Heal th Financi	al Systems	FRANCI SCAN ST MARGAR	ET-HAMMOND	In Lieu	ı of Form CMS-2552-10
This report is	s required by law (42 USC 1395g	42 CFR 413.20(b)). Failu	ire to report can resul	t in all interim	FORM APPROVED
payments made	since the beginning of the cos	t reporting period being c	leemed overpayments (42	USC 1395g).	OMB NO. 0938-0050
HOSPITAL AND H AND SETTLEMENT	HOSPITAL HEALTH CARE COMPLEX CO F SUMMARY	ST REPORT CERTIFICATION	Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 3/29/2016 11:40 am
PART I - COST	REPORT STATUS				
Provi der	1. [ X ] Electronically filed c	ost report		Date: 3/29/20	16 Time: 11:40 am
use only	2. [ ] Manually submitted cos	t report			
	3. [ 0 ] If this is an amended 4. [ F ] Medicare Utilization.			esubmitted this co	ost report
Contractor use only	(1) As Submitted 7 (2) Settled without Audit 8	<ul> <li>Date Received:</li> <li>Contractor No.</li> <li>[ N ] Initial Report for</li> <li>[ N ] Final Report for the second sec</li></ul>	this Provider CCN 12. [	IPR Date: Contractor's Vendo 0 ]If line 5, co number of tim	r Code: 4 lumn 1 is 4: Enter es reopened = 0-9.
PART II - CERT	FI FI CATI ON		· · · ·		
ADMI NI STRATI VE PROVI DED OR PE	FION OR FALSIFICATION OF ANY IN E ACTION, FINE AND/OR IMPRISONM ROCURED THROUGH THE PAYMENT DIR E ACTION, FINES AND/OR IMPRISON	ENT UNDER FEDERAL LAW. FU	JRTHERMORE, IF SERVICES	IDENTIFIED IN TH	IS REPORT WERE
	CERTIFICATION BY OFFICER OR	ADMINISTRATOR OF PROVIDER	e(S)		
el ecti Expens 01/01, correc i nstro provis	EBY CERTIFY that I have read th ronically filed or manually sub ses prepared by FRANCISCAN ST M /2015 and ending 12/31/2015 and ct, complete and prepared from uctions, except as noted. I fu sion of health care services, a i ance with such laws and regula	mitted cost report and the ARGARET-HAMMOND ( 150004 ) to the best of my knowled the books and records of 1 rther certify that I am fa nd that the services ident	e Balance Sheet and Sta ) for the cost reportin dge and belief, this re the provider in accorda amiliar with the laws a	atement of Revenue ng period beginnir eport and statemer ance with applicab and regulations re	e and ng nt are true, ole egarding the

			Date				
			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	488, 496	355, 790	439, 956	0	1.00
2.00	Subprovider - IPF	0	44, 494	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	532, 990	355, 790	439, 956	0	200.00

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

(Si gned) Officer or Administrator of Provider(s)

Title

	FAL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA	Prov	vider CCN:	: 150004	Period: From 01/01 To 12/31		Part I Date/T	Γime Pre	pare
	1.00	2.00		3.00			4.00	3/29/2	2016 11:	<u>37 a</u>
	Hospital and Hospital Health Care Co			3.00			4.00			
0	Street: 5454 HOMAN AVENUE	P0 Box:			-					1.
0	City: HAMMOND	State: IN Component Name	Zip Coc CCN	le: 46320 CBSA	Coun Provi der	ty: LAKE Date	Dovre	nt Suc	tem (P,	2.
		component name	Number	Number	Type	Certified		, 0, or		
					51		V	XVIII		1
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
0	Hospital and Hospital-Based Componer Hospital	FRANCI SCAN ST	150004	23844	1	07/01/196	6 N	Р	0	3.
0		MARGARET-HAMMOND	150004	23044	'	0770171300		'		
C	Subprovider - IPF	FRANCI SCAN ST MARGARE	T 15S004	23844	4	01/01/2002	2 N	P	P	4
)	Subprovider - IRF	- HAMMOND PSY								5
) )	Subprovider - (Other)									6
0	Swing Beds - SNF									7
C	Swing Beds - NF									8
0	Hospital -Based SNF									9
00 00	Hospi tal -Based NF Hospi tal -Based OLTC									10
00	Hospi tal -Based HHA	FRANCI SCAN ST MARGARE	T 157145	23844		04/11/198	5 N	P	N	12
		- HAMMOND HHA								
00	Separately Certified ASC									13
00	Hospital-Based Hospice Hospital-Based Health Clinic - RHC									14
00	Hospital -Based Health Clinic - FQHC									16
00	Hospital-Based (CMHC) I									17
10 20	Hospital-Based (CORF) I									17
00	Renal Dialysis Other	FRANCI SCAN ST MARGARE	T 147302	23844		04/11/198	5			10
		- HAMMOND HMD								
						From 1 O			<u>o:</u>	-
00	Cost Reporting Period (mm/dd/yyyy)					1.00			.00 1/2015	20
	Type of Control (see instructions)						1			21
	Inpatient PPS Information								N	
00	Does this facility qualify and is it share hospital adjustment, in accord								N	22
	for yes or "N" for no. Is this facil	ity subject to 42 CFR	Section §4							
	amendment hospital?) In column 2, er	ter "Y" for yes or "N"	for no.							
)1	Did this hospital receive interim un period? Enter in column 1, "Y" for y					Y			Y	22
	reporting period occurring prior to									
	for no for the portion of the cost r									
	(see instructions)									1
~	Is this a newly merged hospital that									1 ~~
)2	determined at cost report settlement			1 2		s N			N	22
)2	determined at cost report settlement or "N" for no, for the portion of th	? (see instructions) E	Enter in co	lumn 1, "	Y" for ye				N	22
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Ith Financial Systems         FRANCISCAN           PITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DAT         FRANCISCAN		ARET-HAMMOND Provider	CCN: 150004	Peri od:		Worksh	rm CMS- eet S-2	
				From 01/0 To 12/3	1/2015 1/2015	Part I Date/T 3/29/2	ime Pre 2016 11:	epare 37 a
	In-State Medicaid paid days	Medicaid		Out-of State Medicaid eligible unpaid	Medica HMO da	id ( ys Me	Other di cai d days	
	1.00	2.00	3.00	4.00	5.00	)	6.00	1
00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0 0	0	0 Urban/F	Jural S	0 Data o	f Coogr	25
				1.			00	1
<ul> <li>Enter your standard geographic classification (not wa cost reporting period. Enter "1" for urban or "2" for</li> <li>Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or</li> </ul>	rural. ge) statu	us at the end	d of the cost		1			26 27
enter the effective date of the geographic reclassifi 00 If this is a sole community hospital (SCH), enter the effect in the cost reporting period.	cation ir	n column 2.			0			35
				Begi n			i ng:	
00 Enter applicable beginning and ending dates of SCH st	atus Suk	scrint line	36 for number	1. (	00	2.	00	36
of periods in excess of one and enter subsequent date 00 If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period.	S.	·			0			37
00 If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of enter subsequent dates.								38
				Y/			/N	-
00 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(ii or "N" for no. Does the facility meet the mileage req CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes	)? Enter uirements	in column 1 s in accordar	"Y" for yes nce with 42				00 N	39
00 Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octob no in column 2, for discharges on or after October 1.	adjustme er 1. Ent	ent? Enter "Y er "Y" for y	(" for yes or	-   N		XVIII	N XIX	40
					1.00	_	_	
Prospective Payment System (PPS)-Capital 00 Does this facility qualify and receive Capital paymen	t for dis	proporti opat	o sharo in a	ccordance	N	Y	N	45
<pre>with 42 CFR Section §412.320? (see instructions) Us this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst</pre>	ption for	extraordi na	ary circumsta	inces	N	N	N	46
Pt. III. 00 Is this a new hospital under 42 CFR §412.300 PPS capi 00 Is the facility electing full federal capital payment Teaching Hospitals					N	N N	N N	47
00 Is this a hospital involved in training residents in	approved	GME programs	? Enter "Y"	for yes	Y			56
or "N" for no. 00 If line 56 is yes, is this the first cost reporting p GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mont for yes or "N" for no in column 2. If column 2 is "Y "N", complete Wkst. D, Parts III & IV and D-2, Pt. II	yes or " h of this ", comple	'N" for no ir s cost report ete Worksheet	n column 1. I ing period?	f column ' Enter "Y				57
00 If line 56 is yes, did this facility elect cost reimb	ursement	for physicia	ans' services	s as	N			58
defined in CMS Pub. 15-1, chapter 21, §2148? If yes, Are costs claimed on line 100 of Worksheet A? If yes 00 Are you claiming nursing school and/or allied health	, complet	e Wkst. D-2,			N			59
provider-operated criteria under §413.85? Enter "Y"				uctions)		Direc	ct GME	
	1.00	2.00	3.00	4.	00	5.	00	
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	0 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)		0.00	0.	oo				61
	1 1	0.00	1	00				61

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION D	ATA	Provi der		Period: From 01/01/2015		
				To 12/31/2015	Date/Time Pre 3/29/2016 11:	
	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	1
1.03 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)		0. OC	0.	oc		61.03
<ol> <li>Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).</li> </ol>		0.00	0.	00		61.0
1.05 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)		0.00	0.	00		61.0
1.06 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)		0.00				61.0
	Pro	ogram Name	Program Code	e Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
1.10 Of the FTEs in line 61.05, specify each new program		1.00	2.00	3.00	4.00	
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 and enter in column 4, direct GME FTE unweighted count.				0.00		61.10
1.20 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 and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.2
					1.00	
ACA Provisions Affecting the Health Resources and Se 2.00 Enter the number of FTE residents that your hospital				riod for which	0.00	62.0
<ol> <li>2.00 Enter the humber of FTE residents that your hospital your hospital received HRSA PCRE funding (see instru 2.01 Enter the number of FTE residents that rotated from during in this cost reporting period of HRSA THC pro Teaching Hospitals that Claim Residents in Nonprovid</li> </ol>	ctions) a Teachi gram. (s	ng Health Cent see instruction	er (THC) into			62.0
3.00 Has your facility trained residents in nonprovider s			st reporting	period? Enter	N	63.0
"Y" for yes or "N" for no in column 1. If yes, compl	ete line	es 64-67. (see				
			Unweighted FTEs	Unweighted FTEs in	Ratio (col. 1/ (col. 1 + col.	
			Nonprovi der Si te		2))	
Section 5504 of the ACA Base Year FTE Residents in N	lonnrovi c	ler Settings]	1.00 This base yea	2.00	<u> </u>	
period that begins on or after July 1, 2009 and befo	re June	30, 2010.				
4.00 Enter in column 1, if line 63 is yes, or your facili in the base year period, the number of unweighted no resident FTEs attributable to rotations occurring in settings. Enter in column 2 the number of unweighte resident FTEs that trained in your hospital. Enter i of (column 1 divided by (column 1 + column 2)). (see	n-primar all non d non-pr n column	ry care nprovider rimary care n 3 the ratio	0. (	0. 00	0. 000000	64.0
Program Name		ogram Code	Unweighted FTEs	Unweighted FTEs in	Ratio (col. 3/ (col. 3 + col.	
			Nonprovider Site	Hospi tal	4))	

SPITAL AND HOSPITAL HEALTH CARE COM	LEA IDENTIFICATION DF	ATA Provi de	Fr	eriod: com 01/01/2015	Worksheet S-2 Part I	
			To	12/31/2015	Date/Time Pre 3/29/2016 11:	pared 37 am
	Program Name	Program Code	Unwei ghted	Unwei ghted	Ratio (col. 3/	
			FTEs	FTEs in	$(col \cdot 3 + col \cdot$	
			Nonprovider Site	Hospi tal	4))	
	1.00	2.00	3.00	4.00	5.00	1
00 Enter in column 1, if line 63			0.00	0.00	0. 000000	65.0
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)						
	ı		Unwei ghted	Unweighted	Ratio (col. 1/	,
			FTEs	FTEs in	$(\operatorname{col} \cdot 1 + \operatorname{col} \cdot$	
			Nonprovider Site	Hospi tal	2))	
			1.00	2.00	3.00	1
Section 5504 of the ACA Current beginning on or after July 1, 2		n Nonprovider Settir	ngsEffective fo	or cost reporti	ing periods	
FTEs attributable to rotations	occurring in all nonp		0.00	0.00	0.000000	66.1
	occurring in all nonp unweighted non-prima tal. Enter in column :	rovider settings. ry care resident 3 the ratio of	Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
FTEs attributable to rotations Enter in column 2 the number of FTEs that trained in your hospi	occurring in all nonpo unweighted non-prima tal. Enter in column : + column 2)). (see in: Program Name	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
FTEs attributable to rotations Enter in column 2 the number of FTEs that trained in your hospi (column 1 divided by (column 1 00 Enter in column 1, the program	occurring in all nonp unweighted non-prima tal. Enter in column + column 2)). (see ins	rovider settings. ry care resident 3 the ratio of structions)	Unweighted FTEs Nonprovider	Unweighted FTEs in	Ratio (col. 3/ (col. 3 + col. 4)) 5.00	_
FTEs attributable to rotations Enter in column 2 the number of FTEs that trained in your hospi (column 1 divided by (column 1	occurring in all nonpo unweighted non-primat tal. Enter in column : + column 2)). (see in: Program Name 1.00	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00	-
<ul> <li>FTEs attributable to rotations Enter in column 2 the number of FTEs that trained in your hospi (column 1 divided by (column 1</li> <li>OO 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</li> </ul>	occurring in all nonpo unweighted non-primat tal. Enter in column : + column 2)). (see in: Program Name 1.00	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	Unwei ghted FTEs in Hospi tal 4.00 0.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00 0.000000	-
<ul> <li>FTEs attributable to rotations Enter in column 2 the number of FTEs that trained in your hospi (column 1 divided by (column 1</li> <li>OO 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)</li> </ul>	occurring in all nonpi unweighted non-primat tal. Enter in column : + column 2)). (see ins Program Name 1.00	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00 0.000000	-
FTEs attributable to rotations         Enter in column 2 the number of         FTEs that trained in your hospi         (column 1 divided by (column 1         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)	occurring in all nonpi 'unweighted non-primat tal. Enter in column : + column 2)). (see ins Program Name 1.00 1.00 PPS sychiatric Facility (	Provider settings. ry care resident 3 the ratio of structions) Program Code 2.00	Unwei ghted FTEs Nonprovi der Si te 3.00 0.00	Unwei ghted FTEs in Hospi tal 4.00 0.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00 0.0000000	67.
<ul> <li>FTEs attributable to rotations Enter in column 2 the number of FTEs that trained in your hospi (column 1 divided by (column 1</li> <li>OO 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)</li> <li>Inpatient Psychiatric Facility OO Is this facility an Inpatient P Enter "Y" for yes or "N" for n OO If line 70 yes: Column 1: Did t recent cost report filed on or 42 CFR 412.424(d)(1)(iii)(c)) C program in accordance with 42 C Column 3: If column 2 is Y, ind (see instructions)</li> </ul>	occurring in all nonpion weighted non-primatal. Enter in column 1         tal. Enter in column 2)). (see instruction (see instruction)). (see instruction)         Program Name         1.00         1.00         sychiatric Facility (lo.         he facility have an albefore November 15, 20         before November 15, 20         olumn 2: Did this facility (d) (1) (iii)         fR 412.424 (d) (1) (iii)         i cate which program yeight	IPF), or does it con proved GME teaching 004? Enter "Y" for ility train resident	Unweighted FTEs Nonprovider Site 3.00 0.00 0.00	Unwei ghted FTEs in Hospi tal 4.00 0.00 0.00 1.0 rovi der? Y most N o. (see ing o.	Ratio (col. 3/ (col. 3 + col. 4)) 5.00 0.0000000 0.00000000000000000000	70.
<ul> <li>FTEs attributable to rotations Enter in column 2 the number of FTEs that trained in your hospi (column 1 divided by (column 1</li> <li>OO 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)</li> <li>Inpatient Psychiatric Facility OO Is this facility an Inpatient P Enter "Y" for yes or "N" for n OO If line 70 yes: Column 1: Did t recent cost report filed on or 42 CFR 412. 424(d)(1)(iii)(c)) C program in accordance with 42 C Column 3: If column 2 is Y, ind</li> </ul>	PPS Sychiatric Facility (1) he facility have an ap before November 15, 20 olumn 2: Did this faci FR 412.424 (d) (1) (iii) i cate which program ye ty PPS	IPF), or does it con proved GME teaching 00/2 Enter "Y" for ear began during thi	Unweighted FTEs Nonprovider Site 3.00 0.00 vitain an IPF subp program in the yes or "N" for m s cost reporting	Unwei ghted FTEs in Hospi tal 4.00 0.00 0.00 1.0 rovi der? Y most N o. (see ing o.	Ratio (col. 3/ (col. 3 + col. 4)) 5.00 0.0000000 0.00000000000000000000	-

Health Financial Systems FRANCISCAN ST MAR	RGARET-HAMMONE	)	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		CCN: 150004	Period:	Worksheet S-2	
			From 01/01/2015	Part I	
			To 12/31/2015	Date/Time Pre 3/29/2016 11:	
				1.00	
Long Term Care Hospital PPS				-	
80.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes				N	80.00
81.00 Is this a LTCH co-located within another hospital for part of	or all of the	cost reportin	g period? Enter	N	81.00
"Y" for yes and "N" for no.					-
TEFRA Providers85.00Is this a new hospital under 42 CFR Section §413.40(f)(1)(i)	TEEDA2 Ento	r "V" for yor	or "N" for po	N	85.00
86.00 Did this facility establish a new Other subprovider (exclude				IN	85.00
§413. 40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	ea unit) under	42 CFR Secti	on		86.00
87.00 Is this hospital a "subclause (II)" LTCH classified under se	ection 1886(d)	(1)(B)(iv)(U)	)? Enter "Y"	N	87.00
for yes or "N" for no.			): Enter 1		07.00
			V	XI X	
			1.00	2.00	1
Title V and XIX Services					
90.00 Does this facility have title V and/or XIX inpatient hospita	al services? E	nter "Y" for	N	Y	90.00
yes or "N" for no in the applicable column.					
91.00 Is this hospital reimbursed for title V and/or XIX through t			N	Y	91.00
full or in part? Enter "Y" for yes or "N" for no in the appl					
92.00 Are title XIX NF patients occupying title XVIII SNF beds (du		ion)? (see		N	92.00
instructions) Enter "Y" for yes or "N" for no in the applica					00.00
93.00 Does this facility operate an ICF/IID facility for purposes	or title v an	a XIX? Enter	N	N	93.00
"Y" for yes or "N" for no in the applicable column. 94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes,	and "N" for n	o in the	N	N	94.00
applicable column.			IN IN	IN	94.00
95.00 If line 94 is "Y", enter the reduction percentage in the app	olicable colum	n	0.00	0.00	95.00
96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes	s or "N" for n	no in the	N	N	96.00
applicable column.					
97.00 If line 96 is "Y", enter the reduction percentage in the app	olicable colum	ın.	0.00	0.00	97.00
Rural Providers					
105.00 Does this hospital qualify as a critical access hospital (CA			N		105.00
106.00 If this facility qualifies as a CAH, has it elected the all-	-inclusive met	hod of paymen	t		106.00
for outpatient services? (see instructions)					107.00
107.00 If this facility qualifies as a CAH, is it eligible for cost					107.00
training programs? Enter "Y" for yes or "N" for no in column yes, the GME elimination is not made on Wkst. B, Pt. I, col.			+		
reimbursed. If yes complete Wkst. D-2, Pt. II.	25 and the p	n ogralli i s cos	L		
108.00 Is this a rural hospital qualifying for an exception to the	CRNA fee sche	edulie? See 42	N		108.00
CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		aaror 000 12			
	Physi cal	Occupati ona	I Speech	Respi ratory	
	1.00	2.00	3.00	4.00	
109.00 If this hospital qualifies as a CAH or a cost provider, are	N	N	N	N	109.00
therapy services provided by outside supplier? Enter "Y"					
for yes or "N" for no for each therapy.					<u> </u>
				1.00	-
110.00 Did this hospital participate in the Rural Community Hospita	Domonstrati	on project (4	101 Domo)for	1.00 N	110.00
the current cost reporting period? Enter "Y" for yes or "N"		un project (4	TUA Dellio)TUI	IN	110.00
	101 110.				
			1.00	0 2.00 3.00	1
Miscellaneous Cost Reporting Information			1100	5   2100   0100	
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or	- "N" for no i	n column 1. I	fcolumn 1 N	0	115.00
is yes, enter the method used (A, B, or E only) in column 2.	lf column 2	is "E", enter	in column		
3 either "93" percent for short term hospital or "98" percer					
psychiatric, rehabilitation and long term hospitals provider	rs) based on t	he definition	in CMS		
Pub.15-1, chapter 22, §2208.1.	-				
116.00 Is this facility classified as a referral center? Enter "Y"			N N		116.00
117.00 Is this facility legally-required to carry malpractice insur	rance? Enter "	Y" for yes or	"N" for Y		117.00
no. 118.00 Is the malpractice insurance a claims-made or occurrence pol	iov2 Entor 1	if the policy	is 2		118.00
claim-made. Enter 2 if the policy is occurrence.	icy? Enter i	IT the poincy	15 2		110.00
		Premi ums	Losses	Insurance	
		1.00	2.00	3.00	
118.01 List amounts of malpractice premiums and paid losses:		420, 7	41 5, 500	4 C	0118.01

ealth Financial Systems FRANCISCAN ST MAR	GARET-HAMMOND	In Lie	u of Form CM	5-2002-11
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15000	04 Period: From 01/01/2015	Worksheet S Part I	-2
		To 12/31/2015	Date/Time P	
			3/29/2016 1	1:37 am
		1.00	2.00	
118.02 Are malpractice premiums and paid losses reported in a cost of		N		118. 02
Administrative and General? If yes, submit supporting schedu and amounts contained therein.	ule listing cost center	rs		
119. OO DO NOT USE THIS LINE				119.00
20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold	•		N	120. 00
§3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qua				
Hold Harmless provision in ACA §3121 and applicable amendment		Cint		
Enter in column 2, "Y" for yes or "N" for no.				
21.00 Did this facility incur and report costs for high cost implar patients? Enter "Y" for yes or "N" for no.	ntable devices charged	to Y		121.00
Transplant Center Information				
25.00 Does this facility operate a transplant center? Enter "Y" for	r yes and "N" for no. I	f N		125.00
yes, enter certification date(s) (mm/dd/yyyy) below. 26.00 f this is a Medicare certified kidney transplant center, ent	ter the certification (	late		126.00
in column 1 and termination date, if applicable, in column 2.				120.00
27.00 If this is a Medicare certified heart transplant center, enter		ate		127.00
in column 1 and termination date, if applicable, in column 2. 28.00/If this is a Medicare certified liver transplant center, enter		ate		128.00
in column 1 and termination date, if applicable, in column 2.				120.00
29.00 If this is a Medicare certified lung transplant center, enter		te in		129.00
column 1 and termination date, if applicable, in column 2. 30.00 If this is a Medicare certified pancreas transplant center, e	enter the certification	,		130. 00
date in column 1 and termination date, if applicable, in colu				1.50.00
31.00 If this is a Medicare certified intestinal transplant center,		on		131.00
date in column 1 and termination date, if applicable, in colu 32.00 of this is a Medicare certified islet transplant center, enter		ate		132.00
in column 1 and termination date, if applicable, in column 2.				152.00
33.00 If this is a Medicare certified other transplant center, enter		ate		133.00
in column 1 and termination date, if applicable, in column 2. 34.00 If this is an organ procurement organization (OPO), enter the		1		134.00
and termination date, if applicable, in column 2.		•		134.00
Al I Provi ders			1	
40.00 Are there any related organization or home office costs as de chapter 10? Enter "Y" for yes or "N" for no in column 1. If y				140.00
are claimed, enter in column 2 the home office chain number.		5013		
1.00 2.00	I	3.00	<u> </u>	_
If this facility is part of a chain organization, enter on li home office and enter the home office contractor name and co		ne name and address	of the	
41.00 Name: FRANCISCAN ALLAINCE, INC Contractor's Name: WIS	CONSIN PHYSICIAN Contr	actor's Number: 0810	)1	111 00
42.00 Street: 1515 DRAGOON TRAIL PO Box:			/ 1	141.00
42.00 STIEEL. ISTS DRAGOON TRALE FO DOX.	VICES			141.00
43.00 City: MISHAWAKA State:	VICES	Code: 4654		141.00 142.00 143.00
43.00 City: MISHAWAKA State:		Code: 4654	6	142.00
	Zip (	Code: 4654	1.00	142.00 143.00
	Zip (		1.00 Y	142.00 143.00
44.00 Are provider based physicians' costs included in Worksheet A?	Zip (	1.00	1.00	142. 00 143. 00 144. 00
44.00 Are provider based physicians' costs included in Worksheet A7 45.00 If costs for renal services are claimed on Wkst. A, line 74,	Zip ( ? are the costs for	1.00 N	1.00 Y	142. 00 143. 00 144. 00
44.00 Are provider based physicians' costs included in Worksheet A?	Zip ( ? are the costs for column 1. If column 1 i	1.00 N	1.00 Y	142. 00 143. 00 144. 00
<ul> <li>44.00 Are provider based physicians' costs included in Worksheet A?</li> <li>45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in c no, does the dialysis facility include Medicare utilization 1 period? Enter "Y" for yes or "N" for no in column 2.</li> </ul>	Zip C ? are the costs for column 1. If column 1 i for this cost reporting	1.00 N 9	1.00 Y	142. 00 143. 00 144. 00 144. 00 145. 00
<ul> <li>44.00 Are provider based physicians' costs included in Worksheet Af</li> <li>45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in c no, does the dialysis facility include Medicare utilization f period? Enter "Y" for yes or "N" for no in column 2.</li> <li>46.00 Has the cost allocation methodology changed from the previous</li> </ul>	Zip C ? are the costs for column 1. If column 1 i for this cost reporting sly filed cost report?	1.00 N S J	1.00 Y	142. 00 143. 00 144. 00 144. 00 145. 00
<ul> <li>44.00 Are provider based physicians' costs included in Worksheet A?</li> <li>45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in c no, does the dialysis facility include Medicare utilization 1 period? Enter "Y" for yes or "N" for no in column 2.</li> </ul>	Zip C ? are the costs for column 1. If column 1 i for this cost reporting sly filed cost report?	1.00 N S J	1.00 Y	142. 00 143. 00 144. 00 144. 00 145. 00
<ul> <li>44.00 Are provider based physicians' costs included in Worksheet Af</li> <li>45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in c no, does the dialysis facility include Medicare utilization 1 period? Enter "Y" for yes or "N" for no in column 2.</li> <li>46.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15)</li> </ul>	Zip C ? are the costs for column 1. If column 1 i for this cost reporting sly filed cost report?	1.00 N S J	1.00 Y 2.00	142. 00 143. 00 144. 00 144. 00 145. 00
<ul> <li>44.00 Are provider based physicians' costs included in Worksheet A?</li> <li>45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in c no, does the dialysis facility include Medicare utilization 1 period? Enter "Y" for yes or "N" for no in column 2.</li> <li>46.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15 yes, enter the approval date (mm/dd/yyyy) in column 2.</li> </ul>	Zip ( Zip ( 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1.00 N S J	16 1.00 Y 2.00 1.00	142. 00 143. 00 144. 00 145. 00 146. 00
<ul> <li>44.00 Are provider based physicians' costs included in Worksheet A?</li> <li>45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in c no, does the dialysis facility include Medicare utilization 1 period? Enter "Y" for yes or "N" for no in column 2.</li> <li>46.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15 yes, enter the approval date (mm/dd/yyyy) in column 2.</li> <li>47.00 Was there a change in the statistical basis? Enter "Y" for yes</li> </ul>	Zip ( Zip ( ? are the costs for column 1. If column 1 i for this cost reporting sly filed cost report? 5-2, chapter 40, §4020) es or "N" for no.	1.00 N S J	1.00 Y 2.00	142. 00 143. 00 144. 00 145. 00 146. 00 146. 00
<ul> <li>44.00 Are provider based physicians' costs included in Worksheet A?</li> <li>45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in c no, does the dialysis facility include Medicare utilization 1 period? Enter "Y" for yes or "N" for no in column 2.</li> <li>46.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15 yes, enter the approval date (mm/dd/yyyy) in column 2.</li> <li>47.00 Was there a change in the statistical basis? Enter "Y" for yes and the order of allocation? Enter "Y" for yes or "N" for no in column 2.</li> </ul>	Zip C ? are the costs for column 1. If column 1 i for this cost reporting sly filed cost report? 5-2, chapter 40, §4020) es or "N" for no. yes or "N" for no. ter "Y" for yes or "N"	1.00 N S I N If	16 1.00 Y 2.00 1.00 N N N	142. 00 143. 00 144. 00 144. 00 145. 00 146. 00 146. 00 148. 00
<ul> <li>44.00 Are provider based physicians' costs included in Worksheet A?</li> <li>45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in c no, does the dialysis facility include Medicare utilization 1 period? Enter "Y" for yes or "N" for no in column 2.</li> <li>46.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15 yes, enter the approval date (mm/dd/yyyy) in column 2.</li> <li>47.00 Was there a change in the statistical basis? Enter "Y" for yes and the order of allocation? Enter "Y" for yes or "N" for no in column 2.</li> </ul>	Zip C Zip C 2 2 2 2 2 2 2 2 2 2 2 2 2	for no. B Title V	16 1.00 Y 2.00 1.00 N N N Ti tl e XIX	142. 00 143. 00 144. 00 144. 00 145. 00 146. 00 146. 00 148. 00
<ul> <li>44.00 Are provider based physicians' costs included in Worksheet A7</li> <li>45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in c no, does the dialysis facility include Medicare utilization 1 period? Enter "Y" for yes or "N" for no in column 2.</li> <li>46.00 Has the cost allocation methodol ogy changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15 yes, enter the approval date (mm/dd/yyyy) in column 2.</li> <li>47.00 Was there a change in the statistical basis? Enter "Y" for ye at the order of allocation? Enter "Y" for yes or "N" for no in column 2.</li> </ul>	Zip ( Zip ( 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	for no. B Title V 0 3.00	1.00 Y 2.00 N N N TitleXIX 4.00	142. 00 143. 00 144. 00 145. 00 146. 00 146. 00 147. 00 148. 00
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<ul> <li>44. 00 Are provider based physicians' costs included in Worksheet Affective and the services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in conduction of the dialysis facility include Medicare utilization for period? Enter "Y" for yes or "N" for no in column 2.</li> <li>46. 00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15 yes, enter the approval date (mm/dd/yyyy) in column 2.</li> <li>47. 00 Was there a change in the statistical basis? Enter "Y" for yes at the cost finding method? Enter "Y" for yes or allocation? Enter "Y" for yes are contained to the simplified cost finding method? Enter "Y" for yes or charges? Enter "Y" for yes or "N" for no for each component of the statistical basis?</li> </ul>	Zip C Zip C ? are the costs for column 1. If column 1 i for this cost reporting sly filed cost report? 5-2, chapter 40, §4020) es or "N" for no. yes or "N" for no. ter "Y" for yes or "N" Part A Part 1.00 2.00 exemption from the app nt for Part A and Part N N	1.00           N           S           J           N           S           J           N           S           J           N           S           J           N           S           J           N           S           Title V           D           J           N           S           Ication of the lowe           N           N	16 1.00 Y 2.00 1.00 N N N Title XIX 4.00 Pr of costs 3.13) N	142. 0 143. 0 144. 0 144. 0 145. 0 145. 0 146. 0 148. 0 148. 0 149. 0 149. 0 149. 0
<ul> <li>44. 00 Are provider based physicians' costs included in Worksheet A7</li> <li>45. 00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in cono, does the dialysis facility include Medicare utilization fperiod? Enter "Y" for yes or "N" for no in column 2.</li> <li>46. 00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15 yes, enter the approval date (mm/dd/yyyy) in column 2.</li> <li>47. 00 Was there a change in the statistical basis? Enter "Y" for yes 48. 00 Was there a change in the order of allocation? Enter "Y" for yes 00 Was there a change to the simplified cost finding method? Enter "O Was there a change to the simplified cost finding method? Enter "S" for an or charges? Enter "Y" for yes or "N" for no for each components.</li> <li>50. 00 Hospital</li> <li>56. 00 Subprovider - IPF</li> </ul>	Zip C Zip C ? column 1. If column 1 i for this cost reporting sly filed cost report? 5-2, chapter 40, §4020) es or "N" for no. yes or "N" for no. ter "Y" for yes or "N" Part A Part 1.00 2.00 exemption from the app nt for Part A and Part N N N	for no. B Title V O If I Cation of the lowe B. (See 42 CFR §413 N	16 1.00 Y 2.00 1.00 N N N Title XIX 4.00 er of costs 8.13) N N	142. 00 143. 00 144. 00 144. 00 145. 00 145. 00 148. 00 148. 00 149. 00 149. 00 149. 00 149. 00
<ul> <li>44. 00 Are provider based physicians' costs included in Worksheet A7</li> <li>45. 00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in cono, does the dialysis facility include Medicare utilization fperiod? Enter "Y" for yes or "N" for no in column 2.</li> <li>46. 00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15 yes, enter the approval date (mm/dd/yyyy) in column 2.</li> <li>47. 00 Was there a change in the statistical basis? Enter "Y" for yes 48. 00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no for each component of this facility contain a provider that qualifies for an or charges? Enter "Y" for yes or "N" for no for each component 55. 00 Hospital</li> <li>56. 00 Subprovider - IPF</li> <li>57. 00 Subprovider - IRF</li> </ul>	Zip C Zip C ? are the costs for column 1. If column 1 i for this cost reporting sly filed cost report? 5-2, chapter 40, §4020) es or "N" for no. yes or "N" for no. ter "Y" for yes or "N" Part A Part 1.00 2.00 exemption from the app nt for Part A and Part N N	1.00           N           S           J           N           S           J           N           S           J           N           S           J           N           S           J           N           S           Title V           D           J           N           S           Ication of the lowe           N           N	16 1.00 Y 2.00 1.00 N N N Title XIX 4.00 Pr of costs 3.13) N	142.00 143.00 144.00 144.00 145.00 146.00 146.00 149.00 149.00 155.00 156.00
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Health Financial Systems	FRANCI SCAN	ST MARGARET-HAMMOND			In Lie	u of Form CMS-	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	A Provider C	CN: 15000		1: 01/01/2015	Worksheet S-	2
					12/31/2015		enared
				10	12/ 31/ 2013	3/29/2016 11	
							_
Mul ti campus						1.00	
165.00 Is this hospital part of a Multica	ampus hospital that h	as one or more campus	sos in di	fferent (	BSAs2	N	165.00
Enter "Y" for yes or "N" for no.			363 111 01		DJK3:	11	105.00
	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						0.0	0 166. 00
campus enter the name in column							
0, county in column 1, state in							
column 2, zip code in column 3, CBSA in column 4, FTE/Campus in							
column 5 (see instructions)							
						1.00	-
Health Information Technology (HI	T) incentive in the A	merican Recovery and	Rei nves	tment Act			
167.00 Is this provider a meaningful user	r under §1886(n)? En	ter "Y" for yes or "N	N" for no	Э.		Y	167.00
168.00 If this provider is a CAH (line 10			167 is '	'Y"), ente	r the		0168.00
reasonable cost incurred for the l							
168.01 If this provider is a CAH and is I					dshi p		168. 01
exception under §413.70(a)(6)(ii)							
169.00 If this provider is a meaningful transition factor. (see instruction		) and is not a CAH (I	line 105	IS "N"),	enter the	0.2	5169.00
	5115)			B	egi nni ng	Endi ng	
					1.00	2.00	-
170.00 Enter in columns 1 and 2 the EHR I period respectively (mm/dd/yyyy)	beginning date and en	ding date for the rep	porting	09	/01/2015	11/29/2015	170.00
						1.00	
171.00 If line 167 is "Y", does this prov						N	171.00
Medicare cost plans reported on Wi	kst. S-3, Pt. I, line	2, col. 6? Enter "Y	" for yes	s and "N"	for no.		
(see instructions)							

PI T/	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUES	STI ONNAI RE	Provi der	CCN: 150004	Period: From 01/01/2015 To 12/31/2015	5 Date/Time Pr	epared
					Y/N	3/29/2016 11 Date	:37 an
					1.00	2.00	-
	General Instruction: Enter Y for all YES resp mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS Drawides Organization and Organization	oonses. Enter N for	all NO re	sponses. Ente			_
0	Provider Organization and Operation Has the provider changed ownership immediatel	v prior to the bec	unning of	the cost	N		1.
Ũ	reporting period? If yes, enter the date of t						
				Y/N	Date	V/I	_
0	Has the provider terminated participation in	the Medicare Progr	am2 lf	1.00 N	2.00	3.00	2.
	yes, enter in column 2 the date of terminatic voluntary or "I" for involuntary.						2.
0	Is the provider involved in business transact contracts, with individuals or entities (e.g. or medical supply companies) that are related officers, medical staff, management personnel of directors through ownership, control, or f	, chain home offic d to the provider c , or members of th	es, drug or its e board	N			3.
	relationships? (see instructions)			Y/N	Tupo	Data	_
				1.00	Type 2.00	Date 3.00	
	Financial Data and Reports						
	Column 1: Were the financial statements prep Accountant? Column 2: If yes, enter "A" for or "R" for Reviewed. Submit complete copy or column 3. (see instructions) If no, see instr	Audited, "C" for C enter date availab	ompiled,	Y	A		4.
	Are the cost report total expenses and total	revenues different		N			5.
	those on the filed financial statements? If y	<u>/es, submit reconci</u>	liation.		V /N	Legal Oper.	_
					Y/N 1.00	2. 00	
	Approved Educational Activities				1.00	2.00	
0	Column 1: Are costs claimed for nursing scho	ool? Column 2: If	yes, is th	e provider is	s Y	Y	6
~	the legal operator of the program?	) If "V" and instru	ationa		V		-
	Are costs claimed for Allied Health Programs? Were nursing school and/or allied health proc			during the	Y		7
	cost reporting period? If yes, see instruction	ons.		0			
0	Are costs claimed for Interns and Residents i		luate medic	al education	Y		9.
00	program in the current cost report? If yes, s Was an approved Intern and Resident GME progr		nowed in t	bo curront	N		10.
00	cost reporting period? If yes, see instruction			ne cuirent	IN		10.
00	Are GME cost directly assigned to cost center		lin an App	roved	N		11.
	Teaching Program on Worksheet A? If yes, see	instructions.				Y/N	
						1.00	
	Bad Debts					1	
	Is the provider seeking reimbursement for bac					Y	12.
00	If line 12 is yes, did the provider's bad deb period? If yes, submit copy.	ot collection polic	cy change c	luring this co	ost reporting	N	13.
00	If line 12 is yes, were patient deductibles a	and/or co-payments	waived? If	ves, see ins	structions.	N	14.
	Bed Complement			<b>3</b> ·			
00	Did total beds available change from the pric	or cost reporting p	eriod? If	r ·		Y	15
		Descriptio	n	Y/N	art A Date	Part B Y/N	
		0		1.00	2.00	3.00	
	PS&R Data				1		
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			N		N	16.
00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is			Y	04/08/2015	Y	17.
	yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments			N		N	18.
	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.						
	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			N		N	19.
	instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe			N		N	20.

Heal th	Financial Systems FR	RANCISCAN ST MA	ARGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STI ONNAI RE	Provi der		eriod:	Worksheet S-2	
					rom 01/01/2015 o 12/31/2015	Part II Date/Time Pre	nared
						3/29/2016 11:	37 am
		_			rt A	Part B	
			iption O	Y/N 1.00	Date 2.00	Y/N 3.00	
21 00	Was the cost report prepared only using the		0	N 1.00	2.00	S. 00	21.00
21.00	provider's records? If yes, see					iv	21.00
	instructions.						
						1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPIT		DT CULLDENS U			1.00	
	Capital Related Cost	ALS ONET (EAGE		03111723)			
22.00	Have assets been relifed for Medicare purpose	es? If yes, see	e instructions				22.00
23.00	Have changes occurred in the Medicare depreci	ation expense	due to apprais	als made durin	g the cost		23.00
24.00	reporting period? If yes, see instructions. Were new leases and/or amendments to existing	Loncoc optor	d into during	this cost rong	rting pariod2		24.00
24.00	If yes, see instructions	g reases entere	eu mito dui mg	this cost repu	i tring periou?		24.00
25.00	Have there been new capitalized leases entere	ed into during	the cost repor	ting period? I	f yes, see		25.00
	instructions.						
26.00	Were assets subject to Sec.2314 of DEFRA acquinstructions.	uired during th	ne cost reporti	ng period? If	yes, see		26.00
27.00	Has the provider's capitalization policy char	naed durina the	e cost reportin	a period? If v	es. submit		27.00
	сору.						
~~ ~~	Interest Expense						
28.00	Were new loans, mortgage agreements or letter period? If yes, see instructions.	rs of credit er	ntered into dur	ing the cost r	eporting		28.00
29.00	Did the provider have a funded depreciation a	account and/or	bond funds (De	bt Service Res	erve Fund)		29.00
	treated as a funded depreciation account? If	yes, see instr	ructions		, ,		
30.00	Has existing debt been replaced prior to its	scheduled matu	urity with new	debt? If yes,	see		30.00
31.00	instructions. Has debt been recalled before scheduled matur	rity without is	ssuance of new	deht? If ves	SAA		31.00
01.00	instructions.	i ty without is		debt. IT jes,	300		01.00
	Purchased Services						
32.00	Have changes or new agreements occurred in pa			d through cont	ractual		32.00
33 00	arrangements with suppliers of services? If y If line 32 is yes, were the requirements of S			a to competiti	ve hidding? lf		33.00
00.00	no, see instructions.	2100. 2 up		ig to competiti	ve bruuring. Ti		00.00
	Provi der-Based Physi ci ans						
34.00	Are services furnished at the provider facili	ty under an ar	rrangement with	i provi der-base	d physi ci ans?		34.00
35 00	If yes, see instructions. If line 34 is yes, were there new agreements	or amended exi	sting agreemen	uts with the pr	ovi der-based		35.00
	physicians during the cost reporting period?						
					Y/N	Date	
	Home Office Costs				1.00	2.00	
36.00	Were home office costs claimed on the cost re	port?					36.00
	If line 36 is yes, has a home office cost sta		repared by the	home office?			37.00
	lf yes, see instructions.						
38.00	If line 36 is yes, was the fiscal year end of the provider? If yes, enter in column 2 the 1						38.00
39.00	If line 36 is yes, did the provider render se						39.00
	see instructions.			<b>J</b>			
40.00	If line 36 is yes, did the provider render se	ervices to the	home office?	lf yes, see			40.00
	instructions.						
			1.	00	2.	00	
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title		HONG		YANG		41.00
	held by the cost report preparer in columns respectively.	I, 2, and 3,					
42.00	Enter the employer/company name of the cost r	report	FSM - HAMMOND				42.00
	preparer.						
43.00	Enter the telephone number and email address		219-932-2300	EXT 33175	HONG. YANG@FRAN	CI SCANALLI ANCE	43.00
	report preparer in columns 1 and 2, respectiv	ver y.			. ORG		

)SPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STI ONNAI RE	Provi der	CCN: 15000	F	Period: From 01/01/2015 Fo 12/31/2015	Worksheet S- Part II Date/Time Pr 3/29/2016 11	epared
		Part B Date 4.00						
	PS&R Data			-				
	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 . (see							16.
7.00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/08/2015						17. (
	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							18.
	this cost report? If yes, see instructions. 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.							19.
	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:							20.
	Was the cost report prepared only using the provider's records? If yes, see instructions.							21.
		-	3	00		-		
	Cost Report Preparer Contact Information							
1.00	Enter the first name, last name and the title held by the cost report preparer in columns ' respectively.		EGIONAL DIREC	TOR				41.
2.00	Enter the employer/company name of the cost r	report						42.
3. 00	preparer. Enter the telephone number and email address report preparer in columns 1 and 2, respectiv							43.

