws.

(b) HIPAA Business Associate Agreement. If applicable, CONTRACTOR shall comply with the terms and conditions of the HIPAA Business Associate Agreement previously entered into with COUNTY, which is incorporated by reference herein and on file with the Clerk of the Board of Supervisors.

(c) Use or Disclosure of Protected Health Information. CONTRACTOR may use or disclose protected health information for the purpose of performing functions, activities for or on behalf of COUNTY, as specified in this Agreement, provided that such use or disclosure would not violate HIPAA, if done by COUNTY, or the provisions of any applicable HIPAA Business Associate Agreement.

(d) Subcontractors. To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall require compliance with all applicable HIPAA provisions, other applicable law, and any applicable HIPAA Business Associate Agreement(s) in such subcontracts as obligations of the subcontractor.

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2.35 **Compliance With COUNTY's Obligations Under Contracts With Other Entities.** If CONTRACTOR under this Agreement shall perform services as a subcontractor under COUNTY's contract(s) with other entities, including, but not limited to State and Federal Agencies, and such services involve the use or disclosure of personally identifiable information, then:

(a) CONTRACTOR shall observe and comply with all applicable terms of COUNTY's contract(s) with other entities, including, but not limited to, those requirements set forth in "Addendum For Contracts Involving Personally Identifiable Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at: www.countyofnapa.org.

(b) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with the obligations imposed by the "Addendum for Contracts Involving Personally Identifiable Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities".

(c) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the "Addendum for Contracts Involving Protected Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" in all such subcontracts as obligations of the subcontractor.

2.36 **Napa Health Matters Listing.** If CONTRACTOR is an organization providing health, human, or social services of a type recognized for listing on the "Napa Health Matters" website, CONTRACTOR agrees to maintain a current and accurate listing on www.NapaHealthMatters.org for such services.

2.37 **Licensure Status**.

(a) License in Good Standing. If CONTRACTOR is providing services under this Agreement as a state-licensed professional, CONTRACTOR shall ensure that CONTRACTOR's professional license is in good standing with all applicable licensing boards. CONTRACTOR understands COUNTY may terminate the Agreement if CONTRACTOR fails to maintain a current professional license in good standing. For purposes of this Agreement, "license in good standing" means there is no suspension, revocation or probation for any reason (including the failure to pay licensing fees), nor any restriction upon the provisions of the license: including, but not limited to, restrictions placed by a licensing agency upon CONTRACTOR's license pursuant to any consent or settlement agreement or to an administrative decision of the licensing agency.

(b) Expiration of License. In the event that CONTRACTOR's professional license is not renewed on or before its expiration, CONTRACTOR shall neither provide nor be reimbursed for services pursuant to this Agreement commencing the day after license expiration and until CONTRACTOR's professional license is renewed. For purposes of this Agreement, renewal date is the date the licensing board issues a renewed license, and it is irrelevant whether the licensing board subsequently recognizes any lapse in licensure.

2.38 **Code of Ethics**. CONTRACTOR understands that Napa County Health and Human Services (HHSA) has adopted a Code of Ethics. If the Department Director determines that the

HHSA Code of Ethics applies to CONTRACTOR's activities under this Agreement, CONTRACTOR shall read, understand, and abide by the Code of Ethics, and CONTRACTOR shall on an annual basis provide written certification to HHSA that CONTRACTOR has received, read, understands, and will abide by HHSA's Code of Ethics. The Code of Ethics may be found online at www.countyofnapa.org or may be obtained from HHSA upon written request.

2.39 **Electronic Billing System**. CONTRACTOR understands that Napa County Health and Human Services (HHSA) operates an electronic billing system program, which seeks reimbursement from the State of California for the delivery of alcohol, drug abuse and mental health services. If CONTRACTOR provides any services related to alcohol, drug abuse or mental health services under the terms of CONTRACTOR's Agreement, CONTRACTOR agrees, upon request of the Director of HHSA or the Director's designee, to implement the COUNTY's sponsored electronic health record system as part of CONTRACTOR's requirement for the delivery of these services.

2.40 **Audit Report Requirements.** If COUNTY has determined that CONTRACTOR is a "subrecipient" (also known as a "pass-through entity") as defined in 2 C.F.R. § 200 et. seq., CONTRACTOR represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by COUNTY as set forth in 2 C.F.R. § 200 et. seq., as currently enacted or as may be amended throughout the term of this Agreement. CONTRACTOR shall observe and comply with all applicable Audit Report Requirements, including but not limited to those requirements set forth in "Addendum for Contracts Involving Federal Awards." The Addendum is incorporated by reference as if set forth herein. A copy of the Addendum is on file with and available for inspection in the offices of the Clerk of the Napa County Board of Supervisors and the Department and are also online at: www.countyofnapa.org.

EXHIBIT 11 TO

SECTION 999.5(d)(5)(I)

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NAPA COUNTY AGREEMENT NO. 250131B PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT (the "Agreement") is made and entered into as of this 1st day of July 2024, by and between NAPA COUNTY, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and **ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC dba PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER,** a Catholic nonprofit, hereinafter referred to as "CONTRACTOR." COUNTY and CONTRACTOR may be referred to below collectively as "Parties" and individually as "Party."

RECITALS

WHEREAS, COUNTY wishes to obtain specialized services in order for CONTRACTOR to provide bilingual behavioral health screenings and referrals; and CONTRACTOR is willing to provide such specialized services to COUNTY under the terms and conditions set forth herein;

TERMS

NOW, THEREFORE, for good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, COUNTY hereby engages the services of CONTRACTOR, and CONTRACTOR agrees to serve COUNTY in accordance with the Terms and Conditions and their own Exhibits, which together are attached hereto and incorporated by this reference as though set forth in full herein. The Section numbers of any portion of this Agreement may at times be referred to either as "Sections" or "Paragraphs" interchangeably.

IN WITNESS WHEREOF, this Agreement was executed by the Parties hereto as of the date first above written.

NAPA COUNTY, a political subdivision of the State of California	**CONTRACTOR**
By _____ **JOELLE GALLAGHER, Chair of the Board of Supervisors** ATTEST: NEHA HOSKINS, Clerk of the Board By _____ DATE APPROVED BY THE BOARD: August 6, 2024 Processed by: _____ Deputy	Signature DocuSigned by: Scott Ciesielski 039E4541931C49C... **SCOTT CIESIELSKI,** Chief Administrative Officer Signature Signed by: Brandon Williams 4117D0858SE8A31... **BRANDON WILLIAMS,** Chief Financial Officer
Maximum Amount of this Agreement: $421,058.00	
Term Expires: June 30, 2026	APPROVED AS TO FORM BY NAPA COUNTY COUNSEL By: Jo Ann Iwasaki Parker, Deputy C.C. by e-sign Date: July 15, 2024
Automatic renewal of term does not apply	

TERMS AND CONDITIONS OF NAPA COUNTY AGREEMENT NO. 250131B

SECTION 1. Contract Administration

For purposes of this Agreement, the following shall apply:

1.1 "Department" shall mean: Health and Human Services Agency

1.2 "Director" shall mean the person elected or appointed to the chief management position of the Department.

1.3 "Contract Administrator" shall be: Contracts Analyst or such other person as designated by the Department Director. The address for COUNTY's Contract Administrator shall be: 2751 Napa Valley Corporate Drive, Building B, 2nd Floor, Napa, CA 94559.

1.4 The Program Manager for COUNTY shall be: Cassandra Eslami, Deputy Director of HHSA/Behavioral Health Director

1.5 The Contract Contact Person for CONTRACTOR shall be: Rebecca Webster, 3448 Villa Lane, Suite 102, Napa, CA 94558

1.6 CONTRACTOR is a [ ] sole proprietor [ ] partnership [X] corporation [ ] public agency [ ] other (specify) .

1.7 The source of funding for this Agreement shall be: Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds

1.8 In entering into this Agreement, CONTRACTOR acknowledges and agrees to abide by the applicable terms of the following COUNTY-entity agreements, and as they may amended from time to time: Performance Agreement with the Department of Health Care Services—Napa County Agreement No. 170142B.

These agreements are on file with the Napa County Clerk of the Board of Supervisors and may be accessed at https://www.countyofnapa.org/DocumentCenter/ under "Departments/Health and Human Services/Administration/Contracts and Administration Documents" (See also Section 2, Paragraphs 2.15(b)(2) and 2.35)

SECTION 2. General Terms and Conditions.

Attached hereto and incorporated by this reference as Exhibit C is "SECTION 2. General Terms and Conditions – Version 12", which shall be referred to herein as the "General Terms and Conditions" and which shall apply to this Agreement unless otherwise specifically limited or excluded by more specific provisions.

Due to changes in the laws, future versions of General Terms and Conditions shall automatically become part of this Agreement upon approval by the Napa County Board of Supervisors and notice to CONTRACTOR, effective within such time period as is designated in Paragraph 2.10

(Other Termination) plus 15 days or as mandated by local, state or federal laws or regulations, whichever date is sooner.

SECTION 3. Specific Terms and Conditions.

The following Specific Terms and Conditions provide additional terms and conditions or modify the General Terms and Conditions of this Agreement. A Specific Term and Condition shall control if a conflict exists with a General Term and Condition.

3.1 The following Specific Terms and Conditions apply when CONTRACTOR's obligations under this Agreement involve the following as designated by an "X":

[X] (a) Contact with vulnerable populations such as children, elderly, mentally ill or disabled persons (General Terms and Conditions Paragraph 2.8(b) applies).

[ ] (b) Construction or pre-construction related services (General Terms and Conditions Paragraph 2.19(e) applies).

[ ] (c) Work on or the supplying of any software systems or equipment containing or suspected of containing clocks or embedded chips functioning as or dependent upon the use of clocks or calendars (General Terms and Conditions Paragraph 2.29 applies).

[ ] (d) Services covered by a Federal Health Care Program (General Terms and Conditions Paragraph 2.31 applies).

[ ] (e) Services covered by a State Medi-Cal Specialty Mental Health Program (General Terms and Conditions Paragraph 2.32 applies).

[X] (f) Mental Health Activities (General Terms and Conditions Paragraph 2.33 applies).

[ ] (g) Services involving the receipt, use or disclosure of protected health information: A determination has been made by COUNTY's Privacy Officer that CONTRACTOR shall not provide services under this Agreement as a Business Associate to COUNTY. General Terms and Conditions Paragraph 2.34(b) does not apply to this Agreement.

[ ] (h) Services provided under COUNTY's Managed Care Provider Program, which shall be subject to all the terms and conditions set forth in the Napa County Mental Health Managed Care Provider Manual, herein incorporated by reference and on file with the Clerk of the Napa County Board of Supervisors.

[ ] (i) Services as a provider for which CONTRACTOR has submitted a "Provider Application," which CONTRACTOR warrants that the information contained in said application is accurate and understands that any inaccuracies may be grounds for termination of this Agreement by COUNTY. CONTRACTOR authorizes COUNTY to consult with third parties, including but not limited, to the National Practitioner Data Bank or other applicable licensing boards.

[X] (j) Services involving the use or disclosure of personally identifiable information that are performed as a subcontractor under COUNTY's contract with another entity when that

contract requires COUNTY to include its applicable terms in COUNTY's subcontracts. (General Terms and Conditions Paragraph 2.35 applies.)

[ ] (k) Services determined by the Department Director to be covered by Department's Code of Ethics. (General Terms and Conditions Paragraph 2.38 applies.) CONTRACTOR understands that, by entering into this Agreement, CONTRACTOR acknowledges that CONTRACTOR has received, read, and understands the Code of Ethics, and agrees to abide by the terms therein as applicable to CONTRACTOR's activities under this Agreement. Department shall provide CONTRACTOR with copies of Department's Code of Ethics prior to the execution of the Agreement. CONTRACTOR further understands that on an annual basis CONTRACTOR shall provide written certification to Department that CONTRACTOR has received, read, understands, and will abide by Department's Code of Ethics.

[X] (l) Services have been determined by the Department Director, or may be determined at a later date, that CONTRACTOR is a subrecipient or pass-through entity and is therefore required to meet all of the requirements found in 2 C.F.R. § 200.331. (General Terms and Conditions 2.40 applies.) COUNTY shall notify CONTRACTOR in accordance with General Terms and Conditions Paragraph 2.13 (Notices), of any change in designation as a subrecipient, and any subsequent increase to the amount of Federal funding CONTRACTOR shall receive under the terms of this Agreement. CONTRACTOR shall be bound thereby upon receipt of notice.

3.2 Source Funding.

(a) Change in Source Funding. Paragraph 1.7 may be unilaterally modified by COUNTY upon written notice to CONTRACTOR who shall be bound thereby immediately upon receipt. The Department Director is delegated the authority to modify Paragraph 1.7 and provide such written notice, but may exercise such authority only after consultation with, and concurrence of, the Napa County Counsel and the Napa County Executive Officer or their respective designees; provided, however, that nothing in this delegation prevents the Department Director from requesting the Napa County Board of Supervisors to modify Paragraph 1.7.

(b) Amendment to Source Funding Agreement. If Paragraph 1.7 identifies a funding source agreement, then any amendment to the funding source agreement shall be automatically incorporated and made a part of this Agreement, effective in accordance with the amended funding source agreement. As a subcontractor of COUNTY, CONTRACTOR shall be bound by the applicable terms of the funding source agreement, and any amendments thereto.

3.3 Statement of Economic Interests. By authorizing its Chair to execute this Agreement on its behalf, COUNTY's Board of Supervisors hereby determines in writing on behalf of COUNTY that CONTRACTOR has been hired to perform a range of duties so limited in scope as to not be required to comply with the disclosure obligations set forth in Paragraph 2.23(b).

3.4 Term of Agreement. Section 2.1 (b) of the General Terms and Conditions does not apply to this Agreement. The term of this Agreement shall commence on the date written on page 1 and shall expire as of **June 30, 2026**, unless terminated earlier in accordance with Paragraphs 2.9 (Termination for Cause), 2.10 (Termination for Convenience) or 2.23 (a) (Covenant of No

Undisclosed Conflict). The obligations of the Parties under Paragraphs 2.7 (Insurance) and 2.8 (Indemnification) shall continue in full force and effect after the expiration date or early termination in relation to acts or omissions occurring prior to such dates during the term of the Agreement, and the obligations of CONTRACTOR to COUNTY shall also continue after the expiration date or early termination in relation to the obligations prescribed by Paragraphs 2.15 (Confidentiality), 2.20 (Taxes) and 2.21 (Access to Records/Retention).

3.5 COUNTY delegates its authority to the Director of the Health and Human Services Agency to approve future amendments to Exhibits A and B, attached to this Agreement, provided that any such amendment does not materially alter the nature of the services to be provided or increase the maximum compensation available under this Agreement.

SECTION 4. Incorporated Documents.

The following documents are incorporated herein by this reference and attached hereto and labeled as the following Exhibit letters:

Exhibit A: Scope of Work (attached)
Exhibit B: Compensation and Financial Reporting (attached)
Exhibit C: "Section 2, General Terms and Conditions, Version 12" (attached)

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EXHIBIT A SCOPE OF WORK

Queen of the Valley Medical Center (QVMC) Bilingual Behavioral Health Screenings and Referrals in the Emergency Department Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Program

July 1, 2024 through June 30, 2026

BACKGROUND

CONTRACTOR's Bilingual Behavioral Health Screenings and Referrals in the Emergency Department offers access and linkage to treatment by screening patients using validated tools, assessing behavioral health needs, and making referrals and connections to mental health and substance use disorder services in the community. This program aims to increase access to behavioral health care and prevent the development of serious mental illness among patients coming to the Emergency Department. Many mental health conditions, if left untreated, can lead to avoidable emergency department visits. By helping patients access needed behavioral health services sooner, the goal is to prevent the progression of symptoms and address patient needs in a more timely manner.

PROGRAM ACTIVITIES

CONTRACTOR's bilingual, bicultural Licensed Clinical Social Worker (LCSW) and Community Health Worker (CHW) staff shall:

- Screen identified patients in the Queen of the Valley Medical Center's Emergency Department for behavioral health needs using validated tools with a primary focus on Spanish-speaking patients.
- Provide brief interventions and referral for follow-up services in English or Spanish for patients with behavioral health needs.
- Provide care navigation for patients with referrals.
- Conduct social determinants of health screenings and supportive service referrals for Emergency Department patients.
- Provide data and communication with community/county providers to facilitate referrals for behavioral health and supportive services.

PROGRAM OUTPUTS

CONTRACTOR shall track the following program outputs:

- Number of patients screened for behavioral health needs.
- Number of patients receiving brief intervention and referral to behavioral health services.
- Number of patents screened for social determinants of health needs.
- Number of patients referred for supportive services.
- Number of patients referred for services who received follow-up care.

PROGRAM OUTCOMES

CONTRACTOR shall track the following program outcomes:

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- Increased access to behavioral health services for Spanish-speaking patients.
- More than 50% of patents screened are Latine and/or Spanish-speaking.
- Improved access to behavioral health services.
- 50% of patients screened will receive referrals to behavioral health services.
- 10% of patients screened will receive follow-up services.
- Improved access to social support services.
- 65% of patients screened will receive follow-up outreach.

EVALUATION

CONTRACTOR shall be required to participate in the Behavioral Health Division's PEI Evaluation process. The evaluation supports the implementation and fidelity to evidence-based and/or community-defined best practice and aligns program activities with the current PEI regulations. The COUNTY reserves the right to change or adjust data requirements and evaluation process to align and adhere with the changing State PEI regulations.

CONTRACTOR shall collect Participation Data maintained by program staff, including required MHSA PEI demographics, services provided, and time spent engaging in program activities. CONTRACTOR shall develop tools to be approved by COUNTY to track and report the stated outcomes.

CONTRACTOR shall be required to report twice per year on the previously listed program activities and anticipated outcomes.

Staff Supervision and Agency Responsibilities

To preserve the autonomy and efficient functioning of CONTRACTOR staff performing these services, direct supervision of all CONTRACTOR staff shall be the sole responsibility of CONTRACTOR. However, CONTRACTOR staff shall be expected to coordinate and cooperate with COUNTY staff to achieve maximum outcomes.

Program Service Tracking and Documentation Requirements

CONTRACTOR shall develop and maintain appropriate logs of organizational partnership meetings, outreach activities, workshops, screenings, and referrals. Data collection requirements are determined by PEI regulations and the Behavioral Health Division, and the development of data collection tools will be supported by the evaluation as indicated. CONTRACTOR **shall submit reports of activities and outcome measures two (2) times per year** to the MHSA Project Manager.

Reporting Period	Reporting due date
July- December	January 31st
January- June	July 31st

All reports shall be submitted on spreadsheet templates and forms provided by the COUNTY unless another reporting method is approved by the COUNTY. The COUNTY reserves the right to request additional information and data it may deem necessary.

CONTRACT MONITORING

- CONTRACTOR is responsible for maintaining all documentation required for monitoring including but not limited to: ○ Service Logs ○ Client Demographic Logs ○ Events, services, and training sign-in sheets.
  ○ Documentation to support cost reports including receipts, time sheets, mileage forms and travel/training registration forms, etc. ○ Other documentation as needed
- CONTRACTOR shall request technical assistance from the COUNTY regarding elements of the contract with which they need assistance. COUNTY shall consider any such request and shall provide technical assistance to the CONTRACTOR if the COUNTY has the capacity and capability to do so. CONTRACTOR maintains responsibility for ensuring that its services and activities are in compliance with applicable regulations.
- CONTRACTOR shall perform internal quality management activities, including chart/log audits. CONTRACTOR shall provide evidence of its internal quality management activities on a quarterly basis or upon request by the COUNTY.
- COUNTY shall monitor CONTRACTOR'S provision of services by conducting at least one contract monitoring meeting per year.
- COUNTY shall give a 30-day notice of the one contract monitoring meeting to the CONTRACTOR and shall specify the documentation that shall need to be available at the time of the visit.
- Contract monitoring meetings may require the review of the following documents: records which delineate outreach, services, trainings, etc. provided to specific groups, providers or organizations and the date of the outreach, services, training, etc. including documentation of educational training curriculum, and documentation of staff hours in providing the outreach, services, trainings, etc. The visit may also include a review of the documentation of CONTRACTOR'S internal quality management activities with a focus on key quality factors (such as the appropriateness of the educational training curriculum) and key risk factors (such as the adherence to Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding standards) as well as risks for the individual with mental illness. COUNTY may add additional elements to be reviewed at any time.
- COUNTY shall perform the contract monitoring meeting utilizing a contract monitoring tool. COUNTY shall provide CONTRACTOR with the opportunity to respond (within 30 days of the site visit) to the COUNTY'S written report of the contract monitoring meeting prior to the report becoming final.
- If the final report identifies material variations between the CONTRACTOR'S activities and the requirements of the contract, the COUNTY may require the CONTRACTOR to prepare a written plan of action to address those variations.
- CONTRACTOR is responsible to maintain reports of all significant key risks, such as safety and adherence to funding standards. CONTRACTOR is required to immediately report to COUNTY any incidents involving complaints by individuals with mental illness of

CONTRACTOR service and/or accidents occurring in the course of service delivery. CONTRACTOR also is required to immediately report to COUNTY any incidents of incorrect billing for services.

ANNUAL REVIEW OF PERFORMANCE

CONTRACTOR shall meet in-person or virtually once a year with COUNTY to coordinate and review fulfillment of contract terms and addresses any potential impediments to the fulfillment of the terms of this agreement. Such review shall extend to an examination of type and quantity of services provided, interagency coordination, and any other issues pertinent to this agreement.

CULTURAL COMPETENCE TRAINING

CONTRACTOR shall provide cultural competence training, to all staff, and submit documentation of training, including sign in sheets and flyers. Staff can also participate in cultural competence trainings offered by COUNTY. Either CONTRACTOR or COUNTY provided cultural competency trainings are acceptable.

RECOGNITION OF COUNTY FUNDING

All press releases, media advisories, print material, other press material, and social media referencing programs funded by MHSA must include the following tagline at the bottom of the release/ advisory:

> Queen of the Valley Medical Center (QVMC) Bilingual Behavioral Health Screenings and Referrals in the Emergency Department Program is funded by Napa County Health and Human Services through Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Funds. It is one of many MHSA programs implemented by the Napa County Behavioral Health Division, which strives to improve behavioral health outcomes for individuals and families throughout the community.

CONFLICT RESOLUTION AND MEDIATION

In the event COUNTY or CONTRACTOR encounter problems that significantly threaten to impede the fulfillment of the terms of this agreement, an ad hoc meeting may be called by either the Behavioral Health Director or designee, or CONTRACTOR executive management, wherein problem resolution is attempted, if need be, with a third party agreeable to both. Prior to termination of CONTRACT, each party agrees to attempt such conflict resolution at least one time prior to termination of contract.

MHSA ISSUES RESOLUTION PROCESS

If the CONTRACTOR is dissatisfied with any MHSA activity or process, the CONTRACTOR may submit a grievance by completing a MHSA Issue Resolution Form. The grievances may be submitted in writing, fax or on the COUNTY website:

MHSA-Issue-Resolution-Form-1-27-2021 (countyofnapa.org)
https://www.countyofnapa.org/DocumentCenter/View/20453/MHSA-Issue-Resolution-Form-127-2021

DECREASES IN STATE ALLOCATION OF MHSA FUNDS: BUDGET CONTINGENCIES

COUNTY may adjust or revise CONTRACTOR'S budget as needed due to increases or decreases in the amount of funds available for CONTRACTOR'S program(s). If it becomes necessary to reduce the CONTRACTOR's funding, COUNTY shall notify CONTRACTOR as soon as official notice has been received and COUNTY shall work with CONTRACTOR to prepare a revised budget plan and amend this agreement to reflect the increase or decrease of MHSA funds for Prevention and Early Intervention services.

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EXHIBIT B COMPENSATION, FINANCIAL REPORTING, AND BUDGET

Queen of the Valley Medical Center (QVMC) Bilingual Behavioral Health Screenings and Referrals in the Emergency Department Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Program

July 1, 2024 through June 30, 2026

I. COMPENSATION

CONTRACTOR shall be reimbursed for implementation of the Queen of the Valley Medical Center (QVMC) Bilingual Behavioral Health Screenings and Referrals in the Emergency Department Program as described in Exhibit A. CONTRACTOR must submit invoices to the MHSA Coordinator until the contract maximum is reached. Annual compensation shall be based on CONTRACTOR's actual cost.

With the written approval of the Director of COUNTY's Health and Human Services Agency or designee, CONTRACTOR may modify the maximum amount of individual budget items in its final approved budget. The dollar amount of any individual budget item may be reduced without limitation, provided the total dollar amount for all budget items shall remain unchanged, such changes in the budget shall not add a new type of service to the program description, and the administrative cost line item shall remain unchanged. Such changes shall not be effective unless and until notice of consent by Health and Human Services Agency has been given to CONTRACTOR in writing.

II. Fiscal Reporting

As specified under General Terms & Conditions, all payments for compensation shall be made only upon presentation by CONTRACTOR to COUNTY using the COUNTY's MHSA Invoice Template or using an invoice form approved by the COUNTY. CONTRACTOR shall submit invoices not more than monthly to BHInvoices@countyofnapa.org. After review and approval as to form and content, the invoice shall be submitted to the Napa County Auditor and paid by COUNTY within 60 days of receipt. Invoices that are received by the County more than 60 days after the month being billed may not be paid. Unspent FY 24-25 funds shall carry over into FY 25-26. Any questions concerning invoicing shall be directed to the MHSA Coordinator.

CONTRACTOR shall submit an Annual Cost Report due by August 31st following the end of the fiscal year. If the annual reconciliation provided by the CONTRACTOR shows that the actual expenditures for the services provided under the contract are less than the contract amount received by the CONTRACTOR, then the CONTRACTOR must refund all unspent funds to the COUNTY.

FY 24-25 Budget

A. EXPENDITURES	Total Amount
1. Human Resource Expenditures	$164,048

This category includes the expenses for contractor administrative and program staff. The category includes a maximum allowance for 25% benefits for salaried/ hourly/contract employees as appropriate.		
2. Operating and Direct Program Expenditures		$0
This category includes expenses for the contractor and any subcontractor(s) related to program expenses, stipends, services, communications, printing, recruitment costs, training and travel, outreach, and promotional expenses.		
3. Subtotal Human Resources and Operating Expenditures		**$164,048**
4. Administrative Overhead Attributable to the Project/Program	10%	$16,405
5. TOTAL FY 24-25 BUDGET		**$180,453**

FY 25-26 Budget

A. EXPENDITURES		**Total Amount**
1. Human Resource Expenditures		$218,732
This category includes the expenses for contractor administrative and program staff. The category includes a maximum allowance for 25% benefits for salaried/ hourly/contract employees as appropriate.		
2. Operating Expenditures		$0
This category includes expenses for the contractor and any subcontractor(s) related to program expenses, stipends, services, communications, printing, recruitment costs, training and travel, outreach, and promotional expenses.		
3. Subtotal Human Resources and Operating Expenditures		**$218,732**
4. Administrative Overhead Attributable to the Project/Program	10%	$21,873
5. TOTAL FY 25-26 BUDGET		**$240,605**

MHSA BI-ANNUAL ACTVITY REPORT

Reporting Period: _____

Summary of Activities Pertaining to the Contract (Narrative):

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Activities/Outputs	**FY Target**	**MidYear Total**	**Year End Total**
Number of patients screened for behavioral health needs			
Number of patients receiving brief intervention and referral to behavioral health services			
Number of patients screened for social determinants of health needs			
Number of patients referred for supportive services			
Number of patients referred for services who received followup care			

Targeted Outcomes	**Measures**	**FY Target**	**MidYear Total**	**Year End Total**
50% of patients screened are Latine and/or Spanishspeaking	Number of patients screened who are Latine and/or Spanishspeaking			
	Number of patients screened			
50% of patients screened will receive referrals to behavioral health services	Number of patients screened who receive referrals to behavioral health services			
	Number of patients screened			
10% of patients screened will receive follow-up services	Number of patients screened who receive follow-up services			
	Number of patients screened			
65% of patients screened will receive follow-up outreach	Number of patients screened who receive follow-up outreach			

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	Number of patients screened			

EXHIBIT C

SECTION 2. GENERAL TERMS AND CONDITIONS --VERSION 12

2.1 **Term of the Agreement.**

(a) Term. The term of this Agreement shall commence on the date first written on page 1 and shall expire on the expiration date set forth on page 1 unless terminated earlier in accordance with Paragraphs 2.9 (Termination for Cause), 2.10 (Other Termination) or 2.23(a) (Covenant of No Undisclosed Conflict).

(b) Automatic Renewal. The term of this Agreement shall be automatically renewed for an additional year at the end of each fiscal year, under the same terms and conditions, unless either party gives the other party written notice of intention not to renew no less than thirty (30) days prior to the expiration of the then current term. For purposes of this Agreement, "fiscal year" shall mean the period commencing on July 1 and ending on June 30. COUNTY authorizes the Department Director to determine whether this Agreement shall not be renewed and to provide the written notice of the intention to not renew on behalf of COUNTY.

(c) Obligations Extending Beyond Term. The obligations of the parties under Paragraphs 2.7 (Insurance) and 2.8 (Hold Harmless/Defense/Indemnification) shall continue in full force and effect after the expiration date or early termination in relation to acts or omissions occurring prior to such dates during the term of the Agreement, and the obligations of CONTRACTOR to COUNTY shall also continue after the expiration date or early termination in relation to the obligations prescribed by Paragraphs 2.15 (Confidentiality), 2.20 (Taxes), 2.21 (Access to Records/Retention), 2.31 (Compliance with Federal Health Care Program Requirements, 2.32 (Compliance with State Medi-Cal Specialty Mental Health Services Requirements), and 2.33 (Compliance with Mental Health Activities Requirements). To the extent the paragraphs referenced in this Paragraph 2.1 may be modified by Specific Terms and Conditions contained in SECTION 3 of this Agreement, the modifications shall also continue after the expiration date or early termination.

2.2 **Scope of Services.** CONTRACTOR shall provide COUNTY those services set forth in Exhibit "A."

2.3 **Compensation.**

(a) Compensation/Maximum. In consideration of CONTRACTOR's fulfillment of the promised work, COUNTY shall pay CONTRACTOR at the rates and/or in the amount(s) set forth in Exhibit "B". The maximum payment for the initial term of this Agreement, and the successive maximum payments for each subsequent automatically renewed term, shall each be that maximum amount set forth on page 1; provided, however, that such amounts shall not be construed as guaranteed sums, and compensation shall be based upon services actually rendered and reimbursable expenses actually incurred.

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(b) Advance Funding.

1. Use of Funds. To the extent this Agreement may permit advance funding of services and expenses, use of funds delineated in this Agreement is limited to the term of performance unless otherwise modified in accordance with Paragraph 2.17 (Amendment/Modification). COUNTY may at its discretion recapture funds obligated under the authority of this Agreement if expenditure plans are not being met.

2. Reversion of Funds. If funds awarded to CONTRACTOR have not been expended in accordance with this Agreement and COUNTY has determined after consultation with CONTRACTOR that funds will not be spent in a timely manner, such funds will revert to COUNTY for that reason and to the extent permitted by and in a manner consistent with federal and state law, regulations, and policies.

(c) Availability of Funds. It is mutually understood that, for the benefit of both parties, this Agreement may have been written before ascertaining the availability of congressional and/or state legislative appropriation of funds in order to avoid program and fiscal delays that would occur if the Agreement were executed after that determination was made. If funding of this Agreement is dependent upon the availability of congressional and legislative appropriation of funds, then:

1. This Agreement shall be deemed automatically terminated if the Congress and and/or the State Legislature do not appropriate funds needed for this Agreement;

2. At COUNTY's discretion, this Agreement may be deemed automatically terminated or this Agreement may be modified or amended in accordance with Paragraph 2.17 (Amendment/Modifications), if the Congress and/or State Legislature do not appropriate sufficient funds needed for this Agreement; and

3. This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or State Legislature, or any statute enacted by the Congress or State Legislature, that may in any manner affect the provisions, terms, or funding of this Agreement.

(d) COUNTY may withhold any compensation due CONTRACTOR as an offset for any revenues lost arising from an act or omission in billing or documentation practices by CONTRACTOR. CONTRACTOR shall make COUNTY whole for any such lost revenues.

2.4 **Method of Payment.**

(a) Invoices. All payments for compensation and reimbursement for expenses shall be made only upon presentation by CONTRACTOR to COUNTY of an itemized billing invoice in a form acceptable to the Napa County Auditor which indicates, at a minimum, CONTRACTOR's name, address, Social Security or Taxpayer Identification Number, itemization of the hours worked or, where compensation is on a per-task basis, a description of the tasks completed during the billing period, the person(s) actually performing the services and the position(s) held by such person(s), and the approved hourly or task rate. Where expense reimbursement is sought, the invoice shall describe the nature and cost of the expense, the task(s) if any to which the expense was related, and the date incurred. CONTRACTOR shall submit invoices not more often than monthly to the Contract Administrator. After review and approval

as to form and content, the invoice shall be submitted to the Napa County Auditor no later than fifteen (15) calendar days following receipt.

(b) Legal status. So that COUNTY may properly comply with its reporting obligations under federal and state laws pertaining to taxation, if CONTRACTOR is or becomes a corporation during the term of this Agreement, proof that such status is currently recognized by and complies with the laws of both the state of incorporation or organization and the State of California, if different, shall be provided to the Contract Administrator upon request during the term of this Agreement in a form satisfactory to the Napa County Auditor. Such proof shall include, but need not be limited to, a copy of any annual or other periodic filings or registrations required by the state of origin or California, the current address for service of process on the corporation or limited liability partnership, and the name of any agent designated for service of process by CONTRACTOR within the State of California.

2.5 **Independent Contractor.** CONTRACTOR shall perform this Agreement as an independent contractor. CONTRACTOR and the officers, agents and employees of CONTRACTOR are not, and shall not be deemed, COUNTY employees for any purpose, including workers' compensation and employee benefits. CONTRACTOR shall, at CONTRACTOR's own risk and expense, determine the method and manner by which duties imposed on CONTRACTOR by this Agreement shall be performed; provided, however, that COUNTY may monitor the work performed by CONTRACTOR. COUNTY shall not deduct or withhold any amounts whatsoever from the compensation paid to CONTRACTOR, including, but not limited to amounts required to be withheld for state and federal taxes. As between the parties to this Agreement, CONTRACTOR shall be solely responsible for all such payments.

2.6 **Specific Performance.** It is agreed that CONTRACTOR, including the agents, employees and authorized subcontractors of CONTRACTOR, shall be the sole providers of the services required by this Agreement. Because the services to be performed by CONTRACTOR under the terms of this Agreement are of a special, unique, unusual, extraordinary, and intellectual or time-sensitive character which gives them a peculiar value, the loss of which cannot be reasonably or adequately compensated in damages in an action of law, COUNTY, in addition to any other rights or remedies which COUNTY may possess, shall be entitled to injunctive and other equitable relief to prevent a breach of this Agreement by CONTRACTOR.

2.7. **Insurance.** CONTRACTOR shall obtain and maintain in full force and effect throughout the term of this Agreement, and thereafter as to matters occurring during the term of this Agreement, the following insurance coverage:

(a) Workers' Compensation Insurance. To the extent required by law during the term of this Agreement, CONTRACTOR shall provide workers' compensation insurance for the performance of any of CONTRACTOR's duties under this Agreement, including but not limited to, coverage for workers' compensation and employer's liability and a waiver of subrogation, and shall provide COUNTY with certification of all such coverages upon request by COUNTY's Risk Manager.

(b) Liability Insurance. CONTRACTOR shall obtain and maintain in full force and effect during the term of this Agreement the following liability insurance coverages, issued by a

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company admitted to do business in California and having an A.M. Best rating of A:VII or better, or equivalent self-insurance:

(1) General Liability. Commercial general liability [CGL] insurance coverage (personal injury and property damage) of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence, covering liability or claims for any personal injury, including death, to any person and/or damage to the property of any person arising from the acts or omissions of CONTRACTOR or any officer, agent, or employee of CONTRACTOR under this Agreement. If the coverage includes an aggregate limit, the aggregate limit shall be no less than twice the per occurrence limit.

(2) Professional Liability/Errors and Omissions. Professional liability [or errors and omissions] insurance for all activities of CONTRACTOR arising out of or in connection with this Agreement in an amount not less than ONE MILLION DOLLARS ($1,000,000) per claim.

(3) Comprehensive Automobile Liability Insurance. Comprehensive automobile liability insurance (Bodily Injury and Property Damage) on owned, hired, leased and non-owned vehicles used in conjunction with CONTRACTOR's business of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence. Coverage shall be business auto insurance coverage using Insurance Services Office (ISO) form number CA 0001 06 92 including symbol 1 (any Auto) or the exact equivalent. If CONTRACTOR owns no vehicles, this requirement may be satisfied by a non-owned auto endorsement to the General Liability Insurance described in subparagraph (b)(1) above. If CONTRACTOR or CONTRACTOR's employees, officers, or agents will use personal automobiles in any way in the performance of this Agreement, CONTRACTOR shall provide evidence of personal auto liability coverage for each such person upon request.

(c) Certificates of Coverage. All insurance coverages referenced in 2.7(b), above, shall be evidenced by one or more certificates of coverage or, with the consent of COUNTY's Risk Manager, demonstrated by other evidence of coverage acceptable to COUNTY's Risk Manager, which shall be filed by CONTRACTOR with the Health and Human Services Agency prior to commencement of performance of any of CONTRACTOR's duties.

(1) The certificate(s) or other evidence of coverage shall reference this Agreement by its COUNTY number or title and department; shall be kept current during the term of this Agreement; shall provide that COUNTY shall be given no less than thirty (30) days prior written notice of any non-renewal, cancellation, other termination, or material change, except that only ten (10) days prior written notice shall be required where the cause of nonrenewal or cancellation is non-payment of premium; and shall provide that the inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, the coverage afforded applying as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

(2) Waiver of Subrogation and Additional Insured Endorsements. For the

commercial general liability insurance coverage referenced in 2.7(b)(1) and, for the comprehensive automobile liability insurance coverage referenced in 2.7(b)(3) where the vehicles are covered by a commercial policy rather than a personal policy, CONTRACTOR shall also file with the evidence of coverage an endorsement from the insurance provider naming COUNTY, its officers, employees, agents and volunteers as additional insureds and waiving subrogation. For the Workers Compensation insurance coverage, CONTRACTOR shall file with the evidence of coverage an endorsement waiving subrogation.

(3) The certificate or other evidence of coverage shall provide that if the same policy applies to activities of CONTRACTOR not covered by this Agreement, then the limits in the applicable certificate relating to the additional insured coverage of COUNTY shall pertain only to liability for activities of CONTRACTOR under this Agreement, and that the insurance provided is primary coverage to COUNTY with respect to any insurance or self-insurance programs maintained by COUNTY. The additional insured endorsements for the general liability coverage shall use Insurance Services Office (ISO) Form No. CG 20 09 11 85 or CG 20 10 11 85, or equivalent, including (if used together) CG 2010 10 01 and CG 2037 10 01; but shall not use the following forms: CG 20 10 10 93 or 03 94.

(4) Upon request by COUNTY's Risk Manager, CONTRACTOR shall provide or arrange for the insurer to provide within thirty (30) days of the request, certified copies of the actual insurance policies or relevant portions thereof.

(d) Deductibles/Retentions. Any deductibles or self-insured retentions shall be declared to, and be subject to approval by, COUNTY's Risk Manager, which approval shall not be denied unless the COUNTY's Risk Manager determines that the deductibles or self-insured retentions are unreasonably large in relation to compensation payable under this Agreement and the risks of liability associated with the activities required of CONTRACTOR by this Agreement. At the option of and upon request by COUNTY's Risk Manager if the Risk Manager determines that such deductibles or retentions are unreasonably high, either the insurer shall reduce or eliminate such deductibles or self-insurance retentions as respects COUNTY, its officers, employees, agents and volunteers or CONTRACTOR shall procure a bond guaranteeing payment of losses and related investigations, claims administration and defense expenses.

(e) Inclusion in Subcontracts. CONTRACTOR agrees to require all subcontractors and any other entity or person who is involved in providing services under this Agreement to comply with the Workers Compensation and General Liability insurance requirements set forth in this Paragraph 2.7.

(f) Failure to demand evidence of full compliance with the insurance requirements set forth in this Agreement or failure to identify any insurance deficiency shall not relieve CONTRACTOR, nor be construed or deemed a waiver of, its obligation to maintain the required insurance at all times during the performance of this Agreement.

2.8 **Hold Harmless/Defense/Indemnification.**

(a) In General. To the full extent permitted by law, CONTRACTOR shall hold harmless, defend at its own expense, and indemnify COUNTY and the officers, agents, employees and volunteers of COUNTY from any and all liability, claims, losses, damages or

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expenses, including reasonable attorney's fees, for personal injury (including death) or damage to property, arising from all acts or omissions to act of CONTRACTOR or its officers, agents, employees, volunteers, contractors and subcontractors in rendering services under this Agreement, excluding, however, such liability, claims, losses, damages or expenses arising from the sole negligence or willful acts of COUNTY or its officers, agents, employees or volunteers or other contractors or their subcontractors. Each party shall notify the other party immediately in writing of any claim or damage related to activities performed under this Agreement. The parties shall cooperate with each other in the investigation and disposition of any claim arising out of the activities under this Agreement, providing that nothing shall require either party to disclose any documents, records or communications that are protected under peer review privilege, attorneyclient privilege, or attorney work product privilege.

(b) Obligations Relating to Criminal Background Checks.

1. If CONTRACTOR's obligations under this Agreement involve contact with vulnerable populations such as children, elderly, mentally ill or disabled persons (hereafter in this paragraph referred to as "third persons"), then CONTRACTOR shall investigate by all lawful means, including but not limited to obtaining information from official government sources as the result of taking fingerprints, the criminal background of each and all of its officers, agents, employees, interns, and volunteers, however denominated (hereafter, "employees"), who will have direct personal contact with, or provide direct personal services to, third persons in the performance of this contract. Depending upon the information acquired by its investigation, CONTRACTOR shall not allow any of its employees to have personal contact with, or provide direct personal services to, third persons where it may reasonably be concluded as a result of its investigation that an employee should not have such contact or provide such service. Nothing herein requires CONTRACTOR to investigate the criminal background of an employee who is currently licensed by the State of California and whose license requires a criminal background investigation.

2. Notwithstanding anything to the contrary in (a) or (c), CONTRACTOR shall defend and indemnify COUNTY and its officers, agents and employees from any and all claims, actions, settlements or judgments of whatever kind which may arise from the failure of CONTRACTOR to conduct the criminal background investigation described in this subparagraph (b) or from the failure of CONTRACTOR after the investigation to reasonably disallow an employee from having such personal contact or providing such direct personal service.

(c) Employee Character and Fitness. CONTRACTOR accepts responsibility for determining and approving the character and fitness of its employees (including volunteers, agents or representatives) to provide the services required of CONTRACTOR under this Agreement, including completion of a satisfactory criminal/background check and period rechecks to the extent permitted by law. Notwithstanding anything to the contrary in this Paragraph, CONTRACTOR shall hold COUNTY and its officers, agents and employees harmless from any liability for injuries or damages resulting from a breach of this provision or CONTRACTOR's actions in this regard.

2.9 **Termination for Cause.**

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(a) If either party shall fail to fulfill in a timely and proper manner that party's obligations under this Agreement or otherwise breach this Agreement and fail to cure such failure or breach within ten (10) days of receipt of written notice from the other party describing the nature of the breach, the non-defaulting party may, in addition to any other remedies it may have, terminate this Agreement by giving five (5) days written notice to the defaulting party in the manner set forth in Paragraph 2.13 (Notices).

(b) The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to terminate this Agreement under this Paragraph.

2.10 **Other Termination.**

(a) This Agreement may be terminated by either party for any reason and at any time by giving prior written notice of such termination to the other party specifying the effective date thereof at least thirty (30) days prior to the effective date; provided, however, that no such termination may be effected by COUNTY unless an opportunity for consultation is provided prior to the effective date of the termination.

(b) The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to terminate this Agreement under this Paragraph.

2.11. **Disposition of, Title to and Payment for Work upon Expiration or Termination.**

(a) Upon expiration or termination of this Agreement, if and to the extent CONTRACTOR has provided services through Software and Applications materials licensed to COUNTY, COUNTY shall promptly return the Software and Application materials to CONTRACTOR. In addition, to the extent CONTRACTOR maintains COUNTY data on those portions of digital software hosted by CONTRACTOR and not controlled by COUNTY ("County data"), CONTRACTOR shall promptly return County data to COUNTY Information Technology Department (ITS) in a format designated by ITS and shall subsequently purge County data from CONTRACTOR's systems upon confirmation from COUNTY that the copy of the data provided to COUNTY is comprehensive of the data previously hosted by CONTRACTOR.

(b) Upon expiration or termination of this Agreement, all finished or unfinished documents and other materials, if any, and all rights therein shall become, at the option of COUNTY, the property of and shall be promptly returned to COUNTY, although CONTRACTOR may retain a copy of such work for its personal records only. Unless otherwise expressly provided in this Agreement, any copyrightable or patentable work created by

CONTRACTOR under this Agreement shall be deemed a "work made for hire" for purposes of copyright or patent law and only COUNTY shall be entitled to claim or apply for the copyright or patent thereof.

(c) Notwithstanding the provisions set forth in subparagraph (b) above, if the services involve development or improvement of previously patented inventions or previously copyrighted software, upon expiration or termination of this Agreement, title to, ownership of, and all applicable patents, copyrights and trade secrets in the products developed or improved under this Agreement, shall remain with CONTRACTOR or any other person or entity if such person previously owned or held such patents, copyrights, and trade secrets, and such persons shall retain complete rights to market such product; provided, however, that COUNTY shall receive, at no additional cost, a perpetual license to use such products for its own use or the use of any consortium or joint powers agency to which COUNTY is a party. If the product involves a source code, CONTRACTOR shall either provide a copy of the source code to COUNTY or shall place the source code in an escrow account, at CONTRACTOR's expense, from which the source code may be withdrawn and used by COUNTY for the sole purpose of maintaining and updating the system dependent upon such code when such use is necessary to prevent loss of service to COUNTY.

(d) CONTRACTOR shall be entitled to receive compensation for any satisfactory work completed prior to expiration or receipt of the notice of termination or commenced prior to receipt of notice of termination and completed satisfactorily prior to the effective date of the termination; except that CONTRACTOR shall not be relieved of liability to COUNTY for damages sustained by COUNTY by virtue of any breach of the Agreement by CONTRACTOR whether or not the Agreement expired or was otherwise terminated, and COUNTY may withhold any payments not yet made to CONTRACTOR for purpose of setoff until such time as the exact amount of damages due to COUNTY from CONTRACTOR is determined.

2.12 **No Waiver.** The waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement.

2.13 **Notices.**

(a) In General. Except as set forth in subparagraph (b) below with respect to notice of automatically adopted provisions, all notices required or authorized by this Agreement shall be in writing and shall be delivered in person or by deposit in the United States mail, by certified mail, postage prepaid, return receipt requested. Any notice sent by mail in the manner prescribed by this subparagraph shall be deemed to have been received on the date noted on the return receipt or five days following the date of deposit, whichever is earlier. Any mailed notice, demand, request, consent, approval or communication that COUNTY desires to give to CONTRACTOR shall be addressed to CONTRACTOR's Contract Contact Person at the mailing address set forth in SECTION 1 of this Agreement. Any mailed notice, demand, request, consent, approval or communication that CONTRACTOR desires to give to COUNTY shall be addressed to

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COUNTY's Contract Administrator at the mailing address set forth in SECTION 1 of this Agreement. Either party may change its address by notifying the other party of the change of address.

(b) Provisions Adopted Automatically. COUNTY reserves the right to provide notice to CONTRACTOR via facsimile of terms, which automatically become part of this Agreement upon approval by the Napa County Board of Supervisors. Notice delivered by facsimile shall be deemed to have been received on the date a successful delivery confirmation report is generated.

(c) Waiver of Notice by CONTRACTOR. If receipt of notice is refused by CONTRACTOR or if notice is undeliverable due to CONTRACTOR's failure to provide a change of address, notice shall be deemed waived and COUNTY may proceed as though notice were accomplished.

2.14 **Compliance with COUNTY Policies on Waste, Harassment, Drug/Alcohol-Free Workplace, and Computer Use.** CONTRACTOR hereby agrees to comply, and require its employees and subcontractors to comply, with the following policies, copies of which are on file with the Clerk of the Board of Supervisors and incorporated by reference herein. Future versions of the following policies shall automatically become part of this Agreement upon approval by the Napa County Board of Supervisors and notice to CONTRACTOR pursuant to Paragraph 2.13. CONTRACTOR also agrees that it shall not engage in any activities, or permit its officers, agents and employees to do so, during the performance of any of the services required under this Agreement, which would interfere with compliance or induce violation of these policies by COUNTY employees or contractors.

(a) Waste Source Reduction and Recycled Product Content Procurement Policy.

(b) County of Napa "Policy for Maintaining a Harassment and Discrimination Free Work Environment."

(c) Drug and Alcohol Policy.

(d) Napa County Information Technology Use and Security Policy. To this end, all employees and subcontractors of CONTRACTOR whose performance of services under this Agreement requires access to any portion of the COUNTY computer network shall sign and have on file with COUNTY's ITS Department prior to receiving such access the certification attached to said Policy.

(e) Napa County Workplace Violence Policy, adopted by the BOS effective May 23, 1995 and subsequently revised effective November 2, 2004, which is located in the County of Napa Policy Manual Part I, Section 37U.

2.15 **Confidentiality.**

(a) Maintenance of Confidential Information. Confidential information is defined as all information disclosed to or created by CONTRACTOR which relates to COUNTY's past, present, and future activities, as well as activities under this Agreement. CONTRACTOR shall hold all such information as CONTRACTOR may receive or create, if any, in trust and confidence, except with the prior written approval of COUNTY, as expressed through the Department Director. Upon cancellation or expiration of this Agreement, to the extent permitted by law, CONTRACTOR shall return to COUNTY all written and descriptive matter which contains any such confidential information, except that CONTRACTOR may retain for its files a

copy of CONTRACTOR's work product if such product has been made available to the public by COUNTY.

(b) Protection of Personally Identifiable Information and Protected Health Information.

(1) To the extent CONTRACTOR is provided, creates, or has access to, Protected Health Information (PHI), Personally Identifiable Information (PII), or any other legally protected confidential information or data in any form or matter (collectively referred to as "Protected Information"), CONTRACTOR shall adhere to all federal, state and local laws, rules and regulations protecting the privacy of such information. CONTRACTOR shall adhere to all existing and future federal, state and local laws, rules and regulations regarding the privacy and security of Protected Information, including, but not limited to, laws and regulations requiring data encryption or policy and awareness programs for the protection of COUNTY Protected Information provided to, or accessed or created by, CONTRACTOR.

(2) CONTRACTOR agrees to adhere to the applicable terms regarding the privacy and security of Protected Information as set forth in the COUNTY-entity agreements identified in Paragraph 1.8 of Section 1 of this Agreement (Contract Administration). CONTRACTOR shall also observe and comply with those requirements set forth in "Addendum For Contracts Involving Protected Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at: www.countyofnapa.org.

(3) CONTRACTOR shall ensure that its staff is trained to its privacy and security policies and procedures and that appropriate physical, technological and administrative safeguards are in place to protect the confidentiality of COUNTY's Protected Information, including, but not limited to, PHI and PII. Upon request, CONTRACTOR shall make available to COUNTY its policies and procedures, staff training records and other documentation of compliance with this Paragraph 2.15.

(4) CONTRACTOR agrees to notify COUNTY, by and through the Napa County Privacy Officer at 2751 Napa Valley Corporate Dr. Suite B, Napa, CA 94559, or 707.253-4715, immediately in the following instances:

(A) Upon the discovery of a breach of PHI/PII/other Protected Information in electronic or other media;

(B) Upon the discovery that PHI/PII/other Protected Information was, or is reasonably believed to have been accessed or acquired by an unauthorized person;

(C) Upon the discovery of a suspected security incident that involves PHI/PII/other Protected Information; or

(D) Upon the discovery of any breach, security incident, intrusion, or unauthorized access, use, or disclosure of PHI/PII/other Protected Information.

(5) CONTRACTOR will be responsible for all costs associated with CONTRACTOR's breach of the security and privacy of PHI/PII/other Protected Information, or its unauthorized access to or disclosure of PHI/PII/or other Protected Information, including, but not limited to, mitigation of the breach, cost to the County of any monetary sanctions resulting

from breach, notification of individuals affected by the breach, and any other action required by federal, state, or local laws, rules or regulations applicable at the time of the breach.

(c) To the extent CONTRACTOR creates, is provided, or has access to applications and records concerning any individual made or kept by COUNTY in connection with public social services (records) as defined in California Welfare & Institutions Code Section 10850, CONTRACTOR shall maintain the confidentiality of such records in accordance with Section 10850, except as otherwise permitted by COUNTY and as necessary for purposes of providing services under this Agreement.

(d) Protection of County Data. If CONTRACTOR will be processing and storing the COUNTY's data in an offsite location, such as a cloud service site, cloud storage site, hosted application site, or hosted storage site, CONTRACTOR shall guarantee that such data is encrypted using an encryption algorithm that meets the current US Department of Defense minimum requirements in order to protect COUNTY data against a breach of protected data if lost or stolen. All offsite cloud applications and storage systems utilized by CONTRACTOR shall be located in the United States, which includes any backup and failover facilities. Application and storage solutions in any foreign location is prohibited.

All desktop and laptop computers, as well other similar type computer systems, used by CONTRACTOR shall be encrypted using the same encryption algorithm described above. All data in transit shall require the same encryption. Storage of COUNTY data on removable portable storage is prohibited.

Upon termination of this agreement, CONTRACTOR shall purge all COUNTY data from all CONTRACTOR systems using a forensic grade deletion that conforms to US Department of Defense DoD 5220.22-M (E) standards.

CONTRACTOR shall reimburse the COUNTY for all associated costs of a breach, including but not limited to reporting costs and associated penalties the COUNTY must bear.

(e) HHSA Contractor Security Requirements. Whenever CONTRACTOR utilizes their own equipment to perform work under this Agreement , CONTRACTOR warrants that they have reviewed "HHSA Contractor Security Requirements" and can adhere to the minimum standards at all time. A copy of "HHSA Contractor Security Requirements" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at: www.countyofnapa.org.

2.16 **No Assignments or Subcontracts.**

(a) In general. A consideration of this Agreement is the personal reputation of CONTRACTOR; therefore, CONTRACTOR shall not assign any interest in this Agreement or subcontract any of the services CONTRACTOR is to perform hereunder without the prior written consent of COUNTY, which shall not be unreasonably withheld. The inability of the assignee to provide personnel equivalent in experience, expertise, and numbers to those provided by CONTRACTOR, or to perform any of the remaining services required under this Agreement within the same time frame required of CONTRACTOR shall be deemed to be reasonable grounds for COUNTY to withhold its consent to assignment. For purposes of this subparagraph, the consent of COUNTY may be given by the Department Director.

(b) Effect of Change in Status. If CONTRACTOR changes its status during the term of this Agreement from or to that of a corporation, limited liability partnership, limited liability

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company, general partnership, or sole proprietorship, such change in organizational status shall be viewed as an attempted assignment of this Agreement by CONTRACTOR. Failure of CONTRACTOR to obtain approval of such assignment under this Paragraph shall be viewed as a material breach of this Agreement.

2.17 **Amendment/Modification.**

(a) Except as specifically provided herein, this Agreement may be modified or amended only in writing and with the prior written consent of both parties. In particular, only COUNTY, by the Department Director (as long as the aggregate compensation payable to CONTRACTOR by COUNTY under this and all prior agreements with CONTRACTOR will not exceed $10,000), or by COUNTY's Purchasing Agent (as long as the aggregate compensation payable to CONTRACTOR by COUNTY under this and all prior agreements with CONTRACTOR will not exceed the maximum aggregate amount for Purchasing Agent contracts as specified by Napa County Code section 2.36.040 (G)) or by COUNTY's Board of Supervisors (in all other instances), in the form of an amendment of this Agreement, may authorize extra and/or changed work if beyond the scope of services prescribed by "Exhibit A." Failure of CONTRACTOR to secure such authorization in writing in advance of performing any of the extra or changed work shall constitute a waiver of any and all rights to adjustment in the contract price or contract time and no compensation shall be paid for such extra work.

(b) Notwithstanding anything to the contrary in (a), this Agreement may be unilaterally modified by COUNTY upon written notice to CONTRACTOR under the following circumstances:

1. There is a decrease in state or federal funding needed for this Agreement;
2. There is a no-cost extension of the end date of the Agreement as authorized by a state or federal funding source; or
3. There is a change in state/federal law or regulation requiring a change in a provision of this Agreement.

(c) The Department Director is delegated the authority to modify this Agreement in accordance with subparagraph (b), but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; provided, however, that nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to modify this Agreement under subparagraph (b).

2.18 **Interpretation; Venue.**

(a) Interpretation. The headings used herein are for reference only. The terms of the Agreement are set out in the text under the headings. This Agreement shall be governed by the laws of the State of California without regard to the choice of law or conflicts.

(b) Venue. This Agreement is made in Napa County, California. The venue for any legal action in state court filed by either party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement shall be in the Superior Court of California, County of Napa, a unified court. The venue for any legal action in federal court filed by either party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement lying within the jurisdiction of the federal courts shall be the Northern District of California. The

appropriate venue for arbitration, mediation or similar legal proceedings under this Agreement shall be Napa County, California; however, nothing in this sentence shall obligate either party to submit to mediation or arbitration any dispute arising under this Agreement.

2.19 **Compliance with Laws.** CONTRACTOR shall observe and comply with all applicable Federal, State and local laws, ordinances, and codes. **CONTRACTOR acknowledges its independent duty to be and to remain informed of all changes in such laws without reliance on COUNTY to provide notice of such changes.** Such laws shall include, but not be limited to, the following, except where prohibited by law:

(a) Non-Discrimination. During the performance of this Agreement, CONTRACTOR and its subcontractors shall not deny the benefits thereof to any person on the basis of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS), or political affiliation or belief nor shall they discriminate unlawfully against any employee or applicant for employment because of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS, use of family care leave, or political affiliation or belief. CONTRACTOR shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination or harassment. In addition to the foregoing general obligations, CONTRACTOR shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12900, et seq.), the regulations promulgated thereunder (Title 2, California Code of Regulations, section 7285.0, et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (sections 11135-11139.5) and any state or local regulations adopted to implement any of the foregoing, as such statutes and regulations may be amended from time to time. To the extent this Agreement subcontracts to CONTRACTOR services or works required of COUNTY by the State of California pursuant to agreement between COUNTY and the State, the applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990 (a) through (f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are expressly incorporated into this Agreement by reference and made a part hereof as if set forth in full, and CONTRACTOR and any of its subcontractors shall give written notice of their obligations thereunder to labor organizations with which they have collective bargaining or other agreements.

(b) Documentation of Right to Work. CONTRACTOR agrees to abide by the requirements of the Immigration and Control Reform Act pertaining to assuring that all newlyhired employees of CONTRACTOR performing any services under this Agreement have a legal right to work in the United States of America, that all required documentation of such right to work is inspected, and that INS Form 1-9 (as it may be amended from time to time) is completed and on file for each employee. CONTRACTOR shall make the required documentation available upon request to COUNTY for inspection.

(c) Federal Grant Source. Notwithstanding anything to the contrary in this Agreement, if the funds for this Agreement are derived from a grant from a federal agency, pursuant to 29

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CFR 97.36(i)(8) and (9), CONTRACTOR is hereby notified of, and shall comply with the requirements and regulations imposed by the federal granting agency with respect to any discovery or invention which arises or is developed pursuant to this Agreement, and pertaining to any copyrights or rights in data created or otherwise developed when engaging in activities of CONTRACTOR under this Agreement. The requirements and regulations imposed by the federal granting agency are set forth in the original grant agreement specified in Section 1 of the Agreement and are incorporated by reference herein. The original grant agreement is on file with the Clerk of the Board of Supervisors.

(d) Prevailing Wages. If the services to be provided relate to construction or preconstruction-related services, including but not limited to testing, surveying, and inspection, then this Agreement includes the following provisions:

(1) Affected work. CONTRACTOR shall comply with Labor Code sections 1774 and 1775 in relation to payment of prevailing wages for any portion of the required work performed under this Agreement on or after January 1, 2002 relating to construction design, testing, surveying and/inspection work, and construction if the State Director of Industrial Relations has established prevailing wage rates for the types of work involved.

(2) Prevailing wages rates. In accordance with the provisions of Section 1774 of the Labor Code of the State of California, to the extent the Director of Industrial Relations has established the general prevailing rate of wages (which rate includes employer payments for health and welfare, pension, vacation and similar purposes) for the above-described portions of the work required under this Agreement, such rates of wages will be on file and available for inspection at the office of the County of Napa Department of Public Works, 1195 Third Street, Room 201, Napa, California.

(3) Payroll records. In accordance with Labor Code section 1776, a copy of all payrolls for work subject to this subparagraph shall be submitted weekly to COUNTY's Director of Public Works. Payrolls shall contain the full name, address and social security number of each employee, his correct classification, rate of pay, daily and weekly number of hours worked, itemized deductions made and actual wages paid. They shall also indicate apprentices and ratio of apprentices to journeymen. The employee's address and social security number need only appear on the first payroll on which his name appears. The payroll shall be accompanied by a "Statement of Compliance" signed by the employer or his agent indicating that the payrolls are correct and complete and that the wage rates contained therein are not less than those required by the contract. The "Statement of Compliance" shall be on forms furnished by the Director of Public Works or his designee or on any form with identical wording. CONTRACTOR shall be responsible for the submission of copies of payrolls of all subcontractors.

(4) Apprentices. CONTRACTOR shall be responsible for ensuring compliance with the provisions of Labor Code section 1777.5 relating to employment and payment of apprentices for work under this Agreement relating to land surveying and/or construction inspection if the total compensation to be paid CONTRACTOR for such work is $30,000 or more.

(e) Inclusion in Subcontracts. To the extent any of the services required of

CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include all of the provisions of this Paragraph 2.19 in all such subcontracts as obligations of the subcontractor.

(f) Notwithstanding any other provisions of this contract, CONTRACTOR represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by COUNTY as set forth in 2 C.F.R. 200 et. seq., as currently enacted or as may be amended throughout the term of this Agreement.

2.20 **Taxes.** CONTRACTOR agrees to file all applicable federal and state tax returns or applicable withholding documents and to pay all applicable taxes or to make all required withholdings on amounts paid pursuant to this Agreement, and shall be solely liable and responsible to make such withholdings and/or pay such taxes and other obligations including, without limitation, state and federal income and FICA taxes. CONTRACTOR agrees to indemnify and hold COUNTY harmless from any liability it may incur to the United States or the State of California as a consequence of CONTRACTOR's failure to pay or withhold, when due, all such taxes and obligations. In the event that COUNTY is audited for compliance regarding any withholding or other applicable taxes or amounts, CONTRACTOR agrees to furnish COUNTY with proof of payment of taxes or withholdings on those earnings.

2.21 **Access to Records/Retention.** COUNTY, any federal or state grantor agency funding all or part of the compensation payable hereunder, the State Controller, the Comptroller General of the United States, or the duly authorized representatives of any of the above, shall have access to any books, documents, papers and records of CONTRACTOR which are directly pertinent to the subject matter of this Agreement for the purpose of making audit, examination, excerpts and transcriptions. Except where longer retention is required by any federal or state law, CONTRACTOR shall maintain all required records, including clinical documentation, for at least ten (10) years after COUNTY makes final payment for any other work authorized hereunder and all pending matters are closed, whichever is later.

2.22 **Authority to Contract.** CONTRACTOR and COUNTY each warrant hereby that they are legally permitted and otherwise have the authority to enter into and perform this Agreement. The parties further warrant that the signatories to this Agreement are authorized to execute this Agreement on behalf of their respective parties and that any action necessary to bind each such party has been taken by that party prior to entering into this Agreement.

2.23 **Conflict of Interest.**

(a) Covenant of No Undisclosed Conflict. The parties to the Agreement acknowledge that they are aware of the provisions of Government Code section 1090, et seq., and section 87100, et seq., relating to conflict of interest of public officers and employees. CONTRACTOR hereby covenants that it presently has no interest not disclosed to COUNTY and shall not acquire any interest, direct or indirect, which would conflict in any material manner or degree with the performance of its services or confidentiality obligation hereunder, except as such as COUNTY may consent to in writing prior to the acquisition by CONTRACTOR of such conflict. CONTRACTOR further warrants that it

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is unaware of any financial or economic interest of any public officer or employee of County relating to this Agreement. CONTRACTOR agrees that if such financial interest does exist at the inception of this Agreement, COUNTY may terminate this Agreement immediately upon giving written notice without further obligation by COUNTY to CONTRACTOR under this Agreement. The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors terminate this Agreement.

(b) Statements of Economic Interest. CONTRACTOR acknowledges and understands that COUNTY has developed and approved a Conflict of Interest Code as required by state law which requires CONTRACTOR to file with the Elections Division of the Napa County Assessor-Clerk Recorder "assuming office", "annual", and "leaving office" Statements of Economic Interest as a "consultant", as defined in section 18701(a)(2) of Title 2 of the California Code of Regulations, unless COUNTY, through a person authorized to execute this Agreement on behalf of COUNTY, or the Department Director, has determined in writing that CONTRACTOR, although holding a "designated" position as a consultant, has been hired to perform a range of duties so limited in scope as to not be required to fully comply with such disclosure obligation. CONTRACTOR agrees to timely comply with all filing obligations for a consultant under COUNTY's Conflict of Interest Code unless such a determination is on file on the filing dates for each of the required Statements of Economic Interest.

2.24 **Non-Solicitation of Employees.** Each party agrees not to solicit for employment the employees of the other party who were directly involved in the performance of the services hereunder for the term of this Agreement and a period of six (6) months after termination of this Agreement except with the written permission of the other party, except that nothing in this Paragraph shall preclude either party from publishing or otherwise distributing applications and information regarding that party's job openings where such publication or distribution is directed to the general public.

2.25 **Third Party Beneficiaries.** Nothing contained in this Agreement shall be construed to create any rights in third parties and the parties do not intend to create such rights.

2.26 **Attorney's Fees.** In the event that either party commences legal action of any kind or character to either enforce the provisions of this Agreement or to obtain damages for breach thereof, the prevailing party in such litigation shall be entitled to all costs and reasonable attorney's fees incurred in connection with such action.

2.27 **Severability.** If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

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2.28 **Entirety of Contract.** This Agreement, including documents incorporated by reference and not attached hereto, constitutes the entire agreement between the parties relating to the subject of this Agreement and supersedes all previous agreements, promises, representations, understandings and negotiations, whether written or oral, among the parties with respect to the subject matter hereof.

2.29. **Other Terms and Conditions [Reserved.]**

2.30 **Acknowledgment of Funds; Compliance with Government Code Section 7550.**

(a) **In General.** Because the monies provided by COUNTY are funded by taxpayer dollars, it is important that the public know the individuals and organizations that are receiving funds from COUNTY under this Agreement. Therefore, CONTRACTOR shall acknowledge funding received under this Agreement in statements or printed materials relating thereto. All printed materials shall contain the following information in a type size and style appropriate to the materials: "Made possible by funding provided by the County of Napa."

(b) **Compliance With Government Code Section 7550**. In addition, if the Scope of Work includes preparation of a document or written report and the total cost of the work is more than $5,000, each document or report prepared by CONTRACTOR for or under the direction of COUNTY pursuant to this Agreement shall contain the numbers and dollar amounts of the Agreement and all subcontracts under the Agreement relating to the preparation of the document or written report as required by Government Code section 7550. The Agreement and subcontract dollar amounts shall be contained in a separate section of the document or written report. If multiple documents or written reports are the subject of the Agreement or subcontracts, the disclosure section may also contain a statement indicating that the total contract amount represents compensation for multiple documents or written reports.

2.31 **Compliance with Federal Health Care Program Requirements.** If CONTRACTOR will be performing services under this Agreement that are covered by a Federal Health Care Program, then:

(a) CONTRACTOR shall observe and comply with all applicable Federal Health Care Program Requirements, including but not limited to those requirements set forth in "Addendum For Contracts Involving Federal Health Care Programs—Revision of March 22, 2021." The Addendum is incorporated by reference as if set forth herein. A copy of the Addendum is on file with and available for inspection in the offices of the Clerk of the Napa County Board of Supervisors and the Department and is online at: www.countyofnapa.org.

(b) CONTRACTOR shall attend and/or provide Compliance Trainings as required by the Department Director unless otherwise deemed exempt by the Department Director or designee thereof.

(c) CONTRACTOR shall make COUNTY whole for any revenues lost arising from an act or omission in billing practices by CONTRACTOR.

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(d) CONTRACTOR warrants that no one providing services is an Excluded Individual as such term is defined for Federal Health Care Programs.

(e) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with the obligations imposed by the "Addendum for Contractors Involving Federal Health Care Programs". Said penalties and fines that may be assessed are as follows: civil monetary penalties of $11,000 per item or service; treble damages for the submission of claims for reimbursement from an excluded health care provider.

(f) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties or fines which may be assessed under a Federal or State False Claims Act provision.

(g) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the Addenda in all such subcontracts as obligations of the subcontractor.

(h) CONTRACTOR agrees to abide by COUNTY'S policies entitled "Whistleblower Protections", "The False Claims Act (Federal & State Statutes) & Other Administrative Remedies & Statutes", "Federal Anti-Kickback Prohibitions" and "Physicians Referrals – The Stark Law". The policies are on file with the Clerk of the Napa County Board of Supervisors and the Department and are also online at: www.countyofnapa.org.

(i) CONTRACTOR shall provide copies of any and all clinical documentation supporting the services it provided pursuant to this Agreement at any time requested by COUNTY, including after this Agreement is terminated. CONTRACTOR shall provide copies of documentation requested by COUNTY immediately, and by no later than 14 calendar days, after such request is made. As set forth in Paragraph 2.21, CONTRACTOR is required to maintain all records, including clinical documentation, for a period of ten (10) years after COUNTY makes final payment for any work authorized pursuant to this Agreement and after all audit and fiscal matters are closed by COUNTY, whichever is later. Failure by CONTRACTOR to provide such documentation upon request by COUNTY shall subject contractor to monetary damages, in addition to CONTRACTOR reimbursing the payments it received from COUNTY for services related to the requested documentation, and all remedies and damages that COUNTY may seek for CONTRACTOR'S breach of its specific performance of the services provided pursuant to this Agreement.

2.32 **Compliance with State Medi-Cal Specialty Mental Health Services Requirements.** If CONTRACTOR, under this Agreement, is required to and performs services that are covered by a State Medi-Cal Specialty Mental Health Services Program, then:

(a) CONTRACTOR shall observe and comply with all applicable State Medi-Cal Specialty Mental Health Services Requirements, including but not limited to those requirements set forth in "Addendum for Contracts Involving Medi-Cal Specialty Mental Health Services-Revision No. 1" for services performed on or after July 1, 2014. The Addendum is incorporated by reference as if set forth herein. A copy of the Addendum is on file with and available for

inspection in the offices of the Clerk of the Napa County Board of Supervisors and the Department and are also online at: www.countyofnapa.org.

(b) CONTRACTOR shall provide such documentation as required by the Department Director, Contract Administrator, or designees thereof at any time for purposes of quality assurance, audit, or to substantiate claims for payment. COUNTY may elect to withhold payment, or request reimbursement of payments made, for failure by CONTRACTOR to provide such documentation as required by COUNTY.

(c) CONTRACTOR is subject to any audits of its services or claims conducted by the Department, the California State Department of Mental Health or other auditors. Any resulting audit exemption shall be repaid to COUNTY.

(d) CONTRACTOR shall make COUNTY whole for any losses, including, but not limited to, disallowances for payment or lost revenues identified and discovered by COUNTY that are attributable to CONTRACTOR's actions when performing its obligations under this Agreement, such as insufficient documentation by CONTRACTOR of Medical Necessity or billing errors by CONTRACTOR that preclude COUNTY from claiming the Federal Financial Participation share of Medi-Cal or State General Funds.

(e) To the extent that CONTRACTOR must make COUNTY whole under this Paragraph, COUNTY may elect to withhold any payments for past services, offset against any payments for future services for which CONTRACTOR provides, or demand reimbursement without offset.

(f) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties or fines which may be assessed under a Federal or State False Claims Act provision.

(g) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the applicable Addendum in all such subcontracts as obligations of the subcontractor.

(h) CONTRACTOR shall provide copies of any and all clinical documentation supporting the services it provided pursuant to this Agreement at any time requested by COUNTY, including after this Agreement is terminated. CONTRACTOR shall provide copies of documentation requested by COUNTY immediately, and by no later than 14 calendar days, after such request is made. As set forth in Paragraph 2.21, CONTRACTOR is required to maintain all records, including clinical documentation, for a period of ten (10) years after COUNTY makes final payment for any work authorized pursuant to this Agreement and after all audit and fiscal matters are closed by COUNTY, whichever is later. Failure by CONTRACTOR to provide such documentation upon request by COUNTY shall subject contractor to monetary damages, in addition to CONTRACTOR reimbursing the payments it received from COUNTY for services related to the requested documentation, and all remedies and damages that COUNTY may seek for CONTRACTOR'S breach of its specific performance of the services provided pursuant to this Agreement.

2.33 **Compliance with Mental Health Activities Requirements.** If CONTRACTOR, under this Agreement, is required to perform mental health activities, then:

(a) CONTRACTOR shall provide such documentation as required by the Department Director, Contract Administrator or designees thereof at any time for purposes of quality assurance, audit, or to substantiate claims for payment. COUNTY may elect to withhold payment, or request reimbursement of payments made, for failure by CONTRACTOR to provide such documentation as required by COUNTY.

(b) CONTRACTOR shall be subject to any audits of its services or claims conducted by Department, California State Department of Mental Health or other auditors. Any resulting audit exemption shall be repaid to COUNTY.

(c) CONTRACTOR shall make COUNTY whole for any losses, including, but not limited to, lost revenues as identified and discovered by the COUNTY that are attributable to CONTRACTOR's performance under this Agreement such as CONTRACTOR's insufficient documentation of services as required by the Agreement.

(e) To the extent that CONTRACTOR must make COUNTY whole under this Paragraph, COUNTY may elect to withhold any payments for past services, offset against any payments for future services for which CONTRACTOR provides, or demand reimbursement without offset.

(f) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with all applicable requirements.

(g) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party; CONTRACTOR shall include the provisions of this Paragraph in all such subcontracts as obligations of the subcontractor.

(h) CONTRACTOR shall provide copies of any and all clinical documentation supporting the services it provided pursuant to this Agreement at any time requested by COUNTY, including after this Agreement is terminated. CONTRACTOR shall provide copies of documentation requested by COUNTY immediately, and by no later than 14 calendar days, after such request is made. As set forth in Paragraph 2.21, CONTRACTOR is required to maintain all records, including clinical documentation, for a period of ten (10) years after COUNTY makes final payment for any work authorized pursuant to this Agreement and after all audit and fiscal matters are closed by COUNTY, whichever is later. Failure by CONTRACTOR to provide such documentation upon request by COUNTY shall subject contractor to monetary damages, in addition to CONTRACTOR reimbursing the payments it received from COUNTY for services related to the requested documentation, and all remedies and damages that COUNTY may seek for CONTRACTOR'S breach of its specific performance of the services provided pursuant to this Agreement.

2.34 **Compliance with Federal Health Insurance Portability and Accountability Act of 1996.** If CONTRACTOR shall perform services under this Agreement involving the receipt, use, or disclosure of protected health information, then:

(a) Federal and other applicable law. CONTRACTOR shall observe and comply

with all applicable requirements of the Federal Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder by the U.S. Department of Health and Human Services (collectively referred to as "HIPAA"), and other applicable laws.

(b) HIPAA Business Associate Agreement. If applicable, CONTRACTOR shall comply with the terms and conditions of the HIPAA Business Associate Agreement previously entered into with COUNTY, which is incorporated by reference herein and on file with the Clerk of the Board of Supervisors.

(c) Use or Disclosure of Protected Health Information. CONTRACTOR may use or disclose protected health information for the purpose of performing functions, activities for or on behalf of COUNTY, as specified in this Agreement, provided that such use or disclosure would not violate HIPAA, if done by COUNTY, or the provisions of any applicable HIPAA Business Associate Agreement.

(d) Subcontractors. To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall require compliance with all applicable HIPAA provisions, other applicable law, and any applicable HIPAA Business Associate Agreement(s) in such subcontracts as obligations of the subcontractor.

2.35 **Compliance With COUNTY's Obligations Under Contracts With Other Entities.** If CONTRACTOR under this Agreement shall perform services as a subcontractor under COUNTY's contract(s) with other entities, including, but not limited to State and Federal Agencies, and such services involve the use or disclosure of personally identifiable information, then:

(a) CONTRACTOR shall observe and comply with all applicable terms of COUNTY's contract(s) with other entities, including, but not limited to, those requirements set forth in "Addendum For Contracts Involving Personally Identifiable Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at: www.countyofnapa.org.

(b) CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with the obligations imposed by the "Addendum for Contracts Involving Personally Identifiable Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities".

(c) To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the "Addendum for Contracts Involving Protected Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" in all such subcontracts as obligations of the subcontractor.

2.36 **Napa Health Matters Listing.** If CONTRACTOR is an organization providing health, human, or social services of a type recognized for listing on the "Napa Health Matters" website, CONTRACTOR agrees to maintain a current and accurate listing on www.NapaHealthMatters.org for such services.

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2.37 **Licensure Status.**

(a) License in Good Standing. If CONTRACTOR is providing services under this Agreement as a state-licensed professional, CONTRACTOR shall ensure that CONTRACTOR's professional license is in good standing with all applicable licensing boards. CONTRACTOR understands COUNTY may terminate the Agreement if CONTRACTOR fails to maintain a current professional license in good standing. For purposes of this Agreement, "license in good standing" means there is no suspension, revocation or probation for any reason (including the failure to pay licensing fees), nor any restriction upon the provisions of the license: including, but not limited to, restrictions placed by a licensing agency upon CONTRACTOR's license pursuant to any consent or settlement agreement or to an administrative decision of the licensing agency.

(b) Expiration of License. In the event that CONTRACTOR's professional license is not renewed on or before its expiration, CONTRACTOR shall neither provide nor be reimbursed for services pursuant to this Agreement commencing the day after license expiration and until CONTRACTOR's professional license is renewed. For purposes of this Agreement, renewal date is the date the licensing board issues a renewed license, and it is irrelevant whether the licensing board subsequently recognizes any lapse in licensure.

2.38 **Code of Ethics**. CONTRACTOR understands that Napa County Health and Human Services (HHSA) has adopted a Code of Ethics. If the Department Director determines that the HHSA Code of Ethics applies to CONTRACTOR's activities under this Agreement, CONTRACTOR shall read, understand, and abide by the Code of Ethics, and CONTRACTOR shall on an annual basis provide written certification to HHSA that CONTRACTOR has received, read, understands, and will abide by HHSA's Code of Ethics. The Code of Ethics may be found online at www.countyofnapa.org or may be obtained from HHSA upon written request.

2.39 **Electronic Billing System**. CONTRACTOR understands that Napa County Health and Human Services (HHSA) operates an electronic billing system program, which seeks reimbursement from the State of California for the delivery of alcohol, drug abuse and mental health services. If CONTRACTOR provides any services related to alcohol, drug abuse or mental health services under the terms of CONTRACTOR's Agreement, CONTRACTOR agrees, upon request of the Director of HHSA or the Director's designee, to implement the COUNTY's sponsored electronic health record system as part of CONTRACTOR's requirement for the delivery of these services.

2.40 **Audit Report Requirements.** If COUNTY has determined that CONTRACTOR is a "subrecipient" (also known as a "pass-through entity") as defined in 2 C.F.R. § 200 et. seq., CONTRACTOR represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by COUNTY as set forth in 2 C.F.R. § 200 et. seq., as currently enacted or as may be amended throughout the term of this Agreement. CONTRACTOR shall observe and comply with all applicable Audit Report Requirements, including but not limited to those requirements set forth in "Addendum for Contracts Involving Federal Awards." The Addendum is incorporated by reference as if set forth herein. A copy of the Addendum is on file with and available for inspection in the offices of the

Clerk of the Napa County Board of Supervisors and the Department and are also online at: www.countyofnapa.org.

EXHIBIT 12 TO

SECTION 999.5(d)(5)(I)

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NAPA COUNTY AGREEMENT NO. A-250238B

PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT is made and entered into as of this 1st day of September, 2024, by and between NAPA COUNTY, a political subdivision of the State of California, hereinafter referred to as "COUNTY", acting by and through its Purchasing Agent, and St. Joseph Health Northern California, LLC dba Providence Queen of the Valley Medical Center CARE Network, a California nonprofit corporation whose business address is 3448 Villa Lane Suite 102 Napa, CA 94558 hereinafter referred to as "CONTRACTOR."

RECITALS

WHEREAS, COUNTY wishes to obtain specialized services, as authorized by Government Code section 31000, in order to provide outreach services and application assistance to eligible applicants for the Stable Housing and Community Resiliency ("SHARE") Program, and

WHEREAS, CONTRACTOR is willing to provide such specialized services to COUNTY under the terms and conditions set forth herein.

TERMS

NOW, THEREFORE, COUNTY hereby engages the services of CONTRACTOR, and CONTRACTOR agrees to serve COUNTY in accordance with the terms and conditions set forth herein:

1. **Term of the Agreement.** Th term of this Agreement shall commence on the date first above written and shall expire on June 30, 2025 unless terminated earlier in accordance with Paragraphs 9 (Termination for Cause), 10 (Other Termination) or 23(a) (Covenant of No Undisclosed Conflict); except that the obligations of the parties under Paragraphs 7 (Insurance) and 8 (Indemnification) shall continue in full force and effect after said expiration date or early termination in relation to acts or omissions occurring prior to such dates during the term of the Agreement, and the obligations of CONTRACTOR to COUNTY shall also continue after said expiration date or early termination in relation to the obligations prescribed by Paragraphs 15 (Confidentiality), 20 (Taxes) and 21 (Access to Records/Retention). The term of this Agreement shall be automatically renewed for an additional year at the end of each fiscal year, under the terms and conditions then in effect, not to exceed three (3) additional years, unless either party gives the other party written notice of intention not to renew no less than thirty (30) days prior to the expiration of the then current term. For purposes of this Agreement, "fiscal year" shall mean the period commencing on July 1 and ending on June 30.

2. **Scope of Services.** CONTRACTOR shall provide COUNTY those services set forth in Exhibit "A," attached hereto.

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3. **Compensation.**

(a) Rates. In consideration of CONTRACTOR's fulfillment of the promised work, COUNTY shall pay CONTRACTOR at the fixed prices set forth in Exhibit "B," attached hereto and incorporated by reference herein.

(b) Expenses. No travel or other expenses will be reimbursed by COUNTY.

(c) Maximum Amount. Notwithstanding subparagraphs (a) and (b), the maximum payments under this Agreement shall not exceed $25,000 (TWENTY-FIVE THOUSAND DOLLARS) per fiscal year; provided, however, that such amounts shall not be construed as guaranteed sums, and compensation shall be based upon services actually rendered and reimbursable expenses actually incurred.

4. **Method of Payment.**

(a) Professional Services. All payments for compensation and reimbursement for expenses shall be made only upon presentation by CONTRACTOR to COUNTY of an itemized billing invoice in a form acceptable to the Napa County Auditor which indicates, at a minimum, CONTRACTOR's name, address, Social Security or Taxpayer Identification Number, itemization of the hours worked, a detailed description of the tasks completed during the billing period, the names of person(s) performing the services and the position(s) held by such person(s), and the approved hourly or task rate.

(b) Expenses. If the Agreement provides for expense reimbursement, requests for reimbursement shall describe the nature and cost of the expense, the date incurred. With the exception of per diem reimbursements, receipts must be attached.

(c) Fixed Price. If the Agreement provides for a fixed price, if CONTRACTOR presents interim invoices, CONTRACTOR must state the percentage of work completed, which must be verified by COUNTY, i.e., 35% design, 95% design, draft report, et cetera, at which time CONTRACTOR shall be paid the equivalent percentage of the fixed price.

(d) CONTRACTOR shall submit invoices not more often than monthly to the DIRECTOR OF HOUSING AND HOMELESS SERVICES who, after review and approval as to form and content, shall submit the invoice to the Napa County Auditor no later than fifteen (15) calendar days following receipt. A sample invoice showing the level of detail required is attached as Exhibit "C."

(e) Legal status. So that COUNTY may properly comply with its reporting obligations under federal and state laws pertaining to taxation, if CONTRACTOR is or becomes a corporation during the term of this Agreement, proof that such status is currently recognized by and complies with the laws of both the state of incorporation or organization and the State of California, if different, shall be provided to the DIRECTOR OF HOUSING AND HOMELESS SERVICES upon request in a form satisfactory to the Napa County Auditor. Such proof shall include, but need not be limited to, a copy of any annual or other periodic filings or registrations required by the state of origin or California, the current address for service of process on the corporation or limited liability partnership, and the name of any agent designated for service of process by CONTRACTOR within the State of California.

5. **Independent Contractor.** CONTRACTOR shall perform this Agreement as an independent contractor. CONTRACTOR and the officers, agents and employees of CONTRACTOR are not, and shall not be deemed, COUNTY employees for any purpose, including workers' compensation and employee benefits. CONTRACTOR shall, at CONTRACTOR's own risk and expense, determine the method and manner by which duties

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imposed on CONTRACTOR by this Agreement shall be performed; provided, however, that COUNTY may monitor the work performed by CONTRACTOR. COUNTY shall not deduct or withhold any amounts whatsoever from the compensation paid to CONTRACTOR, including, but not limited to amounts required to be withheld for state and federal taxes, unless required to do so by court order. As between the parties to this Agreement, CONTRACTOR shall be solely responsible for all such payments.

6. **Specific Performance.** It is agreed that CONTRACTOR, including the agents or employees of CONTRACTOR, shall be the sole providers of the services required by this Agreement. Because the services to be performed by CONTRACTOR under the terms of this Agreement are of a special, unique, unusual, extraordinary, and intellectual or time-sensitive character which gives them a peculiar value, the loss of which cannot be reasonably or adequately compensated in damages in an action of law, COUNTY, in addition to any other rights or remedies which COUNTY may possess, shall be entitled to injunctive and other equitable relief to prevent a breach of this Agreement by CONTRACTOR.

7. **Insurance.** CONTRACTOR shall obtain and maintain in full force and effect throughout the term of this Agreement, and thereafter as to matters occurring during the term of this Agreement, the following insurance coverage:

(a) Workers' Compensation Insurance. To the extent required by law during the term of this Agreement, CONTRACTOR shall provide workers' compensation insurance for the performance of any of CONTRACTOR's duties under this Agreement, including but not limited to, coverage for workers' compensation and employer's liability and a waiver of subrogation, and shall provide COUNTY with certification of all such coverages upon request by COUNTY's Risk Manager.

(b) Liability Insurance. CONTRACTOR shall obtain and maintain in full force and effect during the term of this Agreement the following liability insurance coverages, issued by a company admitted to do business in California and having an A.M. Best rating of A:VII or better, or equivalent self-insurance:

(1) General Liability. Commercial general liability [CGL] insurance coverage (personal injury and property damage) of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence, covering liability or claims for any personal injury, including death, to any person and/or damage to the property of any person arising from the acts or omissions of CONTRACTOR or any officer, agent, or employee of CONTRACTOR under this Agreement. If the coverage includes an aggregate limit, the aggregate limit shall be no less than twice the per occurrence limit.

(2) Professional Liability/Errors and Omissions. Professional liability [or errors and omissions] insurance for all activities of CONTRACTOR arising out of or in connection with this Agreement in an amount not less than ONE MILLION DOLLARS ($1,000,000) per claim. If the coverage includes an aggregate limit, the aggregate limit shall be no less than twice the per occurrence limit.

(2) Professional Liability/Errors and Omissions. [RESERVED]

(3) Comprehensive Automobile Liability Insurance. Comprehensive automobile liability insurance (Bodily Injury and Property Damage) on owned, hired, leased and non-owned vehicles used in conjunction with CONTRACTOR's business of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence. Coverage shall be business auto insurance coverage using Insurance Services Office (ISO) form number CA 0001

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06 92 including symbol 1 (any Auto) or the exact equivalent. If CONTRACTOR owns no vehicles, this requirement may be satisfied by a non-owned auto endorsement to the General Liability Insurance described in subparagraph (b)(1) above. If CONTRACTOR or CONTRACTOR's employees, officers, or agents will use personal automobiles in any way in the performance of this Agreement, CONTRACTOR shall provide evidence of personal auto liability coverage for each such person upon request.

(c) Certificates of Coverage. All insurance coverages referenced in 7(b), above, shall be evidenced by one or more certificates of coverage or, with the consent of COUNTY's Risk Manager, demonstrated by other evidence of coverage acceptable to COUNTY's Risk Manager, which shall be filed by CONTRACTOR with the COUNTY EXECUTIVE OFFICE prior to commencement of performance of any of CONTRACTOR's duties.

(1) The certificate(s) or other evidence of coverage shall reference this Agreement by its COUNTY number or title and department; shall be kept current during the term of this Agreement; shall provide that COUNTY shall be given no less than thirty (30) days prior written notice of any non-renewal, cancellation, other termination, or material change, except that only ten (10) days prior written notice shall be required where the cause of non-renewal or cancellation is non-payment of premium; and shall provide that the inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, the coverage afforded applying as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

(2) Waiver of Subrogation and Additional Insured Endorsements. For the commercial general liability insurance coverage referenced in 7(b)(1) and, for the comprehensive automobile liability insurance coverage referenced in 7(b)(3) where the vehicles are covered by a commercial policy rather than a personal policy, CONTRACTOR shall also file with the evidence of coverage an endorsement from the insurance provider naming COUNTY, its officers, employees, agents and volunteers as additional insureds and waiving subrogation. For the Workers Compensation insurance coverage, CONTRACTOR shall file with the evidence of coverage an endorsement waiving subrogation.

(3) The certificate or other evidence of coverage shall provide that if the same policy applies to activities of CONTRACTOR not covered by this Agreement, then the limits in the applicable certificate relating to the additional insured coverage of COUNTY shall pertain only to liability for activities of CONTRACTOR under this Agreement, and that the insurance provided is primary coverage to COUNTY with respect to any insurance or self-insurance programs maintained by COUNTY. The additional insured endorsements for the general liability coverage shall use Insurance Services Office (ISO) Form No. CG 20 09 11 85 or CG 20 10 11 85, or equivalent, including (if used together) CG 2010 10 01 and CG 2037 10 01; but shall not use the following forms: CG 20 10 10 93 or 03 94.

(4) Upon request by COUNTY's Risk Manager, CONTRACTOR shall provide or arrange for the insurer to provide within thirty (30) days of the request, certified copies of the actual insurance policies or relevant portions thereof.

(d) Deductibles/Retentions. Any deductibles or self-insured retentions shall be declared to, and be subject to approval by, COUNTY's Risk Manager, which approval shall not be denied unless the COUNTY's Risk Manager determines that the deductibles or self-insured retentions are unreasonably large in relation to compensation payable under this Agreement and the risks of liability associated with the activities required of CONTRACTOR by this Agreement. At the option of and upon request by COUNTY's Risk Manager if the Risk

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Manager determines that such deductibles or retentions are unreasonably high, either the insurer shall reduce or eliminate such deductibles or self-insurance retentions as respects COUNTY, its officers, employees, agents and volunteers or CONTRACTOR shall procure a bond guaranteeing payment of losses and related investigations, claims administration and defense expenses.

(e) Inclusion in Subcontracts. CONTRACTOR agrees to require all subcontractors and any other entity or person who is involved in providing services under this Agreement to comply with the Workers Compensation and General Liability insurance requirements set forth in this Paragraph 7.

8. **Hold Harmless/Defense/Indemnification.**

(a) In General. To the full extent permitted by law, CONTRACTOR shall defend at its own expense, indemnify, and hold harmless COUNTY and its officers, agents, employees, volunteers, or representatives from and against any and all liability, claims, actions, proceedings, losses, injuries, damages or expenses of every name, kind, and description, including litigation costs and reasonable attorney's fees incurred in connection therewith, brought for or on account of personal injury (including death) or damage to property, arising from all acts or omissions of CONTRACTOR or its officers, agents, employees, volunteers, contractors and subcontractors in rendering services under this Agreement, excluding, however, such liability, claims, actions, losses, injuries, damages or expenses arising from the sole negligence or willful acts of COUNTY or its officers, agents, employees, volunteers, representatives, or other contractors or their subcontractors. Each party shall notify the other party immediately in writing of any claim or damage related to activities performed under this Agreement. The parties shall cooperate with each other in the investigation and disposition of any claim arising out of the activities under this Agreement, providing that nothing shall require either party to disclose any documents, records or communications that are protected under peer review privilege, attorney-client privilege, or attorney work product privilege.

(b) Employee Character and Fitness. CONTRACTOR accepts responsibility for determining and approving the character and fitness of its employees (including volunteers, agents or representatives) to provide the services required of CONTRACTOR under this Agreement, including completion of a satisfactory criminal/background check and period rechecks to the extent permitted by law. Notwithstanding anything to the contrary in this Paragraph, CONTRACTOR shall hold COUNTY and its officers, agents and employees harmless from any liability for injuries or damages resulting from a breach of this provision or CONTRACTOR's actions in this regard.

9. **Termination for Cause.** If either party shall fail to fulfill in a timely and proper manner that party's obligations under this Agreement or otherwise breach this Agreement and fail to cure such failure or breach within TEN (10) days of receipt of written notice from the other party describing the nature of the breach, the non-defaulting party may, in addition to any other remedies it may have, terminate this Agreement by giving TEN (10) days prior written notice to the defaulting party in the manner set forth in Paragraph 13 (Notices). The Napa County Purchasing Agent or designee pursuant to Napa County Code section 2.36.050 is hereby authorized to make all decisions and take all actions required under this Paragraph to terminate this Agreement on behalf of COUNTY for cause.

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10. **Other Termination.** This Agreement may be terminated by either party for any reason and at any time by giving prior written notice of such termination to the other party specifying the effective date thereof at least SIXTY days prior to the effective date, as long as the date the notice is given and the effective date of the termination are in the same fiscal year; provided, however, that no such termination may be effected by COUNTY unless an opportunity for consultation is provided prior to the effective date of the termination. COUNTY hereby authorizes the Napa County Executive Officer to make all decisions and take all actions required under this Paragraph to terminate this Agreement on behalf of COUNTY for the convenience of COUNTY.

11. **Disposition of, Title to and Payment for Work Upon Expiration or Termination.**

(a) Upon expiration of this Agreement or termination for cause under Paragraph 9 or termination for convenience of a party under Paragraph 10:

(1) To the extent CONTRACTOR has provided services through Software and Applications materials licensed to COUNTY, COUNTY shall promptly return the Software and Application materials to CONTRACTOR. In addition, to the extent CONTRACTOR maintains COUNTY data on those portions of digital software hosted by CONTRACTOR and not controlled by COUNTY ("County data"), CONTRACTOR shall promptly return County data to COUNTY Information Technology Department (ITS) in a format designated by ITS and shall subsequently purge County data from CONTRACTOR's systems upon confirmation from COUNTY that the copy of the data provided to COUNTY is comprehensive of the data previously hosted by CONTRACTOR.

(2) All finished or unfinished documents and other materials, if any, and all rights therein shall become, at the option of COUNTY, the property of and shall be promptly returned to COUNTY, although CONTRACTOR may retain a copy of such work for its personal records only, except as otherwise provided under Paragraph 15 (Confidentiality) of this Agreement. Unless otherwise expressly provided in this Agreement, any copyrightable or patentable work created by CONTRACTOR under this Agreement shall be deemed a "work made for hire" for purposes of copyright or patent law and only COUNTY shall be entitled to claim or apply for the copyright or patent thereof. Notwithstanding the foregoing and to the extent services under this Agreement involve the development of previously patented inventions or copyrighted software, then upon expiration or termination of this Agreement, title to, ownership of, and all applicable patents, copyrights and trade secrets in the products developed or improved under this Agreement, shall remain with CONTRACTOR or any other person or entity if such person previously owned or held such patents, copyrights, and trade secrets, and such persons shall retain complete rights to market such product; provided, however, that COUNTY shall receive, at no additional cost, a perpetual license to use such products for its own use or the use of any consortium or joint powers agency to which COUNTY is a party. If the product involves a source code, CONTRACTOR shall either provide a copy of the source code to COUNTY or shall place the source code in an escrow account, at CONTRACTOR's expense, from which the source code may be withdrawn and used by COUNTY for the sole purpose of maintaining and updating the system dependent upon such code when such use is necessary to prevent loss of service to COUNTY.

(b) CONTRACTOR shall be entitled to receive compensation for any satisfactory work completed prior to expiration or receipt of the notice of termination or commenced prior to receipt of the notice of termination and completed satisfactorily prior to the effective date of the termination; except that CONTRACTOR shall not be relieved of liability to COUNTY for

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damages sustained by COUNTY by virtue of any breach of the Agreement by CONTRACTOR whether or not the Agreement expired or otherwise terminated, and COUNTY may withhold any payments not yet made to CONTRACTOR for purpose of setoff until such time as the exact amount of damages due to COUNTY from CONTRACTOR is determined.

12. **No Waiver.** The waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement.

13. **Notices.** All notices required or authorized by this Agreement shall be in writing and shall be delivered in person or by deposit in the United States mail, by certified mail, postage prepaid, return receipt requested. Any mailed notice, demand, request, consent, approval or communication that either party desires to give the other party shall be addressed to the other party at the address set forth below. Either party may change its address by notifying the other party of the change of address. Any notice sent by mail in the manner prescribed by this paragraph shall be deemed to have been received on the date noted on the return receipt or five days following the date of deposit, whichever is earlier.

COUNTY
Housing and Homeless Services
2751 Napa Valley Corporate Park
Napa, CA 94559

CONTRACTOR
Providence Queen of the Valley Medical Center
CARE Network
3448 Villa Lane Ste. 102
Napa, CA 94558

WITH COPY TO:
St. Joseph Health Northern California, LLC
1165 Montgomery Drive
Santa Rosa, CA 95405
Attn: Regional Contracting Dept.

14. **Compliance with COUNTY Policies on Waste, Harassment, Drug/Alcohol-Free Workplace, and Computer Use.** CONTRACTOR hereby agrees to comply, and require its employees and subcontractors to comply, with the following policies, copies of which are on file with the Clerk of the Board of Supervisors and incorporated by reference herein. CONTRACTOR also agrees that it shall not engage in any activities, or permit its officers, agents and employees to do so, during the performance of any of the services required under this Agreement, which would interfere with compliance or induce violation of these policies by COUNTY employees or contractors.

(a) Waste Source Reduction and Recycled Product Content Procurement Policy adopted by resolution of the Board of Supervisors on March 26, 1991.

(b) County of Napa "Policy for Maintaining a Harassment and Discrimination Free Work Environment" revised effective June 20, 2017.

(c) County of Napa Drug and Alcohol Policy adopted by resolution of the Board of Supervisors on June 25, 1991.

(d) Napa County Information Technology Use and Security Policy adopted by resolution of the Board of Supervisors on April 17, 2001. To this end, all employees and subcontractors of CONTRACTOR whose performance of services under this Agreement requires

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access to any portion of the COUNTY computer network shall sign and have on file with COUNTY's ITS Department prior to receiving such access the certification attached to said Policy.

(e) Napa County Workplace Violence Policy, adopted by the BOS effective May 23, 1995 and subsequently revised effective November 2, 2004, which is located in the County of Napa Policy Manual Part I, Section 37U.

15. **Confidentiality.**

(a) Maintenance of Confidential Information. Confidential information is defined as all information disclosed to CONTRACTOR which relates to COUNTY's past, present, and future activities, as well as activities under this Agreement. CONTRACTOR shall hold all such information as CONTRACTOR may receive, if any, in trust and confidence, except with the prior written approval of COUNTY, expressed through its DIRECTOR OF HOUSING AND HOMELESS SERVICES. Upon cancellation or expiration of this Agreement, CONTRACTOR shall return to COUNTY all written and descriptive matter which contains any such confidential information, except that CONTRACTOR may retain for its files a copy of CONTRACTOR's work product if such product has been made available to the public by COUNTY.

(b) Protection of Personally Identifiable Information and Protected Health Information.

(1) To the extent CONTRACTOR is provided, creates, or has access to, Protected Health Information (PHI), Personally Identifiable Information (PII), or any other legally protected confidential information or data in any form or matter (collectively referred to as "Protected Information"), CONTRACTOR shall adhere to all federal, state and local laws, rules and regulations protecting the privacy of such information. CONTRACTOR shall adhere to all existing and future federal, state and local laws, rules and regulations regarding the privacy and security of Protected Information, including, but not limited to, laws and regulations requiring data encryption or policy and awareness programs for the protection of COUNTY Protected Information provided to, or accessed or created by, CONTRACTOR. Additionally, CONTRACTOR shall only access, use or disclose County Protected Information if such access, use, or disclosure is expressly permitted by the terms of its agreement with County. Any other access, use or disclosure of County Protected Information is prohibited. Examples of prohibited accesses, uses and disclosures include, but are not limited to: the removal of confidential files, documents or devices containing County Protected Information from a County facility; the unauthorized transmission of County Protected Information via email, fax or other means; and the discussion of such information with other individuals (including other CONTRACTOR or County employees) who do not have a County approved business reason to obtain the information.

(2) CONTRACTOR shall ensure that its staff and any third party organizations or individuals that it engages to perform services in conjunction with the terms if this agreement are trained to its privacy and security policies, as well as Paragraph 15 of this agreement; and procedures and that appropriate physical, technological and administrative safeguards are in place to protect the confidentiality of COUNTY's Protected Information. Upon request, CONTRACTOR shall make available to COUNTY its policies and procedures, staff training records and other documentation of compliance with this Paragraph 15.

(3) CONTRACTOR agrees to notify COUNTY immediately of any unauthorized access to or disclosure of Protected Information that it becomes aware of. This includes instances wherein CONTRACTOR encounters unsecured Protected Information in areas where CONTRACTOR employees are performing services.

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(4) CONTRACTOR will be responsible for all costs associated with CONTRACTOR's breach of the security and privacy of COUNTY's Protected Information, or its unauthorized access to or disclosure of COUNTY's Protected Information, including, but not limited to, mitigation of the breach, cost to the County of any monetary sanctions resulting from breach, notification of individuals affected by the breach, and any other action required by federal, state, or local laws, rules or regulations applicable at the time of the breach.

(c) Protection of County Data. If CONTRACTOR will be processing and storing the COUNTY's data in an offsite location, such as a cloud service site, cloud storage site, hosted application site, or hosted storage site, CONTRACTOR shall guarantee that such data is encrypted using an encryption algorithm that meets the current US Department of Defense minimum requirements in order to protect COUNTY data against a breach of protected data if lost or stolen. All offsite cloud applications and storage systems utilized by CONTRACTOR shall be located in the United States, which includes any backup and failover facilities. Application and storage solutions in any foreign location is prohibited.

All desktop and laptop computers, as well other similar type computer systems, used by CONTRACTOR shall be encrypted using the same encryption algorithm described above. All data in transit shall require the same encryption. Storage of COUNTY data on removable portable storage is prohibited.

Upon termination of this agreement, CONTRACTOR shall purge all COUNTY data from all CONTRACTOR systems using a forensic grade deletion that conforms to US Department of Defense DoD 5220.22-M (E) standards.

CONTRACTOR shall reimburse the COUNTY for all associated costs of a breach, including but not limited to reporting costs and associated penalties the COUNTY must bear.

16. **No Assignments or Subcontracts.**

(a) In General. A consideration of this Agreement is the personal reputation of CONTRACTOR; therefore, CONTRACTOR shall not assign any interest in this Agreement or subcontract any of the services CONTRACTOR is to perform hereunder without the prior written consent of COUNTY, which shall not be unreasonably withheld. The inability of the assignee to provide personnel equivalent in experience, expertise, and numbers to those provided by CONTRACTOR, or to perform any of the remaining services required under this Agreement within the same time frame required of CONTRACTOR shall be deemed to be reasonable grounds for COUNTY to withhold its consent to assignment. For purposes of this subparagraph, the consent of COUNTY may be given by the DIRECTOR OF HOUSING AND HOMELESS SERVICES.

(b) Effect of Change in Status. If CONTRACTOR changes its status during the term of this Agreement from or to that of a corporation, limited liability partnership, limited liability company, general partnership, or sole proprietorship, such change in organizational status shall be viewed as an attempted assignment of this Agreement by CONTRACTOR. Failure of CONTRACTOR to obtain approval of such assignment under this Paragraph shall be viewed as a material breach of this Agreement.

17. **Amendment/Modification.** Except as specifically provided herein, this Agreement may be modified or amended only in writing and with the prior written consent of both parties.

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Failure of CONTRACTOR to secure such authorization in writing in advance of performing any extra or changed work shall constitute a waiver of any and all rights to adjustment in the contract price or contract time and no compensation shall be paid for such extra work.

18. **Interpretation; Venue.**

(a) Interpretation. The headings used herein are for reference only. The terms of the Agreement are set out in the text under the headings. This Agreement shall be governed by the laws of the State of California without regard to the choice of law or conflicts.

(b) Venue. This Agreement is made in Napa County, California. The venue for any legal action in state court filed by either party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement shall be in the Superior Court of California, County of Napa, a unified court. The venue for any legal action in federal court filed by either party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement lying within the jurisdiction of the federal courts shall be the Northern District of California. The appropriate venue for arbitration, mediation or similar legal proceedings under this Agreement shall be Napa County, California; however, nothing in this sentence shall obligate either party to submit to mediation or arbitration any dispute arising under this Agreement.

19. **Compliance with Laws.** CONTRACTOR shall observe and comply with all applicable Federal, State and local laws, ordinances, and codes. Such laws shall include, but not be limited to, the following, except where prohibited by law:

(a) Non-Discrimination. During the performance of this Agreement, CONTRACTOR and its subcontractors shall not deny the benefits thereof to any person on the basis of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age, mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS), or political affiliation or belief, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS), use of family care leave, or political affiliation or belief. CONTRACTOR shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination or harassment. In addition to the foregoing general obligations, CONTRACTOR shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12900, et seq.), the regulations promulgated thereunder (Title 2, California Code of Regulations, section 7285.0, et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (sections 11135-11139.5) and any state or local regulations adopted to implement any of the foregoing, as such statutes and regulations may be amended from time to time. To the extent this Agreement subcontracts to CONTRACTOR services or works required of COUNTY by the State of California pursuant to agreement between COUNTY and the State, the applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990 (a) through (f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are expressly incorporated into this Agreement by reference and made a part hereof as if set forth in full, and CONTRACTOR and any of its subcontractors shall give written notice of their obligations thereunder to labor organizations with which they have collective bargaining or other agreements.

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(b) Documentation of Right to Work. CONTRACTOR agrees to abide by the requirements of the Immigration and Control Reform Act pertaining to assuring that all newly-hired employees of CONTRACTOR performing any services under this Agreement have a legal right to work in the United States of America, that all required documentation of such right to work is inspected, and that INS Form 1-9 (as it may be amended from time to time) is completed and on file for each employee. CONTRACTOR shall make the required documentation available upon request to COUNTY for inspection.

(c) Inclusion in Subcontracts. To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include all of the provisions of this Paragraph 19 in all such subcontracts as obligations of the subcontractor.

20. **Taxes.** CONTRACTOR agrees to file federal and state tax returns or applicable withholding documents and to pay all applicable taxes or make all required withholdings on amounts paid pursuant to this Agreement and shall be solely liable and responsible to make such withholdings and/or pay such taxes and other obligations including, without limitation, state and federal income and FICA taxes. CONTRACTOR agrees to indemnify and hold COUNTY harmless from any liability it may incur to the United States or the State of California as a consequence of CONTRACTOR's failure to pay or withhold, when due, all such taxes and obligations. In the event that COUNTY is audited for compliance regarding any withholding or other applicable taxes or amounts, CONTRACTOR agrees to furnish COUNTY with proof of payment of taxes or withholdings on those earnings.

21. **Access to Records/Retention.** COUNTY, any federal or state grantor agency funding all or part of the compensation payable hereunder, the State Controller, the Comptroller General of the United States, or the duly authorized representatives of any of the above, shall have access to any books, documents, papers and records of CONTRACTOR which are directly pertinent to the subject matter of this Agreement for the purpose of making audit, examination, excerpts and transcriptions. Except where longer retention is required by any federal or state law, CONTRACTOR shall maintain all required records for at least seven (7) years after COUNTY makes final payment for any of the work authorized hereunder and all pending matters are closed, whichever is later.

22. **Authority to Contract.** CONTRACTOR and COUNTY each warrant hereby that they are legally permitted and otherwise have the authority to enter into and perform this Agreement.

23. **Conflict of Interest.**

(a) Covenant of No Undisclosed Conflict. The parties to the Agreement acknowledge that they are aware of the provisions of Government Code section 1090, et seq., and section 87100, et seq., relating to conflict of interest of public officers and employees. CONTRACTOR hereby covenants that it presently has no interest not disclosed to COUNTY and shall not acquire any interest, direct or indirect, which would conflict in any material manner or degree with the performance of its services or confidentiality obligation hereunder, except as such as COUNTY may consent to in writing prior to the acquisition by CONTRACTOR of such conflict. CONTRACTOR further warrants that it is unaware of any financial or economic interest of any public officer or employee of County relating to this Agreement. CONTRACTOR agrees that if such financial interest does exist at the inception of this Agreement, COUNTY may terminate

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this Agreement immediately upon giving written notice without further obligation by COUNTY to CONTRACTOR under this Agreement.

(b) Statements of Economic Interest. By executing this Agreement, the DIRECTOR OF HOUSING AND HOMELESS SERVICES determines in writing on behalf of COUNTY that CONTRACTOR has been hired to perform a range of duties so limited in scope as to not be required to comply with such disclosure obligation.

24. **Third Party Beneficiaries.** Nothing contained in this Agreement shall be construed to create any rights in third parties and the parties do not intend to create such rights.

25. **Attorney's Fees.** In the event that either party commences legal action of any kind or character to either enforce the provisions of this Agreement or to obtain damages for breach thereof, the prevailing party in such litigation shall be entitled to all costs and reasonable attorney's fees incurred in connection with such action.

26. **Severability.** If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

27. **Entirety of Contract.** This Agreement, including any documents expressly incorporated by reference whether or not attached hereto, constitutes the entire agreement between the parties relating to the subject of this Agreement and supersedes all previous agreements, promises, representations, understandings and negotiations, whether written or oral, among the parties with respect to the subject matter hereof.

IN WITNESS WHEREOF, this Agreement was executed by the parties hereto as of the date first above written.

St. Joseph Health Northern California, LLC dba
Providence Queen of the Valley Medical Center

DocuSigned by:
By Amy M. Herold, MD
Amy Herold, MD, Chief Administrative Officer

NAPA COUNTY, a political subdivision of the
State of California

By: _____
Joelle Gallagher, Chair of the Board of Supervisors

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APPROVED AS TO FORM Office of County Counsel By: *S. Darbinian* Date: 10/23/24	APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS Date: December 17, 2024 (~~Board Meeting Date~~) Processed By: Deputy Clerk of the Board	ATTEST: NEHA HOSKINS Clerk of the Board of Supervisors By:

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EXHIBIT "A"

SCOPE OF WORK

CONTRACTOR shall provide COUNTY with the following services:

I. DESCRIPTION OF SERVICES

Napa County Department of Housing and Homeless Services (DHHS) is launching a rental assistance pilot program to stabilize tenancy for Extremely Low Income (ELI) and Severely Rent Burdened (SRB) older adults in Napa County. The pilot program name is the Stable Housing and Community Resilience ("SHARE") Program. The program includes a consortium of local providers of social services to vulnerable, low-income, and Spanish-speaking older adult individuals in Napa County to leverage and expand existing service networks and program operations. This contract is to establish time-sensitive and time-limited services specific to SHARE Program delivery goals and outcomes.

Eligible households will demonstrate they are experiencing severe rent burden resulting in imminent or highly likely future eviction and/or homelessness. Higher priority is given to households with previous experience of homelessness, severe rent burden, no access to other forms of assistance, and those individuals from communities that are vulnerable due to historically inequitable systems of power and resource distribution.

The SHARE Program design includes four areas of service delivery: Outreach, Program Application & Enrollment, Program Delivery & Social Services Engagement, and Pilot Administration. The Scope of Work detailed below represents the scope of services required to be performed by Contractors to providing Program Application & Enrollment Services.

Program Application & Enrollment Services Overview

Multiple local disasters and the global pandemic have caused long-term economic, social, and emotional impacts on fixed income and older adults in Napa County, with the negative impacts falling disproportionally on extremely low income, severely rent-burden households. Napa Program Application & Enrollment pilot partners have a uniquely extensive experience implementing emergency financial assistance programs targeting low-income individuals and families who are not eligible for other government assistance following Federally declared disasters in 2017, 2018 and 2020 adversely affecting Napa County's more than 14,000 ELI households[i][ii][iii] U.S. Census Bureau QuickFacts: Napa County, California]. Existing experienced case managers and staff are fluent in Spanish and a variety of indigenous languages and have been providing safety net and social services across the geographic reach of Napa County (including more isolated, rural, and disproportionally older adult populations) for more than two decades.

On the front end, Program Application and Enrollment (A&E) agencies will work with referred, eligible individuals to ensure applications are complete and timely and be a bridge to overcome any technology-related limitations that might otherwise hinder older adults with limited technology access or proficiency. Applications will be submitted via an existing cloud-based portal These staff will "stay with" the applicant through the process of application and enrollment to provide guidance, reassurance and troubleshooting on the applicant's behalf. Once

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the application and enrollment step is complete, A&E staff will schedule an introductory meeting with the Program Delivery and Social Service Engagement (DSSE) case managers to complete a "warm handoff" to long-term case management staff.

On the back end, submitted applications will be reviewed and approved for eligibility. Importantly, this step will be done by the Napa County Department of Housing & Homeless Services staff as the Pilot Administrative Entity. This protects the role of trusted support established between the Outreach and A & E staff and clients, preserving that staff role as one of advocacy and client-centered support, while maintaining a necessary and valuable review step to ensure documentation of eligibility and comprehensive record-keeping across all applicants.

Upon approval, Administration staff will notify the A&E staff of client approval. A&E staff will then coordinate an initial meeting with one of the long-term case managers on the DSSE team. A&E agencies will bill for staff services on a fee-for-service (FFS) basis with a fixed-rate per applicant until the program is fully enrolled. The FFS model is used for this support service as the time frame for the necessary service is relatively time-limited, with heavy support and volume necessary at the outset of the pilot to reach full enrollment and necessitate utilization of multiple staff within each partner organizations to accomplish the work in a timely fashion. After initial full-enrollment, ongoing application and enrollment services will be on a case-by-case basis as existing program enrollees exit or graduate from needing services, therefore the FFS model is best suited to reimbursement for services as-performed rather than FTE or hourly rate agreements.

Contractor shall:

1. Provide services that are culturally competent, considering the ethnic, linguistic and experiential needs of older adult residents experiencing a housing crisis.
2. Provide one single point of contact for DHHS program staff.
3. Participate in staff trainings provided by the County for the program implementation and Neighborly application portal system.
4. Respond with acknowledgment of all referrals via Neighborly portal from Referral and Support Service Linkage Partners.
5. Provide support and guidance to eligible clients with applying for the SHARE Program:
    a. Assist with collecting all documentation necessary for the application for eligibility.
    b. Bridge through direct service assistance any language, technology or other access-related barriers to eligible applicants.
6. Provide support to eligible clients throughout the process of application, approval and potential program enrollment; this may include in-home meetings.
7. Provide information and referrals to various community services existing within the County.
8. Notify client of program approval and set initial meeting between Application & Support staff, client and SHARE Program assigned long-term case management staff once application has been approved.
9. Participate in regular meetings (both in-person or virtual) and forums, as it pertains to the SHARE Program.

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10. Attend the initial meeting with client and SHARE Program long-term case manager (in person or virtual depending on client's preference) to introduce client to the new case manager.
    a. Provide a note in the Neighborly System to confirm meeting has taken place.
11. Provide monthly invoices, submitted via the Neighborly system, for completed and submitted applications, and completed and submitted enrollments at agreed upon rate.

COUNTY shall:

1. Provide one single point of contact for program staff.
2. Review all Linkage Partner SHARE Program referrals and assign referred applications to Application and Enrollment Partners.
3. Review all completed and submitted applications and confirm or deny enrollment eligibility.
4. Refer selected eligible applicants for SHARE Program enrollment via notification in the Neighborly Portal Task System.
5. Host bi-weekly barrier resolution meetings for all SHARE Program service providers.
6. Issue payment within 30 days of approved and complete invoice submission.

II. COMPLIANCE WITH GOVERNMENT CODE SECTION 7550. As required by Government Code section 7550, each document or report prepared by CONTRACTOR for or under the direction of COUNTY pursuant to this Agreement shall contain the numbers and dollar amounts of the Agreement and all subcontracts under the Agreement relating to the preparation of the document or written report. The Agreement and subcontract dollar amounts shall be contained in a separate section of the document or written report. If multiple documents or written reports are the subject of the Agreement or subcontracts, the disclosure section may also contain a statement indicating that the total contract amount represents compensation for multiple documents or written reports.

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EXHIBIT "B"

COMPENSATION AND EXPENSE REIMBURSEMENT

1) COUNTY shall reimburse CONTRACTOR for services described in Exhibit A as follows:
    a. CONTRACTOR reimbursement is up to a maximum of $25,000 for the term of the Agreement from contract execution, subject to the fiscal year limitations set forth in the fee for service rates below:
        i. $300 for each application successfully submitted to the Neighborly portal
    b. All amounts above are dependent upon eligible SHARE client applications successfully submitted to the Neighborly portal and enrolled in the SHARE program; actual amounts reimbursed may be less than above contract maximum.

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EXHIBIT 13 TO

SECTION 999.5(d)(5)(I)

Queen of the Valley Medical Center
ST. JOSEPH HEALTH SYSTEM
A Ministry of the Sisters of St. Joseph of Orange

July 1, 2013

Napa County Health and Human Services Agency
Public Health Division
2344 Old Sonoma Rd, Bldg G
Napa, CA 94559

Attn: Lisa Fletcher, Emergency Preparedness Manager

Dear CDPH:
Queen of the Valley Medical Center concurs with the Napa County FY 2013/2014 application to the California Department of Public Health Emergency Preparedness Office for Hospital Preparedness Program funding.

Sincerely,

(Signature on file)

Lois C. Husted, RN, BSN
Base/Emergency Management
Queen of the Valley Medical Center
1000 Trancas St.
Napa, CA 94558

Pat Richard Miralles:
This replaces the County's HRSA National Bioterrorism contract.

LHusted

A Tradition of Stewardship
A Commitment to Service

HOSPITAL PREPAREDNESS PROGRAM (HPP) COALITION PARTICIPATION AGREEMENT

Public Health
Prevent. Promote. Protect.
PUBLIC HEALTH DIVISION

PRIMARY HPP COALITION CONTACT INFORMATION		
First Name: Lois	Last Name: Husted	Title: Base/Emergency Management Coordinator
Fax: 707-257-4013	Cell Phone: 707-480-7604	Office Phone: 707-252-4411 ext 2341
Email address: Lois.Husted@stjoe.org	SAT Phone:	

ALTERNATE HPP REPRESENTATIVE CONTACT INFORMATION		
First Name: Cori	Last Name: Carlson	Title: ED Manager
Fax: 707-251-1848	Cell Phone: 707-287-5717	Office Phone: 707-252-4411 ext 2966
Email address: cori.carlson@stjoe.org		

MAILING ADDRESS		
Company or Agency Address:	Queen of the Valley Medical Center 1000 Trancas Street	
City: Napa	State: Ca	ZIP Code: 94558

SHIPPING ADDRESS CHECK HERE IF SHIPPING ADDRESS IS THE SAME AS MAILING ADDRESS ABOVE, OTHERWISE TYPE SHIPPING ADDRESS BELOW.		
Company or Agency Address		
City:	State:	Zip Code

HEALTHCARE FACILITY (VOTING MEMBER)	NON-HEALTHCARE FACILITY (NON-VOTING MEMBER)
☒ Hospital ☐ Clinic ☐ SNF ☐ EMS/Ambulance	☐ CBO (Community Based Organization) ☐ Other

PARTICIPATION AGREEMENT and RECEIPT OF GOVERNANCE STRUCTURE

Per the HPP Coalition Governance Structure, monthly coalition meetings should be attended in person by at least one (1) representative for each member organization. The representative is required to attend at least 75% of the monthly coalition meetings in order for their organization to receive HPP funds each fiscal year

Print Name: Lois C. Husted	Title: Base/Emergency Man. Coordinator
Signature: Lois C Husted	Date: 8/14/13

EXHIBIT 14 TO

SECTION 999.5(d)(5)(I)

Queen NAPA COUNTY AGREEMENT NO 6927

cc: Lois Hustad

Medical Emergency Cooperative Agreement for Healthcare Organizations

Memorandum of Understanding

THIS AGREEMENT is made and entered into as of this 18th day of December, 2007, by and between the COUNTY OF NAPA, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and Community Health Clinic Ole, Kaiser Foundation Hospitals/Health Plan, Napa State Hospital, Queen of the Valley Medical Center, St. Helena Hospital, and Veterans Home of California, Yountville, hereinafter referred to as "ORGANIZATIONS";

I. Policy

Napa County healthcare organizations agree to collaborate to provide coordinated emergency medical services in disaster situations.

II. Purpose of the Memorandum of Understanding

A. The purpose of this Memorandum of Understanding (MOU) is to set forth the mutual collaboration needed to respond to certain natural disasters, mass casualties, and acts of terrorism.

B. This MOU is a voluntary agreement among the undersigned community health care Organizations. By signing this Memorandum of Understanding each Organization is agreeing to abide by the terms of the MOU.

C. This document addresses collaboration among community health care Organizations and is intended to augment, not replace, each Organization's disaster plan.

III. Term of the Agreement.

The term of this Agreement shall commence on the date first above written and shall expire on June 30, 2010. The term of this Agreement shall be automatically renewed for an additional year at the end of each fiscal year, under the terms and conditions then in effect, unless either party gives the other party written notice of intention not to renew no less than thirty (30) days prior to the expiration of the then current term. For purposes of this Agreement, "fiscal year" shall mean the period commencing on July 1 and ending on June 30.

IV. General Principles of Understanding

A. Implementation of this Memorandum of Understanding: Each Organization is considered a participating agency when an authorized administrator or director signs the MOU.

B. Participating agencies: Each participating Organization shall designate a representative to attend meetings of the Health Resources Services Administration Committee.

C. Relationship of the Parties: Nothing in this MOU is intended to create any relationship among the Organizations other than that of independent entities agreeing with each other solely for the purpose of implementing the MOU.

V. Application of Policy

A. Napa County Health and Human Services Agency Public Health Division (HHSA-PH) will be notified when any community health care Organization activates its HICS (Hospital Incident Command System.)
B. Napa County HHSA-PH will provide a communication link with other community health care Organizations, the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) and ancillary organizations, if additional resources are needed.
C. Community heath care Organizations will provide emergency personnel support to each other as available.
D. Emergency privileges for physicians and other health care providers will be granted in accordance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the California Department of Health Services (CDHS) standards.
E. Community health care Organizations will cooperate with relocation of evacuated patients as needed in a disaster situation.
F. Community health care Organizations will share their disaster equipment and supplies.
G. Local health care organizations' safety officers, emergency and hazardous material management trained staff, and infection control trained staff will provide consultation for each other as needed.

-Continued to next page-

VI. Local Hospital Emergency Contacts

Queen of the Valley Medical Center

AOD	252-4411	Ext. 0
Nursing Supervisor	252-4411	Ext. 0
Command Center	254-1640 or 254-1641	
Administration	252-4411	Ext. 2004
Infection Control	252-4411	Ext. 2469
Emergency Dept.	252-4411	Ext. 2361
Engineering	252-4411	Ext. 4091
Safety Officer/Director	252-4411	Ext. 2855

St. Helena Hospital

AOD	963-3611
Nursing Supervisor	967-5899
Command Center	963-1797
Administration	963-6433
Infection Control	963-6260
Emergency Dept.	963-6425
Engineering	963-6494
Safety Officer/Director	963-6206

Napa State Hospital

AOD	253-5000 (also for weekends, holidays & after hours)
Nursing Supervisor	253-5003 or 253-5653
Command Center	253-5000
Administration	253-5461 or 253-5410
Infection Control	253-5893 or 253-5861
Emergency Dept	N/A
Engineering	253-5667 or 253-5665
Safety Officer/Director	253-5832 or 253-5664

Veterans Home of California **Yountville**

AOD	See Administration, Night: See Emergency Department (Dispatcher's Office)
Nursing Supervisor	Day: 944-4700 , Night: See Emergency Department (Dispatcher's Office)
Command Center	944-4848 or 944-4600
Administration	Day: 944-4500
Infection Control	Office: 944-4712, cell 339-0712
Emergency Dept (Dispatchers)	944-4848 or 944-4600
Engineering (Plant Operations)	Day: 944-4800 , 944-4806
Safety Officer/Director	944-4835, cell 310-9322

Kaiser Permanente Medical **Office Building/ Napa**

AOD	258-4590
Nursing Supervisor	258-4547
Command Center	258-4734 or 258-4477
Administration	258-4734
Infection Control	651-2107
Emergency Dept	N/A
Engineering	258-4403
Safety Officer/Director	651-3588

Community Health Clinic Ole

AOD	Day: 254-1780 (operator)	After Hours:
Stacey Dahlin (Asst. ED)		685-1703 cell
Dr. Robert Moore (Med Dir)		290-4321 cell
Mara Adelman (Disaster Mgr)		688-3562 cell
Jesus Prado (RN)		363-7115 cell
Miguel Castanon (Bldg Mgr)		337-7864 cell
Priscilla Gloria (Clinic Mgr)		334-3296 cell

*AOD – Administrative On-Call Director

VII. Napa County HHSA Public Health Division Contacts:

Health Officer	253-4566
HHSA Director	253-4219
PH Emergency Reporting	299-1499 business hours 265-3131 after hours

-Continued to next page-

Signatures:

Healthcare Organizations:

Community Health Clinic Ole

Signature	Organization	Date
Print Name	Title/Position	

Kaiser Foundation Hospital/HealthPlan

Signature	Organization	Date
Print Name	Title/Position	

Napa State Hospital

Signature	Organization	Date
Print Name	Title/Position	

Queen of the Valley Medical Center

By _____ Date 11/01/07
DENNIS SISTO, Chief Executive Officer

By _____ Date 11/1/07
DON MILLER, Chief Financial Officer

St. Helena Hospital

Signature | Organization | Date

Print Name | Title/Position

Veterans Home of California, Yountville

Signature | Organization | Date

Print Name | Title/Position

County of Napa:

COUNTY OF NAPA, a political subdivision of the State of California

Harold Moskowite

HAROLD MOSKOWITE, Chair of the Board of Supervisors

ATTEST: GLADYS I. COIL
Clerk of the Board of Supervisors

By: Gladys I. Coil

APPROVED AS TO FORM
Office of County Counsel
By:
Date: 11/27/07

APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS
Date: 12-18-07
Processed by:
Deputy Clerk of the Board

11 Cal. Code Reg. Section 999.5(d)(5)(J)

A description of compliance with the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, as amended by the California Hospital Facilities Seismic Safety Act (Health & Saf. Code, § 129675-130070), for each health facility or facility that provides similar healthcare that is the subject of the agreement or transaction, including the certified Structural Performance Category of every building affected by the agreement or transaction and a copy of every final determination letter received from the Office of Statewide Health Planning and Development for every building affected by the agreement or transaction

The following attachments to this Section 999.5(d)(5)(J) provide documentation of QVMC's compliance with the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, as amended by the California Hospital Facilities Seismic Safety Act:

1. A copy of the Structural Performance Category (SPC) and Non-Structural Performance Category (NPC) ratings for all QVMC buildings (as of May 6, 2026) from the California Health and Human Services Open Data Portal, attached as **Exhibit 1**.
2. A copy of the Facility Conditional Assessment: SB 1953 Analysis for QVMC, which includes SPC and NPC summaries for QVMC, and a description of modifications required to address compliance with the law, attached as **Exhibit 2**.
3. A copy of QVMC's OSHPD Compliance Site Plan, which includes a site map, attached as **Exhibit 3**.
4. Copies of QVMC Project Closure Summary Reports for QVMC buildings are attached as **Exhibit 4**.

EXHIBIT 1 TO

SECTION 999.5(d)(5)(J)

County Code	Facility Nbr	Facility Name	City	Building Nbr	Building Name	Building Status	SPC Rating *	2007 Hazus Score (%)	2010 Hazus Score (%)	HCAI NPC Rating *	AB 1882 Notice
~~28 - Napa~~	~~10366~~	~~Adventist Health St. Helena~~	~~St. Helena~~	~~BLD-03554~~	~~Health Center~~	~~OSHPD 1-In Service~~	~~2~~		~~1.13~~	~~2~~	~~This building does not significantly jeopardize life, but may not be repairable or functional following an earthquake.~~
~~28 - Napa~~	~~10366~~	~~Adventist Health St. Helena~~	~~St. Helena~~	~~BLD-05327~~	~~Chiller Plant~~	~~OSHPD 1-In Service~~	~~5s~~			~~4~~	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01650	Main Hospital	OSHPD 1R-No Gen Acute Care - OSHPD Bldg	N/A		7.94	N/A	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01651	West Wing	OSHPD 1R-No Gen Acute Care - OSHPD Bldg	N/A		2.3	N/A	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01652	West Tower	OSHPD 1-In Service	2			2	This building does not significantly jeopardize life, but may not be repairable or functional following an earthquake.
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01653	Conference Addition	OSHPD 1-In Service	3			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01654	Link Corridor	OSHPD 1-In Service	3			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01655	South Elevator Tower	OSHPD 1-In Service	4			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01656	South Nursing Wing	OSHPD 1-In Service	3			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01657	North Elevator Tower	OSHPD 1-In Service	4			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01658	North Nursing Wing	OSHPD 1-In Service	3			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01659	Maternity / Pediatrics	OSHPD 1-In Service	3			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01660	Admitting / Lobby	OSHPD 1-In Service	3			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01661	Radiology / Oncology Addition	OSHPD 1-In Service	4			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01663	Emergency Addition	OSHPD 1-In Service	5			2	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-01664	Emergency Canopy	OSHPD 1-In Service	5			4	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-02881	Canopy Addition	OSHPD 1-In Service	5			4	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-05309	North Acute Care Building	OSHPD 1-In Service	5			4	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-05323	North Acute Care Corridor	OSHPD 1-In Service	5			4	
28 - Napa	10362	Providence Queen Of The Valley Medical Center	Napa	BLD-05463	Women's Center	OSHPD 1-In Service	5			4	

* 2s, 3s, 4s and 5s indicate SPC/NPC rating self-reported by the hospital and not verified by OSHPD

* 1s is a temporary rating assigned to seismically separate buildings created by retrofits

IND = HAZUS score cannot be determined as building is located on a fault and is equivalent to a HAZUS fail

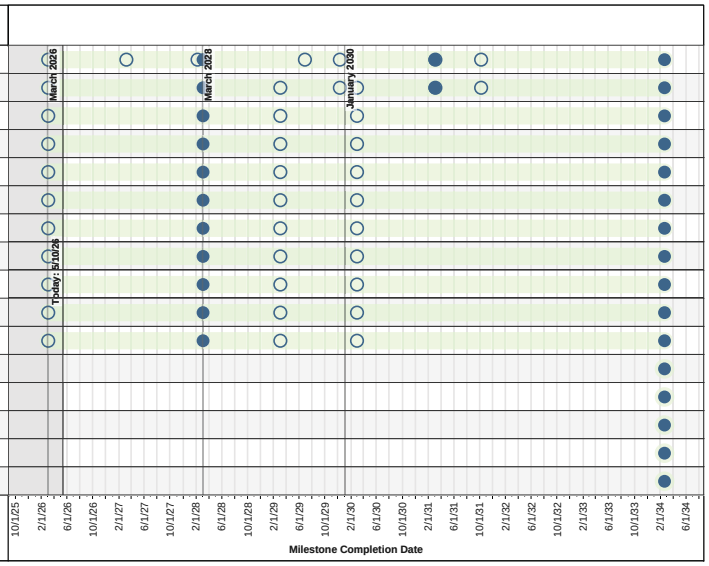
EXHIBIT 2 TO

SECTION 999.5(d)(5)(J)

Facility Property Owner Name: **Providence**
Facility Property Owner Type: **Non-profit Corporation (incl. Church-related)**
Facility Property Owner also the managing organization:
Managing organization or licensee type:
Managing organization or licensee name
Contact financially obligated for infrastructure improvements: **Property Owner**
Other contact financially obligated for infrastructure improvements:**None**

Facility Property Owner Name: **Providence**
Facility Property Owner Type: **Non-profit Corporation (incl. Church-related)**
Facility Property Owner also the managing organization:
Managing organization or licensee type:
Managing organization or licensee name
Contact financially obligated for infrastructure improvements: **Property Owner**
Other contact financially obligated for infrastructure improvements:**None**

Building No.	Bldg Name	SPC	NPC	Compliance Type (Reported by Hosptial)	Progress
BLD-01652	West Tower	2	2	SPC and NPC Retrofit	
BLD-01653	Conference Addition	3	2	NPC Retrofit	
BLD-01654	Link Corridor	3	2	NPC Retrofit	
BLD-01655	South Elevator Tower	4	2	NPC Retrofit	
BLD-01656	South Nursing Wing	3	2	NPC Retrofit	
BLD-01657	North Elevator Tower	4	2	NPC Retrofit	
BLD-01658	North Nursing Wing	3	2	NPC Retrofit	
BLD-01659	Maternity / Pediatrics	3	2	NPC Retrofit	
BLD-01660	Admitting / Lobby	3	2	NPC Retrofit	
BLD-01661	Radiology / Oncology Addition	4	2	NPC Retrofit	
BLD-01663	Emergency Addition	5	2	NPC Retrofit	
BLD-01664	Emergency Canopy	5	4	NPC Retrofit	
BLD-02881	Canopy Addition	5	4	NPC Retrofit	
BLD-05309	North Acute Care Building	5	4	NPC Retrofit	
BLD-05323	North Acute Care Corridor	5	4	NPC Retrofit	
BLD-05463	Women's Center	5	4	NPC Retrofit	



Today
5/10/26

Critical Milestones
Critical
Not Critical

Progress (Status)
Milestone

Description of Milestones to achieve Seismic Compliance:
This table shows detailed, building-level milestone information reported by the hospital. Each building may have up to ten milestones that describe the steps the hospital plans to take—and the timelines for taking them—to achieve seismic compliance. Any HCAI comments on the reported milestones are included in the table.

Building No.	Milestone Type	Description	Completion Date (Reported by Hospital)	HCAI Comments	Has Milestone been met? (Determined by HCAI)
BLD-01652	Construction Commencement	SPC 4D	03/03/2031		
		SPC 4D Material Testing	02/04/2028		
	Construction Final	SPC 4D, NPC 4, & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	SPC 4D 20% Completed	10/05/2031		
	Material Testing Report Submittal	SPC 4D MTCAP	03/05/2027	Please select 8 critical milestones spread out over SPC 4D and NPC 4 projects. Only 10 critical milestones are required.	
		SPC 4D MTCAR	06/25/2029		
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	See https://hcai.ca.gov/document/seismic-compliance-plan-faq-sample-template/ example 1A for milestones	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
	SPC/Demo/RACs Construction Project Submittal	SPC 4D	12/07/2029		
	SPC/Demo/RACs Permit Issuance	SPC 4D	02/28/2031		
BLD-01653	Construction Commencement	NPC 4	03/01/2029		
		NPC 5	03/03/2031		
	Construction Final	NPC 4 & NPC 5	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% complete	02/26/2030	Completion date is after 1/1/2030 deadline	
		NPC 5, 20% complete	10/05/2031		
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028	Please select 2 critical milestones for NPC 5	
	NPC 5 Construction Document Submittal	NPC 5 construction documents to be submitted when BLDG-01652 SPC-4D construction docum..	12/07/2029	Plan submittal deadline is 3/1/2026. Failure to meet this deadline will result in the Compliance Plan not being approved.	
	NPC 5 Permit Issuance	NPC 5	02/28/2031	Permit deadline is 3/1/2028. Failure to meet this deadline will result in the Compliance Plan not being approved and all other work other than emergency repairs and maintenance will not be able to get a permit issued.	
BLD-01654	Construction Commencement	NPC 4	03/01/2029		
	Construction Final	NPC 4 & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% complete	02/26/2030	Completion date is after 1/1/2030 deadline	
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
BLD-01655	Construction Commencement	NPC 4	03/01/2029		
	Construction Final	NPC 4 & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% complete	02/26/2030	Completion date is after 1/1/2030 deadline	
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
BLD-01656	Construction Commencement	NPC 4	03/01/2029		
	Construction Final	NPC 4 & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% complete	02/26/2030	Completion date is after 1/1/2030 deadline	
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
BLD-01657	Construction Commencement	NPC 4	03/01/2029		
	Construction Final	NPC 4 & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% completed	02/26/2030	Completion date is after 1/1/2030 deadline	
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
BLD-01658	Construction Commencement	NPC 4	03/01/2029		
	Construction Final	NPC 4 & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% complete	02/26/2030	Completion date is after 1/1/2030 deadline	
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
BLD-01659	Construction Commencement	NPC 4	03/01/2029		
	Construction Final	NPC 4 & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% complete	02/26/2030	Completion date is after 1/1/2030 deadline	
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
BLD-01660	Construction Commencement	NPC 4	03/01/2029		
	Construction Final	NPC 4 & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% complete	02/26/2030	Completion date is after 1/1/2030 deadline	
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
BLD-01661	Construction Commencement	NPC 4	03/01/2029		
	Construction Final	NPC 4 & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% complete	02/26/2030	Completion date is after 1/1/2030 deadline	
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
BLD-01663	Construction Commencement	NPC 4	03/01/2029		
	Construction Final	NPC 4 & NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Please separate NPC 4 and NPC 5 milestones ..	
	Construction Milestone	NPC 4, 20% complete	02/26/2030	Completion date is after 1/1/2030 deadline	
	NPC 4/4D Construction Document Submittal	NPC 4	03/01/2026	Please add a milestone for NPC 4 evaluation submittal and its project number.	
	NPC 4/4D Permit Issuance	NPC 4	03/01/2028		
BLD-01664	Construction Final	NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034		
BLD-02881	Construction Final	NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Completion date is after 1/1/2030 deadline	
BLD-05309	Construction Final	NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Completion date is after 1/1/2030 deadline	
BLD-05323	Construction Final	NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Completion date is after 1/1/2030 deadline	
BLD-05463	Construction Final	NPC 5. See BLDG-1653 for NPC 5 intermediate milestones.	02/17/2034	Completion date is after 1/1/2030 deadline	

Compliance Method:
This table lists each building on the hospital's campus and the method the hospital has reported it will use to achieve seismic compliance. Any comments or clarifications provided by HCAI are included alongside the hospital's reported information.

Building No.	Bldg Name	SPC	NPC	Compliance Type (Reported by Hospital)	Narrative (Reported by Hospital)	HCAI Comment
BLD-01652	West Tower	2	2	SPC and NPC Retrofit	Upgrade to SPC 4D, NPC 4, & NPC 5	
BLD-01653	Conference Addition	3	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01654	Link Corridor	3	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01655	South Elevator Tower	4	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01656	South Nursing Wing	3	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01657	North Elevator Tower	4	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01658	North Nursing Wing	3	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01659	Maternity / Pediatrics	3	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01660	Admitting / Lobby	3	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01661	Radiology / Oncology Addition	4	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01663	Emergency Addition	5	2	NPC Retrofit	Upgrade to NPC 4 & NPC 5	
BLD-01664	Emergency Canopy	5	4	NPC Retrofit	Upgrade to NPC 5	
BLD-02881	Canopy Addition	5	4	NPC Retrofit	Upgrade to NPC 5	
BLD-05309	North Acute Care Building	5	4	NPC Retrofit	Upgrade to NPC 5	
BLD-05323	North Acute Care Corridor	5	4	NPC Retrofit	Upgrade to NPC 5	
BLD-05463	Women's Center	5	4	NPC Retrofit	Upgrade to NPC 5	

Seismic Compliance Plan for

Status: Not Approved "Not Approved" indicates that the submitted Compliance Plan has been reviewed and is not approved because the facility is reporting that it will be noncompliant with the January 1, 2030, deadline. See the following comments. An amended Compliance Plan shall be submitted to address and resolve these comments; the Office is available to discuss any comments with the facility and to provide support in resolving the outstanding issues.

HCAI has not received an application for delay from this facility. Applications for a delay to the January 1, 2030 seismic compliance deadline under AB 869 were due on January 1, 2026 per 2025 CAC Chapter 6, Article 1, Section 1.5.2

Site Plan

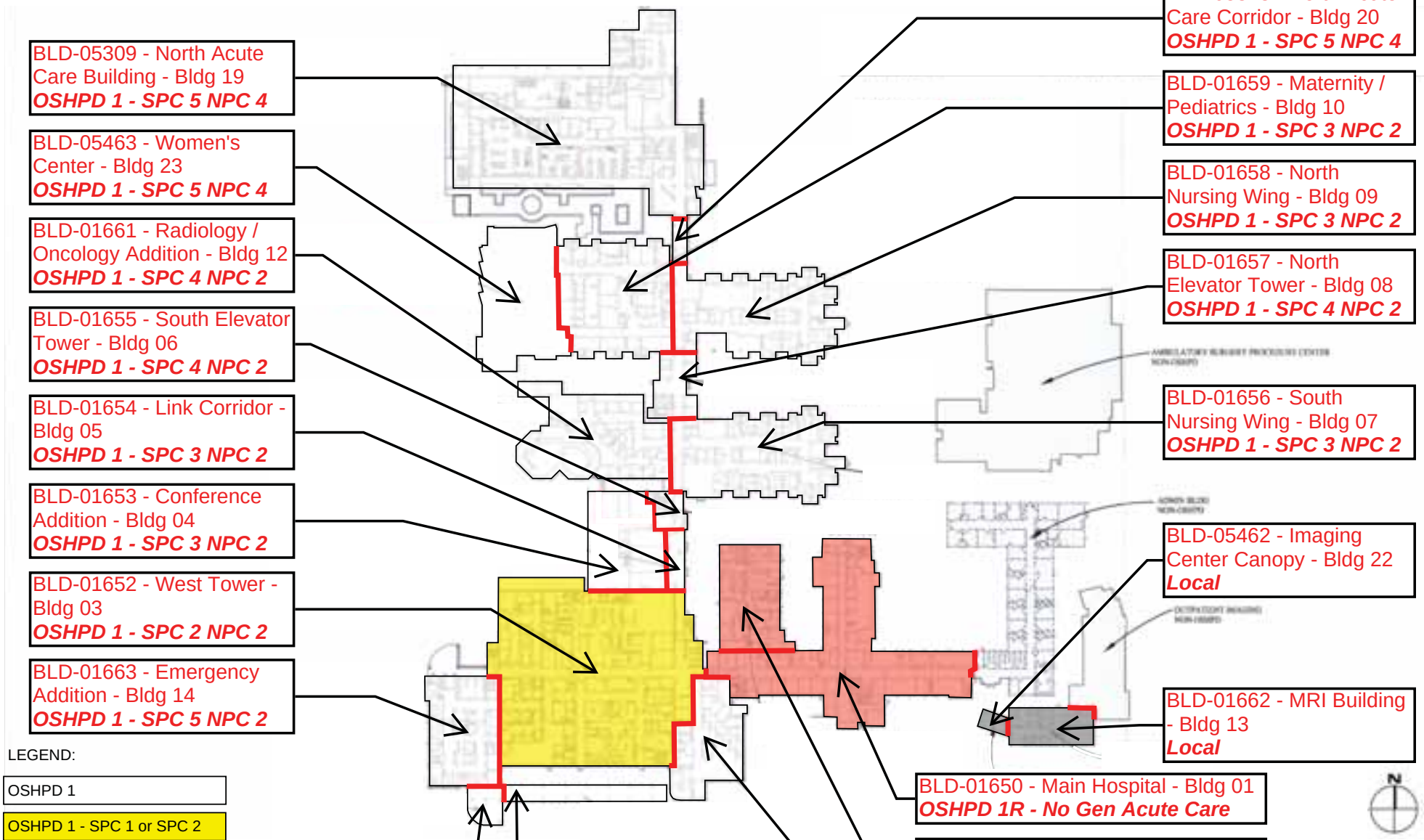
Site Plan

EXHIBIT 3 TO

SECTION 999.5(d)(5)(J)

Providence Queen Of The Valley Medical Center
Facility No. 10362

9/16/2025



BLD-05309 - North Acute Care Building - Bldg 19
OSHPD 1 - SPC 5 NPC 4

BLD-05463 - Women's Center - Bldg 23
OSHPD 1 - SPC 5 NPC 4

BLD-01661 - Radiology / Oncology Addition - Bldg 12
OSHPD 1 - SPC 4 NPC 2

BLD-01655 - South Elevator Tower - Bldg 06
OSHPD 1 - SPC 4 NPC 2

BLD-01654 - Link Corridor - Bldg 05
OSHPD 1 - SPC 3 NPC 2

BLD-01653 - Conference Addition - Bldg 04
OSHPD 1 - SPC 3 NPC 2

BLD-01652 - West Tower - Bldg 03
OSHPD 1 - SPC 2 NPC 2

BLD-01663 - Emergency Addition - Bldg 14
OSHPD 1 - SPC 5 NPC 2

BLD-05323 - North Acute Care Corridor - Bldg 20
OSHPD 1 - SPC 5 NPC 4

BLD-01659 - Maternity / Pediatrics - Bldg 10
OSHPD 1 - SPC 3 NPC 2

BLD-01658 - North Nursing Wing - Bldg 09
OSHPD 1 - SPC 3 NPC 2

BLD-01657 - North Elevator Tower - Bldg 08
OSHPD 1 - SPC 4 NPC 2

BLD-01656 - South Nursing Wing - Bldg 07
OSHPD 1 - SPC 3 NPC 2

BLD-05462 - Imaging Center Canopy - Bldg 22
Local

BLD-01662 - MRI Building - Bldg 13
Local

BLD-01650 - Main Hospital - Bldg 01
OSHPD 1R - No Gen Acute Care

BLD-01651 - West Wing - Bldg 02
OSHPD 1R - No Gen Acute Care

BLD-01660 - Admitting / Lobby - Bldg 11
OSHPD 1 - SPC 3 NPC 2

BLD-02881 - Canopy Addition - Bldg 16
OSHPD 1 - SPC 5 NPC 4

BLD-01664 - Emergency Canopy - Bldg 15
OSHPD 1 - SPC 5 NPC 4

LEGEND:

- OSHPD 1
- OSHPD 1 - SPC 1 or SPC 2
- OSHPD 1R or OSHPD 3
- Local

05/13/2026 Seismic Separation

NOTICE-001487

EXHIBIT 4 TO

SECTION 999.5(d)(5)(J)

Providence Queen of the Valley Medical Center
Project Closure Summaries

	Project Number	Project Name	Closed Date
1	S212092-28-00	QVMC ATS-A,B,C REPLACEMENTS	2/6/2026
2	S241709-28-00	Instrument Washer Replacement	2/17/2026
3	S241682-28-00	Blood Culture Machines	5/13/2025
4	S241457-28-00	PIN 72 - TEMP GENERATORS	6/9/2025
5	S240955-28-00	LED Light Fixture Retrofit	3/12/2025
6	S231797-28-00	Starbucks	8/6/2024
7	S231673-28-00	OR Equipment Replacement	11/19/2024
8	S231272-28-00	QVM Temp Chiller	
9	S231175-28-00	Loading Dock Fuel Storage Tank Spill Containment Replacement	10/28/2024
10	S230751-28-00	Ultrasonic Washer Replacement	9/8/2023
11	S230443-28-00	EPIC Display Monitors	1/8/2026
12	S230287-28-00	Repair Underground Fuel Storage Tank Piping	9/8/2023
13	S221074-28-00	T-Mobile BA00397A Anchor	1/13/2025
14	S220945-28-00	115650 HWY 29 Trancas Generator Add	6/9/2025
15	S220902-28-00	EMERGENCY DEPARTMENT EXPANSION	5/20/2025
16	S220814-28-00	CATH LAB EQUIPMENT CHANGE OUT	7/18/2024
17	S220157-28-00	CT Remodel	11/19/2024
18	S211772-28-00	Verizon Hwy 29 Trancas (Antenna Mod) 115650	1/19/2024
19	S211647-28-00	X-Ray Room Equipment Replacement	12/1/2022
20	S211298-28-00	QVMC Philips Wireless Coverage (21-4162)	7/22/2022
21	S211253-28-00	Wireless Upgrade	2/2/2023
22	S200113-28-00	TEMP ATS 180 DAY - CAN 2-108	4/10/2020
23	S201215-28-00	Emergency Sewer Repair Materials Management	11/14/2023
24	S200267-28-00	Herman Family Pavilion Lab Automation Phase 2	9/13/2021
25	S200215-28-00	Herman Family Pavilion Lab Automation Phase1	7/23/2021
26	S192779-28-00	W. Building Elevator 2 & 3 Replacement Ref U190017-28 and U190053-28	1/13/2023
27	S192578-28-00	N.Tower Floor 3 - Nurse Call Replacement	7/28/2021
28	S192122-28-00	N.Tower Floor 2 - Nurse Call Replacement	10/20/2021
29	S171662-28-00	Acute Rehab Unit Staff Lounge Conversion	1/28/2019
30	S191153-28-00	INFANT SECURITY	10/21/2022
31	S131096-28-00	Controls/BMS Retrofit Project	2/6/2018
32	S191081-28-00	QVMC 3 SOUTH TELEMETRY ADDITIONS	10/5/2020
33	S151067-28-00	SEISMIC JOINT REPLACEMENT	12/1/2022
34	S191039-28-00	NICU Sanitary Sewer Repair.	2/12/2020
35	S160475-28-00	WEST BUILDING- ELEVATOR 2 & 3 CYLINDER REPLACEMENT	4/22/2022
36	S182405-28-00	Elevator Lobby Door Magnetic Holder	4/20/2020
37	S182039-28-00	Classroom A Outlets (QVMC)	1/28/2020
38	S182025-28-00	QVMC Rapid Care Unit	7/7/2022
39	S181891-28-00	Foundation Office Remodel	2/25/2020

Providence Queen of the Valley Medical Center
Project Closure Summaries

	Project Number	Project Name	Closed Date
40	S181131-28-00	QVMC TEMP GENERATOR FOR PANEL A3D FEEDER REPAIR	11/19/2018
41	S181129-28-00	Panel A3D Feeder Repair (QVMC)	11/19/2018
42	S181128-28-00	Labor/Delivery Emergency Domestic Water Pipe Repair	5/3/2019
43	S180669-28-00	Addition of Sonic Irrigator	4/3/2020
44	S180311-28-00	Electrical Power Tie-In QVMC Oncology Office Remodel in Non-OSHPD BLD	4/20/2020
45	S180247-28-00	Oncology Office Remodel	2/5/2020
46	S180110-28-00	VALUES WALL INSTALLATION	4/10/2018
47	S180080-28-00	Water Treatment Maintenance	2/3/2021
48	S182903-28-00	ROCC-=S152006-28-00=, North and South Tower Stairway Fire Barrier Wall Repair	1/14/2022
49	S172339-28-00	Lobby Camera	8/31/2018
50	S172049-28-00	Moment Fram Testing Program - BLDG 5 THRU 11	12/7/2022
51	S152006-28-00	North and South Egress Stairway Fire Rating Upgrade	12/13/2017
52	S171827-28-00	Zeego OR Table Replacement	11/21/2018
53	S171037-28-00	Ambulatory Pharmacy	9/25/2017
54	S170855-28-00	Addition of Medical Air Outlet in LDRP Room 1304	5/23/2018
55	S170061-28-00	Nurse Call Replace S. Tower (1st Flr)	4/20/2020
56	S170060-28-00	Nurse Call Replace N. Tower (2nd Flr)	1/28/2019
57	S170059-28-00	Nurse Call Replace N. Tower (3rd Flr)	1/28/2019
58	S163473-28-00	QVMC Domestic Water Treatment	10/30/2019
59	S163230-28-00	Selective Corridor Fire Life Safety Deficiencies Remediation	2/24/2021
60	S163229-28-00	ACUTE REHAB UNIT COSMETIC UPGRADE	4/4/2018
61	S162439-28-00	CT Replacement (First Floor)	2/1/2018
62	S162387-28-00	CT Replacement	8/29/2019
63	S162386-28-00	Main Lobby Cosmetic Upgrade	7/28/2017
64	S162385-28-00	LINEAR ACCELERATOR REPLACEMENT	4/22/2019
65	S161419-28-00	ENDOSCOPY RE-PROCESSING ROOM RENOVATION	6/5/2017
66	S161306-28-00	QVMC- DISHWASHING TRAILER	6/5/2017
67	S160622-28-00	Nurse call replacement - North tower 1st floor	7/5/2018
68	S160253-28-00	Tower Air Curtain	10/19/2016
69	S160012-28-00	QVMC- Roofing Replacement & Bus Duct Repair	3/25/2019
70	S153309-28-00	Surgery Tissue Freezer	9/7/2016
71	S153242-28-00	Telemetry Wireless Upgrade	11/7/2016
72	S142973-28-00	Wireless Upgrade	7/3/2017
73	H152625-28-00	MAIN HOSPITAL- LEVEL 2 & 3 SLAB REPAIR	12/30/2022
74	S152463-28-00	Verizon Hwy 29 Trancas 115650	5/1/2017
75	S152424-28-00	DIETARY REPAIRS	6/25/2018
76	S151825-28-00	NURSECALL REPLACEMENT- 2ND FLOOR OF SOUTH TOWER AND MEDI SURG	6/8/2017
77	S151686-28-00	install monitors on level 2	2/14/2018

Providence Queen of the Valley Medical Center
Project Closure Summaries

	Project Number	Project Name	Closed Date
78	S151539-28-00	Sump Pressurized Sewer Line Replacement	4/14/2016
79	S151538-28-00	NURSECALL REPLACEMENT- 3RD FLOOR SOUTH TOWER	4/11/2016
80	S151485-28-00	DIETARY EQUIPMENT REPLACEMENT	2/13/2018
81	S151479-28-00	MAIN HOSPTIAL BOILER DE-RATING	7/5/2018
82	S151068-28-00	30 TON CHILLER REPLACEMENT	11/14/2016
83	H151056-28-00	Queen of the Valley Brine Tank Replacement	4/20/2016
84	S150420-28-00	Medication Prep Conversion	6/7/2017
85	S142992-28-00	Moment Frame Testing - Admitting/Lobby Building	7/19/2016
86	S142991-28-00	Moment Frame Testing - Maternity/Pediatrics	7/19/2016
87	S142990-28-00	Moment Frame Testing - North Nursing Wing	7/19/2016
88	S142989-28-00	Moment Frame Testing - South Nursing Wing	9/11/2017
89	S142988-28-00	Moment Frame Testing - Link Corridor	7/19/2016
90	S142987-28-00	MOMENT FRAME TESTING- CONFERENCE ADDITION	1/25/2022
91	S142948-28-00	SB 90 - QVMC Main Building Removal of Acute Care Services	11/4/2016
92	S142834-28-00	NORTH & SOUTH TOWER LOWER ROOF REPAIR	7/16/2015
93	S142484-28-00	MAIN HOSPITAL- LEVEL 2 & 3 SLAB REPAIR	9/8/2015
94	H142370-28-00	BRB Scratch Plate Installation	4/14/2016
95	S142176-28-00	QVMC- ELEVATOR 4 & 5 REPAIR	5/28/2015
96	S141993-28-00	MAIN HOSPITAL- WATER DAMAGE REMEDIATION	4/10/2015
97	S141981-28-00	North Acute Care Corridor - EQ Repairs	4/10/2015
98	S141980-28-00	North Acute Care Bldg (Bldg 19) - Earthquake Repairs	4/28/2017
99	S141973-28-00	ICU PATIENT ROOM AND OFFICE REPAIRS	12/22/2015
100	S141681-28-00	PDF - EF2 EMERGENCY REPLACEMENT	9/14/2018
101	S141090-28-00	EMERGENCY DEPT NURSE CALL REPLACEMENT	12/9/2015
102	S140454-28-00	Temporary Wireless Nurse Call System	5/28/2015
103	S140433-28-00	Queen of the Valley Medical Center- Walk In Box Replacement	12/22/2015
104	S140277-28-00	R/F Equipment Overhead Rail Replacement	4/12/2016
105	S140246-28-00	Awning Sprinklers	4/14/2016
106	S140220-28-00	Verizon 115650 Hwy 29 Trancas	5/19/2015
107	S132609-28-00	Lab Automation Equipment Install	6/12/2015
108	S132193-28-00	Pharmacy Filtration	2/27/2015
109	S132157-28-00	Cooling Tower Replacement	4/2/2015
110	S131996-28-00	Re-Roof Main Front Entry Canopy, Queen of the Valley Medical Center	3/4/2014
111	S131904-28-00	MEDICATION DISPENSING EQUIPMENT INSTALL	1/9/2015

Providence Queen of the Valley Medical Center
Project Closure Summaries

	Project Number	Project Name	Closed Date
112	S131694-28-00	Queen of the Valley Medical Center- Nurse call replacement maternity suite	5/28/2015
113	S131273-28-00	Queen of the Valley Medical Center - Kitchen Ansul System	2/26/2015
114	S131187-28-00	QUEEN OF THE VALLEY MEDICAL CENTER - NEW AWNING	12/16/2013
115	S130947-28-00	CT DOOR REPLACEMENT	3/4/2014
116	P-2012-02252	QVH- Panel 2	5/19/2014
117	P-2012-01731	R/F Equipment Replacement	2/6/2014
118	P-2012-01432	QVH-Panel	2/26/2014
119	P-2012-01102	Queen of the Valley Med Ctr-Chiller Automation-Primary/Secondary Conve	12/2/2014
120	SS110235-0	OR LIGHTS REPLACEMENT	8/25/2011
121	SS110091-0	VERNACARE DISPOSAL UNIT INSTALLATION AT ER SOILED UTILITY ROOM	3/25/2011
122	P-2011-00688	Sonic Irrigator Replacement	12/9/2015
123	SS102621-0	CHANGE OF USE CAN-2-3406A	10/28/2016
124	SS102509-0	INSTALL PYXIS AT 4 LOCATIONS	
125	SS102453-0	FOUNDATION AND PLUMBING REPAIR AT NORTH TOWER	10/7/2013
126	SS102207-0	PYXIS (MEDICINE DISPENSING UNIT) INSTALLATION AT 1ST FLOOR INTERVENTION RADIOLOGY	3/25/2011
127	SS101915-0	WATER DAMAGE REPAIR AT BASEMENT TELECOM ROOM	7/6/2011
128	SS101577-0	BASEMENT WALL REPAIR	1/11/2012
129	SS101519-0	INSTALL 1 EQUIP CABINET IN EXISTING TELECOM SITE	3/25/2011
130	SS101419-0	LINAC UPGRADES	3/27/2014
131	SS101115-0	CHILLED WATER CROSS OVER PIPING	8/22/2013
132	SS100765-0	SOUTH TOWER REROOF	11/15/2010
133	SS100397-0	LAB AND GIFT SHOP FIREFLY'S	2/25/2011
134	SS091203-0	HEMODYNAMIC DATA CABLING	7/20/2010
135	SS090771-0	PATHOLOGY WORK STATION INSTALLATION	7/29/2010
136	SS082271-0	INSTALLATION OF NEW GREASE INTERCEPTOR	10/12/2010
137	SS082101-0	CATH LAB FAN COIL REPLACEMENT	4/14/2009
138	IS081701-0	NEW 3 STORY NORTH ACUTE CARE BLDG/ADVANCED DIAGNOSTIC & SURGICAL PAVILLION	8/18/2016
139	IS081701-1	FOUNDATION PACKAGE	6/10/2016
140	IS081701-2	SUPERSTRUCTURE AND UNDER SLAB UTILITIES	6/10/2016
141	IS081701-3	MAIN BLDG (FULL ARCH & MEP SYSTEMS)	6/9/2016
142	IS081701-4	EQUIPMENT ANCHORAGE PACKAGE	6/8/2016
143	IS081701-5	MEP SEISMIC ANCHORAGE	6/8/2016
144	SS081681-0	STEAM KETTLE REPLACEMENT	3/2/2009
145	SS081505-0	WOMEN'S SVS CENTER-WIRELESS DATA SYSTEM	4/21/2010

Providence Queen of the Valley Medical Center
Project Closure Summaries

	Project Number	Project Name	Closed Date
146	SS080721-0	RELICENSE 12 SKILLED NURSING FACILITY BEDS TO ACUTE CARE	11/17/2008
147	SS080289-0	CT EQUIPMENT REPLACEMENT	3/28/2011
148	SS080061-0	REPLACE EXIST. WASHER/DISINFECTORS & CONVEYORS W/NEW	7/15/2008
149	HS072111-0	NPC-3R WEST WING SEISMIC UPGRADES	12/9/2010
150	SS071935-0	EMERGENCY UPS REPLACE & MDF ROOM UPGRADE	1/6/2011
151	SS071897-0	STEAM KETTLE AND FRYER REPLACEMENT	8/5/2008
152	SS071715-0	INSTALLATION OF DATA RECEPTACLES	4/1/2008
153	SS071003-0	WIRELESS DATA SYSTEM	4/1/2008
154	SS070121-0	ER GCX EQUIP SUPPORT INSTALL	12/27/2007
155	SS061951-0	NEW BOILER FOR O.B. EXPANSION	8/23/2007
156	SS061459-0	1ST FLR I.S. ROOM UPGRADE	10/15/2007
157	SS061371-0	WEST WING BOILER PUMP REPLACEMENT	4/16/2007
158	SS061217-0	MEDICAL GAS PIPING REPLACEMENT	4/16/2007
159	SS061213-0	PEDIATRIC SECURITY ALARM	4/8/2008
160	SS060955-0	INFO SERVICES EQUIP ROOM UPGRADE	12/21/2007
161	SS060657-0	NEW LAB CASEWORK	4/21/2010
162	SS060633-0	INSTALL NEW PLAZMA DISPLAY MONITOR	6/5/2007
163	SS060023-0	INSTALL PLASMA TV IN ADMISSION & NURSE STATION	1/25/2007
164	SS053051-0	CATH LAB EQUIPMENT REPLACEMENT	5/5/2008
165	SS052955-0	DIALYSIS EQUIPMENT ROOM REMODEL	6/29/2006
166	SS052897-0	MEDICAL RECORDS HIGH DENSITY SHELVING REPLACEMENT	3/6/2008
167	SS052895-0	NUCLEAR MEDICINE ROOM 2 CAMERA REPLACEMENT	8/2/2007
168	SS052771-0	AIR CURTIAN INSTALLATION	1/24/2008
169	SS052769-0	DONOR WALL	3/6/2008
170	SS052631-0	REPLACE SURGICAL LIGHTS IN SP & LAMINAR FLOW	4/1/2008
171	SS052607-0	8 TIMECLOCKS INSTALLATION	1/25/2007
172	SS052355-0	RELICENSE WELL BABY NURSERY	4/10/2006
173	SS052333-0	WOMEN'S CENTER ROOFING REPLACEMENT	8/8/2007
174	SS052083-0	INSTALL NEW PLASMA TV IN ER	12/24/2007
175	SS051637-0	COOLING TOWER REPLACEMENT	1/25/2007
176	SS051633-0	FRYER REPLACEMENT	9/11/2007
177	SS051287-0	CT SCANNER REPLACEMENT	11/28/2007
178	SS050963-0	NEW PATHOLOGY SELF CONTANIED GROSSING STATION	6/29/2006
179	SS050757-0	REPLACE EXIST MONITOR W/NEW 37" LCD MONITOR	8/2/2007
180	SS050751-0	MCF NEW PANELBOARD	1/24/2007
181	SS050447-0	INSTALL NORTH OWNER SUPPLY PLASMA TV IN DOCTORS LOUNGE	3/27/2007
182	HS050313-0	TELEMETRY BED EXPANSION	8/2/2007
183	SS042747-0	SURGERY SCRUB SINK REPLACE	4/28/2008
184	SS042707-0	AUTOMATIC DOOR INSTALL	4/16/2007

Providence Queen of the Valley Medical Center
Project Closure Summaries

	Project Number	Project Name	Closed Date
185	SS042609-0	FOUNDATION OFFICE REMODEL	1/16/2007
186	HS042573-0	ICU BED EXPANSION	11/28/2007
187	SS042095-0	LINEAR ACCELERATOR REPLACE	3/27/2007
188	SS041521-0	LAB ANALYZER	1/12/2007
189	SS041519-0	DISHWASHER REPLACE	1/11/2007
190	SS041517-0	LAB REROOF	8/9/2007
191	SS041515-0	PYXIS MEDSTATIONS	1/12/2007
192	SS041389-0	PHARMACY RENOVATION	4/1/2008
193	SS041271-0	DISHWARMER REPLACE	2/15/2007
194	SS040949-0	REPLACE FIRE ALARM SYSTEM	4/1/2008
195	SS040825-0	MED AIR COMPRESSOR REPLACE	3/23/2006
196	SS040809-0	STERILIZER REPLACEMENT	7/25/2005
197	SS040557-0	ACUTE CARE BED LICENSING	12/3/2007
198	SS040433-0	NEW TREATMENT ROOMS	3/23/2006
199	SS040237-0	ACUTE CARE EXIT ALARM	3/22/2006
200	SS032583-0	PACS RACK INSTALLATION	1/8/2007
201	SS032575-0	(N) CANOPY AT ENTRANCE TO (E) IMAGING CENTER	11/28/2007
202	SS032521-0	MED AIR SYSTEM MODIFY	1/8/2007
203	SS032313-0	TIME CLOCK REPLACEMENT	1/26/2005
204	SS032217-0	MED RECORDS COMPUTER ROOM NEW AC UNIT	1/26/2005
205	HS032215-0	MOMENT FRAME EVALUATION PROGRAM	1/26/2005
206	SS032109-0	WEST WING ROOFING REPLACE	1/8/2007
207	SS032079-0	MDF RECEPTICALS	5/25/2004
208	SS031833-0	SURGERY DEPT ELECTRICAL UPGRADE	1/26/2005
209	SS031125-0	BALER INSTALLATION	5/25/2004
210	SS031103-0	DE-LICENSE BLDG "SBC5"-NEW BLDG UNDER LOCAL JURISDICTION	1/4/2005
211	SS030949-0	REMOVE OLD & INSTALL NEW MASS STORAGE CABINETS	3/24/2004
212	SS030603-0	MRI TRAILER RECEPTACLE	7/30/2003
213	SS030317-0	(N) R/F SUITE/CONFERENCE/H.C. TOILET/DRESSING	4/9/2008
214	HS030057-0	INSTALL TELECOMMUNICATION @ FACILITY	10/24/2007
215	SS023335-0	ADMINSTRATION REROOF	5/25/2004
216	HS022887-0	SPC 2 NON-STRUCTURAL WALLS (SEE EXECUTIVE SUM)	3/29/2013
217	SS022377-0	LIGHTING SYSTEM RETROFIT	7/25/2003
218	SS022209-0	SB 1953 TESTING/CONDITION ASSEMENT TESTING PROGRAM	1/8/2007
219	SS022059-0	CHAPEL COSMETIC UPGRADE	4/21/2003
220	SS021107-0	FIRE ALARM REPLACE	5/5/2004
221	SS020991-0	CINGULAR WIRELESS UPGRADE	8/20/2003
222	SS020983-0	VACUUM PUMP REPLACEMENT	4/23/2004
223	SS020955-0	ELEVATOR MODERNIZATION	2/15/2007
224	SS013353-0	TELECOM RM EXPANSION	2/13/2003

Providence Queen of the Valley Medical Center
Project Closure Summaries

	Project Number	Project Name	Closed Date
225	SS012921-0	REHAB TREATMENT RM & DEAD END CORRIDOR	11/12/2003
226	SS012873-0	RATED STORAGE ENCLOSURES;REMODEL OFFICE TO EXAM RM;LDRP EXITING/PASSAGE CORRECTIONS	1/5/2007
227	SS012375-0	BULK OXYGEN STORAGE TANK 2201-005-00	8/13/2002
228	HS012291-0	1ST FLR WOMEN'S CENTER ADDITION	12/3/2007
229	SS011115-0	RE-ROOF	9/30/2003
230	SS010925-0	WEST WING CORRIDOR DOORS UPGRADE	3/18/2004
231	SS010865-0	NPC2 EQUIPMENT ANCHORAGE	3/18/2002
232	SS010101-0	PNEUMATIC TUBE SYSTEM	9/30/2003
233	SS010087-0	SB 1953 CONDITION ASSESSMENT TESTING PROGRAM	8/12/2002
234	SS002385-0	EQUIPMENT CHANGE-OUT OF CT SUITE	8/12/2002
235	SS000127-0	WEST WING AIR HANDLER UNIT REPLACEMENT PROJECT	4/23/2003
236	SS000015-0	GEN CHANGE-OUT/EMERGENCY POWER UPGRADE/NEW CATH LAB	8/12/2002
237	SS992885-0	RESPIRATORY THERAPY RELOCATION	8/13/2002
238	HS992883-0	MEDICAL GUARD UNIT	8/12/2002
239	SS992821-0	SECURITY SYSTEM	8/30/2002
240	SS992439-0	Y2K - GENERATOR CONNECTION	7/12/2000
241	SS992165-0	E R RADIOLOGY PROCESSOR INSTALLATION	4/6/2000
242	SS991299-0	3RD FLOOR BED EXPANSION	3/1/2001
243	SS991295-0	ISOLATION ROOM AIR PRESSURE MONITORS	1/29/2002
244	SS991289-0	X-RAY ROOM #2 EQUIPMENT REPLACEMENT	3/20/2001
245	SS991083-0	STERRAD AT 100	1/27/2000
246	SS990343-0	VASC LAB EQUIP. CHANGE	8/14/2000
247	SS983571-0	ELEVATOR UPGRADE	8/30/2002
248	SS983193-0	SAME DAY PROCEDURES REACTIVATION	3/31/2000
249	SS982133-0	UST INSTALLATION	3/23/2000

Project Closure Summary Report S212092-28-00

Project Description: QVMC ATS-A,B,C REPLACEMENTS

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S212092-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/01/2021	$150,000.00	$100,000.00	$250,000.00	$0.00
Estimated Cost before Contract	Estimated	03/10/2022	$150,000.00	$100,000.00	$250,000.00	$0.00
First Contract Cost	Contract	1/17/2023	$147,403.00	$100,000.00	$247,403.00	$0.00
Cost before Final	Estimated	01/12/2026	$199,210.00	$100,000.00	$299,210.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	11/1/2021	
Y		Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	3/8/2022	
Y		IOR	A20701	Lead IOR	Shane Curran		Active	3/8/2022	
Y		Structural	S2995	Delegate -	Maryann Phipps	ESTRUCTURE	Active	11/1/2021	
Y		Structural	S4888	S212092-28-00-DSI0001	Gary Landingham	MASON INDUSTRIES			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Kristen Thorson	Sr. Design and Construction Manager	1000 Trancas, Napa CA, napa CA 94558	Providence Queen of the Valley Medical Center		510-590-2934	dupekristen.thorson@providence.org
No	Facility Representative	Todd Belluomini	Project Manager	1000 Trancas St, Napa CA 94558	Providence St. Joseph Health	707-327-8640		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
Building Permit					
S212092-28-00-BPT01			Closed Inactive		$0.00

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S241709-28-00

Project Description: Instrument Washer Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S241709-28-00	Closed	Closed	02/17/2026	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/31/2024	$200,000.00	$365,755.00	$565,755.00	$0.00
Estimated Cost before Contract	Estimated	10/31/2024	$200,000.00	$365,755.00	$565,755.00	$0.00
First Contract Cost	Contract	05/12/2025	$200,000.00	$365,755.00	$565,755.00	$0.00
Cost before Final	Estimated	06/12/2025	$205,000.00	$365,755.00	$570,755.00	$0.00
Last Final-Client Cost	Final - Client	10/24/2025	$268,404.00	$352,517.38	$620,921.38	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/24/2025	Architect	C33735	Responsible Primary	Bryan Rayburn	19SIX ARCHITECTS	Active	10/31/2024	
Y	10/24/2025	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	3/3/2025	
Y	10/24/2025	Electrical	E19219	Delegate - EEOR	John Griffiths	CONTECH-CA	Active	10/31/2024	
Y	10/24/2025	IOR	A20701		Shane Curran		Active	3/3/2025	
Y	10/24/2025	Mechanical	M34869	Delegate - MEOR	Adam Davis	WESTON & ASSOCIATES MECHANICAL ENGINEERS, INC.	Active	10/31/2024	
Y	10/24/2025	Structural	S4836	Delegate - SEOR	Charles Richards	ARTISAN ENGINEERING, INC.	Active	10/31/2024	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	Ahmed Mshaka	Senior Director	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	559-375-3460		ahmed.mshaka@providence.org

No	Facility Representative	Ryan Eads	Senior Project Manager	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	415-985-2005	ryan.eads@providence.org
No	Authorized Agent	Ryan Eads	Senior Project Manager	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	415-985-2005	ryan.eads@providence.org
No	Authorized Agent	Carl Scheuerman	Program Manager	4313 Vista De Lago Way, Fair Oaks CA 95628	Hallsta, Inc.	916-708-6928	carl@hallstainc.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S241682-28-00

Project Description: Blood Culture Machines

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S241682-28-00	Closed	Closed	05/13/2025	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/29/2024	$80,000.00	$0.00	$80,000.00	$0.00
Estimated Cost before Contract	Estimated	10/29/2024	$80,000.00	$0.00	$80,000.00	$0.00
First Contract Cost	Contract	01/02/2025	$62,650.57	$0.00	$62,650.57	$0.00
Cost before Final	Contract	01/02/2025	$62,650.57	$0.00	$62,650.57	$0.00
Last Final-Client Cost	Final - Client	04/22/2025	$62,650.07	$0.00	$62,650.07	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	03/12/2025	Architect	C33735	Responsible Primary	Bryan Rayburn	19SIX ARCHITECTS	Active	10/29/2024	
Y	03/12/2025	Contractor	423901		Michael Sandoval	Peacock Construction, Inc.	Active	11/27/2024	
Y	03/12/2025	Electrical	E13774	Delegate - EEOR	Mark Cappadonna	TOFT WOLFF FARROW INC.	Active	10/29/2024	03/12/2025
Y	03/12/2025	IOR	A20701		Shane Curran		Active	11/27/2024	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	Ahmed Mshaka	Senior Director	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	559-375-3460		ahmed.mshaka@providence.org
No	Facility Representative	Ryan Eads	Senior Project Manager	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	415-985-2005		ryan.eads@providence.org
No	Authorized Agent	Ryan Eads	Senior Project Manager	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	415-985-2005		ryan.eads@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S241457-28-00

Project Description: PIN 72 - TEMP GENERATORS
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S241457-28-00	Closed	Closed	06/09/2025	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/23/2024	$330,000.00	$0.00	$330,000.00	$0.00
Estimated Cost before Contract	Estimated	09/23/2024	$330,000.00	$0.00	$330,000.00	$0.00
First Contract Cost	Contract	11/26/2024	$330,000.00	$0.00	$330,000.00	$0.00
Cost before Final	Contract	11/26/2024	$330,000.00	$0.00	$330,000.00	$0.00
Last Final-Client Cost	Final - Client	6/9/2025	$332,552.00	$0.00	$332,552.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	12/18/2024	Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	9/23/2024	
Y	12/18/2024	Contractor	423901		Michael Sandoval	Peacock Construction, Inc.	Active	10/3/2024	
N		Electrical	E13943	Alternate -	Rebecca Boulter	BOULTER ENGINEERING, INC.	Active	9/23/2024	
Y	12/18/2024	IOR	A20701	Lead IOR	Shane Curran		Active	9/23/2024	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	MICHAEL ARIAN	Senior Project Manager	1000 TRANCAS ST, NAPA CA 94558	PROVIDENCE REAL ESTATE STRATEGY AND OPERATIONS	707-217-6556		michael.arian@providence.org
No	Contact	MICHAEL SANDOVAL	PROJECT MANAGER	3421 GOLDEN GATE WAY, LAFAYETTE CA 94549	PEACOCK CONSTRUCTION	925-283-4550	408-510-1252	msandoval@peacockconstruction.com
No	Contact	ADAM HANSEN	PRESIDENT	14 W 3RD ST, SANTA ROSA CA 95401	BLAKESLEE ELECTRIC	707-545-6393		adam@blakesleeelectric.com
No	Contact	ELI JACOBS	GENERAL SUPERINTENDENT	14 W 3RD ST, SANTA ROSA CA 95401	BLAKESLEE ELECTRIC	707-545-6393		eli@blakesleeelectric.com

No	Authorized Agent	AHMED MSHAKA	SENIOR DIRECTOR, SPECIAL PROJECTS	1000 TRANCAS ST, NAPA CA	94558	PROVIDENCE REAL ESTATE STRATEGY AND OPERATIONS	559-375-3460	ahmed.mshaka@providence.org
No	Facility Representative	MICHAEL HEGARTY	FACILITY MANAGER	1000 TRANCAS ST, NAPA CA	94558	QUEEN OF THE VALLEY MEDICAL CENTER	707-266-2744	michael.hegarty@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S240955-28-00

Project Description: LED Light Fixture Retrofit
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S240955-28-00	Closed	Closed	03/12/2025	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/28/2024	$771,129.00	$0.00	$771,129.00	$0.00
Estimated Cost before Contract	Estimated	06/28/2024	$771,129.00	$0.00	$771,129.00	$0.00
First Contract Cost	Contract	08/26/2024	$771,129.00	$0.00	$771,129.00	$0.00
Cost before Final	Estimated	10/14/2024	$806,484.00	$0.00	$806,484.00	$0.00
Last Final-Client Cost	Final - Client	03/12/2025	$754,436.00	$0.00	$754,436.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	03/12/2025	Architect	C33457	Responsible Primary	Mark La Fontaine	ALA DESIGN GROUP, INC.	Active	6/28/2024	
Y	03/12/2025	Contractor	797930		Carlos Cevallos	Earth Savers Energy Services, Inc.	Active	8/14/2024	
Y	03/12/2025	IOR	A20701	Lead IOR	Shane Curran		Active	8/14/2024	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	Greg Bergman	Senior Manager, Design & Construction	2121 Santa Monica Blvd., Santa Monica CA 90404	Providence	432-230-2423		greg.bergman@providence.org
No	Contact	Jonathan Heredia	Senior Project Manager	18444 Ward Street, Fountain Valley CA 92708	ALA Design Group, Inc.	714-963-6301		jonathan@aladg.com
No	Contact	Michael Arian	Senior Project Manager	3345 Michelson Dr Suite 100, Irvine CA 92612	Providence	707-217-6556		michael.arian@providence.org
No	Facility Representative	Greg Bergman	Senior Manager, Design & Construction	2121 Santa Monica Blvd., Santa Monica CA 90404	Providence	432-230-2423		greg.bergman@providence.org

No	Authorized Agent	Ryan Berry	Executive Director - Design & Construction Management, South Division	3345 Michelson Dr Suite 100, Irvine CA 92612	Providence	714-681-0754	ryan.berry@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S231797-28-00

Project Description: Starbucks

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S231797-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/21/2023	$1,270,000.00	$0.00	$1,270,000.00	$0.00
Cost before Final	Estimated	12/21/2023	$1,270,000.00	$0.00	$1,270,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C23757	Responsible Primary	Robert Budetti	ARCHITECTS ORANGE	Active	12/21/2023	
Y		Electrical	E10951	Delegate -	Joseph Fay	ALFATECH	Active	12/21/2023	
Y		Mechanical	M26114	Delegate -	Lori Lee	ALFATECH	Active	12/21/2023	
Y		Structural	S5460	Delegate -	Thomas Allen	WRIGHT ENGINEERS	Active	12/21/2023	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	Mike Berrouet	LEGAL OWNER	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	510-697-9746		mike.berrouet@providence.org
No	Facility Representative	Greg Santiago	LEGAL OWNER	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	925-273-4715		gregorio.santiago@providence.org
No	Authorized Agent	Robert Budetti	Managing Partner	144 North Orange Street, Orange CA 92866	Architects Orange	714-639-9860		rob@aoarchitects.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S231673-28-00

Project Description: OR Equipment Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S231673-28-00	Closed	Closed	11/19/2024	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/22/2023	$80,000.00	$0.00	$80,000.00	$0.00
Estimated Cost before Contract	Estimated	03/22/2024	$80,100.00	$0.00	$80,100.00	$0.00
First Contract Cost	Contract	03/26/2024	$113,330.00	$0.00	$113,330.00	$0.00
Cost before Final	Contract	03/26/2024	$113,330.00	$0.00	$113,330.00	$0.00
Last Final-Client Cost	Final - Client	08/09/2024	$131,080.00	$2,000,000.00	$2,131,080.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	07/29/2024	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	11/22/2023	
Y	09/10/2024	Contractor	OB10362		Greg Santiago	PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER	Active	3/22/2024	
Y	09/10/2024	Electrical	E21982	Delegate -	Benjamin Schlenker	ECOM ENGINEERING	Active	11/22/2023	
Y	09/10/2024	IOR	A20701	Lead IOR	Shane Curran		Active	3/22/2024	
Y	07/29/2024	Structural	S4836	Delegate -	Charles Richards	ARTISAN ENGINEERING, INC.	Active	11/22/2023	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Ahmed Mshaka	Senior Director of Design and Construction	1111 Sonoma Ave. Suite 308, Irvine CA 92612	Providence	559-375-3460	559-375-3460	ahmed.mshaka@providence.org
No	Facility Representative	Mike Berrouet	Project Manager	1000 Trancas St, Napa CA 94558		123-456-7890		hcaiplaceholder@hcai.ca.gov
No	Authorized Agent	Gregorio Santiago	Director, Design & Construction	1000 Trancas St, Napa CA 94558		123-456-7890		hcaiplaceholder@hcai.ca.gov
No	Primary Project Contact	Mike Berrouet	Project Manager	1000 Trancas St, Napa CA 94558	Providence	123-456-7890		hcaiplaceholder@hcai.ca.gov

No	Facility Representative	Ahmed Mshaka	Senior Director, Special Projects - Design & Construction, South Division	1111 Sonoma Ave. Suite 308, Irvine CA 92612	Providence	559-375-3460	ahmed.mshaka@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S231272-28-00

Project Description: QVM Temp Chiller
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S231272-28-00	Void			No	No		$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/06/2023	$300,000.00	$0.00	$300,000.00	$0.00
Estimated Cost before Contract	Estimated	09/06/2023	$300,000.00	$0.00	$300,000.00	$0.00
First Contract Cost	Contract	10/23/2024	$262,000.00	$42,000.00	$304,000.00	$0.00
Cost before Final	Contract	10/23/2024	$262,000.00	$42,000.00	$304,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C33415	Responsible Primary	Todd Henderson	BOULDER ASSOCIATES ARCHITECTS	Active	9/6/2023	
Y		Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	10/13/2023	
Y		Electrical	E21982	Delegate - EEOR	Benjamin Schlenker	ECOM ENGINEERING	Active	9/6/2023	
Y		IOR	A20701	Lead IOR	Shane Curran		Active	10/13/2023	
Y		Mechanical	M34869	Delegate - MEOR	Adam Davis	WESTON & ASSOCIATES MECHANICAL ENGINEERS, INC.	Active	9/6/2023	
Y		Structural	S3957	Delegate - SEOR	James Mogannam	KPFF	Active	9/6/2023	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	Kristen Thorson	Senior Design & Construction Manager	980 Trancas St, Ste 14, Napa CA 94588	Providence St. Joseph Hospital	510-590-2934		dupekristen.thorson@providence.org
No	Contact	RJ Stanfield	Project Designer	455 Market Street; Ste 1690, San Francisco CA 95108	Boulder Associates	407-346-4552		rstanfield@boulderassociates.com

No	Facility Representative	Kristen Thorson	Senior Design & Construction Manager	1000 Trancas St, Napa CA 94558	Queen of the Valley Medical Center	510-590-2934		dupekristen.thorson@providence.org
No	Authorized Agent	Todd Henderson		26 O'Farrell Street, Suite 700, San Francisco CA 94108		415-796-6720	415-609-7605	thenderson@boulderassociates.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S231175-28-00

Project Description: Loading Dock Fuel Storage Tank Spill Containment Replacement

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S231175-28-00	Closed	Closed	10/28/2024	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/21/2023	$25,000.00	$12,296.00	$37,296.00	$0.00
Estimated Cost before Contract	Estimated	08/21/2023	$25,000.00	$12,296.00	$37,296.00	$0.00
First Contract Cost	Contract	10/11/2023	$37,296.00	$0.00	$37,296.00	$0.00
Cost before Final	Contract	10/11/2023	$37,296.00	$0.00	$37,296.00	$0.00
Last Final-Client Cost	Final - Client	10/22/2024	$37,296.00	$0.00	$37,296.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	09/23/2024	Architect	C26104	Responsible Primary	Steven Ferrara	LA FERRARA	Active	8/21/2023	
Y	09/23/2024	Contractor	983650			IN COMPLIANCE SERVICES	Active	9/6/2023	
Y	09/23/2024	IOR	A20032	Lead IOR	Steven Ferrara		Active	9/6/2023	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	Steven Ferrara		3655 Seneca Way, Napa CA 94558		707-815-1563	707-815-1563	laferraraarchitect@gmail.com
No	Authorized Agent	Kristen Thorson	LEGAL OWNER	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	510-590-2934		dupekristen.thorson@providence.org
No	Facility Representative	Kristen Thorson	LEGAL OWNER	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	510-590-2934		dupekristen.thorson@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S230751-28-00

Project Description: Ultrasonic Washer Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S230751-28-00	Closed	Closed	09/08/2023	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/30/2023	$65,000.00	$89,434.00	$154,434.00	$0.00
Estimated Cost before Contract	Estimated	05/30/2023	$65,000.00	$89,434.00	$154,434.00	$0.00
First Contract Cost	Contract	06/30/2023	$65,000.00	$89,434.00	$154,434.00	$0.00
Cost before Final	Contract	06/30/2023	$65,000.00	$89,434.00	$154,434.00	$0.00
Last Final-Client Cost	Final - Client	08/11/2023	$35,000.00	$89,434.50	$124,434.50	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/11/2023	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	5/30/2023	
Y	08/11/2023	Architect	C33735	Alternate -	Bryan Rayburn	19SIX ARCHITECTS	Active	5/30/2023	
Y	08/11/2023	Contractor	775170			ADVANCED ENGINEERING SALES	Active	6/26/2023	
Y	08/11/2023	IOR	A20032	Lead IOR	Steven Ferrara		Active	6/26/2023	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	Kristen Thorson	Project Manager	980 Trancas, Suite 14, Napa CA 94558		510-590-2934		dupekristen.thorson@providence.org
No	Authorized Agent	Greg Santiago	Director, Design & Construction	980 Trancas, Suite 14, Napa CA 94558		925-273-4715		gregorio.santiagojr@providence.org
No	Facility Representative	Kristen Thorson	Sr. Project Manager	980 Trancas St, Suite 14, Napa CA 94558		510-590-2934		dupekristen.thorson@providence.org
No	Authorized Agent	Kristen Thorson	Sr. Project Manager	980 Trancas St, Suite 14, Napa CA 94558		510-590-2934		dupekristen.thorson@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S230443-28-00

Project Description: EPIC Display Monitors
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S230443-28-00	Closed	Closed	01/08/2026	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/03/2023	$40,000.00	$10,000.00	$50,000.00	$0.00
Estimated Cost before Contract	Estimated	12/17/2024	$45,000.00	$10,000.00	$55,000.00	$0.00
First Contract Cost	Contract	01/08/2025	$55,000.00	$0.00	$55,000.00	$0.00
Cost before Final	Estimated	05/19/2025	$60,000.00	$0.00	$60,000.00	$0.00
Last Final-Client Cost	Final - Client	10/17/2025	$236,990.00	$0.00	$236,990.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	10/16/2025	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	4/3/2023	
Y	10/17/2025	Architect	C33735	Delegate - AOR	Bryan Rayburn	19SIX ARCHITECTS	Active	4/3/2023	
Y	10/16/2025	Contractor	423901		Chris Brown	Peacock Construction, Inc.	Active	12/12/2024	
Y	10/16/2025	Electrical	E21982	Delegate - EEOR	Benjamin Schlenker	ECOM ENGINEERING	Active	4/3/2023	
Y	10/17/2025	IOR	A20032	Lead IOR	Steven Ferrara		Active	02/25/2025	
Y	02/25/2025	IOR	A20701	Replaced - 02/25/2025	Shane Curran		Replaced	12/12/2024	02/25/2025
Y	10/17/2025	Structural	S4460	Delegate - SEOR	Darrick Hom	ESTRUCTURE	Active	4/3/2023	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	Ahmed Mshaka		1111 Sonoma Ave, suite 308, Santa Rosa CA 95405	Providence Health			ahmed.mshaka@providence.org
No	Facility Representative	Ahmed Mshaka		1111 Sonoma Ave, suite 308, Santa Rosa CA 95405	Providence Health	559-375-3460		ahmed.mshaka@providence.org
No	Authorized Agent	Carl Scheuerman	Program Manager	4313 Vista De Lago Way, Fair Oaks CA 95628	Hallsta, Inc.	916-708-6928		carl@hallstainc.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S230287-28-00

Project Description: Repair Underground Fuel Storage Tank Piping
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S230287-28-00	Closed	Closed	09/08/2023	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	03/06/2023	$20,000.00	$7,095.00	$27,095.00	$0.00
Estimated Cost before Contract	Estimated	03/06/2023	$20,000.00	$7,095.00	$27,095.00	$0.00
First Contract Cost	Contract	05/22/2023	$51,521.88	$0.00	$51,521.88	$0.00
Cost before Final	Contract	05/22/2023	$51,521.88	$0.00	$51,521.88	$0.00
Last Final-Client Cost	Final - Client	08/11/2023	$51,521.88	$0.00	$51,521.88	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/11/2023	Architect	C26104	Responsible Primary	Steven Ferrara	LA FERRARA	Active	3/6/2023	
Y	08/11/2023	Contractor	983650			IN COMPLIANCE SERVICES	Active	4/15/2023	
Y	08/11/2023	IOR	A20032	Lead IOR	Steven Ferrara		Active	4/15/2023	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Primary Project Contact	Steven Ferrara		3655 Seneca Way, Napa CA 94558		707-252-3961	707-815-1563	laferraraarchitect@gmail.com
No	Facility Representative	Kristen Thorson	LEGAL OWNER	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	510-590-2934		dupekristen.thorson@providence.org
No	Authorized Agent	Kristen Thorson	LEGAL OWNER	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	510-590-2934		dupekristen.thorson@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S221074-28-00

Project Description: T-Mobile BA00397A Anchor
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S221074-28-00	Closed	Closed	01/13/2025	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/28/2022	$27,000.00	$67,000.00	$94,000.00	$0.00
Estimated Cost before Contract	Estimated	06/28/2022	$27,000.00	$67,000.00	$94,000.00	$0.00
First Contract Cost	Contract	10/16/2023	$27,000.00	$67,000.00	$94,000.00	$0.00
Cost before Final	Contract	10/16/2023	$27,000.00	$67,000.00	$94,000.00	$0.00
Last Final-Client Cost	Final - Client	11/20/2024	$27,000.00	$67,000.00	$94,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	10/23/2024	Structural	S4469	Responsible Primary	Kevin Sorensen	STREAMLINE ENGINEERING AND DESIGN INC.	Active	6/28/2022	
Y	10/23/2024	Contractor	401047			METROPOLITAN ELECTRICAL CONSTRUCTION INC	Active	09/28/2022	
Y	10/23/2024	Electrical	E15161	Delegate -	Richard Malone	RTM ENGINEERS AND CONSULTANTS	Active	09/28/2022	
Y	10/23/2024	IOR	A20701	Lead IOR	Shane Curran		Active	4/19/2023	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Kristen Thorson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Medical Center	510-590-5937		dupekristen.thorson@providence.org
No	Facility Representative	Todd Belluomini	Project Manager	1165 Montgomery Dr, Santa Rosa CA 95405	Providence St. Joseph Health	707-327-8640		todd.belluomini@providence.org
No	Authorized Agent	Jeremy Stremme	Facilities Operation Manager	1165 Montgomery Dr, Santa Rosa CA 95405	Providence St. Joseph Health	530-718-8044		jeremy.stremme@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S220945-28-00

Project Description: 115650 HWY 29 Trancas Generator Add
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S220945-28-00	Closed			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	6/9/2022	$75,000.00	$30,000.00	$105,000.00	$0.00
Cost before Final	Estimated	6/9/2022	$75,000.00	$30,000.00	$105,000.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Structural	S4469	Responsible Primary	Kevin Sorensen	STREAMLINE ENGINEERING AND DESIGN INC.	Active	6/9/2022	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Todd Belluomini		1165 Montgomery Dr, Santa Rosa CA 95405	Providence St. Joseph Health	707-327-8640		todd.belluomini@providence.org
No	Authorized Agent	Jeremy Stremme		1165 Montgomery Dr, Santa Rosa CA 95746	Providence St. Joseph He	530-718-8044		jeremy.stremme@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status
01	03/06/2023		Samuel Vasquez	Recheck

S220945-28-00: ARCH: Please add note "FOR REFERENCE ONLY" to this sheet and to the sheet index on T-1.