HOSPI T	Financial Systems FR AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.			F-HAMMOND Provi der	CCN: 150004		ri od:	Worksheet S-3	2552-10
						Fro To	om 01/01/2015 12/31/2015	Part I Date/Time Prep 3/29/2016 11:3	
								I/P Days / O/P	57 all
	Component	Worksheet A Line Number	No.	of Beds	Bed Days Available		CAH Hours	<u>Visits / Trips</u> Title V	
		1.00		2.00	3.00	_	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00		171	62, 41	15	4.00	0.00	1.00
1.00	8 exclude Swing Bed, Observation Bed and	00.00		.,.	02, 1		0.00	0	1.00
	Hospice days) (see instructions for col. 2								
	for the portion of LDP room available beds)								
2.00	HMO and other (see instructions)								2.00
3.00	HMO I PF Subprovider								3.00
4.00	HMO I RF Subprovi der								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			171	62, 41	15	0.00	0	7.00
7.00	beds) (see instructions)			.,.	02,11		0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00		20	7, 30	20	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00		0	,,	0	0,00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	02.00		0		Ŭ	0.00	0	10.00
11.00	SURGI CAL I NTENSI VE CARE UNI T								11.00
12.00	NEWBORN INTENSIVE CARE UNIT	35.00		0		0	0.00	0	12.00
13.00	NURSERY	43.00		0		Ŭ	0.00	0	12.00
14.00	Total (see instructions)	45.00		191	69, 71	15	0.00	0	14.00
15.00	CAH visits			171	07,7		0.00	0	15.00
16.00	SUBPROVIDER - IPF	40.00		46	16, 79	20		0	16.00
17.00	SUBPROVIDER - IRF	10.00		10	10,77	/0		0	17.00
18.00	SUBPROVI DER								18.00
19.00	SKILLED NURSING FACILITY	44.00		0		0		0	19.00
20.00	NURSING FACILITY	45.00		0		õ		0	20.00
21.00	OTHER LONG TERM CARE	10.00		0		Ŭ		0	21.00
22.00	HOME HEALTH AGENCY	101.00						0	22.00
23.00	AMBULATORY SURGICAL CENTER (D. P. )	101.00						0	23.00
24.00	HOSPI CE								24.00
24.10	HOSPICE (non-distinct part)	30, 00							24.10
25.00	CMHC - CMHC	99.00						0	25.00
25.10	CMHC - CORF	99, 10						0	25.10
26.00	RURAL HEALTH CLINIC	88.00						0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00						0	26.25
27.00	Total (sum of lines 14-26)	07.00		237				0	27.00
28.00	Observation Bed Days			207				0	28.00
29.00	Ambul ance Trips							0	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
32.00	Total ancillary labor & delivery room			0		Ŭ			32.00
52.01	outpatient days (see instructions)								52.01
33.00	LTCH non-covered days								33.00

OSPI <sup>-</sup>	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	F	Period: From 01/01/2015 Fo 12/31/2015		pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2	12, 459	5, 732	24, 167	,		1.0
00	for the portion of LDP room available beds)	2 025	0				1 2 0
. 00	HMO and other (see instructions)	2, 925	0				2.0
. 00	HMO IPF Subprovider	218	0				3.0
. 00	HMO IRF Subprovider	0	0	_			4.0
. 00	Hospital Adults & Peds. Swing Bed SNF	0	0	C	)		5.0
. 00	Hospital Adults & Peds. Swing Bed NF		0	C	)		6.0
. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	12, 459	5, 732	24, 167			7.0
. 00	INTENSIVE CARE UNIT	1, 770	880	3, 712			8.0
. 00	CORONARY CARE UNIT	0	000	5, 712			9.0
0.00	BURN INTENSIVE CARE UNIT	0	0	L.			10.0
1.00	SURGICAL INTENSIVE CARE UNIT			0			11.0
2.00	NEWBORN INTENSIVE CARE UNIT	0	0	0			12.0
3.00	NURSERY	11.000	52	220		050.00	13.0
4.00	Total (see instructions)	14, 229	6, 664	28, 099	5.09	859.98	
5.00	CAH visits	0	0				15.0
6.00	SUBPROVIDER - IPF	1, 145	3, 763	9, 358	0.00	46.26	
7.00	SUBPROVIDER - IRF						17.0
8.00	SUBPROVIDER			_			18. (
9.00	SKILLED NURSING FACILITY	0	0	C	01.00		
0. 00	NURSING FACILITY		0	C	0.00	0.00	
1. 00	OTHER LONG TERM CARE						21.0
2.00	HOME HEALTH AGENCY	10, 746	816	18, 170	0.00	31.37	
3.00	AMBULATORY SURGICAL CENTER (D. P.)						23.0
4. 00	HOSPICE						24. (
1. 10	HOSPICE (non-distinct part)	0	0	C	)		24.
5.00	CMHC - CMHC	0	0	C	0.00		
5. 10	CMHC - CORF	0	0	C	0.00	0.00	25.
5.00	RURAL HEALTH CLINIC	0	0	C	0.00	0.00	26.0
6. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	0.00	0.00	26.2
7.00	Total (sum of lines 14-26)				5.09	937.61	27.0
8.00	Observation Bed Days		1, 684	5, 256			28.0
9.00	Ambul ance Trips	0					29.0
0. 00	Employee discount days (see instruction)			C	)		30. (
1.00	Employee discount days - IRF			C	)		31.0
2.00	Labor & delivery days (see instructions)	0	19	21	1		32.0
2.00	Total ancillary labor & delivery room			0			32.0
	outpatient days (see instructions)						
3.00	LTCH non-covered days	0					33.

HOSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part I Date/Time Pre 3/29/2016 11:	pared:
		Full Time Equivalents		Dis			
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers	12.00	12.00	14.00	Patients	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	11.00	12.00	13.00 2,5	14.00 79 1,014	<u>15.00</u> 5,063	1.00
2.00	8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)		0		66 0	5,003	2.00
3.00	HMO I PF Subprovider				0		3.00
4.00	HMO I RF Subprovi der				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00 7.00
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	SURGI CAL I NTENSI VE CARE UNI T						11.00
12.00	NEWBORN INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2, 5	79 1, 014	5, 063	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	2	13 741	1, 959	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D. P. )						23.00
24.00 24.10	HOSPICE						24.00 24.10
24.10	HOSPICE (non-distinct part) CMHC - CMHC	0.00					24.10
25.00	CMHC - CORF	0.00					25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambul ance 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						33.0

	Financial Systems AL WAGE INDEX INFORMATION			RGARET-HAMMOND Provider	CCN: 150004 P	eriod: rom 01/01/2015	Worksheet S-3 Part II Date/Time Pre 3/29/2016 11:	pare
		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Sal ari es (col.2 ± col. 3)		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
0	Total salaries (see	200. 00	59, 218, 401	0	59, 218, 401	1, 825, 549. 00	32.44	1.
0	instructions) Non-physician anesthetist Part		0	0	0	0.00	0.00	2
	A			-	-			
0	Non-physician anesthetist Part B		0	0	0	0.00	0.00	) 3
0	Physician-Part A - Administrative		0	0	0	0.00	0.00	4
1	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4
0	Physician-Part B		0	0	0	0.00	0.00	5
0	Non-physician-Part B		0	0	0	0.00	0.00	6
0	Interns & residents (in an	21.00	0	0	0	0.00	0.00	0 7
1	approved program) Contracted interns and residents (in an approved		C	0	0	0.00	0.00	7
0	programs) Home office personnel		0	0	0	0.00	0.00	8 (
	SNF	44.00	0	0	0	0.00		
	Excluded area salaries (see		6, 604, 265	146, 458	6, 750, 723	124, 677. 89		
	instructions) OTHER WAGES & RELATED COSTS							-
	Contract Labor: Direct Patient		1, 167, 534	0	1, 167, 534	20, 427. 10	57.16	11
00	Care		0	0	0	0.00	0.00	12
00	Contract labor: Top level management and other		U		0	0.00	0.00	12
	management and administrative services							
00	Contract Labor: Physician-Part		487, 792	0	487, 792	3, 648. 00	133. 71	13
00	A - Administrative Home office salaries &		9, 108, 413	0	9, 108, 413	152, 939. 00	59.56	14
	wage-related costs							
00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15
00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16
	WAGE-RELATED COSTS							
00	Wage-related costs (core) (see		18, 472, 785	0	18, 472, 785			17
00	instructions) Wage-related costs (other)		0	0	0			18
00	(see instructions) Excluded areas		1, 800, 732	0	1, 800, 732			19
	Non-physician anesthetist Part		1, 000, 732					20
00	A Non-physician anesthetist Part		O	0	0			21
	B Physician Part A -		O	0	0			22
	Admi ni strati ve				_			
	Physician Part A - Teaching Physician Part B		0	-				22
	Wage-related costs (RHC/FQHC)		0	-	-			23
	Interns & residents (in an		0	-				25
	approved program)							
	OVERHEAD COSTS - DIRECT SALARIE					0.00		
	Employee Benefits Department Administrative & General	4.00 5.00	1, 116, 782 3 138 454					
	Administrative & General under	5.00	3, 138, 454 0	0		0.00		
	contract (see inst.)		-		-			
	Maintenance & Repairs	6.00	1, 647, 177			0.00		
	Operation of Plant Laundry & Linen Service	7.00	328, 052	0				
	Housekeeping	8.00 9.00	1, 455, 553	-		0.00 0.00		
	Housekeeping under contract	7.00	., 100, 000	0	0	0.00		
	(see instructions)							
	Dietary	10. 00	931, 050	-589, 086	341, 964			
00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35
	Cafeteri a	11.00	0	589, 086	589, 086			
	Maintenance of Personnel	12.00	0	0	0	0.00		
	Nursing Administration	13.00	3, 356, 022	0	3, 356, 022	0.00	0.00	)  38
	Central Services and Supply	14.00	232, 567	0	232, 567	0.00	0.00	

Health Financial Systems	FR	ANCISCAN ST MA	ARGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provi der	CCN: 150004 F	Period:	Worksheet S-3	
					rom 01/01/2015		
				[]	To 12/31/2015		
						3/29/2016 11:	
	Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
			(from	(col.2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00 Medical Records & Medical	16.00	222, 151	0	222, 151	0.00	0.00	41.00
Records Library							
42.00 Social Service	17.00	C	0	(	0.00	0.00	42.00
43.00 Other General Service	18.00	C	0	(	0.00	0.00	43.00

Health Financial Systems	FR	ANCISCAN ST MA	RGARET-HAMMOND		In Lieu of Form CMS-2552-10			
HOSPITAL WAGE INDEX INFORMATION			Provi der		Period: From 01/01/2015	Worksheet S-3 Part III		
					To 12/31/2015			
	Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly		
	Line Number		on of Salaries			Wage (col. 4 ÷		
		·	(from	(col.2 ± col.		col. 5)		
			Worksheet A-6)	3)	col. 4			
	1.00	2.00	3.00	4.00	5.00	6.00		
PART III - HOSPITAL WAGE INDEX	SUMMARY							
1.00 Net salaries (see		59, 218, 401	0	59, 218, 40	1 1, 825, 549. 00	32.44	1.00	
instructions)								
2.00 Excluded area salaries (see		6, 604, 265	146, 458	6, 750, 72	3 124, 677. 89	54. 15	2.00	
instructions)								
3.00 Subtotal salaries (line 1		52, 614, 136	-146, 458	52, 467, 67	8 1, 700, 871. 11	30.85	3.00	
minus line 2)								
4.00 Subtotal other wages & related		10, 763, 739	0	10, 763, 73	9 177, 014. 10	60. 81	4.00	
costs (see inst.)		40 470 705		10 170 70		05.04		
5.00 Subtotal wage-related costs		18, 472, 785	0	18, 472, 78	5 0.00	35. 21	5.00	
(see inst.)		01 050 (/0	14/ 450	01 704 00	0 1 077 005 01	40 51	( 00	
6.00 Total (sum of lines 3 thru 5)		81, 850, 660					6.00	
7.00 Total overhead cost (see		14, 923, 241	-667, 455	14, 255, 78	6 0.00	0.00	7.00	
instructions)								

	Financial Systems FRANCISCAN ST MAI	RGARET-HAMMOND Provider CCN: 150004	Peri od:	u of Form CMS-2 Worksheet S-3	
03511	AL WAGE RELATED COSTS	FTOVIDET CCN. 150004	From 01/01/2015	Part IV	
			To 12/31/2015	Date/Time Prep 3/29/2016 11:3	
		· · · ·		Amount	
				Reported	
				1.00	
	PART IV - WAGE RELATED COSTS				
	Part A - Core List				
	RETIREMENT COST				
. 00	401K Employer Contributions			711, 475	1.
. 00	Tax Sheltered Annuity (TSA) Employer Contribution			0	2.
. 00	Nonqualified Defined Benefit Plan Cost (see instructions)			0	3.
. 00	Qualified Defined Benefit Plan Cost (see instructions)			4, 166, 120	4.
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
00	401K/TSA Plan Administration fees			0	5.
00	Legal/Accounting/Management Fees-Pension Plan			0	6.
00	Employee Managed Care Program Administration Fees			0	7.
	HEALTH AND INSURANCE COST				
00	Health Insurance (Purchased or Self Funded)			8, 333, 874	
00	Prescription Drug Plan			0	
). 00	Dental, Hearing and Vision Plan			-8, 475	10.
. 00	Life Insurance (If employee is owner or beneficiary)			-1, 564	11.
2. 00	Accident Insurance (If employee is owner or beneficiary)			0	12
3.00	Disability Insurance (If employee is owner or beneficiary)			143, 690	13.
l. 00	Long-Term Care Insurance (If employee is owner or beneficia	iry)		0	14.
5.00	'Workers' Compensation Insurance			1, 998, 677	15.
5.00	Retirement Health Care Cost (Only current year, not the ext	raordinary accrual requir	ed by FASB 106.	0	16.
	Non cumulative portion)		-		
	TAXES				
7.00	FICA-Employers Portion Only			4, 748, 355	17.
3. 00	Medicare Taxes - Employers Portion Only			0	
	Unemployment Insurance			89, 593	19.
0. 00	State or Federal Unemployment Taxes			0	20.
	OTHER				
1.00	Executive Deferred Compensation (Other Than Retirement Cost instructions))	Reported on lines 1 thro	ugh 4 above. (see	0	21.
2.00	Day Care Cost and Allowances			0	22.
3.00	Tuition Reimbursement			91, 279	23.
4.00	Total Wage Related cost (Sum of lines 1 -23)			20, 273, 024	
	Part B - Other than Core Related Cost				
: 00	OTHER WAGE RELATED COSTS (SPECIFY)			0	25.

Health Financial Systems	FRANCISCAN ST MARGARET-HAMMOND	In Lieu	u of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150004	Peri od:	Worksheet S-3	
		From 01/01/2015	Part V	
		To 12/31/2015	Date/Time Pre	
Cost Center Description		Contract Labor	3/29/2016 11: Benefit Cost	37 am
cost center bescription		1.00	2.00	
PART V - Contract Labor and Benefit Cos	+	1.00	2.00	
Hospital and Hospital -Based Component I				
1.00 Total facility's contract labor and ben		0	0	1.00
3		0	0	2.00
2.00 Hospital 3.00 Subprovider - IPF		0	0	
4.00 Subprovider - TPF		0	0	4.00
5.00 Subprovider - (Other)		0	0	5.00
6.00 Swing Beds - SNF		0	0	
7.00 Swing Beds - NF		0	0	7.00
8.00 Hospital - Based SNF		0	0	8.00
9.00 Hospital -Based NF		0	0	9,00
10.00 Hospi tal -Based OLTC		0	0	10.00
11.00 Hospi tal -Based HHA		0	0	
12.00 Separately Certified ASC		0	0	12.00
13. 00 Hospi tal -Based Hospi ce				13.00
14.00 Hospital -Based Health Clinic RHC		0	0	
15. 00 Hospital -Based Health Clinic FQHC		0	0	15.00
16.00 Hospi tal -Based-CMHC		0	0	
16. 10 Hospi tal -Based-CMHC 10		0	0	
17. 00 Renal Dialysis		0	0	17.00
18.00 Other		0	0	
		I O	0	1 10.00

		RANCISCAN ST MA				eu of Form CMS-	
HOME F	EALTH AGENCY STATISTICAL DATA				Period: From 01/01/2015 To 12/31/2015		pared:
					Home Health	PPS	<u> </u>
					Agency I		
0.00	County			_	1.	00	0.00
0.00	leounty	Title V	Title XVIII	Title XIX	Other	Total	0.00
	HOME HEALTH AGENCY STATISTICAL DATA	1.00	2.00	3.00	4.00	5.00	
1.00	Home Health Aide Hours	0	1, 905	42	.9 1, 244	3, 578	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	667.00		00 400.00 ployees (Full Ti		2.00
					broyees (run n		
		Enter the numb	er of hours in	Staff	Contract	Total	
		your normal	work week				
			0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES			1		1	
3.00 4.00	Administrator and Assistant Administrator(s) Director(s) and Assistant Director(s)		0.00	11.8 0.0			
5.00	Other Administrative Personnel			0.0	0.00		5.00
6.00 7.00	Direct Nursing Service Nursing Supervisor			13. C 0. C			
8.00	Physical Therapy Service			4.3			
9.00 10.00	Physical Therapy Supervisor Occupational Therapy Service			0. C 0. 3			
11.00	Occupational Therapy Supervisor			0.3			
12.00	Speech Pathol ogy Servi ce			0.0			•
13.00 14.00	Speech Pathology Supervisor Medical Social Service			0.0			
15.00	Medical Social Service Supervisor			0.0			
16. 00 17. 00	Home Health Aide Home Health Aide Supervisor			1.7 0.0			
18.00	Other (specify)	1		0.0			
19.00	HOME HEALTH AGENCY CBSA CODES Enter in column 1 the number of CBSAs where				2		19.00
17100	you provided services during the cost						
20.00	reporting period. List those CBSA code(s) in column 1 serviced			23844			20.00
	during this cost reporting period (line 20						
20. 01	contains the first code).			16974			20.01
			oi sodes				
		Without Outliers	With Outliers	LUPA EDI SODE	s PEP Only Epi sodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
21.00	PPS ACTIVITY DATA Skilled Nursing Visits	5, 391	273	35	63	6, 079	21.00
22.00	Skilled Nursing Visit Charges	1, 175, 238					
23.00 24.00	Physical Therapy Visits Physical Therapy Visit Charges	2, 793 607, 566		1	2 49 76 10, 682		1
25.00	Occupational Therapy Visits	377			1 9	396	•
26.00 27.00	Occupational Therapy Visit Charges Speech Pathology Visits	82, 186	1, 962 0	21	8 1,962 1 0	86, 328	
28.00	Speech Pathology Visit Charges	6, 758		21		-,	•
29.00 30.00	Medical Social Service Visits Medical Social Service Visit Charges	16 4, 512			0 0 0 0	16 4, 512	•
31.00	Home Health Aide Visits	1, 191	102		4 25	1, 322	31.00
32.00 33.00	Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27,	157, 212 9, 799					
	29, and 31)						
34.00 35.00	Other Charges Total Charges (sum of lines 22, 24, 26, 28,	2, 033, 472	0 80, 826	84, 67	0 0 76 29,678	0 2, 228, 652	
	30, 32, and 34)						
36.00	Total Number of Episodes (standard/non outlier)	643		13	6 0	779	36.00
37.00	Total Number of Outlier Episodes		11	1	11		
38. UU	Total Non-Routine Medical Supply Charges	77,680	4, 756	11, 36	994	94, 797	38.00

Heal th	Financial Systems	FRANCI SCAN ST MARGARE	T-HAMMOND		In Li€	eu of Form CMS	-2552-10
	AL UNCOMPENSATED AND INDIGENT CARE DATA				Peri od:	Worksheet S-	
					From 01/01/2015		
					To 12/31/2015		
						3/29/2016 11	:3/am
						1.00	
	Uncompensated and indigent care cost compu	itation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I		ded by Lir	ne 202 column	8)	0. 25063	1.00
1.00	Medicaid (see instructions for each line)		ded by III		0)	0.23003	1.00
2.00	Net revenue from Medicaid					8, 180, 87	4 2.00
3.00	Did you receive DSH or supplemental paymen	nts from Medicaid?				Y	3.00
4.00	If line 3 is "yes", does line 2 include al		navments 1	From Medicaid	7	N.	4.00
5.00	If line 4 is "no", then enter DSH or suppl				•	19, 182, 01	
6.00	Medi cai d charges	emeritar paymentes from	Medi edi u			111, 584, 53	
7.00	Medicaid cost (line 1 times line 6)					27, 966, 43	
8.00	Difference between net revenue and costs	for Medicaid program (I	ine 7 minu	us sum of lin	es 2 and 5 <sup>.</sup> if	603, 54	
0100	< zero then enter zero)					000701	
	State Children's Health Insurance Program	(SCHIP) (see instructi	ons for ea	ach line)		I	
9.00	Net revenue from stand-alone SCHIP			,			9,00
10.00	Stand-alone SCHIP charges						10.00
	Stand-alone SCHIP cost (line 1 times line	10)					0 11.00
	Difference between net revenue and costs t		line 11 mi	nus line 9;	if < zero then		12.00
	enter zero)						
	Other state or local government indigent of	care program (see instr	uctions fo	or each line)		•	
13.00	Net revenue from state or local indigent of	care program (Not inclu	uded on lir	nes 2, 5 or 9	)		13.00
14.00	Charges for patients covered under state of	or local indigent care	program (N	Not included	in lines 6 or		0 14.00
	10)						
15.00	State or local indigent care program cost						15.00
16.00	Difference between net revenue and costs i	for state or local indi	gent care	program (lin	e 15 minus line		16.00
	13; if < zero then enter zero)						
	Uncompensated care (see instructions for e						
	Private grants, donations, or endowment in						0 17.00
	Government grants, appropriations or trans				<i>.</i>		0 18.00
19.00	Total unreimbursed cost for Medicaid, SCI	HIP and state and local	i ndi gent	care program	s (sum of lines	603, 54	7 19.00
	8, 12 and 16)			Uni nsured	Insured	Total (col. 1	
				patients	patients	+ col . 2)	
			ł	1.00	2.00	3.00	
20.00	Total initial obligation of patients appro	oved for charity care (	at full	16, 408, 90			20 00
20100	charges excluding non-reimbursable cost co			107 1007 70	10, 110, 100	20,001,00	20100
21.00	Cost of initial obligation of patients app			4, 112, 56	3 2, 625, 575	6, 738, 13	3 21.00
	times line 20)	5	`				
22.00	Partial payment by patients approved for a	charity care		94,80	0 880, 300	975, 10	22.00
	Cost of charity care (line 21 minus line 2			4, 017, 76	3 1, 745, 275	5, 763, 03	3 23.00
						1.00	
24.00	Does the amount in line 20 column 2 includ	de charges for patient	days beyor	nd a Length o	f stay limit		24.00
	imposed on patients covered by Medicaid or						
	If line 24 is "yes," charges for patient			ogram's lengt	n of stay limit		25.00
26.00	Total bad debt expense for the entire hosp	oital complex (see inst	ructions)			4, 770, 79	26.00
	Medicare bad debts for the entire hospital					1, 308, 97	
	Non-Medicare and non-reimbursable Medicare					3, 461, 82	
	Cost of non-Medicare and non-reimbursable		ense (line	1 times line	28)	867, 63	
	Cost of uncompensated care (line 23 column					6, 630, 67	
31.00	Total unreimbursed and uncompensated care	cost (line 19 plus lir	ne 30)			7, 234, 22	1  31.00

LASSI	IFICATION AND ADJUSTMENTS OF TRIAL BALANCE (	OF EXPENSES	Provi der		Period: From 01/01/2015	Worksheet A	
					To 12/31/2015	Date/Time Pre 3/29/2016 11:	pare 37 a
	Cost Center Description	Sal ari es	Other	Total (col. + col. 2)	1 Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +-	
		1.00	2.00	3.00	4.00	<u>col. 4)</u> 5.00	
G	ENERAL SERVICE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
0 0	00100 CAP REL COSTS-BLDG & FIXT		8, 135, 710	8, 135, 71	0 -3, 758, 752	4, 376, 958	1.
	00200 CAP REL COSTS-MVBLE EQUIP		0		0 3, 969, 446	3, 969, 446	2.
	00300 OTHER CAP REL COSTS	1 11/ 700	17 740 540	10 050 00	0 0	0	3.
	0400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS	1, 116, 782 270, 683	17, 742, 542 594, 013			18, 854, 236 864, 696	4. 5.
	0550 DATA PROCESSI NG	5, 174	-18, 105, 823			-18, 100, 649	5.
	00560 PURCHASING RECEIVING AND STORES	0	465, 738			465, 738	
	00570 ADMI TTI NG	0	682, 943	682, 94	3 0	682, 943	5.
	00590 OTHER ADMINISTRATIVE AND GENERAL	2, 862, 597	10, 524, 996			14, 602, 998	
	00600 MAINTENANCE & REPAIRS	1, 647, 177	2, 880, 521			4, 527, 698	6
	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	328, 052	3, 591, 981 351, 229			3, 920, 033 351, 229	7.
	00900 HOUSEKEEPING	1, 455, 553	375, 313			1, 830, 866	9
	1000 DI ETARY	931, 050	730, 813			610, 383	
	01100 CAFETERI A	0	0		0 1, 051, 480	1, 051, 480	
	1300 NURSI NG ADMI NI STRATI ON	3, 356, 022	237, 357			3, 593, 064	
	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	232, 567 2, 495, 433	771, 023 20, 397, 303			741, 857 5, 378, 309	
	1600 MEDICAL RECORDS & LIBRARY	2, 495, 433	20, 397, 303			3, 619, 945	
	1700 SOCIAL SERVICE	0	0, 377, 774	5,017,74	0 0	0,017,745	17
	2200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,604	2,60	4 350, 093	352, 697	22
	2300 PARAMED ED PRGM-(SPECIFY)	0	0		0 0	0	23
	2301 PARAMED ED PRGM - LAB	73, 671	13, 065			255, 713	
	)2302 PARAMED ED PRGM - RADIOLOGY )2303 PARAMED ED PRGM - RESP THER	70, 153	321 819			70, 429	
	12303 PARAMED ED PRGM - RESP THER 12304 PARAMED ED PRGM-PHARMACY	66, 119 414, 405	16, 034			66, 970 577, 231	
	NPATIENT ROUTINE SERVICE COST CENTERS	414,403	10,034	1 430, 43	140,772	577,251	20
	3000 ADULTS & PEDI ATRI CS	13, 394, 934	1, 976, 364	15, 371, 29	8 -1, 524, 836	13, 846, 462	30
	3100 INTENSIVE CARE UNIT	2, 495, 145	318, 877	2, 814, 02	2 -120, 392	2, 693, 630	
	2060 CORONARY CARE UNIT	0	0	)	0 0	0	32
	2040 NEWBORN I NTENSI VE CARE UNI T	2 727 050	14 440 020	10 205 00	0 0	10, 205, 0(2)	35
	14000 SUBPROVI DER – I PF 14300 NURSERY	2, 727, 950	16, 668, 038 0		8 -926 0 672, 570	19, 395, 062 672, 570	
	04400 SKILLED NURSING FACILITY	0	0		0 0/2, 3/0	0/2, 3/0	44
00 0	04500 NURSING FACILITY	0	0		0 0	0	
	NCI LLARY SERVI CE COST CENTERS	1 1					
		844, 594	3, 125, 806			2, 216, 989 258, 393	
	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY	96, 758 888, 306	245, 265 291, 448			258, 393	
	5100 RECOVERY ROOM	274, 315	13, 588			283, 637	
00 0	5300 ANESTHESI OLOGY	57, 287	3, 012, 378			3, 008, 320	
	05400 RADI OLOGY-DI AGNOSTI C	1, 171, 739	250, 365			1, 386, 605	
	05401 RADI OLOGY SPECI AL PROCEDURES	711, 308	672, 869			938, 470	
	15402 ULTRASOUND 15500 RADI OLOGY-THERAPEUTI C	357, 537	102, 086	459, 62	3 -67, 955	391, 668 0	54 55
	05501 COMPUTED TOMOGRAPHY	442, 693	399, 747	842, 44	0 -25, 810	816, 630	
	05700 CT SCAN	0	0		0 0	0	57
00 0	95800 MRI	0	0		0 0	0	58
	05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	
	06000 LABORATORY	0	7, 098, 550	7, 098, 55	0 -168, 977	6, 929, 573	
	06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	0 503, 745	503, 74	0 0 5 694, 705	0 1, 198, 450	
	06301 NUCLEAR MEDICINE	224, 990	318, 041			558, 261	
	06500 RESPI RATORY THERAPY	1, 249, 064	397,044			1, 779, 048	
00 0	06600 PHYSI CAL THERAPY	1, 608, 247	1, 263, 522			2, 615, 321	66
	06700 OCCUPATI ONAL THERAPY	456, 802	45, 185			512, 521	67
	06800 SPEECH PATHOLOGY	249, 054	74, 239			306, 154	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	328, 435 241, 062	389, 553 33, 349			716, 535 272, 768	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	241,082	53, 349 N		0 2, 471, 644	2, 471, 644	
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 2, 651, 207	2, 651, 207	
	7300 DRUGS CHARGED TO PATIENTS	0	0		0 16, 672, 921	16, 672, 921	
	3020 PAIN CLINIC	0	0		0 0	0	
	03950 ORTHOPEDICS	41,836	22, 262				
	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON	795, 056 358, 719	1, 665, 576 18, 495			1, 217, 645 387, 575	
	03997 CARDIAC REHABILITATION 03190 RADIATION ONCOLOGY	564, 448	242, 205			387, 575 805, 884	
	3951 MRI	130, 278	179, 436			293, 084	
	03952 BARI ATRI C CENTER	0	0		0 0	0	
	3550 PSYCH ACTIVITY THERAPY	0	3, 160, 474			3, 160, 474	
	3953 WOUND CARE	283, 499	103, 591	387,09	0 -77, 852	309, 238	1 76

Health Financial Systems FF	RANCISCAN ST MAR	GARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der		Period:	Worksheet A	
				From 01/01/2015		
				To 12/31/2015		pared:
Cast Castas Description	Calariaa	Othous	Tatal (aal (		3/29/2016 11:	37 am
Cost Center Description	Sal ari es	Other	+ col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance	
			+ COL. 2)	UIIS (See A-0)	(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4, 00	5,00	
76. 09 03954 RENAL DI ALYSI S	1.00	2.00		0 559, 413	559, 413	76.09
76. 10 03955 I NFUSI ON	1, 708, 228	725, 419			2, 356, 585	
76. 11 03956 CARE TRANSI TI ON CENTER	49,096	2, 309	2, 433, 84 51, 40		2, 350, 385	
76. 12 03958 ANTI COAGULATI ON CLINIC	166, 865	31,606			198, 471	
OUTPATIENT SERVICE COST CENTERS	100, 805	31,000	170, 47	0	170, 471	70.12
88. 00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	
90. 00 09000 CLINIC	0	0		0 0	0	
90. 00  09000  CETNIC 90. 01  09001  OCC HEALTH CLINIC	0	0		0 0	0	90.00
91. 00 091001 EMERGENCY	8, 500, 600	2, 252, 700	10, 753, 30	0 -538, 883	10, 214, 417	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	8, 500, 600	2,252,700	10, 753, 30	-538, 883	10, 214, 417	91.00
07100 00200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
99.00 09900 CMHC	0	0		0 0	0	99.00
99. 10 09900 CMRC 99. 10 09910 CORF	0	0		0 0	0	99.00
101.00 10100 HOME HEALTH AGENCY	2, 165, 884	0	2, 433, 28	61, 990	2, 371, 298	
SPECIAL PURPOSE COST CENTERS	2, 103, 004	267, 404	2, 433, 20	0 -01, 990	2, 371, 290	101.00
113. 00 11300 I NTEREST EXPENSE		3, 891, 611	3, 891, 61	1 -1, 426, 099	2, 465, 512	113 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	58, 132, 318	102, 569, 443	160, 701, 76		160, 701, 761	
NONREI MBURSABLE COST CENTERS	50, 152, 510	102, 309, 443	100, 701, 70	1 0	100, 701, 701	110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40, 057	54, 611	94, 66	8 0	94, 668	190 00
190. 01 19001 CONVENT	40,037	14, 902	14, 90		14,902	
190. 02 19002 HOME MEDICAL EQUIPMENT	0	14, 902		0 0		190.01
190. 03 19003 MEDICAL ARTS BUILDING	0	150, 975	150, 97		150, 975	
190. 04 19004 WOMEN' S HEALTH CENTER	125, 429	3, 846	129, 27		129, 275	
190. 05 19005 DEVELOPMENT	125, 427	3, 040		0 0		190.04
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0				190.05
190. 07 19007 I MAGE RECOVERY	0	0		0 0		190.00
190. 08 19008 FAMILY SERVICES	0	63	6	2 0		190.07
190. 09 19009 MDWI SE	61, 835	11, 484, 633			11, 546, 468	
190. 10 19010 CATHERINE MCAULEY CLINIC	343, 629	78, 431	422, 06		422, 060	
190. 11 19011 CENTER OF HOPE	14, 242	373	422,00		14, 615	
190. 12 19012 SELECT	14, 242	373	14,01	0 0		190. 11
190. 13 19013 PERCI NI AS	0	0				190. 12
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	104, 650	179, 621	284, 27	1 0	284, 271	
192. 01 19200 PHISICIANS PRIVATE OFFICES	396, 241	326, 382	722, 62		722, 623	
192. 0119201 WORKING WELL 193. 0019300 NONPALD WORKERS	390, 241	320, 382		0 0		192.01
193. 00 19300 NONPATD WORKERS 194. 01 07951 REHAB	0	0				193.00
200.00 TOTAL (SUM OF LINES 118-199)	59, 218, 401	0 114, 863, 280	174, 081, 68	0		
200.00   TOTAL (30M OF LINES 110-199)	J7, 210, 401	114,003,200	174,001,00	'I U	174,001,001	200.00

CLASSIFICATION /	AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provi der	CCN: 15000	4 Period: From 01/01/2015	Worksheet A
					To 12/31/2015	Date/Time Prepar 3/29/2016 11:37
Cost	Center Description	Adjustments (See A-8)	Net Expenses For Allocatio			3/2//2010 11.3/
		6.00	7.00			
	VICE COST CENTERS		1	-		
	EL COSTS-BLDG & FIXT	-57, 507		1		
	EL COSTS-MVBLE EQUIP	C				
	CAP REL COSTS	0		0		
	YEE BENEFITS DEPARTMENT	2, 431, 411		1		
01 01160 COMMU 02 00550 DATA		-27, 268 25, 199, 733				
	ASING RECEIVING AND STORES	-75, 853				
00570 ADMI T		-75,855				
	ADMINISTRATIVE AND GENERAL	-2, 676, 145				
	ENANCE & REPAIRS	-29, 302		1		
	TION OF PLANT	2,,002		1		
	RY & LINEN SERVICE	293		1		
00 00900 HOUSE		C				
. 00 01000 DI ETA	RY	-330, 904				1(
. 00 01100 CAFET		-704, 110				1
. 00 01300 NURSI	NG ADMINISTRATION	-54, 091	3, 538, 97	3		1:
. 00 01400 CENTR	AL SERVICES & SUPPLY	-83, 652	658, 20	5		14
. 00 01500 PHARM		-1, 400, 430	3, 977, 87	9		1!
1 1	AL RECORDS & LIBRARY	C	3, 619, 94	5		10
. 00  01700  SOCI A		C		o		1
	ERVICES-OTHER PRGM COSTS APPRV	221, 085	573, 78	2		22
	ED ED PRGM-(SPECIFY)	C		0		23
	ED ED PRGM - LAB	C	200///			23
	ED ED PRGM - RADIOLOGY	C	10112			23
	ED ED PRGM - RESP THER	C				23
	ED ED PRGM-PHARMACY	C	577, 23	1		23
	OUTI NE SERVI CE COST CENTERS S & PEDI ATRI CS	2 400 017	11 257 44			20
	SIVE CARE UNIT	-2, 490, 017 -25, 529				30
	ARY CARE UNIT	-25, 529		0		32
	RN INTENSIVE CARE UNIT					3
	OVIDER - IPF	-14, 762, 474		-		40
. 00 04300 NURSE		14,702,474				43
	ED NURSING FACILITY			0		44
. 00 04500 NURSI				0		4
	ERVICE COST CENTERS	-	1	-		
. 00 05000 OPERA	TING ROOM	-822, 560	1, 394, 42	9		50
01 05001 OPEN	HEART SURGERY	-21, 934	236, 45	9		50
	TI ENT SURGERY	C	1, 007, 03	4		50
. 00  05100  RECOV		C				5
. 00 05300 ANEST		-2, 503				53
	LOGY-DI AGNOSTI C	-76, 189				54
	LOGY SPECIAL PROCEDURES	C				54
. 02  05402 ULTRA		-10,000				54
				0		5
01 05501 COMPU		-109, 588		1		5
. 00 05700 CT SC	91N			0		5
. 00 05800 MRI . 00 05900 CARDI	AC CATHETERI ZATI ON					58
. 00 05900 CARDI		-1, 864, 131	5, 065, 44	2		60
. 00 06000 LABOR		-1,004,131		2		60
	STORING, PROCESSING & TRANS.	-1, 041				63
. 01 06301 NUCLE		-1, 041				63
	RATORY THERAPY	-119,019				6
. 00 06600 PHYSI		-211, 469				60
	ATIONAL THERAPY	C		1		6
00 06800 SPEEC		C				68
. 00 06900 ELECT		-273, 602				69
	ROENCEPHALOGRAPHY	-977				70
	AL SUPPLIES CHARGED TO PATIENT	C	2, 471, 64	4		7
00 07200 I MPL.	DEV. CHARGED TO PATIENTS	C	2, 651, 20	7		7:
	CHARGED TO PATIENTS	C				73
. 00 03020 PAI N		C		0		70
01 03950 ORTHO		C				70
	OVASCULAR SERVICES	-59, 140				70
	AC REHABILITATION	-1, 199				70
. 04   03190 RADI A	TION ONCOLOGY	C				70
. 05   03951 MRI		-45,355		1		70
. 06 03952 BARI A		C		0		70
	ACTIVITY THERAPY	-2, 767, 889				70
. 08 03953 WOUND		-1, 023				70
. 09 03954 RENAL		C				70
. 10 03955 I NFUS	ION	-106, 420	2, 250, 16	5		70

Health Financial Systems FF	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der	CCN: 150004	Peri od:	Worksheet A
				From 01/01/2015	
				To 12/31/2015	
					3/29/2016 11:37 am
Cost Center Description	Adjustments	Net Expenses			
		For Allocation			
76. 11 03956 CARE TRANSITION CENTER	6.00	7.00			76, 11
76. 11   03956  CARE TRANSI TI ON CENTER 76. 12   03958  ANTI COAGULATI ON CLI NI C	0				76.12
	0	198, 471			/0.12
	0	0			
88.00 08800 RURAL HEALTH CLINIC	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90. 00 09000 CLINIC	0	0			90.00
90. 01 09001 OCC HEALTH CLINIC	0	0			90.01
91.00 09100 EMERGENCY	-6, 091, 119	4, 123, 298			91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART					92.00
OTHER REIMBURSABLE COST CENTERS	-	-	1		
99. 00 09900 CMHC	0	0			99.00
99. 10 09910 CORF	0	0			99.10
101.00 10100 HOME HEALTH AGENCY	-75,000	2, 296, 298			101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE	-2, 465, 512		•		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-9, 990, 430	150, 711, 331			118.00
NONREI MBURSABLE COST CENTERS	1		1		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	94, 668			190.00
190. 01 19001 CONVENT	0	14, 902	1		190. 01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0			190. 02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	150, 975			190. 03
190.04 19004 WOMEN'S HEALTH CENTER	0	129, 275	1		190. 04
190. 05 19005 DEVELOPMENT	0	0			190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0			190.06
190. 07 19007 I MAGE RECOVERY	0	0			190. 07
190. 08 19008 FAMILY SERVICES	0	63			190. 08
190. 09 19009 MDWI SE	0	11, 546, 468			190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	0	422, 060			190. 10
190.11 19011 CENTER OF HOPE	0	14, 615			190. 11
190. 12 19012 SELECT	0	0			190. 12
190. 13 19013 PERCI NI AS	0	0			190. 13
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	284, 271			192.00
192.01 19201 WORKING WELL	0	722, 623			192. 01
193. 00 19300 NONPAI D WORKERS	0	0			193.00
194. 01 07951 REHAB	0	0			194. 01
200.00 TOTAL (SUM OF LINES 118-199)	-9, 990, 430	164, 091, 251			200.00

	Financial Systems	FR	ANCISCAN ST MAR				eu of Form C	
RECLAS	SI FI CATI ONS			Provi der	CCN: 150004	4 Period: From 01/01/2015 To 12/31/2015	Worksheet Date/Time	
		Increases					3/29/2016	11:37 am
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00				
1.00	A - CAPITAL CAP REL COSTS-MVBLE EQUIP	2.00	0	3, 969, 446				1.00
. 00	0		0	3, 969, 446				
I. 00	B - DI ETARY CAFETERI A		589,086	46 <u>2, 3</u> 94				1.00
	0 C - INSURANCE		589, 086	462, 394				
. 00	OTHER ADMI NI STRATI VE AND <u>GENERAL</u>	5. 05	0	1, 212, 394				1.00
	0 D - CHARGEABLE SUPPLIES		0	1, 212, 394				
. 00	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	71.00	0	5, 088				1.00
2.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	71.00	0	315				2.00
3. 00	MEDICAL SUPPLIES CHARGED TO	71.00	0	261, 733				3.00
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	О	9				4.00
5.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	202, 571				5.00
5.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	О	120, 392				6. 00
7.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	926				7.00
3. 00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	1, 753, 411				8.00
9. 00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	83, 630				9.00
0.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	172, 720				10.00
1. 00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	4, 266				11.00
2.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	61, 345				12.00
3.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	2, 727				13.00
	PATI ENT		-					
4.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	71.00	0	450, 173				14.00
5.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	71.00	0	78, 477				15.00
6. 00	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	71.00	0	25, 810				16.00
7.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	71.00	0	169				17.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	69, 204				18.00
9. 00	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	71.00	0	7, 103				19.00
0. 00	MEDICAL SUPPLIES CHARGED TO	71.00	0	14, 490				20.00
1. 00	MEDICAL SUPPLIES CHARGED TO	71.00	0	27, 500				21.00
2.00	MEDI CAL SUPPLI ES CHARGED TO	71.00	О	1, 453				22.00
3.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	О	1, 643				23.00
4.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	о	17, 483				24.00
5.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	1, 333, 269				25.00
6. 00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	о	1, 423				26.00
7.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	О	769				27.00
8. 00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	19, 058				28.00
9.00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	77, 852				29.00
0. 00	PATIENT MEDICAL SUPPLIES CHARGED TO	71.00	0	77, 062				30.00
	PATI ENT		0					
1.00	MEDI CAL SUPPLIES CHARGED TO PATI ENT	71.00	-	188, 790				31.00
32.00	MEDI CAL_SUPPLI ES_CHARGED_TO	71.00	0	61, 990				32.00
	0		0	5, 122, 851				