Project Closure Summary Report S220902-28-00

Project Description: EMERGENCY DEPARTMENT EXPANSION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S220902-28-00	Closed	Closed	05/20/2025	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/02/2022	$767,607.00	$0.00	$767,607.00	$0.00
Estimated Cost before Contract	Estimated	06/02/2022	$767,607.00	$0.00	$767,607.00	$0.00
First Contract Cost	Contract	08/02/2023	$1,526,379.00	$0.00	$1,526,379.00	$0.00
Cost before Final	Estimated	07/31/2024	$1,529,380.00	$0.00	$1,529,380.00	$0.00
Last Final-Client Cost	Final - Client	03/04/2025	$1,843,438.00	$0.00	$1,843,438.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	03/04/2025	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	6/2/2022	
Y	03/04/2025	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	7/14/2023	
Y	03/04/2025	Electrical	E15547	Delegate - Fire Alarm Engineer	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	6/2/2022	
Y	03/04/2025	Electrical	E21982	Delegate - EEOR	Benjamin Schlenker	ECOM ENGINEERING	Active	6/2/2022	
Y	03/04/2025	IOR	A20701	Lead IOR	Shane Curran		Active	7/14/2023	
Y	03/04/2025	Mechanical	M34869	Delegate - MEOR	Adam Davis	WESTON & ASSOCIATES MECHANICAL ENGINEERS, INC.	Active	6/2/2022	
Y	03/04/2025	Structural	S4836	Delegate - SEOR	Charles Richards	ARTISAN ENGINEERING, INC.	Active	6/2/2022	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Mike Berrouet		1000 Trancas St., Napa CA 94558	Providence	510-697-9764		mike.berrouet@providence.org

No	Authorized Agent	Todd Bellomini	PROJECT MANAGER	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	123-456-7890	707-327-8640	hcaiplaceholder@hcai.ca.gov
No	Authorized Agent	Kristen Thorson	Sr. Design and Construction Manager	1000 Trancas, Napa CA, napa CA 94558	Providence Queen of the Valley Medical Center		510-590-2934	hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Kristen Thorson	Sr. Design and Construction Manager	1000 Trancas, Napa CA, napa CA 94558	Providence Queen of the Valley Medical Center		510-590-2934	hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Mike Berrouet		1000 Trancas St., Napa CA 94558	Providence	510-697-9764		mike.berrouet@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S220814-28-00

Project Description: CATH LAB EQUIPMENT CHANGE OUT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S220814-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	5/18/2022	$750,000.00	$0.00	$750,000.00	$100,000.00
Cost before Final	Estimated	5/18/2022	$750,000.00	$0.00	$750,000.00	$100,000.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	5/18/2022	
Y		Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING	Active	5/18/2022	
Y		Mechanical	M34869	Delegate -	Adam Davis	WESTON & ASSOCIATES MECHANICAL ENGINEERS, INC.	Active	5/18/2022	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Todd Belluomini	Project Manager	1000 Trancas St, Napa CA 94558		123-456-7890	707-327-8640	todd.belluomini@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S220157-28-00

Project Description: CT Remodel

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S220157-28-00	Closed	Closed	11/19/2024	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/28/2022	$2,671,000.00	$0.00	$2,671,000.00	$2,000,000.00
Estimated Cost before Contract	Estimated	02/23/2022	$1,600,000.00	$0.00	$1,600,000.00	$2,000,000.00
First Contract Cost	Contract	02/15/2023	$2,633,155.00	$0.00	$2,633,155.00	$1,996,063.00
Cost before Final	Estimated	03/20/2024	$2,676,255.00	$0.00	$2,676,255.00	$1,996,063.00
Last Final-Client Cost	Final - Client	08/20/2024	$2,926,557.56	$0.00	$2,926,557.56	$2,008,197.44

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/20/2024	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	1/28/2022	
N		Architect	C33735	Alternate -	Bryan Rayburn	19SIX ARCHITECTS	Active	1/28/2022	
Y	08/20/2024	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	1/10/2023	
Y	09/06/2024	Electrical	E15547	S220157-28-00-DSI0006	Terrill Szalai	BLAKESLEE ELECTRIC, INC.			
Y	08/20/2024	Electrical	E21982	Delegate -	Benjamin Schlenker	ECOM ENGINEERING	Active	1/28/2022	
Y		IOR	A20032	IOR	Steve Ferrara		Active	03/13/2023	03/17/2023
Y	08/20/2024	IOR	A20701	Lead IOR	Shane Curran		Active	1/10/2023	
Y	08/20/2024	Mechanical	M34869	Delegate -	Adam Davis	WESTON & ASSOCIATES MECHANICAL ENGINEERS, INC.	Active	1/28/2022	
Y	08/20/2024	Structural	S4338	Delegate -	Aaron Reynolds	KPFF	Active	1/28/2022	
N		Structural	S6538	Alternate -	Reza Vahabzadeh	KPFF	Active	1/28/2022	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Mike Berrouet		1000 Trancas St., Napa CA 94558	Providence	510-697-9764		mike.berrouet@providence.org
No	Authorized Agent	Renato Beltran	Senior Design & Construction Manager	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	415-377-2960		hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Kristen Thorson	Sr. Design and Construction Manager	1000 Trancas, Napa CA, napa CA 94558	Providence Queen of the Valley Medical Center		510-590-2934	hcaiplaceholder@hcai.ca.gov
No	Authorized Agent	Kristen Thorson	Sr. Design and Construction Manager	1000 Trancas, Napa CA, napa CA 94558	Providence Queen of the Valley Medical Center		510-590-2934	hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Mike Berrouet		1000 Trancas St., Napa CA 94558	Providence	510-697-9764		mike.berrouet@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S211772-28-00

Project Description: Verizon Hwy 29 Trancas (Antenna Mod) 115650
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S211772-28-00	Closed	Closed	01/19/2024	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/13/2021	$76,000.00	$89,000.00	$165,000.00	$0.00
Estimated Cost before Contract	Estimated	07/11/2022	$76,000.00	$89,000.00	$165,000.00	$0.00
First Contract Cost	Contract	10/11/2022	$76,000.00	$89,000.00	$165,000.00	$0.00
Cost before Final	Contract	10/11/2022	$76,000.00	$89,000.00	$165,000.00	$0.00
Last Final-Client Cost	Final - Client	01/18/2024	$76,000.00	$89,000.00	$165,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	01/18/2024	Structural	S4469	Responsible Primary	Kevin Sorensen	STREAMLINE ENGINEERING AND DESIGN INC.	Active	9/13/2021	
Y	01/18/2024	Contractor	814859			QUALITY TELECOM CONSULTANTS INC	Active	6/27/2022	
Y	01/18/2024	IOR	A20701	Lead IOR	Shane Curran		Active	6/27/2022	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Jeremy Stremme		1165 Montgomery Dr, Santa Rosa CA 95405	Providence St. Joseph Health	530-718-8044		jeremy.stremme@providence.org
No	Facility Representative	Todd Belluomini	Project Manager	1165 Montgomery Dr, Santa Rosa CA 95405	Providence St. Joseph Health	707-327-8640		todd.belluomini@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S211647-28-00

Project Description: X-Ray Room Equipment Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S211647-28-00	Closed	Closed	12/01/2022	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/23/2021	$260,000.00	$0.00	$260,000.00	$177,900.00
Estimated Cost before Contract	Estimated	03/24/2022	$292,848.00	$0.00	$292,848.00	$183,364.00
First Contract Cost	Contract	04/28/2022	$292,848.00	$0.00	$292,848.00	$158,147.00
Cost before Final	Estimated	06/16/2022	$293,348.00	$0.00	$293,348.00	$158,147.00
Last Final-Client Cost	Final - Client	11/03/2022	$292,848.00	$0.00	$292,848.00	$158,147.35

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	09/16/2022	Architect	C33532	Responsible Primary	Kevin Robertson	NICHOLS MELBURG & ROSSETTO	Active	8/23/2021	
Y	09/16/2022	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	3/22/2022	
Y	09/16/2022	Electrical	E13943	Delegate -	Rebecca Boulter	BOULTER ENGINEERING, INC.	Active	8/23/2021	
Y	09/16/2022	IOR	A20701	Lead IOR	Shane Curran		Active	3/22/2022	
Y	09/16/2022	Mechanical	M34869	Delegate -	Adam Davis	WESTON & ASSOCIATES MECHANICAL ENGINEERS, INC.	Active	8/23/2021	
Y	09/16/2022	Structural	S2995	Delegate -	Maryann Phipps	ESTRUCTURE	Active	8/23/2021	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Amanda Manning		555 Main Street, Suite 300, Chico CA 95928	Nichols, Melburg & Rossetto	530-891-1710		a.manning@nmrdesign.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S211298-28-00

Project Description: QVMC Philips Wireless Coverage (21-4162)
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S211298-28-00	Closed	Closed	07/22/2022	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/08/2021	$569,415.00	$0.00	$569,415.00	$0.00
Estimated Cost before Contract	Estimated	09/29/2021	$731,210.00	$0.00	$731,210.00	$0.00
First Contract Cost	Contract	11/04/2021	$731,210.00	$0.00	$731,210.00	$0.00
Cost before Final	Estimated	11/09/2021	$731,710.00	$0.00	$731,710.00	$0.00
Last Final-Client Cost	Final - Client	07/18/2022	$218,726.00	$547,090.00	$765,816.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	07/18/2022	Architect	C33532	Responsible Primary	Kevin Robertson	NICHOLS MELBURG & ROSSETTO	Active	7/8/2021	
Y	07/18/2022	Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	9/28/2021	
Y	07/18/2022	IOR	A20701	Lead IOR	Shane Curran		Active	9/28/2021	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Jeremy Stremme	Regional Director - Design Construction Management	4400 NE Halsey St, Portland OR 97213	Providence Health & Services	503-893-6772	503-718-8044	jeremy.stremme@providence.org
No	Applicant	Amanda Manning	Project Technician	555 Main Street, Suite 300, Chico CA 95928	Nichols, Melburg & Rossetto	530-891-1710		a.manning@nmrdesign.com
No	Facility Representative	Todd Belluomini		1400 S Street, Sacramento CA 95811		707-327-8640	707-327-8640	todd.belluomini@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S211253-28-00

Project Description: Wireless Upgrade
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S211253-28-00	Closed	Closed	02/02/2023	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/30/2021	$35,000.00	$0.00	$35,000.00	$0.00
Estimated Cost before Contract	Estimated	04/14/2022	$269,907.00	$0.00	$269,907.00	$0.00
First Contract Cost	Contract	06/27/2022	$179,141.00	$0.00	$179,141.00	$0.00
Cost before Final	Estimated	08/04/2022	$184,141.00	$0.00	$184,141.00	$0.00
Last Final-Client Cost	Final - Client	12/02/2022	$334,518.78	$0.00	$334,518.78	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	12/02/2022	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	6/30/2021	
Y	12/02/2022	Architect	C33735	Alternate -	Bryan Rayburn	19SIX ARCHITECTS	Active	6/30/2021	
Y	12/02/2022	Contractor	654046			VECTOR RESOURCES, INC.	Active	2/14/2022	
Y	12/02/2022	IOR	A20701	Lead IOR	Shane Curran		Active	2/14/2022	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Jessica Andrews	Facility Representative	1400 S Street, Sacramento CA 95811	Providence Reso	707-327-8640		jessica.l.andrews@providence.org
No	Administrator	Jeremy Stremme	Legal Owner/ Administrator	1000 Trancas St, Napa CA 94558	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	707-252-4411		hcaiplaceholder@hcai.ca.gov
No	Authorized Agent	Todd Belluomini	Facility Representative	1400 S Street, Sacramento CA 95811	Providense RESO	707-327-8640		todd.belluomini@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S212092-28-00

Project Description: QVMC ATS-A,B,C REPLACEMENTS

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S212092-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/01/2021	$150,000.00	$100,000.00	$250,000.00	$0.00
Estimated Cost before Contract	Estimated	03/10/2022	$150,000.00	$100,000.00	$250,000.00	$0.00
First Contract Cost	Contract	1/17/2023	$147,403.00	$100,000.00	$247,403.00	$0.00
Cost before Final	Estimated	01/12/2026	$199,210.00	$100,000.00	$299,210.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	11/1/2021	
Y		Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	3/8/2022	
Y		IOR	A20701	Lead IOR	Shane Curran		Active	3/8/2022	
Y		Structural	S2995	Delegate -	Maryann Phipps	ESTRUCTURE	Active	11/1/2021	
Y		Structural	S4888	S212092-28-00-DSI0001	Gary Landingham	MASON INDUSTRIES			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Kristen Thorson	Sr. Design and Construction Manager	1000 Trancas, Napa CA, napa CA 94558	Providence Queen of the Valley Medical Center		510-590-2934	dupekristen.thorson@providence.org
No	Facility Representative	Todd Belluomini	Project Manager	1000 Trancas St, Napa CA 94558	Providence St. Joseph Health	707-327-8640		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
Building Permit					
S200113-28-00-BPT01			Closed Administrative		$0.00

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S201215-28-00

Project Description: Emergency Sewer Repair Materials Management
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S201215-28-00	Closed	Closed	11/14/2023	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/30/2020	$125,000.00	$0.00	$125,000.00	$0.00
Estimated Cost before Contract	Estimated	08/06/2020	$125,000.00	$0.00	$125,000.00	$0.00
First Contract Cost	Contract	08/12/2020	$125,000.00	$0.00	$125,000.00	$0.00
Cost before Final	Estimated	06/03/2022	$370,627.00	$0.00	$370,627.00	$0.00
Last Final-Client Cost	Final - Client	11/02/2023	$204,632.00	$0.00	$204,632.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	10/11/2023	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	6/30/2020	
Y	10/11/2023	Civil	CE61625	Delegate -	Soi Quang Hoang	AJ ENGINEERING	Active	6/30/2020	
Y	10/11/2023	Contractor	OB10362			PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER	Active	7/16/2020	
Y	10/11/2023	Electrical	E15547	Delegate -	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	09/01/2023	
Y	10/11/2023	IOR	A20032	Lead IOR	Steven Ferrara		Active	7/16/2020	
Y	10/11/2023	Mechanical	M33682	Delegate -	Brandon Rodgers	BMA MECHANICAL +	Active	6/30/2020	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Chuck Ferguson	Facility Represntative	1165 MONTGOMERY DRIVE, SANTA ROSA CA 95405	10362 - ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	123-456-7890		chuck.ferguson@petra.pro

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S200267-28-00

Project Description: Herman Family Pavilion Lab Automation Phase 2
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S200267-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/19/2020	$50,000.00	$100,000.00	$150,000.00	$0.00
Cost before Final	Estimated	02/19/2020	$50,000.00	$100,000.00	$150,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C26104	Responsible Primary	Steven Ferrara	LA FERRARA	Active	2/20/2020	
Y		Electrical	E10629	Delegate -	Rickert Henriksen	SACRAMENTO ENGINEERING CONSULTANTS	Active	2/20/2020	
Y		Structural	S2927	Delegate -	John Cook	MKM & ASSOCIATES	Active	2/20/2020	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas St. Suite 14., Napa CA 94558	QVMC	916-230-0349		chuck.ferguson@petra.pro
No	Applicant	Steven Ferrara		3655 Seneca Way, Napa CA 94558	LA FERRARA	707-252-3961	707-815-1563	laferraraarchitect@gmail.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status
01	07/20/2020		Todd Kohagura	Recheck

S200267-28-00: STRU: S10: Minimum test load duration is 15 seconds.

2019 CBC section 1910A.5.5

02	07/20/2020		Todd Kohagura	Recheck

S200267-28-00: STRU: S9: Installation torque for 3/8" diameter Hilti KB-TZ is 25 ft-lbs.

2019 CBC section 107 and ICC ESR-1917

Project Closure Summary Report S200215-28-00

Project Description: Herman Family Pavilion Lab Automation Phase1
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S200215-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/10/2020	$20,000.00	$75,000.00	$95,000.00	$0.00
Cost before Final	Estimated	02/10/2020	$20,000.00	$75,000.00	$95,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C26104	Responsible Primary	Steven Ferrara	LA FERRARA	Active	2/11/2020	
Y		Electrical	E10629	Delegate -	Rickert Henriksen	SACRAMENTO ENGINEERING CONSULTANTS	Active	2/11/2020	
Y		Structural	S2927	Delegate -	John Cook	MKM & ASSOCIATES	Active	2/11/2020	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas St. UNit 14, Napa CA 90623	Queen of the Valley Medical Center	123-456-7890	916-230-0349	chuck.ferguson@petra.pro
No	Facility Representative	Steven Ferrara		3655 Seneca Way, Napa CA 94558	LA FERRARA	707-252-3961	707-815-1563	laferraraarchitect@gmail.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status
01	06/16/2020		David Mason	Recheck

S200215-28-00: MECH: M4: Verify that you want a 12-inch DCVA installed on this line. CPC 104.3.1

02	06/04/2020		David Mason	Recheck

S200215-28-00: MECH: M1: Specify accessibility to this fitting per CPC Section 804.1.

Project Closure Summary Report S192779-28-00

Project Description: W. Building Elevator 2 & 3 Replacement Ref U190017-28 and U190053-28

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S192779-28-00	Closed	Closed	01/13/2023	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/11/2019	$10,000.00	$0.00	$10,000.00	$0.00
Estimated Cost before Contract	Estimated	11/11/2019	$10,000.00	$0.00	$10,000.00	$0.00
First Contract Cost	Contract	01/10/2022	$23,380.00	$0.00	$23,380.00	$0.00
Cost before Final	Estimated	07/08/2022	$23,880.00	$0.00	$23,880.00	$0.00
Last Final-Client Cost	Final - Client	10/06/2022	$32,714.00	$0.00	$32,714.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	10/06/2022	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	11/11/2019	
Y	10/06/2022	Architect	C33735	Alternate -	Bryan Rayburn	19SIX ARCHITECTS	Active	11/11/2019	
Y	10/06/2022	Contractor	OB10362			PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER	Active	3/11/2020	
Y	10/06/2022	IOR	A20032	Lead IOR	Steven Ferrara		Active	3/11/2020	
Y	10/06/2022	Structural	S4337	Delegate -	Brian Reil	BUEHLER	Active	11/11/2019	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Todd Belluomini		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	707-327-8640	todd.belluomini@providence.org
No	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas St., Napa CA 94558	Queen of the Valley Medical Center	916-230-0349		chuck.ferguson@petra.pro
No	Individual	Samantha Poremba		560 Higuera Street, Suite C, San Luis Obispo CA 93401		805-476-0399		sporemba@pmsm-architects.com

No	Facility Representative	Jessica Andrews		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	jessica.l.andrews@providence.org
No	Authorized Agent	Renato Beltran	Senior Manager - Design & Construction	170 Sotoyome st, suite 4, Santa Rosa CA 95409	Providence	415-377-2960	duperenato.beltran@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S192578-28-00

Project Description: N.Tower Floor 3 - Nurse Call Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S192578-28-00	Closed	Closed	07/28/2021	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/23/2019	$129,000.00	$100,000.00	$229,000.00	$0.00
Estimated Cost before Contract	Estimated	02/26/2021	$172,464.00	$80,181.00	$252,645.00	$0.00
First Contract Cost	Contract	03/18/2021	$172,464.00	$80,181.00	$252,645.00	$0.00
Cost before Final	Contract	03/18/2021	$172,464.00	$80,181.00	$252,645.00	$0.00
Last Final-Client Cost	Final - Client	07/26/2021	$174,516.00	$80,181.00	$254,697.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	07/26/2021	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	10/23/2019	
Y	07/26/2021	Architect	C33735	Alternate -	Bryan Rayburn	19SIX ARCHITECTS	Active	10/23/2019	
Y	07/26/2021	Contractor	420981			COMTEL SYSTEMS TECHNOLOGY, INC	Active	2/22/2021	
Y	07/26/2021	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING	Active	10/23/2019	
Y	07/26/2021	IOR	A20032	Lead IOR	Steven Ferrara		Active	2/22/2021	
Y	07/26/2021	Structural	S4337	Delegate -	Brian Reil	BUEHLER	Active	10/23/2019	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Todd Belluomini		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	707-327-8640	todd.belluomini@providence.org
No	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas St, Napa CA 94558	Petra- ICS	916-230-0349		chuck.ferguson@petra.pro
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	Queen of the Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org

No	Contact	Deborah Woodle	560 Higuera Street, Suite C, San Luis Obispo CA 93401	19six Architects	805-476-0399	dwoodle@19sixarchitects.com
No	Contact	Bryan Rayburn	560 Higuera Street, Suite C, San Luis Obispo CA 93401	19six Architects	802-476-0399	brayburn@19sixarchitects.com
No	Individual	Samantha Poremba	560 Higuera Street, Suite C, San Luis Obispo CA 93401		805-476-0399	sporemba@pmsm-architects.com
No	Facility Representative	Jessica Andrews	1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	jessica.l.andrews@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S192122-28-00

Project Description: N.Tower Floor 2 - Nurse Call Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S192122-28-00	Closed	Closed	10/20/2021	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/01/2019	$129,000.00	$100,000.00	$229,000.00	$0.00
Estimated Cost before Contract	Estimated	02/26/2021	$180,209.00	$86,205.00	$266,414.00	$0.00
First Contract Cost	Contract	04/23/2021	$180,209.00	$86,205.00	$266,414.00	$0.00
Cost before Final	Contract	04/23/2021	$180,209.00	$86,205.00	$266,414.00	$0.00
Last Final-Client Cost	Final - Client	10/12/2021	$180,209.00	$86,205.00	$266,414.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	10/06/2021	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	8/28/2019	
Y	10/06/2021	Architect	C33735	Alternate -	Bryan Rayburn	19SIX ARCHITECTS	Active	8/28/2019	
Y	10/06/2021	Contractor	420981			COMTEL SYSTEMS TECHNOLOGY, INC	Active	2/23/2021	
Y	10/06/2021	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING	Active	8/28/2019	
Y	10/06/2021	IOR	A20032	Lead IOR	Steven Ferrara		Active	2/23/2021	
Y	10/06/2021	Structural	S4337	Delegate -	Brian Reil	BUEHLER	Active	8/28/2019	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Todd Belluomini		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	707-327-8640	todd.belluomini@providence.org
No	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas St, Napa CA 94558	Petra- ICS	916-230-0349		chuck.ferguson@petra.pro
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	Queen of the Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org

No	Contact	Deborah Woodle		560 Higuera Street, Suite C, San Luis Obispo CA 93401	19six Architects	805-476-0399	dwoodle@19sixarchitects.com
No	Contact	Bryan Rayburn	Architect	560 Higuera Street, Suite C, San Luis Obispo CA 93401	19six Architects	805-476-0399	brayburn@19sixarchitects.com
No	Individual	Samantha Poremba		560 Higuera Street, Suite C, San Luis Obispo CA 93401		805-476-0399	sporemba@pmsm-architects.com
No	Facility Representative	Jessica Andrews		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	jessica.l.andrews@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S171662-28-00

Project Description: Acute Rehab Unit Staff Lounge Conversion
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S171662-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/27/2017	$85,000.00	$0.00	$85,000.00	$0.00
Estimated Cost before Contract	Estimated	07/27/2017	$85,000.00	$0.00	$85,000.00	$0.00
First Contract Cost	Contract	01/24/2018	$160,000.00	$0.00	$160,000.00	$0.00
Cost before Final	Contract	01/24/2018	$160,000.00	$0.00	$160,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	7/27/2017	
Y		Architect	C34482	Delegate -	Amanda Donecho	19SIX ARCHITECTS	Active	7/27/2017	
Y		Contractor	OB10362			QUEEN OF THE VALLEY MEDICAL CENTER	Active	1/12/2018	
Y		Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	7/27/2017	
Y		IOR	A20258	Lead IOR	Monte Ecker		Active	1/12/2018	
Y		Mechanical	M33682	Delegate -	Brandon Rodgers	BRUMMEL & MYRICK ASSOCIATES	Active	7/27/2017	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Bruce Gray	Director of Construction – Petra-ICS	980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
Building Permit					
S171662-28-00-BPT01			Closed Inactive		$0.00

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S191153-28-00

Project Description: INFANT SECURITY

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S191153-28-00	Closed	Closed	10/21/2022	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/07/2019	$35,000.00	$95,000.00	$130,000.00	$0.00
Estimated Cost before Contract	Estimated	08/20/2019	$25,348.00	$27,985.57	$53,333.57	$0.00
First Contract Cost	Contract	08/20/2019	$25,348.00	$27,985.00	$53,333.00	$0.00
Cost before Final	Contract	08/20/2019	$25,348.00	$27,985.00	$53,333.00	$0.00
Last Final-Client Cost	Final - Client	10/14/2022	$27,312.47	$24,924.35	$52,236.82	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	10/03/2022	Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	5/9/2019	
Y	10/03/2022	Contractor	OB10362			PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER	Active	6/21/2019	
Y	10/03/2022	IOR	A20032	Lead IOR	Steven Ferrara	LA FERRARA	Active	6/21/2019	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	CHUCK FERGUSON	DIRECTOR OF CONSTRUCTION	980 TRANCAS ST, NAPA CA 94558	QUEEN OF THE VALLEY MEDICAL CENTER	123-456-7890	916-230-0349	chuck.ferguson@petra.pro

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S131096-28-00

Project Description: Controls/BMS Retrofit Project
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S131096-28-00	Closed Non-CBSC Compliant			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/15/2013	$166,395.00	$0.00	$166,395.00	$0.00
Estimated Cost before Contract	Estimated	01/08/2014	$166,395.00	$0.00	$166,395.00	$0.00
First Contract Cost	Contract	01/08/2014	$166,395.00	$0.00	$166,395.00	$0.00
Cost before Final	Estimated	04/28/2016	$166,395.00	$0.00	$166,395.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Mechanical	M30446	Responsible Primary	Brian Provencal	TURLEY & ASSOCIATES	Active	05/15/2013	
Y		Contractor	483939			Syserco, Inc.	Active	01/08/2014	
Y		IOR	A20093	Lead IOR	Phillip Hill		Active	06/22/2015	
Y		IOR	A20359	Replaced - 06/22/2015	Catalino Cervantes		Replaced	01/08/2014	06/22/2015

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		1000 Trancas Street, Napa CA 94558	Queen of The Valley	123-456-7890		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S191081-28-00

Project Description: QVMC 3 SOUTH TELEMETRY ADDITIONS
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S191081-28-00	Closed	Closed	10/05/2020	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/26/2019	$18,000.00	$1,400.00	$19,400.00	$0.00
Estimated Cost before Contract	Estimated	06/24/2019	$18,000.00	$1,400.00	$19,400.00	$0.00
First Contract Cost	Contract	11/05/2019	$18,000.00	$1,400.00	$19,400.00	$0.00
Cost before Final	Contract	11/05/2019	$18,000.00	$1,400.00	$19,400.00	$0.00
Last Final-Client Cost	Final - Client	09/18/2020	$18,000.00	$1,400.00	$19,400.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	09/18/2020	Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	4/30/2019	
Y	09/18/2020	Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	6/19/2019	
Y	09/18/2020	IOR	A20032	Lead IOR	Steven Ferrara	LA FERRARA	Active	6/19/2019	
Y	09/18/2020	Structural	S2995	Delegate -	Maryann Phipps	ESTRUCTURE	Active	4/30/2019	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	CHUCK FERGUSON	DIRECTOR OF CONSTRUCTION	980 TRANCAS ST, NAPA CA 94558	PETRA ICS	123-456-7890	916-230-0349	chuck.ferguson@petra.pro

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S151067-28-00

Project Description: SEISMIC JOINT REPLACEMENT

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S151067-28-00	Closed	Closed	12/01/2022	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/21/2015	$180,000.00	$0.00	$180,000.00	$0.00
Estimated Cost before Contract	Estimated	04/21/2015	$180,000.00	$0.00	$180,000.00	$0.00
First Contract Cost	Contract	11/29/2016	$850,000.00	$0.00	$850,000.00	$0.00
Cost before Final	Estimated	06/17/2022	$920,000.00	$0.00	$920,000.00	$0.00
Last Final-Client Cost	Final - Client	11/02/2022	$1,108,236.00	$0.00	$1,108,236.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	07/25/2019	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS		07/12/2019	
Y	11/02/2022	Architect	C10184	Delegate -	William Finney	COACT DESIGNWORKS	Active	04/23/2015	
Y	07/25/2019	Architect	C17107	Replaced - 07/12/2019	Patrick Derickson	COACT DESIGNWORKS	Replaced	04/23/2015	07/12/2019
Y	11/02/2022	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	8/8/2016	
Y	11/02/2022	Electrical	E21982	Delegate -	Benjamin Schlenker	ECOM ENGINEERING	Active	10/04/2022	
Y	11/02/2022	IOR	a20032	Lead IOR	Steve Ferrara		Active	06/13/2022	
Y	06/13/2022	IOR	A20093	Replaced - 06/13/2022	Phillip Hill		Replaced	8/8/2016	06/13/2022
Y	06/13/2022	IOR	A20435	secondary IOR	Steven Waldera		Active	12/21/2016	06/13/2022
Y	11/02/2022	Mechanical	M34869	Delegate -	Adam Davis	WESTON & ASSOCIATES MECHANICAL ENGINEERS, INC.	Active	10/04/2022	
Y	11/02/2022	Structural	S4338	Delegate -	Aaron Reynolds	KPFF	Active	04/23/2015	
Y	11/02/2022	Structural	S5770	Delegate -	Tim Mathewson	MATHEWSON & ASSOCIATES INC.	Active	04/23/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95835	STAFFORD KING WIESE ARCHITECTS	916-930-5900		wesley_ramirez@skwaia.com
No	Authorized Agent	Kristen Thorson	Sr. Design and Construction Manager	1000 Trancas, Napa CA, napa CA 94558	Providence Queen of the Valley Medical Center	123-456-7890	510-590-2934	dupekristen.thorson@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S191039-28-00

Project Description: NICU Sanitary Sewer Repair.
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S191039-28-00	Closed	Closed	02/12/2020	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/25/2019	$25,000.00	$0.00	$25,000.00	$0.00
Estimated Cost before Contract	Estimated	06/07/2019	$15,000.00	$0.00	$15,000.00	$0.00
First Contract Cost	Contract	06/24/2019	$15,000.00	$0.00	$15,000.00	$0.00
Cost before Final	Contract	06/24/2019	$15,000.00	$0.00	$15,000.00	$0.00
Last Final-Client Cost	Final - Client	01/31/2020	$15,000.00	$0.00	$15,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	01/03/2020	Architect	C26104	Responsible Primary	Steven Ferrara	LA FERRARA	Active	4/25/2019	
Y	01/03/2020	Contractor	OB10362			QUEEN OF THE VALLEY MEDICAL CENTER	Active	5/30/2019	
Y	01/03/2020	IOR	A20032	Lead IOR	Steven Ferrara		Active	5/30/2019	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas St., Napa CA 94558	Petra-ICS	707-547-4662	916-230-0349	chuck.ferguson@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S160475-28-00

Project Description: WEST BUILDING- ELEVATOR 2 & 3 CYLINDER REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S160475-28-00	Closed	Closed	04/22/2022	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/25/2016	$600,000.00	$0.00	$600,000.00	$0.00
Estimated Cost before Contract	Estimated	02/25/2016	$600,000.00	$0.00	$600,000.00	$0.00
First Contract Cost	Contract	08/19/2016	$97,000.00	$0.00	$97,000.00	$0.00
Cost before Final	Estimated	12/14/2017	$98,200.00	$0.00	$98,200.00	$0.00
Last Final-Client Cost	Final - Client	04/06/2022	$98,200.00	$0.00	$98,200.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	03/10/2022	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	07/12/2019	
Y	07/12/2019	Architect	C10184	Replaced - 07/12/2019	William Finney	COACT DESIGNWORKS	Replaced	3/1/2016	07/12/2019
Y	07/25/2019	Architect	C17107	Replaced - 07/12/2019	Patrick Derickson	COACT DESIGNWORKS	Replaced	3/1/2016	07/12/2019
Y	03/10/2022	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	7/12/2016	
Y	03/17/2022	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	3/1/2016	
Y	03/10/2022	IOR	A20093	Replaced -	Phillip Hill		Replaced	7/12/2016	
Y	03/11/2022	Structural	S4337	Delegate -	Brian Reil	BUEHLER	Active	3/1/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5900		hcaiplaceholder@hcai.ca.gov
No	Contact	Philippe Taquin	Director of Engineering Safety Officer	1000 TRANCAS STREET, NAPA CA 94458	QUEEN OF THE VALLEY MEDICAL CENTER	707-252-4411		hcaiplaceholder@hcai.ca.gov

No	Contact	BRUCE GRAY	Director of Construction	980 TRANCAS STREET, SUITE 14, NAPA CA 94458	Petra Integrated Construction Strategies	707-227-4317	hcaiplaceholder@hcai.ca.gov
No	Individual	Renato Beltran	Senior Manager - Design & Construction	170 Sotoyome st, suite 4, Santa Rosa CA 95409	Providence	415-377-2960	duperenato.beltran@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S182405-28-00

Project Description: Elevator Lobby Door Magnetic Holder
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S182405-28-00	Closed	Closed	04/20/2020	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/03/2018	$3,736.00	$0.00	$3,736.00	$0.00
Estimated Cost before Contract	Estimated	10/03/2018	$3,736.00	$0.00	$3,736.00	$0.00
First Contract Cost	Contract	10/23/2018	$3,736.00	$0.00	$3,736.00	$0.00
Cost before Final	Contract	10/23/2018	$3,736.00	$0.00	$3,736.00	$0.00
Last Final-Client Cost	Final - Client	03/03/2020	$3,746.23	$0.00	$3,746.23	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	01/03/2020	Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	10/3/2018	
Y	01/03/2020	Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	10/12/2018	
Y	01/30/2020	IOR	A20032	Lead IOR	Steven Ferrara		Active	10/12/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Taylor Rudd	Director of Operations	1000 Trancas Street, napa CA 94558	Queen of the Valley Medical Center	707-252-4411	707-291-3999	taylor.rudd@stjoe.org
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S182039-28-00

Project Description: Classroom A Outlets (QVMC)
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S182039-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/23/2018	$15,190.00	$2,000.00	$17,190.00	$0.00
Estimated Cost before Contract	Estimated	08/23/2018	$15,190.00	$2,000.00	$17,190.00	$0.00
First Contract Cost	Contract	10/22/2018	$15,190.00	$2,000.00	$17,190.00	$0.00
Cost before Final	Contract	10/22/2018	$15,190.00	$2,000.00	$17,190.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	8/24/2018	
Y		Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	10/1/2018	
Y		IOR	A20032	Lead IOR	Steven Ferrara		Active	10/1/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Taylor Rudd	Director of Operations	1000 Trancas St, Napa CA 94558	Queen of the Valley Medical Center	707-252-4411	707-291-3999	taylor.rudd@stjoe.org
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org
No	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas St., Napa CA 94558	Petra-ICS	707-547-4662	916-230-0349	chuck.ferguson@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
Building Permit					
S182039-28-00-BPT01			Closed Inactive		$0.00

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S182025-28-00

Project Description: QVMC Rapid Care Unit

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S182025-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/27/2018	$550,000.00	$0.00	$550,000.00	$0.00
Cost before Final	Estimated	08/27/2018	$550,000.00	$0.00	$550,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C34437	Responsible Primary	Kevin Hinrichs	TAYLOR DESIGN	Active	8/23/2018	
Y		Electrical	E16806	Delegate -	Jason Lau	INTERFACE ENGINEERING	Active	8/23/2018	
Y		Mechanical	M31923	Delegate -	Richard Russell	INTERFACE ENGINEERING	Active	8/23/2018	
Y		Structural	S2995	Delegate -	Maryann Phipps	ESTRUCTURE	Active	8/23/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Taylor Rudd	Director of Operations	1000 Trancas Street, Napa CA 94558	Queen of the Valley Medical Center	123-456-7890		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S181891-28-00

Project Description: Foundation Office Remodel
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S181891-28-00	Cancelled			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/13/2018	$375,000.00	$0.00	$375,000.00	$0.00
Cost before Final	Estimated	08/13/2018	$375,000.00	$0.00	$375,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y		Architect	C34437	Responsible Primary	Kevin Hinrichs	TAYLOR DESIGN	Active	8/8/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Taylor Rudd	Director of Operations	1000 Trancas Street, Napa CA 94558		123-456-7890		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S181131-28-00

Project Description: QVMC TEMP GENERATOR FOR PANEL A3D FEEDER REPAIR
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S181131-28-00	Closed	Closed	11/19/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/21/2018	$6,705.00	$0.00	$6,705.00	$0.00
Estimated Cost before Contract	Estimated	05/21/2018	$6,705.00	$0.00	$6,705.00	$0.00
First Contract Cost	Contract	07/06/2018	$6,705.00	$0.00	$6,705.00	$0.00
Cost before Final	Contract	07/06/2018	$6,705.00	$0.00	$6,705.00	$0.00
Last Final-Client Cost	Final - Client	08/08/2018	$6,705.00	$0.00	$6,705.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/03/2018	Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	5/21/2018	
Y	08/03/2018	Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	6/1/2018	
Y	08/03/2018	IOR	A20032	Lead IOR	Steven Ferrara	LA FERRARA	Active	6/1/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Authorized Agent	Raghu Rathore	Asst Project Manager	980 Trancase St Suite 14, Napa CA 94558	Petra ICS	123-456-7890	979-985-0361	raghu.rathore@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S181129-28-00

Project Description: Panel A3D Feeder Repair (QVMC)
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S181129-28-00	Closed	Closed	11/19/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/21/2018	$6,205.00	$7,849.20	$14,054.20	$0.00
Estimated Cost before Contract	Estimated	05/21/2018	$6,205.00	$7,849.20	$14,054.20	$0.00
First Contract Cost	Contract	07/02/2018	$6,205.00	$7,849.20	$14,054.20	$0.00
Cost before Final	Contract	07/02/2018	$6,205.00	$7,849.20	$14,054.20	$0.00
Last Final-Client Cost	Final - Client	08/07/2018	$6,205.00	$7,849.00	$14,054.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/07/2018	Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	5/21/2018	
Y	08/07/2018	Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	6/1/2018	
Y	08/07/2018	IOR	A20032	Lead IOR	Steven Ferrara	LA FERRARA	Active	6/1/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org
No	Authorized Agent	Raghu Rathore	Asst Project Mgr	980 Trancas St Suite 14, Napa CA 94558	Petra ICS	123-456-7890	979-985-0361	raghu.rathore@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S181128-28-00

Project Description: Labor/Delivery Emergency Domestic Water Pipe Repair
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S181128-28-00	Closed	Closed	05/03/2019	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/21/2018	$10,000.00	$0.00	$10,000.00	$0.00
Estimated Cost before Contract	Estimated	05/21/2018	$10,000.00	$0.00	$10,000.00	$0.00
First Contract Cost	Contract	08/15/2018	$10,000.00	$0.00	$10,000.00	$0.00
Cost before Final	Contract	08/15/2018	$10,000.00	$0.00	$10,000.00	$0.00
Last Final-Client Cost	Final - Client	04/17/2019	$5,691.00	$0.00	$5,691.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	10/08/2018	Mechanical	M34908	Responsible Primary	Thomas De Senna	INTERFACE ENGINEERING	Active	5/21/2018	
Y	10/08/2018	Contractor	1014655			ANTHONY'S PLUMBING OF NAPA	Active	6/26/2018	
Y	09/24/2018	IOR	A10757	Lead IOR	Jay Elam	ELAM'S CONSULTING AND INSPECTION SERVICES	Active	6/26/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Contact	Thomas de Senna	Technical Associate	135 Main St Suite 400, San Francisco CA 94105	Interface Engineering	415-489-7283	415-603-1514	thomasd@interfaceeng.com
No	Facility Representative	Erick Rowe	Facilities Manager	3345 MICHELSON DR SUITE 100, IRVINE CA 92612	10362 - ST. JOSEPH HEALTH	707-252-4411		jonathan.rowe@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S180669-28-00

Project Description: Addition of Sonic Irrigator
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S180669-28-00	Closed	Closed	04/03/2020	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	03/23/2018	$20,000.00	$59,525.00	$79,525.00	$0.00
Estimated Cost before Contract	Estimated	03/23/2018	$20,000.00	$59,525.00	$79,525.00	$0.00
First Contract Cost	Contract	08/08/2019	$26,728.00	$59,525.00	$86,253.00	$0.00
Cost before Final	Contract	08/08/2019	$26,728.00	$59,525.00	$86,253.00	$0.00
Last Final-Client Cost	Final - Client	01/03/2020	$26,728.00	$59,525.00	$86,253.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	12/20/2019	Mechanical	M27278	Responsible Primary	David Gateno	MDA ENGINEERING	Active	03/23/2018	
Y	04/03/2020	Contractor	993926			S & B JAMES CONSTRUCTION MANAGEMENT CO	Active	1/30/2019	
Y	12/20/2019	Electrical	E18389	Delegate -	Shawn Vessels	ELECTRICAL ADVANTAGE ENGINEERING INC.	Active	3/23/2018	
Y	12/20/2019	IOR	A20032	Lead IOR	Steven Ferrara		Active	1/30/2019	
Y	12/20/2019	Structural	S6343	Delegate -	Andrew Gregorio	AXIOM STRUCTURAL DESIGN INC.	Active	3/23/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas St., Napa CA 94558	Petra-ICS	707-547-4662	916-230-0349	chuck.ferguson@petra-ics.com
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org

No	Facility Representative	Marios Ignelis	Director of Construction - Northern Region	1 Centerpointe Drive, Suite 200, La Palma CA 90623	Petra-ICS	909-235-4376	707-322-7077	marios.ignelis@petra-ics.com
No	Contact	David R. Gateno		725 Daisyfield Drive, Livermore CA 94551	MDA ENGINEERING	925-243-6600		mda_engrg@sbcglobal.net
No	Facility Representative	Taylor Rudd	Director of Operations	1000 Trancas Street, Napa CA 94558	Queen of the Valley Medical Center	707-291-3999	707-251-1739	taylor.rudd@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S180311-28-00

Project Description: Electrical Power Tie-In QVMC Oncology Office Remodel in Non-OSHPD BLD

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S180311-28-00	Closed	Closed	04/20/2020	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/01/2018	$10,000.00	$0.00	$10,000.00	$0.00
Estimated Cost before Contract	Estimated	02/01/2018	$10,000.00	$0.00	$10,000.00	$0.00
First Contract Cost	Contract	07/09/2019	$39,300.00	$0.00	$39,300.00	$0.00
Cost before Final	Estimated	08/15/2019	$76,368.00	$0.00	$76,368.00	$0.00
Last Final-Client Cost	Final - Client	04/08/2020	$39,162.00	$0.00	$39,162.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	04/08/2020	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	2/8/2018	
Y	04/08/2020	Contractor	OB10362			QUEEN OF THE VALLEY MEDICAL CENTER	Active	12/20/2018	
Y	04/08/2020	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	2/8/2018	
Y	04/08/2020	IOR	A20032	Lead IOR	Steven Ferrara		Active	12/20/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org
No	Authorized Agent	Marios Ignelis	Director of Construction	980 Trancas Street, Suite 14, Napa CA 94558	Petra - ICS	707-322-7077		marios.ignelis@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S180247-28-00

Project Description: Oncology Office Remodel
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S180247-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/01/2018	$10,000.00	$0.00	$10,000.00	$0.00
Cost before Final	Estimated	02/01/2018	$10,000.00	$0.00	$10,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	2/1/2018	
Y		Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	2/1/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Authorized Agent	Marios Ignelis	Director of Construction	980 Trancas Street, Suite 14, Napa CA 94558	Petra-ICS	123-456-7890		hcaiplaceholder@hcai.ca.gov
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S180110-28-00

Project Description: VALUES WALL INSTALLATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S180110-28-00	Closed	Closed	04/10/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/15/2018	$40,000.00	$0.00	$40,000.00	$0.00
Estimated Cost before Contract	Estimated	01/15/2018	$40,000.00	$0.00	$40,000.00	$0.00
First Contract Cost	Contract	03/16/2018	$14,262.00	$0.00	$14,262.00	$0.00
Cost before Final	Contract	03/16/2018	$14,262.00	$0.00	$14,262.00	$0.00
Last Final-Client Cost	Final - Client	04/02/2018	$17,076.00	$0.00	$17,076.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	04/02/2018	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	1/15/2018	
Y	04/02/2018	Contractor	OB10362			QUEEN OF THE VALLEY MEDICAL CENTER	Active	2/27/2018	
Y	04/02/2018	IOR	A20093	Lead IOR	Phillip Hill		Active	2/27/2018	
Y	04/02/2018	Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	1/15/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5900		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S180080-28-00

Project Description: Water Treatment Maintenance
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S180080-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/02/2018	$30,000.00	$10,000.00	$40,000.00	$0.00
Estimated Cost before Contract	Estimated	04/23/2019	$39,000.00	$10,000.00	$49,000.00	$0.00
First Contract Cost	Contract	06/03/2019	$30,000.00	$80,000.00	$110,000.00	$5,000.00
Cost before Final	Contract	06/03/2019	$30,000.00	$80,000.00	$110,000.00	$5,000.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Electrical	E22027	Responsible Primary	Wesley Lau	INTERFACE ENGINEERING	Active	1/11/2018	
Y		Contractor	812232			MATRIX HG INC	Active	10/1/2018	
Y		IOR	A20032	Lead IOR	Steven Ferrara		Active	12/04/2019	
Y	08/09/2019	IOR	A20093	Replaced - 08/09/2019	Phillip Hill		Replaced	1/11/2018	08/09/2019
Y		Mechanical	M34908	Delegate -	Thomas De Senna	INTERFACE ENGINEERING	Active	1/11/2018	
Y		Mechanical	M36978	Delegate -	David Shirling	INTERFACE ENGINEERING	Active	1/11/2018	
Y		Structural	S2995	Delegate -	Maryann Phipps	ESTRUCTURE	Active	1/11/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		chuck.ferguson@petra.pro
No	Facility Representative	Erick Rowe	Director of Engineering	1000 Trancas St, Napa CA 94558	Queen of the Valley Medical Center	707-337-6537		jonathan.rowe@stjoe.org
No	Contact	Wesley Lau	Associate/Senior Electrical Engineer	135 Main Street, Suite 400, San Francisco CA 94105		415-489-7257	512-971-1080	wesleyl@interfaceeng.com
No	Contact	Joe Cabral		27 Pamaron Way, Novato CA 94949	Matrix HG	707-586-9200	707-731-9538	jcabral@matrixhginc.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
Building Permit					
S180080-28-00-BPT01			Closed Inactive		$0.00

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S182903-28-00

Project Description: ROCC-=S152006-28-00=, North and South Tower Stairway Fire Barrier Wall Repair

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S182903-28-00	Closed	Closed	01/14/2022	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/03/2018	$0.00	$0.00	$0.00	$0.00
Estimated Cost before Contract	Estimated	10/07/2021	$223,068.00	$0.00	$223,068.00	$0.00
First Contract Cost	Contract	10/26/2021	$223,068.00	$0.00	$223,068.00	$0.00
Cost before Final	Contract	10/26/2021	$223,068.00	$0.00	$223,068.00	$0.00
Last Final-Client Cost	Final - Client	12/15/2021	$223,068.00	$0.00	$223,068.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	12/15/2021	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	12/4/2018	
N		Architect	C17107	Replaced - 7/22/2019	Patrick Derickson	COACT DESIGNWORKS	Replaced	12/4/2018	7/22/2019
Y	12/15/2021	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	9/30/2021	
Y	12/15/2021	IOR	A20701	Lead IOR	Shane Curran		Active	9/30/2021	
Y	12/15/2021	Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	12/4/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Todd Belluomini		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	707-327-8640	todd.belluomini@providence.org
No	Contact	Edith Jeong		801 T street, Sacramento CA 95811	Coact Designworks	916-930-5900		hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Chuck Ferguson	Director of Construction	980 Trancas St., Napa CA 94558	Petra-ICS	707-547-4662	916-230-0349	chuck.ferguson@petra-ics.com
No	Individual	Samantha Poremba		560 Higuera Street, Suite C, San Luis Obispo CA 93401		805-476-0399		sporemba@pmsm-architects.com

No	Facility Representative	Jessica Andrews	1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	jessica.l.andrews@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S172339-28-00

Project Description: Lobby Camera

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S172339-28-00	Closed	Closed	08/31/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/02/2017	$3,672.52	$0.00	$3,672.52	$0.00
Estimated Cost before Contract	Estimated	10/02/2017	$3,672.52	$0.00	$3,672.52	$0.00
First Contract Cost	Contract	01/10/2018	$3,673.00	$0.00	$3,673.00	$0.00
Cost before Final	Contract	01/10/2018	$3,673.00	$0.00	$3,673.00	$0.00
Last Final-Client Cost	Final - Client	08/09/2018	$3,672.52	$0.00	$3,672.52	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/09/2018	Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	10/3/2017	
Y	08/09/2018	Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	1/8/2018	
Y	08/09/2018	IOR	A20258	Lead IOR	Monte Ecker		Active	1/8/2018	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org
No	Facility Representative	Kevin Herring	Director Engineering & Safety Officer	1000 Trancas Street, Napa CA 94558	Queen of the Valley Medical Center	707-227-7157		bruce.herring@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S172049-28-00

Project Description: Moment Fram Testing Program - BLDG 5 THRU 11
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S172049-28-00	Closed	Closed	12/07/2022	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/08/2017	$160,000.00	$0.00	$160,000.00	$0.00
Estimated Cost before Contract	Estimated	06/03/2019	$160,000.00	$0.00	$160,000.00	$0.00
First Contract Cost	Contract	10/29/2019	$160,000.00	$0.00	$160,000.00	$0.00
Cost before Final	Estimated	12/28/2021	$170,000.00	$0.00	$170,000.00	$0.00
Last Final-Client Cost	Final - Client	6/10/2022	$646,734.00	$0.00	$646,734.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	06/17/2022	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	07/12/2019	
Y	07/16/2019	Architect	C17107	Replaced - 07/12/2019	Patrick Derickson	COACT DESIGNWORKS	Replaced	9/8/2017	07/12/2019
Y	06/17/2022	Architect	C33735	Alternate -	Bryan Rayburn	19SIX ARCHITECTS	Active	07/12/2019	
Y	05/18/2022	Contractor	OB10362			PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER	Active	5/28/2019	
Y	08/16/2021	IOR	A20054	Replaced - 08/16/2021	Stephen Gray		Replaced	03/25/2021	08/16/2021
Y	04/23/2021	IOR	A20258	Replaced - 03/25/2021	Monte Ecker		Replaced	5/28/2019	03/25/2021
Y	06/17/2022	IOR	A20701	Lead IOR	Shane Curran		Active	08/16/2021	
Y	06/17/2022	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	9/8/2017	
		Structural	S6538	Alternate -	Reza Vahabzadeh	KPFF	Active	01/17/2020	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Jeremy Stremme	Regional Director - Design Construction Management	4400 NE Halsey St, Portland OR 97213	Providence Health & Services	503-893-6772	503-718-8044	jeremy.stremme@providence.org

No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org
No	Contact	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	123-456-7890		hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Todd Belluomini		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	707-327-8640	todd.belluomini@providence.org
No	Contact	Samantha Poremba		560 Higuera Street, Suite C, San Luis Obispo CA 93401		805-476-0399		sporemba@pmsm-architects.com
No	Facility Representative	Jessica Andrews		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640		jessica.l.andrews@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S152006-28-00

Project Description: North and South Egress Stairway Fire Rating Upgrade
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S152006-28-00	Closed Non-CAC Compliant			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/27/2015	$275,000.00	$0.00	$275,000.00	$0.00
Cost before Final	Estimated	07/27/2015	$275,000.00	$0.00	$275,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y		Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	07/29/2015	
Y		Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	07/29/2015	
Y		Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	07/29/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Applicant	Patrick M. Derickson		622 20th St., Sacramento CA 95814		916-930-5900		pat_derickson@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status
01	12/02/2015		PXW	Recheck

Provide local fire department approval of restricted fire department access to stairs.

02	12/03/2015		PWHITE	Recheck

S152006-28-00: Fire and Life Safety Review: Provide local fire department approval of restricted fire department access to stairs.

Project Closure Summary Report S171827-28-00

Project Description: Zeego OR Table Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S171827-28-00	Closed	Closed	11/21/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/14/2017	$143,000.00	$0.00	$143,000.00	$269,375.00
Estimated Cost before Contract	Estimated	06/05/2018	$144,500.00	$0.00	$144,500.00	$269,375.00
First Contract Cost	Contract	06/27/2018	$143,000.00	$0.00	$143,000.00	$269,375.00
Cost before Final	Contract	06/27/2018	$143,000.00	$0.00	$143,000.00	$269,375.00
Last Final-Client Cost	Final - Client	11/20/2018	$163,151.00	$264,224.35	$427,375.35	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/24/2018	Architect	C34522	Responsible Primary	Ronald Sage	ADVANCED MEDICAL BUILDERS, INC.	Active	8/15/2017	
Y	08/24/2018	Civil	CE76373	S171827-28-00-DSI0001	Edsel Palma	MASON WEST, INC.			
Y	08/24/2018	Contractor	824317			ADVANCED MEDICAL BUILDERS, INC.	Active	4/20/2018	
Y	08/30/2018	IOR	A20032	Lead IOR	Steven Ferrara	LA FERRARA	Active	4/20/2018	
Y	08/30/2018	Structural	S4614	Delegate -	Jeremy Welton	SPIRE STRUCTURAL ENGINEERING, INC	Active	8/15/2017	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Applicant	Aaron Raney		885 N. Shepard St., Anaheim CA 92806		714-350-7243		dupeaaronraney@ambcorp.net

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S171037-28-00

Project Description: Ambulatory Pharmacy
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S171037-28-00	Cancelled			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/10/2017	$378,000.00	$0.00	$378,000.00	$0.00
Cost before Final	Estimated	05/10/2017	$378,000.00	$0.00	$378,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y		Architect	C23278	Responsible Primary	Kim Prewitt	HMC ARCHITECTS	Active	5/11/2017	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Bruce Gray	Director of Construction	980 Trancas Street, Suite 14, Napa CA 94558	Petra ICS	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S170855-28-00

Project Description: Addition of Medical Air Outlet in LDRP Room 1304
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S170855-28-00	Closed	Closed	05/23/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/20/2017	$11,405.00	$0.00	$11,405.00	$0.00
Estimated Cost before Contract	Estimated	04/20/2017	$11,405.00	$0.00	$11,405.00	$0.00
First Contract Cost	Contract	02/20/2018	$18,259.00	$0.00	$18,259.00	$0.00
Cost before Final	Contract	02/20/2018	$18,259.00	$0.00	$18,259.00	$0.00
Last Final-Client Cost	Final - Client	05/15/2018	$18,259.00	$0.00	$18,259.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	05/15/2018	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	4/25/2017	
Y	05/15/2018	IOR	A10679	Replaced - 02/02/2018	Mike Novotny		Replaced	4/25/2017	02/02/2018
Y	05/15/2018	IOR	A20258	Lead IOR	Monte Ecker		Active	02/02/2018	
Y	05/15/2018	Mechanical	M27278	Delegate -	David Gateno	MDA ENGINEERING	Active	4/20/2017	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Bruce Gray	Director of Construction	980 Trancas Street, Suite 14, Napa CA 94558	Petra ICS	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S170061-28-00

Project Description: Nurse Call Replace S. Tower (1st Flr)
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S170061-28-00	Closed	Closed	04/20/2020	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/12/2017	$144,000.00	$100,000.00	$244,000.00	$0.00
Estimated Cost before Contract	Estimated	01/12/2017	$144,000.00	$100,000.00	$244,000.00	$0.00
First Contract Cost	Contract	03/30/2018	$223,311.00	$0.00	$223,311.00	$0.00
Cost before Final	Contract	03/30/2018	$223,311.00	$0.00	$223,311.00	$0.00
Last Final-Client Cost	Final - Client	02/25/2020	$242,814.19	$0.00	$242,814.19	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	02/20/2020	Architect	C17107	Responsible Primary	Patrick Derickson	COACT DESIGNWORKS	Active	1/12/2017	
N		Architect	C10184	Alternate -	William Finney	COACT DESIGNWORKS	Active	1/12/2017	
Y	02/20/2020	Contractor	420981			COMTEL SYSTEMS TECHNOLOGY, INC	Active	3/29/2018	
Y	02/20/2020	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	1/12/2017	
Y	02/20/2020	IOR	A20258	Lead IOR	Monte Ecker		Active	3/29/2018	
Y	02/20/2020	Structural	S4337	Delegate -	Brian Reil	BUEHLER	Active	1/12/2017	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org
No	Facility Representative	Bruce Gray	Director of Construction – Petra-ICS	980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

No	Contact	Wesley Ramirez	Project Manager	622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5900	wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S170060-28-00

Project Description: Nurse Call Replace N. Tower (2nd Flr)
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S170060-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/12/2017	$129,000.00	$100,000.00	$229,000.00	$0.00
Cost before Final	Estimated	01/12/2017	$129,000.00	$100,000.00	$229,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C17107	Responsible Primary	Patrick Derickson	COACT DESIGNWORKS	Active	1/12/2017	
Y		Architect	C10184	Delegate -	William Finney	COACT DESIGNWORKS	Active	1/12/2017	
Y		Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	1/12/2017	
Y		Structural	S4337	Delegate -	Brian Reil	BUEHLER	Active	1/12/2017	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org
No	Facility Representative	Bruce Gray	Director of Construction – Petra-ICS	980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Contact	Wesley Ramirez	Project Manager	622 20th St., Sacramento CA 95811	Stafford King Wiese Architects	916-930-5900		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status
01	06/09/2017		DTURNER	Recheck

S170060-28-00: Architectural Review: Approved with comment: Sheet A1 : Use 2016 codes (CAN 1-0 Enforceable Codes). Bck 01: 2013 California Amendments and 2015/2016 Supplements are not applicable to this project. Please delete.

Project Closure Summary Report S170059-28-00

Project Description: Nurse Call Replace N. Tower (3rd Flr)
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S170059-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/12/2017	$144,000.00	$100,000.00	$244,000.00	$0.00
Cost before Final	Estimated	01/12/2017	$144,000.00	$100,000.00	$244,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C17107	Responsible Primary	Patrick Derickson	COACT DESIGNWORKS	Active	1/12/2017	
Y		Architect	C10184	Delegate -	William Finney	COACT DESIGNWORKS	Active	1/12/2017	
Y		Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	1/12/2017	
Y		Structural	S4337	Delegate -	Brian Reil	BUEHLER	Active	1/12/2017	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org
No	Facility Representative	Bruce Gray	Director of Construction – Petra-ICS	980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH ST., SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5900		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status
01	06/09/2017		DTURNER	Recheck

S170059-28-00: Architectural Review: Use 2016 codes (CAN 1-0 Enforceable Codes).
Bck 01: 2013 California Amendments and 2015/2016 Supplements are not applicable to this project. Please delete

Project Closure Summary Report S163473-28-00

Project Description: QVMC Domestic Water Treatment
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S163473-28-00	Closed	Closed	10/30/2019	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/21/2016	$10,000.00	$10,000.00	$20,000.00	$0.00
Estimated Cost before Contract	Estimated	12/21/2016	$10,000.00	$10,000.00	$20,000.00	$0.00
First Contract Cost	Contract	08/07/2017	$31,811.00	$10,000.00	$41,811.00	$0.00
Cost before Final	Estimated	12/18/2018	$35,011.00	$10,000.00	$45,011.00	$0.00
Last Final-Client Cost	Final - Client	08/22/2019	$47,289.00	$0.00	$47,289.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/02/2019	Mechanical	M35123	Responsible Primary	Mathew Simmons	COSTA ENGINEERS	Active	12/28/2016	
Y	08/02/2019	Contractor	171534			Bell Products, Inc.	Active	3/8/2017	
Y	08/02/2019	IOR	A20435	Lead IOR	Steven Waldera		Active	3/8/2017	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Applicant	Mat Simmons		3274 Villa Lane, Napa CA 94559		707-252-9177		msimmons@costaengineers.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S163230-28-00

Project Description: Selective Corridor Fire Life Safety Deficiencies Remediation
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S163230-28-00	Closed Non-CBSC Compliant			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/15/2016	$5,000.00	$0.00	$5,000.00	$0.00
Estimated Cost before Contract	Estimated	12/15/2016	$5,000.00	$0.00	$5,000.00	$0.00
First Contract Cost	Contract	08/10/2017	$110,000.00	$0.00	$110,000.00	$0.00
Cost before Final	Contract	08/10/2017	$110,000.00	$0.00	$110,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	12/15/2016	
Y		Contractor	B985706		Joseph De Luca	Healthcare Design & Construction LLC	Active	01/18/2017	
Y	08/09/2019	IOR	A20093	Replaced - 08/09/2019	Phillip Hill		Replaced	1/19/2017	08/09/2019
Y		IOR	A20435	Lead IOR	Steven Waldera		Active	09/16/2019	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		chuck.ferguson@petra.pro
No	Facility Representative	Bruce Gray	Director of Construction	3345 MICHELSON DR SUITE 100, IRVINE CA 92612	10362 - ST. JOSEPH HEALTH	707-227-4317	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
Building Permit					
S163230-28-00-BPT01			Closed Non-CBSC Compliant		$0.00

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S163229-28-00

Project Description: ACUTE REHAB UNIT COSMETIC UPGRADE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S163229-28-00	Closed	Closed	04/04/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/14/2016	$63,000.00	$0.00	$63,000.00	$0.00
Estimated Cost before Contract	Estimated	12/14/2016	$63,000.00	$0.00	$63,000.00	$0.00
First Contract Cost	Contract	02/08/2017	$63,000.00	$0.00	$63,000.00	$0.00
Cost before Final	Estimated	04/27/2017	$63,500.00	$0.00	$63,500.00	$0.00
Last Final-Client Cost	Final - Client	03/15/2018	$63,500.00	$0.00	$63,500.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/22/2017	Architect	C22244	Responsible Primary	Deborah Woodle	PMSM ARCHITECTS	Active	12/15/2016	
Y	08/22/2017	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION			
Y		Contractor	B985706		Joseph De Luca	Healthcare Design & Construction LLC	Active	01/18/2017	
Y	08/22/2017	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	12/15/2016	
Y	08/22/2017	IOR	A20435	Lead IOR	Steven Waldera		Active	1/18/2017	
Y	08/22/2017	Structural	S4836	Delegate -	Charles Richards	ARTISAN ENGINEERING, INC.	Active	12/15/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Bruce Gray	Director of Construction – Petra-ICS	980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

No	Administrator	Lawrence Coomes	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411	lawrence.coomes@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S162439-28-00

Project Description: CT Replacement (First Floor)
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S162439-28-00	Cancelled			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/23/2016	$401,000.00	$0.00	$401,000.00	$772,936.00
Cost before Final	Estimated	09/23/2016	$401,000.00	$0.00	$401,000.00	$772,936.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Administrator	Bruce Gray		980 Trancas Street, Napa CA 94558		707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S162387-28-00

Project Description: CT Replacement

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S162387-28-00	Closed	Closed	08/29/2019	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/19/2016	$200,000.00	$0.00	$200,000.00	$300,000.00
Estimated Cost before Contract	Estimated	09/19/2016	$200,000.00	$0.00	$200,000.00	$300,000.00
First Contract Cost	Contract	08/14/2017	$577,700.00	$0.00	$577,700.00	$773,000.00
Cost before Final	Estimated	11/08/2018	$660,100.00	$0.00	$660,100.00	$773,000.00
Last Final-Client Cost	Final - Client	07/16/2019	$979,416.00	$0.00	$979,416.00	$772,936.56

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	06/18/2019	Architect	C17107	Responsible Primary	Patrick Derickson	COACT DESIGNWORKS	Active	09/23/2016	
Y	06/18/2019	Contractor	338830	S162387-28-00-DSI0002		POTTER FIRE PROTECTION, INC.			
Y	06/18/2019	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	7/12/2017	
Y	06/18/2019	Electrical	E15547	S162387-28-00-DSI0004	Terrill Szalai	BLAKESLEE ELECTRIC, INC.			
Y	06/18/2019	Electrical	E17376	Delegate -	Yip Shing Lee	EDGE ELECTRICAL CONSULTING, INC.	Active	09/23/2016	
Y	06/18/2019	IOR	A20258	Lead IOR	Monte Ecker		Active	7/12/2017	
Y	06/18/2019	Mechanical	M22208	S162387-28-00-DSI0002	Michael Lefler	LEFLER ENGINEERING			
Y	06/18/2019	Mechanical	M33262	Delegate -	Scott Crosby	R&A ENGINEERING SOLUTIONS, INC.	Active	09/23/2016	
Y	06/18/2019	Structural	S3592	Delegate -	William Rader	BUEHLER	Active	09/23/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Authorized Agent	Patrick Derickson		622 20th Street, Sacramento CA 95811	Architecture	916-930-5900	916-425-2896	pat_derickson@skwaia.com
No	Individual	Bruce Gray	Director of Construction – Petra-ICS	980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S162386-28-00

Project Description: Main Lobby Cosmetic Upgrade
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S162386-28-00	Closed	Closed	07/28/2017	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/16/2016	$45,000.00	$0.00	$45,000.00	$0.00
Estimated Cost before Contract	Estimated	09/16/2016	$45,000.00	$0.00	$45,000.00	$0.00
First Contract Cost	Contract	11/15/2016	$125,000.00	$0.00	$125,000.00	$0.00
Cost before Final	Estimated	04/24/2017	$125,890.00	$0.00	$125,890.00	$0.00
Last Final-Client Cost	Final - Client	04/27/2017	$125,890.00	$0.00	$125,890.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	04/27/2017	Architect	C22244	Delegate -	Deborah Woodle	PMSM ARCHITECTS	Active	9/19/2016	
Y	04/27/2017	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	11/7/2016	
Y	04/27/2017	Electrical	E15404		Eric Johnson	ECOM ENGINEERING			
Y	04/27/2017	IOR	A20435	Lead IOR	Steven Waldera		Active	11/7/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Bruce Gray	Director of Construction	1000 Trancas St, Napa CA 94558		707-252-4411	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S162385-28-00

Project Description: LINEAR ACCELERATOR REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S162385-28-00	Closed	Closed	04/22/2019	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/19/2016	$977,851.00	$0.00	$977,851.00	$2,599,323.00
Estimated Cost before Contract	Estimated	09/19/2016	$977,851.00	$0.00	$977,851.00	$2,599,323.00
First Contract Cost	Contract	07/28/2017	$1,045,000.00	$0.00	$1,045,000.00	$2,695,000.00
Cost before Final	Estimated	07/02/2018	$1,060,000.00	$2,695,000.00	$3,755,000.00	$0.00
Last Final-Client Cost	Final - Client	04/17/2019	$1,174,312.00	$0.00	$1,174,312.00	$2,695,496.20

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	03/26/2019	Architect	C17107	Responsible Primary	Patrick Derickson	COACT DESIGNWORKS	Active	9/19/2016	
Y	03/26/2019	Contractor	338830	S162385-28-00-DSI0002		POTTER FIRE PROTECTION, INC.			
Y	03/26/2019	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	7/10/2017	
		Electrical	E10436	-	Edward Wong	F. W. ASSOCIATES	Active		
Y	03/26/2019	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	9/19/2016	
Y	03/26/2019	IOR	A20258	Lead IOR	Monte Ecker		Active	7/10/2017	
Y	03/26/2019	Mechanical	M22208	Alternate - Fire Alarm - DSI0002	Michael Lefler	LEFLER ENGINEERING		11/14/2017	
Y	03/26/2019	Mechanical	M33262	Delegate -	Scott Crosby	R&A ENGINEERING SOLUTIONS, INC.	Active	9/19/2016	
Y	03/26/2019	Structural	S3592	Delegate -	William Rader	BUEHLER	Active	9/19/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Chuck Ferguson	Director of Construction	980 Trancas Street, Napa CA 94558	Petra-ICS	916-230-0349		hcaiplaceholder@hcai.ca.gov

No	Authorized Agent	Patrick M. Derickson	622 20th St., Sacramento CA 95814	STAFFORD KING WIESE, ARCHITECTS	916-930-5900	nanette_greiner@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S161419-28-00

Project Description: ENDOSCOPY RE-PROCESSING ROOM RENOVATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S161419-28-00	Cancelled			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/05/2016	$15,000.00	$0.00	$15,000.00	$0.00
Cost before Final	Estimated	06/05/2016	$15,000.00	$0.00	$15,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y		Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active		

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		1000 Trancas St, Napa CA 94558	Petra ICS	707-227-4317		bruce.gray@petra-ics.com
No	Authorized Agent	Brian Reil		600 Q ST., SUITE 200, SACRAMENTO CA 95811	BUEHLER & BUEHLER STRUCTURAL ENGINEERS, INC.	916-443-0303		breil@bbse.com
No	Authorized Agent	HAROLD HOUGHAM		1111 HOWER AVE., SACRAMENTO CA 95825	R&A ENGINEERING SOLUTIONS, INC.	916-920-5965		harold@ra-solutions.com
No	Authorized Agent	DONNY Y.S. DONNY Y.S. LEE		431 30TH STREET, SUITE 201, SACRAMENTO CA 95816	EDGE ELECTRICAL CONSULTING, INC	916-256-2460		donny@edge-econsulting.com
No	Authorized Agent	Patrick M. Derickson		622 20th St., Sacramento CA 95814		916-930-5900		edith_jeong@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S161306-28-00

Project Description: QVMC- DISHWASHING TRAILER
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S161306-28-00	Cancelled			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/23/2016	$18,000.00	$0.00	$18,000.00	$0.00
Cost before Final	Estimated	05/23/2016	$18,000.00	$0.00	$18,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C17107		Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS			
		Architect	C10184		William Finney	STAFFORD KING WIESE ARCHITECTS			
		Electrical	E15547		Terrill Szalai	BLAKESLEE ELECTRIC, INC.			
		Mechanical	M16682		Antonio Costa	COSTA ENGINEERING, INC.			
		Structural	S4337		Brian Reil	BUEHLER & BUEHLER			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	BRUCE GRAY	Director of Construction	980 TRANCAS STREET, SUITE 14, NAPA CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4917	bruce.gray@petra-ics.com
No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5928		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S160622-28-00

Project Description: Nurse call replacement - North tower 1st floor
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S160622-28-00	Closed	Closed	07/05/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	03/15/2016	$111,765.00	$62,942.00	$174,707.00	$0.00
Estimated Cost before Contract	Estimated	03/15/2016	$111,765.00	$62,942.00	$174,707.00	$0.00
First Contract Cost	Contract	09/13/2016	$111,765.26	$62,942.39	$174,707.65	$0.00
Cost before Final	Contract	09/13/2016	$111,765.26	$62,942.39	$174,707.65	$0.00
Last Final-Client Cost	Final - Client	06/04/2018	$188,504.00	$0.00	$188,504.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	06/22/2018	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	3/15/2016	
Y	06/22/2018	Contractor	420981			COMTEL SYSTEMS TECHNOLOGY, INC	Active	3/15/2016	
Y	06/22/2018	IOR	A20093		Phillip Hill		Active	3/15/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray	Director of Construction	980 Trancas Street, Suite 14, Napa CA 94558	Petra-ICS	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S160253-28-00

Project Description: Tower Air Curtain
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S160253-28-00	Closed	Closed	10/19/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/03/2016	$13,000.00	$0.00	$13,000.00	$0.00
Estimated Cost before Contract	Estimated	04/12/2016	$13,000.00	$0.00	$13,000.00	$0.00
First Contract Cost	Contract	12/16/2015	$13,000.00	$0.00	$13,000.00	$0.00
Cost before Final	Contract	08/17/2016	$17,200.00	$0.00	$17,200.00	$0.00
Last Final-Client Cost	Final - Client	09/13/2016	$17,200.00	$0.00	$17,200.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/17/2016	Electrical	E15547	Responsible Primary	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	2/3/2016	
Y	08/17/2016	Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	2/9/2016	
Y	08/17/2016	IOR	A20093	Lead IOR	Phillip Hill		Active	2/9/2016	
Y	08/17/2016	IOR	A20093	Lead IOR	Phillip Hill		Active	2/9/2016	
Y	08/17/2016	Structural	S2995	Delegate -	Maryann Phipps	ESTRUCTURE	Active	2/3/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray	LEGAL OWNER	1000 Trancas Street, Napa CA 94558	10362 - ST. JOSEPH HEALTH	707-227-4317		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S160012-28-00

Project Description: QVMC- Roofing Replacement & Bus Duct Repair
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S160012-28-00	Closed	Closed	03/25/2019	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/04/2016	$110,000.00	$0.00	$110,000.00	$0.00
Estimated Cost before Contract	Estimated	01/04/2016	$110,000.00	$0.00	$110,000.00	$0.00
First Contract Cost	Contract	09/19/2016	$110,000.00	$0.00	$110,000.00	$0.00
Cost before Final	Estimated	07/30/2018	$123,350.00	$19,038.00	$142,388.00	$0.00
Last Final-Client Cost	Final - Client	08/29/2018	$187,934.56	$0.00	$187,934.56	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	11/27/2018	Architect	C10184	Responsible Primary	William Finney	COACT DESIGNWORKS	Active	01/04/2016	
Y	11/13/2018		4337						
Y	12/12/2017		C67442						
Y	11/27/2018	Architect	C17107	Alternate -	Patrick Derickson	COACT DESIGNWORKS	Active	01/04/2016	
Y	11/14/2018	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	2/8/2016	
Y	11/13/2018	Electrical	E15547	Delegate -	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	01/04/2016	
Y	11/15/2018	IOR	A20093	Lead IOR	Phil Hill	HUB Consulting	Active	01/04/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	BRUCE GRAY	Director of Construction,	980 TRANCAS ST, SUITE 14, NAPA CA 94558	PETRA-ICS	707-227-4317		bruce.gray@petra-ics.com
No	Contact	Wesley Ramirez	Project Manager	622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5900		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S153309-28-00

Project Description: Surgery Tissue Freezer
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S153309-28-00	Closed	Closed	09/07/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/29/2015	$5,520.00	$10,060.00	$15,580.00	$0.00
Estimated Cost before Contract	Estimated	12/29/2015	$5,520.00	$10,060.00	$15,580.00	$0.00
First Contract Cost	Contract	09/25/2015	$5,520.00	$10,060.00	$15,580.00	$0.00
Cost before Final	Contract	06/06/2016	$5,520.00	$10,060.00	$15,580.00	$0.00
Last Final-Client Cost	Final - Client	08/12/2016	$5,520.00	$10,060.00	$15,580.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	05/31/2016	Electrical	E15547	Responsible Primary	Terry Szalai	BLAKESLEE ELECTRIC, INC.	Active	12/29/2015	
Y	05/31/2016	Contractor	416488			BLAKESLEE ELECTRIC, INC.	Active	3/12/2016	
Y	05/31/2016	IOR	A20093	Lead IOR	Phillip Hill		Active	3/12/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray	Director of Construction	1000 Trancas Street, Napa CA 94558	Petra-ICS	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S153242-28-00

Project Description: Telemetry Wireless Upgrade
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S153242-28-00	Closed	Closed	11/07/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/18/2015	$275,450.00	$0.00	$275,450.00	$0.00
Estimated Cost before Contract	Estimated	12/18/2015	$275,450.00	$0.00	$275,450.00	$0.00
First Contract Cost	Contract	01/26/2016	$275,450.00	$0.00	$275,450.00	$0.00
Cost before Final	Contract	09/26/2016	$275,450.00	$0.00	$275,450.00	$0.00
Last Final-Client Cost	Final - Client	10/26/2016	$275,450.00	$0.00	$275,450.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	10/26/2016	Architect	C22244	Responsible Primary	Deborah Woodle	PMSM ARCHITECTS	Active	12/21/2015	
N		Architect	C22474	Alternate -	Alan Kroeker	PMSM ARCHITECTS	Active	12/21/2015	
N		Architect	C34482	Alternate -	Amanda Donecho	PMSM ARCHITECTS	Active	12/21/2015	
Y	10/26/2016	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	01/04/2016	
Y	10/26/2016	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	12/21/2015	
Y	10/26/2016	IOR	A20093	Lead IOR	Phillip Hill		Active	01/04/2016	
Y	10/26/2016	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	12/21/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra-ICS	707-252-4411		bruce.gray@petra-ics.com
No	Authorized Agent	Deborah Woodle	Project Architect	560 Higuera Street, Suite B, San Luis Obispo CA 93401	PMSM Architects	805-434-3431		dwoodle@pmsm-architects.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142973-28-00

Project Description: Wireless Upgrade
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142973-28-00	Closed	Closed	07/03/2017	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/23/2014	$60,000.00	$0.00	$60,000.00	$0.00
Estimated Cost before Contract	Estimated	12/23/2014	$60,000.00	$0.00	$60,000.00	$0.00
First Contract Cost	Contract	03/30/2015	$165,020.00	$38,552.00	$203,572.00	$0.00
Cost before Final	Contract	02/13/2017	$165,020.00	$38,552.00	$203,572.00	$0.00
Last Final-Client Cost	Final - Client	03/09/2017	$165,020.00	$38,552.00	$203,572.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	01/15/2016	Architect	C22244	Responsible Primary	Deborah Woodle	PMSM ARCHITECTS	Active	12/23/2014	
Y	01/15/2016	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	01/27/2015	
Y	01/15/2016	IOR	A20093	Lead IOR	Phillip Hill		Active	01/27/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray	Director of Design & Construction	980 Trancas Street, Napa CA 94558		707-252-4411		bruce.gray@petra-ics.com
No	Authorized Agent	Deborah J. Woodle		615 So. Main Street, Suite B, Templeton CA 93465	DJW ARCHITECTS	805-434-3431		dwoodle@djwarchitect.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report H152625-28-00

Project Description: MAIN HOSPITAL- LEVEL 2 & 3 SLAB REPAIR
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
H152625-28-00	Closed	Closed	12/30/2022	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/07/2015	$580,000.00	$0.00	$580,000.00	$0.00
Estimated Cost before Contract	Estimated	01/04/2017	$580,000.00	$0.00	$580,000.00	$0.00
First Contract Cost	Contract	11/15/2017	$482,061.00	$0.00	$482,061.00	$0.00
Cost before Final	Estimated	04/20/2022	$649,061.00	$1,500.00	$650,561.00	$0.00
Last Final-Client Cost	Final - Client	06/24/2022	$2,096,451.00	$0.00	$2,096,451.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	05/20/2022	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	07/12/2019	
Y	07/16/2019	Architect	C17107	Replaced - 07/12/2019	Patrick Derickson	COACT DESIGNWORKS	Replaced	10/07/2015	07/12/2019
Y	05/20/2022	Architect	C33735	Alternate -	Bryan Rayburn	19SIX ARCHITECTS	Active		
Y	05/20/2022	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	8/8/2016	
Y	05/20/2022	IOR	A20032	Lead IOR	Steven Ferrara		Active	12/27/2019	
Y	08/09/2019	IOR	A20093	Replaced - 08/09/2019	Phillip Hill		Replaced	8/8/2016	08/09/2019
Y	05/20/2022	Structural	S4338	Delegate -	Aaron Reynolds	KPFF	Active	10/07/2015	
		Structural	S6538	Alternate -	Reza Vahabzadeh	KPFF	Active	01/17/2020	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Todd Belluomini		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	707-327-8640	todd.belluomini@providence.org
No	Facility Representative	Bruce Gray	Director of Construction	980 Trancas Street, Suite 14, Napa CA 94558	PETRA-ICS	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5900	wesley_ramirez@skwaia.com
No	Individual	Bryan Rayburn	Project Architect	560 Higuera Street, Suite C, San Luis Obispo CA 93401	PMSM Architects	123-456-7890	brayburn@pmsm-architects.com
No	Individual	Samantha Poremba		560 Higuera Street, Suite C, San Luis Obispo CA 93401		805-476-0399	sporemba@pmsm-architects.com
No	Facility Representative	Jessica Andrews		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	jessica.l.andrews@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S152463-28-00

Project Description: Verizon Hwy 29 Trancas 115650
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S152463-28-00	Closed	Closed	05/01/2017	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/18/2015	$35,000.00	$42,000.00	$77,000.00	$0.00
Estimated Cost before Contract	Estimated	09/18/2015	$35,000.00	$42,000.00	$77,000.00	$0.00
First Contract Cost	Contract	01/19/2016	$350,000.00	$42,000.00	$392,000.00	$0.00
Cost before Final	Contract	03/16/2017	$53,150.00	$42,308.50	$95,458.50	$0.00
Last Final-Client Cost	Final - Client	03/20/2017	$53,150.00	$42,308.50	$95,458.50	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	02/07/2017	Civil	CE69368	Responsible Primary	John Anderson	STREAMLINE ENGINEERING & DESIGN, INC.	Active	09/18/2015	
Y	02/07/2017	Contractor	924504			SLC INCORPORATED			
Y	02/07/2017	IOR	A20093		Phillip Hill				
Y		Structural	S4469	Delegate -	Kevin Sorensen	STEAMLINE ENGINEERING AND DESIGN INC.	Active	09/18/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Administrator	Walt Mickens	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		walter.mickens@stjoe.org
No	Facility Representative	Philippe Taquin		1000 Trancas Street, Napa CA 94558		123-456-7890		philippe.taquin@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S152424-28-00

Project Description: DIETARY REPAIRS

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S152424-28-00	Closed	Closed	06/25/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/16/2015	$65,000.00	$0.00	$65,000.00	$0.00
Estimated Cost before Contract	Estimated	09/16/2015	$65,000.00	$0.00	$65,000.00	$0.00
First Contract Cost	Contract	11/23/2016	$1,000,010.00	$0.00	$1,000,010.00	$0.00
Cost before Final	Estimated	08/28/2017	$1,035,610.00	$0.00	$1,035,610.00	$0.00
Last Final-Client Cost	Final - Client	06/04/2018	$2,203,205.00	$0.00	$2,203,205.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	04/23/2018	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	09/16/2015	
Y	06/22/2018		958484	S152424-28-00-DSI0001					
Y	06/14/2018		C67442						
Y	04/23/2018	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	11/15/2016	
Y	04/23/2018	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	09/16/2015	
Y	04/23/2018	IOR	A20093	Lead IOR	Phillip Hill		Active	11/15/2016	
Y	04/23/2018	IOR	A20435	Lead IOR	Steven Waldera		Active	11/15/2016	
Y	04/23/2018	Mechanical	M24969	Delegate -	Harold Hougham	R&A ENGINEERING SOLUTIONS, INC.	Active	09/16/2015	
Y	04/23/2018	Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	09/16/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	BRUCE GRAY		980 TRANCAS ST., SUITE 14, NAPA CA 94558	PETRA-ICS	123-456-7890	707-227-4317	bruce.gray@petra-ics.com

No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5928	wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S151825-28-00

Project Description: NURSECALL REPLACEMENT- 2ND FLOOR OF SOUTH TOWER AND MEDI SURG

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S151825-28-00	Closed	Closed	06/08/2017	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/10/2015	$300,000.00	$98,000.00	$398,000.00	$0.00
Estimated Cost before Contract	Estimated	07/10/2015	$300,000.00	$98,000.00	$398,000.00	$0.00
First Contract Cost	Contract	07/23/2015	$253,840.00	$0.00	$253,840.00	$0.00
Cost before Final	Contract	01/19/2017	$256,340.00	$0.00	$256,340.00	$0.00
Last Final-Client Cost	Final - Client	03/01/2017	$256,340.00	$0.00	$256,340.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	01/18/2017	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	07/08/2015	
Y		Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	07/08/2015	
Y	01/18/2017	Contractor	420981			COMTEL SYSTEMS TECHNOLOGY, INC	Active	07/10/2015	
Y	01/18/2017	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	07/08/2015	
Y	01/18/2017	IOR	A20093	Lead IOR	Phillip Hill		Active	07/10/2015	
Y	01/18/2017	Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	07/08/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5900		wesley_ramirez@skwaia.com

No	Authorized Agent	Bruce Gray	Director of Construction	1000 Trancas, Napa CA 94558	Queen of the Valley Medical Center	707-252-4111	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S151686-28-00

Project Description: install monitors on level 2
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S151686-28-00	Closed	Closed	02/14/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/17/2015	$5,000.00	$2,000.00	$7,000.00	$0.00
Estimated Cost before Contract	Estimated	06/17/2015	$5,000.00	$2,000.00	$7,000.00	$0.00
First Contract Cost	Contract	01/30/2017	$7,315.00	$2,200.00	$9,515.00	$0.00
Cost before Final	Contract	01/30/2017	$7,315.00	$2,200.00	$9,515.00	$0.00
Last Final-Client Cost	Final - Client	11/14/2017	$7,315.00	$2,200.00	$9,515.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	11/14/2017	Architect	C13775	Responsible Primary	Thomas Chessum	CO Architects	Active	06/23/2015	
Y	11/14/2017	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	1/23/2017	
Y	11/14/2017	Electrical	E14222	Delegate -	Jamie Schnick	EXP US SERVICE	Active	06/23/2015	
Y		Electrical	E17587	Delegate -	Larry Anderson	TEECOM	Active	06/23/2015	
Y	11/14/2017	IOR	A20093	Lead IOR	Phillip Hill		Active	1/23/2017	
Y	11/14/2017	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	06/23/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Administrator	Walt Mickens	CEO	1000 Trancas Street, Napa CA 94558	10362 - Queen of the Valley	707-252-4411		walter.mickens@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S151539-28-00

Project Description: Sump Pressurized Sewer Line Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S151539-28-00	Closed	Closed	04/14/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/08/2015	$40,000.00	$0.00	$40,000.00	$0.00
Estimated Cost before Contract	Estimated	06/08/2015	$40,000.00	$0.00	$40,000.00	$0.00
First Contract Cost	Contract	11/18/2015	$47,572.00	$0.00	$47,572.00	$0.00
Cost before Final	Contract	12/09/2015	$47,572.00	$0.00	$47,572.00	$0.00
Last Final-Client Cost	Final - Client	04/13/2016	$47,572.00	$0.00	$47,572.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Mechanical	M32632	Responsible Primary	Tom Ferrel	ROGER AND ASSOCIATES, INC.	Active	06/08/2015	
Y		Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	10/21/2015	
Y	11/19/2015	IOR	A20093	Lead IOR	Phillip Hill		Active	10/21/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Philippe Taquin		1000 Trancas Street, Napa CA 94558		123-456-7890		philippe.taquin@stjoe.org
No	Administrator	Walt Mickens	CEO	1000 Trancas Street, Napa CA 94558	10362 - Queen of the Valley	707-252-4411		walter.mickens@stjoe.org
No	Authorized Agent	Bruce Gray	LEGAL OWNER	3345 MICHELSON DR SUITE 100, IRVINE CA 92612	10184 - ST. JOSEPH HEALTH	707-227-4411		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S151538-28-00

Project Description: NURSECALL REPLACEMENT- 3RD FLOOR SOUTH TOWER
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S151538-28-00	Closed	Closed	04/11/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/08/2015	$152,000.00	$49,088.53	$201,088.53	$0.00
Estimated Cost before Contract	Estimated	06/08/2015	$152,000.00	$49,088.53	$201,088.53	$0.00
First Contract Cost	Contract	06/12/2015	$111,500.83	$78,691.59	$190,192.42	$0.00
Cost before Final	Contract	10/29/2015	$120,929.30	$78,691.69	$199,620.99	$0.00
Last Final-Client Cost	Final - Client	04/05/2016	$120,929.30	$78,691.69	$199,620.99	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	04/05/2016	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	06/08/2015	
Y		Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	06/08/2015	
Y	04/05/2016	Contractor	420981			COMTEL SYSTEMS TECHNOLOGY, INC	Active	06/09/2015	
Y	04/05/2016	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	06/08/2015	
Y	04/05/2016	IOR	A20093	Lead IOR	Phillip Hill		Active	06/09/2015	
Y	04/05/2016	Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	06/08/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
No	Facility Representative	Bruce Gray	Director of Construction	980 TRANCAS ST, SUITE 14, NAPA CA 94558	PETRA-ICS	123-456-7890	707-227-4317	bruce.gray@petra-ics.com
No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5900		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S151485-28-00

Project Description: DIETARY EQUIPMENT REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S151485-28-00	Closed	Closed	02/13/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/01/2015	$20,000.00	$35,000.00	$55,000.00	$0.00
Estimated Cost before Contract	Estimated	08/20/2015	$25,000.00	$35,000.00	$60,000.00	$0.00
First Contract Cost	Contract	10/02/2015	$20,000.00	$35,000.00	$55,000.00	$0.00
Cost before Final	Estimated	06/22/2017	$41,750.00	$92,894.00	$134,644.00	$0.00
Last Final-Client Cost	Final - Client	01/10/2018	$92,894.00	$41,750.00	$134,644.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	12/13/2017	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	06/02/2015	
Y		Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	06/02/2015	
Y	12/13/2017	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	09/14/2015	
Y	12/13/2017	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	06/02/2015	
Y	12/13/2017	IOR	A20093	Lead IOR	Phillip Hill		Active	09/14/2015	
Y	12/13/2017	Mechanical	M24969	Delegate -	Harold Hougham	R&A ENGINEERING SOLUTIONS, INC.	Active	06/02/2015	
Y	12/13/2017	Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	06/02/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	BRUCE GRAY	DIRECTOR OF CONSTRUCTION	980 Trancas, Suite 14, NAPA CA 94558	PETRA-ICS	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

No	Contact	EDITH JEONG	PROJECT MANAGER	622 20TH, SACRAMENTO CA 95811		STAFFORD KING WIESE ARCHITECTS	916-930-5900	edith_jeong@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S151479-28-00

Project Description: MAIN HOSPTIAL BOILER DE-RATING
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S151479-28-00	Closed	Closed	07/05/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/01/2015	$60,000.00	$5,000.00	$65,000.00	$0.00
Estimated Cost before Contract	Estimated	06/01/2015	$60,000.00	$5,000.00	$65,000.00	$0.00
First Contract Cost	Contract	05/06/2016	$528,097.00	$0.00	$528,097.00	$0.00
Cost before Final	Estimated	04/27/2017	$539,422.00	$9,000.00	$548,422.00	$0.00
Last Final-Client Cost	Final - Client	06/04/2018	$651,914.00	$20,296.00	$672,210.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	03/05/2018	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	06/01/2015	
Y	03/07/2018	Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	06/01/2015	
Y	03/05/2018	Contractor	171534			Bell Products, Inc.			
Y	03/05/2018	Electrical	E13176	Delegate -	Martin Wobig	SONOMA ELECTRICAL ENGINEERING, INC.	Active	06/01/2015	
Y	03/05/2018	IOR	A20093		Phillip Hill				
Y	03/05/2018	Mechanical	M16682	Delegate -	Antonio Costa	COSTA ENGINEERING, INC.	Active	06/01/2015	
Y	03/05/2018	Structural	S3266	Delegate -	Eric Kreager	MKM & ASSOCIATES STRUCTURAL ENGINEERS	Active	06/01/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5900		wesley_ramirez@skwaia.com

No	Facility Representative	BRUCE GRAY	DIRECTOR OF CONSTRUCTION	980 TRANCAS STREET, SUITE 14, NAPA CA 94558	PETRA-ICS	707-252-4411	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S151068-28-00

Project Description: 30 TON CHILLER REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S151068-28-00	Closed	Closed	11/14/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/21/2015	$125,000.00	$50,000.00	$175,000.00	$0.00
Estimated Cost before Contract	Estimated	12/28/2015	$128,000.00	$50,000.00	$178,000.00	$0.00
First Contract Cost	Contract	05/06/2016	$156,000.00	$40,000.00	$196,000.00	$0.00
Cost before Final	Contract	10/24/2016	$156,000.00	$40,000.00	$196,000.00	$0.00
Last Final-Client Cost	Final - Client	10/27/2016	$156,000.00	$40,000.00	$196,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	10/27/2016	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	04/23/2015	
Y	10/27/2016	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION			
Y	10/27/2016	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	04/23/2015	
Y	10/27/2016	IOR	A20093		Phillip Hill				
Y	10/27/2016	Mechanical	M24969	Delegate -	Harold Hougham	R&A ENGINEERING SOLUTIONS, INC.	Active	04/23/2015	
Y	10/27/2016	Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	04/23/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5900		wesley_ramirez@skwaia.com
No	Individual	Bruce Gray	Director of Construction – Petra-ICS	980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report H151056-28-00

Project Description: Queen of the Valley Brine Tank Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
H151056-28-00	Closed	Closed	04/20/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/21/2015	$5,000.00	$3,000.00	$8,000.00	$0.00
Estimated Cost before Contract	Estimated	04/21/2015	$5,000.00	$3,000.00	$8,000.00	$0.00
First Contract Cost	Contract	07/21/2015	$5,000.00	$3,000.00	$8,000.00	$0.00
Cost before Final	Contract	01/26/2016	$5,000.00	$3,015.00	$8,015.00	$0.00
Last Final-Client Cost	Final - Client	04/19/2016	$5,000.00	$3,015.00	$8,015.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	01/05/2016	Mechanical	M31923	Responsible Primary	Richard Russell	Interface Engineering	Active	04/21/2015	
Y		Contractor	812232			MATRIX HG INC	Active	05/26/2015	
Y	11/25/2015	IOR	A20093	Lead IOR	Phillip Hill		Active	05/26/2015	
Y	11/11/2015	Structural	S2995	Delegate -	Maryann Phipps	ESTRUCTURE	Active	04/21/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		1000 Trancas Street, Napa CA 94558		123-456-7890		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S150420-28-00

Project Description: Medication Prep Conversion
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S150420-28-00	Closed	Closed	06/07/2017	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/18/2015	$56,000.00	$0.00	$56,000.00	$0.00
Estimated Cost before Contract	Estimated	04/08/2016	$105,000.00	$21,127.00	$126,127.00	$0.00
First Contract Cost	Contract	08/23/2016	$105,000.00	$21,127.00	$126,127.00	$0.00
Cost before Final	Contract	01/19/2017	$109,800.00	$21,127.00	$130,927.00	$0.00
Last Final-Client Cost	Final - Client	02/28/2017	$109,800.00	$21,127.00	$130,927.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	01/18/2017	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	02/18/2015	
Y		Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	02/18/2015	
Y	01/18/2017	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	6/20/2016	
Y	01/18/2017	Electrical	E15404	Delegate -	Eric Johnson	ECOM ENGINEERING, INC.	Active	02/18/2015	
Y	01/18/2017	IOR	A20093	Lead IOR	Phillip Hill		Active	6/20/2016	
Y	01/18/2017	Mechanical	M24969	Delegate -	Harold Hougham	R&A ENGINEERING SOLUTIONS, INC.	Active	02/18/2015	
Y	01/18/2017	Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	02/18/2015	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Bruce Gray		980 TRANCAS STREET, SUITE 14, NAPA CA 94558	Petra-ICS	707-252-4411		bruce.gray@petra-ics.com
No	Authorized Agent	Wesley Ramirez	Project Manager	622 20th Street, Sacramento CA 95811	Stafford King Weise Architects	916-930-5928		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142992-28-00

Project Description: Moment Frame Testing - Admitting/Lobby Building
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142992-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/24/2014	$13,000.00	$0.00	$13,000.00	$0.00
Cost before Final	Estimated	12/24/2014	$13,000.00	$0.00	$13,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y	02/27/2015	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	12/26/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Administrator	Walt Mickens	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		walter.mickens@stjoe.org
No	Applicant	Wesley Ramirez		622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5928		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142991-28-00

Project Description: Moment Frame Testing - Maternity/Pediatrics
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142991-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/24/2014	$12,500.00	$0.00	$12,500.00	$0.00
Cost before Final	Estimated	12/24/2014	$12,500.00	$0.00	$12,500.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	02/27/2015	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	12/26/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Administrator	Walt Mickens	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		walter.mickens@stjoe.org
No	Applicant	Wesley Ramirez		622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5928		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142990-28-00

Project Description: Moment Frame Testing - North Nursing Wing
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142990-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/24/2014	$16,000.00	$0.00	$16,000.00	$0.00
Cost before Final	Estimated	12/24/2014	$16,000.00	$0.00	$16,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y	02/27/2015	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	12/26/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Administrator	Walt Mickens	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		walter.mickens@stjoe.org
No	Applicant	Wesley Ramirez		622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5928		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142989-28-00

Project Description: Moment Frame Testing - South Nursing Wing
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142989-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/24/2014	$16,000.00	$0.00	$16,000.00	$0.00
Cost before Final	Estimated	12/24/2014	$16,000.00	$0.00	$16,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y	02/27/2015	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	12/26/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Administrator	Walt Mickens	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		walter.mickens@stjoe.org
No	Applicant	Wesley Ramirez		622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5928		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142988-28-00

Project Description: Moment Frame Testing - Link Corridor
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142988-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/25/2014	$11,800.00	$0.00	$11,800.00	$0.00
Cost before Final	Estimated	12/25/2014	$11,800.00	$0.00	$11,800.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	02/27/2015	Architect	C17107	Responsible Primary	Patrick Derickson	STAFFORD KING WIESE, ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Architect	C10184	Delegate -	William Finney	STAFFORD KING WIESE ARCHITECTS	Active	12/26/2014	
Y	02/27/2015	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	12/26/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Administrator	Walt Mickens	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		walter.mickens@stjoe.org
No	Applicant	Wesley Ramirez		622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5928		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142987-28-00

Project Description: MOMENT FRAME TESTING- CONFERENCE ADDITION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142987-28-00	Closed	Closed	01/25/2022	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/24/2014	$12,400.00	$0.00	$12,400.00	$0.00
Estimated Cost before Contract	Estimated	06/07/2019	$12,400.00	$0.00	$12,400.00	$0.00
First Contract Cost	Contract	10/29/2019	$12,400.00	$0.00	$12,400.00	$0.00
Cost before Final	Contract	10/29/2019	$12,400.00	$0.00	$12,400.00	$0.00
Last Final-Client Cost	Final - Client	12/15/2021	$99,503.00	$0.00	$99,503.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	12/15/2021	Architect	C22244	Responsible Primary	Deborah Woodle	19SIX ARCHITECTS	Active	07/12/2019	
N		Architect	C10184	- Inactive	William Finney	ESC DESIGN GROUP, INC.	Inactive	12/26/2014	
Y	07/16/2019	Architect	C17107	Replaced - 07/12/2019	Patrick Derickson	COACT DESIGNWORKS	Replaced	12/26/2014	07/12/2019
Y	12/15/2021	Architect	C33735	Alternate -	Bryan Rayburn	19SIX ARCHITECTS	Active	07/12/2019	
Y	01/11/2022	Contractor	OB10362			PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER	Active	6/4/2019	
Y	08/16/2021	IOR	A20054	Replaced - 08/16/2021	Stephen Gray		Replaced	03/25/2021	08/16/2021
Y	03/25/2021	IOR	A20258	Replaced - 03/25/2021	Monte Ecker		Replaced	6/4/2019	03/25/2021
Y	12/15/2021	IOR	A20701	Lead IOR	Shane Curran		Active	08/16/2021	
Y	12/15/2021	Structural	S4338	Delegate -	Aaron Reynolds	KPFF	Active	12/26/2014	
		Structural	S6538	Alternate -	Reza Vahabzadeh	KPFF	Active	01/17/2020	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Jeremy Stremme	Regional Director - Design Construction Management	4400 NE Halsey St, Portland OR 97213	Providence Health & Services	503-893-6772	503-718-8044	jeremy.stremme@providence.org

No	Contact	BRUCE GRAY	DIRECTOR, CONSTRUCTION	980 TRANCAS STREET, SUITE 14, NAPA CA 94559	PETRA-ICS	123-456-7890	707-257-4117	hcaiplaceholder@hcai.ca.gov
No	Contact	WESLEY RAMIREZ	PROJECT MANAGER	622 20TH STREET, SACRAMENTO CA 95811	STAFFORD KING WIESE ARCHITECTS	916-930-5900		wesley_ramirez@skwaia.com
No	Contact	Chuck Ferguson	Director of Construction	980 Trancas St., Napa CA 94558	Queen of the Valley Medical Center	916-230-0349		hcaiplaceholder@hcai.ca.gov
No	Facility Representative	Todd Belluomini		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640	707-327-8640	todd.belluomini@providence.org
No	Contact	Samantha Poremba		560 Higuera Street, Suite C, San Luis Obispo CA 93401		805-476-0399		sporemba@pmsm-architects.com
No	Facility Representative	Jessica Andrews		1400 S Street, Sacramento CA 95811	Providence RESO	707-327-8640		jessica.l.andrews@providence.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142948-28-00

Project Description: SB 90 - QVMC Main Building Removal of Acute Care Services
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142948-28-00	Closed	Closed	11/04/2016	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/22/2014	$0.00	$0.00	$0.00	$0.00
Estimated Cost before Contract	Estimated	12/22/2014	$0.00	$0.00	$0.00	$0.00
First Contract Cost	Contract	08/15/2016	$0.00	$0.00	$0.00	$0.00
Cost before Final	Contract	08/15/2016	$0.00	$0.00	$0.00	$0.00
Last Final-RCO Cost	Final - RCO	11/04/2016	$0.00	$0.00	$0.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/18/2016	Architect	C19412	Responsible Primary	Michael O'Connor	NICHOLS, MELBURG AND ROSSETTO	Active	12/22/2014	
Y		Contractor	OB10362			QUEEN OF THE VALLEY MEDICAL CENTER	Active	7/12/2016	
Y		Contractor	OB11059			SANTA ROSA MEMORIAL HOSPITAL	Active	12/22/2014	
Y		IOR	A99999	Lead IOR	Facility Inspector		Active	7/12/2016	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Le Roy King		1165 Montgomery Drive, Santa Rosa CA 95405	St. Joseph Health System	707-547-5414		leroy.king@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142834-28-00

Project Description: NORTH & SOUTH TOWER LOWER ROOF REPAIR
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142834-28-00	Closed	Closed	07/16/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/09/2014	$80,000.00	$0.00	$80,000.00	$0.00
Estimated Cost before Contract	Estimated	12/09/2014	$80,000.00	$0.00	$80,000.00	$0.00
First Contract Cost	Contract	03/13/2015	$174,000.00	$0.00	$174,000.00	$0.00
Cost before Final	Contract	05/28/2015	$175,800.00	$0.00	$175,800.00	$0.00
Last Final-Client Cost	Final - Client	07/16/2015	$175,800.00	$0.00	$175,800.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	05/28/2015	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
		Architect	C10184		William Finney	STAFFORD KING WIESE ARCHITECTS			
Y	05/28/2015	Contractor	989239		Mike Moreno	MORENO, INC			
Y	05/28/2015	IOR	A20093		Phillip Hill				
	05/28/2015	Structural	S4337		Brian Reil	BUEHLER & BUEHLER			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		980 Trancas. Suite 14, Napa CA 94558	PETRA ICS	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Contact	Wesley Ramirez	Project Manager	622 20th Street, Sacramento CA 95811	Stafford King Weise Architects	916-930-5928	916-705-6997	wesley_ramirez@skwaia.com
No	Administrator	Le Roy King		1165 Montgomery Drive, Santa Rosa CA 95405	St. Joseph Health	707-547-5414	707-889-2056	leroy.king@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142484-28-00

Project Description: MAIN HOSPITAL- LEVEL 2 & 3 SLAB REPAIR
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142484-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/31/2014	$580,000.00	$0.00	$580,000.00	$0.00
Cost before Final	Estimated	10/31/2014	$580,000.00	$0.00	$580,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
		Architect	C10184		William Finney	STAFFORD KING WIESE ARCHITECTS			
		Structural	S4338		Aaron Reynolds	KPFF CONSULTING ENGINEERS			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray	Director of Construction	3465 VILLA LANE, NAPA CA 94559	PETRA-ICS	707-252-4411	707-227-4317	bruce.gray@petraics.com
No	Contact	Wesley Ramirez	Project Manager	622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5900		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report H142370-28-00

Project Description: BRB Scratch Plate Installation
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
H142370-28-00	Closed	Closed	04/14/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/15/2014	$20,000.00	$0.00	$20,000.00	$0.00
Estimated Cost before Contract	Estimated	10/15/2014	$20,000.00	$0.00	$20,000.00	$0.00
First Contract Cost	Contract	05/15/2015	$35,000.00	$0.00	$35,000.00	$0.00
Cost before Final	Contract	09/17/2015	$35,000.00	$0.00	$35,000.00	$0.00
Last Final-Client Cost	Final - Client	04/13/2016	$35,000.00	$0.00	$35,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C23720	Responsible Primary	Eyal Perchik	CO ARCHITECTS	Active	10/15/2014	
Y		Contractor	417421	Replaced - 05/13/2015		WRIGHT CONTRACTING, INC.	Replaced	04/15/2015	05/13/2015
Y		Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	05/13/2015	
Y		IOR	A20093	Lead IOR	Phillip Hill		Active	04/15/2015	
Y		Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	10/15/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Walter Mickens,		1000 Trancas Street, Napa CA 94558	10362 - Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov
No	Applicant	Eyal C. Perchik	Principal	5055 Wilshire Blvd, Los Angeles CA 90036		310-525-0500	213-810-2245	eperchik@coarchitects.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S142176-28-00

Project Description: QVMC- ELEVATOR 4 & 5 REPAIR
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S142176-28-00	Closed	Closed	05/28/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/25/2014	$93,975.00	$0.00	$93,975.00	$0.00
Estimated Cost before Contract	Estimated	08/25/2014	$93,975.00	$0.00	$93,975.00	$0.00
First Contract Cost	Contract	11/14/2014	$93,975.00	$0.00	$93,975.00	$0.00
Cost before Final	Contract	11/14/2014	$93,975.00	$0.00	$93,975.00	$0.00
Last Final-Client Cost	Final - Client	05/15/2015	$93,975.00	$0.00	$93,975.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	05/15/2015	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
		Architect	C10184		William Finney	STAFFORD KING WIESE ARCHITECTS			
Y	05/15/2015	Contractor	651371		Scott Sutton	THYSSENKRUPP ELEVATOR CORPORATION			
Y	05/15/2015	IOR	A20093		Phillip Hill				
	05/15/2015	Structural	S4338		Aaron Reynolds	KPFF CONSULTING ENGINEERS			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Le Roy King		1165 Montgomery Drive, Santa Rosa CA 95405	St. Joseph Health	707-547-5414	707-889-2056	leroy.king@petra-ics.com
No	Contact	Wesley Ramirez		622 20th Street, Sacramento CA 95811	Stafford King Wiese Architect	916-930-5900		wesley_ramirez@skwaia.com
No	Contact	Bruce Gray		3465 Villa Lane, Napa CA 94559	Petra ICS	707-252-4411		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S141993-28-00

Project Description: MAIN HOSPITAL- WATER DAMAGE REMEDIATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S141993-28-00	Closed	Closed	04/10/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/09/2014	$25,000.00	$0.00	$25,000.00	$0.00
Estimated Cost before Contract	Estimated	09/09/2014	$25,000.00	$0.00	$25,000.00	$0.00
First Contract Cost	Contract	10/14/2014	$25,000.00	$0.00	$25,000.00	$0.00
Cost before Final	Contract	10/14/2014	$25,000.00	$0.00	$25,000.00	$0.00
Last Final-Client Cost	Final - Client	12/11/2014	$25,000.00	$0.00	$25,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	12/11/2014	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	12/11/2014	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION			
Y	12/11/2014	IOR	A20093		Phillip Hill				
	12/11/2014	Structural	S4338		Aaron Reynolds	KPFF CONSULTING ENGINEERS			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	LeRoy King	AVP, Construction Operations	1154 Montgomery Drive, Suite 8B, Santa Rosa CA 95405	Petra ICS	916-707-5475		leroy.king@petra-ics.com
No	Contact	Wesley Ramirez		622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5928		wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S141981-28-00

Project Description: North Acute Care Corridor - EQ Repairs
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S141981-28-00	Closed	Closed	04/10/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/04/2014	$100,000.00	$0.00	$100,000.00	$0.00
Estimated Cost before Contract	Estimated	09/04/2014	$100,000.00	$0.00	$100,000.00	$0.00
First Contract Cost	Contract	10/27/2014	$90,000.00	$0.00	$90,000.00	$0.00
Cost before Final	Contract	10/27/2014	$90,000.00	$0.00	$90,000.00	$0.00
Last Final-Client Cost	Final - Client	12/11/2014	$90,000.00	$0.00	$90,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	12/11/2014	Structural	S4338		Aaron Reynolds	KPFF CONSULTING ENGINEERS			
Y	12/11/2014	Architect	c23270		Philip Newsom	TBP/ARCHITECTURE			
		Architect	C23720		Eyal Perchik	CO ARCHITECTS			
Y	12/11/2014	Contractor	417421			WRIGHT CONTRACTING, INC.			
Y	12/11/2014	IOR	A20093		Phillip Hill				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Le Roy King	AVP, Construction	1165 Montgomery Drive, Santa Rosa CA 95405	St. Joseph Health	707-547-5414	707-889-2056	leroy.king@petra-ics.com
No	Applicant	Eyal Perchik		5055 Wilshire Blvd., Los Angeles CA 90036	CO Architects	323-525-0500	213-810-2245	eperchik@coarchitects.com
No	Authorized Agent	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S141980-28-00

Project Description: North Acute Care Bldg (Bldg 19) - Earthquake Repairs
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S141980-28-00	Closed Inactive			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/04/2014	$100,000.00	$0.00	$100,000.00	$0.00
Cost before Final	Estimated	09/04/2014	$100,000.00	$0.00	$100,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C23720	Responsible Primary	Eyal Perchik	CO ARCHITECTS	Active	09/04/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
No	Applicant	Eyal Perchik		5055 Wilshire Blvd., Los Angeles CA 90036	CO Architects	323-525-0500	213-810-2245	eperchik@coarchitects.com
No	Facility Representative	Le Roy King	Assistant VP, Construction Operations	1000 Trancas St, Napa CA 94558	St. Joseph Health / Petra-ICS	707-252-4411	707-889-2056	leroy.king@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

NOTICE-001688

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S141973-28-00

Project Description: ICU PATIENT ROOM AND OFFICE REPAIRS
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S141973-28-00	Closed	Closed	12/22/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/05/2014	$20,000.00	$0.00	$20,000.00	$0.00
Estimated Cost before Contract	Estimated	09/05/2014	$20,000.00	$0.00	$20,000.00	$0.00
First Contract Cost	Contract	10/09/2014	$60,000.00	$0.00	$60,000.00	$0.00
Cost before Final	Contract	05/28/2015	$68,091.00	$0.00	$68,091.00	$0.00
Last Final-Client Cost	Final - Client	10/15/2015	$68,091.00	$0.00	$68,091.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	05/14/2015	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	05/12/2015		C67442						
Y	05/13/2015	Contractor	985706		Joseph DeLuca, Sr.	HEALTHCARE DESIGN & CONSTRUCTION			
Y	05/13/2015	IOR	A20093		Phillip Hill				
	05/14/2015	Structural	S4338		Aaron Reynolds	KPFF CONSULTING ENGINEERS			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com
No	Contact	Wesley Ramirez		622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5900		wesley_ramirez@skwaia.com
No	Facility Representative	Le Roy King	AVP, Construction Operations	1165 Montgomery Drive, Santa Rosa CA 95405	St. Joseph Health / Petra-ics	707-547-5414	707-889-2056	leroy.king@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S141681-28-00

Project Description: PDF - EF2 EMERGENCY REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S141681-28-00	Closed	Closed	09/14/2018	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/05/2014	$14,900.00	$35,000.00	$49,900.00	$0.00
Estimated Cost before Contract	Estimated	08/05/2014	$14,900.00	$35,000.00	$49,900.00	$0.00
First Contract Cost	Contract	08/22/2017	$65,000.00	$35,000.00	$100,000.00	$0.00
Cost before Final	Estimated	10/26/2017	$66,200.00	$38,524.00	$104,724.00	$0.00
Last Final-Client Cost	Final - Client	07/05/2018	$128,327.62	$0.00	$128,327.62	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	07/03/2018	Mechanical	M16682	Responsible Primary	Antonio Costa	COSTA ENGINEERING, INC.	Active	08/05/2014	
Y	07/03/2018	Contractor	171534		Nichole Egger	Bell Products, Inc.	Active	2/16/2017	
Y	07/03/2018	Contractor	985706			HEALTHCARE DESIGN & CONSTRUCTION	Active	8/22/2017	
Y	07/03/2018	Electrical	E15547	Delegate -	Terrill Szalai	BLAKESLEE ELECTRIC, INC.	Active	02/16/2017	
Y	07/03/2018	IOR	A20093	Lead IOR	Phillip Hill		Active	01/23/2015	
Y	07/03/2018	Structural	S4337	Delegate -	Brian Reil	BUEHLER & BUEHLER	Active	08/05/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Kevin Herring	Director Engineering & Safety Officer	1000 Trancas Street, Napa CA 94558	Queen of the Valley Medical Center	707-227-7157		bruce.herring@stjoe.org
No	Facility Representative	Philippe Taquin	Director Engineering & Safety Officer	1000 Trancas, Napa CA 94558	Queen of the Valley Medical Center	707-252-4411	707-227-7157	philippe.taquin@stjoe.org

No	Administrator	Lawrence Coomes	Interim Chief Executive Officer	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		lawrence.coomes@stjoe.org
No	Authorized Agent	Bruce Gray	Director of Construction – Petra-ICS	980 Trancas Street, Suite 14, Napa CA 94558	Petra Integrated Construction Strategies	707-252-4411	707-227-4317	bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S141090-28-00

Project Description: EMERGENCY DEPT NURSE CALL REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S141090-28-00	Closed	Closed	12/09/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/29/2014	$72,542.17	$0.00	$72,542.17	$0.00
Estimated Cost before Contract	Estimated	05/29/2014	$72,542.17	$0.00	$72,542.17	$0.00
First Contract Cost	Contract	12/23/2014	$72,542.17	$0.00	$72,542.17	$0.00
Cost before Final	Contract	06/08/2015	$94,542.17	$3,000.00	$97,542.17	$0.00
Last Final-Client Cost	Final - Client	12/09/2015	$94,542.00	$3,000.00	$97,542.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	06/08/2015	Electrical	E16922		Renier Garcia	AMERICAN CONSULTING ENGINEERS ELECTRICAL, INC			
Y	06/08/2015	Contractor	420981		Richard Nielsen	COMTEL SYSTEMS TECHNOLOGY, INC			
Y	06/08/2015	IOR	A10669		Joseph Filutze				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	BRUCE GRAY	LEGAL OWNER/ADMIN	1000 TRANCAS STRETT, NAPA CA 94558	QUEEN OF THE VALLEY MEDICAL CENTER	707-252-4411		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S140454-28-00

Project Description: Temporary Wireless Nurse Call System
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S140454-28-00	Closed	Closed	05/28/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	03/11/2014	$11,719.90	$0.00	$11,719.90	$0.00
Estimated Cost before Contract	Estimated	03/11/2014	$11,719.90	$0.00	$11,719.90	$0.00
First Contract Cost	Contract	03/18/2014	$11,719.00	$0.00	$11,719.00	$0.00
Cost before Final	Contract	03/18/2014	$11,719.00	$0.00	$11,719.00	$0.00
Last Final-Client Cost	Final - Client	05/18/2015	$11,719.00	$0.00	$11,719.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	05/18/2015	Electrical	E16922		Renier Garcia	AMERICAN CONSULTING ENGINEERS ELECTRICAL, INC			
Y	05/18/2015	Contractor	420981			COMTEL SYSTEMS TECHNOLOGY, INC			
Y	05/18/2015	IOR	A10669		Joseph Filutze				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		1000 Trancas St., Napa CA 94558	Petra-ICS	707-252-4411		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S140433-28-00

Project Description: Queen of the Valley Medical Center- Walk In Box Replacement

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S140433-28-00	Closed	Closed	12/22/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/25/2014	$28,000.00	$77,000.00	$105,000.00	$0.00
Estimated Cost before Contract	Estimated	04/08/2014	$77,000.00	$68,000.00	$145,000.00	$0.00
First Contract Cost	Contract	04/21/2014	$77,000.00	$68,000.00	$145,000.00	$0.00
Cost before Final	Estimated	05/12/2014	$77,000.00	$68,000.00	$145,000.00	$0.00
Last Final-Client Cost	Final - Client	10/21/2015	$78,250.00	$68,000.00	$146,250.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	06/24/2014	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	06/23/2014		C67442						
Y	06/11/2014	Contractor	524380		Samuel Wilson	REFRIGERATION SOLUTIONS INC			
	06/10/2014	Electrical	E15404		Eric Johnson	ECOM ENGINEERING, INC.			
Y	06/24/2014	IOR	A10669		Joseph Filutze				
	06/23/2014	Mechanical	M32632		Tom Ferrel	ROGER AND ASSOCIATES, INC.			
	06/24/2014	Structural	S4157		Eric Fuller	Buhler & Buhler			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		1100 Trancas Street, Suite 14, Napa CA 94558	Queen of the Valley Medical Center	707-252-4411		bruce.gray@petra-ics.com

No	Applicant	Wesley Ramirez	622 20th Street, Sacramento CA 95811	Stafford King Wiese Architects	916-930-5928	wesley_ramirez@skwaia.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S140277-28-00

Project Description: R/F Equipment Overhead Rail Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S140277-28-00	Closed	Closed	04/12/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/19/2014	$2,000.00	$0.00	$2,000.00	$12,000.00
Estimated Cost before Contract	Estimated	02/19/2014	$2,000.00	$0.00	$2,000.00	$12,000.00
First Contract Cost	Contract	09/21/2015	$2,000.00	$0.00	$2,000.00	$12,000.00
Cost before Final	Contract	11/05/2015	$2,000.00	$12,000.00	$14,000.00	$0.00
Last Final-Client Cost	Final - Client	04/12/2016	$2,000.00	$12,000.00	$14,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	09/21/2015	Architect	C34522	Responsible Primary	Ronald Sage	ADVANCED MEDICAL BUILDERS, INC.	Active	06/02/2015	
N		Architect	C33706	Replaced - 06/02/2015	Craig Goodman	ADVANCED MEDICAL BUILDERS, INC.	Replaced	05/12/2015	06/02/2015
Y	09/21/2015	Contractor	824317			ADVANCED MEDICAL BUILDERS, INC.	Active	05/22/2015	
Y	09/25/2015	IOR	A20093	Lead IOR	Phillip Hill		Active	05/22/2015	
Y	09/21/2015	Structural	S4614	Delegate -	Jeremy Welton	SPIRE STRUCTURAL ENGINEERING	Active	02/19/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		1000 Trancas Street, Napa CA 94558	Queen of the Valley Medical center	707-252-4411		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S140246-28-00

Project Description: Awning Sprinklers
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S140246-28-00	Closed	Closed	04/14/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/13/2014	$3,000.00	$0.00	$3,000.00	$0.00
Estimated Cost before Contract	Estimated	02/13/2014	$3,000.00	$0.00	$3,000.00	$0.00
First Contract Cost	Contract	04/21/2015	$3,200.00	$0.00	$3,200.00	$0.00
Cost before Final	Contract	08/24/2015	$3,200.00	$0.00	$3,200.00	$0.00
Last Final-Client Cost	Final - Client	04/14/2016	$3,200.00	$0.00	$3,200.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/24/2015	Architect	C23166	Responsible Primary	David Dailey	HGA ARCHITECTS AND ENGINEERS	Active	02/13/2014	
Y	08/24/2015	Contractor	963431		Jim Bollier	LIBERTY FIRE SYSTEMS INC	Active	03/21/2015	
Y	08/24/2015	IOR	A20093	Lead IOR	Phillip Hill		Active	03/21/2015	
Y	08/24/2015	Mechanical	M23551	Delegate -	Philip Basada		Active	02/13/2014	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Le Roy King	Asst. Vice President, Construction	1165 Montgomery Drive, Santa Rosa CA 95405	St. Joseph Health / Construction	707-547-5414	707-889-2056	leroy.king@petra-ics.com
No	Applicant	Kathy French		1410 Rocky Ridge Drive, Suite 250, Roseville CA 95661	HGA Architects	916-787-5123		kfrench@hga.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S140220-28-00

Project Description: Verizon 115650 Hwy 29 Trancas
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S140220-28-00	Closed	Closed	05/19/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/11/2014	$35,000.00	$40,000.00	$75,000.00	$0.00
Estimated Cost before Contract	Estimated	02/11/2014	$35,000.00	$40,000.00	$75,000.00	$0.00
First Contract Cost	Contract	07/21/2014	$45,000.00	$0.00	$45,000.00	$0.00
Cost before Final	Contract	07/21/2014	$45,000.00	$0.00	$45,000.00	$0.00
Last Final-Client Cost	Final - Client	05/07/2015	$35,635.00	$0.00	$35,635.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	11/14/2014	Civil	CE69368		John Anderson	STREAMLINE ENGINEERING & DESIGN, INC.			
Y	12/15/2014	Contractor	924504		David Davis	SLC INCORPORATED			
Y	12/16/2014	IOR	A20359		Catalino Cervantes				
		Structural	S4469		Kevin Sorensen	STEAMLINE ENGINEERING AND DESIGN INC.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Philippe Taquin		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-227-7157		philippe.taquin@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S132609-28-00

Project Description: Lab Automation Equipment Install
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S132609-28-00	Closed	Closed	06/12/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/26/2013	$175,000.00	$0.00	$175,000.00	$0.00
Estimated Cost before Contract	Estimated	11/26/2013	$175,000.00	$0.00	$175,000.00	$0.00
First Contract Cost	Contract	03/24/2014	$332,350.00	$320,025.00	$652,375.00	$0.00
Cost before Final	Estimated	10/29/2014	$332,350.00	$320,025.00	$652,375.00	$0.00
Last Final-Client Cost	Final - Client	01/22/2015	$332,350.00	$320,025.00	$652,375.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	01/22/2015	Architect	C13775		Thomas Chessum	CO Architects			
Y	01/22/2015		c33179						
Y	01/22/2015		E014222						
Y		Contractor	417421			WRIGHT CONTRACTING, INC.			
		Electrical	E14222		Jamie Schnick	EXP US SERVICE			
Y	01/22/2015	IOR	B20769		Ralph Drew				
	01/22/2015	Mechanical	M26277		Robert Ross	X-NTH, INC.			
	01/22/2015	Structural	S4338		Aaron Reynolds	KPFF CONSULTING ENGINEERS			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Bruce Gray		980 Trancas Street, Napa CA 94558	Petra-ICS	707-252-4411		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S132193-28-00

Project Description: Pharmacy Filtration
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S132193-28-00	Closed	Closed	02/27/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/02/2013	$55,000.00	$0.00	$55,000.00	$0.00
Estimated Cost before Contract	Estimated	10/02/2013	$55,000.00	$0.00	$55,000.00	$0.00
First Contract Cost	Contract	03/07/2014	$42,028.00	$0.00	$42,028.00	$0.00
Cost before Final	Contract	03/07/2014	$42,028.00	$0.00	$42,028.00	$0.00
Last Final-Client Cost	Final - Client	02/27/2015	$43,600.00	$0.00	$43,600.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	06/11/2014	Architect	C29632		Jason Brabo	TLCD ARCHITECTURE			
Y	06/11/2014		524590						
Y	06/11/2014		fid10362						
		Architect	C10745		William Mc Nearney	TLCD ARCHITECTURE			
	06/11/2014	Electrical	E15404		Eric Johnson	ECOM Engineering, Inc.			
		Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
Y	06/11/2014	IOR	A20792		Robert Personius				
		Mechanical	M21029		Robert Thiele	R&A Engineering Solutions			
	06/11/2014	Mechanical	M33262		Scott Crosby	R & A Engineering Solutions, Inc.			
	06/11/2014	Structural	S3792		Michael Crawford	Crawford & Associates			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Bruce Gray		980 Trancas Street, Suite 14, Napa CA 94558	Queen of the valley	707-252-4411		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S132157-28-00

Project Description: Cooling Tower Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S132157-28-00	Closed	Closed	04/02/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/26/2013	$60,000.00	$750,000.00	$810,000.00	$0.00
Estimated Cost before Contract	Estimated	11/04/2013	$60,000.00	$75,000.00	$135,000.00	$0.00
First Contract Cost	Contract	03/10/2014	$142,000.00	$68,872.00	$210,872.00	$0.00
Cost before Final	Estimated	06/20/2014	$143,000.00	$68,872.00	$211,872.00	$0.00
Last Final-Client Cost	Final - Client	09/12/2014	$142,000.00	$68,872.00	$210,872.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	09/12/2014	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	09/12/2014		C67422						
Y	09/12/2014		E015404						
Y	09/12/2014	Contractor	171534			Bell Products, Inc.			
		Electrical	E15404		Eric Johnson	ECOM Engineering, Inc.	Active	11/01/2013	
		Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc	Replaced		11/01/2013
Y	09/12/2014	IOR	A10669		Joseph Filutze				
	09/12/2014	Mechanical	M24969		Harold Hougham	R&A ENGINEERING SOLUTIONS, INC.			
	09/12/2014	Structural	S4337		Brian Reil	BUEHLER & BUEHLER			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Applicant	Phillippe Taquin		980 Trancas Street, Suite 9, Napa CA 94558	St. Joesph Health, Queen of the Valley	707-252-4411		philippe.taquin@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S131996-28-00

Project Description: Re-Roof Main Front Entry Canopy, Queen of the Valley Medical Center

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S131996-28-00	Closed	Closed	03/04/2014	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/06/2013	$30,000.00	$0.00	$30,000.00	$0.00
Estimated Cost before Contract	Estimated	09/06/2013	$30,000.00	$0.00	$30,000.00	$0.00
First Contract Cost	Contract	09/23/2013	$15,556.00	$0.00	$15,556.00	$0.00
Cost before Final	Contract	09/23/2013	$15,556.00	$0.00	$15,556.00	$0.00
Last Final-Client Cost	Final - Client	02/28/2014	$15,556.00	$0.00	$15,556.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	02/28/2014	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	02/28/2014	Contractor	452195		JACK ANDREASEN	CRANDALL ROOFING			
Y	02/28/2014	IOR	A10669		Joseph Filutze				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Bruce Gray		980 Trancas Street, Suite 9, Napa CA 94558		123-456-7890		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S131904-28-00

Project Description: MEDICATION DISPENSING EQUIPMENT INSTALL
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S131904-28-00	Closed	Closed	01/09/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/27/2013	$300.00	$3,000.00	$3,300.00	$0.00
Estimated Cost before Contract	Estimated	08/27/2013	$300.00	$3,000.00	$3,300.00	$0.00
First Contract Cost	Contract	02/04/2014	$536.00	$82,330.00	$82,866.00	$0.00
Cost before Final	Contract	02/04/2014	$536.00	$82,330.00	$82,866.00	$0.00
Last Final-Client Cost	Final - Client	10/28/2014	$536.00	$114,698.00	$115,234.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	02/03/2014	Architect	C13775		Thomas Chessum	CO Architects			
Y	02/03/2014	Contractor	417421			WRIGHT CONTRACTING, INC.			
Y	02/03/2014	IOR	A10669		Joseph Filutze				
		Structural	S4338		Aaron Reynolds	KPFF CONSULTING ENGINEERS			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	BRUCE GRAY	FAC REP	980 TRANCAS STREET SUITE 14, NAPA CA 94558	PETRA-ICS	707-252-4411		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S131694-28-00

Project Description: Queen of the Valley Medical Center- Nurse call replacement maternity suite

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S131694-28-00	Closed	Closed	05/28/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/05/2013	$0.00	$0.00	$0.00	$0.00
Estimated Cost before Contract	Estimated	08/08/2013	$75,412.00	$83,999.00	$159,411.00	$0.00
First Contract Cost	Contract	03/05/2014	$160,500.00	$0.00	$160,500.00	$0.00
Cost before Final	Estimated	02/26/2015	$200,496.00	$3,155.00	$203,651.00	$0.00
Last Final-Client Cost	Final - Client	02/26/2015	$200,496.00	$3,155.00	$203,651.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	07/31/2014	Electrical	E16922		Renier Garcia	American Consulting Engineers Electrical, INC			
Y	07/31/2014	Contractor	420981			COMTEL SYSTEMS TECHNOLOGY, INC			
Y	07/31/2014	IOR	A10669		Joseph Filutze				
Y	07/31/2014	Structural	S4983		Marlou Rodriguez	ISAT SEISMIC BRACING			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		1000 Trancas Street, Napa CA 94558	petra-ICS	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S131273-28-00

Project Description: Queen of the Valley Medical Center - Kitchen Ansul System
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S131273-28-00	Closed	Closed	02/26/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/07/2013	$30,000.00	$0.00	$30,000.00	$0.00
Estimated Cost before Contract	Estimated	06/07/2013	$30,000.00	$0.00	$30,000.00	$0.00
First Contract Cost	Contract	12/31/2013	$68,397.00	$0.00	$68,397.00	$0.00
Cost before Final	Estimated	05/14/2014	$60,547.00	$0.00	$60,547.00	$0.00
Last Final-Client Cost	Final - Client	02/26/2015	$60,457.00	$0.00	$60,457.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	07/10/2014	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	07/10/2014		524590						
Y	07/10/2014		E015404						
Y	07/10/2014		ME23783						
		Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
Y	07/10/2014	IOR	A10669		Joseph Filutze				
		Mechanical	M23783		John Lionakis, Jr.	Capital Engineering Consultants, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		908 Trancas, Suite 14, Napa CA 94558	Petra-ICS	707-252-4411		bruce.gray@petra-ics.com
No	Applicant	philippe taquin		980 Trancas Street, Suite 9, Napa CA 94558	St Joseph Health, Queen of the Valley Hospital	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S131187-28-00

Project Description: QUEEN OF THE VALLEY MEDICAL CENTER - NEW AWNING
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S131187-28-00	Cancelled			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/24/2013	$10,000.00	$0.00	$10,000.00	$0.00
Cost before Final	Estimated	05/24/2013	$10,000.00	$0.00	$10,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y		Contractor	963431		Jim Bollier	LIBERTY FIRE SYSTEMS INC	Active		

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		1000 Trancas St, Napa CA 94558	Petra-ICS	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report S130947-28-00

Project Description: CT DOOR REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
S130947-28-00	Closed	Closed	03/04/2014	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/29/2013	$35,000.00	$0.00	$35,000.00	$0.00
Estimated Cost before Contract	Estimated	05/24/2013	$38,000.00	$0.00	$38,000.00	$0.00
First Contract Cost	Contract	09/23/2013	$35,000.00	$0.00	$35,000.00	$0.00
Cost before Final	Contract	09/23/2013	$35,000.00	$0.00	$35,000.00	$0.00
Last Final-Client Cost	Final - Client	02/28/2014	$38,000.00	$0.00	$38,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	02/27/2014	Architect	C11191		Ralph Lotito	BREWER, FRASER, HOLLAND, LOTITO ARCHITECTS			
Y	02/28/2014	Contractor	524590			GUILKEY CONSTRUCTION, INC.			
	02/27/2014	Electrical	E8294		Edward Rito	JRA ELECTRICAL ENG. INC			
Y	02/27/2014	IOR	A10669		Joseph Filutze				
	02/27/2014	Structural	S2436		Tim Heiman	KPFF CONSULTING ENGINEERS			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	bruce gray		1000 trancas street, napa CA 94558		707-251-1821		bruce.gray@petra-ics.com

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report P-2012-02252

Project Description: QVH- Panel 2

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
P-2012-02252	Closed	Closed	05/19/2014	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/23/2012	$41,937.50	$0.00	$41,937.50	$0.00
Estimated Cost before Contract	Estimated	10/23/2012	$41,937.50	$0.00	$41,937.50	$0.00
First Contract Cost	Contract	07/08/2013	$45,000.00	$0.00	$45,000.00	$0.00
Cost before Final	Contract	07/08/2013	$45,000.00	$0.00	$45,000.00	$0.00
Last Final-Client Cost	Final - Client	02/10/2014	$49,825.00	$0.00	$49,825.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	02/10/2014	Architect	C19646		James Crowley	James Crowley Architecture			
Y		Contractor	872466			SHORE BREAK ELECTRIC			
	02/10/2014	Electrical	E14123		James Dinwiddle	DINWIDDLE & ASSOCIATES			
Y	02/10/2014	IOR	A10669		Joseph Filutze		Active	07/10/2013	
Y		IOR	A10670		Donald Dumford		Inactive		07/10/2013
		Structural	S5289		Chung Xiao	AQX ENGINEERING, INC			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Facility Representative		1000 Trancas Street, Napa CA 94558	10362-Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report P-2012-01731

Project Description: R/F Equipment Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
P-2012-01731	Closed	Closed	02/06/2014	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/08/2012	$178,152.00	$0.00	$178,152.00	$260,004.00
Estimated Cost before Contract	Estimated	08/08/2012	$178,152.00	$0.00	$178,152.00	$260,004.00
First Contract Cost	Contract	04/10/2013	$178,152.00	$0.00	$178,152.00	$260,004.00
Cost before Final	Contract	04/10/2013	$178,152.00	$0.00	$178,152.00	$260,004.00
Last Final-Client Cost	Final - Client	02/06/2014	$178,152.00	$0.00	$178,152.00	$260,004.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	07/03/2014	Architect	C27317		Brent Marino	AM ARCHITECTURE, INC.			
Y	07/03/2014		B824317						
Y	07/03/2014		C67442						
Y		Contractor	824317		Greg Laube	Advanced Medical Builders, Inc.			
	07/03/2014	Electrical	E14583		Charlie Yu	Charlie Yu & Associates			
Y	07/03/2014	IOR	A10669		Joseph Filutze				
	07/03/2014	Mechanical	M22540		CHARLIE Yu	Charlie Yu & Associates			
	07/03/2014	Structural	S4614		Jeremy Welton	Spire Structural Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Facility Representative		1000 Trancas Street, Napa CA 94558	10362-Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report P-2012-01432

Project Description: QVH-Panel

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
P-2012-01432	Closed	Closed	02/26/2014	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/09/2012	$19,580.00	$6,800.00	$26,380.00	$0.00
Estimated Cost before Contract	Estimated	07/09/2012	$19,580.00	$6,800.00	$26,380.00	$0.00
First Contract Cost	Contract	10/24/2012	$19,580.00	$6,800.00	$26,380.00	$0.00
Cost before Final	Contract	10/24/2012	$19,580.00	$6,800.00	$26,380.00	$0.00
Last Final-Client Cost	Final - Client	02/19/2014	$19,580.00	$6,800.00	$26,380.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	02/26/2014	Architect	C19646		James Crowley	James Crawley Architecture			
Y		Contractor	793476		Tony Todd	Odyssey Power Corp			
	02/26/2014	Electrical	E14123		James Dinwiddie	Dinwiddie & Associates			
Y	02/26/2014	IOR	A10669		Joseph Filutze				
Y		IOR	A10670		Donald Dumford				
	02/26/2014	Structural	S5289		Chung Xiao	AQX Engineering Inc			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Facility Representative		1000 Trancas Street, Napa CA 94558	10362-Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report P-2012-01102

Project Description: Queen of the Valley Med Ctr-Chiller Automation-Primary/Secondary Conve

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
P-2012-01102	Closed	Closed	12/02/2014	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/23/2012	$133,500.00	$46,500.00	$180,000.00	$0.00
Estimated Cost before Contract	Estimated	05/23/2012	$133,500.00	$46,500.00	$180,000.00	$0.00
First Contract Cost	Contract	01/10/2013	$94,386.00	$78,303.00	$172,689.00	$0.00
Cost before Final	Estimated	02/25/2014	$94,386.00	$78,303.00	$172,689.00	$0.00
Last Final-Client Cost	Final - Client	12/02/2014	$135,050.00	$46,500.00	$181,550.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
		Mechanical	M30446		Brian Provencal	Turley & Associates			
Y	05/14/2014		34132						
Y	05/14/2014	Contractor	611215		Charles Fletcher	EMCOR Service			
Y	05/14/2014	IOR	A20359		Catalino Cervantes				
		Structural	S2271		William Bevier	WDB Structural Engineer			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Philippe Taquin		1000 Trancas Street, Napa CA 94558	Queen of the Valley	707-252-4111		phillppe.taquin@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS110235-0

Project Description: OR LIGHTS REPLACEMENT

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS110235-0	Closed	Closed	08/25/2011	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/09/2011	$139,000.00	$0.00	$139,000.00	$0.00
Estimated Cost before Contract	Estimated	02/09/2011	$139,000.00	$0.00	$139,000.00	$0.00
First Contract Cost	Contract	08/16/2011	$194,985.00	$0.00	$194,985.00	$0.00
Cost before Final	Contract	08/16/2011	$194,985.00	$0.00	$194,985.00	$0.00
Last Final-Client Cost	Final - Client	08/25/2011	$189,036.00	$0.00	$189,036.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	08/17/2011	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	08/17/2011	Contractor	246255		Jack Kimmel	Kimmel Construction, Inc.			
	08/17/2011	Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
Y	08/17/2011	IOR	A20359		Catalino Cervantes				
	08/17/2011	Structural	S4337		Brian Reil	Buehler & Buehler			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS110091-0

Project Description: VERNACARE DISPOSAL UNIT INSTALLATION AT ER SOILED UTILITY ROOM

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS110091-0	Closed	Closed	03/25/2011	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/18/2011	$0.00	$5,000.00	$5,000.00	$0.00
Cost before Final	Estimated	01/18/2011	$0.00	$5,000.00	$5,000.00	$0.00
Last Final-Client Cost	Final - Client	03/25/2011	$0.00	$16,304.00	$16,304.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/07/2011	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	03/08/2011	Contractor	246255		Jack Kimmel	Kimmel Construction, Inc.			
	03/07/2011	Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
Y	03/01/2011	IOR	A20359		Catalino Cervantes				
	03/07/2011	Mechanical	M24969		Harold Hougham	R&A Engineering Solutions, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report P-2011-00688

Project Description: Sonic Irrigator Replacement
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
P-2011-00688	Closed	Closed	12/09/2015	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/22/2011	$7,000.00	$0.00	$7,000.00	$0.00
Estimated Cost before Contract	Estimated	11/22/2011	$7,000.00	$0.00	$7,000.00	$0.00
First Contract Cost	Contract	02/09/2012	$7,000.00	$0.00	$7,000.00	$0.00
Cost before Final	Contract	04/17/2015	$7,100.00	$0.00	$7,100.00	$0.00
Last Final-Client Cost	Final - Client	12/09/2015	$7,100.00	$0.00	$7,100.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	04/17/2015	Architect	C11191		Ralph Lotito	HARLEY ELLIS DEVEREAUX			
Y		Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	04/17/2015	Contractor	ob10362			PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER			
Y	04/17/2015	Electrical	e17366		Mohan Sabapathy	IMEG CORP.			
Y	04/17/2015	IOR	A20359		Catalino Cervantes				
	04/17/2015	Mechanical	M31015		Khan Rashid	TMAD Taylor & Gaines			
	04/17/2015	Structural	S4401		Badri Prasad	Thornton Tomasetti, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Quen of the Vally Medical Center	707-251-1819		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS102621-0

Project Description: CHANGE OF USE CAN-2-3406A
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS102621-0	Closed	Closed	10/28/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/27/2010	$200,000.00	$0.00	$200,000.00	$0.00
Estimated Cost before Contract	Estimated	12/27/2010	$200,000.00	$0.00	$200,000.00	$0.00
First Contract Cost	Contract	05/20/2014	$596,540.00	$0.00	$596,540.00	$0.00
Cost before Final	Contract	08/17/2016	$598,540.00	$0.00	$598,540.00	$0.00
Last Final-Client Cost	Final - Client	10/19/2016	$586,540.00	$0.00	$586,540.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	08/18/2016	Architect	C6451	Responsible Primary	Joseph Balbona	RBB ARCHITECTS	Active	12/27/2010	
N		Architect	C19877	Alternate -	Stephen Jackson	RBB ARCHITECTS INC.	Active	12/27/2010	
Y		Civil	CE61895	Delegate -	Greg Hurd	BKF ENGINEERING	Active	12/27/2010	
Y	08/18/2016	Contractor	417421			WRIGHT CONTRACTING, INC.	Active	05/05/2014	
Y	08/18/2016	Electrical	E12975	Delegate -	Hagop Arslanian	N. A. COHEN GROUP, INC.	Active	12/27/2010	
Y	08/18/2016	IOR	A20093	Lead IOR	Phillip Hill		Active	01/30/2015	
Y	01/30/2015	IOR	A20792	Replaced - 01/30/2015	Robert Personius		Replaced	05/05/2014	01/30/2015
Y	08/18/2016	Mechanical	M26772	Delegate -	George Lui	M-E ENGINEERS, INC.	Active	12/27/2010	
Y		Mechanical	M34145	Delegate -	Daniel Burgos	ME ENGINEERS	Active	12/27/2010	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Authorized Agent	Bruce Gray		1 Centerpoint, Suite 200, La Palma CA 90623	St. Joseph Health, Queen of the Valley	707-252-4411		bruce.gray@petra-ics.com
No	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

No	Facility Representative	Philippe Taquin		1000 Trancas Street, Napa CA 94558	10362 - Queen of the Valley Hospital - Napa	707-252-4411	philippe.taquin@stjoe.org
No	Administrator	Walt Mickens	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411	walter.mickens@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS102509-0

Project Description: INSTALL PYXIS AT 4 LOCATIONS
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS102509-0	Cancelled			No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/17/2010	$125,000.00	$0.00	$125,000.00	$0.00
Cost before Final	Estimated	12/17/2010	$125,000.00	$0.00	$125,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
		Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
		Mechanical	M24969		Harold Hougham	R&A Engineering Solutions, Inc.			
		Structural	S4337		Brian Reil	Buehler & Buehler			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS102453-0

Project Description: FOUNDATION AND PLUMBING REPAIR AT NORTH TOWER
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS102453-0	Closed	Closed	10/07/2013	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/15/2010	$8,000.00	$0.00	$8,000.00	$0.00
Cost before Final	Estimated	05/16/2012	$11,000.00	$0.00	$11,000.00	$0.00
Last Final-Client Cost	Final - Client	10/03/2013	$11,526.00	$0.00	$11,526.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	03/05/2013	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	02/17/2013	Contractor	OB10362		Karen Vegas	Queen of the Valley Hospital			
Y	03/06/2013	IOR	A20359		Catalino Cervantes				
	03/05/2013	Mechanical	M24969		Harold Hougham	R&A Engineering Solutions, Inc.			
	03/04/2013	Structural	S4337		Brian Reil	Buehler & Buehler			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS102207-0

Project Description: PYXIS (MEDICINE DISPENSING UNIT) INSTALLATION AT 1ST FLOOR INTERVENTION RADIOLOGY

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS102207-0	Closed	Closed	03/25/2011	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/15/2010	$0.00	$5,000.00	$5,000.00	$0.00
Cost before Final	Estimated	11/15/2010	$0.00	$5,000.00	$5,000.00	$0.00
Last Final-Client Cost	Final - Client	03/25/2011	$0.00	$25,026.00	$25,026.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	03/01/2011	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	02/28/2011	Contractor	246255		Jack Kimmel	Kimmel Construction, Inc.			
	03/01/2011	Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
Y	03/01/2011	IOR	A20359		Catalino Cervantes				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS101915-0

Project Description: WATER DAMAGE REPAIR AT BASEMENT TELECOM ROOM
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS101915-0	Closed	Closed	07/06/2011	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/12/2010	$50,000.00	$0.00	$50,000.00	$0.00
Cost before Final	Estimated	10/12/2010	$50,000.00	$0.00	$50,000.00	$0.00
Last Final-Client Cost	Final - Client	07/06/2011	$22,514.00	$0.00	$22,514.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	04/26/2011	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	04/26/2011	Contractor	246255		Jack Kimmel	Kimmel Construction, Inc.			
	04/26/2011	Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
Y	04/20/2011	IOR	A20359		Catalino Cervantes				
	04/26/2011	Mechanical	M24969		Harold Hougham	R&A Engineering Solutions, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS101577-0

Project Description: BASEMENT WALL REPAIR

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS101577-0	Closed	Closed	01/11/2012	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/17/2010	$45,000.00	$0.00	$45,000.00	$0.00
Estimated Cost before Contract	Estimated	08/17/2010	$45,000.00	$0.00	$45,000.00	$0.00
First Contract Cost	Contract	11/10/2010	$29,104.00	$0.00	$29,104.00	$0.00
Cost before Final	Contract	11/10/2010	$29,104.00	$0.00	$29,104.00	$0.00
Last Final-Client Cost	Final - Client	11/09/2011	$154,381.00	$0.00	$154,381.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	11/08/2011	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	11/08/2011	Contractor	246255		Jack Kimmel	Kimmel Construction, Inc.			
	11/08/2011	Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
Y	11/08/2011	IOR	A20359		Catalino Cervantes				
	11/08/2011	Structural	S4337		Brian Reil	Buehler & Buehler			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS101519-0

Project Description: INSTALL 1 EQUIP CABINET IN EXISTING TELECOM SITE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS101519-0	Closed	Closed	03/25/2011	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/11/2010	$20,000.00	$0.00	$20,000.00	$0.00
Cost before Final	Estimated	08/11/2010	$20,000.00	$0.00	$20,000.00	$0.00
Last Final-Client Cost	Final - Client	03/25/2011	$17,000.00	$0.00	$17,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	01/27/2011	Architect	C18585		Francis Ong	Delta Groups Engineering			
Y	01/27/2011	IOR	A20032		Steven Ferrara				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS101419-0

Project Description: LINAC UPGRADES

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS101419-0	Closed	Closed	03/27/2014	Yes	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/03/2010	$52,000.00	$0.00	$52,000.00	$450,000.00
Estimated Cost before Contract	Estimated	08/03/2010	$52,000.00	$0.00	$52,000.00	$450,000.00
First Contract Cost	Contract	10/18/2010	$52,300.00	$0.00	$52,300.00	$450,000.00
Cost before Final	Estimated	11/22/2010	$52,300.00	$0.00	$52,300.00	$450,000.00
Last Final-Client Cost	Final - Client	03/26/2014	$52,300.00	$0.00	$52,300.00	$450,000.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/26/2014	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	03/26/2014	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	03/26/2014	IOR	A20093		Phillip Hill				
	03/26/2014	Structural	S2852		Andrew Tchirkine	Summit Engineering, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS101115-0

Project Description: CHILLED WATER CROSS OVER PIPING
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS101115-0	Closed	Closed	08/22/2013	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/28/2010	$72,169.00	$0.00	$72,169.00	$0.00
Estimated Cost before Contract	Estimated	09/29/2011	$84,239.00	$0.00	$84,239.00	$0.00
First Contract Cost	Contract	03/20/2012	$84,239.00	$0.00	$84,239.00	$0.00
Cost before Final	Contract	03/20/2012	$84,239.00	$0.00	$84,239.00	$0.00
Last Final-Client Cost	Final - Client	08/22/2013	$84,239.00	$0.00	$84,239.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	07/26/2012	Mechanical	M17512		John Oldham	Oldham Engineering			
Y	07/26/2012	Contractor	775170		Ken Bonkowski	Advanced Engineering Sales			
		Electrical	E8294		Edward Rito	JRA			
Y	04/24/2013	IOR	A20359		Catalino Cervantes				
	07/26/2012	Structural	S3385		James Hallam	James D. Hallam SE			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS100765-0

Project Description: SOUTH TOWER REROOF

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS100765-0	Closed	Closed	11/15/2010	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/11/2010	$182,933.00	$0.00	$182,933.00	$0.00
Cost before Final	Estimated	05/11/2010	$182,933.00	$0.00	$182,933.00	$0.00
Last Final-Client Cost	Final - Client	11/15/2010	$189,805.00	$0.00	$189,805.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/06/2010	Architect	C17107		Patrick Derickson	Stafford King Wiese, Architects			
Y	09/29/2010	Contractor	519488		Christian Madsen	Madsen Roof Company			
	10/01/2010	Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
Y	10/04/2010	IOR	A20359		Catalino Cervantes				
	09/29/2010	Mechanical	M24969		Harold Hougham	R&A Engineering Solutions, Inc.			
	10/06/2010	Structural	S4337		Brian Reil	Buehler & Buehler			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS100397-0

Project Description: LAB AND GIFT SHOP FIREFLY'S

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS100397-0	Closed	Closed	02/25/2011	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/01/2010	$11,797.00	$0.00	$11,797.00	$0.00
Cost before Final	Estimated	04/01/2010	$11,797.00	$0.00	$11,797.00	$0.00
Last Final-Client Cost	Final - Client	02/25/2011	$11,797.00	$0.00	$11,797.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/29/2010	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	03/29/2010	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	04/10/2010	IOR	A20093		Phillip Hill				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS091203-0

Project Description: HEMODYNAMIC DATA CABLING
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS091203-0	Closed	Closed	07/20/2010	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/15/2009	$18,644.00	$0.00	$18,644.00	$0.00
Cost before Final	Estimated	07/15/2009	$18,644.00	$0.00	$18,644.00	$0.00
Last Final-Client Cost	Final - Client	07/20/2010	$18,644.00	$0.00	$18,644.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	07/27/2009	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	07/23/2009	Contractor	OB10362		Karen Vegas	Queen of the Valley Hospital			
Y	07/27/2009	IOR	A20093		Phillip Hill				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS090771-0

Project Description: PATHOLOGY WORK STATION INSTALLATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS090771-0	Closed	Closed	07/29/2010	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/27/2009	$0.00	$46,000.00	$46,000.00	$0.00
Cost before Final	Estimated	05/27/2009	$0.00	$46,000.00	$46,000.00	$0.00
Last Final-Client Cost	Final - Client	08/17/2009	$0.00	$46,000.00	$46,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	07/02/2009	Architect	C23166		David Dailey	HGA Incorporated			
Y	07/03/2009	Contractor	775170		Ken Bonkowski	Advanced Engineering Sales			
	07/01/2009	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	08/08/2009	IOR	A10669		Joseph Filutze				
	08/18/2009	Mechanical	M28260		James Dunham	Oldham Engineering			
	07/02/2009	Structural	S3124		Brent Forslin	HGA, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS082271-0

Project Description: INSTALLATION OF NEW GREASE INTERCEPTOR
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS082271-0	Closed	Closed	10/12/2010	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/19/2008	$185,000.00	$0.00	$185,000.00	$0.00
Estimated Cost before Contract	Estimated	12/19/2008	$185,000.00	$0.00	$185,000.00	$0.00
First Contract Cost	Contract	08/17/2009	$226,414.00	$0.00	$226,414.00	$0.00
Cost before Final	Contract	08/17/2009	$226,414.00	$0.00	$226,414.00	$0.00
Last Final-Client Cost	Final - Client	10/12/2010	$243,352.00	$0.00	$243,352.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	01/26/2010	Architect	C27597		Kelly Maves	Kelly Architecture and Planning			
Y	01/08/2010	Contractor	775170		Ken Bonkowski	Advanced Engineering Sales			
Y	01/25/2010	IOR	A10669		Joseph Filutze				
	01/08/2010	Mechanical	M30341		Scott Karpinen	Frank Booth Design Build Company			
	01/08/2010	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS082101-0

Project Description: CATH LAB FAN COIL REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS082101-0	Closed	Closed	04/14/2009	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/25/2008	$60,000.00	$0.00	$60,000.00	$0.00
Cost before Final	Estimated	11/25/2008	$60,000.00	$0.00	$60,000.00	$0.00
Last Final-Client Cost	Final - Client	04/14/2009	$60,000.00	$0.00	$60,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	04/02/2009	Architect	C23166		David Dailey	HGA Incorporated			
Y	04/07/2009	Contractor	LC775170		Kenneth Bonkowski	BBC Construction			
	04/07/2009	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	04/07/2009	IOR	A10669		Joseph Filutze				
	04/06/2009	Mechanical	M32849		Jeffrey Harris	HGA			
	04/07/2009	Structural	S3124		Brent Forslin	HGA, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report IS081701-0

Project Description: NEW 3 STORY NORTH ACUTE CARE BLDG/ADVANCED DIAGNOSTIC & SURGICAL PAVILLION

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
IS081701-0	Closed	Closed	08/18/2016	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/24/2008	$80,000,000.00	$0.00	$80,000,000.00	$0.00
Estimated Cost before Contract	Estimated	01/25/2010	$80,000,000.00	$0.00	$80,000,000.00	$0.00
First Contract Cost	Contract	12/27/2010	$80,260,000.00	$0.00	$80,260,000.00	$0.00
Cost before Final	Estimated	06/24/2016	$80,657,300.00	$4,083,100.00	$84,740,400.00	$1,233,600.00
Last Final-Client Cost	Final - Client	06/29/2016	$80,657,300.00	$4,083,100.00	$84,740,400.00	$1,233,600.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C13775	Responsible Primary	Thomas Chessum	CO ARCHITECTS	Active	09/24/2008	
Y		Civil	CE61895	Delegate -	Greg Hurd	BKF ENGINEERING	Active	09/24/2008	
Y		Electrical	E14222	Delegate -	Jamie Schnick	EXP US SERVICE	Active	09/24/2008	
Y		IOR	A20195	Lead IOR	Gaylen James	NO BUSINESS NAME	Active		
Y		IOR	B20769		Ralph Drew		Active	11/08/2011	
Y		Mechanical	M26277	Delegate -	Robert Ross	X-nth, Inc.	Active	09/24/2008	
Y		Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	09/24/2008	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov
No	Administrator	Walt Mickens	CEO	1000 Trancas St, Napa CA 94558	10362 - Queen Of The Valley Medical Center	707-252-4411		walter.mickens@stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report IS081701-1

Project Description: FOUNDATION PACKAGE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
IS081701-1	Closed	Closed	06/10/2016	No	No		$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y		Architect	C13775	Responsible Primary	Thomas Chessum	CO ARCHITECTS	Active	09/24/2008	
Y		Civil	CE61895	Delegate -	Greg Hurd	BKF ENGINEERING	Active	09/24/2008	
Y		Contractor	417421		Mark Davis	WRIGHT CONTRACTING, INC.	Active	04/27/2010	
Y		Electrical	E14222	Delegate -	Jamie Schnick	EXP US SERVICE	Active	09/24/2008	
Y		Geotechnical	GE2777	Delegate -	Mark Murphy	Mectec Engineering & Consulting Inc.	Active	09/24/2008	
Y		IOR	A20093	Replaced - 07/01/2011	Phillip Hill		Replaced	04/27/2010	07/01/2011
Y		IOR	A20195	Lead IOR	Gaylen James	NO BUSINESS NAME	Active	07/01/2011	
Y		Mechanical	M26277	Delegate -	Robert Ross	X-nth, Inc.	Active	09/24/2008	
Y		Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	09/24/2008	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report IS081701-2

Project Description: SUPERSTRUCTURE AND UNDER SLAB UTILITIES
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
IS081701-2	Closed	Closed	06/10/2016	No	No		$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y		Architect	C13775	Responsible Primary	Thomas Chessum	CO ARCHITECTS	Active	09/24/2008	
Y	12/12/2014	Architect	C23270		Philip Newsom	TBP/ARCHITECTURE			
Y		Civil	CE61895	Delegate -	Greg Hurd	BKF ENGINEERING	Active	09/24/2008	
Y	12/12/2014	Contractor	417421		Mark Davis	WRIGHT CONTRACTING, INC.	Active	06/15/2010	
Y	04/27/2012	Electrical	E14222	Delegate -	Jamie Schnick	EXP US SERVICE	Active	09/24/2008	
Y	09/03/2013	Geotechnical	GE2777	Delegate -	Mark Murphy	Mectec Engineering & Consulting Inc.	Active	09/24/2008	
Y		IOR	A20093	Replaced - 07/01/2011	Phillip Hill		Replaced	06/15/2010	07/01/2011
Y		IOR	A20195	Lead IOR	Gaylen James	NO BUSINESS NAME	Active	07/01/2011	
Y	04/27/2012	Mechanical	M26277	Delegate -	Robert Ross	X-nth, Inc.	Active	09/24/2008	
Y	04/01/2012	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	09/24/2008	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report IS081701-3

Project Description: MAIN BLDG (FULL ARCH & MEP SYSTEMS)
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
IS081701-3	Closed	Closed	06/09/2016	No	No		$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
Y		Architect	C13775	Responsible Primary	Thomas Chessum	CO ARCHITECTS	Active	09/24/2008	
Y	09/06/2013		C35389	Testing Lab					
Y	10/31/2014	Architect	C23270	Alt AOR	Philip Newsom	TBP/ARCHITECTURE			
Y	10/24/2014	Contractor	417421			WRIGHT CONTRACTING, INC.			
Y	10/25/2014	Electrical	E14222	Delegate -	Jamie Schnick	EXP US SERVICE	Active	09/24/2008	
Y	10/28/2014	Geotechnical	GE2777	GEOR	Mark Murphy	WOOD ENVIRONMENT & INFRASTRUCTURE INC			
Y	07/01/2011	IOR	A20093	Replaced - 07/01/2011	Phillip Hill		Replaced	11/15/2010	07/01/2011
Y	05/27/2015	IOR	A20195	Lead IOR	Gaylen James	NO BUSINESS NAME	Active	07/01/2011	
Y	08/28/2013	IOR	B20769		Ralph Drew				
Y	10/24/2014	Mechanical	M26277	Delegate -	Robert Ross	X-nth, Inc.	Active	09/24/2008	
Y	10/24/2014	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	09/24/2008	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report IS081701-4

Project Description: EQUIPMENT ANCHORAGE PACKAGE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
IS081701-4	Closed	Closed	06/08/2016	No	No		$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
Y		Architect	C13775	Responsible Primary	Thomas Chessum	CO ARCHITECTS	Active	09/24/2008	
Y	01/23/2015		C67442	Special Inspectors					
Y	05/29/2015		C73201	Testing Lab					
Y	05/28/2015	Architect	C23270	Alt AOR	Philip Newsom	TBP/ARCHITECTURE			
Y		Civil	CE61895	Delegate -	Greg Hurd	BKF ENGINEERING	Active	09/24/2008	
Y	05/15/2015	Contractor	417421		Mark Davis	WRIGHT CONTRACTING, INC.	Active	02/22/2011	
Y		Electrical	E14222	Delegate -	Jamie Schnick	EXP US SERVICE	Active	09/24/2008	
Y		Geotechnical	GE2777	Delegate -	Mark Murphy	Mectec Engineering & Consulting Inc.	Active	09/24/2008	
Y	08/24/2015	IOR	A20093	Replaced - 07/01/2011	Phillip Hill		Replaced	02/22/2011	07/01/2011
Y	05/27/2015	IOR	A20195	Lead IOR	Gaylen James	NO BUSINESS NAME	Active	07/01/2011	
Y		Mechanical	M26277	Delegate -	Robert Ross	X-nth, Inc.	Active	09/24/2008	
Y	05/28/2015	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	09/24/2008	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report IS081701-5

Project Description: MEP SEISMIC ANCHORAGE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
IS081701-5	Closed	Closed	06/08/2016	No	No		$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Architect	C13775	Responsible Primary	Thomas Chessum	CO ARCHITECTS	Active	09/24/2008	
Y	08/08/2013	Architect	C23270		Philip Newsom	TBP/ARCHITECTURE			
Y	12/12/2014	Contractor	417421		Mark Davis	WRIGHT CONTRACTING, INC.	Active	02/22/2011	
Y		Electrical	E14222	Delegate -	Jamie Schnick	EXP US SERVICE	Active	09/24/2008	
Y		IOR	A20093		Phillip Hill				
Y		IOR	A20195	Lead IOR	Gaylen James	NO BUSINESS NAME	Active		
Y		Mechanical	M26277	Delegate -	Robert Ross	X-nth, Inc.	Active	09/24/2008	
Y	08/12/2013	Structural	S4338	Delegate -	Aaron Reynolds	KPFF CONSULTING ENGINEERS	Active	09/24/2008	

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS081681-0

Project Description: STEAM KETTLE REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS081681-0	Closed	Closed	03/02/2009	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/23/2008	$15,000.00	$0.00	$15,000.00	$0.00
Cost before Final	Estimated	09/23/2008	$15,000.00	$0.00	$15,000.00	$0.00
Last Final-Client Cost	Final - Client	03/02/2009	$15,000.00	$0.00	$15,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	11/21/2008	Mechanical	M33830		Cristinel Radulescu	Axiom Engineers			
Y	11/21/2008	IOR	A10669		Joseph Filutze				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS081505-0

Project Description: WOMEN'S SVS CENTER-WIRELESS DATA SYSTEM
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS081505-0	Cancelled	Closed	04/21/2010	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/22/2008	$0.00	$10,000.00	$10,000.00	$0.00
Cost before Final	Estimated	08/22/2008	$0.00	$10,000.00	$10,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Electrical	E13176		Martin Wobig	Industrial Power Technology			
Y		Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y		IOR	A10669		Joseph Filutze				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS080721-0

Project Description: RELICENSE 12 SKILLED NURSING FACILITY BEDS TO ACUTE CARE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS080721-0	Closed	Closed	11/17/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/12/2008	$38,000.00	$0.00	$38,000.00	$0.00
Cost before Final	Estimated	08/19/2008	$85,000.00	$0.00	$85,000.00	$0.00
Last Final-Client Cost	Final - Client	11/17/2008	$88,240.00	$0.00	$88,240.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	09/10/2008	Architect	C23166		David Dailey	HGA Incorporated			
Y	09/10/2008	IOR	A10669		Joseph Filutze				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Vegas		1000 Trancas Street, Napa CA 94559	Queen of the Valley	707-251-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS080289-0

Project Description: CT EQUIPMENT REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS080289-0	Closed	Closed	03/28/2011	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/29/2008	$120,000.00	$0.00	$120,000.00	$950,000.00
Estimated Cost before Contract	Estimated	02/29/2008	$120,000.00	$0.00	$120,000.00	$950,000.00
First Contract Cost	Contract	02/09/2011	$325,645.00	$0.00	$325,645.00	$950,000.00
Cost before Final	Estimated	03/25/2011	$120,000.00	$0.00	$120,000.00	$950,000.00
Last Final-Client Cost	Final - Client	03/28/2011	$120,000.00	$0.00	$120,000.00	$1,611,032.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	02/07/2011	Architect	C28174		Margie Licauco	ML Architecture of Imaging			
Y	02/01/2011	Contractor	824317		Greg Laube	Advanced Medical Builders, Inc.			
	02/03/2011	Electrical	E14583		Charlie Yu	Charlie Yu & Associates			
Y	02/22/2011	IOR	A20093		Phillip Hill				
	02/16/2011	Mechanical	M26940		Iman Tohibian	Iman Tohidian			
	02/08/2011	Structural	S4614		Jeremy Welton	Spire Structural Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS080061-0

Project Description: REPLACE EXIST. WASHER/DISINFECTORS & CONVEYORS W/NEW

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS080061-0	Closed	Closed	07/15/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/15/2008	$120,000.00	$0.00	$120,000.00	$0.00
Cost before Final	Estimated	01/15/2008	$120,000.00	$0.00	$120,000.00	$0.00
Last Final-Client Cost	Final - Client	07/29/2008	$120,000.00	$0.00	$120,000.00	$0.00
Last Final-RCO Cost	Final - RCO	07/15/2008	$120,000.00	$0.00	$120,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	02/19/2008	Architect	C14336		Hyemyoung Kim	HDR Architects			
	02/14/2008	Electrical	E14909		Bijan Pour	Cooper-Preuit Engineers			
Y	02/19/2008	IOR	A10757		Jay Elam				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report HS072111-0

Project Description: NPC-3R WEST WING SEISMIC UPGRADES
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
HS072111-0	Cancelled	Closed	12/09/2010	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/15/2007	$1,500,000.00	$0.00	$1,500,000.00	$0.00
Cost before Final	Estimated	11/15/2007	$1,500,000.00	$0.00	$1,500,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C23166		David Dailey	HGA Incorporated			
		Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
		Mechanical	M21583		Lowell Shields	Capital Engineering Consultants, Inc.			
		Structural	S4014		John Gavan	KPFF Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS071935-0

Project Description: EMERGENCY UPS REPLACE & MDF ROOM UPGRADE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS071935-0	Closed	Closed	01/06/2011	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/23/2007	$250,000.00	$0.00	$250,000.00	$0.00
Cost before Final	Estimated	02/26/2008	$480,000.00	$0.00	$480,000.00	$0.00
Last Final-Client Cost	Final - Client	01/06/2011	$479,450.00	$0.00	$479,450.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	11/22/2010	Architect	C23166		David Dailey	HGA Incorporated			
Y	12/01/2010	Contractor	23783			Capital Engineering Consultants			
	11/23/2010	Electrical	E17376		Yip Shing D Lee	E Com Engineering, Inc			
Y	11/30/2010	IOR	A10669		Joseph Filutze				
	11/22/2010	Mechanical	M23783		John Lionakis, Jr.	Capital Engineering Consultants, Inc.			
	11/21/2010	Structural	S3124		Brent Forslin	HGA, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	PHILLIPE TAQUIN		1000 Trancas Street, Napa CA 94558	Queen Of The Valley Medical Center	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS071897-0

Project Description: STEAM KETTLE AND FRYER REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS071897-0	Cancelled	Closed	08/05/2008	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/17/2007	$0.00	$15,000.00	$15,000.00	$0.00
Cost before Final	Estimated	10/17/2007	$0.00	$15,000.00	$15,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
		Structural	S2995		Maryann Phipps	EStructure			
Y		IOR	A10669		Joseph Filutze				
		Mechanical	M33830		Cristinel Radulescu	Axiom Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

NOTICE-001793

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS071715-0

Project Description: INSTALLATION OF DATA RECEPTACLES
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS071715-0	Closed	Closed	04/01/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/14/2007	$6,000.00	$0.00	$6,000.00	$0.00
Cost before Final	Estimated	09/14/2007	$6,000.00	$0.00	$6,000.00	$0.00
Last Final-Client Cost	Final - Client	04/01/2008	$6,000.00	$0.00	$6,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	01/28/2008	Electrical	E13176		Martin Wobig	Industrial Power Technology			
Y	01/28/2008	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	01/30/2008	IOR	A10757		Jay Elam				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS071003-0

Project Description: WIRELESS DATA SYSTEM

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS071003-0	Closed	Closed	04/01/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/18/2007	$0.00	$39,000.00	$39,000.00	$0.00
Cost before Final	Estimated	06/18/2007	$0.00	$39,000.00	$39,000.00	$0.00
Last Final-Client Cost	Final - Client	04/01/2008	$0.00	$39,000.00	$39,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	01/18/2008	Electrical	E13176		Martin Wobig	Industrial Power Technology			
Y	01/22/2008	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	01/30/2008	IOR	A10757		Jay Elam				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS070121-0

Project Description: ER GCX EQUIP SUPPORT INSTALL

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS070121-0	Closed	Closed	12/27/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/24/2007	$6,000.00	$0.00	$6,000.00	$0.00
Cost before Final	Estimated	01/24/2007	$6,000.00	$0.00	$6,000.00	$0.00
Last Final-Client Cost	Final - Client	11/30/2007	$6,000.00	$0.00	$6,000.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	02/20/2007	Architect	C23166		David Dailey	HGA Incorporated			
Y	02/21/2007	Contractor	775170		Ken Bonkowski	Advanced Engineering Sales			
Y	02/21/2007	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Lex Anton		1000 Trancas Street, Napa CA 94558	Queen of Valley	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS061951-0

Project Description: NEW BOILER FOR O.B. EXPANSION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS061951-0	Cancelled	Closed	08/23/2007	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/27/2006	$30,000.00	$0.00	$30,000.00	$0.00
Cost before Final	Estimated	09/27/2006	$30,000.00	$0.00	$30,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C23166		David Dailey	HGA Incorporated			
		Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
		Mechanical	M23795		Robert Main	TEP Engineering			
		Structural	S3124		Brent Forslin	HGA, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS061459-0

Project Description: 1ST FLR I.S. ROOM UPGRADE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS061459-0	Closed	Closed	10/15/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/20/2006	$20,000.00	$0.00	$20,000.00	$0.00
Cost before Final	Estimated	07/20/2006	$20,000.00	$0.00	$20,000.00	$0.00
Last Final-Client Cost	Final - Client	04/16/2007	$20,000.00	$0.00	$20,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	01/03/2007	Architect	C23166		David Dailey	HGA Incorporated			
Y	01/23/2007	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
	01/04/2007	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	01/02/2007	IOR	A10422		James Bany				
	01/02/2007	Mechanical	M30730		Mike Bocklund	15000 Inc.			
	01/03/2007	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Dennis Sisto		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital	7072524 41		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS061371-0

Project Description: WEST WING BOILER PUMP REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS061371-0	Closed	Closed	04/16/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/12/2006	$65,000.00	$0.00	$65,000.00	$0.00
Cost before Final	Estimated	11/28/2006	$34,758.00	$0.00	$34,758.00	$0.00
Last Final-Client Cost	Final - Client	04/16/2007	$34,758.00	$0.00	$34,758.00	$0.00

Professionals

Final VCR							Responsible		
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	01/03/2007	Structural	S2995		Maryann Phipps	EStructure			
	01/02/2007	Architect	C23166		David Dailey	HGA Incorporated			
Y	01/02/2007	Contractor	171534			Bell Products, Inc.			
	01/04/2007	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	01/02/2007	IOR	A10422		James Bany				
	01/02/2007	Mechanical	M30730		Mike Bocklund	15000 Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS061217-0

Project Description: MEDICAL GAS PIPING REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS061217-0	Closed	Closed	04/16/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/22/2006	$120,000.00	$0.00	$120,000.00	$0.00
Estimated Cost before Contract	Estimated	06/22/2006	$120,000.00	$0.00	$120,000.00	$0.00
First Contract Cost	Contract	08/14/2006	$146,980.00	$0.00	$146,980.00	$0.00
Cost before Final	Contract	08/14/2006	$146,980.00	$0.00	$146,980.00	$0.00
Last Final-Client Cost	Final - Client	04/16/2007	$146,980.00	$0.00	$146,980.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/10/2006	Architect	C23166		David Dailey	HGA Incorporated			
Y	10/11/2006	Contractor	171534			Bell Products, Inc.			
Y	10/10/2006	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Dennis Sisto		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital	7072524 41		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
PAD					
SS061217-0-IB002		PT OF CONNECTION FOR O2 & N2O = CO 1	Closed Inactive		$0.00

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS061213-0

Project Description: PEDIATRIC SECURITY ALARM
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS061213-0	Closed	Closed	04/08/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/22/2006	$45,000.00	$0.00	$45,000.00	$0.00
Cost before Final	Estimated	06/22/2006	$45,000.00	$0.00	$45,000.00	$0.00
Last Final-Client Cost	Final - Client	04/08/2008	$45,000.00	$0.00	$45,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	01/10/2008	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	01/10/2008	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	10/26/2007	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS060955-0

Project Description: INFO SERVICES EQUIP ROOM UPGRADE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS060955-0	Closed	Closed	12/21/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/15/2006	$90,000.00	$0.00	$90,000.00	$0.00
Estimated Cost before Contract	Estimated	05/15/2006	$90,000.00	$0.00	$90,000.00	$0.00
First Contract Cost	Contract	08/20/2007	$113,500.00	$0.00	$113,500.00	$0.00
Cost before Final	Contract	08/20/2007	$113,500.00	$0.00	$113,500.00	$0.00
Last Final-Client Cost	Final - Client	12/21/2007	$113,500.00	$0.00	$113,500.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/22/2007	Architect	C23166		David Dailey	HGA Incorporated			
Y	10/22/2007	Contractor	775170			Advance Engineering Sales			
	10/22/2007	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	10/22/2007	IOR	A10757		Jay Elam				
	10/22/2007	Mechanical	M30730		Mike Bocklund	15000 Inc.			
	10/22/2007	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Dennis Sisto		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital	7072524 41		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS060657-0

Project Description: NEW LAB CASEWORK

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS060657-0	Cancelled	Closed	04/21/2010	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	03/27/2006	$78,000.00	$0.00	$78,000.00	$0.00
Cost before Final	Estimated	03/27/2006	$78,000.00	$0.00	$78,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
		Architect	C23166		David Dailey	HGA Incorporated			
Y		Contractor	775170		Ken Bonkowski	Advanced Engineering Sales			
		Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y		IOR	A10422		James Bany				
		Mechanical	M30730		Mike Bocklund	15000 Inc.			
		Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS060633-0

Project Description: INSTALL NEW PLAZMA DISPLAY MONITOR
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS060633-0	Closed	Closed	06/05/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	03/23/2006	$9,850.00	$0.00	$9,850.00	$0.00
Cost before Final	Estimated	03/23/2006	$9,850.00	$0.00	$9,850.00	$0.00
Last Final-Client Cost	Final - Client	06/05/2007	$9,850.00	$0.00	$9,850.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	05/16/2007	Structural	S3385		James Hallam	James D. Hallam SE			
Y	04/20/2007	Contractor	775170			Advance Engineering Sales			
Y	05/16/2007	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS060023-0

Project Description: INSTALL PLASMA TV IN ADMISSION & NURSE STATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS060023-0	Closed	Closed	01/25/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/05/2006	$11,850.00	$0.00	$11,850.00	$0.00
Cost before Final	Estimated	01/05/2006	$11,850.00	$0.00	$11,850.00	$0.00
Last Final-Client Cost	Final - Client	01/25/2007	$11,850.00	$0.00	$11,850.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	05/19/2006	Structural	S3385		James Hallam	James D. Hallam SE			
Y	05/19/2006	Contractor	775170			Advance Engineering Sales			
Y	03/04/2006	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Karen Wilson		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital - Napa	707-252-4411		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS053051-0

Project Description: CATH LAB EQUIPMENT REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS053051-0	Closed Non-CAC Compliant	Closed	05/05/2008	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/30/2005	$228,000.00	$0.00	$228,000.00	$150,000.00
Estimated Cost before Contract	Estimated	12/30/2005	$228,000.00	$0.00	$228,000.00	$150,000.00
First Contract Cost	Contract	11/02/2006	$497,944.00	$0.00	$497,944.00	$150,000.00
Cost before Final	Contract	09/20/2007	$583,544.00	$0.00	$583,544.00	$150,000.00
Last Final-RCO Cost	Final - RCO	05/05/2008	$583,544.00	$0.00	$583,544.00	$150,000.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	11/27/2007	Architect	C23166		David Dailey	HGA Incorporated			
Y	11/26/2007	Contractor	375536			Cal-Custom Construction			
	11/16/2007	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	11/27/2007	IOR	A10422		James Bany				
	11/26/2007	Mechanical	M30730		Mike Bocklund	15000 Inc.			
	11/13/2007	Structural	S2522		Bruce Doig	Anderson & Doig Structural Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052955-0

Project Description: DIALYSIS EQUIPMENT ROOM REMODEL
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052955-0	Cancelled	Closed	06/29/2006	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/14/2005	$74,600.00	$0.00	$74,600.00	$0.00
Cost before Final	Estimated	12/14/2005	$74,600.00	$0.00	$74,600.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C23166		David Dailey	HGA Incorporated			
		Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
		Mechanical	M30730		Mike Bocklund	15000 Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

NOTICE-001820

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052897-0

Project Description: MEDICAL RECORDS HIGH DENSITY SHELVING REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052897-0	Closed Non-CAC Compliant	Closed	03/06/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/07/2005	$4,600.00	$0.00	$4,600.00	$0.00
Cost before Final	Estimated	12/07/2005	$4,600.00	$0.00	$4,600.00	$0.00
Last Final-Client Cost	Final - Client	06/27/2007	$4,600.00	$0.00	$4,600.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	01/31/2007	Structural	S2995		Maryann Phipps	EStructure			
Y	01/05/2007	Contractor	LC775170		Kenneth Bonkowski	BBC Construction			
Y		IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052895-0

Project Description: NUCLEAR MEDICINE ROOM 2 CAMERA REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052895-0	Closed	Closed	08/02/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/07/2005	$70,000.00	$0.00	$70,000.00	$377,000.00
Cost before Final	Estimated	12/07/2005	$70,000.00	$0.00	$70,000.00	$377,000.00
Last Final-Client Cost	Final - Client	08/02/2007	$70,000.00	$0.00	$70,000.00	$377,000.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/17/2006	Structural	S2995		Maryann Phipps	EStructure			
Y	10/17/2006	Contractor	775170			Advance Engineering Sales			
	10/26/2006	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	10/17/2006	IOR	A10422		James Bany				
	10/17/2006	Mechanical	M30730		Mike Bocklund	15000 Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052771-0

Project Description: AIR CURTIAN INSTALLATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052771-0	Closed	Closed	01/24/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/23/2005	$18,000.00	$0.00	$18,000.00	$0.00
Cost before Final	Estimated	11/23/2005	$18,000.00	$0.00	$18,000.00	$0.00
Last Final-Client Cost	Final - Client	01/24/2008	$18,000.00	$0.00	$18,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	06/30/2006	Structural	S2995		Maryann Phipps	EStructure			
Y	08/23/2007	Contractor	23783			Capital Engineering Consultants			
	07/03/2006	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	06/22/2006	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052769-0

Project Description: DONOR WALL

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052769-0	Closed	Closed	03/06/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/23/2005	$29,000.00	$0.00	$29,000.00	$0.00
Cost before Final	Estimated	11/23/2005	$29,000.00	$0.00	$29,000.00	$0.00
Last Final-Client Cost	Final - Client	06/05/2007	$29,000.00	$0.00	$29,000.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	02/05/2007	Structural	S2995		Maryann Phipps	EStructure			
Y	02/21/2007	Contractor	LC775170		Kenneth Bonkowski	BBC Construction			
Y	02/20/2007	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Dennis Sisto		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital	7072524 41		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052631-0

Project Description: REPLACE SURGICAL LIGHTS IN SP & LAMINAR FLOW
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052631-0	Closed	Closed	04/01/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/08/2005	$369,512.00	$0.00	$369,512.00	$0.00
Cost before Final	Estimated	11/08/2005	$369,512.00	$0.00	$369,512.00	$0.00
Last Final-Client Cost	Final - Client	04/01/2008	$550,666.00	$0.00	$550,666.00	$0.00

Professionals

Final VCR							Responsible		
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	12/28/2008	Architect	C23166		David Dailey	HGA Incorporated			
Y	02/28/2008	Contractor	375536			Cal-Custom Construction			
	02/28/2008	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	02/28/2008	IOR	A10757		Jay Elam				
	02/28/2008	Mechanical	M30730		Mike Bocklund	15000 Inc.			
	02/28/2008	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052607-0

Project Description: 8 TIMECLOCKS INSTALLATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052607-0	Closed	Closed	01/25/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/04/2005	$5,000.00	$0.00	$5,000.00	$0.00
Estimated Cost before Contract	Estimated	11/04/2005	$5,000.00	$0.00	$5,000.00	$0.00
First Contract Cost	Contract	03/23/2006	$9,808.53	$0.00	$9,808.53	$0.00
Cost before Final	Contract	03/23/2006	$9,808.53	$0.00	$9,808.53	$0.00
Last Final-Client Cost	Final - Client	01/25/2007	$9,809.00	$0.00	$9,809.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/10/2006	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	03/20/2006	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	03/10/2006	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052355-0

Project Description: RELICENSE WELL BABY NURSERY
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052355-0	Cancelled	Closed	04/10/2006	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/30/2005	$4,500.00	$0.00	$4,500.00	$0.00
Cost before Final	Estimated	09/30/2005	$4,500.00	$0.00	$4,500.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C23166		David Dailey	HGA Incorporated			
		Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
		Mechanical	M30730		Mike Bocklund	15000 Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052333-0

Project Description: WOMEN'S CENTER ROOFING REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052333-0	Closed	Closed	08/08/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/27/2005	$138,000.00	$0.00	$138,000.00	$0.00
Cost before Final	Estimated	09/27/2005	$138,000.00	$0.00	$138,000.00	$0.00
Last Final-Client Cost	Final - Client	08/08/2007	$156,760.00	$0.00	$156,760.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	10/05/2006	Architect	C23166		David Dailey	HGA Incorporated			
Y	10/05/2006	Contractor	519488		Christian Madsen	Madsen Roof Company			
Y	10/05/2006	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS052083-0

Project Description: INSTALL NEW PLASMA TV IN ER
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS052083-0	Closed Non-CAC Compliant	Closed	12/24/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/25/2005	$7,850.00	$0.00	$7,850.00	$0.00
Cost before Final	Estimated	08/25/2005	$7,850.00	$0.00	$7,850.00	$0.00
Last Final-Client Cost	Final - Client	08/09/2007	$7,850.00	$0.00	$7,850.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
		Structural	S3385		James Hallam	James D. Hallam SE			
Y		Contractor	775170			Advance Engineering Sales			
Y		IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS051637-0

Project Description: COOLING TOWER REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS051637-0	Closed	Closed	01/25/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/18/2005	$130,000.00	$0.00	$130,000.00	$0.00
Cost before Final	Estimated	07/18/2005	$130,000.00	$0.00	$130,000.00	$0.00
Last Final-Client Cost	Final - Client	01/25/2007	$130,000.00	$0.00	$130,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	04/04/2006	Architect	C23166		David Dailey	HGA Incorporated			
Y	03/31/2006	Contractor	171534			Bell Products, Inc.			
	04/04/2006	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	04/05/2006	IOR	A10422		James Bany				
	04/04/2006	Mechanical	M23795		Robert Main	TEP Engineering			
	03/30/2006	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS051633-0