Heal th	Financial Systems	FF	RANCISCAN ST MA	RGARET-HAMMONI	)	Inl
RECLAS	SI FI CATI ONS			Provi der	CCN: 150004	Period: From 01/01/20 To 12/31/20
		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	E - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	521, 029	16, 151, 892		
2.00	BLOOD STORING, PROCESSING &	63.00		694, 705		
	TRANS					
	0		521, 029	16, 846, 597		
	F - RADIOLOGY ADMINISTRATION					
1.00	NUCLEAR MEDICINE	63.01	1, 414	0		
2.00	ULTRASOUND	54.02	10, 522	0		
3.00	NUCLEAR MEDICINE	63.01	13, 985	0		
4.00	RADI OLOGY SPECIAL PROCEDURES	54.01	4, 466	0		
5.00	MRI		2, 430	0		
	0		32, 817	0		

	2.00	3.00	4.00	5.00	
	E - PHARMACY				
1.00	DRUGS CHARGED TO PATIENTS	73.00	521, 029	16, 151, 892	1.00
2.00	BLOOD STORING, PROCESSING &	63.00		694, 705	2.00
	TRANS.				
	0 — — — — — —		521,029	16, 846, 597	
	F - RADIOLOGY ADMINISTRATION	· · · · · ·			
1.00	NUCLEAR MEDICINE	63.01	1, 414	0	1.00
2.00	ULTRASOUND	54.02	10, 522	0	2.00
3.00	NUCLEAR MEDICINE	63.01	13, 985	0	
4.00	RADI OLOGY SPECIAL PROCEDURES	54.01	4, 466	0	
5.00	MRI	76.05	2, 430	0	
0.00			32, 817	<u>_</u>	
	G - MEDICAL EDUCATION	I	32,017	0	
1.00	I &R SERVICES-OTHER PRGM	22.00	0	350, 093	1.00
1.00	COSTS_APPRV	22.00	0	330, 073	1.00
		+	— — — d	350, 093	
	H – PARAMEDI CAL EDUCATI ON		0	550, 075	
1.00	PARAMED ED PRGM - LAB	23.01	0	168, 977	1.00
2.00	RADI OLOGY-DI AGNOSTI C	54.00	0	45	
	PARAMED ED PRGM - RESP THER	23.03	32	43 0	
3.00				-	
4.00	PARAMED ED PRGM-PHARMACY	23.04	146, 426		
		1.050	146, 458	169, 388	
4 00	I - PROFESSIONAL SUPPORT SERV		000 044	1 000	
1.00	RESPI RATORY THERAPY	65.00	200, 944	1, 232	
2.00	OCCUPATI ONAL THERAPY	67.00	24, 872	152	
3.00	SPEECH PATHOLOGY	68.00	10, 298	63	
4.00	CARDIAC REHABILITATION		1 <u>1, 7</u> 12	72	
	0		247, 826	1, 519	
	J - RENT				
1.00	CAP REL COSTS-BLDG & FIXT		0	<u> </u>	
	0		0	16, 500	
	K – NURSERY				
1.00	NURSERY	43.00	569, 889	102, 681	1.00
	0		569, 889	102, 681	
	L - RENAL DIALYSIS				
1.00	RENAL DI ALYSI S	76.09	543, 815	15, 598	1.00
	0		543, 815	15, 598	
	M - IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO	72.00	0	2,651,207	1.00
	PATI ENTS				
	0 — — — — — — —			2, 651, 207	
	0 - INTEREST EXPENSE	<b>I</b>	i		
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1, 406, 588	1.00
			— — — <del>"</del>	1, 406, 588	
	P - MI SCELLANEOUS A&G			11 1001 000	
1.00	OTHER ADMI NI STRATI VE AND	5.05	0	3, 011	1.00
1.00	GENERAL	5.05	0	5, 011	
		+	— — — d	3,011	
	Q – CATH LAB RECOVERY		Ч	5,011	
1.00	CARDI OVASCULAR SERVI CES	76.02	87, 092	3, 190	1.00
1.00	O		87,092	<u>3, 190</u> 3, 190	
F00 00					
500.00	Grand Total: Increases		2, 738, 012	32, 333, 457	500. (

ASSI FI CATI ONS			CARET-HAMMOND Provider CC		ri od:	u of Form CMS-25 Worksheet A-6
				To	rom 01/01/2015 12/31/2015	Date/Time Prep 3/29/2016 11:3
Cost Conton	Decreases	Colory	Othor			
Cost Center 6.00	Li ne #	Salary 8.00	Other Wks 9.00	st. A-7 Ref. 10.00		
A – CAPITAL						
CAP REL COSTS-BLDG & FI	<u>XT 1.00</u>	0	<u>3,969,446</u> 3,969,446	9		
B – DIETARY		0	3, 909, 440	I		
DI ETARY		<u>589, 0</u> 86	462, 394	0		
		589, 086	462, 394			
C – INSURANCE CAP REL COSTS-BLDG & FI	XT 1.00	0	1, 212, 394	12		
0			1, 212, 394			
D - CHARGEABLE SUPPLIES			5 000			
EMPLOYEE BENEFITS DEPAR NURSING ADMINISTRATION	RTMENT 4.00 13.00	0	5, 088 315	0		
CENTRAL SERVICES & SUPP		0	261, 733	0		
PHARMACY	15.00	о	9	0		
ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30.00 31.00	0	202, 571 120, 392	0		
SUBPROVIDER - IPF	40.00	0	926	0		
OPERATI NG ROOM	50.00	Ō	1, 753, 411	0		
OPEN HEART SURGERY	50.01	0	83, 630	0		
OUTPATIENT SURGERY	50.02	0	172, 720	0		
D RECOVERY ROOM D ANESTHESI OLOGY	51.00 53.00	0	4, 266 61, 345	0		
RADI OLOGY-DI AGNOSTI C	54.00	0	2, 727	0		
RADIOLOGY SPECIAL PROCE		О	450, 173	0		
) ULTRASOUND ) COMPUTED TOMOGRAPHY	54.02	0	78, 477	0		
D COMPUTED TOMOGRAPHY D NUCLEAR MEDICINE	55. 01 63. 01	0	25, 810 169	0		
RESPIRATORY THERAPY	65.00	o	69, 204	0		
PHYSICAL THERAPY	66.00	О	7, 103	o		
O OCCUPATI ONAL THERAPY	67.00	0	14, 490	0		
D SPEECH PATHOLOGY D ELECTROCARDI OLOGY	68.00 69.00	0	27, 500 1, 453	0		
DELECTROENCEPHALOGRAPHY	70.00	0	1, 643	0		
ORTHOPEDI CS	76.01	О	17, 483	0		
CARDI OVASCULAR SERVI CES		0	1, 333, 269	0		
CARDIAC REHABILITATION RADIATION ONCOLOGY	76. 03 76. 04	0	1, 423 769	0		
MRI	76.05	o	19, 058	0		
D WOUND CARE	76.08	о	77, 852	0		
	76.10	0	77,062	0		
D EMERGENCY D HOME HEALTH AGENCY	91.00 101.00	0	188, 790 61, 990	0		
		— — — <del>ö</del>	5, 122, 851			
E - PHARMACY	45.00	504.000	44 454 000			
PHARMACY PHARMACY	15.00 15.00	521, 029	16, 151, 892 694, 705	0		
		521, 029	16, 846, 597			
F - RADIOLOGY ADMINIST						
RADI OLOGY-DI AGNOSTI C	54.00	1, 414	0	0		
RADI OLOGY-DI AGNOSTI C RADI OLOGY-DI AGNOSTI C	54.00 54.00	10, 522 13, 985	0	o		
RADI OLOGY-DI AGNOSTI C	54.00	4, 466	Ő	Ő		
RADI OLOGY-DI AGNOSTI C	<u>54.</u> 00	2, 430	0	<u>0</u>		
		32, 817	0			
G - MEDICAL EDUCATION EMERGENCY	91.00	0	350, 093	0		
0			350, 093			
H - PARAMEDI CAL EDUCATI			1/0.077			
LABORATORY PARAMED ED PRGM - RADIC	60.00 0L0GY 23.02	0	168, 977 45	0		
RESPIRATORY THERAPY	65.00	32	45	0		
PHARMACY	<u>15.</u> 00	14 <u>6, 4</u> 26	<u>    3</u> 66	0		
		146, 458	169, 388	1		
I - PROFESSIONAL SUPPOF PHYSICAL THERAPY	1 SERVICES 66.00	200, 944	1, 232	0		
PHYSICAL THERAPY	66.00	200, 944 24, 872	1, 232	0		
PHYSI CAL THERAPY	66.00	10, 298	63	0		
PHYSICAL THERAPY		- 11,712	72	0		
O J - RENT		247, 826	1, 519			
INTEREST EXPENSE	113.00	0	16, 500	10		
		<del>_</del>	16, 500			

Decreases         Provi der CCN: 1500           Cost Center         Line #         Salary         Other         Wkst. A-7           6.00         7.00         8.00         9.00         10.0           K - NURSERY	From 01/01/2015 To 12/31/2015 Date/Time Prepared 3/29/2016 11: 37 am
Cost Center         Line #         Salary         Other         Wkst. A-7           6.00         7.00         8.00         9.00         10.0           K - NURSERY	To 12/31/2015 Date/Time Prepared 3/29/2016 11: 37 am
Cost Center         Line #         Salary         Other         Wkst. A-7           6.00         7.00         8.00         9.00         10.0           K - NURSERY	
6.00 7.00 8.00 9.00 10.0 K - NURSERY	
K - NURSERY	00
1.00 ADULTS & PEDI ATRI CS 30.00569, 889102, 681	0 1.0
0 569, 889 102, 681	
L - RENAL DIALYSIS	
1.00 ADULTS & PEDI ATRI CS 30.00543,81515,598	0
0 543, 815 15, 598	
M - IMPLANTABLE DEVICES	
1.00 MEDICAL SUPPLIES CHARGED TO 71.00 0 2,651,207	0 1.0
0 2,651,207	
0 - INTEREST EXPENSE	
1.00 INTEREST EXPENSE 113.00 0_ 1,406,588	11 1.0
0 0 1, 406, 588 P - MI SCELLANEOUS A&G	
1. 00 INTEREST EXPENSE 113. 00 0 3, 011	0 1.0
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Q - CATH LAB RECOVERY	
1. 00 ADULTS & PEDIATRICS 30. 00 87, 092 3, 190	0 1.0
0 <u>100 10 a 100 10 a 100 100 a 100 100 a 100 100</u>	·
500. 00 Grand Total : Decreases 2, 738, 012 32, 333, 457	500. 0

RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150004	Period: From 01/01/2	Worksheet A-7	,
					To 12/31/2		narod
					10 12/31/20	3/29/2016 11:	37 am
				Acqui si ti on	S		
		Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET			_			
1.00	Land	5, 547, 620	0		0	0 0	1.00
2.00	Land Improvements	3, 607, 761	0		0	0 0	2.00
3.00	Buildings and Fixtures	44, 603, 040	0		0	0 21, 269	3.00
4.00	Building Improvements	157, 134	0		0	0 157, 134	4.00
5.00	Fixed Equipment	144, 353, 553	933, 150		0 933,	150 0	5.00
6.00	Movable Equipment	0	0		0	0 0	6.00
7.00	HIT designated Assets	0	0		0	0 0	7.00
8.00	Subtotal (sum of lines 1-7)	198, 269, 108	933, 150		0 933,	150 178, 403	8.00
9.00	Reconciling Items	0	0		0	0 0	9.00
10.00	Total (line 8 minus line 9)	198, 269, 108	933, 150		0 933,	150 178, 403	10.00
		Ending Balance	Fully				
		Ũ	Depreci ated				
			Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						
1.00	Land	5, 547, 620	0				1.00
2.00	Land Improvements	3, 607, 761	0				2.00
3.00	Buildings and Fixtures	44, 581, 771	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	145, 286, 703	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	199, 023, 855	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	199, 023, 855	0				10.00

Health Financial Systems F	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150004	Period: From 01/01/2015 To 12/31/2015		
				10 12/31/2015	3/29/2016 11:	37 am
	SUMMARY OF CAPITAL					
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)		
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WOR			nd 2			
1.00 CAP REL COSTS-BLDG & FLXT	6, 749, 930	0		0 1, 385, 780	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)	6, 749, 930	0		0 1, 385, 780	0	3.00
	SUMMARY C	F CAPITAL				
Cost Center Description	Other	Total (1) (sum				
	Capi tal -Rel ate					
	d Costs (see	through 14)				
	instructions)					
	14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUN					
1.00 CAP REL COSTS-BLDG & FLXT	0	8, 135, 710				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00 Total (sum of lines 1-2)	0	8, 135, 710				3.00

Health Financial Systems FF	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der		Period: From 01/01/2015 Fo 12/31/2015		bared:
	COM	PUTATION OF RAT	FI OS	ALLOCATION OF	OTHER CAPI TAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)	instructions)	Insurance	
PART III - RECONCILIATION OF CAPITAL COSTS CE	1.00	2.00	3.00	4.00	5.00	
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0 0 0	0 0 0 TION OF OTHER (	( ( ( CAPI TAL	0 1.000000 0 0.000000 0 1.000000 SUMMARY 0	0	1.00 2.00 3.00
Cost Center Description	Taxes	Other Capi tal -Rel ate d Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE				0 700 404	44.007	1 00
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0			2, 780, 484 3, 969, 446 6, 749, 930	0	1.00 2.00 3.00
	0	SL	JMMARY OF CAPI		41,007	3.00
Cost Center Description	Interest	Insurance (see instructions)		Other Capital-Relate d Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE		170.00/			4 010 454	1 00
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP	1, 406, 588 0			0 0	4, 319, 451 3, 969, 446	1.00 2.00
3.00 Total (sum of lines 1-2)	1, 406, 588	173, 386	(	o	8, 288, 897	3.00

	Financial Systems MENTS TO EXPENSES	FR/	ANCISCAN ST MA	ARGARET-HAMMOND Provider CCN: 150004	Period <sup>.</sup>	u of Form CMS-2 Worksheet A-8	
AD5051					From 01/01/2015	Date/Time Pre	
						3/29/2016 11:	
				Expense Classification or To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00	2.00	3.00 CAP REL COSTS-BLDG & FIXT	4.00	5.00	1.00
2.00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		ſ	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
	COSTS-MVBLE EQUIP (chapter 2)						
3.00	Investment income - other (chapter 2)	В	- 153	INTEREST EXPENSE	113.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		C		0.00	0	4.00
5.00	Refunds and rebates of	В	-83, 530	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	expenses (chapter 8) Rental of provider space by	В	-57, 507	CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	suppliers (chapter 8) Telephone services (pay	В	-27, 268	COMMUNI CATI ONS	5.01	0	7.00
	stations excluded) (chapter 21)						
8.00	Television and radio service		C		0.00	0	8.00
9.00	(chapter 21) Parking lot (chapter 21)		C		0.00	0	9.00
10.00	Provider-based physician adiustment	A-8-2	-8, 813, 300			0	10.00
11.00	Sale of scrap, waste, etc.	В	-1, 089	RADI OLOGY-DI AGNOSTI C	54.00	0	11.00
12.00	(chapter 23) Related organization	A-8-1	3, 118, 985			0	12.00
13.00	transactions (chapter 10) Laundry and linen service	В	203	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	В		CAFETERI A	11.00	0	14.00
15.00	Rental of quarters to employee and others		C		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than		С		0.00	0	16.00
47.00	patients				0.00		17.00
17.00	Sale of drugs to other than patients		C		0.00	0	17.00
18.00	Sale of medical records and abstracts		C		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		C		0.00	0	19.00
20.00	Vending machines	В	-15, 045	CAFETERI A	11.00	0	
21.00	Income from imposition of interest, finance or penalty		C		0.00	0	21.00
22.00	charges (chapter 21) Interest expense on Medicare		C		0.00	0	22.00
22.00	overpayments and borrowings to		(		0.00	0	22.00
23.00	repay Medicare overpayments Adjustment for respiratory	A-8-3	C	RESPI RATORY THERAPY	65.00		23.00
	therapy costs in excess of limitation (chapter 14)						
24.00	Adjustment for physical	A-8-3	C	PHYSICAL THERAPY	66.00		24.00
	therapy costs in excess of limitation (chapter 14)						
25.00	Utilization review - physicians' compensation		C	*** Cost Center Deleted ***	114.00		25.00
24 00	(chapter 21)				1.00		
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.00	0	
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28. 00 29. 00	Non-physician Anesthetist		C	*** Cost Center Deleted ***	19.00	0	28.00 29.00
29.00 30.00	Physicians' assistant Adjustment for occupational	A-8-3	C	OCCUPATIONAL THERAPY	0.00 67.00	U	30.00
	therapy costs in excess of limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		C	ADULTS & PEDIATRICS	30.00		30. 99
31.00	instructions) Adjustment for speech	A-8-3	C	SPEECH PATHOLOGY	68.00		31.00
	pathology costs in excess of limitation (chapter 14)						
32.00	CAH HIT Adjustment for Depreciation and Interest		C		0.00	0	32.00
33.00	KINDRED MEALS	В			10.00	0	
33.01	WELLNESS CENTER REVENUE	В	-540	EMPLOYEE BENEFITS DEPARTMEN	F 4.00	0	33.01

Heal th	Financial Systems	FR	ANCISCAN ST MA	ARGARET-HAMMOND	In Lie	eu of Form CMS-:	2552-10
	MENTS TO EXPENSES				Period:	Worksheet A-8	
					From 01/01/2015 To 12/31/2015		pared:
	· · · · ·			Expense Classification or	Worksheet A	3/29/2016 11:	37 811
				To/From Which the Amount is			
					··· ··· ··· · ··· · ··· · ··· ·		
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
22.02		1.00	2.00		4.00	5.00	22.02
33. 02	PHYSICIAN APPLICATION FEES	В	-8, 550	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.02
33.03	CARDIAC DIETETIC INSTRUCTION	В	-2.940	DIETARY	10.00	0	33.03
33.04	LOBBYING EXPENSE	A		OTHER ADMINISTRATIVE AND	5.05		33.04
55.04		~	-75, 101	GENERAL	5.05		33.04
33.05	PROGRAM FEES	В	-19, 438	NURSING ADMINISTRATION	13.00	0	33.05
33.06	LIFELINE	В		OTHER ADMINISTRATIVE AND	5.05		33.06
				GENERAL			
33.07	UNNECESSARY BORROWING	A	-2, 464, 145	INTEREST EXPENSE	113.00	0	33.07
33.08	MI SCELLANEOUS I NCOME	В	-80	OTHER ADMINISTRATIVE AND	5.05	0	33.08
				GENERAL			
33.09	MI SCELLANEOUS I NCOME	В		MAINTENANCE & REPAIRS	6.00		33.09
33.10	MI SCELLANEOUS I NCOME	В		HOME HEALTH AGENCY	101.00	0	
33. 11	DONATIONS EXPENSE	A	-24, 900	OTHER ADMINISTRATIVE AND	5.05	0	33.11
				GENERAL			
33. 12	ADVERTISING EXPENSE	A	-413, 426	OTHER ADMI NI STRATI VE AND	5.05	14	33.12
				GENERAL		_	
33.13	ADVERTI SI NG EXPENSE	A		SUBPROVIDER - IPF	40.00		001.10
33.14	MI SCELLANEOUS I NCOME	В		RADI OLOGY-DI AGNOSTI C	54.00		
33. 15	PATIENT INTEREST	В	-102,811	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.15
33, 16	HAF ASSESSMENT	А	2 015 650	OTHER ADMINISTRATIVE AND	5.05	0	33, 16
33.10	TAL ASSESSMENT	A	-2,015,050	GENERAL	5.05	0	33.10
33. 17	PENSION COST	А	2 431 951	EMPLOYEE BENEFITS DEPARTMEN	Г 4.00	0	33.17
33.18	DI SCOUNTS/REBATES	В		PURCHASING RECEIVING AND	5.03		33.18
		_		STORES		-	
33. 19	DI SCOUNTS/REBATES	В	-2,086	MAINTENANCE & REPAIRS	6.00	0	33.19
33. 20	DI SCOUNTS/REBATES	В	-67, 470	DI ETARY	10.00	0	33.20
33. 21	DI SCOUNTS/REBATES	В	-131, 295	PHARMACY	15.00	0	33. 21
33. 22	DI SCOUNTS/REBATES	В	-144, 326	OPERATING ROOM	50.00	0	33. 22
33.23	DI SCOUNTS/REBATES	В	-31, 281	RADI OLOGY-DI AGNOSTI C	54.00	0	33.23
33.24	DI SCOUNTS/REBATES	В		LABORATORY	60.00	0	
33.25	DI SCOUNTS/REBATES	В	-5, 576	RESPI RATORY THERAPY	65.00	0	33.25
33.26	DI SCOUNTS/REBATES	В		CARDI OVASCULAR SERVI CES	76.02		33.26
33. 27	DI SCOUNTS/REBATES	В		CARDIAC REHABILITATION	76.03		
33. 28	SALE OF MEDICAL RECORDS	В	-13, 123	OTHER ADMINISTRATIVE AND	5.05	0	33.28
	DODI ATOV DECI DENTE ADD OU		004 005	GENERAL			
33. 29	PODIATRY RESIDENTS ADD ON	A	221, 085	I &R SERVICES-OTHER PRGM	22.00	0	33.29
22.20			4 044	COSTS APPRV	110.00	_	22.20
33. 30 50. 00	BAD DEBT OTHER TOTAL (sum of lines 1 thru 49)	A	-1, 214 -9, 990, 430	INTEREST EXPENSE	113.00	0	33.30 50.00
50.00	(Transfer to Worksheet A,		-9, 990, 430				00.00
	column 6, line 200.)						
(1) D-	corumn 6, Time 200.)				1	1	1

(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.

Heal th	Financial Systems	FRANCISCAN ST M	ARGARET-HAMMOND	In Lie	eu of Form CMS-	2552-10
STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOM				Peri od:	Worksheet A-8-1	
OFFI CE	COSTS		From 01/01/2015 To 12/31/2015	Date/Time Prepared: 3/29/2016 11:37 am		
	Line No.	Cost Center	Expense Items	Amount of	Amount	07 4111
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED (	RGANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:					
1.00			ALLOWABLE NEW CAPITAL COSTS	1	1	1.00
2.00	5. 02	DATA PROCESSING	DATA PROCESSI NG	6, 876, 244	6, 876, 244	2.00
3.00	5. 03	PURCHASING RECEIVING AND STO	PURCHASI NG	268, 891	268, 891	3.00
4.00		OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	3, 574, 811	3, 574, 811	4.00
4.01	15.00	PHARMACY	COEP / PHARMACY	251, 384	251, 384	4.01
4.02	113.00	INTEREST EXPENSE	INTEREST	1	1	4.02
4.03	5.05	OTHER ADMINISTRATIVE AND GEN	PATIENT ACCOUNTING	1, 345, 452	1, 345, 452	4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	3, 141, 563	3, 141, 563	4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	155, 592	155, 592	4.05
4.06	5.02	DATA PROCESSING	PURCHASED SERVICES OTHER	0	-25, 199, 733	4.06
4.07	14.00	CENTRAL SERVICES & SUPPLY	SPD	32	154	4.07
4.08	15.00	PHARMACY	PHARMACY	264, 336	1, 533, 138	4.08
4.09	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMC	U 0	8, 213	4.09
4.10	31.00	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	0	3, 879	4.10
4.11	40.00	SUBPROVIDER - IPF	CHI LD/ADOLESCENT PSYCH	0	6, 246, 349	4.11
4.12	40.00	ADULT INTENSIVE PSYCH	0	10, 343, 410	4.12	
4.13	50.00	OPERATING ROOM	SURGERY 6, 342 31, 8			
4.14	53.00	ANESTHESI OLOGY	ANESTHESI OLOGY	1, 399	3, 902	4.14
4.15	54.00	RADI OLOGY-DI AGNOSTI C	RADI OLOGY	4, 214	43, 033	4.15
4.16	54.02	ULTRASOUND	ULTRASOUND	1, 236	11, 236	4.16
4.17	55.01	55.01 COMPUTED TOMOGRAPHY COMPUTED TOMOGRAPHY		11, 896	121, 484	4.17
4.18	60.00	60. 00 LABORATORY CHEMI STRY		308, 806	2, 125, 272	4.18
4.19	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	447	1, 488	4.19
4.20	65.00	RESPI RATORY THERAPY	RESPI RATORY CARE	11, 519	69, 647	4.20
4.21	66.00	PHYSI CAL THERAPY	PHYSICAL THERAPY	581	2, 262	4.21
4.22	69.00	ELECTROCARDI OLOGY	NON-INVASIVE VASCULAR	38, 806	312, 408	4.22
4.23	76.03	76. 03 CARDI AC REHABI LI TATI ON CARDI AC REHAB		191	1, 540	4.23
4.24	76. 05 MRI MRI		5, 605	50, 960	4.24	
4.25	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	392, 585	3, 160, 474	4.25
4.26	91.00	EMERGENCY	EMERGENCY ROOM	241, 736	1, 129, 069	4.26
4.27	40.00	SUBPROVIDER - IPF	OVERHEAD	1, 829, 254	0	4.27
4.28	0.00			0	0	4.28
4.29	0.00			0	0	4.29
4.30	0.00			0	0	4.30
5.00	TOTALS (sum of lines 1-4).			18, 732, 924	15, 613, 939	5.00
	Transfer column 6, line 5 to					
	Worksheet A-8, column 2,					
	line 12.					

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

nuo	has not been posted to worksheet A, cordinas r and/or 2, the amount arrowable should be rhared ted in cordinar r or this part.						
				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of	Name	Percentage of		
			Ownershi p		Ownershi p		
	1.00	2.00	3.00	4.00	5.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

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

6.00	В	FRANCISCAN ALLI	100.00 FRANCI SCAN A	LLI 100.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or				100.00
	non-financial) specify:				

Heal th	Financial Systems	FRANCISCAN ST M	ARGARET-HAMMONI	)	In Lie	u of Form CMS-	2552-10
STATEME	NT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOM	IE Provi der	CCN: 150004	Peri od:	Worksheet A-8	3-1
OFFICE COSTS					From 01/01/2015		
					To 12/31/2015	Date/Time Pre 3/29/2016 11:	
				Related Orga	nization(s) and/o		
	Symbol (1)	Name	Percentage of	1	Vame	Percentage of	
			Ownership			Ownership	
	1.00	2.00	3.00	4	4. 00	5.00	

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

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

 E. Individual is director, officer, administrator, or key person of provider and related organization.
 F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

	Financial Syste		FRANCISCAN ST MARGA	RET-HAMMOND	In Lieu of Form CMS-2552
		SERVICES FROM R	ELATED ORGANIZATIONS AND HOME	Provider CCN: 15000	4 Period: Worksheet A-8-1 From 01/01/2015
OFFICE	CUSTS				To 12/31/2015 Date/Time Prepar 3/29/2016 11: 37
	Net	Wkst. A-7 Ref.			0,2,7,2010 11.07
	Adjustments				
	(col. 4 minus				
	col. 5)*				
	6.00	7.00			
			NTS REQUIRED AS A RESULT OF TRAM	NSACTIONS WITH RELATED	D ORGANIZATIONS OR CLAIMED
	HOME OFFICE CO				
1.00	0				1
2.00	0	0			2
3.00	0	0			3
4.00	0	0			4
4.01	0	0			4
4.02	0	0			4
4.03	0	0			4
4.04	0	0			4
4.05	0	0			4
4.06	25, 199, 733	0			4
4.07	-122	0			4
4.08	-1, 268, 802	0			4
4.09	-8, 213	0			4
4.10	-3, 879	0			4
4.11	-6, 246, 349	0			4
4.12	-10, 343, 410	0			4
4.13	-25, 473	0			4
4.14	-2, 503	0			4
4.15	-38, 819	0			4
4.16	-10,000	0			4
4.17	-109, 588	0			4
4.18	-1, 816, 466	0			4
4.19	-1, 041	0			4
4.20	-58, 128	0			4
4.21	-1, 681	0			4
4.22	-273, 602	0			4
4.23	-1, 349	0			4
4.24	-45,355	0			4
4.25	-2, 767, 889	0			4
4.26	-887, 333				4
4.27	1, 829, 254	0			4
4.28	0	0			4
4.29	0	0			4
4.30	0	0			4
5.00	3, 118, 985	-			5

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

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

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

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

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

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.

E. Individual is director, officer, administrator, or key person of provider and related organization.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