Project Description: FRYER REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS051633-0	Cancelled	Closed	09/11/2007	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/15/2005	$8,000.00	$0.00	$8,000.00	$0.00
Cost before Final	Estimated	07/15/2005	$8,000.00	$0.00	$8,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Structural	S2995		Maryann Phipps	EStructure			
Y		IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS051287-0

Project Description: CT SCANNER REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS051287-0	Closed	Closed	11/28/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/15/2005	$155,059.71	$0.00	$155,059.71	$175,000.00
Estimated Cost before Contract	Estimated	11/28/2006	$133,056.00	$0.00	$133,056.00	$175,000.00
First Contract Cost	Contract	12/18/2006	$133,056.00	$0.00	$133,056.00	$175,000.00
Cost before Final	Contract	12/18/2006	$133,056.00	$0.00	$133,056.00	$175,000.00
Last Final-Client Cost	Final - Client	11/30/2007	$133,056.00	$0.00	$133,056.00	$175,000.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	02/08/2007	Architect	C23166		David Dailey	HGA Incorporated			
Y	02/02/2007	Contractor	775170			Advance Engineering Sales			
	02/06/2007	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	02/08/2007	IOR	A10422		James Bany				
	02/02/2007	Mechanical	M30730		Mike Bocklund	15000 Inc.			
	02/02/2007	Structural	S2522		Bruce Doig	Anderson & Doig Structural Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS050963-0

Project Description: NEW PATHOLOGY SELF CONTANIED GROSSING STATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS050963-0	Cancelled	Closed	06/29/2006	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/05/2005	$38,000.00	$0.00	$38,000.00	$0.00
Cost before Final	Estimated	05/05/2005	$38,000.00	$0.00	$38,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C23166		David Dailey	HGA Incorporated			
		Electrical	E16174		Amiya Dube	MK2 Engineering, Inc			
		Mechanical	M30804		Mike Kiani	MK2 Engineering, Inc.			
		Structural	S2522		Bruce Doig	Anderson & Doig Structural Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS050757-0

Project Description: REPLACE EXIST MONITOR W/NEW 37" LCD MONITOR
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS050757-0	Closed	Closed	08/02/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/12/2005	$5,000.00	$0.00	$5,000.00	$0.00
Cost before Final	Estimated	04/12/2005	$5,000.00	$0.00	$5,000.00	$0.00
Last Final-Client Cost	Final - Client	08/02/2007	$5,000.00	$0.00	$5,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	10/21/2005	Architect	C23166		David Dailey	HGA Incorporated			
Y	02/06/2007	Contractor	23783			Capital Engineering Consultants			
Y	02/07/2007	IOR	A10422		James Bany				
	10/21/2005	Structural	S2522		Bruce Doig	Anderson & Doig Structural Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS050751-0

Project Description: MCF NEW PANELBOARD

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS050751-0	Closed Non-CAC Compliant	Closed	01/24/2007	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/11/2005	$11,000.00	$0.00	$11,000.00	$0.00
Cost before Final	Estimated	04/11/2005	$11,000.00	$0.00	$11,000.00	$0.00
Last Final-RCO Cost	Final - RCO	01/24/2007	$12,500.00	$0.00	$12,500.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	08/04/2005	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	08/08/2005	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	08/04/2005	IOR	A10422		James Bany				
	08/02/2005	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Dennis Sisto		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital	7072524 41		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS050447-0

Project Description: INSTALL NORTH OWNER SUPPLY PLASMA TV IN DOCTORS LOUNGE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS050447-0	Closed	Closed	03/27/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/24/2005	$7,850.00	$0.00	$7,850.00	$0.00
Cost before Final	Estimated	02/24/2005	$7,850.00	$0.00	$7,850.00	$0.00
Last Final-Client Cost	Final - Client	03/27/2007	$7,850.00	$0.00	$7,850.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	09/13/2005	Contractor	775170			Advance Engineering Sales			
Y	09/13/2005	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report HS050313-0

Project Description: TELEMETRY BED EXPANSION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
HS050313-0	Closed	Closed	08/02/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/07/2005	$151,657.00	$0.00	$151,657.00	$0.00
Estimated Cost before Contract	Estimated	09/06/2005	$600,200.00	$0.00	$600,200.00	$0.00
First Contract Cost	Contract	02/01/2007	$1,411,288.00	$0.00	$1,411,288.00	$0.00
Cost before Final	Contract	03/28/2007	$1,421,288.00	$0.00	$1,421,288.00	$0.00
Last Final-Client Cost	Final - Client	08/02/2007	$1,421,288.00	$0.00	$1,421,288.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	05/16/2007	Architect	C23166		David Dailey	HGA Incorporated			
Y	04/30/2007	Contractor	493540			PDC Facilities, Inc.			
	05/16/2007	Electrical	E15404		Eric Johnson	ECOM Engineering, Inc.			
Y	05/15/2007	IOR	A10422		James Bany				
	05/13/2007	Mechanical	M28785		David Ainsworth	Ainsworth Associates Mechanical Engineers			
	05/16/2007	Structural	S4014		John Gavan	KPFF Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS042747-0

Project Description: SURGERY SCRUB SINK REPLACE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS042747-0	Cancelled	Closed	04/28/2008	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/18/2004	$20,000.00	$0.00	$20,000.00	$0.00
Cost before Final	Estimated	11/18/2004	$20,000.00	$0.00	$20,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C23166		David Dailey	HGA Incorporated			
		Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS042707-0

Project Description: AUTOMATIC DOOR INSTALL
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS042707-0	Closed	Closed	04/16/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/15/2004	$52,000.00	$0.00	$52,000.00	$0.00
Estimated Cost before Contract	Estimated	11/15/2004	$52,000.00	$0.00	$52,000.00	$0.00
First Contract Cost	Contract	07/27/2006	$90,213.00	$0.00	$90,213.00	$0.00
Cost before Final	Contract	07/27/2006	$90,213.00	$0.00	$90,213.00	$0.00
Last Final-Client Cost	Final - Client	04/16/2007	$90,000.00	$0.00	$90,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	12/11/2006	Architect	C23166		David Dailey	HGA Incorporated			
Y	12/11/2006	Contractor	417421		Mark Davis	WRIGHT CONTRACTING, INC.			
	12/11/2006	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	12/13/2006	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS042609-0

Project Description: FOUNDATION OFFICE REMODEL
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS042609-0	Closed	Closed	01/16/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/03/2004	$5,000.00	$0.00	$5,000.00	$0.00
Cost before Final	Estimated	11/03/2004	$5,000.00	$0.00	$5,000.00	$0.00
Last Final-Client Cost	Final - Client	01/16/2007	$5,000.00	$0.00	$5,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	12/07/2004	Structural	S2995		Maryann Phipps	EStructure			
Y	12/07/2004	Contractor	23783			Capital Engineering Consultants			
Y	12/07/2004	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report HS042573-0

Project Description: ICU BED EXPANSION

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
HS042573-0	Cancelled	Closed	11/28/2007	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/01/2004	$1,524,374.00	$0.00	$1,524,374.00	$0.00
Cost before Final	Estimated	05/24/2005	$1,524,374.00	$0.00	$1,524,374.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C23166		David Dailey	HGA Incorporated			
		Electrical	E15404		Eric Johnson	ECOM Engineering, Inc.			
		Mechanical	M28785		David Ainsworth	Ainsworth Associates Mechanical Engineers			
		Structural	S4014		John Gavan	KPFF Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Administrator	Dennis Sisto		1000 Trancas Street, Napa CA 94558	Queen of the Valley Hospital	7072524 41		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS042095-0

Project Description: LINEAR ACCELERATOR REPLACE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS042095-0	Closed	Closed	03/27/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/01/2004	$400,000.00	$0.00	$400,000.00	$1,964,632.00
Estimated Cost before Contract	Estimated	09/01/2004	$400,000.00	$0.00	$400,000.00	$1,964,632.00
First Contract Cost	Contract	07/22/2005	$589,489.00	$0.00	$589,489.00	$1,964,632.00
Cost before Final	Contract	01/25/2007	$621,149.00	$0.00	$621,149.00	$1,964,632.00
Last Final-Client Cost	Final - Client	03/27/2007	$651,352.00	$0.00	$651,352.00	$1,964,632.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/16/2006	Architect	C23166		David Dailey	HGA Incorporated			
Y	03/21/2006	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
	03/22/2006	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	03/21/2006	IOR	A10422		James Bany				
	03/16/2006	Mechanical	M28785		David Ainsworth	Ainsworth Associates Mechanical Engineers			
	03/16/2006	Structural	S4014		John Gavan	KPFF Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS041521-0

Project Description: LAB ANALYZER

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS041521-0	Closed Non-CAC Compliant	Closed	01/12/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/22/2004	$210,000.00	$0.00	$210,000.00	$0.00
Cost before Final	Estimated	07/22/2004	$210,000.00	$0.00	$210,000.00	$0.00
Last Final-Client Cost	Final - Client	01/12/2007	$234,800.00	$0.00	$234,800.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	08/03/2005	Architect	C23166		David Dailey	HGA Incorporated			
Y		Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
	08/03/2005	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	08/04/2005	IOR	A10422		James Bany				
	08/03/2005	Mechanical	M28785		David Ainsworth	Ainsworth Associates Mechanical Engineers			
	08/03/2005	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS041519-0

Project Description: DISHWASHER REPLACE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS041519-0	Closed	Closed	01/11/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/22/2004	$35,000.00	$0.00	$35,000.00	$0.00
Cost before Final	Estimated	07/22/2004	$35,000.00	$0.00	$35,000.00	$0.00
Last Final-Client Cost	Final - Client	01/11/2007	$35,000.00	$0.00	$35,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/15/2005	Architect	C23166		David Dailey	HGA Incorporated			
Y	09/12/2005	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
	02/03/2005	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	03/15/2005	IOR	A10422		James Bany				
	03/15/2005	Mechanical	M28785		David Ainsworth	Ainsworth Associates Mechanical Engineers			
	10/13/2005	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS041517-0

Project Description: LAB REROOF

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS041517-0	Closed	Closed	08/09/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/22/2004	$65,850.00	$0.00	$65,850.00	$0.00
Cost before Final	Estimated	07/22/2004	$65,850.00	$0.00	$65,850.00	$0.00
Last Final-Client Cost	Final - Client	08/09/2007	$65,850.00	$0.00	$65,850.00	$0.00

Professionals

Final VCR							Responsible		
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y	09/25/2006	Contractor	519488		Christian Madsen	Madsen Roof Company			
Y	02/20/2007	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS041515-0

Project Description: PYXIS MEDSTATIONS

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS041515-0	Closed	Closed	01/12/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/22/2004	$160,000.00	$0.00	$160,000.00	$0.00
Cost before Final	Estimated	07/22/2004	$160,000.00	$0.00	$160,000.00	$0.00
Last Final-Client Cost	Final - Client	01/12/2007	$160,000.00	$0.00	$160,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	03/16/2005	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	09/12/2005	Contractor	23783			Capital Engineering Consultants			
Y	03/15/2005	IOR	A10422		James Bany				
	03/16/2005	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS041389-0

Project Description: PHARMACY RENOVATION

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS041389-0	Closed	Closed	04/01/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/15/2004	$454,731.00	$0.00	$454,731.00	$0.00
Estimated Cost before Contract	Estimated	07/15/2004	$454,731.00	$0.00	$454,731.00	$0.00
First Contract Cost	Contract	07/22/2005	$711,917.00	$0.00	$711,917.00	$0.00
Cost before Final	Contract	02/01/2007	$743,767.00	$0.00	$743,767.00	$0.00
Last Final-Client Cost	Final - Client	04/01/2008	$1,081,680.00	$0.00	$1,081,680.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	From	To
	03/19/2008	Architect	C23166		David Dailey	HGA Incorporated		
Y	03/05/2008	Contractor	375536			Cal-Custom Construction		
	03/12/2008	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer		
Y	03/19/2008	IOR	A10422		James Bany			
	03/10/2008	Mechanical	M28785		David Ainsworth	Ainsworth Associates Mechanical Engineers		
	03/08/2008	Structural	S4014		John Gavan	KPFF Consulting Engineers		

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
AMC					
SS041389-0-FL001	FL001	N/A	Closed Inactive		$0.00

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS041271-0

Project Description: DISHWARMER REPLACE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS041271-0	Closed Non-CAC Compliant	Closed	02/15/2007	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	07/08/2004	$4,023.00	$0.00	$4,023.00	$0.00
Cost before Final	Estimated	07/08/2004	$4,023.00	$0.00	$4,023.00	$0.00
Last Final-RCO Cost	Final - RCO	02/15/2007	$4,023.00	$0.00	$4,023.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	08/25/2004	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	08/19/2004	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	08/26/2004	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS040949-0

Project Description: REPLACE FIRE ALARM SYSTEM
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS040949-0	Closed	Closed	04/01/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/26/2004	$1,000,000.00	$0.00	$1,000,000.00	$0.00
Cost before Final	Estimated	05/26/2004	$1,000,000.00	$0.00	$1,000,000.00	$0.00
Last Final-Client Cost	Final - Client	04/01/2008	$1,000,000.00	$0.00	$1,000,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	01/07/2008	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	01/07/2008	IOR	A10422		James Bany				
	01/07/2008	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS040825-0

Project Description: MED AIR COMPRESSOR REPLACE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS040825-0	Closed Non-CAC Compliant	Closed	03/23/2006	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/10/2004	$252,599.00	$0.00	$252,599.00	$0.00
Cost before Final	Estimated	05/10/2004	$252,599.00	$0.00	$252,599.00	$0.00
Last Final-RCO Cost	Final - RCO	03/23/2006	$252,599.00	$0.00	$252,599.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	04/08/2005	Mechanical	M21229		Raymond Cole	Axiom Engineers			
Y	04/11/2005	Contractor	775170			Advance Engineering Sales			
	03/07/2005	Electrical	E8294		Edward Rito	JRA Electrical Eng. Inc			
Y	09/12/2005	IOR	A10422		James Bany				
	01/26/2005	Structural	S3385		James Hallam	James D. Hallam SE			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS040809-0

Project Description: STERILIZER REPLACEMENT

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS040809-0	Closed Non-CAC Compliant	Closed	07/25/2005	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/06/2004	$67,500.00	$0.00	$67,500.00	$0.00
Cost before Final	Estimated	05/06/2004	$67,500.00	$0.00	$67,500.00	$0.00
Last Final-RCO Cost	Final - RCO	07/25/2005	$87,750.00	$0.00	$87,750.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	06/10/2004	Structural	S2995		Maryann Phipps	EStructure			
Y		Contractor	23783			Capital Engineering Consultants			
	05/27/2004	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	06/14/2004	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS040557-0

Project Description: ACUTE CARE BED LICENSING
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS040557-0	Closed	Closed	12/03/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	03/30/2004	$97,000.00	$0.00	$97,000.00	$0.00
Estimated Cost before Contract	Estimated	01/11/2005	$151,657.00	$0.00	$151,657.00	$0.00
First Contract Cost	Contract	10/20/2005	$499,000.00	$0.00	$499,000.00	$0.00
Cost before Final	Contract	06/20/2007	$524,413.00	$0.00	$524,413.00	$0.00
Last Final-Client Cost	Final - Client	12/03/2007	$499,000.00	$0.00	$499,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	02/06/2007	Architect	C23166		David Dailey	HGA Incorporated			
Y	02/14/2006	Contractor	775170			Advance Engineering Sales			
	02/08/2007	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	07/12/2007	IOR	A10757		Jay Elam				
	01/06/2006	Mechanical	M28785		David Ainsworth	Ainsworth Associates Mechanical Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Barnum		6001 Norris Canyon Raod, San Ramon CA 94583	San Ramon Regional Med Center	925-275-8862		hcaiplaceholder@hcai.ca.gov

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS040433-0

Project Description: NEW TREATMENT ROOMS

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS040433-0	Closed Non-CAC Compliant	Closed	03/23/2006	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	03/15/2004	$50,000.00	$0.00	$50,000.00	$0.00
Cost before Final	Estimated	03/15/2004	$50,000.00	$0.00	$50,000.00	$0.00
Last Final-RCO Cost	Final - RCO	03/23/2006	$50,000.00	$0.00	$50,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	11/03/2004	Architect	C23166		David Dailey	HGA Incorporated			
Y		Contractor	23783			Capital Engineering Consultants			
Y	11/02/2004	IOR	A10422		James Bany				
	10/29/2004	Mechanical	M28785		David Ainsworth	Ainsworth Associates Mechanical Engineers			
	11/01/2004	Structural	S3552		Ramzi Modali	KPFF Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS040237-0

Project Description: ACUTE CARE EXIT ALARM

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS040237-0	Closed Non-CAC Compliant	Closed	03/22/2006	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/17/2004	$7,500.00	$0.00	$7,500.00	$0.00
Cost before Final	Estimated	02/17/2004	$7,500.00	$0.00	$7,500.00	$0.00
Last Final-RCO Cost	Final - RCO	03/22/2006	$7,500.00	$0.00	$7,500.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	06/27/2004	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	06/02/2004	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	06/14/2004	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS032583-0

Project Description: PACS RACK INSTALLATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS032583-0	Closed Non-CAC Compliant	Closed	01/08/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/13/2003	$15,000.00	$0.00	$15,000.00	$0.00
Cost before Final	Estimated	11/13/2003	$15,000.00	$0.00	$15,000.00	$0.00
Last Final-Client Cost	Final - Client	01/08/2007	$15,000.00	$0.00	$15,000.00	$0.00

Professionals

Final VCR							Responsible		
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
		Structural	S2995		Maryann Phipps	EStructure			
Y		Contractor	23783			Capital Engineering Consultants			
		Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y		IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS032575-0

Project Description: (N) CANOPY AT ENTRANCE TO (E) IMAGING CENTER
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS032575-0	Closed	Closed	11/28/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/12/2003	$30,000.00	$0.00	$30,000.00	$0.00
Cost before Final	Estimated	11/12/2003	$30,000.00	$0.00	$30,000.00	$0.00
Last Final-Client Cost	Final - Client	11/28/2007	$30,000.00	$0.00	$30,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	12/07/2006	Architect	C8611		Steven Pults	Pults & Associates			
Y	12/08/2006	Contractor	493540			PDC Facilities, Inc.			
Y	02/20/2007	IOR	A10422		James Bany				
	12/08/2006	Structural	S2386		Gaylord Ransom	Brooks Ransom Assoc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS032521-0

Project Description: MED AIR SYSTEM MODIFY
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS032521-0	Closed	Closed	01/08/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/31/2003	$25,000.00	$0.00	$25,000.00	$0.00
Cost before Final	Estimated	10/31/2003	$25,000.00	$0.00	$25,000.00	$0.00
Last Final-Client Cost	Final - Client	01/08/2007	$25,000.00	$0.00	$25,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	06/22/2004	Mechanical	M30029		Allen Layman	Nexus Engineering			
Y	05/17/2006	Contractor	23783			Capital Engineering Consultants			
Y	01/16/2005	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS032313-0

Project Description: TIME CLOCK REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS032313-0	Closed Non-CAC Compliant	Closed	01/26/2005	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/08/2003	$50,000.00	$0.00	$50,000.00	$0.00
Cost before Final	Estimated	10/08/2003	$50,000.00	$0.00	$50,000.00	$0.00
Last Final-RCO Cost	Final - RCO	01/26/2005	$50,000.00	$0.00	$50,000.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/09/2004	Architect	C23166		David Dailey	HGA Incorporated			
Y	03/11/2004	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
	03/02/2004	Electrical	E11951		Robert Boyd	Camissa & Wipf Consulting Engineers			
Y	03/11/2004	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS032217-0

Project Description: MED RECORDS COMPUTER ROOM NEW AC UNIT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS032217-0	Closed Non-CAC Compliant	Closed	01/26/2005	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/25/2003	$12,200.00	$0.00	$12,200.00	$0.00
Cost before Final	Estimated	09/25/2003	$12,200.00	$0.00	$12,200.00	$0.00
Last Final-RCO Cost	Final - RCO	01/26/2005	$93,409.00	$0.00	$93,409.00	$0.00

Professionals

Final VCR							Responsible		
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	12/12/2003	Architect	C8611		Steven Pults	Pults & Associates			
Y	12/14/2003	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
	01/14/2004	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	03/05/2004	IOR	A10422		James Bany				
	01/14/2004	Structural	S2386		Gaylord Ransom	Brooks Ransom Assoc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report HS032215-0

Project Description: MOMENT FRAME EVALUATION PROGRAM
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
HS032215-0	Closed Non-CAC Compliant	Closed	01/26/2005	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/25/2003	$235,000.00	$0.00	$235,000.00	$0.00
Cost before Final	Estimated	09/25/2003	$235,000.00	$0.00	$235,000.00	$0.00
Last Final-RCO Cost	Final - RCO	01/26/2005	$235,000.00	$0.00	$235,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	03/04/2004	Architect	C8611		Steven Pults	Pults & Associates			
Y	03/05/2004	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
Y	03/04/2004	IOR	A10422		James Bany				
	03/01/2004	Structural	S4452		Chris Hickman	St. Joseph Health System			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS032109-0

Project Description: WEST WING ROOFING REPLACE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS032109-0	Closed	Closed	01/08/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/05/2003	$200,000.00	$0.00	$200,000.00	$0.00
Cost before Final	Estimated	09/05/2003	$200,000.00	$0.00	$200,000.00	$0.00
Last Final-Client Cost	Final - Client	01/08/2007	$200,000.00	$0.00	$200,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	04/16/2004	Architect	C23166		David Dailey	HGA Incorporated			
Y	04/14/2004	Contractor	519488		Christian Madsen	Madsen Roof Company			
Y	06/10/2004	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS032079-0

Project Description: MDF RECEPTICALS

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS032079-0	Closed Non-CAC Compliant	Closed	05/25/2004	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/29/2003	$7,500.00	$0.00	$7,500.00	$0.00
Cost before Final	Estimated	08/29/2003	$7,500.00	$0.00	$7,500.00	$0.00
Last Final-RCO Cost	Final - RCO	05/25/2004	$7,500.00	$0.00	$7,500.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/16/2003	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	10/16/2003	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	10/06/2003	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS031833-0

Project Description: SURGERY DEPT ELECTRICAL UPGRADE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS031833-0	Closed Non-CAC Compliant	Closed	01/26/2005	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/01/2003	$180,000.00	$0.00	$180,000.00	$0.00
Cost before Final	Estimated	08/01/2003	$180,000.00	$0.00	$180,000.00	$0.00
Last Final-RCO Cost	Final - RCO	01/26/2005	$234,000.00	$0.00	$234,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	12/26/2003	Architect	C23166		David Dailey	HGA Incorporated			
Y	01/16/2004	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
	12/26/2003	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	12/26/2003	IOR	A10422		James Bany				
	12/26/2003	Structural	S2995		Maryann Phipps	EStructure			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS031125-0

Project Description: BALER INSTALLATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS031125-0	Closed Non-CAC Compliant	Closed	05/25/2004	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/30/2003	$67,000.00	$0.00	$67,000.00	$0.00
Cost before Final	Estimated	05/30/2003	$67,000.00	$0.00	$67,000.00	$0.00
Last Final-RCO Cost	Final - RCO	05/25/2004	$67,000.00	$0.00	$67,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	10/14/2003	Structural	S2995		Maryann Phipps	EStructure			
	10/13/2003	Architect	C23166		David Dailey	HGA Incorporated			
	10/14/2003	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	10/16/2003	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS031103-0

Project Description: DE-LICENSE BLDG "SBC5"-NEW BLDG UNDER LOCAL JURISDICTION

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS031103-0	Closed Administrative	Closed	01/04/2005	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/28/2003	$1.00	$0.00	$1.00	$0.00
Cost before Final	Estimated	05/28/2003	$1.00	$0.00	$1.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Architect	C8611		Steven Pults	Pults & Associates			
		Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
		Mechanical	M18063		Bruce Hagopian	Bruce Engineering			
		Structural	S2386		Gaylord Ransom	Brooks Ransom Assoc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS030949-0

Project Description: REMOVE OLD & INSTALL NEW MASS STORAGE CABINETS
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS030949-0	Closed Non-CAC Compliant	Closed	03/24/2004	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/09/2003	$10,000.00	$0.00	$10,000.00	$0.00
Cost before Final	Estimated	05/09/2003	$10,000.00	$0.00	$10,000.00	$0.00
Last Final-RCO Cost	Final - RCO	03/24/2004	$10,000.00	$0.00	$10,000.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	08/13/2003	Architect	C22244		Deborah Woodle	DJW Architects			
Y	10/21/2003	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
Y	09/05/2003	IOR	A10422		James Bany				
	10/06/2003	Structural	S2386		Gaylord Ransom	Brooks Ransom Assoc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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NOTICE-001901

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS030603-0

Project Description: MRI TRAILER RECEPTACLE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS030603-0	Closed	Closed	07/30/2003	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	03/21/2003	$15,000.00	$0.00	$15,000.00	$0.00
Cost before Final	Estimated	03/21/2003	$15,000.00	$0.00	$15,000.00	$0.00
Last Final-Client Cost	Final - Client	07/30/2003	$23,420.00	$0.00	$23,420.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	06/06/2003	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	07/08/2003	Contractor	416488		Jeff Blakeslee	Blakeslee Electric			
Y	12/05/2003	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS030317-0

Project Description: (N) R/F SUITE/CONFERENCE/H.C. TOILET/DRESSING
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS030317-0	Closed	Closed	04/09/2008	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/11/2003	$350,545.00	$0.00	$350,545.00	$393,000.00
Cost before Final	Estimated	02/11/2003	$350,545.00	$0.00	$350,545.00	$393,000.00
Last Final-Client Cost	Final - Client	04/09/2008	$350,545.00	$0.00	$350,545.00	$393,000.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/16/2005	Architect	C8611		Steven Pults	Pults & Associates			
	03/16/2005	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	03/17/2005	IOR	A10422		James Bany				
	03/16/2005	Mechanical	M18063		Bruce Hagopian	Bruce Engineering			
	03/15/2005	Structural	S2386		Gaylord Ransom	Brooks Ransom Assoc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report HS030057-0

Project Description: INSTALL TELECOMMUNICATION @ FACILITY
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
HS030057-0	Closed	Closed	10/24/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/13/2003	$150,000.00	$0.00	$150,000.00	$0.00
Cost before Final	Estimated	01/13/2003	$150,000.00	$0.00	$150,000.00	$0.00
Last Final-Client Cost	Final - Client	01/18/2007	$150,000.00	$0.00	$150,000.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	04/07/2005	Architect	C18015		Dung Khac Do	DCI PACIFIC			
Y	03/31/2005	Contractor	631117		Lyn Sacco	L. D. Strobel Company, Inc.			
	04/07/2005	Electrical	E11730		Lan Lai	DCI Pacific			
Y	10/28/2005	IOR	A10422		James Bany				
	04/07/2005	Structural	S1118		Hanns Baumann	Daniel Connell			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS023335-0

Project Description: ADMINSTRATION REROOF

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS023335-0	Closed Non-CAC Compliant	Closed	05/25/2004	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/06/2002	$69,500.00	$0.00	$69,500.00	$0.00
Cost before Final	Estimated	12/06/2002	$69,500.00	$0.00	$69,500.00	$0.00
Last Final-RCO Cost	Final - RCO	05/25/2004	$69,500.00	$0.00	$69,500.00	$0.00

Professionals

Final VCR							Responsible		
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	09/30/2003	Architect	C23166		David Dailey	HGA Incorporated			
Y	10/26/2003	Contractor	752551		John Bowman	Bowman Construction & Development			
Y	10/01/2003	IOR	A10422		James Bany				
	05/24/2004	Structural	S3124		Brent Forslin	HGA, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report HS022887-0

Project Description: SPC 2 NON-STRUCTURAL WALLS (SEE EXECUTIVE SUM)
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
HS022887-0	Closed	Closed	03/29/2013	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/29/2002	$80,000.00	$0.00	$80,000.00	$0.00
Estimated Cost before Contract	Estimated	06/30/2004	$80,000.00	$0.00	$80,000.00	$0.00
First Contract Cost	Contract	06/26/2007	$728,348.00	$0.00	$728,348.00	$0.00
Cost before Final	Estimated	01/14/2013	$1,469,143.00	$0.00	$1,469,143.00	$0.00
Last Final-Client Cost	Final - Client	01/14/2013	$1,914,888.00	$0.00	$1,914,888.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	12/17/2012	Architect	C23166		David Dailey	HGA Incorporated			
Y	12/11/2012		0417421						
Y	06/11/2008	Contractor	375536		Zabaz Rosales	Cal-Custom Construction	Replaced		01/10/2012
Y		Contractor	417421		Cory McCormick	WRIGHT CONTRACTING, INC.	Active	01/10/2012	
	12/12/2012	Electrical	E15404		Eric Johnson	ECOM Engineering, Inc.			
Y	12/20/2012	IOR	A10669		Joseph Filutze				
	12/12/2012	Mechanical	M28785		David Ainsworth	Ainsworth Associates Mechanical Engineers			
	12/17/2012	Structural	S4014		John Gavan	KPFF Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email
Yes	Facility Representative	Steve Gilbert		500 South Main Street, Suite 600, Orange CA 928684512	St. Joseph Health System	714-347-7677		sgilbert@corp.stjoe.org

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS022377-0

Project Description: LIGHTING SYSTEM RETROFIT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS022377-0	Closed	Closed	07/25/2003	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/11/2002	$171,464.00	$0.00	$171,464.00	$0.00
Cost before Final	Estimated	09/11/2002	$171,464.00	$0.00	$171,464.00	$0.00
Last Final-Client Cost	Final - Client	07/24/2003	$171,464.00	$0.00	$171,464.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	04/08/2003	Electrical	E15303		Kristina Martin	The Engineering Enterprise			
Y	01/23/2003	Contractor	233345		Art Hoover	CommAir Mechanical Services			
Y	03/07/2003	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS022209-0

Project Description: SB 1953 TESTING/CONDITION ASSEMENT TESTING PROGRAM

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS022209-0	Closed Non-CAC Compliant	Closed	01/08/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/21/2002	$58,075.00	$0.00	$58,075.00	$0.00
Cost before Final	Estimated	08/21/2002	$58,075.00	$0.00	$58,075.00	$0.00
Last Final-Client Cost	Final - Client	01/08/2007	$58,075.00	$0.00	$58,075.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
		Architect	C8611		Steven Pults	Pults & Associates			
Y		IOR	A10422		James Bany				
		Structural	S4452		Chris Hickman	St. Joseph Health System			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS022059-0

Project Description: CHAPEL COSMETIC UPGRADE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS022059-0	Closed	Closed	04/21/2003	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/06/2002	$80,000.00	$0.00	$80,000.00	$0.00
Cost before Final	Estimated	08/06/2002	$80,000.00	$0.00	$80,000.00	$0.00
Last Final-Client Cost	Final - Client	04/21/2003	$163,000.00	$0.00	$163,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	12/03/2002	Architect	C22244		Deborah Woodle	DJW Architects			
Y	11/11/2002	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
	12/02/2002	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	12/05/2002	IOR	A10422		James Bany				
	12/02/2002	Mechanical	M18063		Bruce Hagopian	Bruce Engineering			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS021107-0

Project Description: FIRE ALARM REPLACE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS021107-0	Cancelled	Closed	05/05/2004	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/09/2002	$658,235.00	$0.00	$658,235.00	$0.00
Cost before Final	Estimated	05/09/2002	$658,235.00	$0.00	$658,235.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	From	To
		Electrical	E13189		Fazollah Zarrabi	Golden Gate			
Y		Contractor	401047		John Murray	Metropolitan Electric			
Y		IOR	A10422		James Bany				
		Structural	S3736		Joseph Vennari	Structural Engineer			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS020991-0

Project Description: CINGULAR WIRELESS UPGRADE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS020991-0	Closed	Closed	08/20/2003	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/29/2002	$12,000.00	$0.00	$12,000.00	$0.00
Estimated Cost before Contract	Estimated	04/29/2002	$12,000.00	$0.00	$12,000.00	$0.00
First Contract Cost	Contract	09/18/2002	$69,503.00	$0.00	$69,503.00	$0.00
Cost before Final	Contract	09/18/2002	$69,503.00	$0.00	$69,503.00	$0.00
Last Final-Client Cost	Final - Client	05/28/2003	$91,950.00	$0.00	$91,950.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	08/12/2003	Architect	C17214		Jeffrey Arnold	ATI Architects and Engineers			
Y	03/14/2003	Contractor	401047		John Murray	Metropolitan Electric			
	04/14/2003	Electrical	E15353		Silvino Cruz	ATI Architects & Engineers			
Y	05/06/2003	IOR	A10422		James Bany				
	04/14/2003	Structural	S3913		Raafat Aboulhosn	ATI Engineering Services, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS020983-0

Project Description: VACUUM PUMP REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS020983-0	Closed	Closed	04/23/2004	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/26/2002	$82,500.00	$0.00	$82,500.00	$0.00
Cost before Final	Estimated	04/26/2002	$82,500.00	$0.00	$82,500.00	$0.00
Last Final-Client Cost	Final - Client	04/23/2004	$94,794.65	$0.00	$94,794.65	$0.00
Last Final-RCO Cost	Final - RCO	03/24/2004	$82,500.00	$0.00	$82,500.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	08/14/2003	Mechanical	M23825		Rory Moran	Axiom Engineers			
Y	04/05/2004	Contractor	23783			Capital Engineering Consultants			
	08/14/2003	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	08/06/2003	IOR	A10422		James Bany				
	08/12/2003	Structural	S3385		James Hallam	James D. Hallam SE			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS020955-0

Project Description: ELEVATOR MODERNIZATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS020955-0	Closed Non-CAC Compliant	Closed	02/15/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/24/2002	$95,082.00	$0.00	$95,082.00	$0.00
Cost before Final	Estimated	04/24/2002	$95,082.00	$0.00	$95,082.00	$0.00
Last Final-Client Cost	Final - Client	02/15/2007	$95,082.00	$0.00	$95,082.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
		Structural	S3376		Ronald Eddington	Eddington Engineering			
Y	03/14/2007	Contractor	651371		Alex Chaplyn	THYSSENKRUPP ELEVATOR CORPORATION			
	12/03/2004	Electrical	E15547		Terry Szalai	Suite 16 Electrical Engineer			
Y	12/03/2004	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS013353-0

Project Description: TELECOM RM EXPANSION

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS013353-0	Closed	Closed	02/13/2003	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/24/2001	$390,000.00	$0.00	$390,000.00	$0.00
Cost before Final	Estimated	12/24/2001	$390,000.00	$0.00	$390,000.00	$0.00
Last Final-Client Cost	Final - Client	01/31/2003	$542,222.00	$0.00	$542,222.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	08/09/2002	Architect	C23166		David Dailey	HGA Incorporated			
Y	08/06/2002	Contractor	493540		Scot Berlinski	PDC Facilities, Inc.			
	08/09/2002	Electrical	E15547		Terrill Szalai	Summit Engineering			
Y	08/06/2002	IOR	A10422		James Bany				
	08/09/2002	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS012921-0

Project Description: REHAB TREATMENT RM & DEAD END CORRIDOR
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS012921-0	Cancelled	Closed	11/12/2003	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/07/2001	$176,528.00	$0.00	$176,528.00	$0.00
Cost before Final	Estimated	11/07/2001	$176,528.00	$0.00	$176,528.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
		Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
		Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y		IOR	A10422		James Bany				
		Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS012873-0

Project Description: RATED STORAGE ENCLOSURES;REMODEL OFFICE TO EXAM RM;LDRP EXITING/PASSAGE CORRECTIONS

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS012873-0	Closed	Closed	01/05/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/02/2001	$154,817.00	$0.00	$154,817.00	$0.00
Cost before Final	Estimated	11/02/2001	$154,817.00	$0.00	$154,817.00	$0.00
Last Final-Client Cost	Final - Client	01/05/2007	$154,817.00	$0.00	$154,817.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	07/22/2004	Architect	C23166		David Dailey	HGA Incorporated			
Y	07/22/2004	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
	07/21/2004	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	07/22/2004	IOR	A10422		James Bany				
	07/12/2004	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS012375-0

Project Description: BULK OXYGEN STORAGE TANK 2201-005-00
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS012375-0	Closed	Closed	08/13/2002	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/13/2001	$165,500.00	$0.00	$165,500.00	$0.00
Cost before Final	Estimated	09/13/2001	$165,500.00	$0.00	$165,500.00	$0.00
Last Final-Client Cost	Final - Client	08/13/2002	$236,540.00	$0.00	$236,540.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/13/2002	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	03/13/2002	Contractor	178809		John Otto	John F. Otto, Inc. (Corporate Office)			
	03/13/2002	Electrical	E15547		Terrill Szalai	Summit Engineering			
Y	03/13/2002	IOR	A10422		James Bany				
	03/13/2002	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			
	03/13/2002	Structural	S4014		John Gavan	KPFF Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
PAD					
SS012375-0-IB001		REVISIONS FOR NITROGEN MANIFOLD, OXYGEN & MED GAS	Closed Inactive		$0.00

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report HS012291-0

Project Description: 1ST FLR WOMEN'S CENTER ADDITION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
HS012291-0	Closed	Closed	12/03/2007	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/04/2001	$3,879,000.00	$0.00	$3,879,000.00	$0.00
Estimated Cost before Contract	Estimated	02/11/2003	$3,879,000.00	$0.00	$3,879,000.00	$0.00
First Contract Cost	Contract	06/24/2004	$3,523,662.00	$0.00	$3,523,662.00	$0.00
Cost before Final	Contract	02/06/2007	$5,610,295.00	$0.00	$5,610,295.00	$0.00
Last Final-Client Cost	Final - Client	12/03/2007	$5,687,859.00	$0.00	$5,687,859.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/10/2007	Architect	C23166		David Dailey	HGA Incorporated			
Y	10/09/2007	Contractor	417421		Mark Davis	WRIGHT CONTRACTING, INC.			
	10/09/2007	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	10/10/2007	IOR	A10422		James Bany				
	10/09/2007	Mechanical	M18063		Bruce Hagopian	Bruce Engineering			
	11/08/2007	Structural	S2386		Gaylord Ransom	Brooks Ransom Assoc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due
PAD					
HS012291-0-IB004		REDUCE NUMBER OF BOLTS TO CONNECT BEAMS	Closed Inactive		$0.00

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS011115-0

Project Description: RE-ROOF

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS011115-0	Closed Non-CAC Compliant	Closed	09/30/2003	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/11/2001	$56,000.00	$0.00	$56,000.00	$0.00
Cost before Final	Estimated	05/11/2001	$56,000.00	$0.00	$56,000.00	$0.00
Last Final-RCO Cost	Final - RCO	09/30/2003	$56,000.00	$0.00	$56,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	07/24/2001	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	08/07/2001	Contractor	23783			Capital Engineering Consultants			
Y	08/07/2001	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS010925-0

Project Description: WEST WING CORRIDOR DOORS UPGRADE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS010925-0	Closed Non-CAC Compliant	Closed	03/18/2004	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/19/2001	$84,583.00	$0.00	$84,583.00	$0.00
Cost before Final	Estimated	04/19/2001	$84,583.00	$0.00	$84,583.00	$0.00
Last Final-RCO Cost	Final - RCO	03/18/2004	$84,583.00	$0.00	$84,583.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	02/07/2003	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	02/07/2003	Contractor	23783			Capital Engineering Consultants			
	02/07/2003	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	03/07/2003	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS010865-0

Project Description: NPC2 EQUIPMENT ANCHORAGE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS010865-0	Closed	Closed	03/18/2002	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	04/11/2001	$15,000.00	$0.00	$15,000.00	$0.00
Cost before Final	Estimated	04/11/2001	$15,000.00	$0.00	$15,000.00	$0.00
Last Final-Client Cost	Final - Client	03/18/2002	$284,087.00	$0.00	$284,087.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	11/27/2001	Structural	S4014		John Gavan	KPFF Consulting Engineers			
Y	11/29/2001	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
Y	12/03/2001	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS010101-0

Project Description: PNEUMATIC TUBE SYSTEM
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS010101-0	Closed Non-CAC Compliant	Closed	09/30/2003	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/19/2001	$100,000.00	$0.00	$100,000.00	$0.00
Cost before Final	Estimated	01/19/2001	$100,000.00	$0.00	$100,000.00	$0.00
Last Final-RCO Cost	Final - RCO	09/30/2003	$170,000.00	$0.00	$170,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	03/21/2002	Architect	C23245		Gregory Schneekluth	Makeitright			
Y	03/21/2002	Contractor	449573		Dan King	Swisslog Translogic Corporation			
	04/04/2002	Electrical	E15404		Eric Johnson	ECOM Engineering, Inc.			
Y	03/28/2002	IOR	A10422		James Bany				
	04/04/2002	Structural	S3566		Joseph La Brie	Make It Right, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS010087-0

Project Description: SB 1953 CONDITION ASSESSMENT TESTING PROGRAM
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS010087-0	Closed	Closed	08/12/2002	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/18/2001	$368,700.00	$0.00	$368,700.00	$0.00
Cost before Final	Estimated	01/18/2001	$368,700.00	$0.00	$368,700.00	$0.00
Last Final-Client Cost	Final - Client	08/12/2002	$368,700.00	$0.00	$368,700.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	08/21/2001	Architect	C22244		Deborah Woodle	DJW Architects			
Y	08/01/2001	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
Y	06/21/2002	IOR	A10422		James Bany				
	08/27/2001	Structural	S4452		Chris Hickman	St. Joseph Health System			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

NOTICE-001942

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS002385-0

Project Description: EQUIPMENT CHANGE-OUT OF CT SUITE
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS002385-0	Closed	Closed	08/12/2002	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/16/2000	$65,000.00	$0.00	$65,000.00	$800,000.00
Cost before Final	Estimated	11/16/2000	$65,000.00	$0.00	$65,000.00	$800,000.00
Last Final-Client Cost	Final - Client	08/12/2002	$194,259.00	$0.00	$194,259.00	$1,359,475.00

Professionals

Final VCR							Responsible		
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/17/2001	Architect	C8611		Steven Pults	Pults & Associates			
Y	10/16/2001	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
	10/15/2001	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	11/08/2001	IOR	A10422		James Bany				
	10/17/2001	Mechanical	M18063		Bruce Hagopian	Bruce Engineering			
	08/23/2001	Structural	S2386		Gaylord Ransom	Brooks Ransom Assoc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS000127-0

Project Description: WEST WING AIR HANDLER UNIT REPLACEMENT PROJECT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS000127-0	Closed	Closed	04/23/2003	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/21/2000	$149,000.00	$0.00	$149,000.00	$0.00
Cost before Final	Estimated	01/21/2000	$149,000.00	$0.00	$149,000.00	$0.00
Last Final-Client Cost	Final - Client	04/23/2003	$351,588.00	$0.00	$351,588.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	03/26/2003	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	12/03/2001	Contractor	23783			Capital Engineering Consultants			
	12/03/2002	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	12/05/2002	IOR	A10422		James Bany				
	12/03/2002	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			
	12/03/2002	Structural	S4014		John Gavan	KPFF Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS000015-0

Project Description: GEN CHANGE-OUT/EMERGENCY POWER UPGRADE/NEW CATH LAB

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS000015-0	Closed	Closed	08/12/2002	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	01/04/2000	$1,675,000.00	$0.00	$1,675,000.00	$1,250,000.00
Estimated Cost before Contract	Estimated	01/04/2000	$1,675,000.00	$0.00	$1,675,000.00	$1,250,000.00
First Contract Cost	Contract	12/21/2001	$1,914,800.00	$0.00	$1,914,800.00	$1,250,000.00
Cost before Final	Contract	12/21/2001	$1,914,800.00	$0.00	$1,914,800.00	$1,250,000.00
Last Final-Client Cost	Final - Client	08/12/2002	$2,459,151.00	$0.00	$2,459,151.00	$1,947,028.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	05/01/2002	Architect	C8611		Steven Pults	Pults & Associates			
Y	05/01/2002	Contractor	493540		Scott Berlinski	PDC Facilities, Inc.			
	05/01/2002	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	05/17/2002	IOR	A10422		James Bany				
	05/14/2002	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			
	05/01/2002	Structural	S2386		Gaylord Ransom	Brooks Ransom Assoc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS992885-0

Project Description: RESPIRATORY THERAPY RELOCATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS992885-0	Closed	Closed	08/13/2002	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/21/1999	$37,168.00	$0.00	$37,168.00	$0.00
Estimated Cost before Contract	Estimated	12/21/1999	$37,168.00	$0.00	$37,168.00	$0.00
First Contract Cost	Contract	05/08/2001	$57,168.00	$0.00	$57,168.00	$0.00
Cost before Final	Contract	05/08/2001	$57,168.00	$0.00	$57,168.00	$0.00
Last Final-Client Cost	Final - Client	08/13/2002	$57,168.00	$0.00	$57,168.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	Responsible From	Responsible To
	04/11/2001	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	05/04/2001	Contractor	23783			Capital Engineering Consultants			
	06/19/2002	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	05/02/2001	IOR	A10422		James Bany				
	06/19/2002	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report HS992883-0

Project Description: MEDICAL GUARD UNIT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
HS992883-0	Closed	Closed	08/12/2002	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/21/1999	$794,459.00	$0.00	$794,459.00	$0.00
Cost before Final	Estimated	12/21/1999	$794,459.00	$0.00	$794,459.00	$0.00
Last Final-Client Cost	Final - Client	08/12/2002	$1,123,200.00	$0.00	$1,123,200.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	02/13/2002	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	11/29/2001	Contractor	178809		John Otto	John F. Otto, Inc. (Corporate Office)			
	11/30/2001	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	11/29/2001	IOR	A10422		James Bany				
	03/14/2002	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			
	11/28/2001	Structural	S4014		John Gavan	KPFF Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

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Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS992821-0

Project Description: SECURITY SYSTEM

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS992821-0	Closed Non-CAC Compliant	Closed	08/30/2002	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/09/1999	$179,000.00	$0.00	$179,000.00	$0.00
Cost before Final	Estimated	12/09/1999	$179,000.00	$0.00	$179,000.00	$0.00
Last Final-RCO Cost	Final - RCO	08/30/2002	$232,700.00	$0.00	$232,700.00	$0.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Electrical	E11259		Fred Callison	Mark III Engineering			
Y		Contractor	574134			Mark III Engineering Contractors			
Y	11/08/2001	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS992439-0

Project Description: Y2K - GENERATOR CONNECTION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS992439-0	Closed Inactive	Closed	07/12/2000	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	10/19/1999	$10,000.00	$0.00	$10,000.00	$0.00
Cost before Final	Estimated	10/19/1999	$10,000.00	$0.00	$10,000.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
		Electrical	E11951		Robert Boyd	Camissa & Wipf Consulting Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS992165-0

Project Description: E R RADIOLOGY PROCESSOR INSTALLATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS992165-0	Closed	Closed	04/06/2000	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	09/09/1999	$5,450.00	$0.00	$5,450.00	$55,000.00
Cost before Final	Estimated	09/09/1999	$5,450.00	$0.00	$5,450.00	$55,000.00
Last Final-Client Cost	Final - Client	04/06/2000	$115,053.00	$0.00	$115,053.00	$67,000.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	02/01/2000	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	02/08/2000	Contractor	23783			Capital Engineering Consultants			
	02/15/2000	Electrical	E15547		Terrill Szalai	Meyers Engineering Group			
Y	02/08/2000	IOR	A10422		James Bany				
	02/01/2000	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS991299-0

Project Description: 3RD FLOOR BED EXPANSION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS991299-0	Closed	Closed	03/01/2001	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/16/1999	$83,449.00	$0.00	$83,449.00	$0.00
Cost before Final	Estimated	06/16/1999	$83,449.00	$0.00	$83,449.00	$0.00
Last Final-Client Cost	Final - Client	03/01/2001	$460,828.00	$0.00	$460,828.00	$0.00

Professionals

Final VCR								Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/18/2000	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	03/01/2001	Contractor	493540		Scot Berlinski	PDC Facilities, Inc.			
	12/18/2000	Electrical	E15547		Terrill Szalai	Meyers Engineering Group			
Y	12/18/2000	IOR	A10422		James Bany				
	12/18/2000	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			
	03/01/2001	Structural	S2522		Bruce Doig	Anderson & Doig Structural Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS991295-0

Project Description: ISOLATION ROOM AIR PRESSURE MONITORS
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS991295-0	Closed	Closed	01/29/2002	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/15/1999	$25,000.00	$0.00	$25,000.00	$0.00
Cost before Final	Estimated	06/15/1999	$25,000.00	$0.00	$25,000.00	$0.00
Last Final-Client Cost	Final - Client	01/29/2002	$49,000.00	$0.00	$49,000.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	10/18/2000	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	03/29/2001	Contractor	23783			Capital Engineering Consultants			
	10/17/2001	Electrical	E15547		Terrill Szalai	Meyers Engineering Group			
Y	03/29/2001	IOR	A10422		James Bany				
	03/29/2001	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS991289-0

Project Description: X-RAY ROOM #2 EQUIPMENT REPLACEMENT
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS991289-0	Closed	Closed	03/20/2001	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	06/15/1999	$49,276.00	$0.00	$49,276.00	$187,945.00
Cost before Final	Estimated	06/15/1999	$49,276.00	$0.00	$49,276.00	$187,945.00
Last Final-Client Cost	Final - Client	03/20/2001	$185,000.00	$0.00	$185,000.00	$165,000.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	04/19/2000	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	03/20/2001	Contractor	23783			Capital Engineering Consultants			
	04/19/2000	Electrical	E15547		Terrill Szalai	Meyers Engineering Group			
Y	03/20/2001	IOR	A10422		James Bany				
	04/19/2000	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			
	04/19/2000	Structural	S2522		Bruce Doig	Anderson & Doig Structural Engineers			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS991083-0

Project Description: STERRAD AT 100

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS991083-0	Cancelled	Closed	01/27/2000	No	No	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	05/19/1999	$99,650.00	$0.00	$99,650.00	$0.00
Cost before Final	Estimated	05/19/1999	$99,650.00	$0.00	$99,650.00	$0.00

Professionals

Final VCR Required	Final VCR Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
Y		Contractor	23783			Capital Engineering Consultants			
Y		IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS990343-0

Project Description: VASC LAB EQUIP. CHANGE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS990343-0	Closed	Closed	08/14/2000	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	02/17/1999	$668,500.00	$0.00	$668,500.00	$2,500,000.00
Cost before Final	Estimated	02/17/1999	$668,500.00	$0.00	$668,500.00	$2,500,000.00
Last Final-Client Cost	Final - Client	08/14/2000	$445,047.00	$0.00	$445,047.00	$963,150.00

Professionals

Final VCR Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Responsible Status	Responsible From	Responsible To
	04/11/2000	Architect	C8611		Steven Pults	Pults & Associates			
	04/10/2000	Electrical	E13142		Roy Lopez	OMB Electrical Engineers, Inc.			
Y	04/12/2000	IOR	A10422		James Bany				
	04/12/2000	Mechanical	M16682		Antonio Costa	Costa Engineering, Inc.			
	04/10/2000	Structural	S2386		Gaylord Ransom	Brooks Ransom Assoc.			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS983571-0

Project Description: ELEVATOR UPGRADE

Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS983571-0	Closed Non-CAC Compliant	Closed	08/30/2002	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	12/22/1998	$65,000.00	$0.00	$65,000.00	$0.00
Estimated Cost before Contract	Estimated	12/22/1998	$65,000.00	$0.00	$65,000.00	$0.00
First Contract Cost	Contract	11/19/1999	$48,292.00	$0.00	$48,292.00	$0.00
Cost before Final	Contract	11/19/1999	$48,292.00	$0.00	$48,292.00	$0.00
Last Final-RCO Cost	Final - RCO	08/30/2002	$48,292.00	$0.00	$48,292.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
Y		Contractor	366786		Patrick Ray	Empire Elevator			
Y			3667860						
Y	11/08/2001	IOR	A10422		James Bany				
		Structural	S1697		Terryle Sneed	Sneed Engineering			

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS983193-0

Project Description: SAME DAY PROCEDURES REACTIVATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS983193-0	Closed Non-CAC Compliant	Closed	03/31/2000	No	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	11/10/1998	$19,190.00	$0.00	$19,190.00	$0.00
Cost before Final	Estimated	11/10/1998	$19,190.00	$0.00	$19,190.00	$0.00
Last Final-RCO Cost	Final - RCO	03/31/2000	$19,190.00	$0.00	$19,190.00	$0.00

Professionals

Final VCR							Responsible	
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	04/30/1999	Architect	C8696		Stephen Short	Hammel, Green and Abrahamson, Inc.			
Y	05/12/1999	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

Project Closure Summary Report SS982133-0

Project Description: UST INSTALLATION
Facility: 10362 - Providence Queen Of The Valley Medical Center

This report provides information about a project's costs, professionals, and children of the type: Increment/BP/PAD/AMC/Phased Segment.

Project

Project#	Project Status	Closure Status	Closure Status Date	Final Cost Submitted	Approved Final Cost	Uninvoiced Fees	Balance Due
SS982133-0	Closed	Closed	03/23/2000	Yes	Yes	$0.00	$0.00

Costs

Cost Row Type	Cost Type	Cost Date	Const Cost	Fixed Eq Cost	Total Cost	Imaging Cost
First Cost	Estimated	08/04/1998	$51,500.00	$0.00	$51,500.00	$0.00
Cost before Final	Estimated	08/04/1998	$51,500.00	$0.00	$51,500.00	$0.00
Last Final-Client Cost	Final - Client	03/23/2000	$56,450.00	$0.00	$56,450.00	$0.00

Professionals

Final VCR							Responsible		
Required	Date Received	License Type	License #	Responsibility	Name	Business Name	Status	From	To
	12/28/1999	Architect	C39805		Mark Waldman	GKO & Associates			
Y	04/01/1999	Contractor	54576			DECON ENVIRONMENTAL			
Y	06/14/1999	IOR	A10422		James Bany				

Contacts

Primary	Contact Type	Fullname	Title	Address	Business Name	Work	Mobile	Email

Increment/BP/AMC/PAD/PS - Only items not yet completed or having a balance due are listed below.

Record Number	Tracking #	Scope	Not a Completed Status	Days Waiting for Submittal	Balance Due

Outstanding Items List - Only items not Cleared are listed below.

The items listed below are currently outstanding on this project and require resolution. These items must be cleared before construction can proceed in the area covered by the item. Failure to clear these items is considered failure to construct the project in accordance with the approved construction documents and is a violation of Title 24, California Administrative Code Section 7-143 and will prevent HCAI from providing Substantial Compliance, Certificate of Occupancy, and Construction Final.

Item #	Date Opened	Date Closed	Item Opened By	Status

11 Cal. Code Reg. Section 999.5(d)(5)(K)

A description of each measure proposed by the applicant to mitigate or eliminate any potential adverse effect on the availability of healthcare services to the affected community that may result from the agreement or transaction

The parties do not anticipate any adverse effect on the availability or accessibility of health care services resulting from the Transaction. Rather, the Parties expect that the proposed Transaction will expand access to healthcare services and improve levels of community benefit. Please see Section 999.5(d)(5)(H) above for further details.

11 Cal. Code Reg. Section 999.5(d)(5)(L)

A list of the primary languages spoken at the health facility or facility that provides similar healthcare and the threshold languages for Medi-Cal beneficiaries, as determined by the State Department of Healthcare Services for the county in which the health facility or facility that provides similar healthcare is located

The languages spoken at QVMC and the Napa Clinics either as a primary language or through translation services include English and Spanish. The threshold languages for Medi-Cal beneficiaries, as determined by the California Department of Healthcare Services for Napa are English and Spanish.

Title 11, California Code of Regulations, § 999.5(d)(6)

POSSIBLE EFFECT ON COMPETITION

11 Cal. Code Reg. Section 999.5(d)(6)(A)

For any agreement or transaction for which a Premerger Notification and Report Form is required to be submitted to the Federal Trade Commission under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, a brief analysis of the possible effect of any proposed merger or acquisition of each healthcare facility or facility that provides similar healthcare that is the subject of the agreement or transaction on competition and market share in any relevant product or geographic market

The proposed Transaction will not reduce competition because QVMC operates in a separate geographic market from NorthBay's hospital campuses, and there is *de minimis* competition between the parties today. Instead, the transaction will benefit patients, payors, and members of the Napa community.

QVMC is located in Napa, CA, and it primarily serves patients who reside in Napa County. QVMC faces competition from other area hospitals, including Adventist Health St. Helena, Sutter Health (Solano), and Kaiser Permanente (multiple facilities). NorthBay has one hospital with two campuses in Solano County: one in Fairfield, NorthBay Medical Center, and one in Vacaville, VacaValley Hospital. The NorthBay hospital campuses primarily serve patients residing in Solano County. Like QVMC, NorthBay faces competition from other large, well-resourced competitors, including Kaiser Permanente (multiple facilities), Sutter Health (Solano), and others.

Standard economic analysis of hospital mergers shows that QVMC and NorthBay are not close competitors today. The geographic areas from which each party draws the top 75% of its commercial inpatient discharges do not overlap (*source: 2024 California Department of Health Care Access and Information (HCAI*) *commercial inpatient discharge data*). Moreover, the parties have *de minimis* shares in each other's 75% draw areas. QVMC has only a 1.1% share in NorthBay's primary service area, and NorthBay has only a 0.7% share in QVMC's primary service area. The proposed Transaction will, in fact, be de-concentrating in QVMC's primary service area, as Providence is selling QVMC but not its other facilities to a smaller, local independent system.

Economic analysis of diversion ratios between QVMC and NorthBay also confirms that the parties are not close head-to-head competitors. The diversion ratios between the parties are very low (less than 3% each) and below the levels the Federal Trade Commission typically applies in analyzing whether to further investigate hospital mergers. The diversion analysis instead shows that each party competes most closely with Kaiser, which has multiple competing hospitals located nearby. In fact, Kaiser is QVMC's largest commercial payor. Willingness to pay analysis further confirms that the proposed Transaction does not present competitive concerns.

The proposed Transaction also will not lessen competition for physician services. Today, NorthBay has very few contracted physicians who practice in Napa County where QVMC is located: only three primary care providers, who practice in American Canyon on the southern end of Napa County, a 0.5 FTE clinical care urologist who divides time evenly between Fairfield and Napa, and a podiatrist who also splits his time between Fairfield and Napa. Combining those three primary care providers in American Canyon with Providence's primary care clinics located in the City of Napa will have no meaningful impact on competition because there are hundreds of other competing primary care providers in Napa County, including many who practice in the City of Napa. Together, NorthBay and QVMC have less than a 10% share of primary care physicians practicing within 30 miles of QVMC. Similarly, the 0.25 FTE urologist and 0.5 FTE podiatrist services in Napa should have no meaningful impact on the professional urology or podiatry services in Napa County.

Attached to this Section 999.5(d)(6)(A) as **Exhibit 1** is a presentation prepared by economic consulting firm NERA that further explains these points.

The proposed Transaction will also result in benefits to patients and the community. NorthBay has committed to investing up to $10 million in the Queen of the Valley Medical Center Foundation to support priority capital expenditure projects benefitting providers and patients. NorthBay has further committed to providing a number of community benefit programs through QVMC, including a care network for low-income Napa County residents, a mobile dental clinic, a cancer wellness program available free of charge to patients residing in the Napa Valley, and other community programs. The proposed Transaction will also allow the NorthBay hospitals and QVMC to share best practices and operate more efficiently.

EXHIBIT 1 TO

SECTION 999.5(d)(6)(A)

NERA

Presentation to the Federal Trade Commission and
Office of the California Attorney General

NorthBay Health and Providence Queen of the Valley Medical Center

April 6, 2026

Confidential Treatment Requested

© NERA

NOTICE-001978

ECONOMICS. EXPERTS. EXPERIENCE.

General Acute Care Hospitals in Northern California

The Parties' Primary Service Areas Do Not Overlap

Overlap of NorthBay Medical Center and Providence Queen of the Valley Medical Center
75% Service Area
Commercial Acute Care Inpatient Discharges
2024

The Parties Have Minimal Share In Each Other's Primary Service Area

Hospital Shares and Herfindahl-Hirschman Indices
Services Offered by NorthBay MC and Providence Queen of the Valley MC
Commercial Acute Care Inpatient Discharges
2024

System	Geography: NorthBay MC 75% SA	Geography: Providence QOTV 75% SA
(1)	(2)	(3)
Kaiser Foundation Hospitals	57.3 %	48.0 %
NorthBay Health	18.8	0.7
Sutter Health	12.3	5.2
University of California Systemwide Administration	5.6	4.2
John Muir Health	2.4	1.4
Providence Queen of the Valley Medical Center	1.1	28.4
Providence (Not Part of Transaction)	0.1	2.3
Other Hospitals	2.4	9.8
Total:	**100.0 %**	**100.0 %**
Post-Transaction Share:	**19.9 %**	**29.1 %**
Pre-Transaction HHI:	**3,832**	**3,315**
Post-Transaction HHI:	**3,874**	**3,221**
Δ HHI:	**42**	**-95**

Note: Primary Service Areas are not intended to represent relevant geographic markets and are used as geographic regions for purposes of calculating market shares for screening purposes only

The Parties Are Not Close Head-to-Head Competitors

Summary of Diversion Analysis by System
From NorthBay Medical Center or Providence Queen of the Valley Medical Center
Union of NorthBay Medical Center and Providence Queen of the Valley Medical Center 90% Service Areas
Commercial Acute Care Inpatient Discharges
All Patients--Including Kaiser Foundation Hospitals
Overlapping MS-DRGs[1]
2024

System	Discharges	From NorthBay MC	From Providence Queen of the Valley MC
(1)	(2)	(3)	(4)
Kaiser Foundation Hospitals	4,764	64.9 %	57.7 %
Sutter Health	1,073	16.0	5.3
NorthBay Health	**877**	--	**2.8**
Providence	**642**	**2.6**	--
University of California Systemwide Administration	487	8.3	6.2
Adventist Health	428	0.4	7.7
John Muir Health	318	3.3	4.0
Providence (Not Part of Transaction)	188	0.2	1.7
MarinHealth	105	0.2	1.2
Stanford Health Care	89	0.7	6.9
CommonSpirit Health	67	1.1	1.4
Sonoma Valley Hospital	38	0.0	1.5
Barton Health	3	0.0	1.0
Montage Health	2	0.1	1.1
Other Hospitals	96	2.2	1.5
Total:	9,177	100.0 %	100.0 %

[1] MS-DRGs offered at both NorthBay Medical Center and Providence Queen of the Valley Medical Center.

The Estimated Change in WTP from the Proposed Transaction Is Small

Changes in Willingness-to-Pay
NorthBay Medical Center and Providence Queen of the Valley Medical Center
Union of NorthBay Medical Center and Providence Queen of the Valley Medical Center 90% Service Areas
Commercial Acute Care Inpatient Discharges
All Patients--Including Kaiser Foundation Hospitals
Overlapping MS-DRGs[1]
2024

System	Discharges	WTP	WTP per Discharge
(1)	(2)	(3)	(4)
Pre-Merger			
NorthBay Medical Center	877	1,020	1.2
Providence Queen of the Valley MC	642	887	1.4
Combined System Pre-Merger	1,519	1,907	1.3
Post-Merger			
Combined System Post-Merger	1,519	1,933	1.3
		Change in WTP:	**1.4 %**

[1] MS-DRGs offered at both NorthBay Medical Center and Providence Queen of the Valley Medical Center.

NorthBay Health Has Very Few Physicians in Napa County

Physician Counts by Specialty
NorthBay Health
Napa and Solano Counties
2026

Specialty	Counts	
	Solano	Napa
(1)	(2)	(3)
Anesthesiology	39	-
Cardiothoracic & Vascular Surgery	9	-
Cardiovascular Disease	8	-
Emergency Medicine	47	-
Endocrinology	1	-
Family Medicine	18	3
Gastroenterology	5	-
General Surgery	7	-
Hematology & Oncology	11	-
Hospitalist	9	-
Infectious Disease	1	-
Internal Medicine	35	-
Nephrology	6	-
Neurological Surgery	8	-
Neurology	5	-
Obstetrics & Gynecology	14	-
Occupational Health	4	-
Orthopaedic Surgery	9	-
Otolaryngology	3	-
Pain Medicine	1	-
Pathology	8	-
Pediatrics	17	-
Plastic Surgery	1	-
Pulmonology	5	-
Radiology	2	-
Rheumatology	2	-
Trauma Surgery	1	-
Urology	8	-
Other	6	-
Total:	287	3

Notes: The analysis is restricted to providers with an MD and DO.
The analysis is restricted to employed or contracted physicians.

The Parties Have a Low Share of Primary Care Physicians Even in a Relatively Narrow Region

Primary Care Physician Counts
NorthBay Health and Providence Queen of the Valley
Physicians within 30 Miles of Providence Queen of the Valley Primary Care Locations
2026

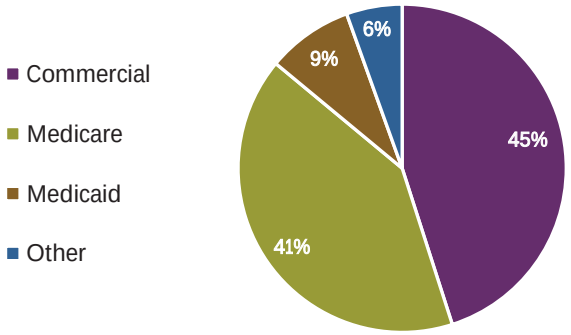
	Count				Share		
Specialty	NorthBay Health	Providence QOTV	Other	Total	NorthBay Health	Providence QOTV	Other
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Primary Care	45	7	561	613	7.3 %	1.1 %	91.5 %

Notes: Primary Care include Family Medicine and Internal Medicine specialties.
The analysis is restricted to providers with an MD and DO.
The analysis is restricted to employed or contracted physicians.

Appendix

Kaiser Insureds Seek Care At QVMC & North Bay

- QVMC & Kaiser contract for QVMC to provide services to Kaiser insureds
- QVMC Payor Mix (QVMC net patient services revenue 10/24-9/25)



- QVMC Commercial Payor Mix – Payor Composition

- NorthBay & Kaiser contract for NorthBay to provide radiation therapy services to Kaiser insureds

Results from Analysis Excluding Kaiser Hospitals as Competitors

Shares and HHIs
Excluding Kaiser Foundation Hospitals

Hospital Shares and Herfindahl-Hirschman Indices
Services Offered by NorthBay Medical Center and Providence Queen of the Valley Medical Center
Commercial Acute Care Inpatient Discharges
Excluding Kaiser Foundation Hospitals
2024

	Shares			HHI		
Geography	NorthBay Hlth	Providence QOTV	Post-Merger	Pre-Merger	Post-Merger	Change
(1)	(2)	(3)	(4) (2) + (3)	(5)	(6)	(7) (7) - (6)
NorthBay Medical Center 75% SA	44.1 %	2.6 %	46.7 %	2,991	3,221	229
Providence Queen of the Valley 75% SA	1.3	54.6	55.9	3,746	3,396	-350

Note: Primary Service Areas are not intended to represent relevant geographic markets and are used as geographic regions for purposes of calculating market shares for screening purposes only

Shares and HHIs
Excluding Kaiser Foundation Hospitals

Hospital Shares and Herfindahl-Hirschman Indices
Services Offered by NorthBay MC and Providence Queen of the Valley MC
Commercial Acute Care Inpatient Discharges
Excluding Kaiser Foundation Hospitals
2024

System	Geography: NorthBay MC 75% SA	Geography: Providence QOTV 75% SA
(1)	(2)	(3)
NorthBay Health	44.1 %	1.3 %
Sutter Health	28.8	10.1
University of California Systemwide Administration	13.2	8.1
John Muir Health	5.6	2.7
Providence Queen of the Valley Medical Center	2.6	54.6
Providence (Not Part of Transaction)	0.2	4.5
Other Hospitals	5.5	18.8
Total:	**100.0 %**	**100.0 %**
Post-Transaction Share:	**46.7 %**	**55.9 %**
Pre-Transaction HHI:	**2,991**	**3,746**
Post-Transaction HHI:	**3,221**	**3,396**
Δ HHI:	**229**	**-350**

Note: Primary Service Areas are not intended to represent relevant geographic markets and are used as geographic regions for purposes of calculating market shares for screening purposes only

Analysis of Diversion
Excluding Kaiser Foundation Hospitals

Summary of Diversion Analysis by System
From NorthBay Medical Center or Providence Queen of the Valley Medical Center
Union of NorthBay Medical Center and Providence Queen of the Valley Medical Center 90% Service Areas
Commercial Acute Care Inpatient Discharges
All Patients--Excluding Kaiser Foundation Hospitals
Overlapping MS-DRGs[1]
2024

System	Discharges	From NorthBay MC	From Providence Queen of the Valley MC
(1)	(2)	(3)	(4)
Sutter Health	1,073	48.7 %	17.2 %
NorthBay Health	**877**	--	**5.8**
Providence	**642**	**7.0**	--
University of California Systemwide Administration	487	21.4	17.3
Adventist Health	428	1.1	13.2
John Muir Health	318	10.0	11.5
Providence (Not Part of Transaction)	188	0.7	9.4
MarinHealth	105	0.4	3.8
Stanford Health Care	89	2.2	12.1
CommonSpirit Health	67	2.9	2.4
Sonoma Valley Hospital	38	0.1	2.0
Barton Health	3	0.1	1.2
Montage Health	2	0.2	1.2
Other Hospitals	96	5.2	2.8
Total:	**4,413**	**100.0 %**	**100.0 %**

[1] MS-DRGs offered at both NorthBay Medical Center and Providence Queen of the Valley Medical Center.

Change in WTP
Excluding Kaiser Foundation Hospitals

Changes in Willingness-to-Pay
NorthBay Medical Center and Providence Queen of the Valley Medical Center
Union of NorthBay Medical Center and Providence Queen of the Valley Medical Center 90% Service Areas
Commercial Acute Care Inpatient Discharges
All Patients--Excluding Kaiser Foundation Hospitals
Overlapping MS-DRGs[1]
2024

System	Discharges	WTP	WTP per Discharge
(1)	(2)	(3)	(4)
Pre-Merger			
NorthBay Medical Center	877	1,227	1.4
Providence Queen of the Valley MC	642	1,139	1.8
Combined System Pre-Merger	1,519	2,365	1.6
Post-Merger			
Combined System Post-Merger	1,519	2,441	1.6
		Change in WTP:	**3.2 %**

[1] MS-DRGs offered at both NorthBay Medical Center and Providence Queen of the Valley Medical Center.

11 Cal. Code Reg. Section 999.5(d)(6)(B)

A copy of the Premerger Notification and Report Form and any attachments thereto as filed with the Federal Trade Commission pursuant to the Hart-Scott-Rodino Antitrust Improvements Act of 1976 and 16 C.F.R. Parts 801-803.

SJHNC is requesting confidential treatment of the HSR filing, which will be submitted under separate cover to the Office of the Attorney General in accordance with Section 999.5(c)(3).

Title 11, California Code of Regulations, § 999.5(d)(7)

OTHER PUBLIC INTEREST FACTORS

11 Cal. Code Reg. Section 999.5(d)(7)

Other Public Interest Factors

The parties believe that the Transaction is in the best interest of the community served by QVMC and the Napa Clinics by enabling the continuance of high quality, locally accessible health care to the relevant community, and attracting and retaining high quality physicians. The Transaction will allow QVMC and the Napa Clinics to continue to promote and improve the health of the individuals living in the communities they serve, including by providing expanded access to high quality health care services.

The Transaction includes commitments for continued investment in QVMC in ways that will benefit the community it serves and allows for a continued focus on quality patient care, excellence in its staffing, and the ongoing fulfillment of PSJH's historic missions for the benefit of its physicians, employees, and the communities of the Napa region. As further described in Section 999.5(d)(1)(C) of this Notice, the parties expect the Transaction to help maintain QVMC's legacy of over 50 years, its connection to the Napa community it serves, and to provide for an ongoing commitment to advancing QVMC's existing mission and unique culture as a community institution.

Title 11, California Code of Regulations, § 999.5(d)(8)

BOARD RESOLUTION AUTHORIZING FILING OF NOTICE

11 Cal. Code Reg. Sections 999.5(d)(8)

Resolution of the board of directors of the applicant authorizing the filing of the written notice and a statement by the chair of the board that the contents of the written notice are true, accurate and complete.

1. Attached to this Section 999.5(d)(8) as **Exhibit 1** is a copy of the board resolutions of SJHNC and its ultimate parent entity, PSJH, that approved the Transaction and authorized all actions necessary to effectuate the Transaction, which includes the filing of this Notice.

2. Attached to this Section 999.5(d)(8) as **Exhibit 2** is the statement of the chair of the board of SJHNC that the contents of the written notice are true, accurate, and complete.

EXHIBIT 1 TO

SECTION 999.5(d)(8)

PROVIDENCE ST. JOSEPH HEALTH

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC

SOUTH DIVISION BOARD

RESOLUTION

DECEMBER 1, 2025

WHEREAS, Providence St. Joseph Health ("***PSJH***"), through its nonprofit, tax-exempt affiliates, owns and operates health care organizations throughout California and established the St. Joseph Health System Board of Trustees ("***SJHS***");

WHEREAS, PSJH and SJHS are governed by a mirrored Board of Directors (the "**PSJH Mirrored Board**");

WHEREAS, SJHS is the sole member of St. Joseph Health Northern California, LLC ("***SJHNC***");

WHEREAS, SJHNC operates an acute care hospital in Napa County, California known as Providence Queen of the Valley Medical Center ("**QVMC**"), along with other assets, including real property, personal property and other tangible or intangible assets (the "**QVMC Related Assets**");

WHEREAS, management determined that it would be in the best interest of the Corporations to sell certain assets including QVMC and certain QVMC Related Assets described in Exhibit A (the "**Proposed Transaction**");

WHEREAS, the Proposed Transaction would also include a transitionary period wherein PSJH caregivers will continue to provide services after the assets are sold;

WHEREAS, the Proposed Transaction recognizes the Catholic identity of QVMC, inclusive of the Ethical and Religious Directives for Catholic Health Care Services issued by the United States Conference of Catholic Bishops and inclusive of requirements of canon law, which shall remain in effect and apply to QVMC caregivers who provide assistance during the transitionary period after the Proposed Transaction closes;

WHEREAS, the Proposed Transaction was presented to and discussed with the SJHNC Board on November 20, 2025;

WHEREAS, the Proposed Transaction requires approval of the SJHNC Board and the PSJH Mirrored Board;

WHEREAS, after careful evaluation and discernment by management, and the SJHNC Board of the Proposed Transaction, and deliberation regarding the best interests of the

Corporations, the SJHNC Board recommends to the PSJH Mirrored Board approval of the Proposed Transaction based on a letter of intent presented by NorthBay Healthcare ("**NorthBay**") with material terms as detailed on Exhibit B attached hereto, and as set forth in all the discussion and materials presented by management to the SJHNC Board, including those materials attached as Exhibit C; and

WHEREAS, the Proposed Transaction will involve a high level of time-sensitive activity, including negotiation of definitive agreements and regulatory approvals in which management will seek to obtain the best possible terms.

THEREFORE, BE IT RESOLVED, that the SJHNC Board hereby approves the Proposed Transaction with NorthBay as presented by management and recommends approval to the PSJH Mirrored Board;

RESOLVED, that the SJHNC Board recommends to the PSJH Mirrored Board that management be directed and permitted to take or cause to be taken any and all such actions deemed necessary or appropriate to effectuate the Proposed Transaction with NorthBay and execute all agreements and documents necessary or advisable to effectuate the Proposed Transaction; and

RESOLVED, that any action taken by management prior to the date of these resolutions in connection with the Proposed Transaction are hereby ratified and approved.

The foregoing resolutions were adopted by the SJHNC Board on December 1, 2025.

Katherine Broderick

_____

Kate Broderick
Corporate Secretary

EXHIBIT A

QVMC RELATED ASSETS

Owned Real Property

	Name	Address / APN	Sq. Footage
1.	Queen of the Valley Medical Center	1000 Trancas Street Napa, CA 94558 (APN # 038-400-008-000)	373,698
2.	980 Trancas	980 Trancas Street Napa, CA 94558 (APN # 038-400-003-000)	18,881
3.	Wellness Center	3421 Villa Lane Napa, CA 94558 (APN # 038-250-078-000)	59,384
4.	Parking Area APN 038-4400-005-000	No SITUS address (APN # 038-400-005-000)	13,939
5.	3443 Villa Condo 4	3443 Villa Lane #4 Napa, CA 94558 (APN # 038-530-007-000)	1,574
6.	3443 Villa Condo 10	3443 Villa Lane #10 Napa, CA 94558 (APN # 038-530-002-000)	3,837
7.	3465 Villa Ln	3465 Villa Lane Napa, CA 94558 (APN # 038-250-064-000)	286,189

EXHIBIT B

MATERIAL TERMS OF TRANSACTION

- Purchase Price: $500 million cash (subject to confirmation of any deferred capital maintenance needs)

- Break Fee: $20 million

- Foundation Match: $10 million

- Community Investment: $100 million over 5 years

- Mission Commitments: For a period of at least three years
    - Continue use of/respect for sacred spaces
    - Support the transition and relocation of ecclesiastical goods
    - Continue the provision of spiritual care
    - Collaborate with PSJH on the transition of visual elements at QVMC to acknowledge the heritage and legacy of the facility
    - Continue certain key community benefit programs
    - Committed to establishing a Mission Effectiveness Committee

- Employees: All employees at SJHNC, PMF or other affiliates of PSJH that primarily provide services to QVMC or the Napa Clinics will be provided employment offers.

- Regulatory Consents: Subject to consents including but not limited to:
    - California Attorney General approval
    - Hart-Scott-Rodino Antitrust Improvement Act ("HSR Act") notifications

EXHIBIT C

See attached

RESOLUTIONS
BOARD OF DIRECTORS
PROVIDENCE ST. JOSEPH HEALTH
ST. JOSEPH HEALTH SYSTEM
(each a "Corporation" and collectively, the "Corporations")

PROJECT SONNET

WHEREAS, Providence St. Joseph Health, a Washington non-profit public benefit corporation ("**PSJH**") is the sole corporate member of St. Joseph Health System, a California non-profit public benefit corporation ("**SJHS**");

WHEREAS, SJHS is the sole corporate member of St. Joseph Health Northern California, LLC, a California Limited Liability Company ("**SJHNC**");

WHEREAS, SJHNC operates an acute care hospital in Napa County, California known as Providence Queen of the Valley Medical Center ("**QVMC**"), along with other assets, including real property, personal property and other tangible or intangible assets (the "**QVMC Related Assets**");

WHEREAS, SJHS is also the sole corporate member of St. Joseph Health Source, Inc., a California corporation;

WHEREAS, PSJH is also the sole corporate member of Providence Medical Foundation, a California nonprofit public benefit corporation ("**PMF**") that owns and operates multi-specialty clinics pursuant to Section 1206(l) of the California Health & Safety Code, including those PMF clinics located in Napa County, California (the "**Napa Clinics**");

WHEREAS, the Corporations are governed by a mirrored Board of Directors (collectively, the "**PSJH Mirrored Board**");

WHEREAS, management determined that it would be in the best interest of the Corporations to sell certain assets including: (i) QVMC and certain QVMC Related Assets described in Exhibit A; (ii) all of the voting interests and financial interests in Active Wellness, LLC that is owned by St. Joseph Health Source, Inc.; and (iii) substantially all of the assets exclusively used in the operation of the Napa Clinics; (the "**Proposed Transaction**");

WHEREAS, the Proposed Transaction would also include a transitionary period wherein PSJH caregivers will continue to provide services after the assets are sold;

WHEREAS, the Proposed Transaction recognizes the Corporations' Catholic identity, inclusive of the Ethical and Religious Directives for Catholic Health Care Services issued by the United States Conference of Catholic Bishops and inclusive of requirements of canon law, which

shall remain in effect and apply to QVMC caregivers who provide assistance during the transitionary period after the Proposed Transaction closes;

WHEREAS, the Proposed Transaction was presented to and discussed with the SJHNC Board on November 20, 2025;

WHEREAS, the Proposed Transaction was presented to and discussed with the PSJH Mirrored Board on March 25, 2025; June 26, 2025; August 7, 2025 and October 30, 2025; and was also present to and discuss with both the PSJH Mirrored Board and the Sponsors Council on September 12, 2025; September 30, 2025 and December 1, 2025 (collectively, the "**Board Meetings**");

WHEREAS, the Proposed Transaction requires approval of the SJHNC Board and the PSJH Mirrored Board;

WHEREAS, the SJHNC Board approved the Proposed Transaction with NorthBay on December 1, 2025;

WHEREAS, after careful evaluation and discernment of the Proposed Transaction by management and the PSJH Mirrored Board of the offers presented and deliberation regarding the best interests of the Corporations, and the SJHNC Board's approval of the Proposed Transaction with NorthBay, management recommends to the PSJH Mirrored Board the approval of the Proposed Transaction based on a letter of intent presented by NorthBay Healthcare ("**NorthBay**") with material terms as detailed on Exhibit B attached hereto, and as set forth in all the discussion and materials presented by management to the PSJH Mirrored Board at the Board Meetings, including those materials attached as Exhibit C; and

WHEREAS, the Proposed Transaction with NorthBay will involve a high level of time-sensitive activity, including negotiation of definitive agreements and regulatory approvals in which management will seek to obtain the best possible terms for the Corporations.

NOW, THEREFORE, BE IT RESOLVED:

RESOLVED, after careful deliberation, that the PSJH Mirrored Board hereby approves the Proposed Transaction with NorthBay as presented by management;

RESOLVED, that the PSJH Mirrored Board authorizes and directs management to take or cause to be taken any and all such actions deemed necessary or appropriate to effectuate the Proposed Transaction with NorthBay and authorizes and directs management to execute all agreements and documents necessary or advisable to effectuate the Proposed Transaction;

RESOLVED, that management has full authority to proceed with definitive agreements, regulatory approvals and such other actions as may be needed to effectuate the transaction without the need for further approval by the PSJH Mirrored Board; provided, however, that management shall seek the approval of the PSJH Mirrored Board if the purchase price varies by more than fifty million dollars ($50,000,000) or there are other material changes to the terms as

presented on Exhibit B that in management's reasonable discretion would be significant to the PSJH Mirrored Board; and

RESOLVED, that any action taken by management prior to the date of these resolutions in connection with the Proposed Transaction are hereby ratified and approved.

The foregoing resolutions were adopted by the PSJH Mirrored Board on December 9, 2025.

Anna Newsom

Anna Newsom
Secretary

EXHIBIT A

QVMC RELATED ASSETS

Owned Real Property

	Name	Address / APN	Sq. Footage
1.	Queen of the Valley Medical Center	1000 Trancas Street Napa, CA 94558 (APN # 038-400-008-000)	373,698
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- Purchase Price: $500 million cash (subject to confirmation of any deferred capital maintenance needs)

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- Foundation Match: $10 million

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- Mission Commitments: For a period of at least three years
    - Continue use of/respect for sacred spaces
    - Support the transition and relocation of ecclesiastical goods
    - Continue the provision of spiritual care
    - Collaborate with PSJH on the transition of visual elements at QVMC to acknowledge the heritage and legacy of the facility
    - Continue certain key community benefit programs
    - Committed to establishing a Mission Effectiveness Committee

- Employees: All employees at SJHNC, PMF or other affiliates of PSJH that primarily provide services to QVMC or the Napa Clinics will be provided employment offers.

- Regulatory Consents: Subject to consents including but not limited to:
    - California Attorney General approval
    - Hart-Scott-Rodino Antitrust Improvement Act ("HSR Act") notifications

EXHIBIT C

See attached

EXHIBIT 2 TO

SECTION 999.5(d)(8)

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BOARD CHAIR'S STATEMENT

I, Sue Georgino, Chair of the Board of Managers of St. Joseph Health Northern California, LLC, a California limited liability company ("SJHNC"), confirm that I believe the contents of the written notice from SJHNC to the California Attorney General under California Corporations Code Section 5920 are true, accurate and complete.

By: DocuSigned by: Sue Georgino _____
Sue Georgino
Board Chair

Title 11, California Code of Regulations, § 999.5(d)(9)

TRANSFEREE INFORMATION

11 Cal. Code Reg. Section 999.5(d)(9)

List of the officers and directors of the transferee, the most recent audited financial statements for the transferee, the transferee's governance documents, such as the articles of incorporation and bylaws, and a description of the transferee's policies, procedures, and eligibility requirements for the provision of charity care

Attached to this Section 999.5(d)(9) are the following documents:

- **Exhibit 1**: The most recent audited financial statements of NorthBay Parent (NorthBay Napa does not prepare audited financial statements)
- **Exhibit 2**: Articles of Incorporation of NorthBay Napa
- **Exhibit 3**: Bylaws of NorthBay Napa
- **Exhibit 4**: Articles of Incorporation of NorthBay Parent
- **Exhibit 5**: Bylaws of NorthBay Parent
- **Exhibit 6**: NorthBay's charity care policy

The directors of NorthBay Napa are:

- Mark Behl
- Larry Trilops
- Blain Claypool
- Seth Kaufman, M.D.

The officers of NorthBay Napa are:

- Mark Behl (Chair & President)
- Blain Claypool (Vice-Chair)
- Seth Kaufman, M.D. (Secretary)
- Joseph D'Angina (Treasurer)

EXHIBIT 1 TO

SECTION 999.5(d)(9)

NORTHBAY HEALTHCARE CORPORATION AND ITS AFFILIATES
DBA: NORTHBAY HEALTH

CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

CPAs | CONSULTANTS | WEALTH ADVISORS

CLAconnect.com

NORTHBAY HEALTHCARE CORPORATION AND ITS AFFILIATES
DBA: NORTHBAY HEALTH
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CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Board of Directors
NorthBay Healthcare Corporation and its Affiliates
dba: NorthBay Health
Fairfield, California

Report on the Audit of the Financial Statements

Opinion

We have audited the consolidated financial statements of NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health, which comprise the consolidated balance sheet as of December 31, 2025, and the related consolidated statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health, as of December 31, 2025, and the results of its operations and changes in net assets, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's consolidated financial statements as of December 31, 2024 were audited by other auditors whose report dated April 15, 2025, expressed an unmodified opinion on those consolidated financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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Responsibilities of Management for the Financial Statements (Continued)

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

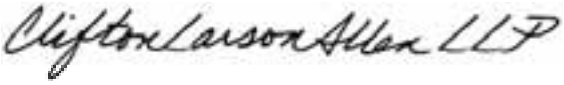
In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March 25, 2026, on our consideration of NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's internal control over financial reporting and compliance.



CliftonLarsonAllen LLP

Spokane, Washington
March 25, 2026

NORTHBAY HEALTHCARE CORPORATION AND ITS AFFILIATES
DBA: NORTHBAY HEALTH
CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2025 AND 2024
(IN THOUSANDS)

	2025	2024
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	$ 28,378	$ 18,941
Patient Accounts Receivable, Net	161,179	125,362
Assets Whose Use is Limited, Required for Current Liabilities	2,753	18,613
Inventories	7,218	10,437
Hospital Quality Assurance Fee Receivable	107,738	82,043
Prepaid Expenses and Other	59,097	30,315
Total Current Assets	366,363	285,711
ASSETS WHOSE USE IS LIMITED, NET OF CURRENT PORTION	358,231	332,614
PROPERTY AND EQUIPMENT, NET	322,999	310,817
OPERATING LEASE RIGHT-OF-USE ASSETS, NET	95,589	71,307
OTHER ASSETS	17,549	26,278
Total Assets	$ 1,160,731	$ 1,026,727
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	$ 44,923	$ 38,930
Accrued Payroll and Related Liabilities	58,679	55,155
Amounts Payable to Third-Party Payors	698	4,145
Hospital Quality Assurance Fee Payable	43,164	24,816
Other Current Liabilities	33,040	36,792
Current Maturities of Long-Term Debt Obligations	11,966	12,428
Current Maturities of Operating Lease Liabilities	6,384	6,700
Total Current Liabilities	198,854	178,966
LONG-TERM DEBT OBLIGATIONS, NET OF CURRENT MATURITIES	344,902	298,402
OPERATING LEASE LIABILITIES, NET OF CURRENT MATURITIES	95,800	71,160
OTHER LONG-TERM LIABILITIES	11,267	11,036
Total Liabilities	650,823	559,564
NET ASSETS		
Without Donor Restrictions	501,037	458,295
With Donor Restrictions	8,871	8,868
Total Net Assets	509,908	467,163
Total Liabilities and Net Assets	$ 1,160,731	$ 1,026,727

See accompanying Notes to Consolidated Financial Statements.

NORTHBAY HEALTHCARE CORPORATION AND ITS AFFILIATES
DBA: NORTHBAY HEALTH
CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2025 AND 2024
(IN THOUSANDS)

	2025	2024
NET ASSETS WITHOUT DONOR RESTRICTIONS		
Revenues, Gains, and Other Support:		
Net Patient Service Revenue	$ 719,467	$ 696,579
Capitation Revenue	132,379	117,932
Government Grant Revenue	1,327	1,908
Other Revenue	49,975	29,873
Net Assets Released from Restrictions Used for Operations	1,250	5,827
Total Revenues, Gains, and Other Support	904,398	852,119
OPERATING EXPENSES		
Salaries and Wages	326,239	300,486
Employee Benefits	78,861	73,519
Professional Fees	140,943	127,735
Supplies	110,484	98,370
Purchased Services	77,917	78,050
Referred Claims	37,462	44,287
Facility and Equipment Rental	13,209	12,109
Depreciation and Amortization	22,929	27,702
Other	28,140	22,075
Interest	17,169	13,445
Hospital Quality Assurance Fee	31,970	40,755
Total Operating Expenses	885,323	838,533
INCOME FROM OPERATIONS	19,075	13,586
OTHER INCOME (LOSS)		
Investment Income, Net	16,070	13,133
Net Unrealized Gain on Investments	9,487	11,309
Gain (Loss) on Interest Rate Swap	(1,681)	376
Other Income (Loss)	(209)	142
Total Other Income, Net	23,667	24,960
EXCESS OF REVENUES OVER EXPENSES	42,742	38,546
INCREASE IN NET ASSETS WITHOUT DONOR RESTRICTIONS	42,742	38,546
NET ASSETS WITH DONOR RESTRICTIONS		
Contributions	1,253	6,008
Net Assets Released from Restrictions	(1,250)	(5,827)
INCREASE IN NET ASSETS WITH DONOR RESTRICTIONS	3	181
INCREASE IN NET ASSETS	42,745	38,727
Net Assets - Beginning of Year	467,163	428,436
NET ASSETS - END OF YEAR	$ 509,908	$ 467,163

See accompanying Notes to Consolidated Financial Statements.

NORTHBAY HEALTHCARE CORPORATION AND ITS AFFILIATES
DBA: NORTHBAY HEALTH
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2025 AND 2024
(IN THOUSANDS)

	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in Net Assets	$ 42,745	$ 38,727
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided (Used) by Operating Activities:		
Depreciation and Amortization	22,929	27,702
Gain in Equity of Affiliates	-	(1,397)
Net Unrealized and Realized Gain on Investments	(11,017)	(11,426)
Amortization of Bond Issuance Costs	-	258
Amortization of Bond Premium	(283)	(779)
Changes in Fair Value of Interest Rate Swap	-	(376)
Loss on Disposal of Property and Equipment	1,159	2,211
Contributions Received for Long-Term Purposes	-	(1,104)
Changes in Operating Assets and Liabilities:		
Patient Accounts Receivable, Net	(35,817)	(7,685)
Inventories	3,219	(984)
Hospital Quality Assurance Fee Receivable	(25,695)	(73,558)
Prepaid Expenses and Other	(20,053)	(10,061)
Operating Lease Right-of-Use Assets, Net	70,196	6,444
Accounts Payable	5,993	14,292
Accrued Payroll and Related Liabilities	3,524	11,088
Amounts Payable to Third-Party Payors	(3,447)	(1,626)
Hospital Quality Assurance Fee Payable	18,348	13,481
Other Current Liabilities	(3,752)	5,583
Operating Lease Liabilities	(70,154)	(4,733)
Other Long-Term Liabilities	231	1,713
Net Cash Provided (Used) by Operating Activities	(1,874)	7,770
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from Sale of Property and Equipment	64,805	-
Proceeds from Sale of Assets Whose Use is Limited	38,466	19,142
Purchases of Property and Equipment	(60,970)	(26,597)
Purchases of Assets Whose Use is Limited	(85,749)	(17,769)
Net Cash Used by Investing Activities	(43,448)	(25,224)

See accompanying Notes to Consolidated Financial Statements.

NORTHBAY HEALTHCARE CORPORATION AND ITS AFFILIATES
DBA: NORTHBAY HEALTH
CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)
YEARS ENDED DECEMBER 31, 2025 AND 2024
(IN THOUSANDS)

	2025	2024
CASH FLOWS FROM FINANCING ACTIVITIES		
Purchases of Property and Equipment Through Issuance of Long-Term Debt	(40,105)	-
Proceeds from Issuance of Long-Term Debt	118,884	13,733
Principal Payments on Long-Term Debt	(68,233)	(9,135)
Principal Payments on Finance Lease Obligations	(4,330)	(2,036)
Contributions Received for Long-Term Purposes	-	1,104
Net Cash Provided by Financing Activities	6,216	3,666
NET CHANGES IN CASH, CASH EQUIVALENTS, AND RESTRICTED CASH	(39,106)	(13,788)
Cash, Cash Equivalents, and Restricted Cash - Beginning of Year	73,178	86,966
CASH, CASH EQUIVALENTS, AND RESTRICTED CASH - END OF YEAR	$ 34,072	$ 73,178
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash and cash equivalents	$ 28,378	$ 18,941
Cash and cash equivalents and restricted cash in assets whose use is limited	5,694	54,237
	$ 34,072	$ 73,178
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash Paid During the Year for Interest, Net of Capitalized Interest	$ 16,243	$ 13,255
SUPPLEMENTAL DISCLOSURE OF NONCASH CASH FINANCING ACTIVITIES		
Assets Financed with Operating Lease Arrangements	$ 14,853	$ -

See accompanying Notes to Consolidated Financial Statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

NorthBay Healthcare Corporation (NBHC)

NBHC and its affiliates, d.b.a. NorthBay Health (the System), is a healthcare delivery system headquartered in Fairfield, Solano County, California. The System provides services to residents of Fairfield, Vacaville, and surrounding cities. The individual affiliates of the System are listed below. NBHC is the sole corporate member of these not-for-profit affiliates.

NorthBay Healthcare Group (NBHG or the Group)

The Group is responsible for the operations of two nonprofit hospitals: NorthBay Medical Center (NorthBay) in Fairfield, California, and VacaValley Hospital (VacaValley) in Vacaville, California. Each hospital provides both inpatient and outpatient health care services.

Health care services also include physician services through NBHG's medical foundation, doing business as NorthBay Medical Group (NBMG), a network of multi-specialty clinics located in Fairfield, California; Vacaville, California; and Napa, California. NBMG contracts with physicians for professional medical services. NBMG operates under Section 1206(l) of the California Health and Safety Code.

The Group owns 100% of the equity interest of NorthBay Physicians Surgery Center, LLC (NBPSC). NBPSC is a California limited liability company that operates an Ambulatory Surgery Center in Vacaville, California.

The Group's interest in Western Health Advantage (WHA), a nonprofit, full-service health care plan, at December 31, 2025 and 2024, was 50%. This interest is accounted for under the equity method (see Note 10).

NorthBay Healthcare Foundation (NBHF)

NBHF provides fundraising services for NBHG and its affiliated organizations. Additionally, NBHF provides support to the Group by managing the NorthBay Guild and volunteer services.

NorthBay Health Medical Foundation (NBHMF)

NBHMF is being established to provide physician healthcare services through a network of Multi-Specialty clinics located throughout Solano, Napa and Yolo counties. NBHMF will assume operation of many of the NBHG ambulatory clinics in January 2026 and will contract with physicians for professional medical services. NBHMF will operate under Section 1206(l) of the California Health and Safety Code.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Organization (Continued)

NorthBay Health Advantage (NBHA)

NBHA supports and carries out the purposes and functions of the Group by managing NorthBay Health Advantage HealthSpring Fitness, a medical fitness center located on the VacaValley campus, and satellite diagnostic imaging centers located near the two hospitals. NBHA's ownership interest in Solano Diagnostic Partners (SDP), the facility operator, is 95% at December 31, 2025 and 2024. NBHC's ownership interest in SDP is 5% at December 31, 2025 and 2024.

NBHA owns 100% of the equity interest of NorthBay Health Advantage LLC (NBHA LLC). NBHA LLC is a single purpose entity established to hold legal title of the VacaValley Wellness Center (VVWC). NBHA also owns 100% of the equity interest of NorthBay Health Advantage Ambulatory Surgery Center LLC (NBHA ASC LLC), which is a single purpose entity established to hold legal title of the NorthBay Ambulatory Surgery Center (ASC).

Basis of Consolidation

The consolidated financial statements include the accounts of the organizations listed in Note 1 except for the equity interest in WHA. All significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Tax Status

The System has applied for and received tax determination letters from government authorities advising that they are exempt from federal income and state franchise taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the Revenue and Taxation Code of the state of California, respectively. Therefore, there has been no provision for income taxes included in the accompanying consolidated financial statements.

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less (see Note 12).

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents (Continued)

Financial instruments that potentially expose the System to concentrations of credit risk consist principally of cash and cash equivalents on deposit with financial institutions, the balances of which frequently exceed federally insured limits. If any of the financial institutions with whom the System does business were to be placed into receivership with the Federal Deposit Insurance Corporation, the System may be unable to access the cash they have on deposit with such institutions. If the System was unable to access its cash and cash equivalents as needed, the System's financial position and ability to operate its business could be adversely affected.

Assets Whose Use is Limited

Assets whose use is limited consist principally of money market funds, cash equivalents, certificates of deposit, and debt and equity securities held through managed mutual funds pursuant to the System's investment policy. Equity securities are recorded at fair value. Certain assets are held by trustees in accordance with the indentures relating to long-term debt and by the System's governing board for future capital improvement. The Board retains control of these assets and may, at its discretion, use these amounts for other purposes.

Investment income, net (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues over expenses unless the income is restricted by donor or law. Changes in the fair value of equity securities are recorded as unrealized gains or losses and are included in the excess of revenues over expenses.

Fair Value of Financial Instruments

Unless otherwise indicated, the fair values of all reported assets and liabilities, which represent financial instruments, approximate their carrying values. The System's policy is to recognize transfers in and transfers out of Levels 1 and 2 as of the end of the reporting period.

Patient Accounts Receivable, Amounts Payable to Third-Party Payors, and Net Patient Service Revenue

As of and for the years ended December 31, 2025 and 2024, accounts receivable, amounts payable to third-party payors, and net patient service revenue are reported at the estimated amount to which the System believes it is entitled in exchange for patient care provided (see Note 9).

Concentration of Credit Risk

The System derives significant portions of its revenues from Medicare, Medicaid (Medi-Cal), and other third-party payor programs. The receipt of future revenues by the System is subject to, among other factors, federal and state policies affecting the health care industry.

Contracts with two health plans accounted for 100% of premiums received under capitation arrangements during the years ended December 31, 2025 and 2024.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Concentration of Credit Risk (Continued)

In addition, as part of the System's mission to serve the community, the System provides care to patients who come into the hospitals through emergency situations. As a result, the System is exposed to certain credit risks. The System manages its risks by regularly reviewing accounts and contracts and by providing for appropriate allowances to patient accounts receivable.

The mix of net patient accounts receivable at December 31 is as follows:

	2025	2024
Commercial Insurance	50 %	67 %
Medicare	28	18
Medi-Cal	17	14
Self-Pay/Other	5	1
Total	100 %	100 %

Inventories

Inventories are stated at the lower of cost or net realizable value, using a combination of first-in, first-out (FIFO) and current pricing. All stock inventories, except for pharmaceuticals, are valued using FIFO methodology. Because of the high turnover rate for pharmaceutical inventory, it is valued using current pricing, which approximates net realizable value.

Property and Equipment, Net

The system capitalizes property and equipment purchases with historical cost of at least $5,000 for individually identifiable assets and $8,000 for groups of similar long-lived assets with an individual unit cost of at least $1,000. Donated property, if any, is recorded at the fair value at date of donation. The cost of maintenance and repairs is charged to expense as incurred; significant renewals and betterments are capitalized. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from 3 to 40 years and are based upon the American Hospital Association's recommended estimated useful lives of depreciable assets by asset class. Leasehold improvements are amortized on a straight-line basis over lives not exceeding the related lease terms up to 20 years. When assets are retired, sold, or otherwise disposed of, the cost and related accumulated depreciation and amortization are removed from the accounts, and any resulting gain or loss is recognized as other income or expense. Interest costs incurred on borrowed funds during the period of construction of capital assets, net of related interest income, are capitalized as a component of the cost of acquiring those assets.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment, Net (Continued)

Gifts of long-lived assets such as buildings or equipment are reported as net assets without donor restrictions within contributions and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Prepaid Expenses and Other

Prepaid expenses and other include estimated stop loss recoveries for capitation plans, quality incentives receivables, other miscellaneous receivables, prepaid service contracts, and subordinated debt from WHA (see Note 10).

Other Current Liabilities

Other current liabilities mainly consist of the current portion of the System's hospital medical malpractice, capitation arrangement liabilities, hospital quality assurance fees payable, and cash advances from a third-party payor.

Bond Issuance Costs and Bond Premiums

Bond issuance costs are amortized over the life of the bonds using a method that approximates the effective interest method and are netted against the long-term debt balance. During the years ended December 31, 2025 and 2024, interest expense related to bond issuance costs was $580,000 and $258,000, respectively. The amortization of bond premiums was $283,000 and $779,000 for the years ended December 31, 2025 and 2024, respectively.

Leases

Transactions give rise to leases when the System receives substantially all of the economic benefits from, and has the ability to direct, the use of the specified property and equipment. The System primarily has lessee activity that is classified as operating leases. Operating leases are including in operating lease right-of-use assets, net, current maturities of operating lease liabilities, and operating lease liabilities, net of current maturities in the consolidated balance sheets. Finance leases are included in property and equipment, net, current maturities of long-term debt obligations, and long-term debt obligations, net of current maturities in the consolidated balance sheets.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Leases (Continued)

Right-of-use assets represent the right to use an underlying asset for the lease term and lease liabilities represent obligations to make lease payments arising from the lease. Operating lease right-of-use assets and liabilities are recognized at the commencement date based on the present value of lease payments over the lease term. When discount rates implicit in leases cannot be readily determined, the System uses the applicable incremental borrowing rate at lease commencement to perform lease classification tests and to measure lease liabilities and right-of-use assets. Lease expense for operating leases is recognized on a straight-line basis over the lease term.

The System has agreements with lease and nonlease components, such as common area maintenance, and has elected to account for the lease and nonlease components as separate components. The System has elected not to recognize right-of-use assets and lease liabilities for leases of terms less than 12 months.

Other Long-Term Liabilities

Other long-term liabilities consist mainly of the long-term portion of workers' compensation and medical malpractice liabilities.

Workers' Compensation

The System participates in a large deductible insurance program to manage the risk and cost of workers' compensation claims. The System has a reinsurance agreement with an insurance company to limit its losses to $250,000 per claim for losses prior to October 1, 2003, $350,000 per claim for losses from October 1, 2003, through September 30, 2019, and to $500,000 per claim for claims after that date. Losses from claims incurred but not reported (IBNR) during the coverage period have been accrued. An actuarial estimate of losses from reported and unreported incidents has been used by management to record a liability and related receivable from the insurance company. As of December 31, 2025 and 2024, the System had accrued total liabilities of $8,302,000 and $6,990,000, respectively, related to these claims. As of December 31, 2025 and 2024, the System had reported total receivables of $1,662,000 and $535,000, respectively. The current portion of workers' compensation liability and receivable ($5,705,000 and $1,142,000 respectively, at December 31, 2025, and ($4,873,000 and $373,000 respectively, at December 31, 2024) was estimated based on the claims expected to be paid within one year. The liability is recorded in accrued payroll and related liabilities, and the receivable is recorded in prepaid expenses and other. The long-term portion of the workers' compensation liability and receivable ($2,597,000 and $520,000 respectively, at December 31, 2025, and ($2,117,000 and $162,000 respectively, at December 31, 2024) is reported in other long-term liabilities and other assets, respectively.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Hospital Medical Malpractice Liability

The System purchases insurance coverage from a third-party insurer to cover medical malpractice claims. The policy, which went into effect on October 1, 2003, is a claims-made policy covering losses in excess of $100,000 per claim with a coverage limit of $15,000,000. Losses prior to October 1, 2003, are covered in excess of $50,000 per claim with a coverage limit of $25,000,000. Losses from IBNR claims during the coverage period have been accrued. These accruals are based on historical claims experience. As of December 31, 2025 and 2024, the System had accrued $9,909,000 and $8,890,000, respectively, related to these claims. The current portion of the liability ($910,000 and $762,000 at December 31, 2025 and 2024, respectively) was estimated based on the claims expected to be paid within one year and is included in other current liabilities. The long-term portion of the liability ($8,999,000 and $8,128,000 at December 31, 2025 and 2024, respectively) is included in other long-term liabilities. Additionally, the System had reported total receivables of $6,084,000 and $5,647,000 at December 31, 2025 and 2024, respectively. The current portion of the receivable ($480,000 and $445,000 at December 31, 2025 and 2024, respectively) was estimated based on the claims expected to be paid within one year and is included in prepaid expenses and other on the consolidated balance sheets. The long-term portion of the receivable ($5,604,000 and $5,202,000 at December 31, 2025 and 2024, respectively) is included in other assets.

Net Assets

All contributions that are not restricted by donors are included in net assets without donor restrictions. Contributions restricted by donors for a specific time period or purpose are initially reported as net assets with donor restrictions and are transferred to net assets without donor restrictions when the restrictions have been met.

Net assets with donor restrictions are to be used as of December 31 for the following purposes and time restrictions (in thousands):

	2025	2024
Subject to Expenditure for Specified Purpose:		
Specific Health Programs	$ 5,457	$ 5,617
Education	117	116
Buildings and Equipment	305	256
Total	5,879	5,989
Subject to the Passage of Time	1,932	1,932
To be Maintained in Perpetuity	1,060	947
Total Net Assets with Donor Restrictions	$ 8,871	$ 8,868

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Assets (Continued)

Net assets with donor restrictions related to endowments have been restricted by donors to be maintained by the System in perpetuity. These endowments remain intact with earnings on such funds providing an ongoing source of revenue to be used primarily for indigent medical care and research. Total endowments at December 31, 2025 and 2024, were $1,086,000 and $947,000, respectively. Net assets with donor restrictions related to endowments are commingled with the System's other investments and returns and are allocated to the net assets with donor restrictions endowment fund on a pro rata basis. Unrealized gain (loss) and investment income, net allocated to the endowment funds are classified as net assets with donor restrictions, as supported by associated agreements, until those amounts are appropriated for expenditure by the System in a manner consistent with the standard of prudence by the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

Capitation Arrangements

NBHG has entered into capitation contracts with prepaid health plans to provide medical services to subscribing participants. Under these agreements, NBHG receives monthly capitation payments based on the number of health plan participants, regardless of services actually performed by NBHG. NBHG is in turn responsible for certain covered medical services for these capitated patients. Capitation revenue is recognized over time during the month in which members are entitled to health care services. NBHG maintains a stop loss insurance policy to cover payment for commercial subscribers whose medical costs exceed a certain level ($525,000 and $500,000 per member in 2025 and 2024, respectively). NBHG also has a stop-loss contractual arrangement to cover payment for governmental subscribers whose medical costs exceed $400,000 and $300,000 per member in 2025 and 2024, respectively. Premiums paid under this policy were $4,271,000 and $1,929,000 for the years ended December 31, 2025 and 2024, respectively. NBHG has recorded a liability for referred services authorized and unpaid at year-end, including IBNR claims. As of December 31, 2025 and 2024, the System had accrued $6,538,000 and $10,282,000, respectively, related to these claims, which is included in other current liabilities. Additionally, NBHG has recorded a receivable for stop-loss recoveries related to these claims for $4,212,000 and $5,096,000 as of December 31, 2025 and 2024, respectively.

Referred Claims

Referred claims, also known as purchased medical services, represent the incurred costs relating to providing capitation services which have not been otherwise included in the System's expenses. These include costs of services for covered members rendered by other healthcare providers, as well as the costs of stop-loss insurance and the recoveries from those policies relating to capitated plans.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Charity Care

NBHG provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Information identified throughout the collection process is used to determine a patient's eligibility for charity care. As NBHG does not pursue collection of amounts once they are determined to qualify as charity care, they are not reported as net patient service revenue.

Contributions

Contributions are recorded as operating gains when received, unless restricted as to use. Resources restricted as to use for additions to operating plant and equipment, or specific operating purposes are recorded as additions to net assets with donor restrictions. Externally restricted funds may be utilized only in accordance with the purposes established by the donor. Funds are transferred from net assets with donor restrictions to net assets without donor restrictions when expenditures are made for the purpose intended by the donor. Contributions for which restrictions are satisfied in the same period as received are recorded as contributions revenue without donor restrictions.

Functional Expenses

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function including depreciation and amortization and interest are allocated to a function based on a units-of-service basis.

Expenses by function and nature consist of the following for the years ended December 31 (in thousands):

	2025			
	Healthcare Services	General and Administrative	Hospital Quality Assurance	Total
Salaries and Wages	$ 282,891	$ 43,348	$ -	$ 326,239
Employee Benefits	68,235	10,626	-	78,861
Professional Fees	132,088	8,855	-	140,943
Supplies	109,967	517	-	110,484
Purchased Services	33,833	44,084	-	77,917
Referred Claims	37,462	-	-	37,462
Facility and Equipment Rental	5,236	7,973	-	13,209
Depreciation and Amortization	19,865	3,064	-	22,929
Other	14,109	14,031	-	28,140
Interest	17,029	140	-	17,169
Hospital Quality Assurance Fee	-	-	31,970	31,970
Total Expenses by Function	$ 720,715	$ 132,638	$ 31,970	$ 885,323

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Functional Expenses (Continued)

	2024			
	Healthcare Services	General and Administrative	Hospital Quality Assurance	Total
Salaries and Wages	$ 262,022	$ 38,464	$ -	$ 300,486
Employee Benefits	65,481	8,038	-	73,519
Professional Fees	119,722	8,013	-	127,735
Supplies	97,861	509	-	98,370
Purchased Services	33,605	44,445	-	78,050
Referred Claims	44,287	-	-	44,287
Facility and Equipment Rental	6,343	5,766	-	12,109
Depreciation and Amortization	23,765	3,937	-	27,702
Other	16,191	5,884	-	22,075
Interest	12,946	499	-	13,445
Hospital Quality Assurance Fee	-	-	40,755	40,755
Total Expenses by Function	$ 682,223	$ 115,555	$ 40,755	$ 838,533

Hospital Fee Receivables

Hospital fee receivables include amounts due to the System under the California Hospital Fee Program.

California Hospital Fee Program

In November 2009, the California Hospital Fee Program (the Program) was signed into California state law. The Program provided supplemental Medi-Cal payments to certain California hospitals. It was funded by a quality assurance fee (the Fee) paid by participating hospitals and by matching federal funds. Hospitals received supplemental payments from either the California Department of Health Care Services (DHCS), managed care plans, or a combination of both. The program includes a Fee-for-Service component and a Managed Care component. The Centers for Medicare and Medicaid Services (CMS) must approve each component before it becomes effective. The resulting revenue represents variable consideration and is included in the transaction price to the extent that it is probable that a significant reversal will not occur in future periods. Revenues and expenses for the Fee-for-Service component are recognized by the System when the CMS waiver approval is received and the amounts are known, in the period in which the services are performed. Beginning in the year ended December 31, 2021, the System recognized revenues and expenses for the pass-through portion of the Managed Care component when the CMS waiver approval is received and actual invoices for amounts to be paid and received are known.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

California Hospital Fee Program

During the year ended December 31, 2024, the System changed its accounting estimate to recognize the Managed Care component when CMS waiver approval is received and the amounts are known, as the System concluded that there was sufficient history of actual payments under the Program consistent with amounts approved by CMS such that it is improbable there would be a significant reversal of revenue once CMS has issued its final approval and payments are received. As a result, the System has concluded that CMS' final approval and payment receipt no longer represent a constraint on the variable consideration under the Program, and consequently recognized revenue and expense in the period in which they are incurred and amounts are known. As of December 31, 2025 and 2024, the System recorded hospital quality assurance fee receivable on the consolidated balance sheets of $107,738,000 and $82,043,000, respectively, for funds due in accordance with the Program, and total Program revenue of $57,886,000 and $110,507,000, respectively, for the years then ended, which is included in net patient service revenue on the consolidated statements of operations and changes in net assets. As of December 31, 2025 and 2024, the System recorded hospital quality assurance fee payable of $43,164,000 and $24,816,000, respectively, for funds payable in accordance with the Program, and total Program expenses of $31,970,000 and $40,755,000 for the years then ended December 31, 2025 and 2024, respectively, which is included in hospital quality assurance fee expense on the consolidated statements of operations and changes in net assets.

The following table presents the California Hospital Fee Program revenues and expenses recognized during the years ended December 31 by program component (in thousands):

	2025	2024
Fee-for-Service Component:		
Net Patient Service Revenues	$ 1,703	$ 8,442
Expenses	(2,147)	(10,621)
Net Expense	$ (444)	$ (2,179)
Managed Care Component:		
Net Patient Service Revenues	$ 56,183	$ 102,065
Expenses	(29,823)	(30,134)
Net Benefit	$ 26,360	$ 71,931
Combined:		
Net Patient Service Revenues	$ 57,886	$ 110,507
Expenses	(31,970)	(40,755)
Net Benefit	$ 25,916	$ 69,752

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Excess of revenues over expenses is considered the performance indicator.

Subsequent Events

The System has evaluated subsequent events through March 25, 2026, which is the date the consolidated financial statements were issued.

NOTE 2 ASSETS WHOSE USE IS LIMITED

In 2025 and 2024, assets whose use is limited consist primarily of money market funds, cash equivalents, certificates of deposit, and debt and equity securities held through managed mutual funds. Assets whose use is limited are held at December 31 for the following purposes (in thousands):

	2025	2024
Designated by Board of Directors for:		
Capital Improvements	$ 324,529	$ 287,378
Self-Insurance Liabilities	4,088	3,993
Other	8,916	5,619
Under Financing Agreement, Held by Bank Trustees	23,451	54,237
Total Assets Whose Use is Limited	360,984	351,227
Less: Assets Whose Use is Limited Required for Current Liabilities	(2,753)	(18,613)
Assets Whose Use is Limited, Net of Current Portion	$ 358,231	$ 332,614

Investment results for the years ended December 31 are as follows (in thousands):

	2025	2024
Income:		
Interest and Dividend Income	$ 17,951	$ 13,016
Realized Gain on Investments, Net	(1,881)	117
Investment Income, Net	$ 16,070	$ 13,133

NOTE 3 FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are based on assumptions that market participants would use in pricing an asset or liability, prioritizing the use of observable inputs and minimizing the use of unobservable inputs.

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

Inputs used in measuring fair value are categorized into a hierarchy based on the degree to which they are observable in the market. The hierarchy consists of three levels, which are described below:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Assets Whose Use is Limited – Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include money market funds and other cash equivalents, highly liquid government bonds, and exchange traded equities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows. Level 2 securities include certificates of deposit.

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2025 and 2024 (in thousands):

December 31, 2025	Level 1	Level 2	Level 3	Total
Assets Whose Use is Limited:				
Money Market Funds and Other Cash Equivalents	$ 7,467	$ -	$ -	$ 7,467
Certificates of Deposit	-	463	-	463
Equity Mutual Funds:				
U.S. Large Cap	90,742	-	-	90,742
U.S. Small Cap	12,365	-	-	12,365
Total Equity Mutual Funds	103,107	-	-	103,107
Fixed Income:				
Domestic Mutual Funds	150,625	-	-	150,625
Foreign Mutual Funds	47,023	-	-	47,023
U.S. Government Securities	15,859	4,476	-	20,335
Total Fixed Income	213,507	4,476	-	217,983
Corporate Equity Securities	26,270	-	-	26,270
Total	$ 350,351	$ 4,939	$ -	$ 355,290

December 31, 2024	Level 1	Level 2	Level 3	Total
Assets Whose Use is Limited:				
Money Market Funds and Other Cash Equivalents	$ 58,618	$ -	$ -	$ 58,618
Certificates of Deposit	-	3,993	-	3,993
Equity Mutual Funds:				
U.S. Large Cap	56,725	-	-	56,725
U.S. Small Cap	44,902	-	-	44,902
Total Equity Mutual Funds	101,627	-	-	101,627
Fixed Income:				
Domestic Mutual Funds	136,712	-	-	136,712
Foreign Mutual Funds	46,443	-	-	46,443
U.S. Government Securities	-	-	-	-
Total Fixed Income	183,155	-	-	183,155
Corporate Equity Securities	3,834	-	-	3,834
Total	$ 347,234	$ 3,993	$ -	$ 351,227

NOTE 4 PROPERTY AND EQUIPMENT, NET

Property and equipment, net at December 31 consist of the following (in thousands):

	2025	2024
Land	$ 68,142	$ 26,471
Buildings	224,472	269,921
Equipment	300,828	291,767
Leasehold Improvements	41,885	39,826
Equipment Under Finance Lease Obligations	3,836	39,158
Construction in Progress	29,700	14,662
Total	668,863	681,805
Less: Accumulated Depreciation	(345,864)	(370,988)
Property and Equipment, Net	$ 322,999	$ 310,817

Interest expense capitalized in 2025 and 2024 was $926,000 and $882,000, respectively.

As of December 31, 2025, the System has spent $78,600,000 related to various construction and other capital projects in progress. The System estimates an additional $81,400,000 will be required through fiscal 2026 to complete the projects. As of December 31, 2025, the System has outstanding commitments with contractors for approximately $71,300,000 related to these projects.

NOTE 5 LONG-TERM OBLIGATIONS, NET

Long-term obligations, net at December 31 consist of the following (in thousands):

	2025	2024
California Municipal Finance Authority:		
Series 2015 A Bonds	$ 25,505	$ 26,300
Series 2016 A Bonds	10,370	13,500
Series 2017 A Bonds	191,978	196,075
Series 2025 A Bonds	5,589	-
Unamortized Premium for Above Bonds	42,000	6,291
Bank of America - Solar Phase I	14,761	15,086
BMO Harris N.A. - Wellness Center	-	38,629
Fidelity Loan	56,518	-
Siemens Financing - ASC	11,099	11,375
Finance Lease - Siemens Phase II	519	636
Finance Lease - Winters Building	-	1,768
Finance Lease - Rio Vista Building	-	1,575
Finance Lease - Huntington	1,003	1,282
Finance Lease - CSI Leasing	1,162	1,419
Finance Lease - Insight Investments	632	1,001
Total	361,136	314,937
Less: Current Maturities	(11,966)	(12,428)
Less: Net Unamortized Cost of Issuance	(4,268)	(4,107)
Long-Term Obligations, Net	$ 344,902	$ 298,402

NOTE 5 LONG-TERM OBLIGATIONS, NET (CONTINUED)

In 2013, NBHG entered into a Master Lease and Sublease Agreement with Siemens Public, Inc., as lessor; ABAG Finance Authority for Nonprofit Corporations as lessee; and NBHG as sublessee to acquire and install water conservation and energy saving equipment at the Fairfield hospital. The lease (Schedule 1 to the Master Lease) had an initial principal amount of $2,164,000 with an interest rate of 3.76% and amortizes ratably over a 16-year period ending September 2029, with monthly payments beginning in October 2014. The lease obligation is collateralized by the leased equipment.

In 2015, 2016, 2017, and 2025, NBHC and the Group (collectively, the Obligated Group) issued tax-exempt municipal bonds through the California Municipal Finance Authority.

Series 2015 A Bonds were issued in the principal amount of $31,960,000. The Series 2015 A Bonds were sold at a premium of $2,849,000 and included additional borrower funds of $178,000, resulting in total proceeds of $34,987,000, of which $32,000,000 was used for to finance certain preconstruction costs related to the planned expansion of NorthBay Medical Center. Of the remaining proceeds, $2,113,000 was used to establish a debt service reserve fund for the Series 2015 A Bonds, and $874,000 was used to pay certain costs to issue the Series 2015 A Bonds. Interest on the Series 2015 A Bonds is fixed at 5.00% per annum. Principal will be repaid beginning in 2016 and annually thereafter until 2044. The issuance premium is being amortized over the life of the Series 2015 A Bonds using the effective-interest method. The Series 2015 A Bonds are secured by the revenues of the Obligated Group, a deed of trust dated October 1, 2013, and other amounts held in any fund or account established by the Indenture to the Series 2015 A Bonds.

Series 2016 A Bonds were issued in April 2016 in the principal amount of $34,895,000. The Series 2016 A Bonds were sold at a premium of $4,934,000 and included the balance of Series 2013 A Bonds unspent funds of $4,049,000, resulting in total proceeds of $43,878,000, of which $39,593,000 was used to refund the variable rate Series 2013 A Bonds. Of the remaining proceeds, $3,489,000 was used to establish a debt service reserve fund for the Series 2016 A Bonds, and $796,000 was used to pay certain costs to issue the Series 2016 A Bonds. Interest on the Series 2016 A Bonds is fixed at rates varying from 2.00% to 5.00% per annum. Principal will be repaid beginning in 2016 and annually thereafter until 2028. The issuance premium is being amortized over the life of the Series 2016 A Bonds using the effective-interest method. The Series 2016 A Bonds are secured by the revenues of the Obligated Group, a deed of trust dated October 1, 2013, and other amounts held in any fund or account established by the Indenture to the Series 2016 A Bonds.

NOTE 5 LONG-TERM OBLIGATIONS, NET (CONTINUED)

Series 2017 A Bonds were issued in January 2017 in the principal amount of $203,800,000. The Series 2017 A Bonds were sold at a premium of $6,494,000, resulting in total proceeds of $210,294,000. Of the proceeds, $166,000,000 are to be used for expansion and renovation projects. Of the remaining proceeds, $14,764,000 was used to establish a debt service reserve fund for the Series 2017 A Bonds, $25,969,000 was used to establish a capitalized interest fund, and $3,561,000 was used to pay certain costs to issue the Series 2017 A Bonds. Interest on the Series 2017 A Bonds is fixed at rates varying from 5.00% to 5.25% per annum. Principal will be repaid beginning in 2020 and annually thereafter until 2047. The issuance premium is being amortized over the life of the Series 2017 A Bonds using the effective-interest method. The Series 2017 A Bonds are secured by the revenues of the Obligated Group, a deed of trust dated October 1, 2013, and other amounts held in any fund or account established by the Indenture to the Series 2017 A Bonds.

The Series 2025 A Bonds were issued in March 2025 in the principal amount of $42,000,000, with proceeds used to refund and retire the Series 2025 Notes, which were originally issued in January 2025 in the principal amount of $40,000,000 to finance a land acquisition. Interest on the Series 2025 Notes was payable monthly at a rate equal to the Daily SOFR Rate plus 1.75% and was fully repaid from the proceeds of the Series 2025A Bonds. The Series 2025 A Bonds bear interest at a variable rate and mature in 2055. Bond issuance costs of $580,184 were incurred in connection with the issuance of the Series 2025A Bonds and are being amortized over the life of the bonds using the effective-interest method. The Series 2025 A Bonds are secured by the revenues of the Obligated Group in accordance with the applicable master trust indenture and related bond documents.

Series 2015 Bonds, Series 2016 Bonds, Series 2017 Bonds, and Series 2025 Bonds are governed by a Master Indenture dated October 2013 that contains certain covenants which require the Obligated Group to maintain, among other things, certain financial ratios.

In January 2015, NBHG entered into a Master Lease Agreement with Macquarie Equipment Finance, Inc., to acquire various computer and medical equipment. Schedules 1 and 2 to the Master Lease Agreement were accepted in September 2015 and July 2016, respectively, in the amounts of $673,000 and $935,000, respectively. The lease term for Schedule 1 is five years and the lease term for Schedule 2 is three years. The Master Lease Agreement was subsequently assigned to Huntington Technology Finance, Inc.

NOTE 5 LONG-TERM OBLIGATIONS, NET (CONTINUED)

In January 2020, NBHA ASC LLC purchased the ASC from the real estate developer for $16,250,000. The transaction consisted of $4,875,000 in cash and a note payable to Siemens Financing in the amount of $11,375,000. The note is interest only, at 3.97%, through December 2025, with principal and interest payments commencing in January 2026 based on a 10-year amortization. The note has a maturity date of January 3, 2030.

NBHC maintains a margin borrowing arrangement with Fidelity that allows it to borrow against certain investment securities held in its investment account to meet short-term cash needs while retaining ownership of the underlying investments. The System may borrow on margin up to a maximum amount of $100,262,000, subject to collateral requirements and market conditions. During the year, the System utilized this facility and borrowed up to $77,465,000 in aggregate principal, which bears interest at a variable rate. A portion of these borrowings was repaid during the year, and the outstanding margin loan balance was $56,518,000 at year end. The margin loan is secured by eligible investment securities and requires the maintenance of minimum collateral coverage levels. In addition, the borrowing provisions require that, in each fiscal year, there be at least one consecutive twenty-day period during which the balances of all short-term indebtedness, including the margin balance, do not exceed 5% of total net revenues, and management monitors compliance with this requirement.

In July 2021, NBHA LLC entered into a finance lease arrangement through a Term Note Agreement with BMO Harris N.A. in the amount of $41,625,000 to finance the development of a wellness center. A portion of the proceeds was used to pay the outstanding principal and interest balance of a 2019 financing obligation with Siemens Financing. Principal and interest were payable on the first of each month commencing September 1, 2021. The obligation bore interest at the Secured Overnight Financing Rate (SOFR) one-month index plus a spread of 1.96% and had a stated maturity date of July 30, 2031. In 2025, the System completed the sale of the wellness center and related assets to HealthCore Vacaville, LLC. As a result of this transaction, the finance lease obligation was fully satisfied and extinguished, and the related finance lease right-of-use asset and finance lease liability were derecognized. No amounts were outstanding under this finance lease obligation as of December 31, 2025. At December 31, 2024, the effective interest rate on the finance lease obligation was 5.97%.

In July 2021, NBHA LLC entered into an Interest Rate Swap Agreement with BMO Harris N.A. to manage exposure to changes in variable interest rates associated with the Term Note Agreement. The swap had a notional amount of $41,625,000 and a termination date of July 30, 2031. Under the terms of the agreement, NBHA LLC was obligated to make monthly fixed interest payments at a rate of 3.39% in exchange for receiving variable interest payments based on the one-month LIBOR-BBA rate. In connection with the sale of the wellness center in 2025 and the extinguishment of the related term debt, the Interest Rate Swap Agreement was terminated. The interest rate swap was not designated as a hedging instrument for accounting purposes. The fair value of the interest rate swap was $0 as of December 31, 2025. At December 31, 2024, the fair value of the interest rate swap was an asset of $5,233,000.

NOTE 5 LONG-TERM OBLIGATIONS, NET (CONTINUED)

In 2022, NBHC entered into several lease agreements with CSI Leasing, Inc. to finance the purchase of various computer equipment in the amount of $1,991,000. The terms of the agreements range from 12 to 48 months and monthly rent installments range from $1,000 to $12,000.

In 2023, NBHC entered into a couple of lease agreements with Insight Investments, LLC to finance the purchase of copier equipment in the amount of $1,357,000. The terms of the agreements are 60 months and monthly rent installments range from $7,000 to $22,000.

In June 2024, NBHC entered into a finance lease agreement with California Forever Solano Downtowns Fund LLC to finance the purchase of a clinic building in the amount of $1,607,000. The finance lease had a term of 40 months and required monthly payments of $6,000. In August 2024, NBHC entered into a separate finance lease agreement with California Forever Solano Downtowns Fund LLC to finance the purchase of an additional clinic building in the amount of $1,563,000. This finance lease also had a term of 40 months and required monthly payments of $6,000. In 2025, the System facilitated the sale of the related clinic buildings located in Winters and Rio Vista from California Forever Solano Downtowns Fund LLC to HealthCore Vacaville, LLC. As a result of these transactions, both finance lease agreements were fully satisfied and extinguished, and the related finance lease right-of-use assets and finance lease liabilities were derecognized. No finance lease obligations related to these agreements were outstanding as of December 31, 2025.

In September 2024, NBHG entered into a Master Loan and Security Agreement with Bank of America Leasing & Capital, LLC. The master note consists of three individual notes which aggregate $15,086,000 and are payable in 12 equal interest only payments totaling $70,000 beginning October 2024, followed by 108 monthly installments of principal and interest payments totaling $174,000. The notes bear interest at 5.58% per annum or, if less, the highest rate of interest permitted by applicable law. The effective interest rate at December 31, 2025 and 2024 was 5.58%. The notes mature in September 2034.

Required principal payments on long-term debt subsequent to December 31, 2025, are as follows (in thousands):

Year Ending December 31,	Amount
2026	$ 11,966
2027	12,176
2028	12,096
2029	8,726
2030	8,961
Thereafter	303,895
Total	$ 357,820

At December 31, 2025, management believes that the System is in compliance with all debt covenants.

See Note 6 – Leases for required principal payments on finance lease liabilities subsequent to December 31, 2025.

NOTE 6 LEASES

The System leases medical office buildings, office space, and equipment. The remaining lease term for leases ranges from 1 to 20 years. Some leases contain renewal options. The System has taken the reasonable certainty of exercising the renewal options into consideration, and if applicable, has recognized the renewal options as part of the right-of-use assets and lease liabilities.

At December 31, lease assets and lease liabilities were as follows (in thousands):

	2025	2024
Lease Assets:		
Operating Right-of-Use Assets	$ 95,589	$ 71,307
Finance Right-of-Use Assets - Property and Equipment, Net	3,133	8,605
Total Leased Right-of-Use Assets	$ 98,722	$ 79,912
Lease Liabilities:		
Current Operating Lease Liabilities	$ 6,384	$ 6,700
Current Long-Term Operating Lease Liabilities	1,483	2,005
Noncurrent Operating Lease Liabilities, Net of Current Maturities	95,800	71,160
Noncurrent Finance Lease Obligations, Net of Current Maturities	1,833	5,676
Total Lease Liabilities	$ 105,500	$ 85,541

For the years ended December 31, total lease costs incurred by lease type and type of payment were as follows (in thousands):

	2025	2024
Operating Lease Costs	$ 8,090	$ 10,977
Finance Lease Costs:		
Amortization of Lease Assets	1,405	1,958
Interest on Lease Liabilities	266	214
Total Lease Costs	$ 9,761	$ 13,149

NOTE 6 LEASES (CONTINUED)

For the years ended December 31, other supplemental quantitative disclosures were as follows (in thousands):

	2025	2024
Cash Paid for Amounts Included in the Measurement of Lease Liabilities:		
Operating Cash Flows Used for Operating Leases	$ 7,335	$ 8,950
Financing Cash Flows Used for Finance Leases	$ (1,596)	$ (2,036)
Additions to Right-of-Use Assets Obtained in the Period from Operating Leases	$ 70,196	$ -
Additions to Right-of-Use Assets Obtained in the Period from Finance Leases	$ -	$ 5,825
Weighted-Average Lease Term - Operating Leases	14.69 Years	15.55 Years
Weighted-Average Lease Term - Finance Leases	2.44 Years	2.76 Years
Weighted-Average Discount Rate - Operating Leases	4.85%	4.86%
Weighted-Average Discount Rate - Finance Leases	7.17%	3.44%

At December 31, 2025, the undiscounted future lease payments over the lease term for operating and finance leases, along with a reconciliation of the undiscounted cash flows to operating and finance lease liabilities, were as follows (in thousands):

Year Ending December 31,	Finance Leases	Operating Leases
2026	$ 1,663	$ 11,163
2027	1,263	11,170
2028	497	11,304
2029	177	11,421
2030	-	8,798
Thereafter	-	93,580
Total Lease Payments	3,600	147,436
Less: Present Value Discount	(284)	(45,252)
Long-Term Lease Liability	$ 3,316	$ 102,184

NOTE 7 NET PATIENT SERVICE REVENUE

Patent service revenue is reported at the estimated amount to which the System believes it is entitled in exchange for patient care provided. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Revenue is recognized as the performance obligations are satisfied over time based on actual charges incurred in relation to total expected consideration. The System believes this method provides a faithful depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations.

NOTE 7 NET PATIENT SERVICE REVENUE (CONTINUED)

Performance obligations are determined based on the nature of the services provided. The System measures the performance obligation from admission into the hospital, or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services.

Patient accounts receivable represent unconditional rights to consideration for services provided and are recognized when the performance obligations are satisfied; accordingly, the System does not record contract assets.

Because all of its performance obligations relate to contracts with a duration of less than one year, the System is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to previously are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The System determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policies, implicit price concessions provided to uninsured patients, and expected credit losses. The System determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The System determines its estimate of implicit price concessions based on its historical collection experience or due to expected credit losses.

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

Medicare – Certain inpatient acute care services are paid at prospectively determined rates per discharge based on clinical, diagnostic, and other factors. Certain services are paid based on cost-reimbursement methodologies subject to certain limits. Physician services are paid based upon established fee schedules. Outpatient services are paid using prospectively determined rates.

Medi-Cal – Reimbursements for Medi-Cal services are generally paid at prospectively determined rates per discharge, per occasion of service, or per covered member.

Other – Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates, or per covered member.

NOTE 7 NET PATIENT SERVICE REVENUE (CONTINUED)

Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the System's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price were not significant in 2025 and 2024.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The System also provides services to uninsured patients and the System's Financial Assistance Policy details the discounts available to uninsured patients. The System estimates the transaction price for patients with deductibles and coinsurance, and those who are uninsured based on historical experience, current market conditions, and expected credit losses.

Consistent with the System's mission, care is provided to patients regardless of their ability to pay. Therefore, it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (e.g., copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the expected realizable collectible amounts based on its collection history with those patients or due to expected credit losses.

Laws and regulations governing the Medicare and Medi-Cal programs are extremely complex and subject to interpretation. As a result, there is a reasonable possibility that recorded estimates could change by a material amount in the near term. Adjustments from finalization of prior-year cost reports from both Medicare and Medi-Cal resulted in increases in net patient service revenues of approximately $307,000 and $14,436,000 for the years ended December 31, 2025 and 2024, respectively. Medicare and Medi-Cal cost reports have been audited through December 31, 2021 and 2022, respectively.

The System believes that it is in compliance with all applicable laws and regulations and is not aware of any significant pending or threatened investigations involving allegations of potential wrongdoing. While no such significant regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medi-Cal programs.

NOTE 7 NET PATIENT SERVICE REVENUE (CONTINUED)

For the years ended December 31, the following table reflects net patient service revenue by major payor groups (in thousands):

	2025	2024
Commercial	$ 452,410	$ 283,071
Medicare	235,540	190,991
Medi-Cal	16,045	187,881
Other	11,577	33,369
Self-Pay	3,895	1,267
Total	$ 719,467	$ 696,579

For the years ended December 31, the following table reflects the estimated percentage of net patient service revenue by major payor groups:

	2025	2024
Commercial	62 %	41 %
Medicare	33	27
Medi-Cal	2	27
Other	2	5
Self-Pay	1	-
Total	100 %	100 %

For the years ended December 31, the following table reflects capitation revenue by payor type (in thousands):

	2025	2024
Medi-Cal Capitation Plan	$ 77,123	$ 69,195
Commercial Capitation Plan	55,256	48,737
Total	$ 132,379	$ 117,932

For the years ended December 31, the following represents beginning and ending patient accounts receivable, net (in thousands):

	2025	2024	2023
Patient Accounts Receivable, Net	$ 161,179	$ 125,362	$ 117,677

NOTE 8 CHARITY CARE

The System maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies, and equivalent service statistics. The costs are calculated using a cost to charge ratio. The following information measures the level of charity care provided (in thousands) during the years ended December 31:

	2025	2024
Estimated Costs and Expenses Incurred to Provide Charity Care	$ 8,866	$ 11,477
Days of Inpatient Charity Care Provided (Unaudited)	793	590
Number of Patents Receiving Charity Care (Unaudited)	6,996	6,740

NOTE 9 RETIREMENT PLAN

The System participated in a single defined contribution plan (the Plan). The Plan is exempt from the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides, among other things, that the employer will contribute 2.00% to 7.50% of an employee's wages depending on the number of years of continuous employment. All full-time or part-time employees on their first day of employment are eligible for participation in the Plan. Employer contributions are included in the consolidated statements of operations and changes in net assets as part of employee benefits expense in the amount of $12,402,000 and $11,373,000 for the years ended December 31, 2025 and 2024, respectively.

NOTE 10 RELATED-PARTY TRANSACTIONS

WHA is a nonprofit, full-service healthcare plan sponsored by the System and one other healthcare organization. WHA serves 14 Northern California counties (Sacramento, El Dorado, Placer, Yolo, Colusa, Solano, Napa, Sonoma, Marin, San Francisco, San Mateo, Alameda, Humboldt, and Contra Costa). The System accounts for its capital contribution in WHA as an equity interest in WHA's net assets. At December 31, 2025 and 2024, the System's interest in WHA was $6,856,000 and $5,703,000, respectively, which is included in other assets on the consolidated balance sheets. For the years ended December 31, 2025 and 2024, the System recognized a gain of $1,153,000 and $1,397,000, respectively, as other income representing its share of WHA's income. The System recorded capitation revenue from WHA in 2025 and 2024 of $55,256,000 and $48,737,000, respectively. During June 2015, WHA issued a note payable to the System in the amount of $6,500,000. For the years ended December 31, 2025 and 2024, there were no principal payments made from WHA. In June 2022, WHA issued another note payable to the System in the amount of $2,535,000. As of December 31, 2025 and 2024, the outstanding principal balance of the note payables was $4,302,000 and $4,187,000, respectively. The notes are payable upon demand and are subject to an annual interest rate of 3%. These amounts are included in prepaid expenses and other on the consolidated balance sheets.

NOTE 10 RELATED-PARTY TRANSACTIONS (CONTINUED)

The following is summarized financial information of WHA for the years ended June 30 (in thousands):

	2025	2024
Current Assets	$ 100,059	$ 105,970
Noncurrent Assets	8,020	8,388
Total	$ 108,079	$ 114,358
Current Liabilities	$ 78,546	$ 87,850
Noncurrent Liabilities	13,088	13,668
Net Assets Without Donor Restrictions	16,445	12,840
Total	$ 108,079	$ 114,358
Revenues	$ 929,152	$ 803,628
Expenses	(925,554)	(799,933)
Net Income	$ 3,598	$ 3,695

NOTE 11 COMMITMENTS AND CONTINGENCIES

Contingencies

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of regulations by healthcare providers, which could result in the imposition of significant fines and penalties as well as significant repayment of previously billed and collected revenues for patient services. Management believes that the System is in substantial compliance with current laws and regulations.

The System regularly evaluates all active legal matters. Several labor lawsuits have been filed against the System. It is too early in the litigation to provide a reasonable estimate of the potential liability.

The System has available Letters of Credit as of December 31, 2025 and 2024, of $35,000,000 and $3,827,000, respectively, securing workers' compensation claims. No amounts were drawn against these Letters of Credit as of December 31, 2025 and 2024.

NOTE 12 LIQUIDITY AND AVAILABILITY

As of December 31, 2025 and 2024, the System has working capital of $167,509,000 and $106,745,000 and average days (based on normal expenditures) cash on hand of 148 and 140, respectively.

Financial assets available for general expenditure within one year of the consolidated balance sheet date consist of the following as of December 31 (in thousands):

	2025	2024
Cash and Cash Equivalents	$ 28,378	$ 18,941
Patient Accounts Receivable, Net	161,179	125,362
Total	$ 189,557	$ 144,303

The System has certain board-designated and donor-restricted assets whose use is limited which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the quantitative information above. The System has other assets whose use is limited for donor-restricted purposes, capital improvements, debt service, self-insurance liabilities, deferred compensation plans, and other employee benefit funds that are not included in the quantitative information above as those assets are not available for general expenditures within one year.

As part of the System's liquidity management plan, cash in excess of daily requirements is invested in money market funds. These funds generally invest in highly liquid U.S. government and agency obligations. As of December 31, 2025 and 2024 the System's money market fund balance was $10,926,000 and $19,897,000, respectively. This fund established by the board of directors may be drawn upon, if necessary, to meet unexpected liquidity needs.

Additionally, the System has the ability to borrow, from its investment account, on margin to meet short-term cash needs. In every fiscal year, there shall be at least a consecutive 20-day period when the balances of all short-term indebtedness, including the margin balance, shall not exceed 5% of total net revenues. The System's board of directors will establish a maximum margin borrowing limit. As of December 31, 2025 and 2024, the balance on the System's margin indebtedness was $56,518,000 and $8,456,000, respectively.

The System's margin borrowing arrangement is subject to market conditions, including fluctuations in the fair value of pledged investment securities, which could result in additional collateral requirements or margin calls. Management actively monitors investment values, borrowing levels, and liquidity sources to mitigate the risk of adverse market-driven liquidity impacts.

Management has concluded that no conditions raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

NOTE 13 SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the consolidated balance sheet date, but before the consolidated financial statements are issued. The System recognizes in the consolidated financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the consolidated balance sheet, including the estimates inherent in the process of preparing the consolidated financial statements. The System's consolidated financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the consolidated balance sheet, but arose after the consolidated balance sheet date and before the consolidated financial statements are issued.

Prior to December 31, 2025, the System entered into a non-binding Letter of Intent with Providence to acquire Providence Queen of the Valley Medical Center, a 198-bed acute-care hospital located in Napa, California. The proposed transaction contemplates the transfer of ownership of Queen of the Valley Medical Center and related assets to the System, subject to the execution of a definitive agreement, receipt of required regulatory approvals, and satisfaction of customary closing conditions. Management currently anticipates that the transaction, if completed, would close by the end of calendar year 2026. As of the date these consolidated financial statements were issued, a definitive agreement had not been executed, and the transaction had not closed. Accordingly, no assets or liabilities related to the proposed acquisition have been recognized in the accompanying consolidated financial statements. The System is evaluating the potential financial and operational impact of the proposed acquisition; however, the ultimate terms and accounting treatment of the transaction cannot be determined until a definitive agreement is executed and the transaction is consummated.

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INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
NorthBay Healthcare Corporation and its Affiliates
dba: NorthBay Health
Fairfield, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health which comprise the NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's consolidated balance sheet as of December 31, 2025, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated March 25, 2026.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's internal control. Accordingly, we do not express an opinion on the effectiveness of NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Report on Internal Control Over Financial Reporting (Continued)

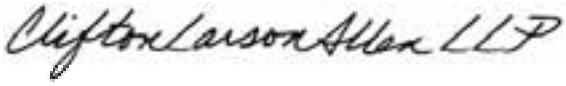
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether NorthBay Healthcare Corporation and its Affiliates dba: NorthBay Health's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the consolidated financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



CliftonLarsonAllen LLP

Spokane, Washington
March 25, 2026

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EXHIBIT 2 TO

SECTION 999.5(d)(9)

B4425-9333 03/27/2026 5:00 PM Received by California Secretary of State

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-FILED-

File No.: B20260165409

Date Filed: 3/27/2026

ARTICLES OF INCORPORATION
OF
NORTHBAY NAPA HOSPITAL CORP.

Article I.

The name of the corporation is: **NorthBay Napa Hospital Corp.** (the "**Corporation**").

Article II.

The initial street and mailing address of the Corporation is 1000 Trancas St., Napa, California 94558.

Article III.

The name and address of the Corporation's initial agent for service of process is Sukhwinder Bajwa at 4500 Business Center Drive, Fairfield, California 94534.

Article IV.

The Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for charitable purposes. Such purposes for which this Corporation is organized are exclusively charitable within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as may hereafter be amended ("**Internal Revenue Code**"). The Corporation shall not carry on any activities that are not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or by a corporation, contributions to which are deductible under Section 170 of the Internal Revenue Code. The primary purpose of the Corporation is to provide health care services, which include hospital and physician services, and operate any facilities and/or assets necessary to improve the health care status of the public. The Corporation shall have all the powers of a natural person, subject only to the limitations imposed by these Articles of Incorporation, the corporate bylaws of this Corporation ("**Bylaws**"), and all applicable laws.

Article V.

The Corporation's sole corporate member, within the meaning of California Corporations Code Section 5056, shall be NorthBay Healthcare Corporation (the "**Corporate Member**"). The rights and privileges of the Corporate Member of the Corporation shall be as set forth in the Bylaws.

Article VI.

A. No substantial part of the activities of the Corporation shall consist of the carrying on or propaganda or otherwise attempting to influence legislation, and this corporation shall not

participate in or intervene in any political campaign (including the publication or distribution of statements) on behalf of any candidate for public office.

B. The Corporation is not organized for, nor shall it be operated for, pecuniary gain or profit. The Corporation shall not distribute gains, profits or dividends to any members or other private persons in violation of Section 501(c)(3) of the Internal Revenue Code. The property, assets, and profits of the Corporation are dedicated irrevocably to the charitable purposes set forth in these Articles of Incorporation, and no part of the profits or net income of the Corporation shall inure to the benefit of any director, officer, trustee, officer, member, or other private individual.

Article VII.

Upon the winding up or dissolution of the Corporation, those assets that remain after payment or other provision for the payment of all debts and liabilities of the Corporation shall be distributed to the Corporate Member (as such term is defined herein), which is organized and operated exclusively for exempt purposes as described in Section 214 of the Revenue & Taxation Code, and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code, or, if the Corporate Member cannot accept such property, to a nonprofit fund, foundation, or corporation that is organized and operated exclusively for exempt purposes, as specified in Section 214 of the Revenue & Taxation Code, and that has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. Any distribution upon winding up or dissolution shall be in accordance with all federal, state and local laws applicable to such winding up or dissolution.

IN WITNESS WHEREOF, the undersigned, who is the incorporator of the Corporation, has executed these Articles of Incorporation as of the date set forth immediately below.

DATE: March 27, 2026

Mark Behl, Sole Incorporator

B4425-9334 03/27/2026 5:00 PM Received by California Secretary of State

EXHIBIT 3 TO

SECTION 999.5(d)(9)

BYLAWS

OF

NORTHBAY NAPA HOSPITAL CORP.

Effective as of March 31, 2026

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BYLAWS
OF
NORTHBAY NAPA HOSPITAL CORP.,
a California nonprofit public benefit corporation

ARTICLE I

NAME, OFFICES AND PURPOSES

Section 1.1 **Name of Corporation**. The name of the Corporation is NorthBay Napa Hospital Corp. (the "**Corporation**").

Section 1.2 **Office**. The principal office for the transaction of the business of the Corporation shall be located in Napa County, California. The Corporation may have such offices as the Board of Directors of the Corporation (the "**Board**") may determine from time to time.

Section 1.3 **Purpose**. The purpose for which the Corporation is formed shall be as set forth in the Corporation's Articles of Incorporation, as amended from time to time, and shall include providing health care services, which may include hospital and physician services, and to operate any facilities and/or assets necessary to improve the health care status of the public.

ARTICLE II

MEMBERSHIP

Section 2.1 **Membership**. The sole member of the Corporation is NorthBay Healthcare Corporation, a California nonprofit corporation (the "**Member**").

Section 2.2 **Rights and Powers of the Member**. The Member shall have all the rights and powers which are granted to or reserved for members in the Corporation's Articles of Incorporation, these Bylaws, or the California Corporations Code.

(a) **Powers Reserved to the Member.** The Member shall have the exclusive power to take and direct the following actions of the Corporation:

(1) Appoint Directors to the Board;

(2) Develop and implement the mission, vision, and values of the Corporation;

(3) Amendment of the Corporation's Bylaws;

(b) **Actions Requiring Approval of Member.** Notwithstanding any other provision of these Bylaws, the Corporation shall not take the following actions without first obtaining Member approval:

(1) Removal of a Director from the Board.

(2) Amendment of the Corporation's Articles of Incorporation.

(3) Adoption of or amendment to any of the following of the Corporation:

(i) strategic plan;

(ii) annual priorities and goals;

(iii) growth, affiliation, and partnership strategies;

(iv) local market and service-area strategic plans;

(v) executive compensation framework and incentive plans;

(vi) executive succession planning or readiness plans;

(vii) any quality or patient safety plan;

(viii) quality metrics, dashboards, and targets;

(ix) accreditation procedures and protocols;

(x) quality improvement infrastructure and resources;

(xi) operating budget, capital budget, and multi-year capital plan;

(xii) capital allocation framework and approval thresholds;

(xiii) debt issuance, guarantees, and long-term financing;

(xiv) investment policy, asset allocation, and risk tolerance;

(xv) all financial policies (reserves, liquidity, and capitalization);

(xvi) enterprise compliance and enterprise risk framework;

(xvii) filing of the Corporation's annual Form 990;

(4) Any material transactions, specifically including:

(i) acquisition of any other entity,

(ii) sale, lease, exchange or other transfer of fifty percent (50%) or more of the then current amount, as reported under generally accepted accounting principles, of the total assets held by the Corporation;

(iii) sale, lease, exchange or transfer of fifty percent (50%) or more of the property and assets held by the Corporation;

(iv) sale, lease, exchange or transfer of operations or activities of the Corporation which generate fifty percent (50%) or more of the total net revenues, as reported under generally accepted accounting principles, of the Corporation during the prior fiscal year;

(v) merger of the Corporation with any entity

(vi) dissolution or liquidation of the Corporation

(vii) issue the Corporation's membership to anyone other than the Member;

(viii) formation of a joint venture or other business relationship (other than the ordinary course of business contracts) between the Corporation and any person or entity; and

(ix) development of a new line of business or a new service.

Section 2.3 **No Action Without Approval**. The Corporation shall not take any action: (i) that is contradictory to the reserved powers described in this Article, or (ii) prior to securing any approval of the Member required by these Bylaws.

Section 2.4 **Meetings of the Member**. The time, place and frequency of meetings of the Member and notice thereof shall be determined by the Member, from time to time, and shall comply with any requirements of California law. A valid meeting of the Member acting through its board of directors pursuant to the Member's Bylaws shall constitute a membership meeting.

Section 2.5 **Action Without a Meeting**. Any action required or permitted to be taken by the Member may be taken without a meeting of the board of directors of the Member if all directors of the Member consent in writing to such action. Such written consent or consents shall be filed with the minutes of the Board. Such action by written consent shall have the same force and effect as a unanimous vote of the board of directors of the Member. Any certificate or other documents filed under law which relate to such action shall state that the action was taken by unanimous written consent of the board of directors of the Member without a meeting, and that these Bylaws authorize the Member to so act.

ARTICLE III

BOARD OF DIRECTORS

Section 3.1 **Powers**. The activities and affairs of the Corporation shall be conducted and all corporate powers shall be exercised by or under the direction of the Board, except as reserved to the Member by the California Corporations Code, the Corporation's Articles of Incorporation, or these Bylaws. The Board may delegate the management of the activities of the Corporation to any person or persons or committee however composed, provided that the activities and affairs of the Corporation shall be managed and all corporate powers shall be exercised under the ultimate direction of the Board.

Section 3.2 **Number and Composition of Directors**. The initial Board shall be comprised of four (4) to seven (7) directors (each, a "**Director**", and collectively, the "**Directors**") with the exact authorized number of Directors to be determined by the Board from time to time. The election of a certain number of Directors to the Board constitutes fixing the number of Directors for purposes of this Section. The Chief Executive Officer of the Member (the "**CEO**") shall serve as a Director ex officio. The remaining Directors shall be elected by the Board in accordance with these Bylaws, provided that at least two (2) of the Directors so elected, not counting the CEO, must be members of the board of directors of the Member and at least one (1) of the Directors so elected must be a physician who practices in the community served by the NorthBay Health System ("**Health System**").

Section 3.3 **Qualifications for Directors**. The required qualifications for each Director shall be:

(a) Commitment to the improvement and development of superior healthcare in the communities served by the Health System;

(b) Ability to be unbiased, open to changes that are necessary, and optimistic concerning the future;

(c) Adequate time to serve on the Board;

(d) Ability to analyze health issues, visualize possible outcomes and measure them against predetermined goals and objectives;

(e) Cooperation, consideration, and tolerance for the views of others;

(f) Willingness to undertake ongoing personal education about the changing health care system;

(g) Community visibility that has resulted from participation in community activities and dedicated involvement with community service;

(h) Willingness to attend at least one (1) Director seminar per year;

(i) Disclosure of potential conflicts of interest regarding the business and activities of the Corporation; and

(j) Consideration shall be given to any actual or potential conflicts of interest, as defined in the Corporation's Conflict of Interest Policy and Questionnaire, in connection with the selection of any individual to serve as a Director.

Section 3.4 Election. All Directors, other than any Director serving ex-officio, shall be elected by the Member.

Section 3.5 Term. Each Director elected in accordance with Section 3.4 above shall serve for a term of three (3) years commencing on the effective date of election and ending at the end of the third calendar year after the term commences, unless such Director sooner dies, resigns or is removed, and until such Director's successor is duly elected and qualified. Director terms shall be staggered so that the terms of approximately one third (1/3) of the Directors expire in each year.

(a) Any person who has served as an elected Director for three (3) consecutive terms (not including either an initial term of less than three (3) years necessary to initiate the classification of the elected Directors nor any partial term filling another's unfinished term created by vacancy) shall not be eligible for election to the Board until one (1) year has elapsed from the date on which the third consecutive term ended. At such time, the Director may be elected to the Board for only a single additional three (3) year term. In no event shall any individual cumulatively serve more than four (4) three (3) year terms as a Director.

(b) The term of office of any Director serving ex-officio shall be the duration of the individual's tenure in the role that entitles such individual to ex-officio service as a Director of the Corporation. Such term shall end immediately upon termination of the individual's tenure, without further action, and the individual succeeding to such role shall immediately become an ex-officio Director of the Corporation, without need of further action.

Section 3.6 Resignation. Any Director may resign at any time by giving written notice to the Chair or Secretary of the Corporation. Such resignation takes effect on the date of receipt or at any later time specified in the written notice. If a resignation is made effective at a later date, the pending vacancy may be filled in accordance with these Bylaws prior to the effective date, provided that the successor does not take office until the effective date. Unless otherwise provided in the notice, acceptance of the resignation shall not be necessary to make it effective.

Section 3.7 Removal. A Director may be removed from office, at any time, with or without cause by the vote of a majority of the Directors then in office, subject to the approval of the Member.

Section 3.8 Vacancies. A vacancy in the Board shall be deemed to exist in the case of the death, resignation, or removal of any Director, or if the authorized number of Directors is increased. The Board of Directors may declare vacant the office of any Director who has been convicted of a felony, declared of unsound mind by a court order, or found by final order or judgment of any court to have breached a duty under the California Corporations Code. In the event of any vacancy on the Board, the Member may appoint a replacement to serve for the

unexpired portion of the term of his or her predecessor in office and until a successor has been selected and qualified.

Section 3.9 **Restriction on Interested Persons as Directors**. No more than forty-nine percent (49%)of the individuals serving on the Board may be "interested persons." An interested person is (i) any person compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Trustee for their services as such; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of such person. However, any violation of this paragraph does not affect the validity or enforceability of transactions entered into by the Corporation.

Section 3.10 **Compensation and Expenses**. Directors shall not receive compensation for their service as Directors or on any committee. Any expenses reasonably incurred by Directors in connection with the performance of official duties shall be reimbursed. Subject to the provisions of these Bylaws, the Corporation's conflict of interest policy, and applicable law, the Board may contract with one or more Directors for services as an independent contractor.

ARTICLE IV

MEETINGS OF BOARD OF DIRECTORS.

Section 4.1 **Place of Meetings**. All meetings of the Board shall be held at the principal office of the Corporation or at such other place within the State of California as the Board may determine from time to time.

Section 4.2 **Annual Meeting**. The Board shall hold its annual meeting of the Board for the purpose of electing Officers and transacting such other business as may properly come before the Board, at such date and time as the Board shall determine.

Section 4.3 **Regular Meetings**. The Board shall hold regular meetings for purposes of managing the business and affairs of the Corporation with such frequency and at such dates and times as the Board shall determine; provided, however, in no event shall the Board meet less than quarterly.

Section 4.4 **Special Meetings**. Special meetings of the Board for any purpose may be called at any time by the Chair, Vice Chair, Secretary or any two (2) Directors.

Section 4.5 **Notice of Meetings**. Notice of any meeting of the Board must be given to all Directors at least forty-eight (48) hours in advance if given by notice delivered personally, by telephone, or by electronic transmission. Notice cannot be given by telephonic or electronic transmission if the Corporation is unable to deliver two (2) consecutive notices to a Director by that means, or if the inability to deliver the notice becomes known to the Secretary or other person responsible for giving such notice. In that case, notice must be provided at least four (4) days in advance by first class mail. In the event a Director has not provided consent to the electronic transmission of information from the Corporation, notice may not be given by electronic transmission.

Section 4.6 **Additional Notice Required**. Notice of any meeting of the Board may also be given in accordance with these Bylaws to the individual serving as the Chief of Staff of the Corporation when the Board determines that the individual's attendance at a meeting of the Board will be beneficial to the Corporation. Subject to the Board's continuing discretion, such individual shall be permitted to attend and participate in meetings of the Board; provided, however, that such individual shall have no vote in any matters coming before the Board and shall not be counted for purposes of establishing quorum.

Section 4.7 **Waiver of Notice**. A Director may waive notice of any meeting, either before or after the meeting, by signing a written waiver of notice, a consent to holding the meeting, or an approval of the minutes. The waiver of notice or consent need not specify the purpose of the meeting. All such waivers, consents, and approvals must be made a part of the minutes of the proceedings of the Board. Notice of a meeting need not be given to any Director who attends the meeting and does not protest the lack of notice, before or at the commencement of the meeting.

Section 4.8 **Meetings by Telecommunication**. Any Board meeting may be held by conference telephone, video screen communication, or other communications equipment. Participation in a meeting under this Section shall constitute presence in person at the meeting if both the following apply:

(a) Each Director participating in the meeting can communicate concurrently with all other Directors;

(b) Each Director is provided the means of participating in all matters before the Board, including the capacity to propose, or to interpose an objection to, a specific action to be taken by the corporation.

Section 4.9 **Quorum**. A majority of Directors in office shall constitute a quorum for the transaction of business.

Section 4.10 **Action by the Board**. Except as otherwise provided in these Bylaws, every act or decision done or made by a majority of the Directors present at a meeting duly held, at which a quorum is present, shall be regarded as the act of the Board. A meeting at which a quorum is initially present may continue to transact business, notwithstanding a withdrawal of Directors, if any action taken is approved by at least a majority of the required quorum. Each Director is entitled to one vote on any matter before the Board. Voting by proxy shall not be permitted.

Section 4.11 **Adjournment**. The majority of the Directors present, whether or not constituting a quorum, may adjourn any meeting to another time and place. Notice of the time and place of holding an adjourned meeting need not be given unless the meeting is adjourned for more than forty-eight (48) hours, in which case personal notice of the time and place shall be given before the time of the adjourned meeting to the Directors who were not present at the time of adjournment.

Section 4.12 **Action Without a Meeting**. An action required or permitted to be taken by the Board may be taken without a meeting if all of the Directors, individually or collectively, consent in writing to that action; provided, however, that the consent of any Director who (i) has a material financial interest in a transaction to which the Corporation is a party and who is an

"interested director" as defined in section 5233(a) of the California Corporations Code or (ii) is a "common director" as defined in Section 5234(b) of the California Corporations Code, is not required for approval of that transaction. Such action by written consent shall have the same force and effect as an unanimous vote of the Board. Such written consent or consents shall be filed with the Board's minutes.

ARTICLE V

COMMITTEES

Section 5.1 **Board Committees**. The Board, by resolution adopted by a majority of the Directors then in office, may designate one (1) or more committees that exercise Board authority (each, a "**Board Committee**"), each consisting of two (2) or more Directors, to serve at the pleasure of the Board. A Board Committee must be comprised of only Directors. Any Board Committee shall have the authority of the Board to the extent provided in the act of the Board creating that Board Committee, including as may be set forth in a charter adopted by the Board; provided, however, that no Board Committee shall have the power or authority to:

(a) Appoint any new officers of the Corporation;

(b) Fill vacancies on the Board or on any Board Committee, remove any Director, or declare vacant the seat of any Director;

(c) Fix the compensation of the Directors for serving on the Board or any committee;

(d) Amend or repeal the Corporation's Articles of Incorporation or these Bylaws or adopt new Bylaws;

(e) Amend or repeal any resolution of the Board;

(f) Create Board Committees or appoint Directors to a Board Committee;

(g) Expend corporate funds to support a nominee for Director;

(h) Approve any contract or transaction to which the Corporation is a party and in which one (1) or more Directors has a material financial interest or between the Corporation and one (1) or more of Directors or between the Corporation and any corporation or firm in which one (1) or more Directors has a material financial interest; or

(i) Approve any merger, reorganization, voluntary dissolution, or disposition of substantially all of the assets of the Corporation.

Section 5.2 **Advisory Committees**. The Board may create advisory committees, composed of any person(s) determined by the Board to be appropriate for membership thereon due to the special skills and knowledge possessed by such person(s) related to the Corporation's purposes, operations, or other activities or topics (each, an "**Advisory Committee**"). Advisory Committees shall have such responsibilities as may be assigned to them by the Board; provided,

however, that no Advisory Committee shall have or exercise Board authority and members of Advisory Committees (other than Board members and officers) shall not have fiduciary duties to the Corporation.

Section 5.3 **Standing Committees**. The Board shall establish standing committees to carry out specific governance and oversight responsibilities. Each standing committee shall operate in accordance with a written charter approved by the Board, which defines its duties and responsibilities; and approval or amendment of a committee charter by the Board confirms the scope of that standing committee's advisory role and does not, by itself, confer delegated authority under Section 5212 of the California Corporations Code. The Board may delegate authority to any standing committee, provided, however, that any such standing committee to which authority has been delegated shall be comprised solely of members who are voting Directors. The standing committees of the Board shall include the Executive Committee, Board Credentials Committee, Audit Committee and Nominating Committee.

Section 5.4 **Meetings and Actions of Committees**. Meetings and actions of Board Committees and Advisory Committees shall be governed by, held, and taken in accordance with the provisions of these Bylaws concerning meetings and other actions of the Board, except that the time for regular meetings of such committees and calling of special meetings of such committees may be determined either by resolution of the Board, or if there is none, by resolution of the committee. Minutes of each meeting of any Board Committee or Advisory Committee shall be kept and shall be filed with the minutes of the proceedings of the Board. Board Committees and Advisory Committees shall otherwise operate in accordance with their committee charters, as adopted, and as may be modified from time to time, by the Board.

ARTICLE VI

OFFICERS

Section 6.1 **Officers**. The Officers of this Corporation shall be a Chair, a Vice Chair, a President, a Treasurer and a Secretary, and such other officers as the Board may elect or appoint from time to time (each, an "**Officer**" and, collectively, the "**Officers**"). Any number of offices may be held by the same person, except that neither the Treasurer nor the Secretary may serve concurrently as the Chair or the President.

Section 6.2 **Election and Tenure**. The Officers shall be elected by a majority vote of the Directors at the annual meeting of the Board for terms of one (l) year or until their successors are elected and qualified.

Section 6.3 **Resignation**. Any Officer may resign at any time by giving written notice to the Chair or to the Secretary. The resignation of any Officer shall be effective upon delivery of notice, or at any later time specified in the notice. Unless otherwise provided in the notice, acceptance of the resignation shall not be necessary to make it effective.

Section 6.4 **Removal**. Any Officer elected by the Board may be removed from office, with or without cause, by the Board.

Section 6.5 **Vacancies**. Any vacancies in any office because of death, resignation or removal, or any other cause, shall be filled by a Director who is elected by a majority vote of the Directors, and such Director shall complete the unexpired term of office of the vacating Director or continue until a qualified successor is elected.

Section 6.6 **Chair**. The Chair of the Corporation shall preside at all meetings of the Board. Except as otherwise specified, the Chair (or his or her designee) shall serve *ex officio* as a member of all committees. The Chair may sign on behalf of the Corporation any documents or instruments which the Board has authorized to be executed, except where the signing and execution thereof is expressly delegated by the Board or these Bylaws to some other Officer or Agent. The Chair shall recommend candidates to the Board for membership on Committees. The Chair shall have such other powers and duties as may be prescribed by the Board or these Bylaws.

Section 6.7 **Vice Chair**. In the absence or disability of the Chair, the Vice Chair shall perform all the duties of the Chair, and when so acting shall have all the powers of, and be subject to all the restrictions upon, the Chair. In the event that the Vice Chair is not available to so act, the Chair shall designate another Director to act as Chair in his or her absence. The Vice Chair shall have such other powers and perform such other duties from time to time as may be prescribed by the Board or the Chair.

Section 6.8 **President**. The President shall serve as the chief executive officer of the Corporation and shall, subject to the direction of the Board, have authority to direct and control the business and affairs of the Corporation. The President shall provide support staff to the Board and Committees as is necessary or requested. The President shall act as a duly authorized representative of the Board in all matters except those in which the Board has formally designated another person or group to act, and may sign documents on behalf of the Corporation. The President shall have such other powers and perform such other duties from time to time as may be prescribed by the Board.

Section 6.9 **Secretary**. The Secretary shall keep or cause to be kept, at the principal office of the Corporation, a book of minutes of all meetings and actions of Directors and committees. Such records shall contain: the time and place of holding the meeting, whether the meeting was regular or special (and, if special, how authorized), the notice given, the names of those present at such meeting, and the proceedings of such meetings. It shall be the responsibility of the Secretary to give or cause to be given, notice of all meetings of the Board required by these Bylaws. The Secretary shall keep the seal of the Corporation in safe custody. The Secretary shall also have such other powers and perform such other duties as may be prescribed by the Board or these Bylaws. The Secretary may delegate any of the Secretary's duties to any Director or administrative support personnel provided by the Corporation.

Section 6.10 **Treasurer**. The Treasurer shall keep or cause to be kept correct and accurate accounts of the properties and financial transactions of the Corporation. The Treasurer shall also perform all duties incident to the office, and such other duties as may be assigned from time to time by the Board or the Chairman.

Section 6.11 **Other Officers**. Any other Officers shall have such responsibilities as may be designated by the Board from time to time.

ARTICLE VII

MEDICAL STAFF

Section 7.1 **Organization**The Board shall cause to be created an organized medical staff, to be known as the "**Medical Staff**", for its acute care hospital operations including related healthcare services. The Medical Staff shall be a distinct part of the Corporation and its membership shall be comprised solely of those physicians, dentists, podiatrists, and others who are privileged to attend patients at the general acute care hospital and related healthcare facilities operated by the Corporation ("**Hospital**"). Medical Staff membership shall be a prerequisite to the exercise of clinical privileges at the Hospital. Notwithstanding anything herein, the Medical Staff shall have no authority or power whatsoever with respect to (i) individuals who are not members of the Medical Staff or (ii) activities conducted by the Corporation which are not solely related to licensure of the Hospital.

Section 7.2 **Medical Staff Bylaws, Rules and Regulations**.

(a) The Medical Staff shall propose, vote on and adopt bylaws, rules and regulations for its internal governance which will be effective only when approved by the Board. These Bylaws, rules and regulations shall create an administrative unit to discharge the functions and responsibilities assigned to the Medical Staff by the Board, and such bylaws, rules, and regulations shall be consistent with applicable licensing and accreditation standards and recommendations, applicable law, applicable facility policy and the Articles of Incorporation and Bylaws of the Corporation. The Medical Staff bylaws, rules and regulations shall be subject to the provision herein and shall state the purposes, functions and organization of the Medical Staff, and shall be subject to the provisions herein and shall set forth the policies by which the Medical Staff exercises and accounts for its functions and responsibilities.

(b) The Board and the Medical Staff shall work in good faith to adopt Medical Staff bylaws that meet accreditation standards and applicable law in a manner that is mutually acceptable. In the event that (i) the Medical Staff does not forward recommendations to the Board in a timely manner for Medical Staff bylaws and rules and regulations and amendments thereto for purposes of complying with (A) accreditation standards, (B) licensing citations and/or statements of deficiencies, and (C) decisional law and/or court rulings and orders directly affecting the Hospital, or (ii) if, in the written opinion of recognized expert legal counsel for both the Hospital and the Medical Staff, amendments are necessary to avoid or correct violations of state and/or federal statutes or regulations or formal policy statements of implementing agencies, the Board may, on its own initiative, modify or amend the Medical Staff bylaws and rules and regulations for purposes of achieving such compliance, provided, however, that no such action by the Board shall be taken until at least ninety (90) days advance notice of such possible action has been given in writing to the Medical Executive Committee (as defined below) with an opportunity for a special joint meeting between the Board and the Medical Executive Committee to discuss the issues not less than forty-five (45) days before any proposed final action by the Board. At least fifteen (15) days before any proposed special joint meeting, Board-proposed modification or amendment language and supportive documentation (e.g. letters of counsel and/or regulating agencies, copies of citations, case decisions and/or court orders) shall be provided to the Medical Executive Committee in order that the Medical Executive Committee may seek review by legal counsel.

(c) The Medical Staff shall establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices, including a provision that all members of the Medical Staff be required to demonstrate their ability to perform surgical and other procedures competently and to the satisfaction of an appropriate committee or committees of the Medical Staff. Such demonstrations shall be made at the time of original application for appointment to the Medical Staff, upon change in medical staff status (e.g. courtesy staff or provisional staff to active staff) and, at least, every two (2) years thereafter.

Section 7.3 Medical Staff Executive Committee. There shall be a medical executive committee (the "**Medical Executive Committee**") that shall be empowered to act for the Medical Staff in the intervals between meetings of the Medical Staff. Subject to the foregoing, the Medical Executive Committee shall have responsibility for the effectiveness of all medical activities of the Medical Staff, and shall act for the Medical Staff at the Hospital. The Medical Executive Committee shall be a mechanism for providing a clearly defined formal relationship between the Medical Staff and the Corporation. The members of the Medical Executive Committee shall be selected as described in the Medical Staff bylaws.

Section 7.4 Medical Staff Membership and Clinical Privileges.

(a) The Board shall delegate to the Medical Staff the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges and corrective action, and shall require that the Medical Staff make recommendations to the Board thereon. Final action on all such matters shall be taken by the Board, or by the Board Credentials Committee, if any, after considering the Medical Staff recommendations forwarded to it pursuant to this Section, provided that the Board shall act in any event if the Medical Staff does not adopt and submit any such recommendations within the time periods required by the Medical Staff bylaws. Such Board action without a Medical Staff recommendation shall be based on the same kind of documented investigation and evaluation of current ability, judgment and character as is required for Medical Staff recommendations. With respect to corrective action, in those instances in which the Medical Staffs failure to investigate, or initiate corrective action is contrary to the weight of the evidence, after consultation with the Medical Staff, the Board may direct the Medical Staff to initiate an investigation or corrective action. In the event the Medical Staff fails to take action in response to such a directive, after written notice to the Medical Staff, the Board may initiate an investigation or corrective action subject to the hearing and appellate rights provisions of the Medical Staff bylaws.

(b) The Medical Staff bylaws shall require the Medical Staff to adopt and forward to the Board specific written recommendations on all matters of Medical Staff membership status, clinical privileges, and professional corrective action. Such recommendations shall contain sufficient support and documentation so that the Board will be able to take informed action.

(c) In acting on matters of Medical Staff membership status, the Board shall consider the Medical Staffs recommendations, the needs of the Corporation and the community, and such other criteria as are set forth in the Medical Staff bylaws. In granting and defining the scope of clinical privileges to be exercised by each practitioner, the Board shall consider the Medical Staffs recommendations, the supporting information on which they are based, and such

criteria as are set forth in the Medical Staff bylaws. No aspect of membership status or specific clinical privileges shall be limited or denied to a practitioner on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion unrelated to good patient care at the facility. The Board's decision shall be based on professional ability and judgment, community needs, and other relevant factors.

(d) The terms and conditions of Medical Staff membership status and of the exercise of clinical privileges shall be specified in the Medical Staff bylaws.

(e) The procedures to be followed by the Medical Staff and the Board in acting on matters of Medical Staff membership status, clinical privileges and corrective action shall be specified in the Medical Staff bylaws.

Section 7.5 Hearing and Appellate Rights. As mandated by applicable state law, the Board shall require that any action taken by the Medical Executive Committee or by the Board, the effect of which is to adversely affect a practitioner as described in the Medical Staff bylaws, be accomplished in accordance with a Board-approved fair hearing plan then in effect. The fair hearing plan must be set forth in the Medical Staff bylaws; such plans shall provide for procedures to assure fair treatment and afford an opportunity for the presentation of all pertinent information.

Section 7.6 Allied Health Professionals. As required by applicable law, licensing or accreditation standards, the Board shall delegate to the Medical Staff, in conjunction with the President of the Corporation (or designee), the responsibility and authority to investigate and evaluate each application by an allied health professional for practice privileges with respect to patients at the Hospital. Final action on all matters relating to the performance of specified patient care services in such Hospital by allied health professionals shall be taken by the Medical Executive Committee of the Medical Staff in conjunction with the President (or designee), provided that the Board shall act in any event if the Medical Executive Committee does not act within the time periods required by the Medical Staff bylaws and the applicable Hospital personnel policies.

Section 7.7 Relationship between Contracts for Medical Services and Medical Staff Membership. The rights and obligations of a physician who has contracted to provide medical services to the Corporation shall be separate from and independent of their rights and obligations as a member of the Medical Staff. In no event shall the termination of such a contract give any such physician the same rights of hearing and appeal as are available to members of the Medical Staff unless such termination also expressly includes a termination, restriction or suspension of such physician's clinical privileges and/or Medical Staff membership for medical cause or reason at the Hospital, in which case the issues on appeal shall be limited to the termination, restriction or suspension of clinical privileges and/or membership.

Section 7.8 President, Attendance at Medical Staff Meetings. The President of the Corporation or any other person designated by the Board shall be allowed to attend all meetings of the Medical Staff on behalf of the Corporation and shall be given advance notice of all such meetings.

ARTICLE VIII

NON-HOSPITAL CLINICAL OPERATIONS

Section 8.1 **Definition**. The ambulatory division of the Corporation shall be referred to as the Corporation's "**Non-Hospital Clinical Operations**".

Section 8.2 **Delegated Clinical Governance**. The Board may delegate oversight of credentialing, peer review, and quality functions for Non-Hospital Clinical Operations to duly constituted committees or governing bodies established pursuant to these Bylaws, provided the Board retains ultimate oversight authority and receives regular reports sufficient to discharge its fiduciary and regulatory responsibilities related thereto.

ARTICLE IX

QUALITY IMPROVEMENT

Section 9.1 **Board Responsibility**. In conjunction with establishing a Medical Staff, and oversight of Non-Hospital Clinical Operations, the Board shall also establish, maintain, support and exercise oversight over an ongoing quality improvement program that includes specific and effective review, evaluation and monitoring mechanisms to assess, preserve and improve the overall quality and efficiency of patient care in the general acute care Hospital and all Non-Hospital Clinical Operations entities operated by the Corporation.

Section 9.2 **Delegation to Administration.** The Board delegates to the administration of the Hospital and the Non-Hospital Clinical Operations, and holds such Hospital and Non-Hospital Clinical Operations accountable for:

(a) Providing the administrative assistance reasonably necessary to support and facilitate the implementation and ongoing operation of the Hospital's or Non-Hospital Clinical Operations' quality improvement program;

(b) Implementing the quality improvement program as it concerns non-medical professional personnel, technical staffs and patient care units; and

(c) Analyzing information and acting upon problems involving technical, administrative and support services and Hospital or Non-Hospital Clinical Operations policy.

Section 9.3 **Delegation to the Medical Staff or Non-Hospital Clinical Operations Committees**. The Board delegates to the Medical Staff and the Non-Hospital Clinical Operations Committees, if any, the authority, for which the Medical Staff and the Non-Hospital Clinical Operations Committee shall be held accountable, to conduct those specific activities which contribute to the preservation and improvement of the quality and efficiency of patient care provided at each Hospital and the Non-Hospital Clinical Operations, respectively. These activities include:

(a) Systematic evaluation of practitioner performance against explicit, predetermined criteria;

(b) Ongoing monitoring of critical aspects of care, including where applicable, antibiotic and drug usage, transfusion practices, tissue, infections, mortalities, and the monitoring of unexpected clinical occurrences;

(c) Review of the utilization of each facility's resources, and the proper and timely allocation of such resources to patients in need of them;

(d) Provision of continuing professional education, fashioned in part on the needs identified through Medical Staff or Non-Hospital Clinical Operations Committees' review, evaluation, and monitoring activities, as well as on any new, state-of-the-art developments;

(e) Definition of clinical privileges for Medical Staff and professional qualifications for professional staff which may be appropriately granted within the facilities and within each department or service; delineation of clinical privileges for members of the Medical Staff or professional staff commensurate with individual credentials and demonstrated ability and judgment; and participation in assigning patient care responsibilities to other health care professionals consistent with individual qualifications and demonstrated ability;

(f) Management of clinical affairs, including enforcement of clinical policies and consultation requirements, initiation of disciplinary actions, surveillance over requirements for performance monitoring and for the exercise of newly-acquired clinical privileges, and other clinically-oriented activities; and

(g) Such other measures as the Board may deem necessary for the preservation and improvement of the quality and efficiency of patient care at each Hospital and Non-Hospital Clinical Operations.

Section 9.4 Documentation and Oversight. The Medical Staff and Non-Hospital Clinical Operations Committees, if any, shall document and provide recommendations to the Board with respect to their duties, obligations and actions under these Bylaws, so that the Board may consider and act upon the findings and recommendations of the Medical Staff and Non-Hospital Clinical Operations Committees. All such findings and recommendations shall be in writing, signed by the persons responsible for conducting the activities, and supported and accompanied by appropriate documentation and rationale upon which the Board can take informed action.

ARTICLE X

INDEMNIFICATION

Section 10.1 Definitions. For the purposes of this Article, "**Eligible Indemnitee**" means: (i) any person who is or was a Director, Officer, or employee of the Corporation; (ii) any person or entity acting as an agent of the Corporation that the Board has authorized to be eligible for indemnification (a "**Board-designated Agent**"); (iii) any person who is or was serving at the request of the Corporation as a director, officer, employee or Board-designated Agent of another foreign or domestic corporation, partnership, joint venture, trust or other enterprise; or (iv) any person who was a director, officer, employee or Board-designated Agent of a foreign or domestic corporation which was a predecessor corporation of the Corporation or of another enterprise at the

request of such predecessor corporation; "**Proceeding**" means any threatened, pending or completed action or proceeding, whether civil, criminal, administrative or investigative; and "**Expenses**" includes, without limitation, attorneys' fees and any expenses of establishing a right to indemnification under this Article.

Section 10.2 Indemnification in Actions by Third Parties. The Corporation shall, to the maximum extent of the law, indemnify any person who was or is a party or is threatened to be made a party to any Proceeding (other than an action by or in the right of the Corporation to procure a judgment in its favor, an action brought under Section 5233 of the California Corporations Code, or an action brought by the Attorney General or a person granted relator status by the Attorney General for any breach of duty relating to assets held in charitable trust), by reason of the fact that such person is or was an Eligible Indemnitee of the Corporation, against Expenses, judgments, fines, settlements and other amounts actually and reasonably incurred by such person in connection with such Proceeding if such person acted in good faith and in a manner such person reasonably believed to be in the best interests of the Corporation and, in the case of a criminal Proceeding, had no reasonable cause to believe the conduct of such person was unlawful. The termination of any Proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent shall not, of itself, create a presumption that the person did not act in good faith and in a manner which the person reasonably believed to be in the best interests of the Corporation or that the person had reasonable cause to believe that the person's conduct was unlawful.

Section 10.3 Right to Indemnification. The Corporation shall, to the maximum extent of the law, indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action by or in the right of the Corporation, or brought under Section 5233 of the California Corporations Code, or brought by the Attorney General or a person granted relator status by the Attorney General for any breach of duty relating to assets held in charitable trust, to procure a judgment in the Corporation's favor by reason of the fact that such person is or was an Eligible Indemnitee of the Corporation, against Expenses actually and reasonably incurred by such person in connection with the defense or settlement of such action if such person acted in good faith, in a manner such person believed to be in the best interests of the Corporation, and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. No indemnification shall be made under this Section:

(a) In respect of any claim, issue or matter as to which such person shall have been adjudged to be liable to the Corporation in the performance of such person's duty to the Corporation, unless and only to the extent that the court in which such Proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the Expenses which such court shall determine;

(b) Of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval; or

(c) Of Expenses incurred in defending a threatened or pending action which is settled or otherwise disposed of without court approval, unless it is settled with the approval of the Attorney General.

Section 10.4 Indemnification Against Expenses. To the extent that an Eligible Indemnitee of the Corporation has been successful on the merits in defense of any Proceeding referred to in this Article or in defense of any claim, issue or matter therein, the Eligible Indemnitee shall be indemnified against Expenses actually and reasonably incurred by the Eligible Indemnitee in connection therewith.

Section 10.5 Required Determination. Except as provided in this Article, any indemnification under this Article shall be made by the Corporation only if authorized in the specific case, upon a determination that indemnification of the Eligible Indemnitee is proper in the circumstances because the Eligible Indemnitee has met the applicable standard of conduct set forth in this Article, by:

(a) A majority vote of a quorum of the Board, consisting of Directors who are not parties to such Proceeding, and approval of the same by the Member; or

(b) The court in which such Proceeding is or was pending upon application made by the Corporation or the Eligible Indemnitee or the attorney or other person rendering services in connection with the defense, whether or not such application by the Eligible Indemnitee, attorney or other person is opposed by the Corporation.

Section 10.6 Advance of Expenses. Expenses incurred by a person seeking indemnification under this Article in defending any Proceeding covered by this Article may be advanced by the Corporation prior to the final disposition of such Proceeding upon receipt of an undertaking by or on behalf of the Eligible Indemnitee to repay such amount unless it shall be determined ultimately that the Eligible Indemnitee is entitled to be indemnified as authorized in this Article.

Section 10.7 Other Indemnification. No provision made by the Corporation to indemnify its Directors or Officers or its subsidiary's directors or officers for the defense of any Proceeding, whether contained in the Corporation's Articles of Incorporation, these Bylaws, a resolution of Directors, an agreement or otherwise, shall be valid unless consistent with this Article. Nothing contained in this Article shall affect any right to indemnification to which persons other than such Directors and Officers may be entitled by contract or otherwise.

Section 10.8 Forms of Indemnification Not Permitted. Except as provided in this Article, no indemnification or advance shall be made in any circumstances where it appears:

(a) That it would be inconsistent with a provision of the Corporation's Articles of Incorporation, these Bylaws or an agreement in effect at the time of the accrual of the alleged cause of action asserted in the Proceeding in which the Expenses were incurred or other amounts were paid which prohibits or otherwise limits indemnification; or

(b) That it would be inconsistent with any condition expressly imposed by a court in approving a settlement.

Section 10.9 Insurance. The Corporation shall have the power to purchase and maintain insurance on behalf of any Eligible Indemnitee of the Corporation against any liability asserted against or incurred by the Eligible Indemnitee in such capacity or arising out of the Eligible

Indemnitee's status as such whether or not the Corporation would have the power to indemnify the Eligible Indemnitee against such liability under the provisions of this Article, provided, however, that the Corporation shall have no power to purchase and maintain such insurance to indemnify any Eligible Indemnitee of the Corporation for a violation of Section 5233 of the California Corporations Code.

ARTICLE XI

GENERAL PROVISIONS

Section 11.1 Fiscal Year. The last day of the Corporation's fiscal year shall be December 31.

Section 11.2 Loans Prohibited. The Corporation shall not make any loan of money or property to or guarantee the obligation of any Director or Officer, unless approved by the Attorney General of the State of California or otherwise permitted under the California Corporations Code; provided, however, that the Corporation may advance money to a Director of Officer of the Corporation for expenses reasonably anticipated to be incurred in the performance of the duties of such Director or Officer, provided that in the absence of such advance such Director or Officer would be entitled to be reimbursed for such expenses by the Corporation.

Section 11.3 Maintenance of Records and Governing Documents. The Corporation shall keep at its principal office, or such other place designated by the Board, adequate and correct books and records of account and the minutes of the proceedings of the Board, as well as any committees. The minutes shall include the time and place of holding each meeting, whether the meeting was annual, regular, or special and, if special, how authorized, the notice given, and the names of those present. The Corporation shall also keep a copy of its Articles of Incorporation and these Bylaws, as amended to date.

Section 11.4 Inspection by Directors. Every Director shall have the absolute right at any reasonable time to inspect and copy all of the Corporation's books, records, and documents of every kind, and to inspect the physical properties of the Corporation.

Section 11.5 Annual Report. The Corporation shall provide to the Member and to the Directors, within one hundred and twenty (120) days of the close of its fiscal year, a report which shall include, but need not be limited to the following information in reasonable detail:

(a) The assets and liabilities, including trust funds, of the Corporation as of the end of the fiscal year;

(b) The principal changes in assets and liabilities, including trust funds, during the fiscal year;

(c) The revenue or receipts of the Corporation, both unrestricted and restricted to particular purposes, for the fiscal year;

(d) The expenses or disbursements of the Corporation, for both general and restricted purposes, during the fiscal year;

(e) Any information required by Section 6322 of the California Corporations Code;

(f) Any transaction during the previous fiscal year involving more than $50,000 in which the Corporation (or its parent or subsidiaries, if any) was a party and in which any Director or Officer of the Corporation has a direct or indirect financial interest, or any of a number of such transaction in which the same person had a direct or indirect financial interest and which transactions in the aggregate involved more than $50,000; and

(g) The amount and circumstances of any indemnifications or advances aggregating more than $10,000 paid during the fiscal year to any Director or Officer of the Corporation pursuant to these Bylaws, unless such indemnification has already been approved as provided herein.

For each transaction, the report must disclose the names of the interested persons involved in such transaction and state such person's relationship to the Corporation, the nature of such person's interest in the transaction and, where practicable, the value of such interest. The report shall be accompanied by a report of independent accountants or, if there is no such report, by the certificate of an authorized officer of the Corporation that such financial statements were prepared without an audit from the books and records of the Corporation.

Section 11.6 Financial Audit. The Corporation shall obtain a financial audit for any tax year in which it receives or accrues gross revenue of $2 million or more, excluding grant or contract income from any governmental entity for which the entity requires an accounting. Any audited financial statements obtained by the Corporation, whether or not required by law, shall be made available for inspection by the Attorney General and by the general public within nine (9) months after the close of the fiscal year to which the statements relate. For three (3) years, such statements shall be available at the Corporation's offices during regular business hours and shall be made available either by mailing a copy to any person who so requests in person or in writing, or by posting them on the Corporation's website.

Section 11.7 Corporate Seal. The Board may provide a suitable seal for the Corporation.