## FRANCISCAN ST MARGARET-HAMMOND

In Lieu of Form CMS-2552-10

International state         International state <thinternatin state<="" th="">         Internatin state</thinternatin>		R BASED PHYSICI		FRANCISCAN ST N		· CCN: 150004	Period:	Worksheet A-8	
Inst. A Line #         Cost canser/mysic lan         Inst. A Line #         Cost component         Inst. A component <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>From 01/01/2015 Fo 12/31/2015</td><td>Date/Time Pre</td><td></td></t<>							From 01/01/2015 Fo 12/31/2015	Date/Time Pre	
Image: Instrumentation         Description         Description <thdescription<< td=""><td></td><td>Wkst Aline #</td><td>Cost Center/Physician</td><td>Total</td><td>Professional</td><td>Provider</td><td>RCF Amount</td><td></td><td><u>37 am</u></td></thdescription<<>		Wkst Aline #	Cost Center/Physician	Total	Professional	Provider	RCF Amount		<u>37 am</u>
1.00         2.00         3.00         4.00         5.00         6.00         7.00           1.00         11.00         10.00		intot: A Erno #						ider Component	
1.00         13.00         10.00         29.500         0         29.500         104.28.00         111		1.00	2 00	3.00	4 00	5.00	6.00		
3.00         15.00         DetAWARCY         6.000         0         6.000         177.500         6.60         3.00           5.00         30.00         OpULITS & PEDIATECS         2.475, 544         2.475, 544         0         177.500         0.6         5.           7.00         5.00         S0.00         CPUENT FRATSURGERY         5.260         652.217         11.15         2.466, 600         2.86         5.         5.00         6.00         5.00         6.00         5.00         6.00         5.00         6.00         5.00         6.00         5.00         6.00         6.00         6.00         6.00         7.00         6.00         6.00         7.00         6.00         7.00         6.00         7.00         7.00         6.00         7.00         7.00         7.00         6.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00	1.00								1.00
4.00         30.00/AULTS & PEDIATRICS         21,923         0         21,923         177,500         166         4.           b.00         31.00/AULTS & PEDIATRICS         2,474,88         2,475,84         2,475,853,857,853         2,531,853,857,853         2,531,853,857,853,857,853,857,853         2,531,857,856,853,857,853,857,853,857,853,857,853,857,853,856,853,856,853,856,857,854,96,97,856,97,856,97,856,97,856,97,96,96,96,92,92         2,200         12,200         12,200,146,145,146,146,146,146,146,146,146,146,146,146									2.00
5.00         30.00/RULTS & PEDIATRICS         2,475,548         0         177,500         0         6           7.00         50.00/RESHEATING KARE UNIT         663,384         652,183         11,158         24,400         99         7           9.00         50.00/RESHEATING KARE UNIT         663,384         652,183         11,158         24,400         99         7           9.00         65.00/RESHEATORY THERAPY         353,315         55,315         0         177,500         0         10           11.00         66.00/PHYSICAL THERAPY         114,314         114,314         0         0         177,500         0         12           12.00         76.00/RESHEATORY THERAPY         15,315         7,750         0         12         0         177,500         0         12           13.00         76.00/RESTIRATORY THERAPY         13,300         0         7,400         0         7,450         177,500         64         16.           15.00         76.02/REITOWASCHAR STRYTORS         7,480         0         7,450         177,500         64         16.           16.00         76.00/RESTIRATORY THERAPY         9,400         7,480         0         7,450         177,500         16.         177,500<									3.00 4.00
6.00         31.00/INTENT CARF UNIT         49.411         0         69.21         117,500         55.20         6.00         55.0         11.60         24.40         60.00         25.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>5.00</td>									5.00
8.00         50.010PEN HEART SURGERY         52.200         1.020         51.200         226.400         2266         8.00           10.00         65.00ESF HATDEY THERAPY         55.315         55.315         6         197.500         0.01           10.00         65.00ESF HATDEY THERAPY         15.314         0         197.500         0         112           12.00         65.00ESF HATDEY THERAPY         13.314         117.514         0         197.500         197.500         197.500         197.500         197.500         197.500         197.500         197.500         197.500         16.4         15.00         197.500         16.4         15.00         197.500		31.00	INTENSIVE CARE UNIT	69, 411	0		197, 500		6.00
9.00         60.00         LABORTORY         139.228         3.322         3.5.375         107.500         2.266         0.0           11.00         66.00         00PHSI CAL THERAPY         114.314         114.41         14         197.500         0         197.500         0         11           12.00         66.00         00PHSI CAL THERAPY         114.434         114.434         10         197.500         11         177.500         11         177.500         11         177.500         11         177.500         117.500         175.500         164.15         175.500         164.15         175.500         164.15         175.500         164.15         175.500         164.15         175.500         164.15         175.500         166.17         175.500         166.17         175.500         175.15         175.500         175.500         175.500         175.500         175.500         175.500         175.500         177.500									7.00
10. 00         65. 00 [ESPI FATORY THERAPY         155. 315         50         197. 500         0         197. 500         0         117. 00           12. 00         66. 00 [PHYSI CAL THERAPY         144. 314         147. 300         197. 500									8.00 9.00
12.00         66.00PHYSICAL THERAPY         95.74         97.74         0         197.500         197.500         10         13           13.00         70.00PLIFTROPACPHALGEMAPHY         13.020         0         13.020         197.500         130         13           14.00         70.00PLIFTROPACPHALGEMAPHY         2.200         0         2.200         197.500         197.500         101           15.00         76.00PUND CARE         7.400         0         7.411         0         7.400         197.500         101           18.00         76.101 FFISION         194.600         6.075         175.556         197.500         0         10           10.00         100 FEEDENY         5.178.546         0.175.500         107.500         100         20         177.500         177.60         20         177.500         100.20         20         10.00	10.00	65.00	RESPI RATORY THERAPY	55, 315	55, 315	0	197, 500		10.00
13. 00         70. 00[FLCTROFECPHU DGRAPHY         13. 00         0         13.00         14.60         15.00         17.00         16.60         10.00         10						-		0	11.00
14. 00         70. 00ELECTROENCEPHALGORAPHY         2. 200         0         2. 200         197. 500         101 ft           16. 00         77. 00 CARDIOVASCULAR SERVICES         715         0         77. 400         197. 500         161 ft         15. 500         177. 500         161 ft         15. 500         197. 500         161 ft         15. 575         197. 500         161 ft         15. 575         197. 500         161 ft         15. 575         197. 500         161 ft         17. 500         161 ft         17. 500         177. 500         161 ft         17. 500         177. 500							,	130	12.00 13.00
16. 00         76. 02 (ARDI 0VASCULAR SLEWI CLS         71.5         0         77. 480         197. 500         66         16.           18. 00         76. 101 INFUSION         19. 660         6. 075         13. 575         197. 500         1									14.00
17. 00         7. 6. 08/00/IDD CARE         7. 4. 40         0         7. 4. 40         1.97. 500         f.68         17. 500         f.68         17. 500         f.77. 500         0         19. 500         10. 500									15.00
18. 00         76. 10 (NFUSION         19, 650         6, 075         13. 75         197. 500         97. 107. 500         9         18.           20. 00         91. 00 EMERGENCY         5, 178, 546         5, 178, 546         0         197. 500         77. 500         77.         20.           20. 00         91. 00 EMERGENCY         5, 178, 546         5, 178, 546         0         197. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77.         20.         77. 500         77. 500         77. 500         77. 500         20.         77. 500         20.         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500         77. 500 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td>16. 00 17. 00</td></td<>								-	16. 00 17. 00
19.00         76.10  NPUSION         95.411         95.411         97.500         197.500         9         197.500         9         9           20.00         91.00 EURCRENCY         9.89.93         0         98.60.194         487.792         77.500         77.67         21.00           20.00         0         0.61/ERCRNCY         9.89.93         0.60.104         487.792         70.00         70.00         70.60         70.62           20.00         0         0.61/ERCRNCY         9.89.93         0.00         0.00         10.00         487.792         Provider         Physician Cost           1.00         1.00         2.00         13.004/USINK ADMINISTATION         20.03         9.00         12.00         0         0         0         0         2.           3.00         13.004/USINK ADMINISTATION         70.66         3.983         0         0         0         0         0         2.           1.00         2.00         13.004/USINK ADMINISTATION         70.67         783         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0									18.00
21.00         91.00         92.00         98.923         0         98.923         177.60         77.6         21.3.600         200.00           Wist. A Line #         Cost Center/Physic I an Identifier         Unadjusted RCE         5. Percent of Linit         Cost Center/Physic I an Ost Center/Physic I an Identifier         Nondjusted RCE         5. Percent of Linit         Cost Center/Physic I an Ost Center/Physic I an Identifier         Nondjusted RCE         5. Percent of Linit         Cost Center/Physic I an Ost Center/Physic I								0	19.00
200.0									20.00
Wist:         A Line #         Cost:		91.001	EMERGENCY						
Long         2.00         8.00         9.00         12.00         13.00         14.00           1.00         13.00MURSI NG ADMINI STRATI 0N         20.025         1.002         12.00         13.00         14.00           2.00         13.00MURSI NG ADMINI STRATI 0N         79.665         3.983         0         0         0         0           3.00         15.00PHARMACY         6.267         713         0         0         0         3           4.00         30.00/ADULTS & PEDIATRICS         0	200100	Wkst. A Line #	Cost Center/Physician						200100
Loo         2.00         8.00         9.00         12.00         13.00         14.00           1.00         13.00 NURSI KG ADMINI STRATI 0N         20.035         1,002         0			Identifier	Limit					
1.00         2.00         8.00         9.00         12.00         13.00         14.00           2.00         13.00         00HURSI NG ADMI NI STRATI ON         79.665         3.963         0         0         0         12.00           3.00         15.00         00HARAACY         6.267         333         0         0         0         13.00         0.0         0         13.00         0         0         13.00         0.0         0         12.00         13.00         0.0         0         12.00         0         0         12.00         0         0         12.00         0         0         12.00         0         0         0         12.00         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Insurance</td> <td></td>								Insurance	
2.00         13.00 NURSING ADMI NI STRATION         79.665         3.983         0         0         0         2.           3.00         15.00 PHRMACY         6.267         313         0         0         0         4.           5.00         30.00ADULTS & PEDI ATRICS         15.667         783         0         0         0         4.           5.00         30.00ADULTS & PEDI ATRICS         15.667         783         0         0         0         6.           6.00         31.00 NTENSIVE CAPE UNIT         47.761         2.388         0         0         0         6.           7.00         50.00[PEN HEART SURGERY         30.326         1.576         0         0         0         9.           9.00         66.00[PHYSI CAL THERAPY         0         0         0         0         0         1.2.           13.00         70.00[ELCTROBECEPHALOGRAPHY         1.899         95         0         0         0         1.4.           15.00         76.02[ADRI 0VASCULAR SERVI CES         570         29         0         0         0         1.5.           16.00         76.03[ADRI 0VASCULAR SERVI CES         570         29         0         0         0         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>12.00</td> <td>13.00</td> <td></td> <td></td>						12.00	13.00		
3.00         15.00PHARMACY         6,267         313         0							-	-	1.00 2.00
5.00         30.00/ADULTS & PEDIATRICS         0								0	3.00
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $					783		0	0	4.00
7.00         50.00         OPER HEART SURGERY         10.543         527         0				0	, o	0	0	0	5.00
8.00         50.01 DPEN HEART SURCERY         30,326         1,516         0						-		0	6.00 7.00
10.00         65.00 RESPI RATORY THERAPY         0         11.1            13.00         70.00 ELECTROROLEPHALOGRAPHY         1.899         95         0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>-</td><td>0</td><td>8.00</td></td<>						-	-	0	8.00
11.00         66.00 PHYSICAL THERAPY         0 </td <td></td> <td></td> <td></td> <td>25, 257</td> <td></td> <td></td> <td>-</td> <td>0</td> <td>9.00</td>				25, 257			-	0	9.00
12.00         66.00 PHYSICAL THERAPY         0         13.           14.00         70.00 ELECTROENCEPHALOGRAPHY         12.344         617         0					-		-	0	10. 00 11. 00
14.00         70.00         CIECTROENCEPHALOGRAPHY         1,899         95         0         0         0         1           15.00         76.02         CARDI OVASCULAR SERVICES         15,572         779         0         0         0         15.           16.00         76.02         CARDI OVASCULAR SERVICES         570         29         0         0         0         16.           17.00         76.03         WOND CARE         6,457         323         0         0         0         17.           18.00         76.10         INFUSION         8,641         432         0         0         0         20.           20.00         91.00         DEMERGENCY         0         0         0         0         20.         21.         0         0         0         20.         0         0         20.         0         20.         0         20.         21.         0         20.0         17.734         0         0         20.         20.         20.         20.         20.         20.         20.         20.         20.         20.0         17.00         18.00         21.         20.         20.         20.         20.         20.				0				0	12.00
15.00         76.02 CARDI OVASCULAR SERVI CES         15,572         779         0         0         0         15.           16.00         76.02 CARDI OVASCULAR SERVI CES         570         29         0         0         0         16.           17.00         76.10 INFUSI ON         8.641         432         0         0         0         17.           18.00         76.10 INFUSI ON         8.641         432         0         0         0         18.           19.00         76.10 INFUSI ON         0         0         0         0         0         0         20.           20.00         91.00 EMERGENCY         73.683         3.684         0         0         20.         20.         21.00         20.         21.00         16.00         17.00         0         0         20.           1.00         13.00 NURSI NG ADMI NI STRATI ON         0         20.035         9.475         9.475         1.           2.00         13.00 ONURSI NG ADMI NI STRATI ON         0         20.035         9.475         9.475         1.           3.00         15.00 PHARMACY         0         6.267         333         333         3.         3.         3.         3.         3.							0	0	13.00
16.00         76.02         CARD OVASCULAR SERVICES         570         29         0         0         0         16.           17.00         76.08         MOUND CARE         6,457         323         0         0         0         17.           18.00         76.10         INFUSION         8,641         432         0         0         0         18.           19.00         76.10         INFUSION         0         0         0         0         0         0         0         0         0         0         0         0         20.         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>0</td> <td>14.00 15.00</td>							-	0	14.00 15.00
18.00         76.10         INFUSION         8,641         432         0         0         0         18.00           19.00         76.10         INFUSION         0							-	0	16.00
19.00         76.10         IFUSION         0		1				0	0	0	17.00
20.00         91.00         EMERGENCY         0         0         0         0         0         0         0         0         0         0         0         20.00         0						0	0	0	18.00 19.00
200.00         354,687         17,734         0         0         0         200.           Wkst. A Line # Identifier         Cost Center/Physician Identifier         Provider Component Share of col. 14         Adjusted RCE Limit         RCE Disal Iowance         Adjustment         Adjustment         Adjustment           1.00         1.00         2.00         15.00         16.00         17.00         18.00           1.00         13.00         NURSI NG ADMI NI STRATI ON 0         0         20,035         9,475         9,475         9,475           2.00         13.00         NURSI NG ADMI NI STRATI ON 0         0         20,035         9,475         9,475         9,475           3.00         15.00         16.00         17.00         18.00         1.         2.           3.00         15.00         16.67         6,267         333         333         3.           3.00         10.00         Adjustment         0         47,761         21,650         6.           5.00         30.00         Adjustment         0         47,761         21,650         6.           6.00         50.01         OPEN HEART NG ROM         0         10,543         613         652,761         7.				0				-	20.00
Wkst. A Line #         Cost Center/Physician Identifier         Provider Component Share of col.         Adjusted RCE Limit         RCE Disal Iowance         Adjustment           1.00         2.00         15.00         16.00         17.00         18.00           1.00         13.00 NURSI NG ADMI NI STRATI ON         0         20.035         9,475         9,475         9,475         1.           2.00         13.00 NURSI NG ADMI NI STRATI ON         0         20.035         9,475         9,475         9,475         2.         1.           3.00         15.00 PHARMACY         0         6,267         333         333         3.		91.00	EMERGENCY				0	0	21.00
Identifier         Component Share of col.         Limit         Disal Iowance         Imit         Disal Iowance           1.00         1.00         2.00         15.00         16.00         17.00         18.00           1.00         13.00 NURSI NG ADMI NI STRATI ON         0         20.035         9.475         9.475         1.           2.00         13.00 NURSI NG ADMI NI STRATI ON         0         79.665         25,178         2.         2.           3.00         15.00 PHARMACY         0         6,267         333         333         3.           4.00         30.00 ADULTS & PEDI ATRI CS         0         15,667         6,256         6.256         4.           5.00         30.00 ADULTS & PEDI ATRI CS         0         0         0         2.475,548         5.           6.00         31.00 INTENSI VE CARE UNI T         0         47,761         21,650         6.         7.           8.00         50.01 OPEN HEART SURGERY         0         30,326         20,914         21,934         8.           9.00         60.00 LABORATORY         0         25,257         10,619         13,971         9.           10.00         0         0         0         0         0	200.00	Wkst Aline #	Cost Center/Physician				-	0	200.00
Image: Note of the image in the image. The image in the image. There is the image in t		WKST. A LINE $\pi$	3				Aujustilient		
1.00         2.00         15.00         16.00         17.00         18.00           1.00         13.00 NURSI NG ADMI NI STRATI ON         0         20.035         9,475         9,475         1.           2.00         13.00 NURSI NG ADMI NI STRATI ON         0         79,665         25,178         25,178         25,178         2.           3.00         15.00 PHARMACY         0         6,267         333         333         3.           4.00         30.00 ADULTS & PEDI ATRI CS         0         15,667         6,256         6,256         4.           5.00         30.00 ADULTS & PEDI ATRI CS         0         10,543         613         652,761         7.           6.00         31.00 INTENSI VE CARE UNI T         0         47,761         21,650         21,650         6.           7.00         50.00 OPERATI NG ROOM         0         10,543         613         652,761         7.           8.00         50.01 OPEN HEART SURGERY         0         30.326         20,914         21,934         8.           9.00         60.00         LABORATORY         0         25,257         10,619         13,971         9.           10.00         65.00 RESPI RATORY THERAPY         0         0				Share of col.					
1.00         13.00         NURSI NG ADMI NI STRATI ON         0         20,035         9,475         9,475         1.           2.00         13.00         NURSI NG ADMI NI STRATI ON         0         79,665         25,178         25,178         2.           3.00         15.00         PHARMACY         0         6,267         333         333         3.           4.00         30.00         ADULTS & PEDI ATRI CS         0         15,667         6,256         4.           5.00         30.00         ADULTS & PEDI ATRI CS         0         0         2,475,548         5.           6.00         31.00         INTENSI VE CARE UNI T         0         47,761         21,650         21,650         6.           7.00         50.00         OPERATI NG ROM         0         10,543         613         652,761         7.           8.00         50.01         OPEN HEART SURGERY         0         25,257         10,619         13,971         9.           10.00         65.00         RESPI RATORY THERAPY         0         0         0         14,314         11.           12.00         66.00         PHYSI CAL THERAPY         0         0         0         14,314         11.		1,00	2,00		16.00	17.00	18,00		
3.00       15.00       PHARMACY       0       6,267       333       333       33         4.00       30.00       ADULTS & PEDIATRICS       0       15,667       6,256       6,256       4.         5.00       30.00       ADULTS & PEDIATRICS       0       0       0       2,475,548       5.         6.00       31.00       INTENSIVE CARE UNIT       0       47,761       21,650       21,650       6.         7.00       50.00       OPERATING ROOM       0       10,543       613       652,761       7.         8.00       50.10       OPEN HEART SURGERY       0       30,326       20,914       21,934       8.         9.00       60.00       LABORATORY       0       25,257       10,619       13,971       9.         10.00       65.00       RESPI RATORY THERAPY       0       0       0       114,314       11.         12.00       66.00       PHYSI CAL THERAPY       0       0       0       95,474       12.         13.00       70.00       ELECTROENCEPHALOGRAPHY       0       12,344       676       676       13.         14.00       70.00       ELECTROENCEPHALOGRAPHY       0       1,899 <t< td=""><td></td><td>13.00</td><td>NURSING ADMINISTRATION</td><td></td><td></td><td></td><td></td><td></td><td>1.00</td></t<>		13.00	NURSING ADMINISTRATION						1.00
4.00       30.00       ADULTS & PEDIATRICS       0       15,667       6,256       6,256       4.         5.00       30.00       ADULTS & PEDIATRICS       0       0       0       2,475,548       5.         6.00       31.00       INTENSIVE CARE UNIT       0       47,761       21,650       21,650       6.         7.00       50.00       OPERATING ROOM       0       10,543       613       652,761       7.         8.00       50.10       OPEN HEART SURGERY       0       30,326       20,914       21,934       8.         9.00       60.00       LABORATORY       0       25,257       10,619       13,971       9.         10.00       65.00       RSPI RATORY THERAPY       0       0       0       55,315       10.         11.00       66.00       PHYSI CAL THERAPY       0       0       0       114,314       11.         12.00       66.00       PHYSI CAL THERAPY       0       0       0       95,474       12.         13.00       70.00       ELECTROENCEPHALOGRAPHY       0       1,899       301       301       14.         14.00       70.00       ELECTROENCEPHALOGRAPHY       0       1,899									2.00
5.00         30.00         ADULTS & PEDIATRICS         0         0         2,475,548         5.           6.00         31.00         INTENSIVE CARE UNIT         0         47,761         21,650         21,650         6.           7.00         50.00         OPERATING ROOM         0         10,543         613         652,761         7.           8.00         50.01         OPEN HEART SURGERY         0         30,326         20,914         21,934         8.           9.00         60.00         ABORATORY         0         25,257         10,619         13,971         9.           10.00         65.00         RESPI RATORY THERAPY         0         0         0         55,315         10.           11.00         66.00         PHYSI CAL THERAPY         0         0         0         114,314         11.           12.00         66.00         PHYSI CAL THERAPY         0         0         0         95,474         12.           13.00         70.00         ELECTROENCEPHALOGRAPHY         0         1,899         301         301         14.           15.00         76.02         CARDI OVASCULAR SERVI CES         0         570         145         145         16. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3.00 4.00</td>									3.00 4.00
6.00       31.00       INTENSI VE CARE UNIT       0       47,761       21,650       21,650       6.         7.00       50.00       OPERATI NG ROOM       0       10,543       613       652,761       7.         8.00       50.01       OPEN HEART SURGERY       0       30,326       20,914       21,934       8.         9.00       60.00       LABORATORY       0       25,257       10,619       13,971       9.         10.00       65.00       RESPI RATORY THERAPY       0       0       0       55,315       10.         11.00       66.00       PHYSI CAL THERAPY       0       0       0       95,474       11.         12.00       66.00       PHYSI CAL THERAPY       0       12,344       676       676       13.         14.00       70.00       ELECTROENCEPHALOGRAPHY       0       1,899       301       301       14.         15.00       76.02       CARDI OVASCULAR SERVI CES       0       15,572       5,748       8,740       15.         16.00       76.02       CARDI OVASCULAR SERVI CES       0       570       145       145       16.         17.00       76.08       WOUND CARE       0       6,457				0					4.00 5.00
8.00         50.01         OPEN HEART SURGERY         0         30, 326         20, 914         21, 934         8.           9.00         60.00         LABORATORY         0         25, 257         10, 619         13, 971         9.           10.00         65.00         RESPI RATORY THERAPY         0         0         0         55, 315         10.           11.00         66.00         PHYSI CAL THERAPY         0         0         0         114, 314         11.           12.00         66.00         PHYSI CAL THERAPY         0         0         0         95, 474         12.           13.00         70.00         ELECTROENCEPHALOGRAPHY         0         12, 344         676         676         13.           14.00         70.00         ELECTROENCEPHALOGRAPHY         0         15, 572         5, 748         8, 740         14.           15.00         76.02         CARDI OVASCULAR SERVI CES         0         570         145         145         16.           17.00         76.08         WOUND CARE         0         6, 457         1, 023         1, 023         17.           18.00         76.10         I NFUSI ON         0         8, 641         4, 934         11,	6.00	31.00	INTENSIVE CARE UNIT	0	47, 761	21, 650	21, 650		6.00
9.00         60.00         LABORATORY         0         25,257         10,619         13,971         9.           10.00         65.00         RESPI RATORY THERAPY         0         0         0         55,315         10.           11.00         66.00         PHYSI CAL THERAPY         0         0         0         114,314         11.           12.00         66.00         PHYSI CAL THERAPY         0         0         0         95,474         12.           13.00         70.00         ELECTROENCEPHALOGRAPHY         0         12,344         676         676         13.           14.00         70.00         ELECTROENCEPHALOGRAPHY         0         1,899         301         301         14.           15.00         76.02         CARDI OVASCULAR SERVI CES         0         570         145         145         16.           16.00         76.02         CARDI OVASCULAR SERVI CES         0         570         145         145         16.           17.00         76.08         WOUND CARE         0         6,457         1,023         1,023         17.           18.00         76.10         I NFUSI ON         0         8,641         4,934         11,009         18				0					7.00
10.00         65.00         RESPI RATORY THERAPY         0         0         0         55,315         10.           11.00         66.00         PHYSI CAL THERAPY         0         0         0         114,314         11.           12.00         66.00         PHYSI CAL THERAPY         0         0         0         95,474         12.           13.00         70.00         ELECTROENCEPHALOGRAPHY         0         12,344         676         676         13.           14.00         70.00         ELECTROENCEPHALOGRAPHY         0         1,899         301         301         14.           15.00         76.02         CARDI OVASCULAR SERVI CES         0         15,572         5,748         8,740         15.           16.00         76.02         CARDI OVASCULAR SERVI CES         0         570         145         145         16.           17.00         76.08         WOUND CARE         0         6,457         1,023         1,023         17.           18.00         76.10         I NFUSI ON         0         8,641         4,934         11,009         18.									8.00 9.00
12. 00         66. 00         PHYSI CAL THERAPY         0         0         0         95, 474         12.           13. 00         70. 00         ELECTROENCEPHALOGRAPHY         0         12, 344         676         676         13.           14. 00         70. 00         ELECTROENCEPHALOGRAPHY         0         1,899         301         301         14.           15. 00         76. 02         CARDI OVASCULAR SERVI CES         0         15, 572         5,748         8,740         15.           16. 00         76. 02         CARDI OVASCULAR SERVI CES         0         570         145         145         16.           17. 00         76. 08         WOUND CARE         0         6,457         1,023         1,023         17.           18. 00         76. 10         I NFUSI ON         0         8,641         4,934         11,009         18.	10.00	65.00	RESPI RATORY THERAPY	0	0	0	55, 315		10.00
13. 00       70. 00       ELECTROENCEPHALOGRAPHY       0       12, 344       676       676       13.         14. 00       70. 00       ELECTROENCEPHALOGRAPHY       0       1, 899       301       301       14.         15. 00       76. 02       CARDI OVASCULAR SERVI CES       0       15, 572       5, 748       8, 740       15.         16. 00       76. 02       CARDI OVASCULAR SERVI CES       0       570       145       145       16.         17. 00       76. 08       WOUND CARE       0       6, 457       1, 023       1, 023       17.         18. 00       76. 10       I NFUSI ON       0       8, 641       4, 934       11, 009       18.				0	-	-			11.00
14. 0070. 00ELECTROENCEPHALOGRAPHY01, 89930130114.15. 0076. 02CARDI OVASCULAR SERVICES015, 5725, 7488, 74015.16. 0076. 02CARDI OVASCULAR SERVICES057014514516.17. 0076. 08WOUND CARE06, 4571, 0231, 02317.18. 0076. 10I NFUSI ON08, 6414, 93411, 00918.						-			12.00 13.00
16. 00         76. 02         CARDI OVASCULAR SERVICES         0         570         145         145         16.           17. 00         76. 08         WOUND CARE         0         6, 457         1, 023         1, 023         17.           18. 00         76. 10         I NFUSI ON         0         8, 641         4, 934         11, 009         18.		70.00	ELECTROENCEPHALOGRAPHY	0					14.00
17. 00         76. 08         WOUND_CARE         0         6, 457         1, 023         1, 023         17.           18. 00         76. 10         I NFUSI ON         0         8, 641         4, 934         11, 009         18.				0					15.00
18.00 76.10 I NFUSI ON 0 8,641 4,934 11,009 18.									16. 00 17. 00
									17.00
				0					19.00

Heal th	Financial Syste	ems	FRANCISCAN ST M	ARGARE	T-HAMMONI	)	In Lie	u of Form CMS-	2552-10
PROVI DE	ER BASED PHYSIC	I AN ADJUSTMENT			Provi der		Period:	Worksheet A-8	3-2
							From 01/01/2015 To 12/31/2015	Date/Time Pre 3/29/2016 11:	epared: 37 am
	Wkst. A Line #	Cost Center/Physician	Provi der	Adj us	sted RCE	RCE	Adjustment		
		I denti fi er	Component	Ľ	imit	Di sal I owance			
			Share of col.						
			14						
	1.00	2.00	15.00	1	6.00	17.00	18.00		
20.00	91.00	EMERGENCY	0		0		5, 178, 546		20.00
21.00	91.00	EMERGENCY	0		73, 683	25, 24	25, 240		21.00
200.00			0		354, 687	133, 10	5 8, 813, 300		200. 00

	Financial Systems F ALLOCATION - GENERAL SERVICE COSTS	FRANCISCAN ST MA		CCN: 150004 P	eriod: rom 01/01/2015		
				Т	o 12/31/2015	Date/Time Pre 3/29/2016 11:	pared: 37 am
			CAPI TAL REI	LATED COSTS			
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	COMMUNI CATI ONS	
		0	1.00	2.00	4.00	5. 01	
1 00	GENERAL SERVICE COST CENTERS			1	1		
1.00 2.00 4.00 5.01 5.02	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00550 DATA PROCESSI NG	4, 319, 451 3, 969, 446 21, 285, 647 837, 428 7, 099, 084	4, 319, 451 19, 382 10, 055 59, 676	6, 201	21, 311, 716 99, 287	952, 971 0	1.00 2.00 4.00 5.01 5.02
5.02	00560 PURCHASING RECEIVING AND STORES	389, 885	12, 814			13, 483	
5.04 5.05 6.00 7.00	00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	682, 943 11, 926, 853 4, 498, 396 3, 920, 033	29, 250 312, 296 289, 199 190, 365	0 43, 065 28, 189	0 1, 050, 003 604, 186	40, 931 118, 941	5. 04 5. 05 6. 00
8.00	00800 LAUNDRY & LINEN SERVICE	351, 522	5, 038			6, 260	•
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	1, 830, 866 279, 479	73, 499 76, 766			6, 741 13, 002	9.00 10.00
11.00	01100 CAFETERIA	347, 370	44, 563		216, 077	13,002	•
13.00	01300 NURSI NG ADMI NI STRATI ON	3, 538, 973	49, 427	41, 859	1, 230, 992	32, 263	•
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	658, 205 3, 977, 879	71, 308 42, 746				•
	01600 MEDICAL RECORDS & LIBRARY	3, 619, 945	126, 627	2, 137		8, 186	•
17.00	01700 SOCIAL SERVICE	0	7, 510	C	0	0	
22. 00 23. 00	02200 I & R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECI FY)	573, 782	0		0	0 482	
23. 01	02301 PARAMED ED PRGM - LAB	255, 713	0	C	27, 023	482	23.01
23.02	02302 PARAMED ED PRGM - RADIOLOGY	70, 429	0	0	25, 732	482	
23. 03 23. 04	02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY	66, 970 577, 231	0		24, 264 205, 713	482	
20101	INPATIENT ROUTINE SERVICE COST CENTERS	0777201		· · · · · · · · · · · · · · · · · · ·		,	
30.00	03000 ADULTS & PEDIATRICS	11, 356, 445	847, 844				30.00
31.00 32.00	03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	2, 668, 101	128, 598 0	83, 407	915, 222 0	24, 077	31.00 32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0	0	C	0	0	35.00
40.00	04000 SUBPROVIDER - IPF	4, 632, 588	0	2, 258		0	40.00
43.00 44.00	04300 NURSERY 04400 SKILLED NURSING FACILITY	672, 570 0	0		209, 036 0	0	43.00
45.00	04500 NURSING FACILITY	0	0	C	0	0	45.00
50.00	ANCI LLARY SERVI CE COST CENTERS	1, 394, 429	244, 449	318, 920	309, 798	56, 340	50.00
		236, 459	0			0	
	05002 OUTPATI ENT SURGERY	1,007,034	186, 724				50.02
51.00 53.00	05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	283, 637 3, 005, 817		1, 447 145, 884		0 4, 334	
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 310, 416	112, 971	99, 087			•
54.01	05401 RADI OLOGY SPECI AL PROCEDURES	938, 470	27, 272			2, 889	1
54.02 55.00	05402 ULTRASOUND 05500 RADI OLOGY - THERAPEUTI C	381, 668	13, 576	79, 908	135, 004	6, 260	
55.01	05501 COMPUTED TOMOGRAPHY	707, 042	13, 890	294	162, 380	0	55.01
57.00	05700 CT SCAN	0	0	C	0	0	57.00
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0				0	58.00 59.00
60.00	06000 LABORATORY	5, 065, 442	92, 734	C	0	22, 151	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63. 00 63. 01	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	1, 197, 409 558, 261	0 18, 360	C 17, 567	0 0 88, 175	21, 669 6, 260	1
65.00	06500 RESPI RATORY THERAPY	1, 660, 029	36, 840			13, 002	1
66.00	06600 PHYSI CAL THERAPY	2, 403, 852	95, 313	2, 906	499, 004	25, 522	66.00
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	512, 521 306, 154	8, 806 27, 286			5, 778	1
69.00	06900 ELECTROCARDI OLOGY	442, 933	15, 333				69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	271, 791	12, 454	23, 280		9, 149	1
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	2, 471, 644 2, 651, 207			0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	16, 672, 921	0		191, 114	0	1
76.00	03020 PAIN CLINIC	0	0	C	0	0	
76. 01 76. 02	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES	46, 615 1, 158, 505	6, 180 77, 314			0 36, 597	76.01
76.02 76.03	03957 CARDI AC REHABI LI TATI ON	386, 376	11, 719			1, 445	1
76.04	03190 RADI ATI ON ONCOLOGY	805, 884	122, 111	84, 392	207, 040	0	76.04
76.05 76.06	03951 MRI 03952 BARI ATRI C CENTER	247, 731	26, 738			0	•
/0.06	US952 BARTATRIC CENTER	0	0	C	0	0	1 /0.06

	nancial Systems F OCATION - GENERAL SERVICE COSTS	INANCI SCAN ST MA	RGARET-HAMMOND	CCN: 150004	Period:	u of Form CMS-2 Worksheet B	2002-1
LUST ALL	UCATION - GENERAL SERVICE COSTS		FIOVIDEI		From 01/01/2015 To 12/31/2015	Part I	pared: 37 am
			CAPI TAL REL	ATED COSTS		0/2//2010 11.	
	Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	COMMUNI CATI ONS	
		for Cost			BENEFI TS		
		Allocation			DEPARTMENT		
		(from Wkst A					
		<u>col.7)</u>	1.00	2.00	4.00	5. 01	
76.07 03	3550 PSYCH ACTIVITY THERAPY	392, 585	1.00		4.00	5.01	76.0
	8953 WOUND CARE	308, 215	43, 661	1, 97		14, 446	76.0
	954 RENAL DIALYSI S	559, 413	84, 322		0 199, 472	0	76.0
	955 I NFUSI ON	2, 250, 165	4, 436	23, 66		0	76.1
76. 11 03	3956 CARE TRANSITION CENTER	51, 405	0		18, 008	0	76.1
76.12 03	958 ANTI COAGULATI ON CLINIC	198, 471	0		0 61, 206	0	76.1
	ITPATIENT SERVICE COST CENTERS				-		
	8800 RURAL HEALTH CLINIC	0	0		0 0	0	88. C
	3900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.0
		0	0		0 0	0	90.0
	2001 OCC HEALTH CLINIC	0	0		0 0	0	90.0
	2100 EMERGENCY	4, 123, 298	104, 179	132, 53	8 3, 118, 029	0	91. ( 92. (
	2200 OBSERVATION BEDS (NON-DISTINCT PART HER REIMBURSABLE COST CENTERS						92.0
	P900 CMHC	0	0		0 0	0	99. C
	9910 CORF	0	0		0 0	0	99.1
	100 HOME HEALTH AGENCY	2, 296, 298	27, 446	4, 84	-	44, 302	
	ECIAL PURPOSE COST CENTERS	, <u>, , , , ,</u>					
13.0011	300 INTEREST EXPENSE						113. C
18.00	SUBTOTALS (SUM OF LINES 1-117)	150, 711, 331	3, 811, 077	3, 897, 95	8 20, 913, 340	895, 669	118. C
	NREI MBURSABLE COST CENTERS						
	2000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	94, 668	9, 046		0 14, 693	2, 407	
		14, 902	75, 837		0 0	15, 891	
	2002 HOME MEDI CAL EQUI PMENT	150.075	0		0 0		190.0
	2003 MEDICAL ARTS BUILDING 2004 WOMEN'S HEALTH CENTER	150, 975 129, 275	0 7, 670	58.	2 0 0 46,007	2, 407	190.0
	2005 DEVELOPMENT	129,275	, 0,0		0 40,007		190.0
	2006 NEUROSURGERY PROF SERVICES	0	0		0 0		190.0
	2007 I MAGE RECOVERY	0	0		0 0		190.0
	2008 FAMILY SERVICES	63	0		0 0		190.0
	2009 MDWI SE	11, 546, 468	0		22, 681		190.0
90.1019	2010 CATHERINE MCAULEY CLINIC	422, 060	0	2, 00	4 126, 043	2, 889	190. 1
90. 11 19	PO11 CENTER OF HOPE	14, 615	3, 361		5, 224	0	190. 1
	012 SELECT	0	267, 606		0 0		190. 1
	PO13 PERCI NI AS	0	0		0 0		190. 1
	200 PHYSI CLANS' PRI VATE OFFI CES	284, 271	26, 551	2, 42		20, 225	
	2201 WORKING WELL	722, 623	0	56, 96	7 145, 342		192.0
	2300 NONPALD WORKERS	0	0	0.54	0		193.0
194.010/	7951 REHAB	0	118, 303	9, 51	3 0	13, 483	194. ( 200. (
200.00	Cross Foot Adjustments Negative Cost Centers		0			^	200. C

COST A	Financial Systems F ALLOCATION - GENERAL SERVICE COSTS	FRANCISCAN ST MA		CCN: 150004 P	eriod: rom 01/01/2015	u of Form CMS-2 Worksheet B Part I	
					0 12/31/2015		pared: 37 am
	Cost Center Description	DATA PROCESSI NG	PURCHASI NG RECEI VI NG AND STORES	ADMI TTI NG	Subtotal	OTHER ADMI NI STRATI VE AND GENERAL	
		5.02	5.03	5.04	5A. 04	5.05	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT			1			1.00
2.00	00200 CAP REL COSTS-MUBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNI CATI ONS						5.01
5.02 5.03	00550 DATA PROCESSING 00560 PURCHASING RECEIVING AND STORES	8, 017, 128 260, 257					5.02 5.03
5.03 5.04	00570 ADMI TTI NG	568, 506		1, 321, 630			5.03
5.05	00590 OTHER ADMINISTRATIVE AND GENERAL	2, 385, 790				15, 836, 958	
6.00	00600 MAINTENANCE & REPAIRS	C	20	0	5, 485, 966	586, 027	6.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE		0 0 7,850	0	4, 287, 166 459, 797	457, 968 49, 117	7.00 8.00
8.00 9.00	00900 HOUSEKEEPING		456		2, 459, 030	262, 681	9.00
10.00	01000 DI ETARY	C	7, 827	0	527, 377	56, 336	10.00
11.00	01100 CAFETERI A	C	0 0	0	608, 010	64, 949	
13.00	01300 NURSI NG ADMI NI STRATI ON	92, 972				532, 695	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	527, 783	25, 734 28, 644	0		95, 863 563, 671	14.00 15.00
16.00	01600 MEDI CAL RECORDS & LI BRARY	2, 010, 633		0	5, 849, 013	624, 809	
17.00	01700 SOCIAL SERVICE	C	0	0	7, 510	802	17.00
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	C	0	0	573, 782	61, 293	
23.00 23.01	02300 PARAMED ED PRGM-(SPECIFY) 02301 PARAMED ED PRGM - LAB			0	482 283, 218	51 30, 254	23.00 23.01
23.01	02302 PARAMED ED PRGM - RADI OLOGY			0	96, 643	10, 324	
23.03	02303 PARAMED ED PRGM - RESP THER	C	0	0		9, 797	23.03
23.04	02304 PARAMED ED PRGM-PHARMACY	C	0	0	782, 944	83, 636	23.04
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	C	E0 722	87, 099	17 754 452	1 00/ 570	20.00
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNI T					1, 896, 578 412, 583	30.00 31.00
32.00	02060 CORONARY CARE UNI T		0	0	0,002,000	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	C	0	0	0	0	35.00
40.00	04000 SUBPROVIDER - IPF	0	962	75, 607	5, 712, 030	610, 176	40.00
43.00 44.00	04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY			876 0		94, 269 0	43.00 44.00
45.00	04500 NURSING FACILITY		-		-	0	
	ANCILLARY SERVICE COST CENTERS	1		1	1		
50.00	05000 OPERATING ROOM	168, 643				288, 244	50.00
50. 01 50. 02	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY		0 10, 778 24, 644			32, 636 172, 907	50.01 50.02
51.00	05100 RECOVERY ROOM		1, 263			42, 080	
53.00	05300 ANESTHESI OLOGY	C	8, 963			342, 761	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	462, 946			2, 473, 246	264, 200	
	05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND		46, 291 8, 393	20, 549 21, 678		166, 568 69, 060	
55.00	05500 RADI OLOGY-THERAPEUTI C		0,373	0	040,407	07,000	
55.01	05501 COMPUTED TOMOGRAPHY	C	8, 448	72, 841	964, 895	103, 073	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON			0	0	0	58.00 59.00
59.00 60.00	06000 LABORATORY	1, 072, 911	, 0   0	123, 675	6, 376, 913	681, 201	60.00
60. 01	06001 BLOOD LABORATORY	0	o o	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	7, 821	1, 226, 899	131, 061	63.00
63.01	06301 NUCLEAR MEDI CI NE 06500 RESPI RATORY THERAPY		375			74,967	63.01
65.00 66.00	06600 PHYSI CAL THERAPY		10, 441 1, 080	45, 188 12, 657	2, 375, 417 3, 040, 334	253, 749 324, 778	65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY		1, 635			76, 085	67.00
68.00	06800 SPEECH PATHOLOGY	C	2, 682	2, 832	442, 219	47, 239	68.00
69.00		0	764			74, 986	
70.00 71.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		765	5, 109 38, 834		43, 901 268, 177	70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS			12, 079		284, 500	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	349, 765		1, 838, 830	
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76. 01 76. 02	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES		2, 111	275	70, 606	7, 542	76.01 76.02
76.02 76.03	03140 CARDI OVASCULAR SERVICES 03957 CARDI AC REHABI LI TATI ON		139, 536 488		1, 845, 541 547, 547	197, 146 58, 491	76.02
76.03			585			131, 875	1
76.05	03951 MRI	C	1, 978			72, 191	76.05
76.06	03952 BARI ATRI C CENTER	0	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7,215		42, 708	
76 00	U3733 WUUND CARE		8,375	4, 258	484, 913	51, 800	76.08
76. 08 76. 09	03954 RENAL DI ALYSI S	(	0	5, 622		90, 674	76.09

Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS			CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Date/Time Pre 3/29/2016 11:	pared: 37 am
Cost Center Description	DATA PROCESSI NG	PURCHASI NG RECEI VI NG AND STORES	ADMI TTI NG	Subtotal	OTHER ADMI NI STRATI VE AND GENERAL	
	5.02	5.03	5.04	5A. 04	5.05	
76. 11 03956 CARE TRANSI TI ON CENTER	0			22 69, 435		
76. 12 03958 ANTI COAGULATI ON CLINIC OUTPATI ENT SERVICE COST CENTERS	0	592	1, 40	63 261, 732	27, 959	76. 12
88.00 08800 RURAL HEALTH CLINIC	0	0		0	0	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
90. 00 09000 CLINIC		0			0	90.00
90. 01 09001 OCC HEALTH CLINIC	0	0		0 0	0	90.01
91. 00 09100 EMERGENCY	0	48, 619	129, 80	01 7, 656, 464	817, 886	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	-			0		92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0		0 0	0	
99. 10 09910 CORF	0	, i i i i i i i i i i i i i i i i i i i		0 0	0	99.10
101.00 10100 HOME HEALTH AGENCY	466, 687	8, 068	8, 8	93 3, 650, 989	390, 010	101.00
SPECIAL PURPOSE COST CENTERS		1			1	
113.00 11300 INTEREST EXPENSE 118.00 SUBTOTALS (SUM OF LINES 1-117)	8,017,128	677, 226	1, 321, 6		14 007 510	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	8,017,128	077,220	1, 321, 0	30 149, 670, 710	14, 296, 512	118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 120, 814	12,906	190 00
190. 01 19001 CONVENT	0	0		0 106, 630		
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0		0 0		190.02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	0		0 151, 557	16, 190	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0		0 185, 359	19, 801	190.04
190. 05 19005 DEVELOPMENT	0	0		0 0	0	190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0		190. 06
190. 07 19007 I MAGE RECOVERY	0	0		0 0		190. 07
190. 08 19008 FAMILY SERVICES	0	0		0 63		190. 08
190. 09 19009 MDWI SE	0	0		0 11, 569, 149		
190. 10 19010 CATHERINE MCAULEY CLINIC	0	2, 466		0 555, 462		190.10
190. 11 19011 CENTER OF HOPE	0	0		0 23, 200		190.11
190. 12 19012 SELECT	0	0		0 267, 606		190.12
190. 13 19013 PERCI NI AS 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	97		0 0 0		190. 13 192. 00
192. 00 19200 PHYSICIANS PRIVATE OFFICES	0	2, 518		0 371, 952 0 927, 450		
193. 00 19300 NONPALD WORKERS	0	2, 518		0 927, 430		192.01
194. 01 07951 REHAB		0		0 141, 299		
200.00 Cross Foot Adjustments				0	13,074	200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum Lines 118-201)	8, 017, 128	682, 307	1, 321, 6	164, 091, 251		

COST A	Financial Systems NLLOCATION - GENERAL SERVICE COSTS		Provi der		Period:	u of Form CMS-2 Worksheet B Part I	
					From 01/01/2015 To 12/31/2015		pared:
	Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	<u>3/am</u>
		REPAI RS	PLANT	LINEN SERVICE		10.00	
	GENERAL SERVICE COST CENTERS	6.00	7.00	8.00	9.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS						4.00 5.0
5.01	00550 DATA PROCESSING						5.0
5.03	00560 PURCHASING RECEIVING AND STORES						5.0
5.04	00570 ADMI TTI NG						5.0
5.05	00590 OTHER ADMINISTRATIVE AND GENERAL						5.0
5.00	00600 MAINTENANCE & REPAIRS	6,071,993	E 047 400				6.0
7.00 3.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	322, 266 8, 528	5, 067, 400 7, 516		2		7.0 8.0
9.00 9.00	00900 HOUSEKEEPING	124, 425	109, 659	524, 950			9.0
10.00	01000 DI ETARY	129, 956	114, 534		68, 389	896, 592	
11.00	01100 CAFETERI A	75, 440	66, 487		39, 700	0	
13.00	01300 NURSI NG ADMI NI STRATI ON	83, 674	73, 744		,	0	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	120, 715 72, 364	106, 390 63, 776		0 63, 526 0 38, 081	0	14.0 15.0
16.00	01600 MEDI CAL RECORDS & LI BRARY	214, 365	188, 926		00,001	0	16.0
17.00	01700 SOCIAL SERVICE	12, 713	11, 204			0	17.0
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	(	o o	0	22.0
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0		0 0	0	23.0
23.01	02301 PARAMED ED PRGM - LAB	0	0		0 0	0	
23. 02 23. 03	02302 PARAMED ED PRGM - RADI OLOGY 02303 PARAMED ED PRGM - RESP THER	0	0			0	
23.03	02304 PARAMED ED PRGM - RESP THER	0	0			0	
20.01	INPATIENT ROUTINE SERVICE COST CENTERS						20.0
30. 00	03000 ADULTS & PEDIATRICS	1, 435, 306	1, 264, 977	404, 21	7 755, 320	690, 373	30.0
31.00	03100 I NTENSI VE CARE UNI T	217, 702	191, 867	57, 740		107, 594	
32.00	02060 CORONARY CARE UNIT	0	0		0 0	0	32.0
35.00 40.00	02040 NEWBORN I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	0	0			0	35. 0 40. 0
43.00	04300 NURSERY	0	0			0	40.0
44.00	04400 SKILLED NURSING FACILITY	0	0		0 0	0	44.0
45.00	04500 NURSING FACILITY	0	0	(	0 0	0	45.00
50.00	ANCI LLARY SERVI CE COST CENTERS	413, 823	364, 714		217, 772	0	50.0
50.00	05001 OPEN HEART SURGERY	0	0			0	50.0
50. 02	05002 OUTPATI ENT SURGERY	316, 102	278, 589		0 166, 347	0	50.0
51.00	05100 RECOVERY ROOM	0	0	(	0 0	0	51.0
53.00	05300 ANESTHESI OLOGY	0	0		0 0	0	53.0
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	191, 247 46, 169	168, 551 40, 690		0 100, 642 0 24, 296	0	54.0 54.0
	05402 ULTRASOUND	22, 983	20, 255		12, 094	0	
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.0
55.01	05501 COMPUTED TOMOGRAPHY	23, 514	20, 724		12, 374	0	55.0
57.00	05700 CT SCAN	0	0	(	0 0	0	57.0
58.00 59.00		0	0			0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	156, 988	138, 358		82,614	0	59.0 60.0
50.00	06001 BLOOD LABORATORY	0	0		0 02,011	0	60.0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	63.00
63. 01	06301 NUCLEAR MEDICINE	31, 081	27, 392		0 16, 356	0	63.0
65.00		62, 365	54, 964		32, 819	0	65.00
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	161, 353 14, 907	142, 205 13, 138		0 84, 911 0 7, 845	0	66.0 67.0
57.00 58.00		46, 191	40, 710		24, 308	0	68.0
		25, 957	22, 877		13, 660	0	69.0
70.00	07000 ELECTROENCEPHALOGRAPHY	21, 082	18, 581		0 11, 095	0	70.0
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0	(	0 0	0	71.0
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0			0	72.0
73.00 76.00	07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC					0	73.0 76.0
76.00	03950 ORTHOPEDI CS	10, 462	9, 221		5, 506	0	
		130, 883	115, 351		68, 877	0	
76. 03	03957 CARDI AC REHABI LI TATI ON	19, 838	17, 484		0 10, 440	0	76.0
		206, 719	182, 188		108, 785	0	
76.05		45, 264	39, 892		23, 820	0	76.0
76.06 76.07	03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	0	0			0	76.0 76.0
76.07	03550 PSYCH ACTIVITY THERAPY	73, 913	65, 142		38, 896	0	76.0
76.09	03954 RENAL DI ALYSI S	142, 748	125, 808		75, 120	0	
					3, 952	0	
76. 10	03955 I NFUSI ON	7, 510	6, 619	1	J J, 7JZ	0	70.1

COST ALLOCATION - GENERAL SERVICE COSTS         Provider CONTON OF MINIOR OF MINIOR CONTON OF MILAURACE MINIOR CONTON OF MINIOR CONTON OF MINIOR CONTON OF MINIOR	Health Financial Systems Ff	RANCISCAN ST MA	RGARET-HAMMOND		Inlie	u of Form CMS-	2552-10
Cost Center Description         MAINTENANCE & REPAIRS         OPERATION OF PLANT         LAUNDRY & LI NEN SERVICE         HOUSEKEEPING         DI ETARY           76. 12         03958         ANTI COAGULATI ON CLINIC         0					Period:		2002 10
Cost Center Description         MAI NTENANCE & OPERATION OF REPAIRS         LAUNDRY & HOUSEKEEPING         DI ETARY           76. 12         03958 ANTI COAGULATION CLINIC         0         0         0         0         0         0         76. 12           0017PATI ENT SERVICE COST CENTERS         0         0         0         0         0         0         76. 12           88. 00         08800 RURAL HEALTH CLINIC         0         0         0         0         0         88. 00         89. 00         0         0         0         88. 00         89. 00         0         0         0         0         89. 00         0         0         0         0         89. 00         0         0         0         0         89. 00         0         0         0         0         0         89. 00         0         0         0         0         0         89. 00         0         0         0         0         0         0         0         0         0         0         89. 00							
Cost Center Description         MAI NTENANCE & OPERATION OF REPAIRS         LAUNDRY & UNSERVICE         HOUSEKEEPING         DI ETARY           6.00         7.00         8.00         9.00         10.00         0           76.12         03958 ANTI COAGULATI ON CLINIC         0         0         0         0         76.12           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         0         76.12           88.00         08800 RURAL HEALTH CLINIC         0         0         0         0         89.00         89.00         89.00         0         0         0         89.00					10 12/31/2015	Jate/IIme Pre	pared: 37 am
REPAIRS         PLANT         LI NEN SERVICE         Constraints	Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG		
76. 12         03958         ANTI COAGULATI ON CLINIC         0		REPAI RS	PLANT	LINEN SERVICE			
OUTPATI ENT SERVICE COST CENTERS           88.00         08800         RURAL HEALTH CLINIC         0         0         0         88.00           89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         89.00							
88.00         08800         RURAL         HEALTH         CLINIC         0         0         0         0         88.00           89.00         08900         FEDERALLY         QUALIFIED         HEALTH         CENTER         0         0         0         0         89.00		0	0	(	0 0	0	76. 12
89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         89.00		-	-		-	-	
		0	0		5	-	
		0	0		0		
		0	0		0	-	
90. 01         09001         OCC         HEALTH         CLINIC         0         0         0         0         0         90. 01           91. 00         09100         EMERGENCY         176, 362         155, 433         0         92, 810         0         91. 00		17( 2(2	155 422			-	
91.00 09100 EMERGENCY 0 91.00 92,810 0 91.00 92.00 92.00 92.00 92.00 92.00 92.00 92.00		170, 302	155, 433		92,810	0	
92. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART 92. 00 OTHER REIMBURSABLE COST CENTERS							92.00
99.00 099001CMHC 0 0 0 0 99.00		0	0			0	99 00
99. 10 09910 CORF 0 0 0 0 0 0 99. 10		0			-		
101. 00 10100 HOME HEALTH AGENCY 46, 463 40, 949 0 24, 451 0 101. 00		46 463	40 949		-	-	
SPECIAL PURPOSE COST CENTERS		10,100	10, 717		21,101		
113. 00 11300 I NTEREST EXPENSE 113. 00							1113.00
118.00 SUBTOTALS (SUM OF LINES 1-117) 5, 211, 378 4, 308, 915 461, 963 2, 502, 901 797, 967 118.00	118.00 SUBTOTALS (SUM OF LINES 1-117)	5, 211, 378	4, 308, 915	461, 96	2, 502, 901	797, 967	118.00
NONREL MBURSABLE COST CENTERS	NONREI MBURSABLE COST CENTERS			•			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 15, 314 13, 497 0 8, 059 0 190.00	190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	15, 314	13, 497	(	0 8, 059	0	190.00
190. 01 19001 CONVENT 128, 384 113, 148 0 67, 561 0 190. 01		128, 384	113, 148		0 67, 561		
190. 02 19002 HOME MEDI CAL EQUI PMENT 0 0 0 0 0 190. 02		0	0		0 0		
190. 03 19003 MEDI CAL ARTS BUILDING 0 0 0 0 190. 03		0	, v		0 0		
190. 04 19004 WOMEN'S HEALTH CENTER 12, 984 11, 443 0 6, 833 0 190. 04		12, 984	11, 443		6, 833		
190.05 DEVELOPMENT 0 0 0 0 190.05		0	0		0 0		
190. 06 19006 NEUROSURGERY PROF SERVICES 0 0 0 0 0 0 190. 06		0	0		0 0		
190. 07 19007 I MAGE RECOVERY 0 0 0 0 0 0 190. 07		0	0		0		
190.08         FAMILY         SERVICES         0		0	0		0		
190. 09 19009 MDWISE 0 0 01 00 01 00 01 00 01 190. 09 190. 09 190. 09 190. 09 01 00 01 00 01 00 01 190. 09 190. 09		0	0				
190. 10 19010 CATHERINE MCADLEY CLINIC 0 0 0 0 0 0 0 190. 10 190. 11 19011 CENTER OF HOPE 5, 689 5, 014 0 2, 994 0 190. 11		U E 490	E 014		2 004		
190. 11 1901 CENTER OF HOPE 5, 889 5, 014 0 2, 994 0 190. 11 190. 12 19012 SELECT 453, 025 399, 264 0 238, 402 0 190. 12							1
190. 13 19013 PERCINIAS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		433,023	0 377, 204		D 230, 402		
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 44, 947 39, 613 0 23, 653 0 192. 00		44 947	39 613		23 653		
1/2. 00 1/2001 WORKING WELL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		0 20,000		1
193.00 19300 NONPAI D WORKERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		0 0		
194. 01 [07951] REHAB 200, 272 176, 506 62, 995 105, 392 98, 625 [194. 01		200, 272	176, 506	62.99	105, 392		
200.00 Cross Foot Adjustments 200.00							
201.00         Negative Cost Centers         0         0         0         0         0         0         201.00	201.00 Negative Cost Centers	0	0		0 0	0	201.00
202. 00         TOTAL (sum lines 118-201)         6, 071, 993         5, 067, 400         524, 958         2, 955, 795         896, 592         202. 00	202.00 TOTAL (sum lines 118-201)	6, 071, 993	5, 067, 400	524, 95	2, 955, 795	896, 592	202.00