Section 11.8 Construction and Definitions. Unless the context requires otherwise, the general provisions, rules of construction, and definitions in the California Corporations Code shall govern the construction of these Bylaws. Without limiting the generality of the above, the masculine gender includes the feminine and the neuter, the singular numbers include the plural, the plural numbers include the singular, and the term "person" includes both corporations and natural persons. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

Section 11.9 Electronic Transmission. Subject to any guidelines and procedures that the Board may adopt from time to time, the terms "written" and "in writing" as used in these Bylaws include any form of recorded message in the English language capable of comprehension by ordinary visual means and may include electronic transmissions, such as facsimile or email, provided, for electronic transmissions from the Corporation, the Corporation has obtained an

unrevoked written consent from the recipient to the use of such means of communication; for electronic transmission to the Corporation, the Corporation has in effect reasonable measures to verify that the sender is the individual purporting to have sent such transmissions; and the transmission creates a record that can be retained, retrieved, reviewed, and rendered into clearly legible tangible form.

ARTICLE XII

AMENDMENTS

Section 12.1 **Amendments**. These Bylaws may be altered, amended, or repealed by the Member. The Corporation's Articles of Incorporation may be altered, amended, or repealed by a majority vote of all Directors then in office, subject to approval by the Member.

CERTIFICATION OF SECRETARY

I certify that:

1. I am the duly elected and acting Secretary of the Corporation.

2. The above Bylaws are the true and correct Bylaws of the Corporation, adopted by the Board at a meeting on March 31, 2026, and approved by the Member on March 31, 2026.

DATED: March 31, 2026

_____

Seth Kaufman, M.D., Secretary

EXHIBIT 4 TO

SECTION 999.5(d)(9)

B1325-5575 12/30/2022 5:00 PM Received by California Secretary of State

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-FILED-
File No.: BA20230041854
Date Filed: 12/30/2022

CERTIFICATE

OF

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

NORTHBAY HEALTHCARE CORPORATION

B. Konard Jones and Mary Mancini certify:

1. That they are the Chief Executive Officer and Secretary, respectively, of NorthBay Healthcare Corporation, a California nonprofit public benefit corporation (the "Corporation") with California Entity Number 1263770;

2. That acting without a meeting pursuant to Section 5211(b) of the California Corporations Code and the Bylaws of the Corporation, the following Articles of Incorporation ("Articles") were adopted and approved solely by the Board of Directors of the Corporation pursuant to Sections 5310(b) and 5812(b)(3) of the California Corporations Code, as the Corporation has no voting members within the meaning of the California Nonprofit Corporation Law, as the Amended and Restated Articles of Incorporation of the Corporation; and

3. The Articles of Incorporation of this corporation are amended and restated to read as follows:

"ARTICLES OF INCORPORATION

OF

NORTHBAY HEALTHCARE CORPORATION

ARTICLE I.

The name of this corporation is NorthBay Healthcare Corporation.

ARTICLE II.

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the nonprofit public benefit corporation law for charitable purposes. Such purposes for which this corporation is organized are exclusively charitable within the meaning of Section 501(c)(3) of the Internal Revenue Code. This corporation shall not carry on any activities that are not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or by a corporation, contributions to which are deductible under Section 170 of the Internal Revenue Code. The purposes for which this corporation is organized are limited to supporting, acting for the benefit of, performing functions of and carrying out the purposes of NorthBay

B1325-5576 12/30/2022 5:00 PM Received by California Secretary of State

Healthcare Group, NorthBay Health Advantage and NorthBay Healthcare Foundation, all of which are California nonprofit public benefit corporations exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, and organizations described in Section 509(a)(1) or (2) of the Internal Revenue Code. This corporation shall have all the powers of a natural person, subject to the limitation imposed by these Articles of Incorporation, the Bylaws of this corporation and all applicable laws.

ARTICLE III.

(a) No substantial part of the activities of this corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and this corporation shall not participate in or intervene in any political campaign (including the publication or distribution of statements) on the behalf of any candidate for public office.

(b) This corporation is not organized for, nor shall it be operated for, pecuniary gain or profit. This corporation shall not distribute gains, profits or dividends to any members or other private persons in violation of Section 501(c)(3) of the Internal Revenue Code. The property, assets and profits of this corporation are dedicated irrevocably to the charitable purposes set forth in these Articles of Incorporation, and no part of the profits or net income of this corporation shall inure to the benefit of any director, trustee, officer, member or other private individual.

(c) Upon the winding up or dissolution of this corporation, those assets that remain after payment or other provision for payment of all debts and liabilities of this corporation shall be distributed to NorthBay Healthcare Group, which is organized and operated exclusively for exempt purposes as described in Section 214 of the Revenue & Taxation Code, and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code, or, if that organization cannot accept such property, to a nonprofit fund, foundation or corporation that is organized and operated exclusively for exempt purposes, as specified in Section 214 of the Revenue & Taxation Code, and that has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. Any distribution upon winding up or dissolution shall be in accordance with all federal, state and local laws applicable to such winding up or dissolution.

ARTICLE IV.

This corporation shall have such memberships as are set forth in the Bylaws. All powers, rights and obligations of any such membership shall be set-out in the Bylaws."

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: 12/29/2022

B. Konard Jones, Chief Executive Officer

Mary Mancini, Secretary

EXHIBIT 5 TO

SECTION 999.5(d)(9)

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AMENDED AND RESTATED BYLAWS

OF

NORTHBAY HEALTHCARE CORPORATION

Effective as of April 30, 2026

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AMENDED AND RESTATED BYLAWS
OF
NORTHBAY HEALTHCARE CORPORATION,
a California nonprofit public benefit corporation

ARTICLE I

NAME, OFFICES AND PURPOSE

Section 1.1 **Name of Corporation**. The name of the Corporation is NorthBay Healthcare Corporation (the "**Corporation**").

Section 1.2 **Office**. The principal office for the transaction of the business of the Corporation shall be located in Solano County, California. The Corporation may have such other offices as the Board of Directors of the Corporation (the "**Board**") may determine from time to time.

Section 1.3 **Purpose**. The purpose for which the Corporation is formed shall be as set forth in the Corporation's Articles of Incorporation, as amended from time to time, and shall include improving the well-being of our communities by providing conveniently accessible high-quality care through the Corporation's support of the multi-entity health care delivery system (the "**Health System**").

ARTICLE II

MEMBERSHIP

The Corporation shall have no members within the meaning of Section 5056 of the California Corporations Code.

ARTICLE III

BOARD OF DIRECTORS

Section 3.1 **Powers**. The activities and affairs of the Corporation, including the rights of the Corporation as member of any affiliated organization, shall be conducted and all corporate powers shall be exercised by or under the direction of the Board. The Board may delegate the management of the activities of the Corporation to any person or persons or committee however composed, which may include development and execution of plans, programs, and operational processes within the parameters approved by the Board, subject to regular reporting to the Board.

Section 3.2 **Governance Authority Matrix**. The Board may adopt, and amend from time to time, a governance authority matrix, which is intended to illustrate and provide additional detail regarding the decision-making set forth in these Bylaws with respect to the Corporation and the Health System as a whole.

Section 3.3 **Number and Composition**. The Board shall be comprised of not less than six (6) nor more than twelve (12) directors (each, a "**Director**", and collectively, the

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"**Directors**") with the exact authorized number of Directors to be determined by the Board from time to time. The election of a certain number of Directors to the Board constitutes fixing the number of Directors for purposes of this Section. The President and Chief Executive Officer of the Corporation (the "**President & CEO**") shall serve as a Director ex officio. The remaining Directors shall be elected by the Board in accordance with these Bylaws. In selecting Directors, the Board shall seek to include individuals with clinical experience, including current or former physicians or other licensed clinicians, to ensure informed oversight of quality, safety, and patient care. No more than two (2) Directors may be physicians.

Section 3.4 **Qualifications for Directors**. The required qualifications or each Director shall be set forth in a separate document as adopted, and as may be amended, by the Board from time to time.

Section 3.5 **Election**. All Directors, other than any Director serving ex-officio, shall be elected by the Board.

Section 3.6 **Term**.

(a) Each Director elected in accordance with Section 3.4 above shall serve for a term of three (3) years commencing on the effective date of election and ending at the end of the third calendar year after the term commences, unless such Director sooner dies, resigns or is removed, and until such Director's successor is duly elected and qualified; provided, however, that a Director may be elected to a shorter term for purposes of staggering the Board.

(b) The term of office of any Director serving ex-officio shall be the duration of the individual's tenure in the role that entitles such individual to ex-officio service as a Director of the Corporation. Such term shall end immediately upon termination of the individual's tenure, without further action, and the individual succeeding to such role shall immediately become an ex-officio Director of the Corporation, without need of further action.

Section 3.7 **Resignation**. Any Director may resign at any time by giving written notice to the Chair or Secretary of the Corporation. Such resignation takes effect on the date of receipt or at any later time specified in the written notice. If a resignation is made effective at a later date, the pending vacancy may be filled in accordance with these Bylaws prior to the effective date, provided that the successor does not take office until the effective date. Unless otherwise provided in the notice, acceptance of the resignation shall not be necessary to make it effective.

Section 3.8 **Removal**. A Director may be removed from office, with or without cause, at any regular or special meeting of the Board by the vote of a majority of the Directors then in office, provided the notice for such meeting indicates that the purpose or one of the purposes is to vote on the removal of one or more Directors.

Section 3.9 **Vacancies**. A vacancy in the Board shall be deemed to exist in the case of the death, resignation, or removal of any Director, or if the authorized number of Directors is increased. The Board of Directors may declare vacant the office of any Director who has been convicted of a felony, declared of unsound mind by a court order, or found by final order or judgment of any court to have breached a duty under the California Corporations Code. In the

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event of any vacancy on the Board, the Board may appoint a replacement to serve for the unexpired portion of the term of his or her predecessor in office and until a successor has been selected and qualified.

Section 3.10 Restriction on Interested Persons as Directors. No more than forty-nine percent (49%)of the individuals serving on the Board may be "interested persons." An interested person is (i) any person compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Trustee for their services as such; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of such person. However, any violation of this paragraph does not affect the validity or enforceability of transactions entered into by the Corporation.

Section 3.11 Compensation and Expenses. Directors shall not receive compensation for their service as Directors or on any committee. Any expenses reasonably incurred by Directors in connection with the performance of official duties shall be reimbursed. Subject to the provisions of, these Bylaws, any conflict of interest policy of the Corporation in place from time to time, and applicable law, the Board may contract with one or more Directors for services as an independent contractor.

ARTICLE IV

MEETINGS OF BOARD OF DIRECTORS.

Section 4.1 Place of Meetings. All meetings of the Board are held at the principal office of the Corporation or at such other place within the state of California as determined from time to time by the Board.

Section 4.2 Annual Meeting. The Board shall hold an annual meeting of the Board for the purpose of electing Officers and transacting such other business as may properly come before the Board, at such date and time as the Board shall determine.

Section 4.3 Regular Meetings. The Board shall hold regular meetings for purposes of managing the business and affairs of the Corporation with such frequency and at such dates and times as the Board shall determine; provided, however, in no event shall the Board meet less than quarterly.

Section 4.4 Special Meetings. Special meetings of the Board for any purpose may be called at any time by the Chair, Vice Chair, Secretary or any two (2) Directors.

Section 4.5 Notice of Meetings. Notice of any meeting of the Board must be given to all Directors at least forty-eight (48) hours in advance if given by notice delivered personally, by telephone, or by electronic transmission. Notice cannot be given by telephonic or electronic transmission if the Corporation is unable to deliver two (2) consecutive notices to a Director by that means, or if the inability to deliver the notice becomes known to the Secretary or other person responsible for giving such notice. In that case, notice must be provided at least four (4) days in advance by first class mail. In the event a Director has not provided consent to the

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electronic transmission of information from the Corporation, notice may not be given by electronic transmission.

Section 4.6 Waiver of Notice. A Director may waive notice of any meeting, either before or after the meeting, by signing a written waiver of notice, a consent to holding the meeting, or an approval of the minutes. The waiver of notice or consent need not specify the purpose of the meeting. All such waivers, consents, and approvals must be made a part of the minutes of the proceedings of the Board. Notice of a meeting need not be given to any Director who attends the meeting and does not protest the lack of notice, before or at the commencement of the meeting.

Section 4.7 Meetings by Telecommunication. Any Board meeting may be held by conference telephone, video screen communication, or other communications equipment. Participation in a meeting under this Section shall constitute presence in person at the meeting if both the following apply:

(a) Each Director participating in the meeting can communicate concurrently with all other Directors;

(b) Each Director is provided the means of participating in all matters before the Board, including the capacity to propose, or to interpose an objection to, a specific action to be taken by the corporation.

Section 4.8 Quorum. A majority of the Directors in office shall constitute a quorum for the transaction of business.

Section 4.9 Action by the Board. Except as otherwise provided in these Bylaws, every act or decision done or made by a majority of the Directors present at a meeting duly held, at which a quorum is present, shall be regarded as the act of the Board. A meeting at which a quorum is initially present may continue to transact business, notwithstanding a withdrawal of Directors, if any action taken is approved by at least a majority of the required quorum. Each Director is entitled to one vote on any matter before the Board. Voting by proxy is not permitted.

Section 4.10 Adjournment. The majority of the Directors present, whether or not constituting a quorum, may adjourn any meeting to another time and place. Notice of the time and place of holding an adjourned meeting need not be given unless the meeting is adjourned for more than forty-eight (48) hours, in which case personal notice of the time and place shall be given before the time of the adjourned meeting to the Directors who were not present at the time of adjournment.

Section 4.11 Action Without a Meeting. An action required or permitted to be taken by the Board may be taken without a meeting if all Directors, individually or collectively, consent in writing to that action; provided, however, that the consent of any Director who (i) has a material financial interest in a transaction to which the Corporation is a party and who is an "interested director" as defined in section 5233(a) of the California Corporations Code or (ii) is a "common director" as defined in Section 5234(b) of the California Corporations Code, is not required for approval of that transaction. Such action by written consent shall have the same

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force and effect as an unanimous vote of the Board. Such written consent or consents shall be filed with the Board's minutes.

ARTICLE V

COMMITTEES

Section 5.1 **Board Committees**. The Board, by resolution adopted by a majority of the Directors then in office, may designate one (1) or more committees that exercise Board authority (each, a "**Board Committee**"), each consisting of two (2) or more Directors, to serve at the pleasure of the Board. A Board Committee must be comprised of only Directors. Any Board Committee shall have the authority of the Board to the extent provided in the act of the Board creating that Board Committee, including as may be set forth in a charter adopted by the Board; provided, however, that no Board Committee shall have the power or authority to:

(a) Appoint any new officers of the Corporation;

(b) Fill vacancies on the Board or on any Board Committee, remove any Director, or declare vacant the seat of any Director;

(c) Fix the compensation of the Directors for serving on the Board or any committee;

(d) Amend or repeal the Corporation's Articles of Incorporation or these Bylaws or adopt new Bylaws;

(e) Amend or repeal any resolution of the Board;

(f) Create Board Committees or appoint Directors to a Board Committee;

(g) Expend corporate funds to support a nominee for Director;

(h) Approve any contract or transaction to which the Corporation is a party and in which one (1) or more Directors has a material financial interest or between the Corporation and one (1) or more of Directors or between the Corporation and any corporation or firm in which one (1) or more Directors has a material financial interest; or

(i) Approve any merger, reorganization, voluntary dissolution, or disposition of substantially all of the assets of the Corporation.

Section 5.2 **Advisory Committees**. The Board may create advisory committees, composed of any person(s) determined by the Board to be appropriate for membership thereon due to the special skills and knowledge possessed by such person(s) related to the Corporation's purposes, operations, or other activities or topics (each, an "**Advisory Committee**"). Advisory Committees shall have such responsibilities as may be assigned to them by the Board; provided, however, that no Advisory Committee shall have or exercise Board authority and members of Advisory Committees (other than Board members and officers) shall not have fiduciary duties to the Corporation.

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Section 5.3 **Standing Committees**. The Board shall establish standing committees to carry out specific governance and oversight responsibilities. Each standing committee shall operate in accordance with a written charter approved by the Board, which defines its duties and responsibilities; and approval or amendment of a committee charter by the Board confirms the scope of that standing committee's advisory role and does not, by itself, confer delegated authority under Section 5212 of the California Corporations Code. The Board may delegate authority to any standing committee, provided, however, that any such standing committee to which authority has been delegated shall be comprised solely of members who are voting Directors. The Board may establish standing and ad hoc committees of the Board as it deems appropriate. The purpose, composition, and authority of each committee shall be set forth in a separate committee charter approved by the Board.

Section 5.4 **Meetings and Actions of Committees**. Meetings and actions of Board Committees and Advisory Committees shall be governed by, held, and taken in accordance with the provisions of these Bylaws concerning meetings and other actions of the Board, except that the time for regular meetings of such committees and calling of special meetings of such committees may be determined either by resolution of the Board, or if there is none, by resolution of the committee. Minutes of each meeting of any Board Committee or Advisory Committee shall be kept and shall be filed with the minutes of the proceedings of the Board. Board Committees and Advisory Committees shall otherwise operate in accordance with their committee charters, as adopted, and as may be modified from time to time, by the Board.

ARTICLE VI

OFFICERS

Section 6.1 **Officers**. The Officers of the Corporation shall be a Chair, a Vice Chair, a Secretary, a Treasurer, and such other Officers as the Board may elect or appoint (each, an "**Officer**" and collectively, the "**Officers**"). Any number of offices may be held by the same person, except that neither the Secretary nor the Treasurer may serve concurrently as the Chair.

Section 6.2 **Election and Tenure**. The Officers of the Corporation shall be elected by the Directors at the annual meeting of the Board for terms of one (1) year or until their successors are elected and qualified.

Section 6.3 **Resignation**. Any Officer may resign at any time by giving written notice to the Chair or to the Secretary. The resignation of any Officer shall be effective upon delivery of notice, or at any later time specified in the notice. Unless otherwise provided in the notice, acceptance of the resignation shall not be necessary to make it effective.

Section 6.4 **Removal**. An Officer may be removed from office, with or without cause, by the Board.

Section 6.5 **Vacancies**. Any vacancies in any office shall be filled by the Board to complete the unexpired term of office or until a successor is elected and qualified.

Section 6.6 **Chair**. The Chair of the Corporation shall preside at all meetings of the Corporation, including meetings of the Board. Except as otherwise specified, the Chair or

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Chair's designee shall be an ex-officio member of all Board Committees. The Chair may sign on behalf of the Corporation any documents or instruments which the Board has authorized to be executed, except where the signing and execution thereof is expressly delegated by the Board or these Bylaws to some other Officer or agent of the Corporation. The Chair shall recommend candidates to the Board for Board Committees. The Chair shall have such other powers and duties as may be prescribed by the Board or these Bylaws.

Section 6.7 **Vice Chair**. In the absence or disability of the Chair, the Vice Chair shall perform all the duties of the Chair, and when so acting shall have all the powers of, and be subject to all the restrictions upon, the Chair. In the event the Vice Chair is not available to so act, the Chair shall designate another member of the Board to act as Chair in the Chair's absence. The Vice Chair shall have such other powers and perform such other duties from time to time as may be prescribed by the Board or the Chair.

Section 6.8 **Secretary**. The Secretary shall keep or cause to be kept, at the principal office of the Corporation, a book of minutes of all meetings and actions of Directors and committees of Directors. Such records shall contain the time and place of holding the meeting, whether the meeting is annual, regular or special (and, if special, how it was authorized), the notice given, the names of those present at such meeting and the proceedings of such meetings. The Secretary shall keep the seal of the Corporation in safe custody. The Secretary shall also have such other powers and perform such other duties as may be prescribed by the Board or these Bylaws. The Secretary may delegate any of the Secretary's duties to any elected or appointed recording secretary.

Section 6.9 **Treasurer**. The Treasurer shall keep or cause to be kept correct and accurate accounts of the properties and financial transactions of the Corporation. The Treasurer shall also perform all duties incident to the office, and such other duties as may be assigned from time to time by the Board or the Chair. The Treasurer may delegate any of the Treasurer's duties to any duly elected or appointed assistant financial officer.

ARTICLE VII

PRESIDENT & CHIEF EXECUTIVE OFFICER

The Board shall select and appoint a qualified person to serve as the President & CEO of the Corporation. The President & CEO shall be the Board's direct executive representative in the management of the Corporation. The President & CEO shall be given the necessary authority and be held responsible for the management of the Corporation in all its activities, subject only to the policies enacted by the Board or any committees to which the Board has delegated power for such action. The President & CEO shall provide support staff to the Board, Board Committees, and Advisory Committees as is necessary or requested by the Board. The President & CEO shall act as a duly authorized representative of the Board in all matters except those in which the Board has formally designated some other person or group to act.

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ARTICLE VIII

INDEMNIFICATION

Section 8.1 **Definitions**. For the purposes of this Article, "**Eligible Indemnitee**" means: (i) any person who is or was a Director, Officer, or employee of the Corporation; (ii) any person or entity acting as an agent of the Corporation that the Board has authorized to be eligible for indemnification (a "**Board-designated Agent**"); (iii) any person who is or was serving at the request of the Corporation as a director, officer, employee or Board-designated Agent of another foreign or domestic corporation, partnership, joint venture, trust or other enterprise; or (iv) any person who was a director, officer, employee or Board-designated Agent of a foreign or domestic corporation which was a predecessor corporation of the Corporation or of another enterprise at the request of such predecessor corporation; "**Proceeding**" means any threatened, pending or completed action or proceeding, whether civil, criminal, administrative or investigative; and "**Expenses**" includes, without limitation, attorneys' fees and any expenses of establishing a right to indemnification under this Article.

Section 8.2 **Indemnification in Actions by Third Parties**. The Corporation shall, to the maximum extent of the law, indemnify any person who was or is a party or is threatened to be made a party to any Proceeding (other than an action by or in the right of the Corporation to procure a judgment in its favor, an action brought under Section 5233 of the California Corporations Code, or an action brought by the Attorney General or a person granted relator status by the Attorney General for any breach of duty relating to assets held in charitable trust), by reason of the fact that such person is or was an Eligible Indemnitee of the Corporation, against Expenses, judgments, fines, settlements and other amounts actually and reasonably incurred by such person in connection with such Proceeding if such person acted in good faith and in a manner such person reasonably believed to be in the best interests of the Corporation and, in the case of a criminal Proceeding, had no reasonable cause to believe the conduct of such person was unlawful. The termination of any Proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent shall not, of itself, create a presumption that the person did not act in good faith and in a manner which the person reasonably believed to be in the best interests of the Corporation or that the person had reasonable cause to believe that the person's conduct was unlawful.

Section 8.3 **Right to Indemnification**. The Corporation shall, to the maximum extent of the law, indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action by or in the right of the Corporation, or brought under Section 5233 of the California Corporations Code, or brought by the Attorney General or a person granted relator status by the Attorney General for any breach of duty relating to assets held in charitable trust, to procure a judgment in the Corporation's favor by reason of the fact that such person is or was an Eligible Indemnitee of the Corporation, against Expenses actually and reasonably incurred by such person in connection with the defense or settlement of such action if such person acted in good faith, in a manner such person believed to be in the best interests of the Corporation, and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. No indemnification shall be made under this Section:

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(a) In respect of any claim, issue or matter as to which such person shall have been adjudged to be liable to the Corporation in the performance of such person's duty to the Corporation, unless and only to the extent that the court in which such Proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the Expenses which such court shall determine;

(b) Of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval; or

(c) Of Expenses incurred in defending a threatened or pending action which is settled or otherwise disposed of without court approval, unless it is settled with the approval of the Attorney General.

Section 8.4 Indemnification Against Expenses. To the extent that an Eligible Indemnitee of the Corporation has been successful on the merits in defense of any Proceeding referred to in this Article or in defense of any claim, issue or matter therein, the Eligible Indemnitee shall be indemnified against Expenses actually and reasonably incurred by the Eligible Indemnitee in connection therewith.

Section 8.5 Required Determination. Except as provided in this Article, any indemnification under this Article shall be made by the Corporation only if authorized in the specific case, upon a determination that indemnification of the Eligible Indemnitee is proper in the circumstances because the Eligible Indemnitee has met the applicable standard of conduct set forth in this Article, by:

(a) A majority vote of a quorum of the Board, consisting of Directors who are not parties to such Proceeding; or

(b) The court in which such Proceeding is or was pending upon application made by the Corporation or the Eligible Indemnitee or the attorney or other person rendering services in connection with the defense, whether or not such application by the Eligible Indemnitee, attorney or other person is opposed by the Corporation.

Section 8.6 Advance of Expenses. Expenses incurred by a person seeking indemnification under this Article in defending any Proceeding covered by this Article may be advanced by the Corporation prior to the final disposition of such Proceeding upon receipt of an undertaking by or on behalf of the Eligible Indemnitee to repay such amount unless it shall be determined ultimately that the Eligible Indemnitee is entitled to be indemnified as authorized in this Article.

Section 8.7 Other Indemnification. No provision made by the Corporation to indemnify its Directors or Officers or its subsidiary's directors or officers for the defense of any Proceeding, whether contained in the Corporation's Articles of Incorporation, these Bylaws, a resolution of Directors, an agreement or otherwise, shall be valid unless consistent with this Article. Nothing contained in this Article shall affect any right to indemnification to which persons other than such Directors and Officers may be entitled by contract or otherwise.

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Section 8.8 **Forms of Indemnification Not Permitted**. Except as provided in this Article, no indemnification or advance shall be made in any circumstances where it appears:

(a) That it would be inconsistent with a provision of the Corporation's Articles of Incorporation, these Bylaws or an agreement in effect at the time of the accrual of the alleged cause of action asserted in the Proceeding in which the Expenses were incurred or other amounts were paid which prohibits or otherwise limits indemnification; or

(b) That it would be inconsistent with any condition expressly imposed by a court in approving a settlement.

Section 8.9 **Insurance**. The Corporation shall have the power to purchase and maintain insurance on behalf of any Eligible Indemnitee of the Corporation against any liability asserted against or incurred by the Eligible Indemnitee in such capacity or arising out of the Eligible Indemnitee's status as such whether or not the Corporation would have the power to indemnify the Eligible Indemnitee against such liability under the provisions of this Article, provided, however, that the Corporation shall have no power to purchase and maintain such insurance to indemnify any Eligible Indemnitee of the Corporation for a violation of Section 5233 of the California Corporations Code.

ARTICLE IX

GENERAL PROVISIONS

Section 9.1 **Fiscal Year**. The last day of the Corporation's fiscal year shall be December 31.

Section 9.2 **Loans Prohibited**. The Corporation shall not make any loan of money or property to or guarantee the obligation of any Director or Officer, unless approved by the Attorney General of the State of California or otherwise permitted under the California Corporations Code; provided, however, that the Corporation may advance money to a Director or Officer of the Corporation for expenses reasonably anticipated to be incurred in the performance of the duties of such Director or Officer, provided that in the absence of such advance such Director or Officer would be entitled to be reimbursed for such expenses by the Corporation.

Section 9.3 **Maintenance of Records and Governing Documents**. The Corporation shall keep at its principal office, or such other place designated by the Board, adequate and correct books and records of account and the minutes of the proceedings of the Board, as well as any committees. The minutes shall include the time and place of holding each meeting, whether the meeting was annual, regular, or special and, if special, how authorized, the notice given, and the names of those present. The Corporation shall also keep a copy of its Articles of Incorporation and these Bylaws, as amended to date.

Section 9.4 **Inspection by Directors**. Every Director shall have the absolute right at any reasonable time to inspect and copy all of the Corporation's books, records, and documents of every kind, and to inspect the physical properties of the Corporation.

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Section 9.5 **Annual Report**. The Corporation shall provide to the Directors, within one hundred and twenty (120) days of the close of its fiscal year, a report which shall include, but need not be limited to, the following information in reasonable detail:

(a) The assets and liabilities, including trust funds, of the Corporation as of the end of the fiscal year;

(b) The principal changes in assets and liabilities, including trust funds, during the fiscal year;

(c) The revenue or receipts of the Corporation, both unrestricted and restricted to particular purposes, for the fiscal year;

(d) The expenses or disbursements of the Corporation, for both general and restricted purposes, during the fiscal year;

(e) Any transaction during the previous fiscal year involving more than $50,000 in which the Corporation (or its parent or subsidiaries, if any) was a party and in which any Director or Officer of the Corporation has a direct or indirect financial interest, or any of a number of such transaction in which the same person had a direct or indirect financial interest and which transactions in the aggregate involved more than $50,000; and

(f) The amount and circumstances of any indemnifications or advances aggregating more than $10,000 paid during the fiscal year to any Director or Officer of the Corporation pursuant to these Bylaws, unless such indemnification has already been approved as provided herein.

For each transaction, the report must disclose the names of the interested persons involved in such transaction and state such person's relationship to the Corporation, the nature of such person's interest in the transaction and, where practicable, the value of such interest. The report shall be accompanied by a report of independent accountants or, if there is no such report, by the certificate of an authorized officer of the Corporation that such financial statements were prepared without an audit from the books and records of the Corporation.

Section 9.6 **Financial Audit**. The Corporation shall obtain a financial audit for any tax year in which it receives or accrues gross revenue of $2 million or more, excluding grant or contract income from any governmental entity for which the entity requires an accounting. Any audited financial statements obtained by the Corporation, whether or not required by law, shall be made available for inspection by the Attorney General and by the general public within nine (9) months after the close of the fiscal year to which the statements relate. For three (3) years, such statements shall be available at the Corporation's offices during regular business hours and shall be made available either by mailing a copy to any person who so requests in person or in writing, or by posting them on the Corporation's website.

Section 9.7 **Corporate Seal**. The Board may provide a suitable seal for the Corporation.

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Section 9.8 **Construction and Definitions**. Unless the context requires otherwise, the general provisions, rules of construction, and definitions in the California Corporations Code shall govern the construction of these Bylaws. Without limiting the generality of the above, the masculine gender includes the feminine and the neuter, singular numbers include the plural, plural numbers include the singular, and the term "person" includes both corporations and natural persons. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

Section 9.9 **Electronic Transmission**. Subject to any guidelines and procedures that the Board may adopt from time to time, the terms "written" and "in writing" as used in these Bylaws include any form of recorded message in the English language capable of comprehension by ordinary visual means and may include electronic transmissions, such as facsimile or email, provided, for electronic transmissions from the Corporation, the Corporation has obtained an unrevoked written consent from the recipient to the use of such means of communication; for electronic transmission to the Corporation, the Corporation has in effect reasonable measures to verify that the sender is the individual purporting to have sent such transmissions; and the transmission creates a record that can be retained, retrieved, reviewed, and rendered into clearly legible tangible form.

ARTICLE X

AMENDMENTS

These Bylaws and the Corporation's Articles of Incorporation may be repealed or amended by a majority vote of all of the Directors then in office.

Docusign Envelope ID: 1DE663D0-F485-8379-8372-CDB40194AA6E

CERTIFICATE OF SECRETARY

I certify that:

1. I am the duly elected and acting Secretary of the Corporation.

2. The above Bylaws are the true and correct Bylaws of the Corporation, as amended and restated, adopted by the Board at a meeting on April 30, 2026.

DATED: April 30, 2026

DocuSigned by:
Christopher Sweeney
[illegible]

Christopher Sweeney, Secretary – Treasurer

EXHIBIT 6 TO

SECTION 999.5(d)(9)

Current Status: *Active*	
	Origination: *05/1999* **Last Approved:** *01/2025* **Next Review:** *01/2028*

Financial Assistance Program

I. POLICY STATEMENT:

NorthBay Health is committed to providing financial assistance to patients who have no health insurance to pay for medically necessary care or have insurance with high medical costs or out-of-pocket expenses not reimbursement by insurance or a health coverage program. NorthBay Health's mission to improve the well-being of our communities by providing conveniently accessible high-quality care will serve as the foundation for all financial assistance determinations pursuant to this policy. Financial assistance determinations will be made within the broader scope of assisting patients and their families to obtain adequate and affordable insurance that provides ongoing access to community health care services. NorthBay Health reserves the right to redirect the patient to the lowest cost service within our health system. This policy will be reviewed and/or revised biennially or as required by change of law or practice.

II. PURPOSE:

The purpose of this policy is to define the eligibility criteria for financial assistance and provide administrative guidelines for the communication and implementation of this financial assistance policy.

III. ELIGIBLE SERVICES:

Medically necessary care is defined as any necessary inpatient, outpatient, or emergency medical care that if not treated promptly would result in an adverse change in health status and is not entirely elective for patient comfort and convenience. Professional fees that are not billed by NorthBay Healthcare will not be covered under this Financial Assistance Policy. In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patients shall be screened for financial assistance or payment information prior to the rendering of services in emergency situations.

IV. APPLYING FOR FINANCIAL ASSISTANCE:

NorthBay Health’s Financial Assistance Policy and Financial Assistance Application (English & Spanish) can be obtained as follow:

A. NorthBay Health's website at www.northbay.org/patients-visitors/billing.cfm

B. NorthBay Medical Center (1200 B. Gale Wilson Blvd., Fairfield) or NorthBay VacaValley Hospital (1000 Nut Tree Rd., Vacaville)

C. Financial Assistance Line at (707) 646-5637

V. ELIGIBILITY FOR FINANCIAL ASSISTANCE:

A. Eligibility determinations shall be made based on family income, which shall be calculated based on the gross income of the patient and each member of the patient's family unit. For purposes of this policy, a patient’s family unit shall include:

    1. For persons 18 years of age and older, spouse, registe4red domestic partner, and dependent children under 21 years of age, or any age if disabled.

    2. For persons under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, and parent's or caretaker relatives' other dependent children under 21 years of age, or any age if disabled.

B. All patients requesting financial assistance will be required to:

    1. inform the hospital of any health coverage or other coverage

    2. while patients are not required to apply for County, State and/or Federal health care programs, they are required to participate in the eligibility screening process for these programs

    3. complete and sign the financial assistance application form

    4. provide timely written verification of identification, residency, income including recent paystubs or income tax returns; self-declaration is acceptable either for those patients who do not have any written verification because they are homeless or because of their immigration status

C. Bankruptcy and deceased patients with no estate may be granted financial assistance without meeting the above requirements.

D. High medical costs mean any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. NorthBay Health may waive or reduce Medicaid and Medicare cost-sharing amounts as part of its charity care program or discount payment program.

E. Non-covered and denied services provided to patients regardless of payer is a form of financial assistance. This includes, but is not limited to, services provided to Medicaid beneficiaries with restricted Medicaid benefits, Medicaid-pending accounts, charges related to days exceeding a length-of-stay limit, out-of-state Medicaid with no payment, and non-contracted or out-of-network plans. Charges related to these denials and/or non-covered amounts written off during the fiscal year are reported as uncompensated care.

F. Information from the predictive model may be used to grant presumptive eligibility or to satisfy the documentation requirements for non-Medicare patients in cases where there is an absence of information provided by the patient and after efforts to confirm coverage availability. Patient accounts granted presumptive eligibility will be reclassified under financial assistance and adjusted accordingly, even if account is already classified as bad debt. The discount provided will not be included in bad debt expense.

G. During an Access to Healthcare Crisis, NorthBay Health may flex its patient financial assistance policy to meet the needs of the community in crisis. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy, as hospital leadership may not be able to react quickly enough to update policy language to meet more pressing needs during that time.

VI. FINANCIAL ASSISTANCE GUIDELINES:

A. Financial assistance will be provided to patients on a sliding scale basis using the published Federal Poverty Levels (FPL) at the time of screening as guidelines. Financial assistance will be granted using the following criteria:

1. If family income is 138% of the FPL or less: Charity Care with free care to the patient.
2. If family income is 139% to 400% of the FPL: Reduced Care to the patient at 100% of the Medicare Fee Schedule and reasonable payment terms.
3. If family income is above 400% of the FPL: Refer to Discount Plan Guidelines for Self-Pay and Self-Pay After Insurance.

B. Monetary assets cannot be considered when determining a patient's eligibility.

C. Healthcare services shall not represent a catastrophic burden to patients. NorthBay Health will limit annual family obligations for patients who family income does not exceed 400% of the FPL and is not greater than 10% of the patient’s family income in the last year.

D. Reasonable payment plan will be offered to patients whose family income is 139% to 400% of the FPL. Monthly payments will not be more than 10% of a patient's family income for a month, excluding deductions for essential living expenses. Essential living expenses include rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

E. A patient's or their family's Health Savings Account (HSA) may be considered when negotiating payment plans for discounted care but are prohibited from considering monetary assets when determining eligibility for charity care or discount payment policies.

F. Patients determined to be eligible for financial assistance may not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care. AGB is determined using a prospective payment method for outpatient clinics based on Medicare reimbursements and a retrospective payment method for the hospital based on Medicare and Commercial reimbursements.

G. Patients will be reimbursed for any overpayment, including interest, if they paid more than the amount due under the Hospital Fair Pricing Act, and will refund the overpayment within 30 days of the request. However, reimbursement is not required if it has been five years or more since the patient’s last payment to hospital/collection agency or the patient’s debt was sold before January 1, 2022, in accordance with the law at the time.

H. When a third-party payer (like an insurance company) directly reimburses a patient for hospital services, the hospital can demand payment of the full amount from the patient or guarantor. If a patient receives a settlement, judgment, or award in a legal case that includes payment for healthcare services, the hospital can require reimbursement up to the amount reasonably awarded for those services.

I. There are no time limits on applying for financial assistance and eligibility determination shall be done at any time. Financial assistance will be applied to

eligible accounts incurred for services received prior to the financial assistance application date.

J. Physicians who provide emergency medical services in a hospital setting are also required to provide discounts to uninsured patients or patients with high medical costs who are at or below 350% of the FPL.

VII. PATIENT NOTIFICATION AND APPEAL RIGHTS:

A. Patients will be provided with information regarding the Financial Assistance Policy at the point of access and first billing. If a patient feels that they may be eligible under the policy, then they shall be referred to financial counseling for further assistance. A final determination will be made within 30 days of an application being completed and all requested documentation being submitted by the Financial Counseling Unit. Once a decision is made for the approval or denial of financial assistance, a letter will be sent to the patient as notification of the decision made. Patient statements will reflect the financial assistance determination as “Compassionate Care Discount.”

B. Incomplete applications will be held for 120 days from first billing statement before the account is referred for collections.

C. Patients who disagree with the financial assistance determination have the right to appeal the decision. Appeals must be made in writing to the Director of Patient Access, NorthBay Health, 4500 Business Center Drive, Fairfield, CA 94533. A review committee consisting of finance staff, non-finance staff and NorthBay Health administrative representatives will review appeals monthly.

VIII. RELATIONSHIP TO COLLECTION PRACTICES:

A. NorthBay Health may employ reasonable collection efforts to obtain payment from patients. General collection activities may include issuing patient statements, phone calls, and referral of statements that have been sent to the patient or guarantor. Bills that are not paid 120 days after the first billing date may be placed with a collection agency.

B. NorthBay Health's collection policies outline the types of collection efforts that contracted collection agencies may/may not take to collect on past-due accounts. It is recognized that as part of the financial assistance process, patients may from time to time break their promise to pay made on the financial assistance application. In these instances, patients with past-due financial assistance obligations may be referred to collection in the same manner as any other patient with an unpaid past-due account might. However, in no instance will any patient

receiving financial assistance under this policy be subject to abusive telephone collection practices, liens being placed on any real property owned by the patient, wage garnishments, involuntary court hold orders or reporting adverse information about a patient's hospital debt to a consumer credit reporting agency.

IX. PUBLIC NOTICE OF FINANCIAL ASSISTANCE:

NorthBay Health will post notices regarding the availability of financial assistance in all patient registration areas, in patient handbooks and discharge instructions, at its billing office, and on its website. Notices shall be posted in English and Spanish. Patients with questions about NorthBay Health's Financial Assistance Program may call the Financial Assistance Line at (707) 646-5637.

X. APPROVAL REQUIREMENTS

A. Policy Owner (Content Expert): Director, Patient Access

B. Policy & Procedure Committee

C. Vice President, Revenue Cycle Management

D. Executive Vice President, Chief Financial Officer

E. Board of Directors

Financial Assistance Program
Plain Language Summary

NorthBay offers financial assistance to eligible patients unable to pay for emergency or other medically necessary care. Patients seeking financial assistance must comply with the application process and provide information regarding your health coverage or other sources of payment, monthly income, household size, and other information that will assist with determining your eligibility. This includes submitting the patient's current pay stubs or last year's income tax return, and completing the application process for all available sources of assistance, including County, State, and/or Federal health care programs. You are responsible for providing information timely. After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility.

How Do I Qualify for Financial Assistance?

Eligibility is determined based on review of a complete application and supporting documents, including proof of income. Generally, patients with family income at or below 400% of the Federal Poverty Level will be eligible for charity (free) care or discounted (reduced) care.

If you receive financial assistance under our policy, you will not be charged more for emergency or other medically necessary care than the amount generally billed (AGB) to patients having Medicare coverage.

To view U.S. federal poverty guidelines used to determine financial eligibility for certain federal programs, visit the HHS poverty guidelines website.

How Can I Apply for Financial Assistance?

NorthBay Healthcare's Financial Assistance Policy and Financial Assistance Application (English & Spanish) can be obtained in any of the following ways:

1) For an electronic copy, go to NBHC's website: https://northbay.org/patients-visitors/financial-assistance.html
2) To pick up a paper copy, visit NorthBay Medical Center (1200 B. Gale Wilson Blvd., Fairfield) or NorthBay VacaValley Hospital (1000 Nut Tree Rd, Vacaville)
3) To receive via US Mail, call NBHC's Financial Assistance Line at (707) 646-5637

For questions regarding NBHC's Financial Assistance Policy or request assistance in completing the Financial Assistance Application, call NorthBay Health's Financial Assistance Line at (707) 646-5637.

Collection Activities

NorthBay Health may employ reasonable collection efforts to obtain payment from patients. General collection activities may include issuing patient statements, phone calls, and referral of statements that have been sent to the patient or guarantor. Bills that are not paid 120 days after the first billing date may be placed with a collection agency. NorthBay Health or collection agencies will not engage in any extraordinary collection actions, as defined by NorthBay Health Debt Collection Policy.

Title 11, California Code of Regulations, § 999.5(d)(10)

PUBLIC COMMUNICATIONS

11 Cal. Code Reg. Section 999.5(d)(10)

A description of the applicant's efforts to inform local governmental entities, professional staff and employees of the health facility or facility that provides similar healthcare and the general public of the proposed transaction.

SJHNC has made great efforts to inform its community and key stakeholders of the proposed Transaction, including local governmental entities, professional staff, and employees of QVMC and the Napa Clinics. The parties have utilized a variety of communication strategies, including press releases, letters, e-mails, and organizational announcements/newsletter. Responses to the proposed Transaction have been positive and supportive.

Attached to this Section 999.5(d)(10) are copies of communications related to this Transaction, including:

- **Exhibit 1**, a copy of the joint press release, dated April 10, 2026, announcing the Transaction.
- **Exhibit 2**, a copy of the Internal Caregiver Memorandum sent to QVMC employees on April 9, 2026 (and included in the weekly caregiver newsletter).
- **Exhibit 3**, a PDF copy of the internal website created for QVMC employees related to the Transaction.
- **Exhibit 4**, a copy of an April 9, 2026 article published by the Napa Valley Register summarizing the transaction.
- **Exhibit 5**, a copy of an April 13, 2026 article published by the Santa Rosa Press Democrat summarizing the transaction.
- **Exhibit 6**, a copy of an April 9, 2026 article published by the Vacaville Reporter summarizing the transaction.

SJHNC and NorthBay also created a public-facing informational micro-site to inform the public about the Transaction. The URL for the website is advancingnapahealth.org.

EXHIBIT 1 TO

SECTION 999.5(d)(10)

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Providence

Providence, NorthBay Health reach definitive agreement to transition ownership of Queen of the Valley Medical Center

FRIDAY, APRIL 10, 2026

NAPA, Calif., FAIRFIELD, Calif. (April 9, 2026) — Providence and NorthBay Health announced today the organizations have reached a definitive agreement to transfer ownership of Queen of the Valley Medical Center and related assets, including ambulatory clinics, in Napa County from Providence to NorthBay Health. The definitive agreement marks the next formal milestone in transitioning The Queen to NorthBay Health since the organizations announced last month they entered into a letter of intent.

The U.S. health care sector is in a moment of historic transformation. Providence has declared a bold vision for the future: to be the best place to give and receive care as the health system creates a delivery model for the future, supported by innovation and positive change. This transformation requires thoughtful planning, ensuring Providence can deliver compassionate, high-quality care in communities where the organization is best positioned to be a long-term partner.

In the months-long discernment process with leaders and individuals with diverse perspectives, it became clear to Providence that NorthBay Health was best positioned to address the long-term health care needs in the Napa community

"As Providence pursues its 2030 strategic direction, we recognize that we must focus our resources where we can do the greatest good," said Laureen Driscoll, Chief Executive, Providence South Division. "We are confident that NorthBay Health is the right organization to build on The Queen's legacy and continue the commitment to exceptional care for the Napa community. This milestone marks another important step in the process to thoughtfully transition The Queen to NorthBay Health."

As part of the definitive agreement, NorthBay Health will make several commitments to continue this legacy, including investing in clinical services and community benefit programs, extending offers of employment with NorthBay Health to actively employed caregivers, ensuring seismic requirements are met and supporting the Queen of the Valley Foundation in its philanthropic investments in the community.

"As a California-owned, locally governed, community-based health system, we are proud to build on Queen of the Valley Medical Center's long-standing legacy of care," said Mark Behl, President and CEO of NorthBay Health. "This agreement represents an important step toward expanding access, strengthening clinical services, and ensuring more people in the region benefit from high-quality, locally connected care."

For more than 65 years, NorthBay Health has been guided by a simple purpose: caring for our neighbors and strengthening the health of the communities we serve. The organization believes health care is strongest when decisions are made close to home, by people who understand their communities and are accountable to them. That commitment has shaped

NorthBay Health's growth, from expanding access to investing in services that meet the evolving needs of its region.

With a definitive agreement in place, the organizations will move into the regulatory review phase. The organizations have launched a website (AdvancingNapaHealth.org) where the community can follow progress. Pending regulatory review and approval, the transition is expected to occur by the end of 2026.

####

About NorthBay Health
NorthBay Health is a locally governed, nonprofit health care system serving Solano County and surrounding communities in Northern California. The organization today includes two acute-care hospitals — NorthBay Health Medical Center in Fairfield and NorthBay VacaValley Hospital in Vacaville — supported by multiple primary care and specialty clinics and four urgent care centers across the region. With 150+ physicians in primary and specialty care and a network designed to bring accessible, high-quality care close to home, NorthBay Health is committed to advancing clinical excellence, compassionate service, and community well-being. The system's experienced team delivers comprehensive services ranging from emergency and trauma care to maternal and child health, cancer care, heart and vascular services, and more, with a focus on innovation, patient experience, and community health improvement.

About Providence Queen of the Valley Medical Center
Providence Queen of the Valley Medical Center is a Catholic, nonprofit, acute-care hospital serving Napa Valley and surrounding communities for more than 60 years. Part of Providence St. Joseph Health, a national nonprofit Catholic health system, The Queen is guided by a mission to provide compassionate, high-quality, whole-person care, with special attention to those who are poor and vulnerable. The medical center offers a comprehensive range of services, including emergency care, maternity services, surgical care, cancer care, heart and vascular services, and advanced specialty care, delivered by dedicated caregivers committed to the health and well-being of the community.

Providence, NorthBay Health reach definitive agreement to transition ownership of Queen of the Valley Medical Center

4/10/2026

NorthBay Health solidifies commitments to advancing care in Napa

Small habits for better heart health

2/24/2026

Cardiovascular disease remains the leading cause of death in the United States, and many risk factors develop quietly, underscoring the importance of being proactive about heart health.

New Year, New Procedure: Faster, Safer A-fib Treatment Arrives at the Queen

2/17/2026

Providence Queen of the Valley reached an exciting milestone in cardiac care last month, successfully performing its first pulsed field ablation procedure.

Start the New Year strong

2/2/2026

Bariatric surgeon, Dr. Perryman, offers tips for weight loss.

OUR VALUES

Compassion, Dignity, Justice, Excellence, Integrity.

Learn more about our mission, vision and values.

Contact Us

CONNECT WITH US

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Notice of Privacy Practices
Patient Rights

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EXHIBIT 2 TO

SECTION 999.5(d)(10)

CAREGIVER MEMO

Update on QVMC Transition

Last month, we shared that Providence and NorthBay Health entered a letter of intent to transition ownership of Queen of the Valley Medical Center and related assets to NorthBay Health by the end of 2026, pending regulatory approval. I am writing to share we have reached the next milestone in the process. Both organizations have signed a definitive agreement outlining the terms and conditions that will govern the transition of ownership.

Where We Go from Here

This milestone marks an important next step in securing the long-term future of The Queen and continuing our legacy of exceptional, mission-centered care for the Napa community. With the definitive agreement in place, we will begin the regulatory review process. Pending regulatory approval, we expect the transition to take place by the end of 2026.

I know that since our initial announcement, there have been many questions and conversations about what this transition means for our community, caregivers and physicians. I want to restate a few key points.

- **Nothing changes today.** We have much work to do to determine the details of the transition. While the regulatory process unfolds, both Providence and NorthBay Health will be focused on defining the details of the transition for caregivers, physicians and the community.
- **NorthBay Health is committed to investing in the future of health care in Napa.** NorthBay Health will make several commitments to continue the strong legacy of The Queen, including continuing existing clinical services and community benefit programs, extending offers of employment with NorthBay Health to all actively employed caregivers, meeting seismic requirements and supporting the Queen of the Valley Foundation in its philanthropic investments in the community.
- **We are committed to creating space for conversation, getting to know NorthBay Health and providing updates along the way.** You can stay informed about the latest developments in multiple ways:
    - A dedicated SharePoint site will serve as the communication hub and will house future published FAQs. You can access the site here: Napa Transition - Home.
    - Over the coming months, caregivers and physicians will have the opportunity to connect with NorthBay Health leaders. We will communicate directly with you about those opportunities as they are formalized.
    - In addition, updates will be shared with the community via a public-facing website AdvancingNapaHealth.org.

While the definitive agreement is an important milestone in the transition process, many steps remain before a proposed transition occurs. During this time, it's critical that we remain focused on what matters most – providing exceptional care to the people who count on us every day.

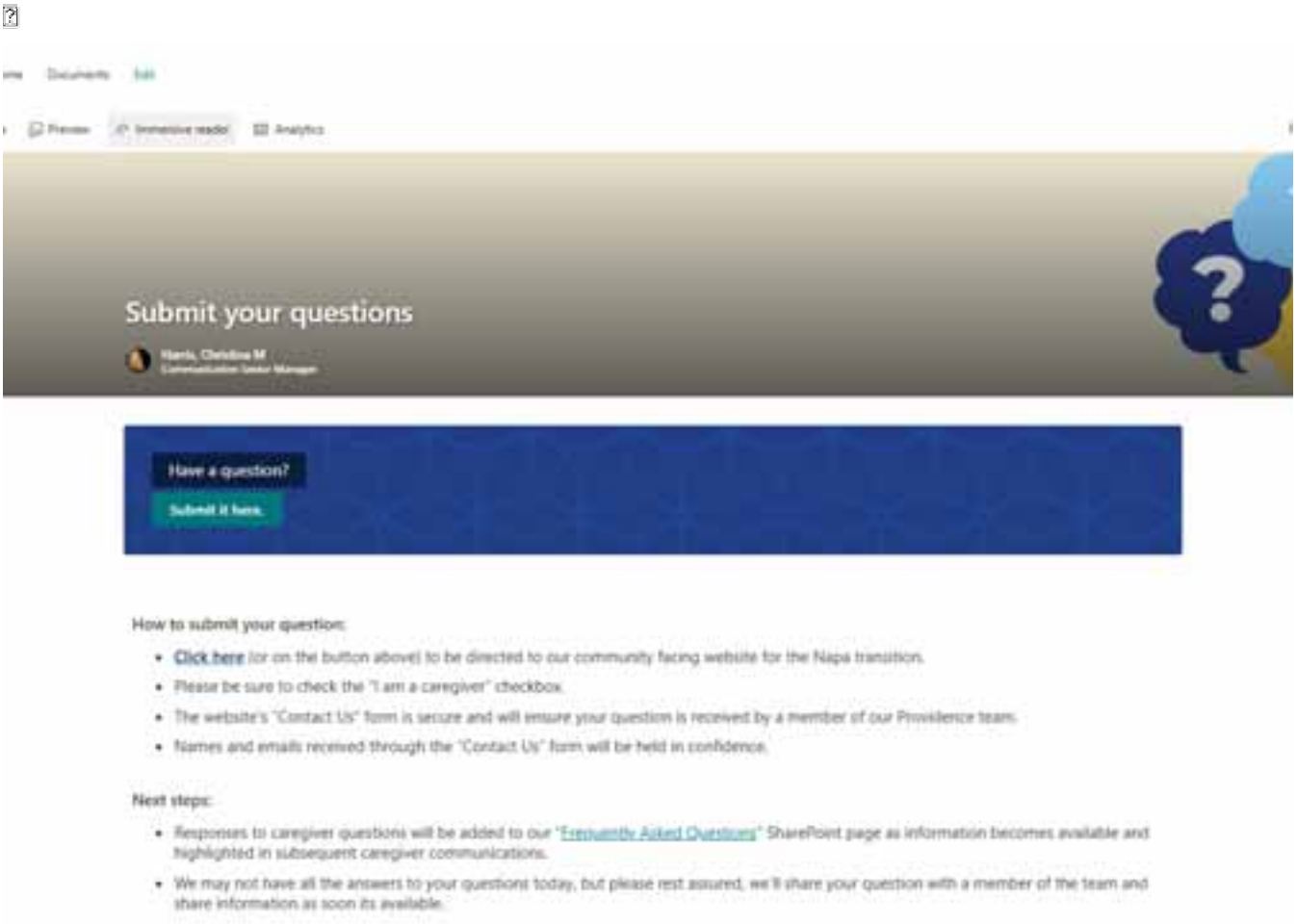
Thank you for all you do for our patients, the community and each other.

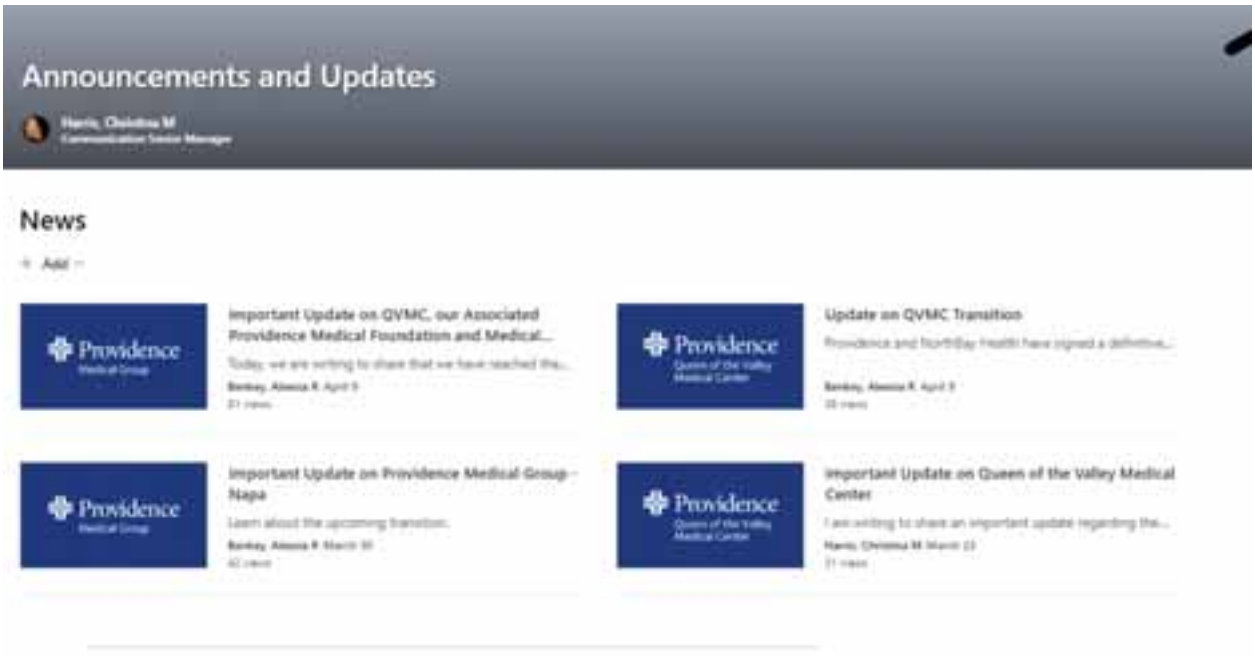
Garry Olney, Chief Executive
Providence Northern California

EXHIBIT 3 TO

SECTION 999.5(d)(10)

Napa Transition
Information for Caregivers
Providence
FAQ
NorthBay


Submit your questions
Have a question?
Submit it here.
How to submit your question:
Click here (or on the button above) to be directed to our community facing website for the Napa transition.
Please be sure to check the "I am a caregiver" checkbox.
The website's "Contact Us" form is secure and will ensure your question is received by a member of our Providence team.
Names and emails received through the "Contact Us" form will be held in confidence.
Next steps:
Responses to caregiver questions will be added to our "Frequently Asked Questions" SharePoint page as information becomes available and highlighted in subsequent caregiver communications.
We may not have all the answers to your questions today, but please rest assured, we'll share your question with a member of the team and share information as soon as available.



FAQs

General FAQ

1. Why is Providence transitioning ownership of Queen of the Valley Medical Center to NorthBay Health?

Providence has set a bold vision through our 2030 strategic direction: be the best place to give and receive care as we create a delivery model for the future, supported by innovation and positive change. Getting there calls on us to lead with courage, compassion, a deep conviction for our Mission and care for our communities.

We know we need to re-invest in our ministries to achieve this vision and uphold our commitment to the health and healing of our communities. To do so, we must focus our resources. We engaged leaders from across Providence to ask, “Where can we do the greatest good?” and “Where can we be the best place to give and receive care?”

Through these conversations, we determined that a new owner is the right path for The Queen.

2. Why was NorthBay Health chosen?

NorthBay Health has demonstrated a clear understanding of and care for our caregivers and the Napa community, and a commitment to investing in the future of The Queen.

NorthBay Health is a California-owned, locally governed and community-based health system. Their focus will be continuing the values and culture that define The Queen, providing conveniently accessible high-quality care, expanding access, strengthening

clinical excellence, and continuing to offer a unified approach to health care delivery.

3. How is NorthBay Health the right fit to shepherd The Queen into its next chapter?
Through the process, it became clear that The Queen would thrive in its next chapter as part of NorthBay Health.

- Geographic and strategic presence: NorthBay Health is a California-owned, locally governed and community-based health system. In recent years, they have taken meaningful action to expand to meet the health care needs of Solano, Yolo, and Napa counties.
- Support for caregivers and physicians: NorthBay Health has demonstrated a clear understanding of and care for our caregivers and intends to extend offers of employment with NorthBay Health to all actively employed caregivers. NorthBay Health and QVMC recognize physicians are essential partners in improving community health and will work closely with affiliated and independent groups to ensure continuity of care.
- Expanded access and clinical excellence: As the demand for advanced, high-quality care close to home continues to grow, and NorthBay Health looks to meet that demand, The Queen has the capacity and capabilities to serve the Napa community long into the future.
- Future investment: We are still working through many details, but NorthBay Health intends to make several commitments, including continuing existing clinical services and community benefit programs and continuing to support the QVMC foundation in its philanthropic investments in the community.

These factors, among others, make NorthBay Health the right organization to continue the strong legacy of The Queen.

4. How was this decision reached? Who was involved?
Our founding Sisters were called to balance community needs with what they could deliver. Today, we are called to do the same.

In the tradition of Catholic health care, we used the deeply introspective process of discernment with Providence leaders and diverse perspectives to guide us on how to best meet critical considerations of our community, such as investing in the common good, fidelity to our caregivers, continued care for the poor and vulnerable and whole person and spiritual care. Ultimately, we determined that a new owner is the right path for The Queen.

5. What is the discernment process?
Collective discernment is rooted in reflection and deep listening. It promotes dialogue and sharing diverse perspectives and emotions, ensuring we take the time needed to make a thoughtful decision aligned with our Mission.

Discernment participants bring their hearts and minds into the process, and all involved

are deeply committed to doing the right thing for our communities, caregivers and Providence.

Through this deeply introspective process, we were guided to an organization who strives to earn the trust of patients and families, becoming their health care partner of choice at every stage of life. This commitment echoes The Queen's long-standing mission to serve all, especially those who are vulnerable, ensuring that no one is left behind in their time of need.

6. What is the definitive agreement?
The definitive agreement outlines the terms that will govern ownership transition of Queen of the Valley Medical Center and related assets in Napa County from Providence to NorthBay Health.

7. What still needs to happen before the transition is final?
Now that a definitive agreement has been reached, the proposed transition will move through the regulatory review process. Providence will continue to operate Queen of the Valley Medical Center until the proposed transition occurs. Pending regulatory approval, we expect the transition to occur by the end of 2026.

8. What commitments are outlined in the definitive agreement?
As part of the definitive agreement, NorthBay Health will make several commitments including continuing existing clinical services and community benefit programs, extending offers of employment with NorthBay Health to all actively employed caregivers, meeting seismic requirements and supporting the Queen of the Valley Foundation in its philanthropic investments in the community.

9. Was the archdiocese's financial outlook a factor in this decision?
No, The Queen operates independently of the archdiocese financially and our path forward is rooted in Providence's Mission and responsibility to ensure continued long-term access to high-quality care.

10. Will there be changes to The Queen's brand or identity?
While The Queen will become a secular hospital after ownership transition, NorthBay Health has agreed to establish a Mission Effectiveness Committee to help guide any transition in the community, ensuring the culture and needs of Napa are represented and acknowledged.

11. Is NorthBay Health a not-for-profit or for-profit organization?
NorthBay Health is a nonprofit organization with a mission, vision and core values that are consistent with those of Providence.

- Its mission is "to improve the well-being of our communities by providing conveniently accessible high-quality care."

- Its vision is “to be the trusted health care partner of choice for the communities we serve.”
- Its core values are Nurture, Own It, Respect, Build Trust, and Hardwire Excellence.

12. What happens to our Catholic mission and our community involvement?
While The Queen will become a secular hospital after ownership transition, NorthBay Health has agreed to establish a Mission Effectiveness Committee to help guide any transition in the community, ensuring the culture and needs of Napa are represented and acknowledged.

Catholic patients will continue to be provided Catholic spiritual care support during their hospital stays. NorthBay Health strives to earn the trust of patients and families, becoming their health care partner of choice at every stage of life. This commitment echoes The Queen’s long-standing mission to serve all, especially those who are vulnerable, ensuring that no one is left behind in their time of need.

13. Is Providence considering this path for other Northern California hospitals?
There are no active discussions for other NorCal hospitals at this time.

Caregiver & Physicians General Questions
1. How does this impact the caregivers and physicians at Queen of the Valley Medical Center?
Nothing changes today. Through the agreement, NorthBay Health will make several commitments, including continuing existing clinical services and community benefit programs, extending offers of employment with NorthBay Health to all actively employed caregivers, working with Providence and its NorCal medical group to transition Napa clinicians to the NorthBay system, and continuing to support the foundation in its philanthropic investments in the community. We will work closely with all caregivers and medical staff to ensure continuity of care for patients. We are still determining details of the ownership transition and don’t have all the answers today.

2. What does this mean for caregivers and physicians in our clinics (ambulatory settings)?
Discussions include Queen of the Valley Medical Center and our associated Providence Medical Foundation operated clinics and programs in Napa. Our clinics will continue without interruption to schedule and see patients for appointments and procedures. NorthBay Health has demonstrated a clear understanding of and care for our caregivers and intends to extend offers of employment with NorthBay Health to all actively employed caregivers. NorthBay Health and QVMC recognize caregivers and physicians are essential partners in improving community health and will work closely with affiliated groups such as Providence Medical Group, Northern California and independent groups to ensure continuity of care. We are still determining details of the ownership transition and don’t have all the answers today.

3. When will Providence caregivers and physicians in Napa have the opportunity to hear directly from NorthBay Health leaders?
Caregivers and physicians will have the opportunity to hear directly from NorthBay Health leaders in the coming months. We will communicate directly with you about those opportunities as they are formalized.

4. Will our Electronic Health Record (EHR) platform change?
Important questions like this will be the focus of transition planning over the coming months. As we have more information to share about systems and processes, we will communicate with physicians and caregivers.

5. What does this mean for Shared Services caregivers whose roles support Queen of the Valley and Napa clinics?
Shared Services caregivers play essential roles and are vital to ensure continued high performance of ministry operations and business functions during this transition. In the coming weeks we will work closely with NorthBay Health to identify employment opportunities. Shared Services leaders will meet with their teams to provide more information once it's available.

6. Where can I find the latest updates and information?
You can stay informed about the latest developments in multiple ways:

- A dedicated SharePoint site will serve as the communication hub and will house future published FAQs. You can access the site here Napa Transition - Home.
- Over the coming months, caregivers and physicians will have the opportunity to connect with NorthBay Health leaders. We will communicate directly with you about those opportunities as they are formalized.
- In addition, updates will be shared with the community via a public-facing website AdvancingNapaHealth.org.

7. What if I have a question that I don't see answered anywhere?
A dedicated SharePoint site will serve as the communication hub and will house future published FAQs. You can access the site here Napa Transition - Home. You can submit questions through this site. We will also create opportunities for you to ask general questions about the transition, as well as NorthBay Health benefits and policies, in future town halls and open forums.

HR Specific Transition Questions
1. We read that NorthBay Health is only guaranteeing employment for 12 months. What happens after that? Will people lose their jobs?
NorthBay Health values Queen of the Valley Medical Center caregivers and our goal is to retain the talented people who care for this community today and build a strong future together. Like any health system, staffing decisions over time will continue to be guided by the needs of patients, the community and the organization, but there is no specific intent to make changes after the 12-month timeframe. The commitment is meant to provide stability

during the first year, and our focus beyond that is on supporting all team members, investing in the workforce and creating long-term opportunities to succeed. [Added 4/10/26]

2. Where do I send questions about my job, my pay and my benefits?
We are still in the early stages of transition planning and will share a method for questions related to your current Providence role and benefits in the coming months. As we continue planning, we will also create opportunities for you to hear directly from NorthBay Health about these important topics.

3. When will I know exactly what is happening with my position?
We are in the early stages of a potential ownership transition of The Queen to NorthBay Health, with several steps still ahead. Next steps include completing the regulatory review process. Pending these approvals, the transition is anticipated by the end of 2026. As we continue planning, we will create opportunities for you to hear directly from NorthBay Health about these important topics.

4. Will I still be a Providence employee?
NorthBay Health plans to extend offers of employment to all actively employed caregivers at the time of transition who specifically support The Queen. Until then, you will remain a Providence employee. Pending regulatory approval, the transition is expected to occur by the end of 2026.

5. Will this transaction impact the current merit cycle?
No. The transaction will not impact the current merit cycle. Eligible caregivers will continue to participate in the merit process as planned. All current merit timelines, eligibility criteria, and processes remain unchanged.

6. What happens to my unused PTO?
All unused, accrued vested PTO will be paid out in conjunction with your final check from Providence. This payment will be considered a special disbursement in accordance with IRS requirements. More details about this will be provided closer to the ownership transition date.

7. What happens to my Providence benefits?
Your Providence benefits and well-being offerings will end on the last day of the month during which your employment transition occurs. You will be eligible to enroll in benefits offered by NorthBay Health. More information regarding their benefits offerings and enrollment will be provided in the coming months. For information on your existing benefits under Providence, please visit the Caregiver Service Portal (https://www.caregiverserviceportal.org/).

8. If I participate in the MPAP, what happens to this coverage?

The Medical Premium Assistance Program (MPAP) is a specific financial assistance program offered by the Providence family of organizations in connection with the Providence-sponsored medical insurance benefits. MPAP coverage ends when your Providence or Providence-affiliated medical coverage ends. MPAP is not a benefit offered as part of COBRA.

9. If I am in a role identified to transfer, what happens to my Health Savings Account (HSA) funds?
Your HSA is owned and managed by you and is yours to keep, even if you are employed by NorthBay Health. It is your responsibility to:

- Determine if you are eligible to open an HSA
- Ensure your withdrawals are for eligible expenses and eligible family members
- Keep receipts for your withdrawals for eligible expenses

If you enroll in a different medical plan or waive medical coverage and have funds remaining in your HSA, your account will remain open, and you can continue to use your HSA to pay for health care expenses for you and your qualified tax dependents. Note: You cannot contribute to your HSA while covered under another employer medical plan.

10. What happens to my Providence Flexible Savings Account (FSA)?
FSA funds will not carry over to employment with NorthBay Health. You will have an opportunity to submit for reimbursement for any eligible expenses incurred during the Providence coverage period for the FSA. If you have not claimed reimbursement for any FSA-eligible expenses, you will no longer have access to any remaining funds in your account after the claims runout period (per IRS rules). You will be offered COBRA at the end of your employment with the Providence family of organizations. If you elect COBRA, you would be able to maintain access to your FSA. Please contact the Benefits Service Center for more information.

11. What happens to my Health Reimbursement Account (HRA) funds upon transition to NorthBay Health?
When you transition from employment, you will have a 365-day run-out period following termination of the HRA Medical Plan to submit for eligible expenses incurred while covered by the HRA medical plan. You can use your HRA funds for any claims incurred prior to the end of your HRA medical plan coverage. You will no longer have access to any funds left over after the end of the claims run-out period.

For more information on the portability of the accounts after transition of employment with the Providence family of organizations, visit the "Accounts Overview 101" article in the Caregiver Service Portal (https://www.caregiverserviceportal.org/).

12. What happens to the home loan and car insurance I have through Providence?

Auto and Home Insurance is a voluntary benefit through Farmers Insurance (formerly MetLife). After your employment transitions, your policy would revert to direct billing (instead of payroll deduction). Because these are benefits through Farmers Insurance, you will need to contact them directly with any questions about your individual policy. You can visit the Caregiver Portal for information on how to contact Farmers Insurance for more information.

Providence does not sponsor, endorse or contribute toward these voluntary benefits. Please contact the vendor directly regarding questions about the voluntary benefits such as Auto/Home Insurance, Pet Insurance, Legal, Hospital Indemnity, Critical Illness or Accident Insurance.

13. Will my Retirement Savings Plan account be transferred to an account with NorthBay Health? What if I want to keep my Providence Retirement Savings Plan account?
Your 401(k) Plan account will not automatically transfer to a plan with NorthBay Health. If you wish to roll over your balance to the NorthBay Health plan, you may do so after transitioning employment.

- Both the 401(k) Savings Plan and the SJH/CHS 401(k) Plans ("the Plan") have an auto-cashout service with Fidelity.
- If a caregiver doesn't elect a different option by Fidelity's communicated deadline, and the account balance is $1,000 or less, Fidelity will directly send the transitioned caregiver a check (less any applicable taxes).
- If a transitioned caregiver has a balance in the Plan of $7,000 or less and doesn't elect a different option by Fidelity's communicated deadline, Fidelity will roll over the balance to an IRA (at Fidelity) on their behalf.
- If the transitioned caregiver has an account balance in the Plan over $7,000, the account balance can remain in the Plan indefinitely. No further contributions will be permitted, however, the caregiver retains control of how the balance is invested and make withdraw or roll their balance over at any time.

You may find it helpful to review this article or watch this video for a summary of options that become available when you change employers.

14. When do my retirement deductions end?
Contributions to the 401(k) - and 457(b) Plan, if applicable – will end with the last check you receive for retirement eligible compensation, including regular pay as well as incentive payments. Note that retirement deductions will also apply to any earnings paid in the first 60 days after your separation.

15. What will happen to my 457(b)?
Caregivers have 75 days from their last day of employment with Providence to submit a distribution request. More detailed information will be provided in future communications. For immediate questions, contact Fidelity at 800-343-0860.

16. What can I expect if I'm not fully vested in my retirement at the time of my employment transition?
Anyone affected by the transition will be fully vest in any unvested Providence retirement benefits. Updating vesting is a manual process and may take up to 30 days after your final paycheck to reflect with Fidelity. If you need urgent access to your balance, and vesting is not yet updated, contact the HR Service Center at 888-687-3753 (Mon-Fri, 7 a.m. - 6 p.m. PT) and ask the representative to route your case to retirement.

17. What will happen to my pension plan?
If you have a vested benefit in a frozen pension plan (this is not common), please visit MillimanBenefits.com or contact the Milliman Benefits Service Center at 800-724-2516 to review your options. Depending on your age, you may need to take a full distribution of your pension plan balance once you are no longer employed with Providence.

Community & Patients
1. How can the community stay informed and provide input or ask questions?
We have partnered with NorthBay health to launch an external website (AdvancingNapaHealth.org) where the community can follow along and get the latest updates on the proposed ownership transition. As part of the regulatory review process, the California Attorney General office will host a public hearing where interested community members can participate in the conversation. Details will be included on the website once known.

2. How does this impact patients?
We do not anticipate changes to patient care and patients can continue to see their physicians at current office locations.

3. Will there be any changes to the services currently offered?
Nothing will change today. The Queen will continue to operate as part of Providence while the due diligence and regulatory processes unfold. Pending regulatory approval, the ownership transition is expected to occur by the end of 2026.

4. Will Queen of the Valley Medical Center still accept my insurance?
Insurance coverage remains unchanged and patients can continue to see their same physicians. Any future updates will be communicated well in advance.

5. What does this mean for our donors and The Queen of the Valley Foundation?
The foundation will continue as it is today – a separate nonprofit organization in support of the health care needs of the community. NorthBay Health has expressed an interest in supporting the critical philanthropic programs in Napa. All gifts received prior to this transformation will be honored as intended and conveyed. All future gifts will remain local and established funding initiatives underway will continue.

EXHIBIT 4 TO

SECTION 999.5(d)(10)

https://napavalleyregister.com/news/napa-hospital-queen-of-the-valley-northbay-health-providence/article_0a8644e2-0a63-4658-95d5-04699e8b086a.html

TOP STORY EDITOR'S PICK

Providence to sell Napa's Queen of the Valley hospital to NorthBay Health

JENNIFER HUFFMAN jennifer.huffman@napanews.com

Apr 9, 2026

Providence Queen of the Valley Medical Center on Trancas Street in Napa.

Nick Otto/Register file photo

Marking a major shift in hospital and health care in Napa Valley, Providence has reached a deal to sell Napa's Queen of the Valley Medical Center and related clinics to NorthBay Health.

The deal follows **a letter of intent written last month** and now enters a regulatory review phase.

If approved, the sale is expected to be completed by the end of this year, according to a news release from NorthBay Health.

Leaders from both organizations spoke to the Napa Valley Register exclusively on Tuesday about the change.

“We're equally excited for both organizations and the future for this community,” said Laureen Driscoll, chief executive of Providence South Division.

Mark Behl, president and CEO of NorthBay Health, also called it an important moment.

“It’s a detailed process … and to get to this point, it's a big milestone,” Behl said.

Financial terms of the deal were not disclosed. When asked about the value of the transaction, both sides declined to provide a price or price range.

“We're not sharing specific financial terms,” Driscoll said. “What is important … is that we have come into alignment” on future investments and support for services, staff and the community.

Driscoll said the decision to sell Queen of the Valley came after months of review.

“It became clear to Providence that NorthBay Health was best positioned to address the long-term health care needs in the Napa community,” she said.

NorthBay Health said in a news release that it plans to invest in clinical services, continue community benefit programs, and meet state seismic safety rules for hospitals.

NorthBay Health, with about 3,094 employees, currently operates two hospitals in Solano County, one in Fairfield and the other in Vacaville.

The acquisition also includes assurances to workers. Queen of the Valley has about 1,062 staffers.

Behl said Queen of the Valley employees in good standing will be offered a 12-month job commitment.

“We need caregivers; we need nurses; we need doctors,” Behl said. “There’s absolutely no intention for us to reduce or lay off teams.”

Driscoll said some system-level roles may shift as NorthBay Health takes over operations, but patient care roles are expected to continue.

For patients, leaders said they do not expect major changes right away.

“They're going to continue to be able to receive high-quality services,” said Behl.

Over time, he said, NorthBay Health may add services and expand care options.

The transition will also bring a change in religious affiliation. Queen of the Valley is a Catholic hospital that follows ethical and religious directives that restrict certain types of care, including some reproductive services.

Under the new ownership, those requirements no longer apply.

Behl said NorthBay Health will still support patients’ spiritual needs through chaplain services and partnerships with clergy, but the system is not religious.

“Our approach is inclusive,” he said. “We support patients of all faiths, as well as those who don't identify with a specific faith.”

Some visible parts of Queen of the Valley's religious history are expected to stay. Behl said the hospital name will remain Queen of the Valley, and the large, gold-colored statue of the Virgin Mary holding a cross hanging on the outside of the building at 1000 Trancas St. in Napa is expected to remain.

The fate of other religious-themed items inside the hospital, such as paintings, statues and crosses, has not been finalized. Behl said the goal is to respect the hospital's history while working with religious leaders on next steps.

The Providence name will eventually be removed from signs at the Queen, but no timeline has been set. Leaders said changes will not happen until the deal is approved and finalized.

Before that can happen, the agreement must be reviewed by regulators, including state Attorney General Rob Bonta.

Driscoll said public meetings tied to the attorney general's review typically begin about 45 days after the application to sell is filed. The organizations have not yet submitted that application and are still preparing documents, she said.

In 2019, then-Attorney General Xavier Becerra **declined to approve a proposed merger** involving select Northern California Providence and Adventist Health hospitals in 2019.

"This is a very different transaction," Driscoll said, expressing confidence that the attorney general's process is fair and believe that the sale will pass review.

Other stakeholders in the change include unions at the Queen, such as the California Nurses Association and the National Union of Healthcare Workers.

NorthBay Health will uphold existing union agreements, according to Behl. “We want to have a smooth transition,” he said.

Some Providence services will remain in Napa County. Driscoll said the organization’s PACE program, which serves older adults, will continue operating locally.

Both sides stressed that care will remain local.

“As a California-owned, locally governed, community-based health system, we are proud to build on Queen of the Valley Medical Center’s long-standing legacy of care,” Behl said. “I think this is going to be … a win for the Napa community.”

Additional information about the sale can be found at **AdvancingNapaHealth.org**.

You can reach reporter/business editor Jennifer Huffman at 707_256_2218 or **jennifer.huffman@napanews.com**.

By Jennifer Huffman

Business Editor

EXHIBIT 5 TO

SECTION 999.5(d)(10)

LOCAL NEWS

SUBSCRIBER ONLY

Providence reaches deal with nonprofit to transfer Napa's Queen of the Valley hospital

Providence Queen of the Valley Medical Center in Napa Tuesday, March 17, 2026. (Beth Schlanker / The Press-Democrat)

By **MARTIN ESPINOZA** | martin.espinoza@pressdemocrat.com | The Press Democrat

PUBLISHED: April 13, 2026 at 7:21 AM PDT | UPDATED: April 13, 2026 at 9:21 AM PDT

Hospital giant Providence has signed an agreement to transfer ownership of Napa's Queen of the Valley Medical Center to Solano County-based NorthBay Health, the parties announced Thursday, April 9.

Terms of the deal have not been made public.

The announcement came about a month after Providence disclosed it was in talks with NorthBayHealth to unload Napa County's largest hospital.

Queen of the Valley Medical Center is a general acute care facility licensed for 198 beds. It has net inpatient revenue of $138 million and $204 million in net outpatient revenue, according to the latest data from the California Department of Health Care Access Information. After factoring in operating expenses, the hospital recorded a $5 million loss in 2023-24.

The turnover comes amid an unsettled time in the nation's health care sector as Medicaid reimbursement cuts enacted last year in President Donald Trump's tax and spending bill, along with other business trends, have pushed many facilities to the brink.

Washington-based Providence operates more than 50 hospitals across seven western states. It signaled the transfer was part of a longer term strategy geared to investing "our resources where we can do the greatest good."

NorthBay Health, in business for 67 years, operates hospitals in Fairfield and Vacaville.

NorthBay Health President and CEO Mark Behl called the transfer agreement an "important step toward expanding access, strengthening clinical services, and ensuring more people in the region benefit from high-quality, locally connected care."

Here's some of what we know about the deal and the parties involved in the transaction:

- On March 5, Providence announced in a memo to staff that it had entered into a letter of intent to transfer ownership of the hospital and related assets to NorthBay Health.
- Both Providence and NorthBay Health declined on Friday to reveal any details about the transaction, including whether it was a sale (and if so, for how much) or an exchange of assets.
- Providence and NorthBay, in press statements, said their "definitive agreement" marked a milestone in the process to transition the hospital to new ownership. Both sides said the deal was now entering the regulatory review phase.
- Providence spokesman Steven Buck said in an email, "Our organizations have not yet submitted the application for review to the state. The documents are still being prepared.

For Providence, the move follows a recent series of cuts, including elimination of its labor and delivery unit at Petaluma Valley Hospital and the closure of its inpatient pediatric unit at Santa Rosa Memorial Hospital.

Providence said in March that there were "no active discussions" involving the transfer or sale of any of its other Northern California hospitals.

In addition to Queen of the Valley, Petaluma Valley and Santa Rosa Memorial, Providence also operates Healdsburg Hospital.

You can reach Staff Writer Martin Espinoza at 707-521-5213 or martin.espinoza@pressdemocrat.com.

The Press Democrat

Get the most important Napa County story of the day delivered straight to your inbox.

norcalcomm@providence.org

EXHIBIT 6 TO

SECTION 999.5(d)(10)

NORTH BAY BUSINESS JOURNAL

NorthBay, Providence sign final agreement for Napa hospital

Process to acquire Queen of the Valley Hospital now moves to regulatory review

Providence Queen of the Valley Medical Center, in Napa, would be purchased by NorthBay Health under a final agreement announced Thursday. (Chris Riley/The Reporter)

By **ROBIN MILLER** | rmiller@thereporter.com | The Vacaville Reporter
PUBLISHED: April 9, 2026 at 4:14 PM PDT | UPDATED: April 15, 2026 at 1:30 PM PDT

NorthBay Health is one step closer to taking over Queen of the Valley Medical Center in Napa — a move leaders say could shape the future of local health care for years to come.

NorthBay Health and Providence have signed a final agreement to transfer ownership of Queen of the Valley Medical Center and related Napa County assets from Providence to NorthBay, the organizations announced April 9. The deal now moves into a regulatory review process.

The agreement follows last month's announcement that the two systems had entered into a letter of intent and shows a stronger commitment to shifting the hospital and its outpatient clinics to local control, officials from both organizations said. If approved by the state and other regulators, the transition is expected to be completed by the end of 2026.

Neither organization revealed the financial terms of the deal.

"As Providence pursues its 2030 strategic direction, we recognize that we must focus our resources where we can do the greatest good," said Laureen Driscoll, Chief Executive, Providence South Division. "We are confident that NorthBay Health is the right organization to build on The Queen's legacy and continue the commitment to exceptional care for the Napa community. This milestone marks another important step in the process to thoughtfully transition The Queen to NorthBay Health."

Providence Queen of the Valley Medical Center, in Napa. (Chris Riley/The Reporter)

NorthBay Health President and CEO Mark Behl called the agreement an "important step toward expanding access, strengthening clinical services, and ensuring more people in the region benefit from high-quality, locally connected care."

He touted NorthBay's locally owned and governed system, saying the organization is "proud to build on Queen of the Valley Medical Center's long-standing legacy of care."

Strategic shift and local focus

Providence leaders said the decision comes as the U.S. health care system

After months of review that included input from leaders and the community, Providence determined that NorthBay Health was best suited to meet Napa's long-term health care needs.

NorthBay, which has operated in Solano County for more than 60 years, said it plans to maintain and build on the Napa hospital's legacy while keeping care centered in the community.

As part of the deal, NorthBay Health has committed to investing in clinical services and community programs, offering jobs to current caregivers, and making sure the facility meets California's earthquake safety standards.

The organizations have also launched a public website to share updates as the process moves forward. It can be found at advancingnapahealth.org/

Continuity of care

“Nothing will change today. The Queen will continue to operate as part of Providence while the due diligence and regulatory processes unfold,” a frequently asked questions section on a website explains. “NorthBay Health will make several commitments, including continuing existing clinical services and community benefit programs, extending offers of employment with NorthBay Health to actively employed caregivers, working with Providence and its NorCal medical group to transition Napa clinicians to the NorthBay system, and continuing to support the foundation in its philanthropic investments in the community.”

The companies admitted that while they will work closely with all caregivers and medical staff to ensure continuity of care, they “are still determining details of the ownership transition and don’t have all the answers today.”

A press release from the companies did not address any potential change in contracts with unions that represent some employees at Queen of the Valley, including the California Nurses Association and the National Union of Healthcare Workers. However, in an interview with the Napa Register, Behl said NorthBay will uphold existing union agreements. “We want to have a smooth transition,” he said.

NorthBay also said it will continue to support the Queen of the Valley Foundation and its fundraising work.

Leaders said patients should not see immediate changes to services, doctors or insurance coverage. Providence will continue to run the hospital during the review process, and patients can keep seeing their doctors at their current locations.

NorthBay Health also said it doesn’t have any current plans to move services out of Napa to other facilities, such as those in Fairfield, underscoring its focus on local care.

Catholic heritage and future structure

The deal would shift the hospital from Catholic ownership to a secular system. Providence said the decision to sell followed a process grounded in its mission and focused on community needs, vulnerable patients, and caregiver support.

As part of the transition, NorthBay Health plans to create a Mission Effectiveness Committee to help preserve the hospital's culture and keep community needs front and center. Spiritual care services will still be available for patients.

With the agreement signed, the proposal now enters a regulatory review that could take several months. Providence will continue to operate the hospital until the deal is finalized.

Around the Web

This 250th Independence Day Flag Wreath is Being Snapped Up in Wisconsin

Peoasis

Title 11, California Code of Regulations, § 999.5(d)(11)

ADDITIONAL ATTACHMENTS

11 Cal. Code Reg. Section 999.5(d)(11)(A)

Any board minutes or other documents relating or referring to consideration by the board of directors of the applicant and any related entity, or any committee thereof of the agreement or transaction or of any other possible transaction involving any of the health facilities or facilities that provide similar healthcare that are the subject of agreement or transaction

The meeting minutes of the relevant governing bodies and related materials will be submitted to the Attorney General under separate cover as confidential documents in accordance with 11 Cal. Code Reg. Section 999.5(d)(c)(3).

Attached to this Section 999.5(d)(11)(A) as **Exhibit 1** is the Letter of Intent entered into by PSJH and NorthBay on December 10, 2025 and all amendments thereto.

EXHIBIT 1 TO

SECTION 999.5(d)(11)(A)

Docusign Envelope ID: 2DF928FA-1CA5-44A7-8AEA-2212815B4229

December 10, 2025

VIA EMAIL

Mark Behl, MHA, MBA
President & CEO
NorthBay Health
4500 Business Center Drive
Fairfield, CA 94534

Re: Project Sonnet - Letter of Intent

Dear Mark:

This non-binding Letter of Intent (this "**Letter of Intent**") is made and entered into on the date set forth above (the "**Effective Date**"), by and among Providence St. Joseph Health, a Washington nonprofit corporation ("**PSJH**"), for itself and the Sellers (as defined below), and NorthBay Healthcare Corporation, a California nonprofit public benefit corporation ("**Health System**"). PSJH and Health System are referred to herein individually as a "**Party**" and collectively as the "**Parties**". This Letter of Intent memorializes the mutual understanding of the Parties with respect to the proposed terms and structure for the potential transaction between the Parties described on Exhibit A, attached hereto and incorporated herein (the "**Transaction**").

1. Negotiation of Transaction. The Parties agree to negotiate diligently and in good faith toward the execution of definitive agreements governing the proposed Transaction (the "**Definitive Agreements**") to implement the Transaction consistent with the terms and conditions described in Exhibit A. Although it is the intent of the Parties that their discussions proceed in accordance with these terms, the Parties acknowledge that the terms set forth on Exhibit A are non-binding on the Parties.

2. Nondisclosure Agreement. PSJH and Health System previously entered into a nondisclosure agreement dated April 18, 2024 (the "**Nondisclosure Agreement**") pursuant to which they agreed to release certain information to each other and their respective representatives and engage in confidential negotiations regarding the Transaction. The Nondisclosure Agreement shall remain in full force and effect unless superseded by a Definitive Agreement.

3. Due Diligence. The Parties acknowledge and agree that the Parties have commenced (or will soon commence) their respective due diligence reviews and investigations of the other Party, including their businesses, assets and liabilities. Each Party shall provide the requesting party and its representatives with copies of, and/or reasonable access to, all information reasonably requested for the purpose of conducting such due diligence. Each Party and its representatives will use good faith efforts to conduct due diligence in such a manner as to minimize any disruption.

4. Communication with Management and Employees. Health System, on behalf of itself and its affiliates and representatives, agrees: (i) not to contact any director, officer, supplier, customer, physician or employee of PSJH and its affiliates, including any affiliated medical group, in connection with Health System's due diligence investigation; and

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(ii) any requests for communication with any of the foregoing shall be coordinated through PSJH's outside legal counsel for this Transaction.

5. Exclusive Negotiations. The Parties agree to negotiate exclusively with each other in good faith regarding the Transaction until the earlier of: (i) February 28, 2026 and (ii) the termination of this Letter of Intent in accordance with Section 6 (the "**Exclusive Negotiation Period**"). The Exclusive Negotiation Period may be extended by mutual written consent of the Parties. In furtherance of the foregoing, and in consideration of Health System entering into and performing this Letter of Intent and incurring expenses in connection herewith, PSJH shall not directly or indirectly, make or solicit offers from or accept or consider any proposal of any other person or entity to acquire all or substantially all, or a material portion, of the Transferred Assets of QVMC or the Napa Clinics (each as defined below). Further, during the Exclusive Negotiation Period, Health System and its affiliates will not directly or indirectly solicit, initiate, or encourage any physician that performs services on behalf of PMF (as defined below) at the Napa Clinics to cease providing such services exclusively on behalf of PMF at the Napa Clinics. The Parties acknowledge and agree that the foregoing restriction shall not apply to any general solicitation for employment by Health System or to ordinary course communications with Health System medical staff. This Section 5 shall be binding on each Party for the duration of the Exclusive Negotiation Period.

6. Term; Termination of Negotiations. The term of this Letter of Intent shall commence on the Effective Date and continue until superseded by a Definitive Agreement or earlier terminated by mutual agreement of the Parties. In the event the Parties have not entered into a Definitive Agreement regarding the Transaction prior to the expiration of the Exclusive Negotiation Period, then this Letter of Intent will automatically terminate unless the Parties extend this Letter of Intent by mutual agreement. Upon the termination of this Letter of Intent, all rights and obligations of the Parties under this Letter of Intent shall terminate, other than the rights and obligations set forth in Sections 8.b, 8.c, and 8.g of this Letter of Intent. The termination of this Letter of Intent shall not affect the Parties' rights and obligations under the Nondisclosure Agreement, which shall remain in full force and effect pursuant to the terms of the Nondisclosure Agreement.

7. Public Announcement. Except as required by law, no Party nor any of its affiliates shall make any public announcement of the Transaction prior to the execution of the Asset Purchase Agreement without the written approval of the Parties.

8. Miscellaneous.

a. Definitive Agreements. The Parties acknowledge and agree that any binding commitment to proceed with the Transaction will arise only if one or more Definitive Agreements with respect thereto are approved by the Parties, and such Definitive Agreements are executed and delivered by the Parties and become effective in accordance with the terms thereof. Neither the expenditure of funds nor the undertaking of actions consistent with this Letter of Intent shall be regarded as the partial performance of a binding agreement or entitle the Party expending funds or taking action to assert claims for reimbursement or damages against another Party relating to such expenditure of funds or actions except as expressly provided in this Letter of Intent. No Party will be entitled to recourse, in the form of damages or otherwise, for expenses incurred or benefits lost before or after the date of this Letter of Intent if there is a failure, for any reason other than a breach of Section 5, of the Parties to agree on the terms and conditions of the Definitive Agreements. The Parties will cooperate in negotiating the Definitive Agreements and any other documents contemplated thereby, but

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each Party reserves the right of final approval or disapproval, for any reason, of such documentation.

b. **No Brokers**. Each Party shall indemnify and hold the other harmless from any claim for brokerage or finder's fees arising out of the transaction contemplated hereby by any person claiming to have been engaged by such Party.

c. **Costs**. Each Party will be responsible to pay its own costs and expenses incurred in connection with proceeding with the Transaction, including, but not limited to, any legal fees incurred by such Party; provided, however, the Parties may mutually agree to jointly engage certain consultants, vendors and advisors relating to the Transaction and shall equally share in any fees of same.

d. **Notices**. Any notices delivered under this Letter of Intent shall be deemed delivered when personally delivered, or five (5) days after they are deposited with the United States Postal Service, certified mail, return receipt requested, or upon delivery by reputable overnight carrier with signature upon receipt required, addressed to the Parties at their addresses set forth below. A Party may change the address to which notices are to be sent by mailing written notice thereof to the other Party as provided in this Section 8.d.

If to PSJH:

Providence St. Joseph Health
1801 Lind Avenue SW
Renton, WA 98057
Attn: President and CEO

With a copy to each of:

Providence St. Joseph Health – Department of Legal Affairs
1801 Lind Avenue SW, Suite 9016
Renton, WA 98057
Attn: Chief Legal Officer

And

McDermott Will & Schulte LLP
2049 Century Park East, Suite 3200
Los Angeles, CA 90067
Attn: Tomer Konowiecki

If to Health System:

Mark Behl, MHA, MBA
President & CEO
NorthBay Health
4500 Business Center Drive
Fairfield, CA 94534

With a copy to:

Sukhwinder Bajwa, Esq.
Vice President, Chief Legal Officer
NorthBay Health
4500 Business Center Drive
Fairfield, CA 94534

e. **No Third-Party Beneficiaries**. This Letter of Intent is intended solely for the benefit of the Parties and not for the benefit of any other person or entity.

f. **Entire Agreement; Amendment**. This Letter of Intent and the Nondisclosure Agreement contain the entire understanding between the Parties with respect to the subject matter of this Letter of Intent. This Letter of Intent may be amended only by a written instrument executed by each Party. This Letter of Intent cannot be assigned by any Party without the prior written consent of the other Party.

g. **Governing Law**. This Letter of Intent will be governed by and construed in accordance with the internal laws of the State of California.

h. **Counterparts**. This Letter of Intent may be signed in one or more counterparts, each of which shall constitute one and the same instrument. The Parties may deliver executed signature pages to this Letter of Intent by facsimile, electronic mail (including pdf or any electronic signature complying with the U.S. federal ESIGN Act of 2000, *e.g.*, www.docusign.com) or other electronic transmission method.

[*Signature page follows*]

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The Parties hereto have caused this Letter of Intent to be executed as of the Effective Date.

"PSJH"

PROVIDENCE ST. JOSEPH HEALTH, a Washington nonprofit corporation

By: _____
Name: Greg Hoffman
Title: Executive Vice President, Chief Financial Officer

"HEALTH SYSTEM"

NorthBay Healthcare Corporation, a California nonprofit public benefit corporation

By: _____
Name: Mark Behl, MHA, MBA
Title: President and CEO

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EXHIBIT A

1. **The Parties**.

(a) Providence St. Joseph Health. PSJH is a Washington nonprofit corporation headquartered in Renton, Washington that is the ultimate parent organization of St. Joseph Health Northern California, LLC, a California limited liability company ("**SJHNC**"), which, under the dba Providence Queen of the Valley Medical Center, operates a licensed acute care hospital located at 1000 Trancas Street, Napa, California 94558 and related assets (the "**QVMC**"). Other subsidiaries of PSJH that will participate in the Transaction include the following organizations:

(i) Providence Medical Foundation, a tax-exempt nonprofit public benefit corporation ("**PMF**"), is a medical foundation that owns and operates multi-specialty clinics pursuant to Section 1206(l) of the California Health & Safety Code, including those PMF clinics located in Napa County, California (the "**Napa Service Area**" and such PMF clinics, the "**Napa Clinics**"), including the urgent care center located at 1621 W. Imola Avenue, Napa, California 94559. The professional services at the Napa Clinics are provided by physicians who are employed or contracted by Providence Medical Group, Northern California ("**PMGNC**").

(ii) St. Joseph Health Source, Inc., a California corporation ("**St. Joseph Health Source**"), owns forty-nine percent (49%) of the voting interests and forty-six and nine tenths (46.9%) of the financial interests (collectively, the "**AW Interests**") of Active Wellness, LLC, a California limited liability company ("**Active Wellness**"), a joint venture with Active Acquisition Partners, LLC, which owns fifty-one percent (51%) of the voting interests and forty-seven and two tenths percent (47.2%) of the financial interests of Active Wellness, and certain other individuals and family trusts, which own five and nine tenths percent (5.9%) of the financial interests of Active Wellness. Active Wellness designs and operates premium fitness centers, including in Napa County.

For purposes of this Letter of Intent: (i) SJHNC and any affiliates of SJHNC that will be transferring assets, properties or rights to Health System in connection with the Transaction shall be referred to herein individually as a "**Seller**" and collectively as the "**Sellers**"; and (ii) the Sellers' operation of QVMC and the Napa Clinics shall be referred to herein as the "**Business**."

(b) Health System. NorthBay Healthcare Corporation, a California nonprofit public benefit corporation.

2. **Purpose**. The Parties share common missions to promote and improve the quality and access to healthcare in the communities they serve, and to that end, they desire to strengthen QVMC and its related healthcare facilities in the Napa Service Area through the additional resources contemplated in the Transaction, while preserving the local legacy of compassionate, high-quality care at QVMC. The Parties envision the Transaction: (a) expanding access to healthcare services and strengthening clinical excellence at QVMC; (b) enhancing healthcare facilities located on the QVMC campus; (c) sustaining and growing a strong pluralist physician community; and (d) improving levels of community benefit provided to the community.

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3. **Transaction Structure**. The consummation of the Transaction (the "**Closing**" and such date of the Closing, the "**Closing Date**") would consist of the following actions, on the terms and subject to the conditions of the Definitive Agreements:

(a) Asset Purchase – QVMC and the Napa Clinics. Each Seller will sell to Health System, and Health System will purchase from such Seller, all of such Seller's right, title and interest in and to the Transferred Assets (as defined below).

(i) "**Transferred Assets**" means, unless designated as an Excluded Asset (as defined below) in the Definitive Agreements, the following assets: (A) all office equipment, medical equipment, furniture, fixtures, supplies and other personal property owned or leased by a Seller and exclusively used or held for use in the operation of the Business, as well as any other tangible assets belonging to a Seller and exclusively used or held for use in the operation of the Business; (B) the owned real property set forth on Schedule 1 attached to this Exhibit A (the "**Owned Real Property**"); (C) to the extent transferrable under applicable law, all permits, licenses, certificates, approvals, consents, notices, waivers, franchises, registrations, filings, accreditations, provider numbers or other similar authorizations required by any legal requirement, governmental entity, or contract exclusively relating to the Business; (D) agreements, contracts, leases and subleases that are exclusively used in the Business and identified on a schedule to the Asset Purchase Agreement (as defined below) (the "**Assumed Contracts**"); (E) leased real property that is exclusively used or held for use in the operation of the Business and identified on a schedule to the Asset Purchase Agreement and any tenant improvements therein; (F) all books and records exclusively related to the Business; (G) all medical and non-medical inventory and supplies exclusively used or held for use in the operation of the Business; (H) each Seller's related intellectual property, including without limitation, copyrights, trademarks, service marks, trade names, and websites, domain names, and URLs, in each case, exclusively used or held for use in the Business; (I) all portions of goodwill exclusively associated with the Business; (J) all intangible rights (to the extent transferable) held by a Seller and exclusively used or held for use in the Business; (K) all insurance proceeds and condemnation awards relating to property damage of any Transferred Asset, to the extent not expended prior to the Closing Date on the repair or restoration of such Transferred Asset; and (L) such other customary assets as mutually agreed upon by the Parties (e.g., prepayments, telephone numbers, etc.) and reflected in the Asset Purchase Agreement.

(ii) "**Excluded Assets**" means all other assets, properties and rights of the Sellers that are not among the Transferred Assets, including but not limited to: (A) all cash and cash equivalents; (B) all accounts receivable, including without limitation, the Sellers' Medicare and Medi-Cal disproportionate share payments related to periods prior to the Closing Date regardless of when the payments are received and regardless of whether the payments are calculated based on data after the Closing Date, any payments due to the Sellers under the California Department of Health Care Services Quality Assurance Fee Program from the State of California or any of its administrative entities or other entities, including without limitation, Medi-Cal managed care plans, payments or grants due to the Sellers from the California Health Foundation & Trust, cost report, claims, EHR or similar appeals and the Sellers' Cost Report settlements in each case arising from the rendering of services and the provision of goods, products or supplies to inpatients and outpatients at QVMC prior to the Closing Date (subject to pro rata adjustments related to post-Closing funding or reconciliations by QVMC for pre-Closing time

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periods); (C) all bank accounts of the Sellers; (D) all organizational record books, corporate minutes and minute books of any Seller; (E) all system-level or multi-facility contracts of PSJH or the Sellers that would be applicable to any portion of the Business; (F) the Sellers' insurance policies and all claims and benefits thereunder except for any insurance proceeds or condemnation award relating to property damage of any Transferred Asset not expended prior to the Closing Date on the repair or restoration of such Transferred Asset; (G) the Sellers' refunds and deposits with governmental bodies and prepaid taxes relating to the period up until the Closing; (H) all intellectual property rights not identified on a schedule to the Asset Purchase Agreement and included among the Transferred Assets; (I) the Sellers' employee retirement, deferred compensation, health, welfare and all other benefit plans and programs and any asset that would revert to an employer upon termination of such benefit plans and programs; (J) all agreements, contracts, commitments, leases, purchase orders and other arrangements that are not among the Assumed Contracts; (K) all related-party agreements entered into among Sellers and their affiliates; and (L) any other assets, properties and rights that are identified in a schedule to the Asset Purchase Agreement.

(b) Membership Interests Purchase - Active Wellness. St. Joseph Health Source will sell, transfer and assign to Health System, and Health System will purchase, assume and receive, the AW Interests.

4. **Definitive Agreements**.

(a) Definitive Agreements. The primary Definitive Agreement will be an asset purchase agreement (the "**Asset Purchase Agreement**") containing terms and conditions governing the asset purchase described in Section 3(a) above. The transaction described in Section 3(b) and elsewhere in this Exhibit A will be effectuated through the Asset Purchase Agreement or Definitive Agreements attached as exhibits to the Asset Purchase Agreement, which may include:

(i) Membership Interests Purchase Agreement under which St. Joseph Health Source will sell the AW Interests to Health System; and

(ii) TSA (as defined below).

(b) Preparation of Definitive Agreements. The Parties will instruct their respective counsel to prepare the Definitive Agreements and deliver them to each other as soon as possible after the Effective Date. PSJH's counsel shall prepare the initial draft of the Asset Purchase Agreement and all other Definitive Agreements to be attached thereto.

5. **Purchase Price**. Health System will pay to the Sellers cash consideration in an amount equal to Five Hundred Million Dollars ($500,000,000) (the "**Purchase Price**"). The Purchase Price will not be adjusted for: (i) working capital; provided, however, the Business shall be transferred at Closing with a sufficient level of working capital to operate the Business in the ordinary course, including supplies and inventory, prepaids and petty cash (as applicable), but excluding those items outlined in Section 3(a)(ii) above; or (ii) deferred capital expenditures. Health System agrees that the Purchase Price is not contingent on QVMC complying with seismic standards required under state or local law.

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6. **Assumption of Liabilities**.

(a) Assumed Liabilities. At Closing, Health System will assume all of the Assumed Liabilities. "**Assumed Liabilities**" means the following debts and liabilities of the Sellers: (i) the Assumed Contracts, but only to the extent of liabilities thereunder arising with respect to time periods after the Closing Date; (ii) accrued paid time off (including vacation, personal and sick time) with respect to the Transferred Employees (as defined below); (iii) the liabilities with respect to Health System's ownership or operation of QVMC, the Napa Clinics, and any real property included as part of the Transferred Assets, in each case arising with respect to time periods after the Closing Date; (iv) all unpaid real and personal property taxes, if any, that are directly attributable to the Transferred Assets, arising with respect to time periods after the Closing Date; (v) all utilities being furnished to the Transferred Assets after the Closing Date; and (vi) any other debts, liabilities and obligations agreed to among the Sellers and Health System and scheduled in the Asset Purchase Agreement.

(b) Excluded Liabilities. Pursuant to the Asset Purchase Agreement, Health System will not assume any of the Sellers' debts and liabilities that are not Assumed Liabilities (the "**Excluded Liabilities**").

7. **Transfer Taxes**. Health System will be responsible for payment of any and all applicable transfer taxes and recording fees and similar costs, if any, that are due by any party in connection with the Transaction.

8. **No Financing Contingency**. Health System will not have a financing contingency with respect to Closing and will have funds available to fund all of the Purchase Price due at Closing. To the extent Health System intends to fund any portion of the Purchase Price by securing financing from a third party lender ("**Third Party Financing**"), from the Effective Date until the Closing, Health System will provide PSJH with regular updates on the status of such Third Party Financing and will provide PSJH with any information, documents or other materials regarding the such Third Party Financing that is reasonably requested by PSJH. In the event Health System does not obtain such Third Party Financing by the time all closing conditions have been met, the Sellers shall have the right to terminate the Asset Purchase Agreement and, if the Sellers exercise such right, Health System will pay PSJH the Break Fee (as defined below).

9. **Break Fee**. Health System will pay Twenty Million Dollars ($20,000,000) (the "**Break Fee**") to PSJH if the Asset Purchase Agreement is terminated or the Closing does not occur: (i) due to Health System's breach of the Asset Purchase Agreement, (ii) due to Health System's inability to obtain Third Party Financing; or (iii) by a mutually agreed upon date after which all closing conditions have been met, and, in each case, Seller is not in breach of the Asset Purchase Agreement.

10. **PMGNC Napa Providers**. Prior to Closing, the Sellers will provide Health System a list of all physicians employed or contracted by PMGNC that primarily provide professional services at the Napa Clinics and/or QVMC (the "**PMGNC Napa Providers**"). Health System or an affiliate thereof will have the right to provide offers of employment with Health System (or an affiliated medical group of Health System) to the PMGNC Napa Providers, effective as of the Closing. Health System (or an affiliated medical group of Health System) employing the

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PMGNC Napa Providers or any number or percentage of the PMGNC Napa Providers will not be a condition to Closing. Additionally, the Parties will mutually agree in the Definitive Agreements on any requirements for Closing around PMF's need to amend its professional services agreement with PMGNC to remove the PMGNC Napa Providers from providing services under such agreement.

11. **Queen of the Valley Medical Center Foundation**. Queen of the Valley Medical Center Foundation, a tax-exempt California nonprofit public benefit corporation ("**Foundation**") is a philanthropic foundation with a principal fund established to maintain and/or aid activities supporting QVMC. Pursuant to a Services Agreement between Foundation and QVMC (the "**Services Agreement**"), QVMC provides to Foundation, among other things, administrative employees and office facilities at no cost to the Foundation and Foundation agrees to perform ongoing fundraising services for QVMC. As of the Closing, Health System will assume all the rights and obligations of QVMC under the Services Agreement by either assuming the Services Agreement or entering into a new services agreement with Foundation to supersede and replace the Services Agreement. Following the Closing, Health System will match the Foundation's support of QVMC's identified priority capital expenditure projects in an amount up to Ten Million Dollars ($10,000,000).

12. **Due Diligence**. Health System will complete its due diligence review for the Transaction during the Exclusive Negotiation Period. Copies of third-party reports prepared on behalf of Health System as part of its due diligence review of the Transaction may be provided to PSJH, to the extent not privileged and otherwise permissible.

13. **Naming**. PSJH and Health System will mutually agree on the manner in which the pre-Closing name of QVMC will be incorporated in the name of QVMC after the Closing. It is the intent of both PSJH and Health System that the name "Queen of the Valley Medical Center" shall be retained and incorporated in some form into the post-closing name of QVMC.

14. **Mission Commitments**.

(a) Mission Commitments. Following the Closing Date for a period of at least three years, or as longer agreed to in the Definitive Agreements (the "Commitment Period")[1], Health System will cause QVMC to continue to honor certain characteristics that are deeply valued by the community. Specifically, Health System shall: (i) continue use of/respect for sacred spaces, mental health services and spiritual care, including, as the diocese determines, diocesan oversight of chapel and/or sacred objects; (ii) ensure established access to liturgy or sacraments; (iii) support the transition and relocation of ecclesiastical goods and/or sacred spaces; (iv) continue the provision of spiritual care, defined by either the direct at-will employment or contracting of chaplains; (v) continue the provision of palliative care at historical levels of PSJH investment (subject to due diligence of same); and (vi) collaborate with PSJH on the transition of visual elements at QVMC that acknowledge the heritage and legacy of the facility (*e.g.*, legacy wall). For as long as PSJH or any of its affiliates provides transition services to Health System that involve the utilization of PSJH caregivers, such caregivers will continue to conduct activities

[1] Health System intends to continue with the mission commitments set forth in this Section 14(a) for longer than the defined Commitment Period, and this Section 14(a) should not be interpreted to mean that Health System intends to cease supporting these commitments after the defined period.

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consistent with all aspects of the Ethical and Religious Directives. Further, during the Commitment Period, Health System will continue caring for those who are poor and vulnerable by: continuing to operate QVMC as a licensed acute care hospital; continuing to participate as an enrolled provider in Medicare and Medicaid; providing charity care pursuant to a charity care policy no less favorable than QVMC's existing charity care policy; and continuing to provide community benefit programs, including the following specific programs:

(i) **Care Network**: A comprehensive care coordination and assistance program offered to low-income Napa County residents with complex medical and social challenges who are underinsured or uninsured.

(ii) **Mobile Dental Clinic**: A Mobile Dental Clinic providing dental care to children and young adults throughout Napa County.

(iii) **Naloxone Distribution Box**: The Naloxone Distribution Box placed outside the emergency room provides 24/7 free access to life-saving naloxone and fentanyl testing strips. QVMC's Community Health Department and Substance Use Navigator are responsible for keeping the box filled to ensure kits are readily available to the Napa Valley community.

(iv) **Perinatal and Health Education**: A primary prevention program offering a range of maternal and child health education classes and community health services for mothers, children, and families.

(v) **Soules Family Cancer Wellness Program**: With a physician referral, QVMC's 12-week Cancer Wellness Program is available free of charge to cancer patients who reside in the Napa Valley, regardless of where they are treated, and for all patients treated at QVMC, regardless of where they live. Every year, more than 100 cancer patients and survivors rely on QVMC's Cancer Wellness Program.

(b) Religious Items. As will be further set forth in the Asset Purchase Agreement, PSJH will have the right to remove any and all sacred artifacts and ecclesiastical goods located at QVMC or its related healthcare facilities in the Napa Service Area ("**Religious Items**"), including, without limitation, the right to determine the manner in which such Religious Items are removed from QVMC and its related healthcare facilities, and Health System will cooperate with PSJH in good faith with such removal of Religious Items.

15. **Transition Services**. The Parties acknowledge that in order for Health System to transition certain components of the operations of QVMC and the Napa Clinics, Health System will need to obtain certain transition services from PSJH or its affiliates for a period of time after the Closing. Accordingly, such services will be negotiated by PSJH and Health System and memorialized in a Transition Services Agreement(s) (collectively, the "**TSA**") to be entered into between PSJH and/or its affiliates, on the one hand, and Health System, on the other hand. The scope of services to be provided to Health System under the TSA will be determined by PSJH and Health System during due diligence. The TSA shall contain commercially reasonable terms, including fair market value compensation to be paid by Health System to PSJH or its affiliates for the transition services rendered under the TSA.

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16. **Termination Fees**. In the event the Transaction results in any termination, separation or similar fee being due and payable by PSJH or any of its affiliates under any system-level or multi-facility contracts of PSJH or any of its affiliates, Health System will be responsible for paying all such fees.

17. **Employees**. Prior to Closing, PSJH will provide Health System a list of all individuals who are an employee of SJHNC, PMF, or another affiliate of PSJH and, in each case primarily provide services at, to or on behalf of QVMC or the Napa Clinics (the "**Employees**"). At Closing, Health System will offer employment to all the Employees. Such Employees that are hired by Health System shall be referred to herein as "**Transferred Employees**." Transferred Employees will be employed in the same or comparable positions (including the same or better job title and responsibilities or as may be required by existing collective bargaining agreements and the National Labor Relations Act) for a minimum of eighteen (18) months after Closing, unless employment is terminated by the employer for cause. Unless otherwise set by applicable law or in a collective bargaining agreement applicable to any of the Employees, Health System will ensure that each Transferred Employee be provided with: (a) base salary/wages, target annual bonus and/or incentive compensation opportunities at least equal to the base salary/wages, target annual bonus and/or target annual incentive compensation made available to such Transferred Employee prior to the Closing; (b) severance benefits at least as favorable as those in effect for such Transferred Employee prior to Closing, if any; and (c) other benefits and terms and conditions of employment that are either: (i) substantially comparable in the aggregate to those in effect for such Transferred Employee prior to Closing; or (ii) substantially comparable to those provided to similarly situated employees of the Health System. Health System will reimburse PSJH for the cost of unused vacation, personal or sick time of Transferred Employees that has accrued as of the Closing and SJHNC, PMF, or another affiliate of PSJH pays as a result of terminating the employment of such Transferred Employees. Health System will recognize service credit of all Transferred Employees for purposes of eligibility, vesting and levels of benefits applicable to Health System's corresponding employee welfare benefit plans, retirement, vesting, paid time off, vacation, or other benefit of employment. Prior to the Closing, PJSH, in coordination with Health System, will provide notice to the union representatives of the Transferred Employees in compliance with applicable collective bargaining agreements and bargaining obligations under the National Labor Relations Board. Health System intends to honor existing collective bargaining agreements and will work with PSJH to transition such contracts to Health System.

18. **QVMC Medical Staff**. Health System will permit QVMC to retain a separate, independent medical staff accountable to Health System's board of directors and allow QVMC to retain the medical staff bylaws of QVMC in effect as of Closing. Additionally, Health System will not require or take any action as a condition of or in connection with the Transaction that would change any officers or committee chairs of the medical staff of QVMC or alter the membership status and clinical privileges that any medical staff member had immediately prior to the Closing. Health System agrees that such status may be changed only after the Closing and only in accordance with the provisions of the medical staff bylaws and applicable laws.

19. **Additional Terms**. The Definitive Agreements will also include the following terms:

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(a) Health System will obtain all corporate and internal approvals necessary to consummate the Transaction prior to signing the Asset Purchase Agreement.

(b) The Sellers and Health System will make mutual representations and warranties to each other in the Asset Purchase Agreement, with knowledge and other customary qualifications and limitations and mutually agreeable materiality thresholds. The knowledge of each party will be limited to the actual knowledge of its executive leadership team. All representations and warranties will be qualified by disclosure schedules delivered by each party to the other party prior to signing the Asset Purchase Agreement and updated prior to Closing.

(c) The Sellers and Health System will provide full non-reliance provisions, agreeing that the other parties' representations and warranties set forth in the Asset Purchase Agreement, together with bring down certificates, delivered at Closing, constitute the sole and exclusive representations and warranties made by or on behalf of any of the parties in connection with the Asset Purchase Agreement or the Transaction. Each party will disclaim any other representations and warranties, express or implied, and waive any claim for reliance on any other representations or warranties.

(d) All representations and warranties by or on behalf of any of the Sellers will expire eighteen (18) months after the Closing. Sellers will defend and indemnify Health System against losses arising from: (i) a breach of the Sellers' representations, warranties and covenants in the Asset Purchase Agreement; and (ii) Excluded Liabilities; provided, that the aggregate liability of the Sellers for such indemnification will not exceed ten percent (10%) of the Purchase Price (the "**Cap**"). The Cap will not apply with losses arising from: (A) a breach of the Sellers' representations and warranties covering due organization, enforceability, no conflicts, broker fees and such other representations agreed upon in the Asset Purchase Agreement; or (B) claims based on fraud or intentional misrepresentation. Health System's right to indemnification as described in this subsection (d) will be Health System's sole and exclusive remedy with respect to losses arising from: (y) a breach of the Sellers' representations, warranties or covenants in the Asset Purchase Agreement; and (z) Excluded Liabilities. With respect to any single claim for indemnification, Health System will not be entitled to indemnification unless the losses resulting from such claim exceed Twenty-Five Thousand Dollars ($25,000). None of the Purchase Price will be escrowed for purposes of indemnification claims.

20. **Regulatory Consents**.

(a) To the extent required, PSJH will be responsible for delivering written notice of the Transaction to the California Attorney General ("**CAG**") pursuant to Section 999.5 of Title 11 of the California Code of Regulations. In connection with obtaining CAG approval of the Transaction, PSJH and Health System will participate in any required CAG or public meetings. Each Party will notify the other of communications from the CAG relating to such notice or approval. Health System will accept all reasonable conditions imposed by the CAG in connection with the CAG's approval of the Transaction, with the reasonableness of such conditions being informed by conditions imposed by the CAG on hospital change-of-control transactions that have been consummated within the twenty-four (24) month prior to the Effective Date. Health System will be responsible for paying all costs associated with the CAG's review of the Transaction, including, without limitation, the cost of the CAG's outside consultants.

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(b) To the extent required by law, each of PSJH and Health System will file or cause to be filed with the applicable government agency any notifications and reports required to be filed by its "ultimate parent entity" under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended (the "**HSR Act**"), with respect to the Transaction; respond on a timely basis to any requests for additional information by any such agency; keep the other Party promptly apprised of any communications with, and inquiries or requests for information from, such agency; and furnish the other with such necessary information and reasonable assistance as the other Party and their respective representatives may reasonably request in connection with their preparation of necessary filings, registrations or submissions of information to any such agency. Health System will be responsible for all HSR Act filing fees for the Transaction. Each of PSJH and Health System will use reasonable best efforts to resolve any objections asserted by any applicable governmental agency with respect to the Transactions under the HSR Act or any other federal antitrust laws; provided, such reasonable best efforts shall not require Health System to commit to: (i) sell or otherwise dispose of assets of Health System's business or operations; or (ii) divest or hold separate any of the Transferred Assets or all or any portion of the Business.

21. **Conditions to Closing**. The Closing of the Transaction will be subject only to the following conditions:

(a) CAG approval.

(b) Expiration or termination of the applicable waiting period under the HSR Act.

(c) PSJH's receipt of support confirming that the amount of the Purchase Price is consistent with fair market value, as determined by PSJH in its sole discretion.

(d) Receipt of other material consents, approvals and authorizations of healthcare regulatory agencies that are required to be obtained prior to the Closing.

(e) PSJH obtaining all internal approvals required of PSJH and its affiliates to consummate the Transaction, as determined by PSJH in its sole discretion.

(f) No injunction or other legal prohibition to the consummation of the Transaction.

(g) No breach by a party of its representations and warranties in the Asset Purchase Agreement if the breach has a material adverse effect on the other party.

(h) No breach by a party of its covenants in the Asset Purchase Agreement if the breach has a material adverse effect on the other party.

(i) All liens and other encumbrances on the Transferred Assets, other than with respect to the capital leases that are among the Transferred Assets, shall be removed as of the Closing Date except for any mutually agreed permitted encumbrances.

(j) Issuance of owner's title insurance policy for the Owned Real Property to Health System in a form acceptable to Health System.

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(k) No material adverse change with respect to the Business.

(l) Compliance by the other party with its covenants in the Asset Purchase Agreement in all material respects if such party is required to perform such covenants prior to the Closing (subject to notice and cure).

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Schedule 1

Owned Real Property

	Name	Address / APN	Sq. Footage
1.	Queen of the Valley Medical Center	1000 Trancas Street Napa, CA 94558 (APN # 038-400-008-000)	373,698
2.	980 Trancas	980 Trancas Street Napa, CA 94558 (APN # 038-400-003-000)	18,881
3.	Wellness Center	3421 Villa Lane Napa, CA 94558 (APN # 038-250-078-000)	59,384
4.	Parking Area APN 038-4400-005-000	No SITUS address (APN # 038-400-005-000)	13,939
5.	3443 Villa Condo 4	3443 Villa Lane #4 Napa, CA 94558 (APN # 038-530-007-000)	1,574
6.	3443 Villa Condo 10	3443 Villa Lane #10 Napa, CA 94558 (APN # 038-530-002-000)	3,837
7.	3465 Villa Ln	3465 Villa Lane Napa, CA 94558 (APN # 038-250-064-000)	286,189

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February 24, 2026

VIA EMAIL

Mark Behl, MHA, MBA
President & CEO
NorthBay Health
4500 Business Center Drive
Fairfield, CA 94534

Re: Project Sonnet/Scion – Extension of Letter of Intent and Exclusivity

Dear Mark:

Reference is made to that certain Letter of Intent dated December 10, 2025 (the "**Letter of Intent**") by and among Providence St. Joseph Health, a Washington nonprofit corporation ("**PSJH**"), for itself and the Sellers, and NorthBay Healthcare Corporation, a California nonprofit public benefit corporation ("**Health System**"). PSJH and Health System are referred to herein individually as a "**Party**" and collectively as the "**Parties**". Capitalized terms not defined in this letter shall have the respective definitions set forth in the Letter of Intent.

The Parties hereby agree to amend Section 5 of the Letter of Intent to extend the Exclusive Negotiation Period and hereby delete "February 28, 2026" and replace it with "March 14, 2026".

Except as expressly provided in this letter, this letter does not in any way change, modify or amend any provisions of the Letter of Intent, and all such provisions shall remain in full force and effect.

The Parties hereto have caused this amendment to the Letter of Intent to be executed as of the date hereof.

PROVIDENCE ST. JOSEPH HEALTH,
a Washington nonprofit corporation

By: DocuSigned by: Greg Hoffman
Name: Greg Hoffman

Title: Executive Vice President, Chief Financial Officer

NORTHBAY HEALTHCARE CORPORATION,
a California nonprofit public benefit corporation

By: DocuSigned by: Mark Behl
Name: Mark Behl, MHA, MBA

Title: President & CEO

11 Cal. Code Reg. Section 999.5(d)(11)(B)

Copies of all documents relating or referring to the reasons why any potential transferee was excluded from further consideration as a potential transferee for any of the health facilities or facilities that provide similar healthcare that are the subject of the agreement or transaction

No potential transferee was excluded from consideration. Please see Sections 999.5(d)(2)(C) of this Notice for information regarding the process that was undertaken in selecting NorthBay as the transferee for the Transaction.

11 Cal. Code Reg. Section 999.5(d)(11)(C)

Copies of all Requests for Proposal sent to any potential transferee, and all responses received thereto

Please see Sections 999.5(d)(2)(C) of this Notice for information regarding Requests for Proposal and responses received thereto.

11 Cal. Code Reg. Section 999.5(d)(11)(D)

All documents reflecting the deliberative process used by the applicant and any related entity in selecting the transferee as the entity to participate in the proposed agreement or transaction

In response to this Section 999.5(d)(11)(D), please refer to the documents attached to Section 999.5(d)(2)(D) and the documents attached to Section 999.5(d)(2)(C) and Section 999.5(d)(11)(A) of this Notice, which reflect the deliberative process used by SJHNC and PSJH (SJHNC's ultimate parent entity) that ultimately resulted in the execution of the Asset Purchase Agreement with NorthBay.

11 Cal. Code Reg. Section 999.5(d)(11)(E)

Copies of each Proposal received by the applicant from any potential transferee suggesting the terms of a potential transfer of applicant's health facilities or facilities that provide similar healthcare, and any analysis of each such Proposal

In response to this Section 999.5(d)(11)(E), please refer to the documents attached to attached to Section 999.5(d)(2)(C) of this Notice.

11 Cal. Code Reg. Section 999.5(d)(11)(F)

The applicant's prior two annual audited financial statements, the applicant's most current unaudited financial statement, business projection data and current capital asset valuation data

Attached to this Section 999.5(d)(11)(F) are the following documents:

- **Exhibit 1**: PSJH's prior two annual audited financial statements (there are no standalone audited financial statements for QVMC).
- **Exhibit 2**: QVMC's most current unaudited financial statements
- **Exhibit 3**: QVMC's 2026 business projection data

For current capital asset valuation data, please refer to the Independent Valuation attached to Section 999.5(d)(2)(C). SJHNC does not maintain capital asset valuation data for QVMC.

EXHIBIT 1 TO

SECTION 999.5(d)(11)(F)

PROVIDENCE ST. JOSEPH HEALTH

Combined Financial Statements

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

KPMG LLP
Suite 2800
401 Union Street
Seattle, WA 98101

Independent Auditors' Report

The Board of Directors
Providence St. Joseph Health:

Opinion

We have audited the combined financial statements of Providence St. Joseph Health(the Health System), which comprise the combined balance sheets as of December 31, 2025 and 2024, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the combined financial statements.

In our opinion, the accompanying combined financial statements present fairly, in all material respects, the financial position of the Health System as of December 31, 2025 and 2024, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Combined Financial Statements section of our report. We are required to be independent of the Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for one year after the date that the combined financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Combined Financial Statements

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The Obligated Group Combining Balance Sheets and Statements of Operations Information included on pages 35 and 36 is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

KPMG LLP

Seattle, Washington
March 26, 2026

PROVIDENCE ST. JOSEPH HEALTH

Combined Balance Sheets

December 31, 2025 and 2024
(In millions of dollars)

Assets		2025	2024
Current assets:			
Cash and cash equivalents	$	1,136	1,768
Accounts receivable		3,497	3,513
Supplies inventory		337	343
Other current assets		2,416	2,151
Current portion of assets whose use is limited		1,513	774
Total current assets		8,899	8,549
Assets whose use is limited		6,743	6,575
Property, plant, and equipment, net		9,455	9,233
Operating lease right-of-use assets		1,048	1,092
Other assets		3,006	2,582
Total assets	$	29,151	28,031
Liabilities and Net Assets			
Current liabilities:			
Current portion of long-term debt	$	137	184
Master trust debt classified as short-term		621	494
Accounts payable		1,851	1,604
Accrued compensation		1,693	1,677
Current portion of operating lease liabilities		199	196
Other current liabilities		2,707	2,247
Total current liabilities		7,208	6,402
Long-term debt, net of current portion		7,807	7,495
Pension benefit obligation		352	519
Long-term operating lease liabilities, net of current portion		961	1,013
Other liabilities		2,006	1,861
Total liabilities		18,334	17,290
Net assets:			
Controlling interests		9,093	9,172
Noncontrolling interests		158	142
Net assets without donor restrictions		9,251	9,314
Net assets with donor restrictions		1,566	1,427
Total net assets		10,817	10,741
Total liabilities and net assets	$	29,151	28,031

See accompanying notes to combined financial statements.

PROVIDENCE ST. JOSEPH HEALTH

Combined Statements of Operations

Years ended December 31, 2025 and 2024

(In millions of dollars)

	2025	2024
Operating revenues:		
Net patient service revenues	$ 24,549	23,387
Premium revenues	550	502
Capitation revenues	1,974	1,940
Other revenues	2,381	2,241
Total operating revenues	29,454	28,070
Operating expenses:		
Salaries and benefits	15,616	15,630
Supplies	5,334	4,890
Purchased healthcare services	390	325
Interest, depreciation, and amortization	1,202	1,200
Purchased services, professional fees, and other	7,044	6,388
Total operating expenses	29,586	28,433
Deficit of revenue over expenses from operations before restructuring costs and other	(132)	(363)
Restructuring costs and other	354	183
Deficit of revenue over expenses from operations	(486)	(546)
Net nonoperating gains (losses):		
Investment income, net	430	451
Other	(80)	(75)
Total net nonoperating gains	350	376
Deficit of revenues over expenses from continuing operations	(136)	(170)
Loss from operations of discontinued subsidiaries	(102)	(61)
Deficit of revenues over expenses	$ (238)	(231)

See accompanying notes to combined financial statements.

PROVIDENCE ST. JOSEPH HEALTH

Combined Statements of Changes in Net Assets

Years ended December 31, 2025 and 2024

(In millions of dollars)

	Without donor restrictions			
	Controlling interests	Noncontrolling interests	With donor restrictions	Total net assets
Balance, December 31, 2023	$ 9,340	145	1,504	10,989
(Deficit) excess of revenues over expenses	(254)	23	—	(231)
Contributions, grants, and other	(14)	(26)	142	102
Net assets released from restriction	—	—	(219)	(219)
Pension related changes	100	—	—	100
Change in net assets	(168)	(3)	(77)	(248)
Balance, December 31, 2024	9,172	142	1,427	10,741
(Deficit) excess of revenues over expenses	(265)	27	—	(238)
Contributions, grants, and other	104	(11)	322	415
Net assets released from restriction	—	—	(183)	(183)
Pension related changes	82	—	—	82
Change in net assets	(79)	16	139	76
Balance, December 31, 2025	$ 9,093	158	1,566	10,817

See accompanying notes to combined financial statements.

PROVIDENCE ST. JOSEPH HEALTH

Combined Statements of Cash Flows

Years ended December 31, 2025 and 2024

(In millions of dollars)

		2025	2024
Cash flows from operating activities:			
Increase (decrease) in net assets	$	76	(248)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities:			
Depreciation and amortization		886	864
Gain on disaffiliation activities		(446)	(426)
Change in non-controlling interest due to joint venture activities		—	(9)
Restricted contributions and investment income received		(251)	(142)
Net realized and unrealized gains on investments		(337)	(294)
Changes in certain current assets and liabilities		445	(25)
Change in certain long-term assets and liabilities		(236)	96
Net cash provided by (used in) operating activities		137	(184)
Cash flows from investing activities:			
Property, plant, and equipment additions		(1,090)	(858)
Purchases of alternative investments, commingled funds, and trading securities		(10,461)	(9,523)
Proceeds from sales of alternative investments, commingled funds, and trading securities		9,917	10,224
Net cash received through affiliation and divestiture activities		249	554
Proceeds from sales of warrants		—	46
Other investing activities		1	68
Net cash (used in) provided by investing activities		(1,384)	511
Cash flows from financing activities:			
Proceeds from restricted contributions and restricted income		251	142
Debt borrowings		2,138	337
Debt payments		(1,768)	(515)
Other financing activities		(6)	9
Net cash provided by (used in) financing activities		615	(27)
(Decrease) increase in cash and cash equivalents		(632)	300
Cash and cash equivalents, beginning of year		1,768	1,468
Cash and cash equivalents, end of year	$	1,136	1,768
Supplemental disclosure of cash flow information:			
Cash paid for interest, net of amounts capitalized	$	323	342

See accompanying notes to combined financial statements.

(1) Basis of Presentation and Significant Accounting Policies

(a) Reporting Entity

Providence St. Joseph Health (the Health System), a Washington nonprofit corporation, is the sole corporate member of Providence Health & Services (PHS) and the St. Joseph Health System (SJHS). PHS, a Washington nonprofit corporation, is a Catholic healthcare system sponsored by the public juridic person, Providence Ministries. SJHS, a California nonprofit public benefit corporation, is a Catholic healthcare system sponsored by the public juridic person, St. Joseph Health Ministry.

The Health System seeks to improve the health of the communities it serves, especially the poor and vulnerable. The Health System operations include 51 hospitals and a comprehensive range of services provided across Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington. The Health System also provides population health management through various affiliated licensed insurers and other risk-bearing entities.

The Health System has been recognized as exempt from federal income taxes, except on unrelated business income, under Section 501(a) of the Internal Revenue Code (IRC) as an organization described in Section 501(c)(3) and further described as a public charitable organization under Section 509(a)(3). PHS, SJHS, and substantially all of the corporations within the Health System have been granted exemptions from federal income tax under Section 501(a) of the Internal Revenue Code as charitable organizations described in Section 501(c)(3).

(b) Basis of Presentation

The accompanying combined financial statements of the Health System were prepared in accordance with U.S. generally accepted accounting principles and include the assets, liabilities, revenues, and expenses of all wholly owned affiliates, majority-owned affiliates over which the Health System exercises control, and, when applicable, entities in which the Health System has a controlling financial interest. Intercompany balances and transactions have been eliminated in combination.

(c) Performance Indicator

The performance indicator is the deficit of revenues over expenses. Changes in net assets without restrictions that are excluded from the performance indicator include net assets released from restriction for the purchase of property, plant, and equipment, certain changes in funded status of pension and other postretirement benefit plans, net changes in noncontrolling interests in combined joint ventures, and certain other activities.

(d) Operating and Nonoperating Activities

The Health System's primary mission is to meet the healthcare needs in its market areas through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, physician services, long-term care, population health management, and other healthcare and health insurance services. Activities directly associated with the furtherance of this mission are considered to be operating activities. Other activities that result in gains or losses peripheral to the Health System's primary mission are considered to be nonoperating. Nonoperating activities include investment earnings, gains or losses from debt extinguishment, gains or losses from disaffiliation

activity, certain pension related costs, gains or losses on interest rate swaps, and certain other activities.

(e) Use of Estimates and Assumptions

The preparation of the combined financial statements in conformity with U.S. generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities and the reported amounts of revenues and expenses during the reporting periods. Significant estimates and assumptions are used for, but not limited to: (1) patient revenue recognition; (2) fair value of acquired assets and assumed liabilities in business combinations; (3) fair value of investments; (4) reserves for self-insured healthcare plans; and (5) reserves for professional, workers' compensation, and general insurance liability risks.

The accounting estimates used in the preparation of the combined financial statements will change as new events occur, additional information is obtained, or the operating environment changes. Assumptions and the related estimates are updated on an ongoing basis, and external experts may be employed to assist in the evaluation, as considered necessary. Actual results could materially differ from those estimates.

(f) Restructuring and Other

Restructuring costs were recorded during the years ended December 31, 2025 and 2024. The amounts were comprised primarily of asset rationalization and employee reductions, and other items related to restructuring initiatives.

(g) Held for Sale and Discontinued Operations

In December 2025, the Health System approved a plan to sell assets within the Providence Health Group, LLC subsidiaries (the Disposal Group). The Disposal Group meets the criteria for classification as held for sale and discontinued operations. The Health System expects the sale to be completed in 2026, pending regulatory approval.

The Disposal Group was measured at the lower of carrying amount or fair value less costs to sell. No impairment was recognized. The following table summarizes the total carrying amount of the assets and liabilities of the subsidiaries held for sale as of December 31, 2025. The major assets consist of cash, receivables, investments, and property, plant, and equipment. The major liabilities are related to medical claims.

Current assets	$	363
Long-term assets		280
Total assets	$	643
Current liabilities	$	454
Long-term liabilities		1
Total liabilities	$	455

For the years ended December 31, 2025 and 2024, net cash used in operating activities was $109 and $73, respectively. Net cash provided by investing activities was $75 for both years ended December 31, 2025 and 2024.

The 2025 and 2024 operating results of the subsidiaries held for sale are shown within discontinued operations on the combined statements of operations. The combined statements of operations remove the results of operations of the Disposal Group from the individual line items and are presented as one line item under loss from operations of discontinued subsidiaries. The reconciliation of loss from operations of discontinued subsidiaries are as follows for the years ended December 31:

		2025	2024
Operating revenues:			
Premium revenues	$	2,594	2,484
Other revenues		92	145
Total operating revenues		2,686	2,629
Operating expenses:			
Salaries and benefits		233	245
Supplies		1	2
Purchased healthcare services		2,425	2,250
Interest, depreciation, and amortization		11	10
Purchased services, professional fees, and other		189	220
Total operating expenses		2,859	2,727
Loss from operations		(173)	(98)
Net nonoperating gains (losses):			
Investment income, net		71	37
Total net nonoperating gains		71	37
Loss from operations of discontinued subsidiaries	$	(102)	(61)

(h) Joint Venture

In October 2024, the Health System announced a new joint venture with Compassus for home health hospice, community-based palliative care and private duty caregiving services. The new entity is called Providence at Home with Compassus. In Lubbock, Texas, the Covenant Health hospice program that is part of the Providence family of organizations will be rebranded as Covenant Health at Home with Compassus. Under the agreement, Compassus will manage operations for the joint venture, which will include 24 home health locations in Alaska, California, Oregon and Washington, and 17 hospice and palliative care locations in Alaska, California, Oregon, Texas and Washington. The joint venture also includes private duty services in Southern California. In March 2025, the joint venture was finalized in Alaska, Texas and Washington. California ministries transferred to the joint venture in October 2025

and Oregon ministries are expected to be transferred in the first half of 2026. As a result of this joint venture, the Health System has recognized a gain of $317 in 2025, which is included in other revenues in the combined statement of operations.

(i) Sales of Subsidiaries

Effective December 30, 2025, the Health System completed the sale of its clinical engineering department to Trimedx Holdings, LLC. At closing, a net gain was reported within operating income, consistent with the treatment of similar disposals.

The Health System completed the sale of its Acclara and Advata subsidiaries to R1 RCM ("R1") effective January 17, 2024 for cash of $575 and a warrant valued at $55 to purchase up to 12.2 million shares of R1 stock at an exercise price of $10.52, subject to a three-year lock-up period. Upon closing of the transaction in January 2024, the Health System recorded a gain of approximately $371, which is included in other revenues in the combined statement of operations. The Health System entered into a 10-year agreement for comprehensive revenue cycle services from Acclara that remains in progress. In November 2024, R1 sold all outstanding common shares, and the Health System received $46 for its warrants.

(j) Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original or remaining maturity of three months or less when acquired. The Health System maintains cash balances above Federal Deposit Insurance Corporation limits.

(k) Supplies Inventory

Supplies inventory is stated at the lower of cost (first-in, first-out) or market.

(l) Investments Including Assets Whose Use Is Limited

The Health System has classified all of its investments as trading securities. These investments are reported on the combined balance sheets at fair value on a trade-date basis.

Assets whose use is limited primarily include assets held by trustees under indenture agreements and designated assets set aside by management of the Health System for future capital improvements and other purposes, over which management retains control. Assets whose use is limited also include funds held for self-insurance purposes, health plan medical claims payments and other statutory reserve requirements, as well as assets held by related foundations. Temporary cash held by fund managers is considered investing activity for cash flow purposes.

(m) Liquidity

Cash and cash equivalents and accounts receivable are the primary liquid resources used by the Health System to meet expected expenditure needs within the next year. The Health System has credit facility programs, as described in Note 7, available to meet unanticipated liquidity needs. Although intended to satisfy long-term obligations, management estimates that approximately 46% and 41% of noncurrent investments, as stated at December 31, 2025 and 2024, respectively, could be utilized within the next year, if needed.

(n) Derivative Instruments

The Health System allows certain investment managers to use derivative financial instruments (futures and forward currency contracts) to manage market risk related to the Health System's equity, fixed-income, and commodities holdings.

(o) Net Assets

Net assets without donor restrictions are those that are not subject to donor-imposed stipulations. Amounts related to the Health System's noncontrolling interests in certain joint ventures are included in net assets without donor restrictions.

Net assets with donor restrictions are those whose use by the Health System has been limited by donors to a specific time period, in perpetuity, and/or purpose.

Net assets with donor restrictions are available for the following purposes as of December 31:

		2025	2024
Program support	$	1,247	1,162
Capital acquisition		222	177
Low-income housing and other		97	88
Total net assets with donor restrictions	$	1,566	1,427

(p) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Health System are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the promise to give is no longer conditional. The gifts are reported as contributions with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When the terms of a donor restriction are met, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported as other operating revenues in the combined statements of operations or as net assets released from restriction in the combined statements of changes in net assets.

(q) Charity Care and Community Benefit

The Health System provides community benefit activities that address significant health priorities within its geographic service areas. These activities include uncompensated Medicaid and Medicare shortfalls, community health services, education and research, and free and low-cost care (charity care).

Charity care is reported at estimated cost and is determined by multiplying the charges incurred at established rates for services rendered by the Health System's cost-to-charge ratio. The estimated cost of charity care and other community benefit provided by the Health System for the years ended December 31, 2025 and 2024 was $2,095 and $1,887, respectively, including uncompensated

Medicaid totaling $1,283 and $1,131, respectively. The Health System's estimated Medicare shortfalls were $913 and $860 for the years ended December 31, 2025 and 2024, respectively.

(r) Subsequent Events

The Health System has performed an evaluation of subsequent events through March 26, 2026, the date the accompanying combined financial statements were issued.

(s) Reclassifications

Certain reclassifications, which have no impact on net assets, results of operations, or changes in net assets, have been made to prior year amounts to conform to the current year presentation.

(2) Revenue Recognition

(a) Net Patient Service Revenues

The Health System has agreements with governmental and other third-party payors that provide for payments to the Health System at amounts different from established charges. Payment arrangements for major third-party payors may be based on prospectively determined rates, reimbursed cost, discounted charges, per diem payments, or other methods.

Net patient service revenues are recognized at the time services are provided to patients. Revenue is recorded in the amount that the Health System expects to collect, which may include variable components. Variable consideration is included in the transaction price to the extent that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the variable consideration is subsequently resolved. Adjustments from finalization of prior years' cost reports and other third-party settlement estimates resulted in an increase in net patient service revenues of $8 and $33 for the years ended December 31, 2025 and 2024, respectively.

Various states in which the Health System operates have instituted a provider tax on certain patient service revenues at qualifying hospitals to increase funding from other sources and obtain additional federal funds to support increased payments to providers of Medicaid services. The taxes are included in purchased services, professional fees, and other expenses in the accompanying combined statements of operations and were $993 and $887 for the years ended December 31, 2025 and 2024, respectively. These programs resulted in enhanced payments from these states in the way of lump-sum payments and per claim increases. These enhanced payments are included in net patient service revenues in the accompanying combined statements of operations and were $1,419 and $1,315 for the years ended December 31, 2025 and 2024, respectively.

(b) Premium and Capitation Revenues

Premium and capitation revenues are received on a prepaid basis and are recognized as revenue ratably over the period for which the enrolled member is entitled to healthcare services. The timing of the Health System's performance may differ from the timing of the payment received, which may result in the recognition of a contract asset or a contract liability. The balance of contract liabilities was $27

and $32 as of December 31, 2025 and 2024, respectively, and is included in other current liabilities in the combined balance sheets. The Health System has no material contract assets.

(c) Disaggregation of Revenue

The Health System earns the majority of its revenues from contracts with customers. Revenues and adjustments not related to contracts with customers are included in other revenue.

Other revenues are comprised primarily of point of sale for retail pharmacy, cafeteria, grant revenue, and sale of subsidiaries and are recognized in accordance with contract terms.

Operating revenues from contracts with customers by state are as follows for the years ended December 31:

		2025	2024
Alaska	$	1,119	1,063
Washington		9,879	9,302
Montana		621	569
Oregon		4,262	4,254
California		9,661	9,221
Texas/New Mexico		1,531	1,420
Total revenues from contracts with customers		27,073	25,829
Other revenues		2,381	2,241
Total operating revenues	$	29,454	28,070

Operating revenues from contracts with customers by line of business are as follows for the years ended December 31:

		2025	2024
Hospitals	$	20,360	19,179
Accountable care		707	659
Physician and outpatient activities		3,754	3,520
Long-term care, home care, and hospice		1,373	1,625
Other		879	846
Total revenues from contracts with customers		27,073	25,829
Other revenues		2,381	2,241
Total operating revenues	$	29,454	28,070

Operating revenues from contracts with customers by payor are as follows for the years ended December 31:

		2025	2024
Commercial	$	12,983	11,942
Medicare		8,822	8,690
Medicaid		4,466	4,306
Self-pay and other		802	891
Total revenues from contracts with customers		27,073	25,829
Other revenues		2,381	2,241
Total operating revenues	$	29,454	28,070

(3) Fair Value Measurements

ASC Topic 820, *Fair Value Measurements*, requires a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs include quoted prices (unadjusted) in active markets for identical assets or liabilities that the Health System has the ability to access at the measurement date.
- Level 2 inputs include inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest-level input that is significant to the fair value measurement in its entirety.

(a) Assets Whose Use Is Limited

The fair value of assets whose use is limited, other than those investments measured using net asset value per share (NAV) as a practical expedient for fair value, is estimated using quoted market prices or other observable inputs when quoted market prices are unavailable.

The composition of assets whose use is limited is set forth in the following tables:

	December 31, 2025	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
Management-designated cash and investments:				
Cash and cash equivalents	$ 2,029	2,029	—	—
Equity securities:				
Domestic	817	817	—	—
Foreign	289	289	—	—
Domestic debt securities:				
State and federal government	1,286	744	542	—
Corporate	475	14	461	—
Other	647	351	296	—
Foreign debt securities	174	3	171	—
Other	28	14	14	—
Investments measured using NAV	1,552			
Total management-designated cash and investments	7,297			
Gift annuities, trusts, and other	531	63	16	452
Funds held by trustee:				
Cash and cash equivalents	39	39	—	—
Domestic debt securities				
State and federal government	227	200	27	—
Corporate	100	—	100	—
Other	35	—	35	—
Foreign debt securities	27	—	27	—
Total funds held by trustee	428			
Total assets whose use is limited	$ 8,256			

	December 31, 2024	Fair value measurements at reporting date using Level 1	Level 2	Level 3
Management-designated cash and investments:				
Cash and cash equivalents	$ 715	715	—	—
Equity securities:				
Domestic	805	805	—	—
Foreign	250	250	—	—
Domestic debt securities:				
State and federal government	1,384	734	650	—
Corporate	491	14	477	—
Other	673	348	325	—
Foreign debt securities	219	3	216	—
Other	29	11	18	—
Investments measured using NAV	1,831			
Total management-designated cash and investments	6,397			
Gift annuities, trusts, and other	544	61	14	469
Funds held by trustee:				
Cash and cash equivalents	48	48	—	—
Domestic debt securities				
State and federal government	208	178	30	—
Corporate	84	—	84	—
Other	41	—	41	—
Foreign debt securities	27	—	27	—
Total funds held by trustee	408			
Total assets whose use is limited	$ 7,349			

The Health System participates in various funds that are not actively marketed on an open exchange. These investments consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. Due to the nature of these funds, the NAV per share, or its equivalent, reported by each fund manager is used as a practical expedient to estimate the fair value of the Health System's interest therein. Management believes that the carrying amounts of these financial instruments, provided by the fund managers, are reasonable estimates of fair value.

The following table presents information, including unfunded commitments for investments where the NAV was used to estimate the value of the investments as of December 31:

	2025	2024	Unfunded commitments	Redemption frequency	Redemption notice period
Hedge funds:	$ 364	466	2	Annually, semi-annually, monthly, quarterly, or not applicable	5–95 days
Private equity	788	962	210	Not applicable	Not applicable
Private debt	77	77	60	Not applicable	Not applicable
Private real estate	218	229	105	Not applicable	Not applicable
Private real assets	79	75	25	Annually, quarterly, or not applicable	90 days or not applicable
Commingled	26	22	—	Monthly, weekly, or not applicable	3–5 days
Total	$ 1,552	1,831	402		

The following is a summary of the nature of these investments and their associated risks:

Hedge funds are portfolios of investments that use advanced investment strategies, such as long/short equity, credit, relative value, global macro, and fund of hedge funds positions in both domestic and international markets, with the goal of diversifying portfolio risk and generating return. The Health System's investments in hedge funds include certain funds with provisions that limit the Health System's ability to access assets invested. These provisions include lock-up terms that range up to three years from the subscription date or are continuous and determined as a percent of total assets invested. The Health System is in various stages of the lock-up periods dependent on hedge fund and period of initial investments.

Private assets funds make opportunistic investments that are primarily private in nature. These investments cannot be redeemed by the Health System; rather the Health System has committed an amount to invest in the private funds over the respective commitment periods. After the commitment period has ended, the nature of the investments in this category is that the distributions are received through the liquidation of the underlying assets.

Commingled describes a type of fund structure. Commingled funds consist of assets from several accounts that are blended together. Investors in commingled fund investments benefit from economies of scale, which allow for lower trading costs per dollar of investment.

(b) Unsettled Transactions

Investment sales and purchases initiated prior to and settled subsequent to the combined balance sheet date result in amounts due from and to brokers. As of December 31, 2025, the Health System recorded a receivable of $18 for investments sold but not settled and a payable of $64 for investments purchased but not settled in other current assets and other current liabilities, respectively, in the accompanying combined balance sheets. As of December 31, 2024, the Health System recorded a payable of $19 for investments purchased but not settled in other current liabilities in the accompanying combined balance sheets.

(c) Derivative Instruments

The investment managers have executed master netting arrangements with the counterparties of the futures and forward currency purchase and sale contracts whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled. The following table summarizes the gross notional value of derivative contracts outstanding as of December 31, 2025 and 2024. The gross notional values give an indication of the volume of the Health System's derivative activities and significantly exceed the fair value of the derivative instruments.

		2025	2024
Futures contracts	$	845	1,106
Foreign currency forwards and other contracts		453	526
Total gross notional value	$	1,298	1,632

The fair value of derivative contracts in an asset position was $6 for both years as of December 31, 2025 and 2024. The fair value of derivatives contracts in a liability position was $2 and $6 as of December 31, 2025 and 2024, respectively. These fair market value are included in assets whose use is limited in the combined balance sheets.

The Health System also uses short-term forward purchase and sale commitments of mortgage-backed and certain other assets. The total notional derivative amount of such contracts traded but not yet settled purchased and sold was $198 and $35, respectively, as of December 31, 2025. The total notional derivative amount of such contracts traded but not yet settled purchased and sold was $135 and $11, respectively, as of December 31, 2024. These meet the definition of a derivative instrument in cases where physical delivery of the assets is not taken at the earliest available delivery date.

(d) Investment Income, Net

		2025	2024
Interest and dividend income	$	136	158
Net realized gains on sale of trading securities		256	352
Change in net unrealized gains (losses) on trading securities		38	(59)
Investment income, net	$	430	451

(e) Assets Measured Using Significant Unobservable Inputs

Level 3 assets include charitable remainder trusts. The fair values of these trusts were estimated using an income approach.

(4) Property, Plant, and Equipment, Net

Property, plant, and equipment are stated at cost. Improvements and replacements of plant and equipment are capitalized, and maintenance and repairs are expensed. The provision for depreciation is determined by the straight-line method, which allocates the cost of tangible property equally over its estimated useful life or lease term. Impairment of property, plant, and equipment is assessed when there is evidence that events or changes in circumstances have made recovery of the net carrying value of assets unlikely.

Interest capitalized on amounts expended during construction is a component of the cost of additions to be allocated to future periods through the provision for depreciation. Capitalization of interest ceases when the addition is substantially complete and ready for its intended use.

Property, plant, and equipment and the total accumulated depreciation are as follows as of December 31:

	Approximate useful life (years)	2025	2024
Land	—	$ 1,077	1,096
Buildings and improvements	5–60	11,478	11,224
Equipment:			
Fixed	5–25	1,413	1,396
Major movable and minor	3–20	8,789	8,273
Construction in progress	—	1,511	1,288
		24,268	23,277
Less accumulated depreciation		(14,813)	(14,044)
Property, plant, and equipment, net		$ 9,455	9,233

Construction in progress primarily represents renewal and replacement of various facilities in the Health System's operating divisions, as well as costs capitalized for software development.

(5) Other Assets

Other assets are summarized as follows as of December 31:

		2025	2024
Investment in nonconsolidated joint ventures	$	1,209	935
457(b) deferred compensation		918	771
Goodwill, net of accumulated amortization		128	154
Intangible assets, net of accumulated amortization		103	108
Beneficial interest in noncontrolled foundations		199	199
Other		449	415
Total other assets	$	3,006	2,582

Goodwill is recorded as the excess of cost over fair value of the acquired net assets. Goodwill is amortized over a ten-year period. Goodwill is tested for impairment when a triggering event occurs that indicates that it is more likely than not that the fair value of the reporting unit is below its carrying value. The Health System recorded no goodwill impairment for the years ended December 31, 2025 and 2024.

Indefinite-lived intangible assets are recorded at fair value using various methods depending on the nature of the intangible asset and are tested annually for impairment. Definite-lived intangible assets are amortized using the straight-line method over the estimated useful lives of the assets.

(6) Leases

The Health System enters into operating and finance leases primarily for buildings and equipment. For leases with terms greater than 12 months, the Health System records the related right-of-use (ROU) asset and liability at the present value of the lease payments over the contract term using the Health System's incremental borrowing rate. Building lease agreements generally require the Health System to pay maintenance, repairs, and property taxes, which are variable based on actual costs incurred during each applicable period. Such costs are not included in the determination of the ROU asset or lease liability. Variable lease costs also include escalating rent payments that are not fixed at lease commencement but are based on an index that is determined in future periods over the lease term based on changes in the Consumer Price Index or other measure of cost inflation. Most leases include one or more options to renew the lease at the initial term, with renewal terms that generally extend the lease at the then market rate of rental payment. Certain leases also include an option to buy the underlying asset at or a short time prior to the termination of the lease. All such options are at the Health System's discretion and are evaluated at the lease commencement, with only those that are reasonably certain of exercise included in determining the appropriate lease term.

The components of lease cost are as follows for the years ended December 31:

		2025	2024
Operating lease cost:			
Fixed lease expense	$	230	236
Short-term lease expense		3	3
Variable lease expense		170	177
Total operating lease cost	$	403	416
Finance lease cost:			
Amortization of ROU assets	$	105	102
Interest on finance lease liabilities		21	16
Total finance lease cost	$	126	118

Supplemental cash flow and other information related to leases as of and for the years ended December 31 are as follows:

		2025	2024
Cash paid for amounts included in the measurement of lease liabilities:			
Operating cash flows from operating leases	$	230	236
Operating cash flows from finance leases		21	16
Financing cash flows from finance leases		100	32
Additions to ROU assets obtained from operating leases		129	135
Additions to ROU assets obtained from finance leases		54	109
Weighted-average remaining lease term (in years):			
Operating leases		8	8
Finance leases		14	14
Weighted-average discount rate:			
Operating leases		3.60 %	3.50 %
Finance leases		4.40	4.30

Commitments related to noncancellable operating and finance leases for each of the next five years and thereafter as of December 31, 2025 are as follows:

		Operating	Finance
2026	$	240	102
2027		211	76
2028		177	68
2029		155	64
2030		126	60
Thereafter		415	426
		1,324	796
Less imputed interest		(164)	(241)
Total lease liabilities		1,160	555
Less current portion		(199)	(77)
Long-term portion	$	961	478

Lease assets and lease liabilities as of December 31 were as follows:

	Classification		2025	2024
Assets:				
Operating	Operating lease ROU assets	$	1,048	1,092
Finance	Property, plant, and equipment, net		495	563
Liabilities:				
Current:				
Operating	Current portion of operating lease liabilities		199	196
Finance	Current portion of long-term debt		77	93
Long-term:				
Operating	Long-term operating lease liabilities, net of current portion		961	1,013
Finance	Long-term debt, net of current portion		478	520

(7) Debt

(a) Short-Term and Long-Term Debt

The Health System has borrowed master trust debt issued through the following:

- California Health Facilities Financing Authority (CHFFA)
- Washington Health Care Facilities Authority (WHCFA)
- Oregon Facilities Authority (OFA)
- Public Finance Authority (PFA)

Short-term and long-term unpaid principal consists of the following at December 31:

	Maturing through	Coupon rates	Unpaid principal 2025	Unpaid principal 2024
Master trust debt:				
Fixed rate:				
Series 2009C, CHFFA Revenue Bonds	2034	5.00 %	$ 32	35
Series 2009D, CHFFA Revenue Bonds	2034	1.70	36	36
Series 2011C, OFA Revenue Bonds	2026	3.50–5.00	1	2
Series 2012A, WHCFA Revenue Bonds	2042	3.00–5.00	391	404
Series 2013A, CHFFA Revenue Bonds	2037	4.00–5.00	—	31
Series 2014A, CHFFA Revenue Bonds	2038	4.00–5.00	125	132
Series 2014B, CHFFA Revenue Bonds	2044	4.25–5.00	119	119
Series 2014C, WHCFA Revenue Bonds	2044	4.00–5.00	80	80
Series 2014D, WHCFA Revenue Bonds	2041	5.00	176	176
Series 2015A, WHCFA Revenue Bonds	2045	4.00	78	78
Series 2015C, OFA Revenue Bonds	2045	4.00–5.00	71	71
Series 2016A, CHFFA Revenue Bonds	2047	2.50–5.00	426	430
Series 2016B, CHFFA Revenue Bonds	2036	1.25–4.00	—	95
Series 2016H, Direct Obligation Bonds	2036	2.75	300	300
Series 2016I, Direct Obligation Bonds	2047	3.74	400	400
Series 2018A, Direct Obligation Bonds	2048	4.00	350	350
Series 2018B, WHCFA Revenue Bonds	2033	5.00	128	142
Series 2019A, Direct Obligation Bonds	2029	2.53	650	650
Series 2019B, CHFFA Revenue Bonds	2039	5.00	118	118
Series 2019C, CHFFA Revenue Bonds	2039	5.00	—	171
Series 2021A, Direct Obligation Bonds	2051	2.70	775	775
Series 2021B, WHCFA Revenue Bonds	2042	4.00	178	178
Series 2021C, PFA Revenue Bonds	2041	4.00	61	102
Series 2023A, Direct Obligation Notes	2028	5.42	110	110
Series 2023B, Direct Obligation Notes	2033	5.45	85	85
Series 2023C, Direct Obligation Notes	2043	5.71	188	188
Series 2023, Direct Obligation Bonds	2033	5.40	585	585
Series 2025A, Direct Obligation Bonds	2032	5.37	400	—
Series 2025B1, WHCFA Revenue Bonds	2030	5.00	140	—
Series 2025B2, WHCFA Revenue Bonds	2035	5.00	235	—
Series 2025C1, CHFFA Revenue Bonds	2050	5.00	175	—
Series 2025C2, CHFFA Revenue Bonds	2050	5.00	125	—
Series 2025C3, CHFFA Revenue Bonds	2050	5.25	46	—
Total fixed rate			6,584	5,843

(Continued)

	Maturing through	Effective interest rate (1)		Unpaid principal	
		2025	2024	2025	2024
Variable rate:					
Series 2016D, WHCFA Revenue Bonds	2036	3.89 %	4.39 %	47	53
Series 2016E, WHCFA Revenue Bonds	2036	4.34	4.50	26	33
Total variable rate				73	86
Revolving Credit Facility	2030	5.11	5.96	548	932
Wells Fargo Bilateral Note	2026	5.46	5.55	300	300
PNC Bank Bilateral Note	2030	5.15	5.90	275	200
PNC Bank Bilateral Note	2027	5.11	6.06	127	127
Unpaid principal, master trust debt				7,907	7,488
Premiums, discounts, and unamortized financing costs, net				104	71
Master trust debt, including premiums and discounts, net				8,011	7,559
Other long-term debt				554	614
Total debt				$ 8,565	8,173

(1) Variable rate debt and credit facilities carry floating interest rates attached to indexes, which are subject to change based on market conditions.

Short-term master trust debt includes debt issued with final maturity or mandatory redemption within one year of December 31, 2025 and 2024.

In February 2025, the Health System renewed a $200 PNC Bilateral Note for five years and increased its size to $275. The additional $75 in proceeds were used to reduce the Revolving Credit Facility balance at the close of the transaction.

In June 2025, the Health System issued $400 in taxable bonds, Series 2025A, the proceeds of which were used to reduce balances held on the Revolving Credit Facility. In July 2025, the Health System issued $346 in tax-exempt bonds, California Health Facilities Financing Authority ("CHFFA") Series 2025C, the proceeds of which refunded certain tax-exempt borrowings held on the Revolving Credit Facility and certain outstanding bonds and maturities, CHFFA 2013A, CHFFA 2016B3, and CHFFA 2019C.

In September 2025, the Health System modified its existing Revolving Credit Facility, extending the maturity from September 2026 to September 2030 and increasing the facility size from $1,250 to $1,500.

In October 2025, the Health System issued $375 in tax-exempt bonds, Series 2025B, which were priced at a premium. The proceeds were used primarily to reimburse the Health System for capital

expenditures that begun in 2023 related to Swedish First Hill hospital expansion as well as for some future project spend.

Borrowings and payments on the Revolving Credit Facility are presented within debt borrowings and debt payments, respectively, within the combined statements of cash flows.

The following table reflects classification of long-term debt obligations in the accompanying combined balance sheets as of December 31:

		2025	2024
Current portion of long-term debt	$	137	184
Master trust debt classified as short-term		621	494
Long-term debt, classified as a long-term liability		7,807	7,495
Total debt	$	8,565	8,173

(b) Other Long-Term Debt

Other long-term debt consists of the following as of December 31:

		2025	2024
Finance leases	$	526	613
Notes payable and other		28	1
Total other long-term debt	$	554	614

(c) Debt Service

Scheduled principal payments of long-term debt, considering all obligations under the master trust indenture as due according to their long-term amortization schedule, for the next five years and thereafter are as follows:

		Master trust	Other	Total
2026	$	681	78	759
2027		190	47	237
2028		169	40	209
2029		707	40	747
2030		1,012	36	1,048
Thereafter		5,148	313	5,461
Scheduled principal payments of long-term debt	$	7,907	554	8,461

(8) Retirement Plans

(a) Defined Benefit Plans

The Health System sponsors various frozen defined benefit retirement plans. The measurement dates for the defined benefit plans are December 31. A rollforward of the change in projected benefit obligation and change in the fair value of plan assets for the defined benefit plans is as follows:

		2025	2024
Change in projected benefit obligation:			
Projected benefit obligation at beginning of year	$	2,070	2,186
Service cost		8	9
Interest cost		115	110
Actuarial loss (gain)*		45	(60)
Benefits paid and other		(179)	(175)
Projected benefit obligation at end of year		2,059	2,070
Change in fair value of plan assets:			
Fair value of plan assets at beginning of year		1,585	1,558
Actual return on plan assets		214	120
Employer contributions		89	82
Benefits paid and other		(179)	(175)
Fair value of plan assets at end of year		1,709	1,585
Funded status		(350)	(485)
Unrecognized net actuarial loss		90	172
Unrecognized prior service cost		1	1
Net amount recognized	$	(259)	(312)
Amounts recognized in the combined balance sheets consist of:			
Noncurrent assets	$	3	35
Current liabilities		(1)	(1)
Noncurrent liabilities		(352)	(519)
Net assets without donor restrictions		91	173
Net amount recognized	$	(259)	(312)
Weighted average assumptions (projected benefit obligation):			
Discount rate		5.60 %	5.80 %
Rate of increase in compensation levels		4.00	4.00
Cash balance crediting rate		3.92	3.53

* For both years, significant gain/loss was due to the change in the discount rate.

Net periodic pension cost for the defined benefit plans includes the following components:

		2025	2024
Components of net periodic pension cost:			
Service cost	$	8	9
Interest cost		115	110
Expected return on plan assets		(94)	(91)
Recognized net actuarial loss		2	3
Net periodic pension cost	$	31	31
Special recognition – settlement expense	$	4	7
Weighted Average Assumptions (net periodic pension cost):			
Discount rate		5.80 %	5.30 %
Rate of increase in compensation levels		4.00	4.00
Long-term rate of return on assets		4.75 - 7.00	4.75 - 6.75
Cash balance crediting rate		3.53	3.25

Certain plans sponsored by the Health System allow participants to receive their benefit through a lump-sum distribution upon election. When lump-sum distributions exceed the combined total of service cost and interest cost during a reporting period, settlement expense is recognized. Settlement expense represents the proportional recognition of unrecognized actuarial loss and prior service cost. Settlement expense for the years ended December 31, 2025 and 2024 is included in net nonoperating gains (losses) in the accompanying combined statements of operations.

The accumulated benefit obligation was $2,030 and $2,040 at December 31, 2025 and 2024, respectively.

The following pension benefit payments reflect expected future service. Payments expected to be paid over the next 10 years are as follows:

2026	$	173
2027		173
2028		174
2029		172
2030		169
2031–2035		806
	$	1,667

The Health System expects to contribute approximately $105 to the defined benefit plans in 2026.

The expected long-term rate of return on plan assets is the expected average rate of return on the funds invested currently and on funds to be invested in the future in order to provide for the benefits included in the projected benefit obligation. The Health System used a range of 4.75% to 7.00% and 4.75% to 6.75% in calculating the 2025 and 2024 expense amounts, respectively. This assumption is based on capital market assumptions and the plan's target asset allocation.

The Health System continues to monitor the expected long-term rate of return. If changes in those parameters cause the expected rate of return to be outside of a reasonable range of expected returns, or if actual plan returns over an extended period of time, suggest that general market assumptions are not representative of expected plan results, the Health System may revise this estimate prospectively.

The target asset allocation and expected long-term rate of return on assets (ELTRA) were as follows at December 31:

	2025 Target	2025 ELTRA	2024 Target	2024 ELTRA
Cash and cash equivalents	0 %	3 %	0 %	3 %
Equity securities	45	7	46	7
Debt securities	37	5 – 6	34	5
Other securities	18	6 – 7	20	6 – 8
Total	100	4.75 – 7.00	100	4.75 – 6.75

The following table presents the Health System's defined benefit plan assets measured at fair value:

	December 31, 2025	Fair value measurements at reporting date using Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 116	116	—	—
Equity securities:				
Domestic	481	481	—	—
Foreign	283	283	—	—
Domestic debt securities:				
State and federal government	397	350	47	—
Corporate	78	5	73	—
Other	205	192	13	—
Foreign debt securities	19	—	19	—
Investments measured using NAV	217			
Transactions pending settlement, net	(87)			
Total	$ 1,709			

The following table presents the Health System's defined benefit plan assets measured at fair value:

	December 31, 2024	Fair value measurements at reporting date using Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 106	106	—	—
Equity securities:				
Domestic	547	547	—	—
Foreign	274	274	—	—
Domestic debt securities:				
State and federal government	263	222	41	—
Corporate	165	5	160	—
Other	69	45	24	—
Foreign debt securities	52	—	52	—
Investments measured using NAV	209			
Transactions pending settlement, net	(100)			
Total	$ 1,585			

The Health System's defined benefit plans participate in various funds that are not actively marketed on an open exchange. These investments consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. Due to the nature of these funds the NAV per share, or its equivalent, reported by each fund manager is used as a practical expedient to estimate the fair value of the Health System's interest therein. Management believes that the carrying amounts of these financial instruments provided by the fund managers are reasonable estimates of fair value.

The following table presents information for investments where either the NAV per share or its equivalent was used to value the investments as of December 31:

	2025	2024	Unfunded commitments	Redemption frequency	Redemption notice period
Hedge funds:	$ 199	203	—	Annually, semi-annually, quarterly, monthly, or not applicable	5–90 days
Private equity	9	4	19	Not applicable	Not applicable
Private debt	9	2	14	Not applicable	Not applicable
Total	$ 217	209	33		

The Health System's defined benefit plans also allow certain investment managers to use derivative financial instruments. These investment managers have executed master netting arrangements with the counterparties of the futures and forward currency purchase and sale contracts whereby the

financial instruments held by the same counterparty are legally offset as the instruments are settled. The following table summarizes the gross notional value of derivative contracts outstanding as of December 31, 2025 and 2024. The gross notional values give an indication of the volume of the Health System's derivative activities and significantly exceed the fair value of the derivative instruments.

		2025	2024
Futures contracts	$	563	204
Foreign currency forwards and other contracts		63	117
Total gross notional value	$	626	321

The fair value of derivatives contracts in an asset position was $3 and $4 as of December 31, 2025 and 2024, respectively. The fair value of derivatives contracts in a liability position was $0 and $3 as of December 31, 2025 and 2024, respectively. These fair market value are included in assets whose use is limited in the combined balance sheets.

(b) Defined Contribution Plans

The Health System sponsors various defined contribution retirement plans that cover substantially all employees. The plans provide for employer matching contributions in an amount equal to a percentage of employee pretax contributions, up to a maximum amount. In addition, the Health System makes contributions to eligible employees based on years of service. Retirement expense related to these plans was $372 and $709 in 2025 and 2024, respectively, and is reflected in salaries and benefit expense in the accompanying combined statements of operations.

(c) Other Plans

The Health System recorded amounts totaling $918 and $771 as of December 31, 2025 and 2024, respectively, based on the fair value of various 457 (b) plans' assets. These other plan assets are investments in mutual funds valued using Level 1 fair value measurements and are included in other assets in the accompanying combined balance sheets. The corresponding liability is included in other long term liabilities in the accompanying combined balance sheets.

(9) Self-Insurance Liabilities

The Health System has established self-insurance programs for professional and general liability and workers' compensation insurance coverage. These programs provide insurance coverage for healthcare institutions associated with the Health System. The Health System also operates insurance captives, Providence Assurance LLC, to self-insure or reinsure certain layers of professional and general liability risk.

The Health System accrues estimated self-insured professional and general liability and workers' compensation insurance claims based on management's estimate of the ultimate costs for both reported claims and actuarially determined estimates of claims incurred but not reported. Insurance coverage in excess of the per occurrence self-insured retention has been secured with insurers or reinsurers for specified amounts for professional, general, and workers' compensation liabilities. Decisions relating to the limit and scope of the self-insured layer and the amounts of excess insurance purchased are reviewed

each year, subject to management's analysis of actuarial loss projections and the price and availability of acceptable commercial insurance.

At December 31, 2025 and 2024, the estimated liability for future costs of professional and general liability claims was $897 and $860, respectively. At December 31, 2025 and 2024, the estimated workers' compensation obligation was $292 and $291, respectively. Both are recorded in other current liabilities and other liabilities in the accompanying combined balance sheets.

(10) Commitments and Contingencies

(a) Commitments

Purchase commitments at December 31, 2025, primarily related to construction and equipment and software acquisition, are approximately $723.

(b) Litigation

The healthcare industry is subject to numerous laws and regulations from federal, state, and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. Government monitoring and enforcement activity continues with respect to investigations and allegations concerning possible violations by healthcare providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of patient services previously billed. Institutions within the Health System are subject to similar regulatory reviews.

Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Health System's combined financial statements.

(11) Functional Expenses

Operating expenses classified by their natural classification on the combined statements of operations are presented by their functional classifications as follows for the years ended December 31:

	2025							
	Program activities				Supporting activities			
	Hospitals	Physician and outpatient	Long-term care, home care, and hospice	Total programs	General and administrative	Other	Total supporting	Total operating expenses
Salaries and benefits	$ 9,107	3,346	617	13,070	2,404	142	2,546	15,616
Supplies	3,933	304	275	4,512	1	821	822	5,334
Purchased healthcare services	75	200	85	360	—	30	30	390
Interest, depreciation, and amortization	654	59	8	721	473	8	481	1,202
Purchased services, professional fees and other	4,493	971	134	5,598	1,428	18	1,446	7,044
Restructuring costs and other	—	—	—	—	354	—	354	354
Total operating expenses	$ 18,262	4,880	1,119	24,261	4,660	1,019	5,679	29,940

	2024							
	Program activities				Supporting activities			
	Hospitals	Physician and outpatient	Long-term care, home care, and hospice	Total programs	General and administrative	Other	Total supporting	Total operating expenses
Salaries and benefits	$ 8,902	3,284	869	13,055	2,434	141	2,575	15,630
Supplies	3,547	298	264	4,109	2	779	781	4,890
Purchased healthcare services	66	170	66	302	—	23	23	325
Interest, depreciation, and amortization	622	60	19	701	490	9	499	1,200
Purchased services, professional fees and other	3,903	896	148	4,947	1,416	25	1,441	6,388
Restructuring costs and other	—	—	—	—	183	—	183	183
Total operating expenses	$ 17,040	4,708	1,366	23,114	4,525	977	5,502	28,616

Supporting activities include costs that are not controllable by operational leadership. Health System leadership drives these costs, which benefit the entire Health System. Costs that are controllable by operational leadership are allocated to the respective program activities.

PROVIDENCE ST. JOSEPH HEALTH

Supplemental Schedule – Obligated Group Combining Balance Sheets Information

December 31, 2025 and 2024

(In millions of dollars)

	2025			2024		
Assets	**Obligated Group**	**Nonobligated, Eliminations, and Other**	**Total combined**	**Obligated Group**	**Nonobligated, Eliminations, and Other**	**Total combined**
Current assets:						
Cash and cash equivalents	$ 1,242	(106)	1,136	1,929	(161)	1,768
Accounts receivable	3,432	65	3,497	3,482	31	3,513
Supplies inventory	325	12	337	329	14	343
Other current assets	1,801	615	2,416	1,533	618	2,151
Current portion of assets whose use is limited	1,404	109	1,513	677	97	774
Total current assets	8,204	695	8,899	7,950	599	8,549
Assets whose use is limited	3,721	3,022	6,743	3,373	3,202	6,575
Property, plant, and equipment, net	8,758	697	9,455	8,510	723	9,233
Operating lease right-of-use assets	701	347	1,048	719	373	1,092
Other assets	4,294	(1,288)	3,006	3,778	(1,196)	2,582
Total assets	$ 25,678	3,473	29,151	24,330	3,701	28,031
Liabilities and Net Assets						
Current liabilities:						
Current portion of long-term debt	$ 123	14	137	169	15	184
Master trust debt classified as short-term	621	—	621	494	—	494
Accounts payable	1,654	197	1,851	1,425	179	1,604
Accrued compensation	1,571	122	1,693	1,555	122	1,677
Current portion of operating lease liabilities	139	60	199	135	61	196
Other current liabilities	1,901	806	2,707	1,418	829	2,247
Total current liabilities	6,009	1,199	7,208	5,196	1,206	6,402
Long-term debt, net of current portion	7,970	(163)	7,807	7,302	193	7,495
Pension benefit obligation	352	—	352	519	—	519
Long-term operating lease liabilities, net of current portion	649	312	961	670	343	1,013
Other liabilities	1,346	660	2,006	1,247	614	1,861
Total liabilities	16,326	2,008	18,334	14,934	2,356	17,290
Net assets:						
Net assets without donor restrictions	7,983	1,268	9,251	8,126	1,188	9,314
Net assets with donor restrictions	1,369	197	1,566	1,270	157	1,427
Total net assets	9,352	1,465	10,817	9,396	1,345	10,741
Total liabilities and net assets	$ 25,678	3,473	29,151	24,330	3,701	28,031

See accompanying independent auditors' report.

PROVIDENCE ST. JOSEPH HEALTH

Supplemental Schedule – Obligated Group Combining Statements of Operations Information

Years ended December 31, 2025 and 2024

(In millions of dollars)

	2025			2024		
	Obligated Group	Nonobligated, Eliminations, and Other	Total combined	Obligated Group	Nonobligated, Eliminations, and Other	Total combined
Operating revenues:						
Net patient service revenues	$ 23,697	852	24,549	22,591	796	23,387
Other revenues	3,437	1,468	4,905	3,040	1,643	4,683
Total operating revenues	27,134	2,320	29,454	25,631	2,439	28,070
Operating expenses:						
Salaries and benefits	13,853	1,763	15,616	13,695	1,935	15,630
Supplies	5,069	265	5,334	4,613	277	4,890
Interest, depreciation, and amortization	1,118	84	1,202	1,079	121	1,200
Purchased services, professional fees, and other	6,613	821	7,434	6,142	571	6,713
Total operating expenses	26,653	2,933	29,586	25,529	2,904	28,433
Excess (deficit) of revenues over expenses from operations before restructuring costs and other	481	(613)	(132)	102	(465)	(363)
Restructuring costs and other	354	—	354	183	—	183
Excess (deficit) of revenues over expenses from operations	127	(613)	(486)	(81)	(465)	(546)
Net nonoperating gains (losses):						
Investment income, net	282	148	430	283	168	451
Other	(21)	(59)	(80)	(21)	(54)	(75)
Total net nonoperating gains	261	89	350	262	114	376
Excess (deficit) of revenues over expenses from continuing operations	$ 388	(524)	(136)	181	(351)	(170)
Loss from operations of discontinued subsidiaries	—	(102)	(102)	—	(61)	(61)
Excess (deficit) of revenues over expenses	388	(626)	(238)	181	(412)	(231)

See accompanying independent auditors' report.

EXHIBIT 2 TO

SECTION 999.5(d)(11)(F)

Providence Health
QUEEN OF THE VALLEY
Balance Sheet (Whole Dollars)
Reported as of February 2026

	February 2026 Actual	December 2025 Pr. Year
ASSETS		
Current Assets:		
Cash and Cash Equivalents	3,698	3,698
System Pooled Cash	123,458,524	137,354,270
Patient Acounts Receivable	129,152,224	115,697,897
Contractual Allowance	(85,931,570)	(71,755,833)
Bad Debt Allowance Patient AR	(3,894)	(4,443)
Other Receivables	60,964,021	55,721,859
Supplies Inventory	4,366,067	4,308,971
Other Current Assets	559,513	459,148
Total Current Assets	**232,568,583**	**241,785,567**
Assets Whose Use is Limited:		
Management Designated Investments	22,253,335	21,828,235
Assets Whose Use Is Limited	**22,253,335**	**21,828,235**
Property, Plant & Equipment:		
Property Plant Equipment Gross	487,341,070	485,085,337
Accumulated Depreciation	(323,507,079)	(321,940,616)
Property Plant Equipment Net	**163,833,991**	**163,144,721**
Other Long Term Assets:		
Other Long Term Assets	49,061,461	51,554,165
Total Other LT Assets	**49,061,461**	**51,554,165**
Total Assets	**467,717,370**	**478,312,688**

	February 2026 Actual	December 2025 Pr. Year
LIABILITIES & NET ASSETS		
Current Liabilities:		
Accounts Payable	12,592,581	16,875,138
Accrued Compensation	6,404,961	6,288,113
Deferred Revenue Unearned Premiums	477,384	(156,707)
Payable to Contractual Agencies	4,930,505	4,691,740
Liability for Unpaid Medical Claims	856,176	2,204,728
Other Current Liabilities	22,592,130	23,902,284
Short Term Debt	5,043,458	5,043,458
Current Portion of Debt	2,971,194	2,971,194
Total Current Liabilities	**55,868,389**	**61,819,948**
Long-Term Debt:		
Master Trust Debt	27,907,649	27,927,941
Line of Credit LT Debt	82,720,000	82,720,000
Long Term Debt	**110,627,649**	**110,647,941**
Total Other Long Term Liabilities	**3,978,670**	**4,002,415**
Total Liabilities	**170,474,708**	**176,470,304**
Net Assets:		
Unrestricted Net Assets	266,199,759	268,220,270
Temporarily Restricted Net Assets	25,310,943	27,935,768
Permanently Restricted Net Assets	5,731,960	5,686,346
Total Net Assets	**297,242,662**	**301,842,384**
Total Liabilities and Net Assets	**467,717,370**	**478,312,688**

Providence Health
QUEEN OF THE VALLEY
Statement of Operations (Whole Dollars)
Reported as of February 2026

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Entity - NOR_CAL.2700
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Month-To-Date					Year-To-Date			
Actual	**Budget**	**Variance**	**PY Actual**		**Actual**	**Budget**	**Variance**	**PY Actual**
155,434,674	180,803,022	(25,368,348)	157,945,350	Gross Service Revenues	320,982,150	371,169,456	(50,187,306)	331,416,621
134,375,942	152,867,602	18,491,660	133,878,118	Deductions From Revenue	274,853,403	314,598,686	39,745,283	279,625,234
21,058,732	**27,935,420**	**(6,876,688)**	**24,067,232**	**Net Service Revenue**	**46,128,747**	**56,570,770**	**(10,442,023)**	**51,791,387**
2,530,738	2,921,296	(390,558)	3,011,596	Premium and Capitation Rev	5,102,952	5,842,592	(739,640)	5,499,658
412,710	580,967	(168,257)	482,602	Other Operating Rev	708,044	1,161,934	(453,890)	1,133,078
2,943,448	**3,502,263**	**(558,815)**	**3,494,198**	**Total Other Operating Revenue**	**5,810,996**	**7,004,526**	**(1,193,530)**	**6,632,736**
24,002,180	**31,437,683**	**(7,435,503)**	**27,561,430**	**Net Operating Revenue**	**51,939,743**	**63,575,296**	**(11,635,553)**	**58,424,123**
				Expenses from Operations:				
9,844,460	10,213,084	368,624	10,220,408	Salaries and Wages	20,537,806	21,127,169	589,363	21,025,602
2,615,224	2,761,836	146,612	2,877,489	Employee Benefits	5,563,721	5,605,329	41,608	5,767,490
1,127,052	1,808,769	681,717	1,827,647	Professional Fees Expense	2,799,126	3,617,537	818,411	3,607,289
3,283,275	3,742,769	459,494	3,126,220	Supplies Expense	6,998,197	7,687,017	688,820	6,793,799
2,772,342	2,940,926	168,584	2,418,781	Purchased Services Expense	5,587,838	5,912,003	324,165	4,342,851
423,871	643,967	220,096	600,952	Purchased Healthcare Expenses	954,601	1,287,935	333,334	1,343,996
1,166,266	1,253,886	87,620	1,321,601	Depr, Amort, and Interest	2,396,796	2,507,772	110,976	2,632,466
1,772,359	1,840,642	68,283	1,583,364	Other Expenses	3,483,271	3,681,284	198,013	3,596,816
23,004,849	**25,205,879**	**2,201,030**	**23,976,462**	**Total Operating Expenses**	**48,321,356**	**51,426,046**	**3,104,690**	**49,110,309**
997,331	**6,231,803**	**(5,234,472)**	**3,584,968**	**Net Operating Income**	**3,618,387**	**12,149,249**	**(8,530,862)**	**9,313,814**
(3,267,724)	**(3,267,724)**	**-**	**(4,251,009)**	**System Cost Allocation**	**(6,801,388)**	**(6,801,388)**	**-**	**(8,695,248)**
(2,270,393)	**2,964,079**	**(5,234,472)**	**(666,041)**	**Net Operating Income fully burdened**	**(3,183,001)**	**5,347,861**	**(8,530,862)**	**618,566**
354,065	139,532	214,533	1,005,468	Non-Operating Gain (Loss)	540,043	279,063	260,980	1,087,006
(1,916,328)	**3,103,611**	**(5,019,939)**	**339,427**	**Net Income fully burdened**	**(2,642,958)**	**5,626,924**	**(8,269,882)**	**1,705,572**
(1,104,127)	4,217,965	(5,322,092)	655,560	EBIDA Fully Burdened	(786,205)	7,855,633	(8,641,838)	3,251,032
2,163,597	7,485,690	(5,322,093)	4,906,569	EBIDA	6,015,183	14,657,022	(8,641,839)	11,946,280

Fully burdened includes allocated costs

EXHIBIT 3 TO

SECTION 999.5(d)(11)(F)

Providence Health
QUEEN OF THE VALLEY
Statement of Operations (Whole Dollars)
Reported as of December 2026

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Entity - NOR_CAL.2700
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Budget	Variance	PY		Budget	Variance	PY
152,117,839	(152,117,839)	166,264,700	Gross Service Revenues	2,097,399,366	(2,097,399,366)	1,935,840,460
126,376,733	126,376,733	135,620,331	Deductions From Revenue	1,760,011,652	1,760,011,652	1,616,765,504
25,741,106	**(25,741,106)**	**30,644,369**	**Net Service Revenue**	**337,387,714**	**(337,387,714)**	**319,074,956**
2,921,296	(2,921,296)	2,974,729	Premium and Capitation Rev	35,055,554	(35,055,554)	33,570,565
580,967	(580,967)	938,463	Other Operating Rev	6,971,599	(6,971,599)	8,481,458
3,502,263	**(3,502,263)**	**3,913,192**	**Total Other Operating Revenue**	**42,027,153**	**(42,027,153)**	**42,052,023**
29,243,369	**(29,243,369)**	**34,557,561**	**Net Operating Revenue**	**379,414,867**	**(379,414,867)**	**361,126,979**
			Expenses from Operations:			
9,572,535	9,572,535	10,484,249	Salaries and Wages	122,519,912	122,519,912	128,092,842
2,523,211	2,523,211	657,950	Employee Benefits	32,293,542	32,293,542	31,430,620
1,808,769	1,808,769	3,218,664	Professional Fees Expense	21,705,224	21,705,224	21,324,375
3,198,205	3,198,205	4,441,605	Supplies Expense	43,135,633	43,135,633	43,733,961
2,956,173	2,956,173	2,318,420	Purchased Services Expense	35,460,271	35,460,271	25,410,241
643,967	643,967	1,186,001	Purchased Healthcare Expenses	7,727,608	7,727,608	9,158,894
1,253,886	1,253,886	1,277,936	Depr, Amort, and Interest	15,046,634	15,046,634	15,414,258
1,840,642	1,840,642	2,262,614	Other Expenses	22,087,702	22,087,702	23,338,487
23,797,388	**23,797,388**	**25,847,439**	**Total Operating Expenses**	**299,976,526**	**299,976,526**	**297,903,678**
5,445,981	**(5,445,981)**	**8,710,122**	**Net Operating Income**	**79,438,341**	**(79,438,341)**	**63,223,301**
(3,437,182)	**3,437,182**	**(4,938,224)**	**System Cost Allocation**	**(40,841,188)**	**40,841,188**	**(54,855,522)**
2,008,799	**(2,008,799)**	**3,771,898**	**Net Operating Income fully burdened**	**38,597,153**	**(38,597,153)**	**8,367,779**
139,531	(139,531)	398,667	Non-Operating Gain (Loss)	1,674,380	(1,674,380)	2,250,409
2,148,330	**(2,148,330)**	**4,170,565**	**Net Income fully burdened**	**40,271,533**	**(40,271,533)**	**10,618,188**
3,262,685	(3,262,685)	5,049,834	EBIDA Fully Burdened	53,643,787	(53,643,787)	23,782,037
6,699,867	(6,699,867)	9,988,057	EBIDA	94,484,975	(94,484,975)	78,637,559

Fully burdened includes allocated costs

11 Cal. Code Reg. Section 999.5(d)(11)(G)

Any requests for opinions to the Internal Revenue Service for rulings attendant to this transaction and any Internal Revenue Service responses thereto

There have not been any requests for opinions to the Internal Revenue Service for rulings attendant to this Transaction.

11 Cal. Code Reg. Section 999.5(d)(11)(H)

Pro forma post-transaction balance sheet for the surviving or successor nonprofit corporation

Attached to this Section 999.5(d)(11)(H) as **Exhibit 1** is the pro forma post-transaction balance sheet of NorthBay Napa.

EXHIBIT 1 TO

SECTION 999.5(d)(11)(H)

B/S Summary

	Projected 2027
Assets	
Current Assets	
Cash	$0.0
Accounts Receivable Net of Reserves	3.4
Supply Inventories at Cost	4.5
Prepaid Expenses and Other	(0.3)
Total Current Assets	**7.7**
Assets Limited as to Use	
Trusteed Assets and Restricted Investments	0.0
Board Designated Investments	37.7
Total Assets Limited as to Use	**37.7**
Property, Plant and Equipment	
Property, Plant and Equipment	537.7
Accumulated Depreciation	326.4
Net PP&E	**211.2**
Other LT Assets	**0.0**
Total Assets	**$256.6**
Liabilities	
Current Liabilities	
Current Maturities of Debt	$0.0
Accounts Payable	(0.5)
Other Current Liabilities	0.0
Total Current Liabilities	**(0.5)**
Other LT Liabilities	**0.0**
Long Term Debt	**552.1**
Net Assets	
Unrestricted Net Assets	(294.9)
Restricted Net Assets - Temporary	0.0
Restricted Net Assets - Permanent	0.0
Total Net Assets	**(294.9)**
Total Liabilities and Net Assets	**$256.6**