OST A	Financial Systems F LLOCATION - GENERAL SERVICE COSTS	RANCISCAN ST MA		CCN: 150004 F	Peri od:	u of Form CMS-2 Worksheet B Part L	
					rom 01/01/2015 o 12/31/2015	Part I Date/Time Pre	pared:
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	3/29/2016 11: MEDI CAL	37 am
			ADMI NI STRATI ON	SERVICES &		RECORDS &	
		11.00	13.00	SUPPLY 14.00	15.00	LI BRARY 16. 00	
	GENERAL SERVICE COST CENTERS			11.00	10.00	10.00	
	00100 CAP REL COSTS-BLDG & FIXT						1.0
	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.0 4.0
	01160 COMMUNI CATI ONS						4.0 5.0
. 02	00550 DATA PROCESSI NG						5.0
	00560 PURCHASING RECEIVING AND STORES						5.0
0.04	00570 ADMI TTI NG						5.0
	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS						5. C 6. C
	00700 OPERATION OF PLANT						7. C
	00800 LAUNDRY & LINEN SERVICE						8. C
	00900 HOUSEKEEPING						9.0
	01000 DI ETARY 01100 CAFETERI A	854, 586					10. C
	01300 NURSI NG ADMI NI STRATI ON	59, 568					13. C
	01400 CENTRAL SERVICES & SUPPLY	7,773		1, 291, 671			14. C
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	37, 392 5, 832		5, 266	6, 057, 233 0	6, 995, 754	15. C 16. C
	01700 SOCIAL SERVICE	5, 632				0, 995, 754	17. C
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	C	0	C	0	0	22. C
	02300 PARAMED ED PRGM-(SPECIFY)	C	u u	C	0	0	23. C
	02301 PARAMED ED PRGM - LAB	1,236			0	0	23. C 23. C
	02302 PARAMED ED PRGM - RADI OLOGY 02303 PARAMED ED PRGM - RESP THER	1, 334				0	23.0
	02304 PARAMED ED PRGM-PHARMACY	7,469		C		0	23.0
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	239, 134		74, 124		460, 980	
	03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	45, 235		20, 002		109, 557 0	31. C 32. C
	02040 NEWBORN I NTENSI VE CARE UNI T	C	-	C	-	0	35. C
	04000 SUBPROVI DER – I PF	C	1, 153, 081	1, 667		400, 155	
	04300 NURSERY	C	0	C	-	4, 635	
1	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY		-		-	0	44.0 45.0
	ANCI LLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	18, 143		27, 097		208, 397	50.0
	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY	887		3, 130 14, 045		17, 882 91, 858	
	05100 RECOVERY ROOM	4, 226		1, 477		36, 833	
	05300 ANESTHESI OLOGY	2, 143		4, 300		120, 002	
	05400 RADI OLOGY-DI AGNOSTI C	31, 846		3, 332		143,066	
	05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND	12, 407 6, 205		4, 932 1, 481		108, 759 114, 736	
	05500 RADI OLOGY - THERAPEUTI C	0,200	0	(, 401 C	0	0	
	05501 COMPUTED TOMOGRAPHY	8, 266	0	11, 222	0	385, 517	55.0
	05700 CT SCAN	C	0	C	0	0	
	05800 MRI 05900 CARDI AC CATHETERI ZATI ON					0	58. 0 59. 0
	06000 LABORATORY		0		0	654, 560	
	06001 BLOOD LABORATORY	C	0	C	0 0	0	60. (
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	-	41, 391	
	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY	3, 306		594 5, 392		67, 683 239, 164	
	06600 PHYSI CAL THERAPY	42, 834		749		66, 988	
	06700 OCCUPATI ONAL THERAPY	7, 517		442		36, 184	
	06800 SPEECH PATHOLOGY	3, 644		34		14, 991	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	8, 568		1, 191 1, 125		139, 662 27, 038	
1	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4, 346	0, 308	505, 133		205, 532	
2.00	07200 IMPL. DEV. CHARGED TO PATIENTS	C	0	491, 152	0	63, 928	72.
	07300 DRUGS CHARGED TO PATIENTS	C	0	C	-, ,	1, 852, 054	
	03020 PAIN CLINIC 03950 ORTHOPEDICS	621	-	C 797	, v	0 1, 453	76. 76.
-	03140 CARDI OVASCULAR SERVI CES	14, 106		19, 823		1, 453	
6. 03	03957 CARDI AC REHABI LI TATI ON	6, 867		669	0	17, 134	
	03190 RADIATION ONCOLOGY	9, 168		976		76, 775	
	03951 MRI 03952 BARLATRIC CENTER	2,460	0	198	0	105, 953	
	03952 BARIATRIC CENTER 03550 PSYCH ACTIVITY THERAPY					0 38, 188	76. 76.
	03953 WOUND CARE	6, 005	50, 459	1, 592	1, 956	22, 536	
	03954 RENAL DI ALYSI S	C	0	C	0	29, 756	
	03955 I NFUSI ON	33, 560	266, 770	22, 847	0	177, 145	

Health Financial Systems FF	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS			CCN: 150004	Peri od:	Worksheet B	
				rom 01/01/2015	Part I	
				Fo 12/31/2015	Date/Time Pre 3/29/2016 11:	pared:
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	37 am
cost center bescription		ADMI NI STRATI ON		PHARMACT	RECORDS &	
			SUPPLY		LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
76. 11 03956 CARE TRANSI TI ON CENTER	597				119	76.11
76. 12 03958 ANTI COAGULATI ON CLINIC	2,902	0	1, 13:	2 0	7, 745	76.12
OUTPATIENT SERVICE COST CENTERS	, , ,					
88.00 08800 RURAL HEALTH CLINIC	0	0	(	0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	(	0 0	0	89.00
90. 00 09000 CLINIC	0	0	(	0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	(	0 0	0	90.01
91.00 09100 EMERGENCY	86, 417	588, 289	57, 97	5 2, 220	686, 985	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						1
99.00 09900 CMHC	0	0	(	0 0	0	99.00
99. 10 09910 CORF	0	0	(	0 0	0	99.10
101.00 10100 HOME HEALTH AGENCY	40, 472	296, 164	3, 93	3 571	47,069	101.00
SPECIAL PURPOSE COST CENTERS						1
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	805, 756	5, 739, 269	1, 287, 830	6, 038, 418	6, 995, 754	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 916	0	(			190. 00
190. 01 19001 CONVENT	0	0	(	0 0		190. 01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0	(	0 0		190. 02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	0	(	0 0		190. 03
190. 04 19004 WOMEN' S HEALTH CENTER	4,068	0	(	0 0		190. 04
190. 05 19005 DEVELOPMENT	0	0	(	0 0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0	(	0 0		190.06
190. 07 19007 I MAGE RECOVERY	0	0	(	0 0		190.07
190. 08 19008 FAMILY SERVICES	0	0	(	0 0		190.08
190. 09 19009 MDWI SE	1, 357					190.09
190. 10 19010 CATHERINE MCAULEY CLINIC	6, 420		67:			190.10
190. 11 19011 CENTER OF HOPE	24		(	0 0		190. 11
190. 12 19012 SELECT	0	0	(	0 0		190. 12
190. 13 19013 PERCI NI AS	0	0	(	0 0		190.13
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	2,832					192.00
192.01 19201 WORKING WELL	8, 874	0	3, 07	12, 467		192.01
193. 00 19300 NONPAID WORKERS	0	0	(			193.00
194. 01 07951 REHAB	23, 339	0	(	ן ע	0	194.01
200.00 Cross Foot Adjustments	_				-	200.00
201.00 Negative Cost Centers	0	0	(			201.00
202.00   TOTAL (sum lines 118-201)	854, 586	5, 780, 418	1, 291, 67	6, 057, 233	6, 995, 754	202.00

IST A	LLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150004	Period: From 01/01/2015	Worksheet B Part I	
					To 12/31/2015	Date/Time Pre 3/29/2016 11:	pare 37 a
			I NTERNS & RESI DENTS				
	Cost Center Description	SOCI AL SERVI CE	SERVI CES-OTHER		PARAMED ED	PARAMED ED	
			PRGM COSTS	PRGM	PRGM - LAB	PRGM -	
		17.00	APPRV 22.00	23.00	23.01	RADI OLOGY 23. 02	
	GENERAL SERVICE COST CENTERS			L			
	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.
	00400 EMPLOYEE BENEFITS DEPARTMENT						4.
	01160 COMMUNI CATI ONS						5.
	00550 DATA PROCESSI NG						5.
	00560 PURCHASING RECEIVING AND STORES						5.
	00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL						5
	00600 MAI NTENANCE & REPAI RS						6
	00700 OPERATION OF PLANT						7.
	00800 LAUNDRY & LINEN SERVICE						8
	00900 HOUSEKEEPING						9.
	01000 DI ETARY 01100 CAFETERI A						10
	01300 NURSI NG ADMI NI STRATI ON						13
	01400 CENTRAL SERVICES & SUPPLY						14
	01500 PHARMACY						15
	01600 MEDICAL RECORDS & LIBRARY						16
	01700 SOCIAL SERVICE	38, 919	425 075				17
	02200 I & R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY)	0	635, 075	53	13		22
	02301 PARAMED ED PRGM - LAB	0			315, 259		23
	02302 PARAMED ED PRGM - RADI OLOGY	0				108, 301	23
	02303 PARAMED ED PRGM - RESP THER	0					23
04	02304 PARAMED ED PRGM-PHARMACY	0					23
00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	2, 556	(		0 0	0	30
	03100 I NTENSI VE CARE UNI T	607			0 0	0	31
	02060 CORONARY CARE UNI T	0	0		0 0	0	32
	02040 NEWBORN INTENSIVE CARE UNIT	0	(	)	0 0	0	35
	04000 SUBPROVI DER – I PF 04300 NURSERY	2, 219			0 0	0	40
	04400 SKI LLED NURSING FACILITY	0			0 0	0	
	04500 NURSING FACILITY	0	(		0 0	0	45
	ANCI LLARY SERVICE COST CENTERS		-				1
	05000 OPERATING ROOM 05001 OPEN HEART SURGERY	1, 156			0 0	0	50 50
	05002 OUTPATIENT SURGERY	509			0 0	0	50
	05100 RECOVERY ROOM	204	0		0 0	0	
	05300 ANESTHESI OLOGY	665	0		0 0	0	53
	05400 RADI OLOGY-DI AGNOSTI C	793	0		0 0	102, 886	
	05401 RADI OLOGY SPECIAL PROCEDURES 05402 ULTRASOUND	603			0 0	2, 166 1, 083	
	05500 RADI OLOGY-THERAPEUTI C	030			0 0	0	
	05501 COMPUTED TOMOGRAPHY	2, 138	(		0 0	2, 166	55
	05700 CT SCAN	0	(		0 0	0	57
	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0			0 0	0	58
	06000 LABORATORY	3,630			0 258, 513	0	59 60
	06001 BLOOD LABORATORY	0			0 0	0	60
00	06300 BLOOD STORING, PROCESSING & TRANS.	230	0		0 50, 441	0	63
	06301 NUCLEAR MEDICINE	375	(		0 6, 305	0	63
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	1, 326				0	65 66
	06700 OCCUPATIONAL THERAPY	201		ó	0 0	0	67
	06800 SPEECH PATHOLOGY	83	0	þ	0 0	0	68
	06900 ELECTROCARDI OLOGY	774	c		0 0	0	69
	07000 ELECTROENCEPHALOGRAPHY	150			0 0	0	70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	1, 140			0 0	0	71
	07200 TMPL. DEV. CHARGED TO PATTENTS 07300 DRUGS CHARGED TO PATTENTS	10, 398		53		0	73
	03020 PAIN CLINIC	0			0 0	0	76
01	03950 ORTHOPEDI CS	8	(		0 0	0	76
	03140 CARDI OVASCULAR SERVI CES	961	(	D	0 0	0	76
	03957 CARDI AC REHABI LI TATI ON	95			0 0	0	76
	03190 RADIATION ONCOLOGY 03951 MRI	426			0 0	0	76
	03951 MRI 03952 BARI ATRI C CENTER	588			0 0	0	76   76
	03550 PSYCH ACTI VI TY THERAPY	212		þ	0 0	0	
07							

Health Financial Systems F	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS			1	Period: From 01/01/2015 Fo 12/31/2015	Worksheet B Part I	pared:
Cost Center Description	SOCI AL SERVI CE	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADI OLOGY	
	17.00	22.00	23.00	23.01	23.02	
76. 09 03954 RENAL DI ALYSI S	165	0	(	0 0	0	76.09
76. 10 03955 I NFUSI ON	982	0	(	0 0	0	76.10
76. 11 03956 CARE TRANSITION CENTER	1	0	(	0 0	0	76. 11
76.12 03958 ANTI COAGULATI ON CLINIC	43	0	(	0 0	0	76. 12
OUTPATIENT SERVICE COST CENTERS						1
88.00 08800 RURAL HEALTH CLINIC	0	0	(	0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	(	0 0	0	89.00
90. 00 09000 CLINIC	0	0	(	0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	(	0 0	0	90.01
91.00 09100 EMERGENCY	3, 809	635, 075	(	0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0		0 0	0	
99. 10 09910 CORF	0	0		0 0	0	
101.00 10100 HOME HEALTH AGENCY	261	0	(	0 0	0	101.00
SPECIAL PURPOSE COST CENTERS				· · · · · · · · · · · · · · · · · · ·		-
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	38, 919	635, 075	533	3 315, 259	108, 301	118.00
NONREI MBURSABLE COST CENTERS	-	-		-1 -1		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0		190.00
190. 01 19001 CONVENT	0	0	(	0		190.01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0	(	0		190.02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	0	(	0		190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	(	0		190.04
	0	0	(			190.05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0		190.06
190. 07 19007 I MAGE RECOVERY	0	0		0		190.07
190. 08 19008 FAMILY SERVICES	0	0				190.08
190. 09 19009 MDWI SE	0	0				190.09
190. 10 19010 CATHERINE MCAULEY CLINIC	0	0				190. 10 190. 11
190. 11 19011 CENTER OF HOPE 190. 12 19012 SELECT	0	0				•
	0	0				190. 12 190. 13
190. 13 19013 PERCI NI AS 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	0				190. 13
192. 0019200 PHYSICIANS PRIVATE OFFICES	0	0				192.00
192. 0119201 WORKING WELL 193. 00 19300 NONPALD WORKERS		0				192.01
193. 00 19300 NONPATD WORKERS 194. 01 07951 REHAB		0				193.00
200.00 Cross Foot Adjustments	0					200.00
200.00 Regative Cost Centers	_					200.00
202.00 TOTAL (sum lines 118-201)	38, 919	635, 075	533	3 315, 259	108, 301	
202.00   10TAL (3011 11163 110-201)	30, 717	035,075	1 33.	515,257	100, 301	202.00

ST ALL	LOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150004	Period: From 01/01/2015	Worksheet B	
					To 12/31/2015	Part I Date/Time Pre	epar
	Cost Center Description	PARAMED ED PRGM - RESP	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost	<u>3/29/2016</u> 11: Total	37
		THER			& Post Stepdown		
		23.03	23.04	24.00	Adjustments 25.00	26.00	
	ENERAL SERVICE COST CENTERS	20100	20101	2	20100	20100	
	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						
	0400 EMPLOYEE BENEFITS DEPARTMENT						
	01160 COMMUNI CATI ONS						1
	00550 DATA PROCESSI NG						
0 8	00560 PURCHASING RECEIVING AND STORES						1
04 0	00570 ADMI TTI NG						1
	00590 OTHER ADMINISTRATIVE AND GENERAL						1
	00600 MAINTENANCE & REPAIRS						
	00700 OPERATION OF PLANT						
	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8
	1000 DI ETARY						10
	1100 CAFETERI A						11
	1300 NURSING ADMINISTRATION	1					1:
	1400 CENTRAL SERVICES & SUPPLY						14
	1500 PHARMACY						15
	1600 MEDICAL RECORDS & LIBRARY						16
	1700 SOCIAL SERVICE						1
	2200 I&R SERVICES-OTHER PRGM COSTS APPRV						22
	02300 PARAMED ED PRGM-(SPECIFY) 02301 PARAMED ED PRGM - LAB						23
	2302 PARAMED ED PRGM - RADIOLOGY						2
	2303 PARAMED ED PRGM - RESP THER	102, 853					23
	2304 PARAMED ED PRGM-PHARMACY		874, 049				23
	NPATIENT ROUTINE SERVICE COST CENTERS		1				
	03000 ADULTS & PEDIATRICS	C				27, 908, 648	
	3100 INTENSIVE CARE UNIT	C				5, 439, 125	
	02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT	0			0 0		
	04000 SUBPROVI DER – I PF					7, 879, 328	
	4300 NURSERY		-			981, 412	
	04400 SKILLED NURSING FACILITY	C			0 0	( C	
00 0	04500 NURSING FACILITY	C	0		0 0	C	) 45
	NCI LLARY SERVI CE COST CENTERS	_					
	05000 OPERATING ROOM	C				4, 307, 066	
	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY		-			360, 234 2, 715, 493	
	15002 OUTPATTENT SURGERT		-	/		486, 276	
	5300 ANESTHESI OLOGY			3, 689, 6			
	05400 RADI OLOGY-DI AGNOSTI C		0			3, 479, 821	
	05401 RADI OLOGY SPECI AL PROCEDURES	C	0			1, 969, 873	
	5402 ULTRASOUND	C	0	895, 1	16 0	895, 116	5 54
	05500 RADI OLOGY-THERAPEUTI C	C	0		0 0	C	
	05501 COMPUTED TOMOGRAPHY	C	0	1, 533, 8	89 0	1, 533, 889	
	D5700 CT SCAN		0		0 0		
	95800 MRI 95900 CARDI AC CATHETERI ZATI ON				0 0		
	6000 LABORATORY			8, 352, 7			
	6001 BLOOD LABORATORY		0	1	0 0	0,017,000	
	06300 BLOOD STORING, PROCESSING & TRANS.	C	0	1, 450, 0	22 0	1, 450, 022	
01 0	06301 NUCLEAR MEDICINE	C	-	999, 6	20 0	999, 620	) 63
	06500 RESPI RATORY THERAPY	102, 853	0	0,.00,0		3, 156, 015	
	06600 PHYSI CAL THERAPY	C	0	3, 864, 5		3, 864, 523	
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY		0	868, 5 619, 4		868, 575 619, 419	
	06900 ELECTROCARDI OLOGY			990, 2		990, 246	
	07000 ELECTROENCEPHALOGRAPHY		0			546, 858	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0			3, 490, 460	
	7200 IMPL. DEV. CHARGED TO PATIENTS	C	0			3, 503, 220	
00 0	7300 DRUGS CHARGED TO PATIENTS	C	874, 049			27, 732, 384	4 73
	03020 PALN CLINIC	C	0		0 0	C	
	3950 ORTHOPEDI CS	C	0	106, 2		106, 216	
	3140 CARDI OVASCULAR SERVI CES	C	0	2, 587, 5		2, 587, 544	
	3957 CARDI AC REHABI LI TATI ON	C	0	688, 1		688, 151	
	03190 RADIATION ONCOLOGY 03951 MRI		0			1, 951, 564	
	13951 MRI 13952 BARI ATRI C CENTER			966, 1	0 0	966, 162	
	03550 PSYCH ACTIVITY THERAPY				-	480, 908	
			. U	1 700, 7	0	-00, 700	- I ''

Health Financial Systems FF	RANCISCAN ST MA	RGARET-HAMMOND		Inlie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS			CCN: 150004	Peri od:	Worksheet B	2002 10
				From 01/01/2015	Part I	
				To 12/31/2015		
					3/29/2016 11:	37 am
Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total	
	PRGM - RESP	PRGM-PHARMACY		Residents Cost		
	THER			& Post		
				Stepdown		
				Adjustments		
	23.03	23.04	24.00	25.00	26.00	
76. 09 03954 RENAL DI ALYSI S	0	0	1, 313, 10		1, 313, 100	
76. 10 03955 I NFUSI ON	0	0	3, 792, 83		3, 792, 838	
76. 11 03956 CARE TRANSITION CENTER	0	0	77,56		77, 569	
76. 12 03958 ANTI COAGULATI ON CLINIC	0	0	301, 51	3 0	301, 513	76. 12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0		0 0	0	90.01
91. 00 09100 EMERGENCY	0	0	10, 959, 72	5 -635, 075	10, 324, 650	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0		0 0	0	99.00
99. 10 09910 CORF	0	0		0 0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	4, 541, 33	2 0	4, 541, 332	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	102, 853	874, 049	145, 784, 01	5 -670, 822	145, 113, 193	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	172, 50	6 0	172, 506	190.00
190. 01 19001 CONVENT	0	0	427, 11	4 0	427, 114	190. 01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0		0 0	0	190. 02
190. 03 19003 MEDICAL ARTS BUILDING	0	0	167, 74	7 0	167, 747	190. 03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	240, 48	8 0	240, 488	190. 04
190. 05 19005 DEVELOPMENT	0	0		0 0	0	190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0	0	190.06
190. 07 19007 I MAGE RECOVERY	0	0		0 0	0	190.07
190. 08 19008 FAMILY SERVICES	0	0	7	0 0	70	190. 08
190. 09 19009 MDWI SE	0	0	12, 817, 76	5 0	12, 817, 765	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	636, 61	8 0	636, 618	190.10
190.11 19011 CENTER OF HOPE	0	0	43, 67	7 0	43, 677	190. 11
190. 12 19012 SELECT	0	0	1, 386, 88	3 0	1, 386, 883	190. 12
190. 13 19013 PERCI NI AS	0	0		0 0	0	190. 13
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	539,90	5 0	539, 905	192.00
192. 01 19201 WORKI NG WELL	0	0	1, 050, 94		1, 050, 941	
193. 00 19300 NONPAI D WORKERS	0	0	, ,	0 0		193.00
194. 01 07951 REHAB	0	0	823, 52	2 0	823, 522	
200.00 Cross Foot Adjustments	0	0	5257 62	0 0		200.00
201.00 Negative Cost Centers	0	0		0 0		201.00
202.00 TOTAL (sum lines 118-201)	102, 853	874, 049	164, 091, 25	-670, 822	163, 420, 429	

	Financial Systems F TION OF CAPITAL RELATED COSTS	RANCISCAN ST MA		CCN: 150004 F	//////////////////////////////////////	u of Form CMS-2 Worksheet B Part II	2002-10
					0 12/31/2015	Date/Time Pre 3/29/2016 11:	
			CAPI TAL REI	LATED COSTS			
	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			1.00	2.00	2A	4.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT			1			1.00
2.00 4.00 5.01 5.02 5.03	00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG 00560 PURCHASI NG RECEI VI NG AND STORES	0 0 0 0	19, 382 10, 055 59, 676 12, 814	856, 470 5, 868	16, 256 916, 146 18, 682	26, 069 122 2 0	2.00 4.00 5.01 5.02 5.03
5.04 5.05 6.00	00570 ADMI TTI NG 00590 OTHER ADMI NI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS	0	29, 250 312, 296 289, 199	43, 065 28, 189	355, 361 317, 388	0 1, 285 740	5.04 5.05 6.00
7.00 8.00 9.00 10.00 11.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 00000 HOUSEKEEPING		190, 365 5, 038 73, 499 76, 766 44, 563	89, 127 13, 570 24, 870	94, 165 87, 069 101, 636 44, 563	147 0 654 154 264	7.00 8.00 9.00 10.00 11.00
13.00 14.00 15.00 16.00 17.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE		49, 427 71, 308 42, 746 126, 627 7, 510	40, 478 3, 605 2, 137	111, 786 46, 351	1, 507 104 821 100 0	17.00
22.00 23.00 23.01 23.02 23.03	02200I &RSERVI CES-OTHERPRGMCOSTSAPPRV02300PARAMEDEDPRGM-(SPECI FY)02301PARAMEDEDPRGM-LAB02302PARAMEDEDPRGM-RADI OLOGY02303PARAMEDEDPRGM-RESPTHER		0 0 0 0 0			0 0 33 31 30	22.00 23.00 23.01 23.02 23.03
23.04	02304 PARAMED ED PRGM-PHARMACY I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	C	0	252	23.04
30. 00 31. 00 32. 00	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	000000000000000000000000000000000000000	847, 844 128, 598 0			5, 460 1, 120 0	
35.00 40.00 43.00	02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY	0	0 0 0	2, 258 0	0	0 1, 225 256	43.00
44.00 45.00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	0	0 0		0	0	44.00 45.00
F0 00	ANCI LLARY SERVICE COST CENTERS		244 440	210.020	<b>F(2,2)</b>	270	
50. 00 50. 01	05000 OPERATI NG ROOM 05001 OPEN HEART SURGERY	0	244, 449 0	318, 920 19, 412		379 43	1
	05002 OUTPATI ENT SURGERY	0	186, 724	34, 892	221, 616		50.02
51.00 53.00	05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	0	0	1, 447 145, 884		123 26	51.00 53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	112, 971	99, 087		511	54.00
54.01	05401 RADI OLOGY SPECI AL PROCEDURES	0	27, 272			321	54.01
54.02 55.00	05402 ULTRASOUND 05500 RADI OLOGY - THERAPEUTI C	0	13, 576 0	79, 908	93, 484	165 0	54.02 55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	13, 890	294	14, 184	199	55.01
57.00 58.00	05700 CT SCAN 05800 MRI	0	0		0	0	57.00 58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	59.00
60.00	06000 LABORATORY	0	92, 734	c	92, 734	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	C	0	0	60.01
63.00 63.01	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	0	18, 360	17, 567	35, 927	0 108	63.00 63.01
65.00	06500 RESPIRATORY THERAPY	0	36, 840			651	65.00
66.00	06600 PHYSI CAL THERAPY	0	95, 313			611	66.00
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	8, 806 27, 286		8, 806 33, 975	216 116	1
69.00	06900 ELECTROCARDI OLOGY	0	15, 333			147	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	12, 454			108	70.00
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0		0	0	
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0			0 234	72.00 73.00
76.00	03020 PAIN CLINIC	0	0		0	234	76.00
76.01	03950 ORTHOPEDI CS	0	6, 180			19	76.01
76.02	03140 CARDI OVASCULAR SERVI CES	0	77, 314	77, 264		396	
76. 03 76. 04	03957 CARDIAC REHABILITATION 03190 RADIATION ONCOLOGY		11, 719 122, 111	8, 408 84, 392		166 253	
76.05	03951 MRI	0	26, 738			60	
76.06	03952 BARI ATRI C CENTER	0	0	C	0	0	76.06
16 07	03550 PSYCH ACTIVITY THERAPY	0	0	( C	0	0	76.07

Health Financial Systems ALLOCATION OF CAPITAL RELATED COSTS	FRANCISCAN ST MA			Peri od:	u of Form CMS Worksheet B	2002 10
				From 01/01/2015	Part II	
				To 12/31/2015	Date/Time Pre 3/29/2016 11:	pared: 37 am
		CAPI TAL REI	ATED COSTS		0/2//2010 111	
Cast Canton Description	Directly	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
Cost Center Description	Assigned New	BLDG & FIXI	MVBLE EQUIP	Subtotal	BENEFITS	
	Capi tal				DEPARTMENT	
	Rel ated Costs					
	0	1.00	2.00	2A	4.00	
76.08 03953 WOUND CARE	0	43, 661	1, 97		127	76.08
76. 09 03954 RENAL DI ALYSI S	0	84, 322		0 84, 322	244	76.09
76. 10 03955 I NFUSI ON	0	4, 436			767	76.10
76. 11 03956 CARE TRANSITION CENTER	0	0		0 0		76.11
76. 12 03958 ANTI COAGULATI ON CLINIC OUTPATI ENT SERVICE COST CENTERS	0	0		0 0	75	76. 12
88. 00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	
90. 00 09000 CLINIC	0	0		0 0	0	
90. 01 09001 OCC HEALTH CLINIC	0	0		0 0	0	
91. 00 09100 EMERGENCY	0	104, 179	132, 53	236, 717	3, 817	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0		0 0	0	
99. 10 09910 CORF	0	0		0 0	0	
101.00 10100 HOME HEALTH AGENCY	0	27, 446	4, 84	7 32, 293	972	101. 00
SPECIAL PURPOSE COST CENTERS	-					110 00
113.00 11300 INTEREST EXPENSE 118.00 SUBTOTALS (SUM OF LINES 1-117)	0	2 011 077	2 007 05		25 502	113.00
NONREI MBURSABLE COST CENTERS	0	3, 811, 077	3, 897, 95	7, 709, 035	25, 582	1118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9, 046		0 9, 046	18	190.00
190. 01 19001 CONVENT	0	75, 837		0 75,837		190.01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0		0 0		190.02
190. 03 19003 MEDICAL ARTS BUILDING	0	0	58	582	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	7, 670		0 7,670	56	190.04
190. 05 19005 DEVELOPMENT	0	0		0 0	0	190. 05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0		190. 06
190.07 19007 I MAGE RECOVERY	0	0		0 0		190. 07
190. 08 19008 FAMILY SERVICES	0	0		0 0		190.08
190. 09 19009 MDWI SE	0	0	0.00	0 0		190.09
190. 10 19010 CATHERINE MCAULEY CLINIC 190. 11 19011 CENTER OF HOPE	0	3, 361	2,00	04 2, 004 0 3, 361		190. 10 190. 11
190. 12 19012 SELECT	0	267, 606		0 267, 606		190.11
190. 13 19013 PERCI NI AS	0	207,000		0 207,000		190.12
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	26, 551	2, 42	-		192.00
192. 01 19201 WORKI NG WELL	0	0	56, 96			192.01
193. 00 19300 NONPALD WORKERS	0	Ő		0 0		193.00
194. 01 07951 REHAB	0	118, 303	9, 51	3 127, 816		194.01
200.00 Cross Foot Adjustments				0		200. 00
201.00 Negative Cost Centers		0		0 0		201.00
202.00 TOTAL (sum lines 118-201)	0	4, 319, 451	3, 969, 44	6 8, 288, 897	26, 069	202.00

	Financial Systems	FRANCISCAN ST MAI				u of Form CMS-2	2552-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provi der		eriod: rom 01/01/2015	Worksheet B Part II	
				T			pared:
	Cost Center Description	COMMUNI CATI ONS	DATA	PURCHASI NG	ADMI TTI NG	0THER	
	· · · · · · · · · · · · · · · · · · ·		PROCESSI NG	RECEIVING AND		ADMI NI STRATI VE	
		F 01	F 02	STORES	E 04	AND GENERAL	
	GENERAL SERVICE COST CENTERS	5.01	5.02	5.03	5.04	5.05	
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	1/ 270					4.00
5.01 5.02	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG	16, 378	916, 148				5. 01 5. 02
5.02	00560 PURCHASING RECEIVING AND STORES	232	29, 741	48, 655			5.02
5.04	00570 ADMI TTI NG	703	64, 965	0	94, 918		5.04
5.05	00590 OTHER ADMINI STRATI VE AND GENERAL	2,044	272, 632	1	0	631, 323	5.05
6.00 7.00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	1, 134 497	0	2	0	23, 359 18, 255	6.00 7.00
8.00	00800 LAUNDRY & LINEN SERVICE	108	0	560	0	1, 958	8.00
9.00	00900 HOUSEKEEPI NG	116	0	33	0	10, 471	9.00
10.00	01000 DI ETARY	223	0	558	0	2, 246	10.00
11.00 13.00	01100 CAFETERIA 01300 NURSING ADMINISTRATION	0 554	0 10, 624	0 16	0	2, 589 21, 233	
14.00	01400 CENTRAL SERVICES & SUPPLY	281	10, 024	1, 835	0	3, 821	14.00
15.00	01500 PHARMACY	439	60, 312		0	22, 468	
16.00	01600 MEDI CAL RECORDS & LI BRARY	141	229, 763	0	0	24, 905	
17.00	01700 SOCIAL SERVICE	0	0	0	0	32	17.00
22.00 23.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	2, 443	22.00 23.00
23.01	02301 PARAMED ED PRGM - LAB	8	0	0	0	1, 206	
23. 02	02302 PARAMED ED PRGM - RADIOLOGY	8	0	0	0	412	23. 02
23.03	02303 PARAMED ED PRGM - RESP THER	8	0		0	391	23.03
23. 04	02304 PARAMED ED PRGM-PHARMACY	0	0	0	0	3, 334	23. 04
30.00	03000 ADULTS & PEDIATRICS	2,608	0	4, 188	6, 257	75, 653	30.00
31.00	03100 I NTENSI VE CARE UNI T	414	0		1, 487	16, 446	31.00
32.00	02060 CORONARY CARE UNI T	0	0	0	0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 43.00	04000 SUBPROVI DER – I PF 04300 NURSERY	0	0	69 0	5, 431 63	24, 322 3, 758	40.00 43.00
44.00	04400 SKI LLED NURSI NG FACI LI TY	0	0	-	0	0,700	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
50.00	ANCI LLARY SERVICE COST CENTERS	968	19, 272	11, 860	2, 829	11, 490	50.00
50.00	05001 OPEN HEART SURGERY	908	19, 272	769	2, 829	1, 301	
50. 02	05002 OUTPATI ENT SURGERY	381	0	1, 757	1, 247	6, 892	50.02
51.00	05100 RECOVERY ROOM	0	0	90	500	1, 677	
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	74 703	0 52, 903	639 150	1, 629 1, 942	13, 663 10, 531	
	05401 RADI OLOGY SPECIAL PROCEDURES	50	52, 903	3, 301	1, 942	6, 639	
	05402 ULTRASOUND	108	0		1, 557	2, 753	
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY 05700 CT SCAN	0	0	602	5, 233	4, 109	55.01
57.00 58.00	05700 CT SCAN	0	0	0	0	0	57.00 58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	59.00
60.00	06000 LABORATORY	381	122, 606		8, 884	27, 153	60.00
60.01	06001 BLOOD LABORATORY	0	0		0	0	60.01
63. 00 63. 01	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	372 108	0	0 27	562 919	5, 224 2, 988	
65.00	06500 RESPIRATORY THERAPY	223	0	745		2, 900 10, 115	
66.00	06600 PHYSI CAL THERAPY	439	0		909	12, 946	
67.00	06700 OCCUPATI ONAL THERAPY	99	0		491	3, 033	67.00
68.00		25	0		203	1,883	
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	116 157	0		1, 896 367	2, 989 1, 750	
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2, 790	1, 750	
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		868	11, 340	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	-	25, 101	73, 296	
	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.00		0	0		20 2, 353	301 7, 858	76.01 76.02
76.01	03950 ORTHOPEDI CS 03140 CARDI OVASCIJI AR SERVI CES	620		7,701	2, 303		
76. 01 76. 02	03140 CARDI OVASCULAR SERVI CES	629 25	0	35	233	2.331	
76. 01 76. 02 76. 03		629 25 0		35 42	233 1, 042	2, 331 5, 257	
76. 01 76. 02 76. 03 76. 04 76. 05	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI			42 141	1, 042 1, 438	5, 257 2, 878	76. 04 76. 05
76.01 76.02 76.03 76.04 76.05 76.06	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER		0	42 141 0	1, 042 1, 438 0	5, 257 2, 878 0	76. 04 76. 05 76. 06
76.01 76.02 76.03 76.04 76.05 76.06 76.07	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	25 0 0 0 0	0	42 141 0 0	1, 042 1, 438 0 518	5, 257 2, 878 0 1, 702	76. 04 76. 05 76. 06 76. 07
76.01 76.02 76.03 76.04 76.05 76.06	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER		0	42 141 0	1, 042 1, 438 0	5, 257 2, 878 0	76. 04 76. 05 76. 06 76. 07 76. 08

Health Financial Systems	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	eu of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS			CCN: 150004	Period:	Worksheet B	
				From 01/01/2015		
				To 12/31/2015	Date/Time Pre 3/29/2016 11:	pared:
Cost Center Description	COMMUNI CATI ONS	DATA	PURCHASI NG	ADMI TTI NG	0THER	
cost center bescription	COMMONT CATTONS	PROCESSI NG	RECEIVING AND		ADMI NI STRATI VE	
		TROOLOOTING	STORES		AND GENERAL	
	5.01	5.02	5.03	5.04	5. 05	
76. 11 03956 CARE TRANSITION CENTER	0	0		0 2	296	76.11
76.12 03958 ANTI COAGULATI ON CLINIC	0	0	4	2 105	1, 114	76.12
OUTPATIENT SERVICE COST CENTERS						1
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0		0 0	0	90.01
91.00 09100 EMERGENCY	0	0	3, 46	7 9, 324	32, 601	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0		0 0	0	99.00
99. 10 09910 CORF	0	0		0 0	0	99.10
101.00 10100 HOME HEALTH AGENCY	761	53, 330	57	5 639	15, 546	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	15, 393	916, 148	48, 29	2 94, 918	569, 922	118.00
NONREI MBURSABLE COST CENTERS	- I		-	- T	-	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	41	0		0 0		190. 00
190. 01 19001 CONVENT	273	0		0 0		190. 01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0		0 0		190. 02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	0		0 0		190. 03
190.04 19004 WOMEN'S HEALTH CENTER	41	0		0 0		190. 04
190. 05 19005 DEVELOPMENT	0	0		0 0		190. 05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0		190. 06
190. 07 19007 I MAGE RECOVERY	0	0		0 0		190. 07
190. 08 19008 FAMILY SERVICES	0	0		0 0		190. 08
190. 09 19009 MDWI SE	0	0		0 0	49, 261	
190. 10 19010 CATHERINE MCAULEY CLINIC	50	0	17	6 0	2, 365	190. 10
190.11 19011 CENTER OF HOPE	0	0		0 0	99	190. 11
190. 12 19012 SELECT	0	0		0 0	1, 139	190. 12
190. 13 19013 PERCI NI AS	0	0		0 0	0	190. 13
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	348	0		7 0	1, 584	192.00
192.01 19201 WORKING WELL	0	0	18	0 0	3, 949	192. 01
193. 00 19300 NONPAI D WORKERS	0	0		0 0		193.00
194. 01 07951 REHAB	232	0		0 0	602	194. 01
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0		0 0		201.00
202.00 TOTAL (sum lines 118-201)	16, 378	916, 148	48, 65	5 94, 918	631, 323	202.00

					rom 01/01/2015 o 12/31/2015	Part II Date/Time Pre 3/29/2016 11:	pared: 37 am
	Cost Center Description	MAI NTENANCE & REPAI RS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
	GENERAL SERVICE COST CENTERS	6.00	7.00	8.00	9.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS						4.00 5.01
5.02	00550 DATA PROCESSI NG						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04 5.05	00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL						5.04 5.05
6.00	00600 MAINTENANCE & REPAIRS	342, 623					6.00
7.00	00700 OPERATION OF PLANT	18, 184	254, 994				7.00
8.00	00800 LAUNDRY & LINEN SERVICE	481	378				8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	7,021	5, 518 5, 763			120, 478	9.00
11.00	01100 CAFETERI A	4, 257	3, 346			0	1
13.00	01300 NURSI NG ADMI NI STRATI ON	4, 721	3, 711			0	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	6, 812 4, 083	5, 354 3, 209			0	14.00
16.00	01600 MEDICAL RECORDS & LIBRARY	12, 096	9, 507			0	16.00
17.00	01700 SOCI AL SERVI CE	717	564			0	17.00
22.00 23.00	02200 I & SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY)	0	0			0	22.00 23.00
23.00	02301 PARAMED ED PRGM - LAB	0	0		0	0	23.00
23. 02	02302 PARAMED ED PRGM - RADIOLOGY	0	0	C	-	0	
23. 03 23. 04	02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY	0	0		0	0	23.03 23.04
23.04	INPATIENT ROUTINE SERVICE COST CENTERS	0	0	η (	<u> </u>	0	23.04
30.00	03000 ADULTS & PEDI ATRI CS	80, 990	63, 652			92, 767	30.00
31.00	03100 I NTENSI VE CARE UNI T	12, 284	9, 655			14, 458	
32.00 35.00	02060 CORONARY CARE UNI T 02040 NEWBORN I NTENSI VE CARE UNI T	0	0			0	32.00 35.00
40.00	04000 SUBPROVI DER - I PF	0	0	C C	0	0	40.00
43.00	04300 NURSERY	0	0	C	0	0	43.00
44.00 45.00	04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY	0			-	0	44.00
10.00	ANCI LLARY SERVICE COST CENTERS				, <u> </u>		10.00
50.00	05000 OPERATING ROOM	23, 351	18, 353			0	
50. 01 50. 02	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY	0 17, 837	0 14, 019			0	50.01 50.02
51.00	05100 RECOVERY ROOM	0	0	C C		0	
53.00	05300 ANESTHESI OLOGY	0	0	C	-	0	53.00
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	10, 791 2, 605	8, 482 2, 048		) 3, 775 911	0	
	05402 ULTRASOUND	1, 297	1, 019		454	0	
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	C		0	55.00
55. 01 57. 00	05501 COMPUTED TOMOGRAPHY 05700 CT SCAN	1, 327	1, 043		464	0	55.01 57.00
58.00	05800 MRI	0	0		0	0	1
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	C	0 0	0	•
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	8, 858	6, 962		3, 099	0	60.00 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0	0	63.00
63.01	06301 NUCLEAR MEDICINE	1, 754			614	0	63.01
65.00		3, 519				0	65.00
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	9, 105 841	7, 156		) 3, 185 ) 294	0	66.00 67.00
68.00	06800 SPEECH PATHOLOGY	2, 606	2, 049		912	0	68.00
69.00	06900 ELECTROCARDI OLOGY	1,465			512	0	
70.00 71.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	1, 190	935		416	0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	C	0	0	72.00
		0	0	C	0	0	73.00
76.00 76.01	03020 PALN CLINIC 03950 ORTHOPEDICS	0 590	0 1 4 1		0 0 207	0	
		7, 385	464 5, 805		2,584	0	1
76.03	03957 CARDI AC REHABI LI TATI ON	1, 119	880	C	392	0	76.03
	03190 RADIATION ONCOLOGY	11,664	9, 168		4, 081	0	•
76.05 76.06	03951 MRI 03952 BARI ATRI C CENTER	2, 554	2,007		894 0	0	76.05
76.07	03550 PSYCH ACTI VI TY THERAPY	0	0	c c	0	0	
	03953 WOUND CARE	4, 171	3, 278		1, 459	0	
76.09	03954 RENAL DI ALYSI S	8, 055	6, 331	[ C	2, 818	0	•
76.10	03955 I NFUSI ON	424	333	r n	148	0	76.10

Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS	-			Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Pre 3/29/2016 11:	pared:
Cost Center Description	MAI NTENANCE & REPAI RS	PLANT	LAUNDRY & LINEN SERVICE		DI ETARY	
	6.00	7.00	8.00	9.00	10.00	
76. 12 03958 ANTI COAGULATI ON CLINIC	0	0		0 0	0	76. 12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0		o o	0	90.01
91.00 09100 EMERGENCY	9, 952	7, 821		0 3, 482	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						/2:00
99. 00 09900 CMHC	0	0		0 0	0	99.00
99. 10 09910 CORF	0			0 0	0	
101.00 10100 HOME HEALTH AGENCY	2,622	2, 061		0 917	-	101.00
SPECIAL PURPOSE COST CENTERS	2,022	2,001		0 917	0	101.00
113. 00 11300 I NTEREST EXPENSE		[		1		113.00
	204.0/1	01/ 007	05.00	00.004	107 005	
118.00 SUBTOTALS (SUM OF LINES 1-117)	294, 061	216, 827	85, 93	2 93, 894	107, 225	118.00
NONREI MBURSABLE COST CENTERS	0/1	(70	1	0 000	0	100.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	864			0 302		190.00
190. 01 19001 CONVENT	7,244	5, 694		0 2, 534		190. 01
190.02 19002 HOME MEDI CAL EQUI PMENT	0	0		0 0		190. 02
190.03 19003 MEDICAL ARTS BUILDING	0	0		0 0		190. 03
190.04 19004 WOMEN'S HEALTH CENTER	733	576		0 256		190. 04
190. 05 19005 DEVELOPMENT	0	0		0 0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0		190.06
190.07 19007 I MAGE RECOVERY	0	0		0 0		190. 07
190. 08 19008 FAMILY SERVICES	0	0		0 0	0	190. 08
190. 09 19009 MDWI SE	0	0		0 0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0		0 0	0	190.10
190.11 19011 CENTER OF HOPE	321	252		0 112	0	190. 11
190. 12 19012 SELECT	25, 563	20, 091		0 8, 943	0	190. 12
190. 13 19013 PERCI NI AS	0	0		0 0	0	190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	2, 536	1, 993		0 887		192.00
192. 01 19201 WORKING WELL	2,000	0		0 0		192.01
193. 00 19300 NONPALD WORKERS	0	0				193.00
194. 01 07951 REHAB	11, 301	8, 882	11, 71	8 3, 954	13, 253	
200.00 Cross Foot Adjustments	11, 301	0,002	''', /'	5, 754	10,200	200.00
201.00 Negative Cost Centers		_			0	200.00
5	242 (22	254 004	07 / 5			
202.00   TOTAL (sum lines 118-201)	342, 623	254, 994	97, 65	0 110, 882	120, 478	1202. UU

					From 01/01/2015	Part II	
					To 12/31/2015	Date/Time Pre 3/29/2016 11:	pared: 37 am
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY	MEDI CAL RECORDS &	
		11.00	13.00	SUPPLY 14.00	15.00	LI BRARY 16. 00	
	GENERAL SERVICE COST CENTERS	-					
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 17.\ 00\\ 22.\ 00\\ 23.\ 00\\ 23.\ 01\end{array}$	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FLXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00550 DATA PROCESSING 00560 PURCHASING RECEIVING AND STORES 00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I&R SERVICE 02200 IAR SERVICE 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADIOLOGY	56, 508 3, 939 514 2, 472 386 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	139, 243 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	132, 89 54		409, 894 0 0 0 0 0 0 0	17.00 22.00 23.00 23.01
	02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER	89			0 0	0	1
	02304 PARAMED ED PRGM-PHARMACY	494			0 0	0	1
	INPATIENT ROUTINE SERVICE COST CENTERS	45.000	70 5 ( 0	7.00		07.014	
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	15, 809		7, 62 2, 05		27, 011 6, 419	
	02060 CORONARY CARE UNIT	2, 771		2,00	0 0	0,417	1
35.00	02040 NEWBORN INTENSIVE CARE UNIT	C	0 0		0 0	0	35.00
	04000 SUBPROVIDER - IPF	C	27, 776	17		23, 447	1
			0		0 0	272	1
	04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY		-		0 0	0	
101 00	ANCI LLARY SERVICE COST CENTERS				<u> </u>	, i i i i i i i i i i i i i i i i i i i	10100
	05000 OPERATI NG ROOM	1,200		2, 78		12, 211	50.00
	05001 OPEN HEART SURGERY	983		32		1,048	
	05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM	279		1, 44 15		5, 382 2, 158	
	05300 ANESTHESI OLOGY	142		44		7, 031	1
	05400 RADI OLOGY-DI AGNOSTI C	2, 106		34		8, 383	
	05401 RADI OLOGY SPECI AL PROCEDURES	820	96	50	07 0	6, 373	54.01
	05402 ULTRASOUND	410		15	0	6, 723	
	05500 RADI OLOGY-THERAPEUTI C	0		1 1	0 0	0	1
	05501 COMPUTED TOMOGRAPHY 05700 CT SCAN	547		1, 15	0 0	22, 589 0	
	05800 MRI				0 0	0	1
	05900 CARDI AC CATHETERI ZATI ON	C	0 0		0 0	0	
	06000 LABORATORY	C	0 0		0 0	38, 354	
	06001 BLOOD LABORATORY	0	0		0 0	0	
	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	219	0	4	0 0 01 1,661	2, 425 3, 966	
	06500 RESPIRATORY THERAPY	1, 790		55		14,014	
	06600 PHYSI CAL THERAPY	2,832		7		3, 925	
	06700 OCCUPATI ONAL THERAPY	497			5 0	2, 120	1
	06800 SPEECH PATHOLOGY	241			4 0	878	
	06900 ELECTROCARDI OLOGY	567		12		8, 183	1
	07000 ELECTROENCEPHALOGRAPHY	287	1	11 51 04		1, 584	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS			51, 96 50, 53		12, 043 3, 746	
	07300 DRUGS CHARGED TO PATIENTS			50, 50	0 141, 442	108, 501	
	03020 PAIN CLINIC	0	o o		0 0	0	
76.01	03950 ORTHOPEDI CS	41			0	85	1
	03140 CARDI OVASCULAR SERVI CES	933		2,03		10, 157	
76.02	03957 CARDI AC REHABI LI TATI ON	454		10	0 0	1,004	
76. 02 76. 03					JU 3	4, 499	1 / 0. 04
76. 02 76. 03 76. 04	03190 RADIATION ONCOLOGY	606			0 0	6 208	
76. 02 76. 03 76. 04 76. 05		163	0		0 0 0 0	6, 208 0	76.05
76.02 76.03 76.04 76.05 76.06 76.07	03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	163 0	6 O O O		0 0 0 0		76.05 76.06 76.07
76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08	03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER	163	6 O O O	16	0 0 0 0	0	76.05 76.06 76.07 76.08

Health Financial Systems FI	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS				Period:	Worksheet B	
				rom 01/01/2015	Part II	
			[]	o 12/31/2015	Date/Time Pre 3/29/2016 11:	pared:
Cost Center Description	CAFETERIA	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	37 am
cost center bescription	CAFEIERIA	ADMI NI STRATI ON		PRAKWACT	RECORDS &	
		ADMINI SIKATION	SUPPLY		LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
76. 11 03956 CARE TRANSI TI ON CENTER	40		(		7	76.11
76. 12 03958 ANTI COAGULATI ON CLINIC	192	0	116	0	454	76. 12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	(	0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	(	0 0	0	89.00
90. 00 09000 CLINIC	0	0	(	0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	(	o o	0	90.01
91.00 09100 EMERGENCY	5, 714	14, 171	5, 965	5 53	40, 254	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART			_,			92.00
OTHER REIMBURSABLE COST CENTERS		1		11		
99.00 09900 CMHC	0	0	(	0 0	0	99.00
99. 10 09910 CORF	0	0	(	0 0	0	99.10
101.00 10100 HOME HEALTH AGENCY	2,676	7, 134	405	5 14	2, 758	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	53, 278	138, 251	132, 495	143, 721	409, 894	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	127	0	(	0 0	0	190.00
190. 01 19001 CONVENT	0	0	(	0 0	0	190.01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0	(	0 0	0	190.02
190. 03 19003 MEDICAL ARTS BUILDING	0	0	(	0 0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	269	0	(	0 0	0	190.04
190. 05 19005 DEVELOPMENT	0	0	(	0 0	0	190.05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0	(	0 0	0	190.06
190. 07 19007 I MAGE RECOVERY	0	0	(	0 0	0	190.07
190. 08 19008 FAMILY SERVICES	0	0	(	o o	0	190.08
190. 09 19009 MDWI SE	90	275	(	o o	0	190.09
190. 10 19010 CATHERINE MCAULEY CLINIC	425		69	59		190, 10
190. 11 19011 CENTER OF HOPE	2	103	(			190.11
190. 12 19012 SELECT	0	0	(	0		190.12
190. 13 19013 PERCI NI AS	0	0		o o		190.13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	187	, o				192.00
192. 01 19201 WORKI NG WELL	587		317			192.00
193. 00 19300 NONPAI D WORKERS	0	0	, 317 (	0		193.00
194. 01 07951 REHAB	1, 543					194.01
200.00 Cross Foot Adjustments	1, 545			, 	0	200.00
201.00 Negative Cost Centers	0	0	(		0	200.00
202.00 TOTAL (sum lines 118-201)	56, 508	139, 243	132, 890	144, 169	409, 894	
202.00   10TAL (3000 1105 110-201)	1 50, 506	1 137, 243	1 132,090	1 144, 109	407, 094	1202.00

	1 Financial Systems ATION OF CAPITAL RELATED COSTS	FRANCISCAN ST MA		r CCN: 150004	Peri od:	u of Form CMS-: Worksheet B	
					From 01/01/2015 To 12/31/2015		epar
						3/29/2016 11:	37
			I NTERNS & RESI DENTS				
	Cost Center Description	SOCI AL SERVI CE		ER PARAMED ED	PARAMED ED	PARAMED ED	
			PRGM COSTS	PRGM	PRGM - LAB	PRGM -	
		17.00	APPRV	22.00	22.01	RADI OLOGY	-
	GENERAL SERVICE COST CENTERS	17.00	22.00	23.00	23.01	23.02	-
00	00100 CAP REL COSTS-BLDG & FIXT						1
00	00200 CAP REL COSTS-MVBLE EQUIP						
00	00400 EMPLOYEE BENEFITS DEPARTMENT						
01	01160 COMMUNI CATI ONS						
02 03	00550 DATA PROCESSING 00560 PURCHASING RECEIVING AND STORES						
04	00570 ADMI TTI NG						
05	00590 OTHER ADMINISTRATIVE AND GENERAL						
. 00	00600 MAI NTENANCE & REPAI RS						
00	00700 OPERATION OF PLANT						
00	00800 LAUNDRY & LINEN SERVICE						
00 0.00	00900 HOUSEKEEPI NG 01000 DI ETARY						1
1.00	01100 CAFETERI A						1
3. 00	01300 NURSING ADMINISTRATION						1
4.00	01400 CENTRAL SERVICES & SUPPLY						1
5.00							1
6.00		0.074					1
7.00 2.00		9,074	2, 44	13			1
2.00		0	2,44		10		2
3. 01		0			1, 342		2
3. 02		0				539	2
3. 03		0					2
3. 04	02304 PARAMED ED PRGM-PHARMACY	0					2
0. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	610					3
1.00		145					3
2.00		0					3
5.00		0					3
0. 00		530					4
3.00	04300 NURSERY	6					4
4.00 5.00		0					4
5.00	ANCI LLARY SERVICE COST CENTERS						1 7
D. 00	05000 OPERATING ROOM	276					5
D. 01	05001 OPEN HEART SURGERY	24					5
0. 02		122					5
1.00 3.00		49					5
4.00		189					5
4.01		144					5
4. 02	05402 ULTRASOUND	152					5
	05500 RADI OLOGY-THERAPEUTI C	0					5
5.01		510					5
7.00 3.00		0					5
3.00 7.00		0					5
). 00		867					6
D. 01	06001 BLOOD LABORATORY	0					6
3.00		55					6
3.01		90					6
5.00 5.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	317 89					6
	06700 OCCUPATIONAL THERAPY	48					6
	06800 SPEECH PATHOLOGY	20					6
	06900 ELECTROCARDI OLOGY	185					6
	07000 ELECTROENCEPHALOGRAPHY	36					7
. 00		272					7
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	85					7
	03020 PAIN CLINIC	2,260					7
	03950 ORTHOPEDI CS	2					7
	03140 CARDI OVASCULAR SERVI CES	230					7
	03957 CARDI AC REHABI LI TATI ON	23					7
	03190 RADIATION ONCOLOGY	102					7
	03951 MRI	140					7
	03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	0					7
	NARRATED AVIIVILI HERAPY	51	1	1	1		1 /

Health Financial Systems F	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS			CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Pre 3/29/2016 11:	
Cost Center Description	SOCI AL SERVI CE	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADI OLOGY	
	17.00	22.00	23.00	23.01	23.02	
76. 09 03954 RENAL DI ALYSI S	39					76.09
76. 10 03955 I NEUSI ON	235					76.10
76. 11 03956 CARE TRANSITION CENTER	0					76.11
76.12 03958 ANTI COAGULATI ON CLINIC	10					76.12
OUTPATIENT SERVICE COST CENTERS					• •	
88.00 08800 RURAL HEALTH CLINIC	0					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90. 00 09000 CLINIC	0		1			90.00
90.01 09001 OCC HEALTH CLINIC	0					90.01
91.00 09100 EMERGENCY	910					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						1
99.00 09900 CMHC	0					99.00
99. 10 09910 CORF	0					99.10
101.00 10100 HOME HEALTH AGENCY	62					101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,074	0		0 0	C	118.00
NONREI MBURSABLE COST CENTERS			•			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190. 01 19001 CONVENT	0					190.01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0					190.02
190. 03 19003 MEDICAL ARTS BUILDING	0					190.03
190.04 19004 WOMEN'S HEALTH CENTER	0					190.04
190. 05 19005 DEVELOPMENT	0					190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0					190.06
190.07 19007 I MAGE RECOVERY	0					190.07
190. 08 19008 FAMILY SERVICES	0					190. 08
190. 09 19009 MDWI SE	0					190.09
190. 10 19010 CATHERINE MCAULEY CLINIC	0					190, 10
190. 11 19011 CENTER OF HOPE	0					190, 11
190. 12 19012 SELECT	0					190.12
190. 13 19013 PERCI NI AS	0					190.13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0					192.00
192. 01 19201 WORKI NG WELL	0					192.01
193. 00 19300 NONPAI D WORKERS	0					193.00
194. 01 07951 REHAB	0					194.01
200.00 Cross Foot Adjustments	0	2, 443		1, 342	539	200.00
201.00 Negative Cost Centers	0	, 110		0 0		201.00
202.00 TOTAL (sum lines 118-201)	9,074	2, 443		1, 342		202.00
	,,,,,,		I	., 012	007	1-02.00

	Financial Systems F TION OF CAPITAL RELATED COSTS	RANCISCAN ST M4		CCN: 150004	In Lie Period: From 01/01/2015 To 12/31/2015		pared:
	Cost Center Description	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	<u>3/29/2016 11:</u> Total	<u>37 am</u>
		23.03	23.04	24.00	25.00	26.00	
	GENERAL SERVICE COST CENTERS	T	1				
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ \end{array}$	00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG 00560 PURCHASI NG RECEI VI NG AND STORES 00570 ADMI TTI NG 00590 OTHER ADMI NI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY						$\begin{array}{c} 1, 00\\ 2, 00\\ 4, 00\\ 5, 01\\ 5, 02\\ 5, 03\\ 5, 04\\ 5, 05\\ 6, 00\\ 7, 00\\ 8, 00\\ 9, 00\\ 10, 00\\ 11, 00\\ 13, 00\\ 14, 00\\ 15, 00\\ \end{array}$
15.00 16.00 17.00 22.00 23.00 23.01 23.02 23.03	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 02200 I & SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM - (SPECI FY) 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI OLOGY 02303 PARAMED ED PRGM - RESP THER	518	3				15. 00 16. 00 17. 00 22. 00 23. 00 23. 01 23. 02 23. 03
23.04	02304 PARAMED ED PRGM-PHARMACY I NPATI ENT ROUTI NE SERVI CE COST CENTERS		4, 080				23. 04
30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY			85, 23 4, 35	7 0 0 0 0 0 0 0	2, 184, 439 303, 317 0 85, 230 4, 355 0 0	31.00 32.00 35.00 40.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM			678, 18	5 0	678, 185	50.00
$\begin{array}{c} 50.\ 01\\ 50.\ 02\\ 51.\ 00\\ 53.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 55.\ 01\\ 57.\ 00\\ 55.\ 01\\ 57.\ 00\\ 58.\ 00\\ 60.\ 01\\ 63.\ 01\\ 63.\ 01\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ \end{array}$	05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY -DI AGNOSTIC 05401 RADI OLOGY SPECIAL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY -THERAPEUTIC 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATION 06000 LABORATORY 06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE 06500 RESPI RATORY THERAPY 06600 PHYSICAL THERAPY 06600 PHYSICAL THERAPY 06600 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS			23, 22 279, 32 6, 65 169, 95 312, 86 313, 83 108, 87 51, 96 309, 89 8, 63 49, 82 154, 09 139, 57 17, 26 43, 10 122, 07 42, 94 77, 76 66, 57	3       0         3       0         6       0         3       0         7       0         5       0         0       0         2       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         3       0         1       0	$\begin{array}{c} 23, 223\\ 279, 323\\ 6, 656\\ 169, 953\\ 312, 867\\ 313, 838\\ 108, 875\\ 0\\ 51, 962\\ 0\\ 0\\ 51, 962\\ 0\\ 0\\ 309, 898\\ 0\\ 8, 638\\ 49, 820\\ 154, 097\\ 139, 570\\ 17, 268\\ 43, 103\\ 122, 073\\ 42, 941\\ 77, 762\\ 66, 571\end{array}$	$\begin{array}{c} 50.\ 01\\ 50.\ 02\\ 51.\ 00\\ 53.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 55.\ 01\\ 57.\ 00\\ 58.\ 00\\ 60.\ 00\\ 60.\ 00\\ 60.\ 00\\ 63.\ 01\\ 63.\ 00\\ 66.\ 00\\ 66.\ 00\\ 66.\ 00\\ 66.\ 00\\ 66.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ \end{array}$
76.00 76.01 76.02 76.03 76.04 76.05 76.06 76.07	07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC 03950 ORTHOPEDICS 03140 CARDIOVASCULAR SERVICES 03957 CARDIAC REHABILITATION 03190 RADIATION ONCOLOGY 03951 MRI 03952 BARIATRIC CENTER 03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE			350, 83 8, 22 205, 41 27, 08 243, 32 373, 89 4, 50 61, 05	0 0 2 0 6 0 9 0 0 0 4 0 0 0 9 0	350, 834 0 8, 222 205, 416 27, 089 243, 320 373, 894 0 4, 509 61, 055	76.00 76.01 76.02 76.03 76.04 76.05 76.06 76.07

Health Financial Systems FI	RANCISCAN ST MA	ARGARET-HAMMOND	)	Inlie	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS				Period:	Worksheet B	2002 10
				rom 01/01/2015	Part II	
			T	o 12/31/2015		
					3/29/2016 11:	<u>37 am</u>
Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total	
	PRGM - RESP	PRGM-PHARMACY		Residents Cost		
	THER			& Post		
				Stepdown		
				Adjustments		
	23.03	23.04	24.00	25.00	26.00	
76. 09 03954 RENAL DIALYSIS			107, 571		107, 571	
76. 10 03955 I NFUSI ON			67, 752	0	67, 752	76.10
76. 11 03956 CARE TRANSI TI ON CENTER			367	0	367	76.11
76.12 03958 ANTI COAGULATI ON CLINIC			2, 108	8 0	2, 108	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC			C	0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			0	0 0	0	89.00
90. 00 09000 CLINIC			c	0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC			1 0	o o	0	90.01
91.00 09100 EMERGENCY			374, 248	a o	374, 248	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS	1	1	1	· · · ·		
99. 00 09900 CMHC			C	0 0	0	99.00
99. 10 09910 CORF					0	99.10
101.00 10100 HOME HEALTH AGENCY			122, 765		122, 765	
SPECIAL PURPOSE COST CENTERS		1	122,700	- -	122,700	101100
113. 00 11300 I NTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	C		7, 503, 114	0	7, 503, 114	
NONREI MBURSABLE COST CENTERS		/ <u> </u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	7,000,111	110.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			11, 591	0	11, 591	190 00
190. 01 19001 CONVENT			92, 036		92, 036	
190. 02 19002 HOME MEDI CAL EQUI PMENT			72,030	0		190.01
190. 03 19003 MEDI CAL ARTS BUI LDI NG			1, 227			190.02
190. 04 19004 WOMEN' S HEALTH CENTER			10, 390		10, 390	
190. 05 19005 DEVELOPMENT			10, 390			190.04
190. 06 19005 DEVELOPMENT 190. 06 19006 NEUROSURGERY PROF SERVICES						190.05
190. 07 19000 NEUROSURGERY PROF SERVICES						190.06
				-		190.07
190. 08 19008 FAMILY SERVICES				0		
190. 09 19009 MDWI SE			49, 654			190.09
190. 10 19010 CATHERINE MCAULEY CLINIC			5, 597			190.10
190. 11 19011 CENTER OF HOPE			4, 256			190.11
190. 12 19012 SELECT			323, 342		323, 342	
190. 13 19013 PERCI NI AS			0	, U		190.13
192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES			36, 982		36, 982	
192.01 19201 WORKING WELL			62, 475		62, 475	
193. 00 19300 NONPALD WORKERS			C	0 0		193.00
194. 01 07951 REHAB			179, 301		179, 301	
200.00 Cross Foot Adjustments	518		8, 932			200. 00
201.00 Negative Cost Centers	C		C	0 0		201.00
202.00   TOTAL (sum lines 118-201)	518	4, 080	8, 288, 897	0	8, 288, 897	202.00

	Financial Systems F LLLOCATION - STATISTICAL BASIS	RANCISCAN ST MA		CCN: 150004 P	In Lie eriod: rom 01/01/2015	u of Form CMS-2 Worksheet B-1	
					o 12/31/2015	Date/Time Pre 3/29/2016 11:	
		CAPI TAL RE	LATED COSTS			0/2//2010 11.	
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATI ONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF T IME)	
		1.00	2.00	4.00	5. 01	5. 02	
	GENERAL SERVICE COST CENTERS						
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 22.\ 00\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00550 DATA PROCESSI NG 00560 PURCHASI NG RECEIVING AND STORES 00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	646, 516 2, 901 1, 505 8, 932 1, 918 4, 378 46, 743 43, 286 28, 493 754 11, 001 11, 490 6, 670 7, 398 10, 673 6, 398 18, 953 1, 124	3, 927, 459 6, 616 847, 414 5, 806 9 42, 609 9 27, 891 3 27, 255 88, 184 13, 426 9 24, 607 0 0 9 41, 416 9 40, 050 8 3, 567 9 2, 114	58, 101, 619 270, 683 5, 174 C 2, 862, 597 1, 647, 177 328, 052 C 1, 455, 553 341, 964 589, 086 3, 356, 022	1, 319, 341 0 18, 667 56, 667 164, 668 91, 334 40, 000 8, 667 9, 333 18, 000 0 44, 667 22, 667 35, 334 11, 333 0	1, 056, 600 34, 300 74, 925 314, 430 0 0 0 0 0 12, 253 0 69, 558 264, 987 0	$\begin{array}{c} 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ \end{array}$
22. 00 23. 00 23. 01 23. 02 23. 03 23. 04	02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECI FY) 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI OLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY INPATI ENT ROUTI NE SERVI CE COST CENTERS			0 73, 671 70, 153 66, 151 560, 831	667 667 667	0 0 0 0 0	
30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	126, 902 19, 248 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 82, 525 0 0 0 2, 234 0 0 0 0	C C 2, 727, 950 569, 889	33, 334 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	31.00 32.00 35.00 40.00 43.00 44.00
$\begin{array}{c} 51.\ 00\\ 53.\ 00\\ 54.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 55.\ 01\\ 57.\ 00\\ 58.\ 00\\ \end{array}$	05000 OPERATI NG ROOM 05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY -DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI	36, 588 27, 948 0 16, 909 4, 082 2, 032 0 2, 079 0 0 0 0 0 0 0 0 0 0 0 0 0	19, 207 34, 523 1, 432 144, 341 98, 039 258, 511 79, 063 0	96, 758 888, 306 274, 315 57, 287	0 30, 667 0 6, 000 56, 667 4, 000 8, 667 0	22, 226 0 0 0 61, 013 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 50. \ 01 \\ 50. \ 02 \\ 51. \ 00 \\ 53. \ 00 \\ 54. \ 01 \\ 54. \ 02 \\ 55. \ 00 \\ 55. \ 01 \\ 57. \ 00 \\ 58. \ 00 \end{array}$
59.00 60.01 63.01 63.01 65.00 66.00 67.00 68.00 69.00 71.00 72.00 73.00 74.00 76.01 76.02 76.03 76.04 76.04 76.04	05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06600 OCCUPATIONAL THERAPY 06800 SPECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC 03950 ORTHOPEDICS 03140 CARDIOVASCULAR SERVICES 03957 CARDIAC REHABILITATION 03190 RADIATION OCOLOGY 03951 MRI 03952 BARIATRIC CENTER	13, 880 13, 880 2, 748 5, 514 14, 266 1, 318 4, 084 2, 295 1, 864 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 17, 381 77, 238 2, 875 0 4, 6, 618 88, 393 4, 23, 034 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 360, 421 481, 674 259, 352 328, 435 241, 062 521, 029 0 41, 836 882, 148 370, 431 564, 448 132, 708	18,000 35,334 8,000 2,000 9,333 12,667 0 0 0 0 0 50,667 2,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 141, 402 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	60. 01 63. 00 63. 01 65. 00 66. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 73. 00 76. 01 76. 00 76. 01 76. 03 76. 04 76. 05

		RANCISCAN SI MA	RGARET-HAMMOND			u of Form CMS-	
CUST A	LLOCATION - STATISTICAL BASIS		Provi der		Period: From 01/01/2015	Worksheet B-1	
					To 12/31/2015	Date/Time Pre	pared:
			ATED COSTS			3/29/2016 11:	<u>37 am</u>
		CAPITAL REI	LATED COSTS				
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	COMMUNI CATI ONS	DATA	
		(SQUARE FEET)	(DOLLAR VALUE)			PROCESSI NG	
				DEPARTMENT	(NUMBER OF	(ALLOC OF T	
				(GROSS	PHON)	IME)	
		1.00	0.00	SALARIES)	5.01		
76.07	03550 PSYCH ACTIVITY THERAPY	1.00	2.00	4.00	5.01	5.02	76.0
	03953 WOUND CARE	6, 535			-	0	
	03954 RENAL DI ALYSI S	12, 621	(	543, 81		0	
	03955   NFUSI ON	664	23, 416			0	
	03956 CARE TRANSITION CENTER	0	C			0	76.1
76. 12	03958 ANTI COAGULATI ON CLINIC	0	C	166, 86	5 0	0	76. 12
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC	0	C		0 0	0	
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C		0 0	0	
		0	C		0 0	0	
	09001 OCC HEALTH CLINIC 09100 EMERGENCY	15 502	121 120		0 0	0	
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	15, 593	131, 136	8, 500, 60	0 0	0	91.00
	OTHER REIMBURSABLE COST CENTERS						92.0
	09900 CMHC	0	C		0 0	0	99.00
	09910 CORF	0	C C		0 0	0	1
101.00	10100 HOME HEALTH AGENCY	4, 108	4, 796	2, 165, 88	4 61, 334	61, 506	101.00
	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE						113.00
118.00		570, 425	3, 856, 728	57, 015, 53	6 1, 240, 008	1, 056, 600	118.00
	NONREI MBURSABLE COST CENTERS	1 254		40.05	2 2 2 2 2	0	190. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19001 CONVENT	1, 354 11, 351			7 3, 333 0 22, 000		190.00
	19002 HOME MEDI CAL EQUI PMENT	11, 331			0 22,000		190. 0
	19003 MEDICAL ARTS BUILDING	0	576		0 0		190.0
	19004 WOMEN'S HEALTH CENTER	1, 148		125, 42	9 3, 333		190. 0
	19005 DEVELOPMENT	0	C		0 0		190. 0
190.06	19006 NEUROSURGERY PROF SERVICES	0	C		0 0	0	190. 00
	19007 I MAGE RECOVERY	0	C		0 0		190. 0
	19008 FAMILY SERVICES	0	C		0 0		190. 0
	19009 MDWI SE	0		61, 83			190.0
	19010 CATHERINE MCAULEY CLINIC	0	1, 983				190. 1 190. 1
	19011 CENTER OF HOPE 19012 SELECT	503 40, 054			2 0		190. 1
	19013 PERCINIAS	40,034					190. 1
	19200 PHYSI CLANS' PRI VATE OFFI CES	3, 974	2, 396	104, 65	0 28,000		192. 0
	19201 WORKING WELL	0	56, 364				192.0
	19300 NONPAID WORKERS	0	C		0 0		193.0
	07951 REHAB	17, 707	9, 412		0 18, 667		194. 0 <sup>4</sup>
200.00							200.00
201.00	Negative Cost Centers					_	201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4, 319, 451	3, 969, 446	21, 311, 71	6 952, 971	8, 017, 128	202.00
203.00		6. 681120	1. 010691			7. 587666	
204.00				26, 06	9 16, 378	916, 148	204.00
	Part II) Unit cost multiplier (Wkst. B, Part			0.00044	9 0. 012414	0. 867072	
205.00							

DST A	Financial Systems ALLOCATION - STATISTICAL BASIS		Provi der		In Lie Period:	Worksheet B-1	
					rom 01/01/2015 0 12/31/2015	Date/Time Pre	pared
		DUDQUACING				3/29/2016 11:	
	Cost Center Description	PURCHASI NG RECEI VI NG AND	ADMI TTI NG (GROSS CHAR	Reconciliatior	N OTHER ADMI NI STRATI VE	MAINTENANCE & REPAIRS	
		STORES	GES)		AND GENERAL	(SQUARE FEET)	
		(COSTED			(ACCUM. COST)		
		REQUIS.) 5.03	5.04	5A. 05	5. 05	6.00	
	GENERAL SERVICE COST CENTERS	5.05	5.04	JA. 03	5.05	0.00	
00	00100 CAP REL COSTS-BLDG & FIXT						1.0
00	00200 CAP REL COSTS-MVBLE EQUIP						2.0
00	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS						4.0
01	00550 DATA PROCESSING						5.0
03	00560 PURCHASING RECEIVING AND STORES	7,042,772					5.0
04	00570 ADMI TTI NG	0	578, 992, 857				5.0
05	00590 OTHER ADMINISTRATIVE AND GENERAL	108	0				5.0
00 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	260	0				
00	00800 LAUNDRY & LINEN SERVICE	81, 023	0			754	8.0
00	00900 HOUSEKEEPI NG	4, 711	0	0			9.0
0. 00	01000 DI ETARY	80, 795	0	C	527, 377	11, 490	10. (
1.00	01100 CAFETERI A	0	0	C			
3.00	01300 NURSI NG ADMI NI STRATI ON	2, 247	0	0	.,		
4.00 5.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	265, 630 295, 668	0				
5.00	01600 MEDI CAL RECORDS & LI BRARY	273,000	0	-	0,2,0,000		
7.00	01700 SOCIAL SERVICE	0	0	C			
2.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	C	573, 782	0	22.
8.00	02300 PARAMED ED PRGM- (SPECIFY)	0	0	0		0	23.
3. 01 3. 02	02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI OLOGY	0	0		200/210	0	23. 23.
3.02	02303 PARAMED ED PRGM - RESP THER	0	0				23.
3.04	02304 PARAMED ED PRGM-PHARMACY	0	0	0		0	23.
	INPATIENT ROUTINE SERVICE COST CENTERS			1	<u>.</u>		
0.00	03000 ADULTS & PEDIATRICS	606, 237	38, 151, 113				
1.00 2.00	03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	229, 152	9, 067, 031			19, 248	31.
5.00	02040 NEWBORN I NTENSI VE CARE UNI T	0	0		-		32.
D. 00	04000 SUBPROVIDER - IPF	9, 933	33, 117, 192	0	5, 712, 030	0	40.0
3.00	04300 NURSERY	0	383, 598			0	43.0
4.00	04400 SKI LLED NURSI NG FACI LI TY	0	0		-	0	44.0
5.00	04500 NURSI NG FACI LI TY ANCI LLARY SERVI CE COST CENTERS	0	0	(	0 0	0	45.0
D. 00	05000 OPERATI NG ROOM	1, 717, 363	17, 247, 088	0	2, 698, 337	36, 588	50.
D. 01	05001 OPEN HEART SURGERY	111, 246	1, 479, 949	0	305, 519		50.
). 02	05002 OUTPATI ENT SURGERY	254, 374	7, 602, 237		.,		
. 00	05100 RECOVERY ROOM	13,037	3, 048, 314			0	
	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	92, 519 21, 737	9, 931, 487 11, 840, 266				
	05401 RADI OLOGY SPECIAL PROCEDURES	477, 817	9,000,972				
	05402 ULTRASOUND	86, 637	9, 495, 616	0	646, 487	2, 032	54.
	05500 RADI OLOGY-THERAPEUTI C	0	0		-	-	
	05501 COMPUTED TOMOGRAPHY 05700 CT SCAN	87, 197	31, 905, 725		964, 895	2,079	
. 00 3. 00	05800 MRI	0	0			0	
. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	C	0 0	0	
		0	54, 171, 981	0	6, 376, 913	13, 880	
0.01	06001 BLOOD LABORATORY	0	0	0		0	
8. 00 8. 01	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	0 3, 874	3, 425, 585 5, 601, 466		., 220, 077		
. 01	06500 RESPIRATORY THERAPY	3, 874	19, 793, 460				
. 00	06600 PHYSI CAL THERAPY	11, 147	5, 543, 953				
. 00	06700 OCCUPATI ONAL THERAPY	16, 877	2, 994, 624	c	712, 256	1, 318	67.
		27,685	1, 240, 657				
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	7, 881 7, 895	11, 558, 573 2, 237, 684				
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,895	2, 237, 684 17, 009, 982				
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	5, 290, 746				
. 00	07300 DRUGS CHARGED TO PATIENTS	0	153, 295, 846	( C	17, 213, 800	0	73.
		0	0	0		0	
		21, 785			, 0, 000		
	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON	1, 440, 298 5, 035	14, 346, 067 1, 418, 002				
	03190 RADIATION ONCOLOGY	6, 039	6, 353, 965				
	03951 MRI	20, 420	8, 768, 796		675, 796		
. 06	03952 BARI ATRI C CENTER	0	0		0 0	0	76.
	03550 PSYCH ACTIVITY THERAPY	0	3, 160, 474				
	03953 WOUND CARE	86, 446	1, 865, 062		) 484, 913	6, 535	176.

	RANCISCAN ST MAI			In Lie	u of Form CMS-2	
COST ALLOCATION - STATISTICAL BASIS		Provi der		eriod:	Worksheet B-1	
				rom 01/01/2015 o 12/31/2015	Date/Time Pre	nared
				0 12/01/2010	3/29/2016 11:	37 am
Cost Center Description	PURCHASI NG		Reconciliation	OTHER	MAINTENANCE &	
	RECEIVING AND	(GROSS CHAR		ADMI NI STRATI VE		
	STORES	GES)		AND GENERAL	(SQUARE FEET)	
	(COSTED			(ACCUM. COST)		
	REQUIS.)	=	54.05	5.05	( 00	
	5.03	5.04	5A. 05	5.05	6.00	7/ 00
76. 09 03954 RENAL DI ALYSI S	100 007	2, 462, 632	0		12, 621	76.09
76. 10 03955 INFUSION 76. 11 03956 CARE TRANSITION CENTER	198, 237	14, 660, 673	0	2, 957, 522	664	
76. 12 03958 ANTI COAGULATI ON CLINIC	6, 112	9, 817 641, 009		69, 435 261, 732		
OUTPATIENT SERVICE COST CENTERS	0,112	041,009	0	201, 732	0	70.12
88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	
90. 00 09000 CLINIC	0	0	0	0	0	90.00
90. 01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91. 00 09100 EMERGENCY	501, 849	56, 855, 462	0	7, 656, 464	15, 593	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			-	.,		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99. 10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	83, 276	3, 895, 471	0	3, 650, 989	4, 108	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6, 990, 320	578, 992, 857	-15, 836, 958	133, 833, 752	460, 762	118.00
NONREI MBURSABLE COST CENTERS	,					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		120, 814		190. 00
190. 01 19001 CONVENT	0	0		106, 630		
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0	0	0		190. 02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	0	0	151, 557		190.03
190. 04 19004 WOMEN'S HEALTH CENTER	0	0	0	185, 359		190.04
	0	0	0	0		190.05
190. 06 19006 NEUROSURGERY PROF SERVICES 190. 07 19007 I MAGE RECOVERY	0	0	0	0		190. 06 190. 07
190. 08 19008 FAMILY SERVICES	0	0	0	63		190.07
190. 09 19008 PAMELT SERVICES	0	0	0	11, 569, 149		190.08
190. 10 19010 CATHERINE MCAULEY CLINIC	25, 459	0	0	555, 462		190.10
190. 11 19011 CENTER OF HOPE	23, 437	0	-	23, 200		190.11
190. 12 19012 SELECT	0	0	0	267, 606	40, 054	
190. 13 19013 PERCI NI AS	0	0	0	207,000		190.13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	1,005	0	0	371, 952		192.00
192. 01 19201 WORKI NG WELL	25, 988	0	0	927, 450		192.01
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193.00
194. 01 07951 REHAB	0	0	0	141, 299	17, 707	194.01
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	682, 307	1, 321, 630		15, 836, 958	6, 071, 993	202.00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 096880	0. 002283		0. 106823		
204.00 Cost to be allocated (per Wkst. B,	48, 655	94, 918		631, 323	342, 623	204.00
Part II)	0.00/000	0.0004/		0 004050	0 ( 0000 )	205 22
205.00 Unit cost multiplier (Wkst. B, Part	0. 006909	0. 000164		0. 004258	0. 638206	205.00
	I I		I		I	I

		FRANCISCAN ST MA				u of Form CMS-2	
COST A	ALLOCATION - STATISTICAL BASIS		Provi der	F	Period: From 01/01/2015 To 12/31/2015	Worksheet B-1 Date/Time Pre 3/29/2016 11:	pared:
	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
	GENERAL SERVICE COST CENTERS	-					
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 17.\ 00\\ 22.\ 00\\ 23.\ 01\\ 23.\ 02\\ 23.\ 03\\ 23.\ 04\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG 00560 PURCHASI NG RECEI VI NG AND STORES 00570 ADMI TTI NG 00590 OTHER ADMI NI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY INPATI ENT ROUTINE SERVI CE COST CENTERS	508, 360 754 11, 001 11, 490 6, 670 7, 398 10, 673 6, 398 18, 953 1, 124 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		496, 605 11, 490 6, 670 7, 398 10, 673 6, 398 18, 953 1, 124 0 0 0 0 0 0 0 0 0 0 0 0 0	196, 237 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 377, 638 96, 026 12, 530 60, 278 9, 401 0 0 1, 993 2, 151 2, 160 12, 040	13.00 14.00 15.00 16.00 17.00 22.00 23.00 23.01 23.02 23.03
30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	126, 902 19, 248 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			3 23, 549 0 0 0 0 0 0 0 0 0 0	385, 502 72, 922 0 0 0 0 0 0 0 0 0	31.00 32.00 35.00 40.00 43.00 44.00
50.00 50.01 50.02 51.00 53.00 54.00	ANCI LLARY SERVI CE COST CENTERS O5000  OPERATI NG ROOM 05001  OPEN HEART SURGERY 05002  OUTPATI ENT SURGERY 05100  RECOVERY ROOM 05300  ANESTHESI OLOGY 05400  RADI OLOGY-DI AGNOSTI C	36, 588 C 27, 948 C C 16, 909				29, 247 1, 430 23, 960 6, 813 3, 454 51, 337	50. 01 50. 02 51. 00 53. 00
55.00 55.01 57.00 58.00 59.00 60.00 60.01	05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY	4,082 2,032 2,079 0 0 0 0 0 0 0 0 13,880 0 0		2, 032 0 2, 079		20, 000 10, 003 0 13, 325 0 0 0 0 0 0 0	54.02 55.00 55.01 57.00 58.00 59.00 60.00 60.01
67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 03020 PAI N CLI NI C 03950 ORTHOPEDI CS	0 2,748 5,514 14,266 1,318 4,084 2,295 1,864 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		14, 266 1, 318 4, 084 2, 295 1, 864 C C C C 9 725		0 5, 329 43, 630 69, 050 12, 117 5, 874 13, 812 7, 009 0 0 0 0 1, 001	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01
76.03 76.04 76.05 76.06 76.07 76.08	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY 03953 WOUND CARE 03954 RENAL DI ALYSI S	11, 572 1, 754 18, 277 4, 002 0 0 0 6, 535 12, 621		11, 572 1, 754 18, 277 4, 002 0 0 0 0 0 0 0 0 0 0 0 0 0		22, 740 11, 070 14, 779 3, 965 0 0 9, 681 0	76.03 76.04 76.05 76.06 76.07 76.08

		RANCISCAN ST MA				u of Form CMS-2	
COST ALLO	CATION - STATISTICAL BASIS		Provi der		eri od:	Worksheet B-1	
					rom 01/01/2015 o 12/31/2015	Date/Time Pre	nared
					0 12/01/2010	3/29/2016 11:	
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
		PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	(PROD HOURS)	
		(SQUARE FEET)	(POUNDS OF				
			LAUNDRY)				
		7.00	8.00	9.00	10.00	11.00	
	255 I NFUSI ON	664	0	664		54, 101	76. 10
	256 CARE TRANSITION CENTER	0	0	0		963	
	258 ANTI COAGULATI ON CLINIC	0	0	0	0	4, 678	76.12
	PATIENT SERVICE COST CENTERS	-	-	-		-	
	300 RURAL HEALTH CLINIC	0	0	0		0	
	200 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	-	0	
	DOO CLINIC	0	0	0	0	0	90.00
	001 OCC HEALTH CLINIC	0	0	0	Ű	0	90.01
	00 EMERGENCY	15, 593	0	15, 593	0	139, 309	
	200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
	IER REI MBURSABLE COST CENTERS						
	200 CMHC	0	0	0	-	0	
99.10 099		0	0	0	-	0	99.10
	OO HOME HEALTH AGENCY	4, 108	0	4, 108	0	65, 243	101.00
	CIAL PURPOSE COST CENTERS						112 00
	BOO INTEREST EXPENSE	400.040	F( 4, 000	400 514	174 / 51		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117) REIMBURSABLE COST CENTERS	432, 269	564, 909	420, 514	174, 651	1, 298, 923	118.00
	DOOGIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 354	0	1, 354	0	2 000	190.00
	001 CONVENT	11, 354		11, 354			190.00
	DO2 HOME MEDICAL EQUIPMENT	11, 351	0	0			190.01
	03 MEDICAL ARTS BUILDING	0	0		-		190.02
	004 WOMEN' S HEALTH CENTER	1, 148	0	1, 148	-		190.03
	005 DEVELOPMENT	1, 140	0	1, 140			190.04
	006 NEUROSURGERY PROF SERVICES	0	0		Ű		190.05
	07 I MAGE RECOVERY	0			0		190.00
	008 FAMILY SERVICES	0			0		190.08
190.09 190		0			0		190.00
	DIO CATHERINE MCAULEY CLINIC	0			0	10, 350	
	11 CENTER OF HOPE	503	0	503	-		190.11
190. 12 190		40,054	0	40, 054			190.12
	13 PERCI NI AS	0	0	0,001	0		190.13
	200 PHYSI CLANS' PRI VATE OFFI CES	3,974	0	3, 974	-		192.00
	201 WORKING WELL	0,771	0	0,771	0	14, 305	
	BOO NONPAID WORKERS	0	0	0	0		193.00
194.01079		17, 707	77,033	17, 707	21, 586	37, 623	
200.00	Cross Foot Adjustments			,	,		200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	5,067,400	524, 958	2, 955, 795	896, 592	854, 586	
	Part I)	.,,			,		
		0.0/0100	0. 817765	5.952004	4. 568924	0. 620327	203.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9. 968133	0.017705				
203.00 204.00	Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B,	9. 968133 254, 994	97, 650			56, 508	
	Cost to be allocated (per Wkst. B,				120, 478		204.00

ST A	LLOCATION - STATISTICAL BASIS		Provi der		Period: Erom 01/01/2015	Worksheet B-1	
					From 01/01/2015 To 12/31/2015	Date/Time Pre	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	3/29/2016 11: SOCI AL SERVI CE	
		ADMI NI STRATI ON	SERVICES &	(COSTED REQ	RECORDS &		
			SUPPLY	UIS)	LI BRARY	(GROSS CHAR	
		(DI RECT NRS I NG)	(COSTED REQUI S. )		(GROSS CHAR GES)	GES)	
		13.00	14.00	15.00	16.00	17.00	
~ ~	GENERAL SERVICE COST CENTERS						
00 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1. 2.
00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.
01	01160 COMMUNI CATI ONS						5.
02	00550 DATA PROCESSI NG						5.
03	00560 PURCHASING RECEIVING AND STORES						5.
04 25	00570 ADMITTING						5.
05 00	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS						5. 6.
00	00700 OPERATION OF PLANT						7.
00	00800 LAUNDRY & LINEN SERVICE						8.
00	00900 HOUSEKEEPI NG						9.
. 00	01000 DI ETARY						10.
. 00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	482, 398					11. 13.
. 00	01400 CENTRAL SERVICES & SUPPLY	402, 390	6, 972, 362				13.
	01500 PHARMACY	0	28, 424		5		15
	01600 MEDICAL RECORDS & LIBRARY	0	3		0 578, 992, 857		16
	01700 SOCIAL SERVICE	0	0		0 0	578, 992, 857	17
	02200 I & R SERVICES-OTHER PRGM COSTS APPRV	0	0		0 0	0	22
	02300 PARAMED ED PRGM-(SPECIFY) 02301 PARAMED ED PRGM - LAB	0 46	0		0 0	0	23
01	02302 PARAMED ED PRGM - LAB	40	0		0 0	0	23
03	02303 PARAMED ED PRGM - RESP THER	0	0		0 0	0	23
04	02304 PARAMED ED PRGM-PHARMACY	0	0		0 0	0	23
	INPATIENT ROUTINE SERVICE COST CENTERS			-			
	03000 ADULTS & PEDIATRICS	244, 453	400, 115				
00 00	03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	24, 977	107, 972 0	21	1 9, 067, 031 0 0	9, 067, 031 0	31
00	02040 NEWBORN I NTENSI VE CARE UNI T	0	0		0 0	0	35
00	04000 SUBPROVIDER - IPF	96, 229	9,001		0 33, 117, 192	33, 117, 192	
. 00	04300 NURSERY	0	0		0 383, 598	383, 598	43
00	04400 SKI LLED NURSI NG FACI LI TY	0	0		0 0	0	44
00	04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	0	0		0 0	0	45
00	05000 OPERATING ROOM	5, 269	146, 269	18, 27	0 17, 247, 088	17, 247, 088	50
	05001 OPEN HEART SURGERY	0	16, 894			1, 479, 949	
	05002 OUTPATI ENT SURGERY	3, 475	75, 815		0 7, 602, 237	7, 602, 237	
	05100 RECOVERY ROOM	628	7, 972			3, 048, 314	
	05300 ANESTHESI OLOGY	0	23, 213				
	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	333	17, 987 26, 620		1 11, 840, 266 0 9, 000, 972	11, 840, 266 9, 000, 972	
	05402 ULTRASOUND	8	7, 994		0 9, 495, 616	9, 495, 616	
	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55
	05501 COMPUTED TOMOGRAPHY	0	60, 577		0 31, 905, 725	31, 905, 725	
	05700 CT SCAN	0	0		0 0	0	57
00 00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	58 59
	06000 LABORATORY	0	0		0 54, 171, 981	54, 171, 981	60
01	06001 BLOOD LABORATORY	0	0		0 0	0	60
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 3, 425, 585	3, 425, 585	
	06301 NUCLEAR MEDICINE	0	3, 204			5, 601, 466	
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	29, 108 4, 044		7 19, 793, 460 0 5, 543, 953	19, 793, 460 5, 543, 953	
00	06700 OCCUPATIONAL THERAPY		4, 044 2, 386		0 5, 543, 953 0 2, 994, 624	5, 543, 953 2, 994, 624	67
	06800 SPEECH PATHOLOGY	0	185		0 1, 240, 657	1, 240, 657	
00	06900 ELECTROCARDI OLOGY	43	6, 428		1 11, 558, 573	11, 558, 573	69
	07000 ELECTROENCEPHALOGRAPHY	715	6, 073		0 2, 237, 684	2, 237, 684	70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,726,680		0 17,009,982	17,009,982	
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	2, 651, 207 0		0 5, 290, 746 4 153, 295, 846	5, 290, 746 153, 295, 846	
	03020 PAIN CLINIC	0	0	17, 303, 03	0 0	155, 295, 840	76
	03950 ORTHOPEDI CS	0	4, 302		0 120, 282	120, 282	
02	03140 CARDI OVASCULAR SERVI CES	1, 702	107, 001	3, 26	8 14, 346, 067	14, 346, 067	76
	03957 CARDI AC REHABI LI TATI ON	800	3, 611		1 1, 418, 002	1, 418, 002	
	03190 RADIATION ONCOLOGY	0	5, 270	39		6, 353, 965	
	03951 MRI	0	1, 071		0 8, 768, 796	8, 768, 796	
	03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	0	0		0 0 0 3, 160, 474	0 3, 160, 474	76 76
01	03953 WOUND CARE	4, 211	8, 594			1, 865, 062	

	RANCISCAN ST MAR				u of Form CMS-2	
COST ALLOCATION - STATISTICAL BASIS		Provi der		eriod:	Worksheet B-1	
				rom 01/01/2015 0 12/31/2015	Date/Time Pre	narodi
				5 12/31/2015	3/29/2016 11:	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
	ADMI NI STRATI ON	SERVICES &	(COSTED REQ	RECORDS &		
		SUPPLY	UIS)	LI BRARY	(GROSS CHAR	
	(DI RECT NRS	(COSTED	, , , , , , , , , , , , , , , , , , ,	(GROSS CHAR	GES)	
	I NG)	REQUIS.)		GES)		
	13.00	14.00	15.00	16.00	17.00	
76. 09 03954 RENAL DIALYSIS	0	0	0	2, 462, 632	2, 462, 632	
76. 10 03955 I NFUSI ON	22, 263	123, 325	0	14, 660, 673	14, 660, 673	
76. 11 03956 CARE TRANSITION CENTER	0	0	0	9, 817	9, 817	
76. 12 03958 ANTI COAGULATI ON CLINIC	0	6, 112	0	641, 009	641, 009	76.12
OUTPATIENT SERVICE COST CENTERS					0	00.00
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90. 00 09000 CLINIC	0	0	0	0	0	90.00
90. 01 09001 0CC HEALTH CLINIC 91. 00 09100 EMERGENCY	40,005	212 040	Ŭ	0	Ŭ	90.01
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	49, 095	312, 948	6, 495	56, 855, 462	56, 855, 462	91.00 92.00
OTHER REIMBURSABLE COST CENTERS						92.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99. 10 09910 CORF	0	0	0	0	0	
101.00 10100 HOME HEALTH AGENCY	24, 716	21, 229	1, 671	3, 895, 471	3, 895, 471	
SPECIAL PURPOSE COST CENTERS	24,710	21,227	1,071	5, 075, 471	5, 075, 471	101.00
113. 00 11300 I NTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	478, 964	6, 951, 634	17, 663, 578	578, 992, 857	578, 992, 857	
NONREI MBURSABLE COST CENTERS	1,0,701	0,701,001	11/000/070	0,0,7,2,007	010/112/001	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190. 01 19001 CONVENT	0	0	0	0	0	190.01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0	0	0	0	190. 02
190. 03 19003 MEDICAL ARTS BUILDING	0	0	0	0		190. 03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190. 05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190. 07 19007 I MAGE RECOVERY	0	0	0	0	0	190. 07
190. 08 19008 FAMILY SERVICES	0	0	0	0		190. 08
190. 09 19009 MDWI SE	952	0	0	0		190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	1, 021	3, 625	7, 296	0		190. 10
190.11 19011 CENTER OF HOPE	357	0	0	0		190. 11
190. 12 19012 SELECT	0	0	0	0		190. 12
190. 13 19013 PERCI NI AS	0	0	0	0		190. 13
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	1, 104	495	11, 273	0		192.00
192.01 19201 WORKI NG WELL	0	16, 608	36, 468	0	-	192.01
193. 00 19300 NONPAI D WORKERS	0	0	0	0		193.00
194. 01 07951 REHAB	0	0	0	0		194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B,	E 700 410	1 201 / 71	4 OE7 000	4 005 754		201.00
Part I)	5, 780, 418	1, 291, 671	6, 057, 233	6, 995, 754	38, 919	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11. 982674	0. 185256	0. 341857	0. 012083	0. 000067	202 00
204.00 Cost to be allocated (per Wkst. B,	139, 243	132, 890	144, 169	409, 894		203.00
Part II)	137, 243	132,090	144, 109	407,094	7,074	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 288648	0. 019060	0. 008137	0.000708	0.000016	205.00
	0.200010	0.0.000	0.000107	0.000700	0.00000	
						•

	Financial Systems F ALLOCATION - STATISTICAL BASIS	RANCISCAN ST MAI		CCN: 150004	Period:	u of Form CMS-2 Worksheet B-1	2552-10
					From 01/01/2015 To 12/31/2015	Date/Time Pre 3/29/2016 11:	
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV (ASSI GNED TI ME) 22. 00	PARAMED ED PRGM (ASSI GNED TI ME) 23.00	PARAMED ED PRGM - LAB (ASSI GNED TI ME) 23. 01	PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02	PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03	
1 00	GENERAL SERVICE COST CENTERS	1 1					1 00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG 00560 PURCHASI NG RECEI VI NG AND STORES 00570 ADMITTI NG 00590 OTHER ADMINISTRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMINISTRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY						1.00 2.00 4.00 5.01 5.02 5.03 5.04 5.05 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00
16.00 17.00 22.00 23.00 23.01 23.02 23.03	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECI FY) 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI 0LOGY 02303 PARAMED ED PRGM - RESP THER	100	764	177, 70	7 179, 458	114, 230	16.00 17.00 22.00 23.00 23.01 23.02 23.03
23.04	02304 PARAMED ED PRGM-PHARMACY						23.04
30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T 02040 NEWBORN I NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF 04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00
50 00	ANCI LLARY SERVICE COST CENTERS	0				0	50 00
$\begin{array}{c} 51.\ 00\\ 53.\ 00\\ 54.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 55.\ 01\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 01\\ 63.\ 00\\ 60.\ 01\\ 63.\ 00\\ 63.\ 01\\ 65.\ 00\\ 64.\ 00\\ 67.\ 00\\ 68.\ 00\\ 70.\ 00\\ 71.\ 00\\ 71.\ 00\\ 73.\ 00\\ 73.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 03\\ 76.\ 04\\ 76.\ 05\\ \end{array}$	05000 OPERATI NG ROOM 05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLODD LABORATORY 06300 BLODD STORI NG, PROCESSI NG & TRANS. 06301 NUCLEAR MEDI CI NE 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 SPECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS			145, 72 28, 43 3, 55	0 0 3 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 50.\ 02\\ 51.\ 00\\ 53.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 01\\ 55.\ 01\\ 57.\ 00\\ 55.\ 01\\ 57.\ 00\\ 59.\ 00\\ 60.\ 01\\ 63.\ 00\\ 60.\ 01\\ 63.\ 00\\ 60.\ 01\\ 63.\ 00\\ 63.\ 01\\ 65.\ 00\\ 66.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 71.\ 00\\ 71.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 03\\ 76.\ 04\\ 76.\ 05\\ \end{array}$

UST ALLOCA	TION - STATISTICAL BASIS		Provi der	CCN: 150004	Peri od:	Worksheet B-1	
					From 01/01/2015 To 12/31/2015	Date/Time Pre	noro
					To 12/31/2015	3/29/2016 11:	
		INTERNS &					
	Cret Creter Decerietien	RESI DENTS					
	Cost Center Description	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM -	PARAMED ED PRGM - RESP	
		APPRV	(ASSI GNED	(ASSI GNED	RADI OLOGY	THER	
		(ASSI GNED	TIME)	TIME)	(ASSI GNED	(ASSI GNED	
		TIME)		· · · ·	TIME)	TIME)	
		22.00	23.00	23.01	23.02	23.03	
	D PSYCH ACTIVITY THERAPY	0	C		0 0	0	
	A RENAL DIALYSIS	0			0 0	0	
	INFUSION	0				0	
	CARE TRANSITION CENTER	0	C		0 0	0	
	ANTI COAGULATI ON CLINIC	0	C		0 0	0	
OUTPA	TIENT SERVICE COST CENTERS						
	RURAL HEALTH CLINIC	0	C		0 0	0	
	FEDERALLY QUALIFIED HEALTH CENTER	0	C		0 0	0	
		0	C		0 0	0	
	IOCC HEALTH CLINIC	100	Ĺ		0 0	0	
	OBSERVATION BEDS (NON-DISTINCT PART	100	Ĺ	,	0 0	0	91.
	R REIMBURSABLE COST CENTERS	1					72.
9.00 09900		0	C		0 0	0	99.
9.10 09910	CORF	0	C		0 0	0	99.
01. 00 <u>1010(</u>	HOME HEALTH AGENCY	0	C		0 0	0	101.
	AL PURPOSE COST CENTERS	1 1		1	-		
	INTEREST EXPENSE						113.
18.00	SUBTOTALS (SUM OF LINES 1-117)	100	764	177, 70	07 179, 458	114, 230	1118.
	IMBURSABLE COST CENTERS	0	C		0 0	0	190.
90.01 19001		0	C		0 0		190.
	2 HOME MEDI CAL EQUI PMENT	0	C		0 0		190.
	MEDICAL ARTS BUILDING	0	C		0 0	0	190.
	WOMEN'S HEALTH CENTER	0	C		0 0	0	190.
	5 DEVELOPMENT	0	C		0 0		190.
	NEUROSURGERY PROF SERVICES	0	C		0 0		190.
	I MAGE RECOVERY	0	C	)	0 0		190.
90. 08 19008 90. 09 19009	FAMILY SERVICES	0			0 0		190.
	CATHERINE MCAULEY CLINIC	0					190.
	CENTER OF HOPE	0	C		0 0		190.
90. 12 19012		0	C		0 0		190.
	PERCI NI AS	0	C		0 0		190.
92.00 19200	PHYSICIANS' PRIVATE OFFICES	0	C		0 0	0	192.
	I WORKING WELL	0	C		0 0	0	192.
	NONPAID WORKERS	0	C		0 0		193.
94.0107951		0	C		0 0	0	194.
00.00	Cross Foot Adjustments						200.
01.00 02.00	Negative Cost Centers Cost to be allocated (per Wkst. B,	635, 075	533	315, 25	108, 301	102, 853	
02.00	Part I)	030,075	033	310,25	100, 301	102, 653	202.
03.00	Unit cost multiplier (Wkst. B, Part I)	6, 350. 750000	0. 697644	1. 77403	0. 603489	0. 900403	203.
04.00	Cost to be allocated (per Wkst. B,	2, 443	10				204.
	Part II)						
05.00	Unit cost multiplier (Wkst. B, Part			0. 00755	0. 003003		205.

	Financial Systems ALLOCATION - STATISTICAL BASIS	FRANCISCAN ST MARGA	Provider CCN: 150004	Peri od:	u of Form CMS-2552-1 Worksheet B-1
				From 01/01/2015 To 12/31/2015	Date/Time Prepared:
	Cost Center Description	PARAMED ED			3/29/2016 11:37 am
		PRGM-PHARMACY			
		(ASSI GNED			
		TI ME) 23.04			
	GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT				2.00
5.01	01160 COMMUNI CATI ONS				5. 01
5.02	00550 DATA PROCESSI NG				5. 02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04 5.05	00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600 MAI NTENANCE & REPAI RS				6. 00
7.00	00700 OPERATION OF PLANT				7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING				8.00
10.00	01000 DI ETARY				10.00
11.00	01100 CAFETERI A				11.00
13.00 14.00	01300 NURSI NG ADMI NI STRATI ON				13.00
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY				14.00
16.00	01600 MEDI CAL RECORDS & LI BRARY				16.00
					17.00
					22.00
23.00	02301 PARAMED ED PRGM - LAB				23.0
23. 02	02302 PARAMED ED PRGM - RADI OLOGY				23. 02
23.03	02303 PARAMED ED PRGM - RESP THER	745 000			23.03
23.04	02304 PARAMED ED PRGM-PHARMACY I NPATI ENT ROUTI NE SERVI CE COST CENTERS	715, 898			23. 04
30.00		0			30.00
	03100 I NTENSI VE CARE UNI T	0			31.00
	02060 CORONARY CARE UNIT 02040 NEWBORN I NTENSI VE CARE UNIT	0			32.00 35.00
40.00	04000 SUBPROVIDER - IPF	0			40.00
43.00	04300 NURSERY	0			43.00
44.00 45.00	04400 SKILLED NURSING FACILITY	0			44.00
45.00	04500 NURSI NG FACI LI TY ANCI LLARY SERVI CE COST CENTERS	0			45.00
	05000 OPERATI NG ROOM	0			50.00
	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY	0			50. 01 50. 02
50.02	05100 RECOVERY ROOM	0			51.00
53.00	05300 ANESTHESI OLOGY	0			53.00
	05400 RADI OLOGY-DI AGNOSTI C	0			54.00
	05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND	0			54. 0 <sup>-</sup> 54. 02
	05500 RADI OLOGY-THERAPEUTI C	0			55.00
		0			55. O <sup>2</sup>
	05700 CT SCAN	0			57.00
		0			58.00 59.00
60.00	06000 LABORATORY	0			60.00
	06001 BLOOD LABORATORY	0			60.01
63.00 63.01	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	0			63.00 63.0
	06500 RESPIRATORY THERAPY	0			65.00
66.00	06600 PHYSI CAL THERAPY	0			66.00
	06700 OCCUPATI ONAL THERAPY	0			67.00
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0			68.00 69.00
	07000 ELECTROENCEPHALOGRAPHY	0			70.00
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0			71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0 715, 898			72.00
	03020 PAIN CLINIC	0			76.00
76.01	03950 ORTHOPEDI CS	0			76. O <sup>2</sup>
	03140 CARDI OVASCULAR SERVI CES	0			76.02
	03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY	0			76. 03 76. 04
	03951 MRI	0			76. 05
	03952 BARI ATRI C CENTER	0			76.06
76.07	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE	0			76. 07

Heal th Financial	Systems
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Health Financial Systems	FRANCISCAN SI MARGA	ARE I - HAMMOND	In Lieu	1 of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150004	Peri od:	Worksheet B-1
			From 01/01/2015	
			To 12/31/2015	Date/Time Prepared: 3/29/2016 11:37 am
Cost Center Description	PARAMED ED		1	3/29/2010 11.37 all
oust center bescription	PRGM-PHARMACY			
	(ASSI GNED			
	TIME)			
	23.04			
76. 10 03955 I NFUSI ON	0			76, 10
76. 11 03956 CARE TRANSITION CENTER	o			76.11
76. 12 03958 ANTI COAGULATI ON CLINIC	o			76. 12
OUTPATIENT SERVICE COST CENTERS				, 01 12
88. 00 08800 RURAL HEALTH CLINIC	0			88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			89.00
90. 00 09000 CLINIC	0			90.00
90. 01 09001 OCC HEALTH CLINIC	0			90.01
91. 00 09100 EMERGENCY	0			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
OTHER REIMBURSABLE COST CENTERS				92.00
99. 00 09900 CMHC	0			99.00
99. 10 09910 CORF	0			99.10
101.00 10100 HOME HEALTH AGENCY	0			101.00
SPECIAL PURPOSE COST CENTERS	0			101.00
113. 00 11300 I NTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	715, 898			118.00
NONREI MBURSABLE COST CENTERS	715, 898			118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			190. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190. 01 19001 CONVENT	0			190.00
190. 02 19002 HOME MEDICAL EQUIPMENT	0			190.01
190. 03 19003 MEDICAL ARTS BUILDING	0			190.02
190. 04 19004 WOMEN' S HEALTH CENTER	0			190.03
	0			
	0			190.05
190. 06 19006 NEUROSURGERY PROF SERVICES	0			190.06
190. 07 19007 I MAGE RECOVERY	0			190.07
190. 08 19008 FAMILY SERVICES	0			190.08
190. 09 19009 MDWI SE	0			190.09
190. 10 19010 CATHERINE MCAULEY CLINIC	0			190. 10
190. 11 19011 CENTER OF HOPE	0			190. 11
190. 12 19012 SELECT	0			190. 12
190. 13 19013 PERCI NI AS	0			190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0			192.00
192. 01 19201 WORKING WELL	0			192.01
193. 00 19300 NONPAID WORKERS	0			193.00
194. 01 07951 REHAB	0			194.01
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers	074 0 17			201.00
202.00 Cost to be allocated (per Wkst. B,	874, 049			202.00
Part I)				
203.00 Unit cost multiplier (Wkst. B, Part				203.00
204.00 Cost to be allocated (per Wkst. B,	4,080			204.00
Part II)	0.005/00			005 00
205.00 Unit cost multiplier (Wkst. B, Part	0. 005699			205.00
11)	I I			I

Health Financial Systems F	RANCISCAN ST MARGARET-HAMMOND	In Lieu of Form CMS-2552-10			
POST STEPDOWN ADJUSTMENTS	Provi der	Peri od:	Worksheet B-2		
		-	From 01/01/2015 To 12/31/2015		
		Wor	ksheet		
	Description	Part	Line No.	Amount	
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL		1 74.00	0	1.00
2.00	DIALYSIS ADJ FOR EPO COSTS IN HOME		1 94.00	0	2.00
	PROGRAM				
3. 00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN		1 94.00	0	4.00
5.00	HOME PROGRAM ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	ADJ FOR LAB ALLIED HEALTH PROGRAM FE		1 60.00	-35, 747	7.00

COMPUT	Financial Systems ATION OF RATIO OF COSTS TO CHARGES	FRANCISCAN SI MA	RGARET-HAMMOND Provi der	CCN: 150004	Period:	u of Form CMS-2 Worksheet C	2552-11
					From 01/01/2015 To 12/31/2015	Part I Date/Time Pre	pared:
				e XVIII	Hospi tal	3/29/2016 11: PPS	37 am
					Costs	FF3	
	Cost Center Description	Total Cost (from Wkst. B, Part I, col.	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
		26)	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
	03000 ADULTS & PEDIATRICS	27, 908, 648		27, 908, 64		27, 914, 904	
	03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	5, 439, 125		5, 439, 12	5 21,650 0 0	5, 460, 775 0	1
	02040 NEWBORN I NTENSI VE CARE UNI T	0			-	0	
	04000 SUBPROVIDER - IPF	7, 879, 328		7, 879, 32		7, 879, 328	
	04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY	981, 412		981, 41	2 0 0 0	981, 412 0	
	04500 NURSING FACILITY	0			0 0	0	
	ANCI LLARY SERVICE COST CENTERS	-		1		-	
	05000 OPERATING ROOM	4, 307, 066		4, 307, 06		4, 307, 679	
	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY	360, 234 2, 715, 493		360, 23 2, 715, 49		381, 148 2, 715, 493	
	05100 RECOVERY ROOM	486, 276		486, 27		486, 276	
	05300 ANESTHESI OLOGY	3, 689, 656		3, 689, 65		3, 689, 656	
	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	3, 479, 821 1, 969, 873		3, 479, 82 1, 969, 87		3, 479, 821 1, 969, 873	
	05402 ULTRASOUND	895, 116		895, 11		895, 116	
55.00	05500 RADI OLOGY-THERAPEUTI C	0			0 0	0	
	05501 COMPUTED TOMOGRAPHY	1, 533, 889		1, 533, 88		1, 533, 889	
	05700 CT SCAN 05800 MRI	0			0 0	0	
	05900 CARDI AC CATHETERI ZATI ON	0			0 0	0	
60.00	06000 LABORATORY	8, 317, 030		8, 317, 03	0 10, 619	8, 327, 649	
	06001 BLOOD LABORATORY	0		1 150 00	0 0	0	
	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	1, 450, 022 999, 620		1, 450, 02 999, 62		1, 450, 022 999, 620	
	06500 RESPIRATORY THERAPY	3, 156, 015				3, 156, 015	
66.00	06600 PHYSI CAL THERAPY	3, 864, 523	0			3, 864, 523	66.00
	06700 OCCUPATIONAL THERAPY	868, 575				868, 575	
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	619, 419 990, 246		619, 41 990, 24		619, 419 990, 246	
	07000 ELECTROENCEPHALOGRAPHY	546, 858		546, 85		547, 835	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3, 490, 460		3, 490, 46		3, 490, 460	
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	3, 503, 220 27, 732, 384		3, 503, 22 27, 732, 38		3, 503, 220 27, 732, 384	
	03020 PAIN CLINIC	27,752,504		27, 752, 50	0 0	27,752,504	1
	03950 ORTHOPEDI CS	106, 216		106, 21		106, 216	76.0
	03140 CARDI OVASCULAR SERVI CES	2, 587, 544		2, 587, 54		2, 593, 437	
	03957 CARDIAC REHABILITATION 03190 RADIATION ONCOLOGY	688, 151 1, 951, 564		688, 15 1, 951, 56		688, 151 1, 951, 564	
	03951 MRI	966, 162		966, 16		966, 162	
	03952 BARIATRIC CENTER	0			0 0	0	
	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE	480, 908 797, 337		480, 90 797, 33		480, 908 798, 360	
	03954 RENAL DI ALYSI S	1, 313, 100		1, 313, 10		1, 313, 100	
	03955   NFUSI ON	3, 792, 838		3, 792, 83		3, 797, 772	
	03956 CARE TRANSITION CENTER	77, 569		77, 56		77, 569	
76. 12	03958 ANTI COAGULATI ON CLINI C OUTPATI ENT SERVI CE COST CENTERS	301, 513	l	301, 51	<u>3 0</u>	301, 513	76. 12
	08800 RURAL HEALTH CLINIC	0			0 0	0	88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0 0	0	
	09000 CLINIC 09001 OCC HEALTH CLINIC	0			0 0	0	
	09001 OCC HEALTH CLINIC 09100 EMERGENCY	10, 324, 650		10, 324, 65	0 25, 240	10, 349, 890	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	4, 986, 577		4, 986, 57		4, 986, 577	
00.00	OTHER REI MBURSABLE COST CENTERS					2	
	09900 CMHC 09910 CORF	0				0	1
	10100 HOME HEALTH AGENCY	4, 541, 332		4, 541, 33	2	4, 541, 332	
	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE Subtotal (see instructions)	150, 099, 770	0	150, 099, 77	0 98, 119	150, 197, 889	113.00
200 00		1 100, 099, 770	I U	100,077,77	90, 119	100, 177, 087	1200.00
200. 00 201. 00		4, 986, 577		4, 986, 57	7	4, 986, 577	201.00

		RANCISCAN ST MAR				u of Form CMS-	2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provi der	CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Pre	narod
						3/29/2016 11:	
			Ti tl Charges	e XVIII	Hospi tal	PPS	
	Cost Center Description	Inpati ent	Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	20.010.052		20.010.00	- 2		1 20 00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	30, 910, 053 9, 067, 031		30, 910, 05 9, 067, 03			30.00 31.00
32.00	02060 CORONARY CARE UNI T	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0		32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0			0		35.00
40.00	04000 SUBPROVIDER - IPF	33, 117, 192		33, 117, 19			40.00
43.00 44.00	04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY	383, 598 0		383, 59	0		43.00 44.00
45.00	04500 NURSI NG FACILITY	0			0		45.00
	ANCI LLARY SERVI CE COST CENTERS			1			
50.00	05000 OPERATING ROOM	7,067,468	10, 179, 620			0.00000	
50. 01 50. 02	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY	1, 479, 949 2, 730, 935	0 4, 871, 302	1, 479, 94 7, 602, 23		0. 000000 0. 000000	
51.00	05100 RECOVERY ROOM	1, 346, 740	1, 701, 574			0.000000	
53.00	05300 ANESTHESI OLOGY	3, 975, 332	5, 956, 155			0. 000000	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 852, 131	7, 988, 135			0. 000000	
54. 01 54. 02	05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND	4, 361, 347 3, 064, 776	4, 639, 625			0. 000000 0. 000000	
54.02 55.00	05500 RADI OLOGY-THERAPEUTI C	3,064,776	6, 430, 840	9, 495, 61	0. 094266 0. 000000	0. 000000	1
55.01	05501 COMPUTED TOMOGRAPHY	10, 804, 760	21, 100, 965	31, 905, 72		0. 000000	1
57.00	05700 CT SCAN	0	0		0 0.000000	0. 000000	
58.00	05800 MRI	0	0		0 0.00000	0.00000	1
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0 28, 295, 802	0 25, 876, 179	54, 171, 98	0 0. 000000 31 0. 153530	0. 000000 0. 000000	1
60.00	06001 BLOOD LABORATORY	20, 293, 802	25, 870, 179	54, 171, 70	0 0.000000	0. 000000	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2, 098, 656	1, 326, 929	3, 425, 58		0. 000000	1
63.01	06301 NUCLEAR MEDICINE	1, 653, 445	3, 948, 021			0. 000000	
65.00	06500 RESPI RATORY THERAPY	18, 070, 968	1, 722, 492			0.00000	1
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	3, 305, 830 2, 526, 259	2, 238, 123 468, 365			0. 000000 0. 000000	
68.00	06800 SPEECH PATHOLOGY	1, 023, 448	217, 209			0. 000000	
69.00	06900 ELECTROCARDI OLOGY	6, 294, 924	5, 263, 649			0.00000	
70.00	07000 ELECTROENCEPHALOGRAPHY	35, 236	2, 202, 448			0. 000000	
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	11, 391, 942	5, 618, 040			0. 000000	
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	3, 131, 963 42, 921, 373	2, 158, 783 110, 374, 473			0. 000000 0. 000000	1
76.00	03020 PAIN CLINIC	42, 721, 373	0	100, 270, 0	0 0.000000	0. 000000	
76.01	03950 ORTHOPEDI CS	6, 325	113, 957	120, 28		0. 000000	
76.02	03140 CARDI OVASCULAR SERVI CES	8, 428, 813	5, 917, 254			0.00000	1
	03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY	383, 230 384, 888	1, 034, 772 5, 969, 077			0. 000000 0. 000000	
	03951 MRI	3, 165, 276	5, 603, 520			0. 000000	1
76.06	03952 BARI ATRI C CENTER	0	0		0 0.000000	0. 000000	
76.07	03550 PSYCH ACTIVITY THERAPY	3, 160, 474	0	3, 160, 47		0. 000000	
76.08	03953 WOUND CARE	44,080	1, 820, 982			0.00000	1
76. 09 76. 10	03954 RENAL DI ALYSI S 03955 I NFUSI ON	2, 446, 312 23, 271	16, 320 14, 637, 402			0. 000000 0. 000000	
76.10	03956 CARE TRANSITION CENTER	23, 271	9, 817			0. 000000	
	03958 ANTI COAGULATI ON CLINIC	1, 731	639, 278			0. 000000	
	OUTPATIENT SERVICE COST CENTERS			1			
88.00	08800 RURAL HEALTH CLINIC	0	0		0		88.00
89.00 90.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.000000	0. 000000	89.00 90.00
90.00 90.01	09001 OCC HEALTH CLINIC	0	0		0 0.000000	0. 000000	1
91.00	09100 EMERGENCY	14, 324, 651	42, 530, 811	56, 855, 46		0.00000	1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2, 032, 910	5, 208, 150	7, 241, 06	0. 688653	0. 000000	92.00
00.00				1	0		00.00
	09900 CMHC 09910 CORF	0	0		0		99.00 99.10
	10100 HOME HEALTH AGENCY	0	3, 895, 471	3, 895, 47	71		101.00
	SPECIAL PURPOSE COST CENTERS	-				-	
	11300 INTEREST EXPENSE						113.00
200.00 201.00		267, 313, 119	311, 679, 738	578, 992, 85	o/		200. 00 201. 00
201.00		267, 313, 119	311, 679, 738	578, 992, 85	57		201.00
202.00		201,010,117	0,0/7,700	1 0.0, 772, 00	- 1	I	1-02.00

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Health Financial Systems	FRANCISCAN ST MARGA	ARET-HAMMOND	In Lie	u of Form CMS-2552-1
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 150004	Peri od: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared:
		Title XVIII	Hospi tal	3/29/2016 11: 37 am PPS
Cost Center Description	PPS Inpatient Ratio 11.00			
INPATIENT ROUTINE SERVICE COST CENTERS	11.00			
30. 00 03000 ADULTS & PEDI ATRI CS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
32. 00 02060 CORONARY CARE UNI T				32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT				35.00
40. 00 04000 SUBPROVIDER - IPF				40.00
43. 00 04300 NURSERY				43.00
44.00 04400 SKILLED NURSING FACILITY				44.00
45. 00 04500 NURSING FACILITY				45.00
ANCI LLARY SERVI CE COST CENTERS				
50.00 O5000 OPERATING ROOM	0. 249763			50.00
50. 01 05001 OPEN HEART SURGERY	0. 257541			50.0
50. 02 05002 0UTPATIENT SURGERY	0. 357197			50.02
51. 00 05100 RECOVERY ROOM 53. 00 05300 ANESTHESI OLOGY	0. 159523 0. 371511			51.00 53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 293897			54.00
54. 01 05401 RADIOLOGY SPECIAL PROCEDURES	0. 293897			54.0
54. 02 05401 RADIOLOGI SPECIAL PROCEDURES	0. 094266			54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			55.00
55. 01 05501 COMPUTED TOMOGRAPHY	0. 048076			55. 01
57. 00 05700 CT SCAN	0. 000000			57.00
58.00 05800 MRI	0. 000000			58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000			59.00
60. 00 06000 LABORATORY	0. 153726			60.00
60.01 06001 BLOOD LABORATORY	0. 000000			60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 423292			63.00
63. 01 06301 NUCLEAR MEDICINE	0. 178457			63. 01
65. 00 06500 RESPI RATORY THERAPY	0. 159447			65.00
66.00 06600 PHYSI CAL THERAPY	0. 697070			66.00
67.00 06700 OCCUPATIONAL THERAPY	0. 290045			67.00
68. 00 06800 SPEECH PATHOLOGY	0. 499267			68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 085672			69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 244822			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 205201 0. 662141			71.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 180908			73.00
76. 00 03020 PAIN CLINIC	0. 000000			76.00
76. 01 03950 ORTHOPEDI CS	0. 883058			76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0. 180777			76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0. 485296			76.03
76.04 03190 RADIATION ONCOLOGY	0. 307141			76.04
76.05 03951 MRI	0. 110182			76.05
76. 06 03952 BARI ATRI C CENTER	0. 000000			76.06
76. 07 03550 PSYCH ACTIVITY THERAPY	0. 152163			76.07
76.08 03953 WOUND CARE	0. 428061			76.08
76. 09 03954 RENAL DI ALYSI S	0. 533210			76.09
76. 10 03955 I NFUSI ON	0. 259045			76.10
76. 11 03956 CARE TRANSITION CENTER	7. 901497			76. 1
76. 12 03958 ANTI COAGULATI ON CLINIC	0. 470372			76. 12
				00.00
88.00 08800 RURAL HEALTH CLINIC 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				88. 00 89. 00
90. 00 09000 CLINIC	0, 000000			90.00
90. 01 09001 OCC HEALTH CLINIC	0. 000000			90.00
91. 00 09100 EMERGENCY	0. 182039			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS				
99. 00 09900 CMHC				99.00
99. 10 09910 CORF				99.10
101.00 10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201.00
202.00 Total (see instructions)				202.00

IPUTATION OF RATIO OF COSTS TO CHARGES		Provi der		Period: From 01/01/2015	Worksheet C Part I	
				To 12/31/2015	Date/Time Pre 3/29/2016 11:	
		Ti t	le XIX	Hospi tal	Cost	<u></u>
Cost Conton Description	Tatal Cast	Thereny Limit	Tatal Casta	Costs	Tatal Casta	-
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	-
INPATIENT ROUTINE SERVICE COST CENTERS		1	1			
00 03000 ADULTS & PEDIATRICS 00 03100 INTENSIVE CARE UNIT	27, 908, 648		27, 908, 64		27, 914, 904	
00 02060 CORONARY CARE UNIT	5, 439, 125		5, 439, 12	5 21,650 0 0	5, 460, 775 0	
00 02040 NEWBORN I NTENSI VE CARE UNI T	0			0 0	0	
00 04000 SUBPROVIDER - IPF	7, 879, 328		7, 879, 32	8 0	7, 879, 328	4
00 04300 NURSERY	981, 412		981, 41		981, 412	
00 04400 SKILLED NURSING FACILITY 00 04500 NURSING FACILITY	0			0 0 0 0	0	
ANCI LLARY SERVICE COST CENTERS	0	1		0 0	0	4
00 05000 OPERATING ROOM	4, 307, 066		4, 307, 06	6 613	4, 307, 679	50
01 05001 OPEN HEART SURGERY	360, 234		360, 23		381, 148	
02 05002 0UTPATI ENT SURGERY	2, 715, 493		2, 715, 49		2, 715, 493	
00 05100 RECOVERY ROOM 00 05300 ANESTHESI OLOGY	486, 276 3, 689, 656		486, 27 3, 689, 65		486, 276 3, 689, 656	
00 05400 RADI OLOGY-DI AGNOSTI C	3, 479, 821		3, 479, 82		3, 479, 821	
01 05401 RADIOLOGY SPECIAL PROCEDURES	1, 969, 873		1, 969, 87		1, 969, 873	5
02 05402 ULTRASOUND	895, 116		895, 11		895, 116	
00 05500 RADI OLOGY-THERAPEUTI C 01 05501 COMPUTED TOMOGRAPHY	1 522 000			0 0	1 522 000	
01 05501 COMPUTED TOMOGRAPHY 00 05700 CT SCAN	1, 533, 889		1, 533, 88	9 0	1, 533, 889 0	
00 05800 MRI	0			0 0	0	
00 05900 CARDI AC CATHETERI ZATI ON	0			0 0	0	
00 06000 LABORATORY	8, 317, 030		8, 317, 03	0 10, 619	8, 327, 649	
01 06001 BLOOD LABORATORY	0		1 450 00	0 0	0	
00 06300 BLOOD STORING, PROCESSING & TRANS. 01 06301 NUCLEAR MEDICINE	1, 450, 022 999, 620		1, 450, 02 999, 62		1, 450, 022 999, 620	
00 06500 RESPIRATORY THERAPY	3, 156, 015				3, 156, 015	
00 06600 PHYSI CAL THERAPY	3, 864, 523	C			3, 864, 523	
00 06700 OCCUPATI ONAL THERAPY	868, 575				868, 575	
00 06800 SPEECH PATHOLOGY 00 06900 ELECTROCARDI OLOGY	619, 419 990, 246		619, 41 990, 24		619, 419 990, 246	
00 07000 ELECTROENCEPHALOGRAPHY	546, 858		546, 85		547, 835	
00 07100 MEDICAL SUPPLIES CHARGED TO PATIEN			3, 490, 46		3, 490, 460	
00 07200 I MPL. DEV. CHARGED TO PATIENTS	3, 503, 220		3, 503, 22		3, 503, 220	
00 07300 DRUGS CHARGED TO PATIENTS 00 03020 PAIN CLINIC	27, 732, 384		27, 732, 38	4 0	27, 732, 384 0	
01 03950 ORTHOPEDICS	106, 216		106, 21	6 0	106, 216	
02 03140 CARDI OVASCULAR SERVI CES	2, 587, 544		2, 587, 54		2, 593, 437	
03 03957 CARDI AC REHABI LI TATI ON	688, 151		688, 15		688, 151	
04 03190 RADIATION ONCOLOGY	1, 951, 564		1, 951, 56		1, 951, 564	
05 03951 MRI 06 03952 BARI ATRI C CENTER	966, 162		966, 16	2 0	966, 162 0	
07 03550 PSYCH ACTI VI TY THERAPY	480, 908		480, 90	8 0	480, 908	
08 03953 WOUND CARE	797, 337		797, 33	7 1, 023	798, 360	70
09 03954 RENAL DI ALYSI S	1, 313, 100		1, 313, 10		1, 313, 100	
10 03955 I NFUSI ON 11 03956 CARE TRANSI TI ON CENTER	3, 792, 838 77, 569		3, 792, 83		3, 797, 772	
11 03956 CARE TRANSITION CENTER 12 03958 ANTICOAGULATION CLINIC	301, 513		77, 56 301, 51		77, 569 301, 513	
OUTPATIENT SERVICE COST CENTERS		I				1 ``
00 08800 RURAL HEALTH CLINIC	0			0 0	0	
00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0 0	0	
00 09000 CLINIC 01 09001 0CC HEALTH CLINIC					0	
00 09100 EMERGENCY	10, 324, 650		10, 324, 65	0 25, 240	10, 349, 890	
00 09200 OBSERVATION BEDS (NON-DISTINCT PAR			4, 986, 57		4, 986, 577	
OTHER REIMBURSABLE COST CENTERS	I	1	1	-1		4
00 09900 CMHC	0			0	0	
10 09910 CORF . 00 10100 HOME HEALTH AGENCY	0 4, 541, 332		4, 541, 33	2	0 4, 541, 332	
SPECIAL PURPOSE COST CENTERS	4, 341, 332	1	1 4, 541, 55	<u>-</u>	+, 5+1, 552	1'
. 00 11300 I NTEREST EXPENSE						11:
.00 Subtotal (see instructions)	150, 099, 770					
. 00 Less Observation Beds	4, 986, 577		4, 986, 57		4, 986, 577	
2.00 Total (see instructions)	145, 113, 193	( C	145, 113, 19	3 98, 119	145, 211, 312	1202

	inancial Systems TION OF RATIO OF COSTS TO CHARGES	FRANCISCAN ST MA		CCN: 150004	Peri od: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Pre	pare
			Ti t	le XIX	Hospi tal	3/29/2016 11: Cost	37 a
			Charges			1	
	Cost Center Description	I npati ent	Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	NPATIENT ROUTINE SERVICE COST CENTERS			<b></b>			
	3000 ADULTS & PEDIATRICS	30, 910, 053		30, 910, 05			30.
	3100 I NTENSI VE CARE UNI T	9, 067, 031		9,067,03	31		31.
	2060 CORONARY CARE UNIT 2040 NEWBORN INTENSIVE CARE UNIT	0			0		32.
	4000 SUBPROVIDER - IPF	33, 117, 192		33, 117, 19	22		40.
	4300 NURSERY	383, 598		383, 59			43.
	4400 SKILLED NURSING FACILITY	0		000,0	0		44.
	4500 NURSING FACILITY	0			0		45.
A	NCILLARY SERVICE COST CENTERS						
	5000 OPERATING ROOM	7, 067, 468	10, 179, 620			0. 000000	50.
	5001 OPEN HEART SURGERY	1, 479, 949	C	1, 479, 94		0. 000000	
	5002 OUTPATIENT SURGERY	2, 730, 935	4,871,302			0.00000	
	5100 RECOVERY ROOM	1, 346, 740	1, 701, 574			0.000000	
	5300 ANESTHESI OLOGY 5400 RADI OLOGY-DI AGNOSTI C	3, 975, 332	5, 956, 155			0. 000000 0. 000000	
	5400 RADIOLOGY SPECIAL PROCEDURES	3, 852, 131 4, 361, 347	7, 988, 135 4, 639, 625			0. 000000	
	5402 ULTRASOUND	3, 064, 776	6, 430, 840			0. 000000	
	5500 RADI OLOGY-THERAPEUTI C	3,004,770	0, 430, 040	) , 473, 0	0 0.000000	0.000000	
	5501 COMPUTED TOMOGRAPHY	10, 804, 760	21, 100, 965	31, 905, 72		0.000000	
	5700 CT SCAN	0	C	)	0 0.000000	0.000000	
. 00 0	5800 MRI	0	C		0 0.000000	0. 000000	
. 00 0	5900 CARDI AC CATHETERI ZATI ON	0	C		0 0.000000	0. 000000	59
	6000 LABORATORY	28, 295, 802	25, 876, 179	54, 171, 98		0. 000000	
	6001 BLOOD LABORATORY	0	C		0 0.000000	0. 000000	
	6300 BLOOD STORING, PROCESSING & TRANS.	2,098,656	1, 326, 929			0.00000	
	6301 NUCLEAR MEDICINE	1, 653, 445	3, 948, 021			0.00000	
	6500 RESPI RATORY THERAPY	18, 070, 968	1, 722, 492			0.00000	
	6600 PHYSI CAL THERAPY 6700 OCCUPATI ONAL THERAPY	3, 305, 830	2, 238, 123			0.00000	
	6800 SPEECH PATHOLOGY	2, 526, 259 1, 023, 448	468, 365 217, 209			0. 000000 0. 000000	
	6900 ELECTROCARDI OLOGY	6, 294, 924	5, 263, 649			0.000000	
	7000 ELECTROENCEPHALOGRAPHY	35, 236	2, 202, 448			0. 000000	
	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	11, 391, 942	5, 618, 040			0.000000	
. 00 0	7200 IMPL. DEV. CHARGED TO PATIENTS	3, 131, 963	2, 158, 783	5, 290, 74	0. 662141	0. 000000	72
	7300 DRUGS CHARGED TO PATIENTS	42, 921, 373	110, 374, 473	153, 295, 84	0. 180908	0. 000000	73
	3020 PAIN CLINIC	0	C		0 0.000000	0. 000000	
	3950 ORTHOPEDI CS	6, 325	113, 957			0.00000	
	3140 CARDI OVASCULAR SERVI CES	8, 428, 813	5, 917, 254			0.000000	
	3957 CARDI AC REHABI LI TATI ON	383, 230	1, 034, 772			0.00000	
	3190 RADIATION ONCOLOGY	384, 888 3, 165, 276	5, 969, 077			0.00000	
1	3951 MRI 3952 BARI ATRI C CENTER	3, 103, 270	5, 603, 520	8, 768, 79	0. 110182 0. 000000	0. 000000 0. 000000	
	3550 PSYCH ACTIVITY THERAPY	3, 160, 474		3, 160, 47		0.000000	
	3953 WOUND CARE	44,080	1, 820, 982			0. 000000	
	3954 RENAL DI ALYSI S	2, 446, 312	16, 320			0.000000	
	3955 I NFUSI ON	23, 271	14, 637, 402			0.000000	
	3956 CARE TRANSITION CENTER	0	9, 817			0. 000000	
. 12 0	3958 ANTI COAGULATI ON CLINIC	1, 731	639, 278	641, 00	0. 470372	0. 000000	76
	UTPATIENT SERVICE COST CENTERS						
	8800 RURAL HEALTH CLINIC	0	C		0 0.000000	0.00000	
	8900 FEDERALLY QUALIFIED HEALTH CENTER	0	C		0 0.00000	0.00000	
		0	C		0 0.000000	0.00000	
	9001 OCC HEALTH CLINIC	14 224 (51	42 520 011		0 0.00000	0.00000	
	9100 EMERGENCY 9200 OBSERVATION BEDS (NON-DISTINCT PART	14, 324, 651 2, 032, 910	42, 530, 811 5, 208, 150			0. 000000 0. 000000	
	THER REIMBURSABLE COST CENTERS	2,032,710	5,200,150	1 7,241,00	0.000003	0.00000	72
	9900 CMHC	0	C		0		99
	9910 CORF	0	0		0		99
	0100 HOME HEALTH AGENCY	0	3, 895, 471	3, 895, 47	71		101
	PECIAL PURPOSE COST CENTERS						1
3. 00 1	1300 INTEREST EXPENSE						113
0. 00	Subtotal (see instructions)	267, 313, 119	311, 679, 738	578, 992, 85	57		200
1.00	Less Observation Beds						201
2.00	Total (see instructions)	267, 313, 119	311, 679, 738	578, 992, 85	57	1	202

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COMPLET		0.5	D 4 T 1 0	0.5	00070	-

Health Financial Systems	FRANCISCAN ST MARGA	RET-HAMMOND	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 150004	Peri od: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Pre	epared:
		Title XIX	Hospi tal	3/29/2016 11: Cost	37 am
Cost Center Description	PPS Inpatient Ratio 11.00			0031	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS					30.00
31.00 03100 INTENSIVE CARE UNIT					31.00
32. 00 02060 CORONARY CARE UNI T					32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT					35.00
40. 00 04000 SUBPROVIDER - IPF					40.00
43. 00 04300 NURSERY					43.00
44. 00 04400 SKI LLED NURSI NG FACI LI TY					44.00
45. 00 04500 NURSI NG FACI LI TY					45.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0. 249763				E0 00
50. 01 05001 OPEN HEART SURGERY	0. 249783				50.00
50. 02 05002 OUTPATIENT SURGERY	0. 357197				50.01
51. 00 05100 RECOVERY ROOM	0. 159523				51.00
53. 00 05300 ANESTHESI OLOGY	0. 371511				53.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0. 293897				54.00
54. 01 05401 RADIOLOGY SPECIAL PROCEDURES	0. 218851				54.01
54. 02 05402 ULTRASOUND	0. 094266				54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000				55. OC
55.01 05501 COMPUTED TOMOGRAPHY	0. 048076				55.01
57. 00 05700 CT SCAN	0. 000000				57.00
58. 00 05800 MRI	0. 000000				58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000				59.00
60. 00 06000 LABORATORY	0. 153726				60.00
60. 01 06001 BLOOD LABORATORY	0. 000000				60.01
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 423292				63.00
63. 01 06301 NUCLEAR MEDICINE	0. 178457				63.01
65. 00 06500 RESPI RATORY THERAPY	0. 159447				65.00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	0. 697070 0. 290045				66.00 67.00
68. 00 06800 SPEECH PATHOLOGY	0. 290043			ſ	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 085672				69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 244822				70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIEN					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.662141				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 180908				73.00
76.00 03020 PAIN CLINIC	0. 000000				76.00
76. 01 03950 ORTHOPEDI CS	0. 883058				76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0. 180777				76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0. 485296				76.03
76.04 03190 RADIATION ONCOLOGY	0. 307141				76.04
76. 05 03951 MRI	0. 110182				76.05
76. 06 03952 BARI ATRI C CENTER	0.000000				76.06
76. 07 03550 PSYCH ACTIVITY THERAPY	0. 152163				76.07
76. 08 03953 WOUND CARE 76. 09 03954 RENAL DIALYSIS	0. 428061 0. 533210				76.08
76. 10 03955 I NFUSI ON	0. 533210				76.09
76. 11 03956 CARE TRANSITION CENTER	7. 901497				76. 10
76. 12 03958 ANTICOAGULATION CLINIC	0. 470372				76.12
OUTPATIENT SERVICE COST CENTERS	0. 170372				, 5. 12
88. 00 08800 RURAL HEALTH CLINIC	0. 000000				88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				89.00
90. 00 09000 CLI NI C	0. 000000				90.00
90.01 09001 OCC HEALTH CLINIC	0. 000000				90.01
91.00 09100 EMERGENCY	0. 182039				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PAR	T 0. 688653				92.00
OTHER REIMBURSABLE COST CENTERS					
99.00 09900 CMHC					99.00
99. 10 09910 CORF					99.10
101.00 10100 HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS					1440 -
113.0011300INTEREST EXPENSE					113.00
					000 00
200.00 Subtotal (see instructions)					200.00
					200.00 201.00 202.00

Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND	I	In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der		Period: From 01/01/2015 To 12/31/2015		
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,	-	Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2, 184, 439	C	2, 184, 43	9 29, 423	74.24	30.00
31.00 INTENSIVE CARE UNIT	303, 317		303, 31	7 3, 712	81.71	31.00
32.00 CORONARY CARE UNI T	0			0 0	0.00	32.00
35.00 NEWBORN INTENSIVE CARE UNIT	0			0 0	0.00	35.00
40.00 SUBPROVIDER - IPF	85, 230	0	85, 23	0 9, 358	9.11	40.00
43.00 NURSERY	4,355		4, 35	5 220	19.80	43.00
44.00 SKILLED NURSING FACILITY	0			0 0	0.00	44.00
45.00 NURSING FACILITY	0			0 0	0.00	45.00
200.00 Total (lines 30-199)	2, 577, 341		2, 577, 34	1 42, 713		200.00
Cost Center Description	I npati ent	Inpatient				
	Program days	Program				
	0 5	Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS		_				
30.00 ADULTS & PEDIATRICS	12, 459	924, 956				30.00
31.00 INTENSIVE CARE UNIT	1,770	144, 627				31.00
32.00 CORONARY CARE UNI T	0	0				32.00
35.00 NEWBORN INTENSIVE CARE UNIT	0	0				35.00
40.00 SUBPROVIDER - IPF	1, 145	10, 431				40.00
43.00 NURSERY	0	0				43.00
44.00 SKILLED NURSING FACILITY	0	0				44.00
45.00 NURSING FACILITY	0	0				45.00
200.00 Total (lines 30-199)	15, 374	1, 080, 014				200. 00

PPOR	Financial Systems	<u>FRANCISCAN ST MA</u> TAL COSTS		CCN: 150004	Peri od:	u of Form CMS-2 Worksheet D	
					From 01/01/2015 To 12/31/2015	Part II	
			Ti t	le XVIII	Hospi tal	PPS	37 aiii
	Cost Center Description	Capi tal		s Ratio of Cos		Capital Costs	
	·	Related Cost				(column 3 x	
		(from Wkst. B,	Part I, col.	(col. 1 ÷ co	I. Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
	ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
0. 00	05000 OPERATING ROOM	678, 185	17, 247, 08	8 0. 0393	22 2, 963, 627	116, 536	50.00
0.00	05001 OPEN HEART SURGERY	23, 223				10, 270	
0.02	05002 OUTPATIENT SURGERY	279, 323					
1.00	05100 RECOVERY ROOM	6, 656				1, 200	
3.00	05300 ANESTHESI OLOGY	169, 953				30, 824	
4.00	05400 RADI OLOGY-DI AGNOSTI C	312, 867				49,606	
4.01	05401 RADIOLOGY SPECIAL PROCEDURES	313, 838				76, 347	
4. 02	05402 ULTRASOUND	108, 875				16, 625	
5.00	05500 RADI OLOGY-THERAPEUTI C	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0000		0	
5.01	05501 COMPUTED TOMOGRAPHY	51, 962	31, 905, 72			8,066	
7.00	05700 CT SCAN	0		0.0000		0	
8.00	05800 MRI	0		0.0000		0	
9.00	05900 CARDI AC CATHETERI ZATI ON	0		0.0000		0	
0.00	06000 LABORATORY	309, 898	54, 171, 98			71, 729	
0.01	06001 BLOOD LABORATORY	001,010		0.0000		0	1
3.00	06300 BLOOD STORING, PROCESSING & TRANS.	8,638	3, 425, 58			2, 442	
3.01	06301 NUCLEAR MEDICINE	49,820				6, 031	
5.00	06500 RESPI RATORY THERAPY	154,097				68, 629	65.0
6.00	06600 PHYSI CAL THERAPY	139, 570				23, 422	
7.00	06700 OCCUPATI ONAL THERAPY	17, 268	2, 994, 62	4 0.0057	66 486, 469	2, 805	67.0
8.00	06800 SPEECH PATHOLOGY	43, 103	1, 240, 65	7 0.0347	42 293, 449	10, 195	68.0
9.00	06900 ELECTROCARDI OLOGY	122, 073	11, 558, 57	3 0. 0105	61 2, 975, 363	31, 423	69.0
0. 00	07000 ELECTROENCEPHALOGRAPHY	42, 941	2, 237, 68	4 0. 0191	90 3, 771	72	70.0
1.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	77, 762	17, 009, 98	2 0.0045	72 5, 644, 783	25, 808	71.0
2.00	07200 IMPL. DEV. CHARGED TO PATIENTS	66, 571	5, 290, 74	6 0.0125	83 1, 751, 362	22, 037	72.0
3.00	07300 DRUGS CHARGED TO PATIENTS	350, 834	153, 295, 84	6 0.0022	89 21, 082, 341	48, 257	73.0
6.00	03020 PAIN CLINIC	0		0 0.0000		0	76.0
6. 01	03950 ORTHOPEDI CS	8, 222					
6. 02	03140 CARDI OVASCULAR SERVI CES	205, 416				58, 449	
6. 03	03957 CARDI AC REHABI LI TATI ON	27,089				3, 356	
6. 04	03190 RADIATION ONCOLOGY	243, 320				9, 969	
6. 05	03951 MRI	373, 894				56, 329	
6.06	03952 BARIATRIC CENTER	0		0 0.0000		0	
6.07	03550 PSYCH ACTIVITY THERAPY	4, 509				0	
6. 08	03953 WOUND CARE	61, 055				753	
6.09	03954 RENAL DI ALYSI S	107, 571	2, 462, 63			62, 240	
6.10	03955 I NFUSI ON	67, 752				1	76.1
6.11	03956 CARE TRANSITION CENTER	367				0	
6. 12	I	2,108	641,00	9 0.0032	89 760	2	76. 1
8. 00	OUTPATIENT SERVICE COST CENTERS			0 0.0000	00	0	88. 0
8.00 9.00		0					
	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	0		0 0.0000		0	
0.00	09000 CLINIC 09001 OCC HEALTH CLINIC			0 0.0000		0	
0.01	09100 EMERGENCY	0 0 0 0	56 OFE 44	0 0.0000 2 0.0065		0 29 501	1
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	374, 248				28, 591 59, 040	

Health Financial Systems	FRANCISCAN ST MAR	GARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTH	HER PASS THROUGH COSTS	S Provi der		Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Pre 3/29/2016 11:	pared: 37 am
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School /	Allied Health	All Other	Swi ng-Bed	Total Costs	
	-	Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos	t Amount (see	1 through 3,	
				instructions)	minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0	0		0 0	0	30.00
31.00 03100 I NTENSI VE CARE UNI T	0	0		0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0		0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0		0	0	35.00
40.00 04000 SUBPROVIDER - IPF	0	0		0 0	0	40.00
43. 00 04300 NURSERY	0	0		0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		0	0	44.00
45.00 04500 NURSING FACILITY	0	0		0	0	45.00
200.00 Total (lines 30-199)	0	0		0	0	200.00
Cost Center Description	Total Patient P	Per Diem (col.	Inpati ent	I npati ent		
	Days	5 ÷ col. 6)	Program Days			
	5	,		Pass-Through		
				Cost (col. 7 x		
				col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS	· · ·		•			
30.00 03000 ADULTS & PEDIATRICS	29, 423	0.00	12, 45	9 0		30.00
31.00 03100 INTENSIVE CARE UNIT	3, 712	0.00	1, 77	0 0		31.00
32.00 02060 CORONARY CARE UNIT	0	0.00		0 0		32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0.00		0 0		35.00
40. 00 04000 SUBPROVIDER - IPF	9, 358	0.00	1, 14	5 0		40.00
43.00 04300 NURSERY	220	0.00		0 0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00		0 0		44.00
45.00 04500 NURSING FACILITY	0	0.00		0 0		45.00
200.00 Total (lines 30-199)	42, 713		15, 37	4 0		200.00
			•	•		•

Health Financial Systems	FRANCISCAN ST MA	ARGARET-HAMMOND	I	In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PAS	S Provi der	F	Period: From 01/01/2015 Fo 12/31/2015	Date/Time Pre	pared:
		T: +1		11	3/29/2016 11:	37 am
Cost Conton Decemination	New Division		e XVIII	Hospi tal	PPS	
Cost Center Description	Anesthetist	Nursing School	Allied Health		Total Cost	
	Cost			Medi cal	(sum of col 1	
	COST			Education Cost	through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
50.00 05000 OPERATING ROOM	0	) C	(	0 0	0	50.00
50. 01 05001 OPEN HEART SURGERY	0	C	(	0 0	0	50.01
50. 02 05002 OUTPATI ENT SURGERY	0	C	(	0 0	0	50.02
51.00 05100 RECOVERY ROOM	0	) c	(	0 0	0	51.00
53. 00 05300 ANESTHESI OLOGY	0	) c		0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	) c	102, 886	5 0	102, 886	54.00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	0				2, 166	54.01
54. 02 05402 ULTRASOUND	0				1, 083	54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	-			0	55.00
55. 01 05501 COMPUTED TOMOGRAPHY	0				2, 166	55.01
57. 00 05700 CT SCAN	0	-	_,		2,100	57.00
58. 00 05800 MRI	0			0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0			-	0	59.00
60. 00 06000 LABORATORY				, ,	222, 766	60.00
60. 01 06001 BLOOD LABORATORY			,		222,700	60.00
				-		
					50, 441	63.00 63.01
		-	6, 305		6, 305	
65. 00 06500 RESPIRATORY THERAPY	-	-			102, 853	65.00
66.00 06600 PHYSI CAL THERAPY	0			0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0			0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0		(	0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0		(	-	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0			0 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	-	1	0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0			0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0				874, 582	73.00
76.00 03020 PAIN CLINIC	0			0 0	0	76.00
76. 01 03950 ORTHOPEDI CS	0			0 0	0	76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0			0 0	0	76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0			0 0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0			0 0	0	76.04
76. 05 03951 MRI	0	) C	(	0 0	0	76.05
76. 06 03952 BARI ATRI C CENTER	0	C	(	0 0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	C	(	0 0	0	76.07
76.08 03953 WOUND CARE	0	0	(	0 0	0	76.08
76. 09 03954 RENAL DIALYSIS	0	C	(	0 0	0	76.09
76. 10 03955 I NFUSI ON	0	C	(	0 0	0	76.10
76. 11 03956 CARE TRANSITION CENTER	0	C	(	0 0	0	76.11
76.12 03958 ANTI COAGULATI ON CLINIC	0	) c	(	0 0	0	76.12
OUTPATIENT SERVICE COST CENTERS						1
88.00 08800 RURAL HEALTH CLINIC	0	C	(	0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C	(	0 0	0	89.00
90. 00 09000 CLINIC	0	) C	(	0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	) C	(	0 0	0	90.01
91.00 09100 EMERGENCY	0		(	0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0 0	0	92.00
200.00 Total (lines 50-199)	0			-		
			,,		,, _ 10	

	FRANCISCAN ST MA				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	ERVICE OTHER PAS	S Provi der		Period: From 01/01/2015 To 12/31/2015		narod
				10 12/31/2013	3/29/2016 11:	
			e XVIII	Hospi tal	PPS	
Cost Center Description	Total	Total Charges			Inpati ent	
	Outpatient	(from Wkst. C,	to Charges	Ratio of Cost	Program	
	Cost (sum of col. 2, 3 and		(col. 5 ÷ col 7)	to Charges (col. 6 ÷ col.	Charges	
	4)	0)	( )	7)		
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVI CE COST CENTERS				1		
50. 00 05000 OPERATI NG ROOM	0	17, 247, 088	0.00000	0 0. 000000	2, 963, 627	50.00
50. 01 05001 OPEN HEART SURGERY	0	1, 479, 949	0.00000	0 0. 000000	654, 475	50.01
50. 02 05002 OUTPATI ENT SURGERY	0	7, 602, 237	0. 00000			50.02
51.00 05100 RECOVERY ROOM	0					51.00
53. 00 05300 ANESTHESI OLOGY	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1, 801, 180	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	102, 886				1, 877, 325	54.00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	2, 166				2, 189, 662	54.01
54. 02 05402 ULTRASOUND	1, 083	9, 495, 616			1, 449, 908	54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0.00000			55.00
55. 01 05501 COMPUTED TOMOGRAPHY	2, 166					55.01
57. 00 05700 CT SCAN	0	-				57.00
	0					58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0					59.00
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	222, 766	54, 171, 981	0.00411			60.00
	E0 441				0 968, 449	60.01
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 63. 01 06301 NUCLEAR MEDICINE	50, 441 6, 305					63.00 63.01
65. 00 06500 RESPIRATORY THERAPY	102, 853					65.00
66. 00 06600 PHYSI CAL THERAPY	102, 853					66.00
67. 00 06700 OCCUPATI ONAL THERAPY						67.00
68. 00 06800 SPEECH PATHOLOGY						68.00
69. 00 06900 ELECTROCARDI OLOGY						69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0				3, 771	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0					1
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	874, 582					73.00
76.00 03020 PAIN CLINIC	0		0.00000			76.00
76. 01 03950 ORTHOPEDI CS	0	120, 282				76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0	14, 346, 067	0.00000	0. 000000	4, 081, 926	76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	1, 418, 002	0. 00000	0.000000	175, 669	76.03
76.04 03190 RADIATION ONCOLOGY	0	6, 353, 965	0.00000	0.000000	260, 335	76.04
76. 05 03951 MRI	0	8, 768, 796	0.00000	0 0. 000000	1, 321, 074	76.05
76. 06 03952 BARI ATRI C CENTER	0	0	0.00000	0 0. 000000	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	3, 160, 474	0.00000	0 0. 000000	0	76.07
76.08 03953 WOUND CARE	0	1, 865, 062	0.00000	0 0. 000000	23, 010	76.08
76. 09 03954 RENAL DI ALYSI S	0	2, 462, 632	0. 00000			76.09
76. 10 03955 I NFUSI ON	0		0.00000			76.10
76. 11 03956 CARE TRANSITION CENTER	0					
76. 12 03958 ANTI COAGULATI ON CLINIC	0	641, 009	0.00000	0 0.00000	760	76.12
			0,00000	0 000000	0	00 00
88. 00 08800 RURAL HEALTH CLINIC 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0				0	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90. 00 09000 CLINIC	0		0. 00000 0. 00000			89.00 90.00
90. 00 09000 CEINIC 90. 01 09001 OCC HEALTH CLINIC			0.00000			90.00
91. 00 09100 EMERGENCY		56, 855, 462				90.01
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
200.00 Total (lines 50-199)	1, 365, 248			0.00000	86, 830, 494	
200.00 [10tal (11163 00-177)	1, 303, 240	JU1, 017, 312	1	T	1 00, 030, 494	I∠00.00

PPOPT	Financial Systems TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI		GARET-HAMMOND	CCN: 150004	Peri od:	eu of Form CMS-2552 Worksheet D	
	H COSTS	LKVICE UTHER PASS	FIOVICE	CCN. 150004	From 01/01/2015 To 12/31/2015	Part IV Date/Time Pre 3/29/2016 11:	epared:
			Ti tl	e XVIII	Hospi tal	PPS	<u>07 dili</u>
	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8	Outpatient Program Charges	Outpatient Program Pass-Throug Costs (col.			
		x col. 10)	10.00	x col. 12)			
	ANCI LLARY SERVI CE COST CENTERS	11.00	12.00	13.00			
0. 00	05000 OPERATING ROOM	0	2, 646, 448	1	0		50.0
i0. 00	05001 OPEN HEART SURGERY	0	2, 040, 440		0		50.0
i0. 01	05002 OUTPATIENT SURGERY	0	1, 521, 290		0		50.0
1.00	05100 RECOVERY ROOM	0	306, 649		0		51.0
3.00	05300 ANESTHESI OLOGY	0	1, 626, 321		0		53.0
4.00	05400 RADI OLOGY - DI AGNOSTI C	16, 314	1, 292, 428	11, 2			54.0
4.00	05401 RADI OLOGY SPECIAL PROCEDURES	528	2, 567, 035		19		54.0
4.01	05402 ULTRASOUND	165	1, 401, 817		60		54.0
5.00	05500 RADI OLOGY - THERAPEUTI C	0	1,401,817	1	0		55.0
5.00	05501 COMPUTED TOMOGRAPHY	337	5, 166, 464	2	51		55.0
7.00	05700 CT SCAN	337	5, 100, 404		0		57.0
8.00	05800 MRI	0	0		0		58.0
9.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0		59.0
	06000 LABORATORY	-	4 274 004	17 5			
0.00		51, 556	4, 274, 096	17, 5	0		60.0
0.01	06001 BLOOD LABORATORY	14.240	0 272 F02	1.0	-		60.0
3.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06301 NUCLEAR MEDI CI NE	14, 260	273, 593				63.0
3.01		763	1, 407, 808				63.0
5.00		45, 806	484, 130	2, 5			65.0
6.00	06600 PHYSI CAL THERAPY	0	1, 701		0		66.0
7.00	06700 OCCUPATIONAL THERAPY	0	276 9, 171		0		67.0 68.0
9.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0			0		69.0
		0	1, 655, 400		0		70.0
1.00	07000 ELECTROENCEPHALOGRAPHY	-	877,039				
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	2, 345, 634		0		71.0
	07200 IMPL. DEV. CHARGED TO PATIENTS	S S	944,065				72.0
3.00	07300 DRUGS CHARGED TO PATIENTS	120, 275	53, 579, 505	305, 6			73.0
6.00		0	() () () () () () () () () () () () () (		0		
6. 01 6. 02	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES	0	62, 752		0		76.0
	03957 CARDI OVASCULAR SERVICES	0	2, 970, 391 405, 190		0		76.0
6. 03 6. 04	03190 RADIATION ONCOLOGY	0	2, 657, 318		0		76.0
	03951 MRI	0			0		76.0
	03952 BARI ATRI C CENTER	0	1, 693, 207		0		
5.06 5.07	03550 PSYCH ACTIVITY THERAPY	0	0		0		76.0
	03953 WOUND CARE	0	U 4 - 1 - 0 1 - 1		0		
6. 08 6. 09	03953 WOUND CARE 03954 RENAL DIALYSIS	0	1, 018, 274		0		76.0
	03955 I NEUSI ON	0	3, 487, 163		0		76.0
		0			0		
	03956 CARE TRANSITION CENTER 03958 ANTICOAGULATION CLINIC		5, 997				76.1
0.12	OUTPATIENT SERVICE COST CENTERS	0	408, 871	I	0		76.1
<u>a</u> 00	08800 RURAL HEALTH CLINIC				0		88.0
		0	0		-		
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0		89.0
	09000 CLINIC	0	0		0		90.0
	090010CC HEALTH CLINIC	0	E 220 051		0		90.0
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5, 320, 051 1, 397, 438		0		91.0

Health Financial Systems APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES A		ARGARET-HAMMOND	CCN: 150004	Period:	u of Form CMS-: Worksheet D	2552-10
AT OCTORING OF MEDICAL, OTHER HEALTH SERVICES A			CCN. 100004	From 01/01/2015 To 12/31/2015	Part V Date/Time Pre 3/29/2016 11:	
	-	Titl	e XVIII	Hospi tal	PPS	
			Charges		Costs	
Cost Center Description		PPS Reimbursed		Cost	PPS Services	
	Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins			
	1.00	2.00	(see inst.)	(see inst.)	F 00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATING ROOM	0. 249727	2, 646, 448		0 0	660, 890	50.00
50. 01 05001 OPEN HEART SURGERY	0. 243410			0 0	000, 070	50.00
50. 02 05002 OUTPATIENT SURGERY	0. 357197			0 0	543, 400	50.01
51. 00 05100 RECOVERY ROOM	0. 159523			0 0	48, 918	
53. 00 05300 ANESTHESI OLOGY	0. 371511			0 0	604, 196	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 293897			0 0	379, 841	54.00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	0. 218851			0 0	561, 798	54.00
54. 02  05402  ULTRASOUND	0. 094266			0 0	132, 144	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			0 0	132, 144	55.00
55. 01 05501 COMPUTED TOMOGRAPHY	0. 048076			0 0	248, 383	55.00
57. 00  05700  CT SCAN	0. 000000			0 0	240, 303	57.00
58. 00   05800 MRI	0. 000000			0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000			0 0	0	59.00
60. 00 06000 LABORATORY	0. 153530		6, 46		656, 202	60.00
60. 01 06001 BLOOD LABORATORY	0. 000000		0,40	0 0	030, 202	60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 423292			0 0	115, 810	1
63. 01 06301 NUCLEAR MEDICINE	0. 178457			0 0	251, 233	63.01
65. 00 06500 RESPI RATORY THERAPY	0. 159447			0 0	77, 193	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 697070			0 0	1, 186	66.00
67. 00 06700 0CCUPATI ONAL THERAPY	0. 290045			0 0	80	67.00
68. 00 06800 SPEECH PATHOLOGY	0. 499267			0 0	4, 579	1
69. 00 06900 ELECTROCARDI OLOGY	0. 085672			0 0	141, 821	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 244386			0 0	214, 336	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 205201			0 0	481, 326	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 662141			0 0	625, 104	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 180908			0 191, 105	9, 692, 961	73.00
76. 00 03020 PAIN CLINIC	0. 000000			0 0	0	76.00
76. 01 03950 ORTHOPEDI CS	0. 883058			0 0	55, 414	76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0. 180366			0 0	535, 758	76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0. 485296			0 0	196, 637	76.03
76. 04 03190 RADIATION ONCOLOGY	0. 307141			0 0	816, 171	76.04
76. 05 03951 MRI	0. 110182			0 0	186, 561	76.05
76. 06 03952 BARI ATRI C CENTER	0.000000			0 0	0	76.06
76. 07 03550 PSYCH ACTIVITY THERAPY	0. 152163			0 0	0	76.07
76. 08 03953 WOUND CARE	0. 427512			0 0	435, 324	76.08
76. 09 03954 RENAL DI ALYSI S	0. 533210			0 0	0	76.09
76. 10 03955 I NFUSI ON	0. 258708			0 0	902, 157	
76. 11 03956 CARE TRANSITION CENTER	7. 901497			0 0	47, 385	
76. 12 03958 ANTI COAGULATI ON CLINIC	0. 470372			0 0	192, 321	76.12
OUTPATIENT SERVICE COST CENTERS					, .=.	1 -
88.00 08800 RURAL HEALTH CLINIC	0.000000	)			0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90. 00 09000 CLINIC	0.000000			0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0.000000			0 0	0	90.01
91.00 09100 EMERGENCY	0. 181595			0 0	966, 095	1
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 688653			0 0	962, 350	
200.00 Subtotal (see instructions)		101, 807, 522		50 191, 105	20, 737, 574	
	. 1	1	1			
201.00 Less PBP Clinic Lab. Services-Program	1			0		201.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges 202.00 Net Charges (line 200 +/- line 201)	1			0		201.00

Health Financial Systems F	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provi der	CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Pre 3/29/2016 11:	
		Title	e XVIII	Hospi tal	PPS	<u>07 dili</u>
	Cos	ts				
Cost Center Description	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00				
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0				50.00
50. 01 05001 OPEN HEART SURGERY	0	0				50.01
50. 02 05002 OUTPATI ENT SURGERY	0	0				50.02
51.00 05100 RECOVERY ROOM	0	0				51.00
53. 00 05300 ANESTHESI OLOGY	0	0				53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	0	0				54.01
54. 02 05402 ULTRASOUND	0	0				54.02
55.00 05500 RADI OLOGY-THERAPEUTI C	0	0				55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0				55.01
57. 00 05700 CT SCAN	0	0				57.00
58.00 05800 MRI	0	0				58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0				59.00
	992	0				60.00
60. 01 06001 BLOOD LABORATORY	0	0				60.01
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
63. 01  06301  NUCLEAR MEDI CI NE 65. 00  06500  RESPI RATORY THERAPY	0	0				63.01 65.00
66. 00 06600 PHYSI CAL THERAPY	0	0				66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0				67.00
68. 00 06800 SPEECH PATHOLOGY	0	0				68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0				69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	34, 572				73.00
76.00 03020 PAIN CLINIC	0	0				76.00
76. 01 03950 ORTHOPEDI CS	0	0				76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0	0				76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	0				76.03
76.04 03190 RADIATION ONCOLOGY	0	0				76.04
76.05 03951 MRI	0	0				76.05
76.06 03952 BARI ATRI C CENTER	0	0				76.06
76. 07 03550 PSYCH ACTI VI TY THERAPY	0	0				76.07
76.08 03953 WOUND CARE	0	0				76.08
76.09 03954 RENAL DIALYSIS	0	0				76.09
76. 10 03955 I NFUSI ON 76. 11 03956 CARE TRANSI TI ON CENTER	-	0				76.10
76. 12 03958 ANTICOAGULATION CLINIC	0	0				76.11
OUTPATIENT SERVICE COST CENTERS	0	0				_ /0.12
88. 00 08800 RURAL HEALTH CLINIC	0	0				88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90. 00 09000 CLINIC	0	0				90.00
90. 01 09001 OCC HEALTH CLINIC	0	0				90.01
91. 00 09100 EMERGENCY	0	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00
200.00 Subtotal (see instructions)	992	34, 572				200.00
201.00 Less PBP Clinic Lab. Services-Program	0					201.00
Only Charges						
202.00 Net Charges (line 200 +/- line 201)	992	34, 572				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	TAL COSTS	Provi der	CCN: 150004	Peri od:	Worksheet D	
		Componen	t CCN: 15S004	From 01/01/2015 To 12/31/2015		pared: 37 am
		Ti tl	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,			. Charges	column 4)	
	Part II, col.	8)	2)			
	<u>26)</u> 1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	-
50. 00 05000 OPERATI NG ROOM	678, 185	17, 247, 088	0. 03932	1,833	72	50.00
50. 01 05001 OPEN HEART SURGERY	23, 223					50.01
50. 02 05002 OUTPATI ENT SURGERY	279, 323				0	50.02
51.00 05100 RECOVERY ROOM	6, 656		1		0	51.00
53. 00 05300 ANESTHESI OLOGY	169, 953	9, 931, 487	0. 0171	13 859	15	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	312, 867	11, 840, 266	0. 02642	24 5, 405	143	54.00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	313, 838	9, 000, 972	0. 03486	57 283	10	54.01
54. 02 05402 ULTRASOUND	108, 875	9, 495, 616			11	54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0				0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	51, 962	31, 905, 725			34	55.01
57. 00 05700 CT SCAN	0	-	0.00000		0	57.00
58. 00 05800 MRI	0	-			0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0		0.0000		0	59.00
	309, 898		1			
60. 01 06001 BLOOD LABORATORY	0		0.0000		0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.01 06301 NUCLEAR MEDICINE	8, 638 49, 820			-	0	63.00 63.01
65. 00 06500 RESPIRATORY THERAPY	154, 097		1		72	65.00
66. 00 06600 PHYSI CAL THERAPY	139, 570				72	66.00
67. 00 06700 0CCUPATI ONAL THERAPY	17, 268				0	67.00
68. 00 06800 SPEECH PATHOLOGY	43, 103				0	68.00
69. 00 06900 ELECTROCARDI OLOGY	122,073				346	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	42, 941				0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	77, 762				74	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	66, 571				0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	350, 834	153, 295, 846	0. 00228	39 441, 124	1, 010	73.00
76.00 03020 PAIN CLINIC	0	C	0.0000	0 0	0	76.00
76. 01 03950 ORTHOPEDI CS	8, 222	120, 282	0. 06835	56 0	0	76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	205, 416				0	76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	27, 089		1		0	76.03
76.04 03190 RADIATION ONCOLOGY	243, 320		1		0	76.04
76. 05 03951 MRI	373, 894					•
76. 06 03952 BARI ATRI C CENTER	0	-	0.0000		0	76.06
76. 07 03550 PSYCH ACTIVITY THERAPY	4, 509		1		313	
76.08 03953 WOUND CARE	61,055		1		0	76.08
76. 09 03954 RENAL DI ALYSI S	107, 571		1		0	76.09
76. 10 03955 I NFUSI ON	67, 752 367				0	76.10
76. 11 03956 CARE TRANSITION CENTER 76. 12 03958 ANTI COAGULATION CLINIC	2, 108					-
OUTPATIENT SERVICE COST CENTERS	2,100	041,009	0.00328	59 0	0	10.12
88.00 08800 RURAL HEALTH CLINIC	0	C	0.0000		0	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C			0	•
90. 00 09000 CLINIC	0	C	0. 00000		-	
90. 01 09001 OCC HEALTH CLINIC	0	-	0.0000		0	•
91. 00 09100 EMERGENCY	374, 248					•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0				0	
200.00   Total (lines 50-199)	4, 803, 008	501, 619, 512	2	1, 106, 102	4, 593	200.00

Health Financial Systems	RANCISCAN ST MARG	GARET-HAMMOND		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVI CE OTHER PASS		CCN: 150004 CCN: 15S004	Period: From 01/01/2015 To 12/31/2015		pared: 37 am
		Ti tl	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	Non Physician Nu Anesthetist Cost	ursing School	Allied Healt		Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0		0 0		•
50. 01 05001 OPEN HEART SURGERY	0	0		0 0		
50. 02 05002 0UTPATI ENT SURGERY 51. 00 05100 RECOVERY ROOM	0	0		0 0	0	
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		-	102, 886	
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	0	0				
54. 02 05402 ULTRASOUND	0	0			1, 083	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	2, 10	56 0	2, 166	55.01
57.00 05700 CT SCAN	0	0		0 0	0	
58.00 05800 MRI	0	0		0 0	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	
60. 00  06000  LABORATORY 60. 01  06001  BLOOD LABORATORY	0	0	258, 5	13 0 0 0	258, 513 0	1
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	50, 44			
63. 01 06301 NUCLEAR MEDICINE	0	0			6, 305	•
65. 00 06500 RESPI RATORY THERAPY	0	0				•
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		-		
76.00 03020 PAIN CLINIC	0	0		0 0	0	1
76. 01 03950 ORTHOPEDI CS	0	0		0 0	0	•
76. 02 03140 CARDI OVASCULAR SERVI CES	0	0		0 0	0	76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	0		0 0	0	
76. 04 03190 RADI ATI ON ONCOLOGY	0	0		0 0	0	
76.05 03951 MRI	0	0		0 0	0	
76. 06 03952 BARI ATRI C CENTER 76. 07 03550 PSYCH ACTI VI TY THERAPY	0	0		0 0	0	
76. 08 03953 WOUND CARE	0	0		0 0	0	
76.09 03954 RENAL DI ALYSI S	0	0		0 0	0	
76. 10 03955 I NFUSI ON	0	0		0 0	0	76.10
76. 11 03956 CARE TRANSITION CENTER	0	0		0 0	0	
76. 12 03958 ANTI COAGULATI ON CLINIC	0	0		0 0	0	76. 12
OUTPATIENT SERVICE COST CENTERS			I		i	
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0		•
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	-	
90. 00  09000  CLINIC 90. 01  09001  OCC HEALTH CLINIC	0	0		0 0	0	•
91. 00 09100 EMERGENCY	0	0		0 0	0	•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0		•
200.00 Total (lines 50-199)	0	0		-	-	
	•					

alth Financial Systems PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY		RGARET-HAMMONE		Period:	u of Form CMS-2 Worksheet D	2552-10
IROUGH COSTS	SERVICE CHIER PAG		1	From 01/01/2015 To 12/31/2015	Part IV Date/Time Pre 3/29/2016 11:	pared: 37 am
		Ti tl	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total		Ratio of Cost		Inpati ent	
	Outpati ent	(from Wkst. C,	· · · · ·	Ratio of Cost	Program	
	Cost (sum of col. 2, 3 and	Part I, col. 8)	(col. 5 ÷ col.		Charges	
	4)	0)	7)	(col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVI CE COST CENTERS						
D. 00 05000 OPERATI NG ROOM	0				1, 833	50.00
D. 01 05001 OPEN HEART SURGERY	0				0	50.01
D. 02 05002 OUTPATI ENT SURGERY	0				0	50.02
1.00 05100 RECOVERY ROOM	0				0	51.00
3. 00 05300 ANESTHESI OLOGY	0				859	53.00
4. 00 05400 RADI OLOGY-DI AGNOSTI C	102, 886				5, 405	54.00
4. 01 05401 RADI OLOGY SPECIAL PROCEDURES	2, 166				283	54.01
4. 02 05402 ULTRASOUND	1,083				993	54.02
5. 00 05500 RADI OLOGY-THERAPEUTI C 5. 01 05501 COMPUTED TOMOGRAPHY	0 2, 166		0.00000 0.00006		0 20, 652	55.00 55.01
7. 00 05700 CT SCAN	2,100				20, 852	57.00
3. 00 05800 MRI	0		0.00000		0	58.00
9. 00 05900 CARDI AC CATHETERI ZATI ON	0				0	59.00
D. 00 06000 LABORATORY	258, 513				226, 998	60.00
D. 01 06001 BLOOD LABORATORY	0		0.00000		0	60.01
3. 00 06300 BLOOD STORING, PROCESSING & TRANS.	50, 441	3, 425, 585			0	63.00
3. 01 06301 NUCLEAR MEDICINE	6, 305				0	63.01
5. 00 06500 RESPI RATORY THERAPY	102, 853				9, 240	65.00
6. 00 06600 PHYSI CAL THERAPY	0	5, 543, 953	0. 00000	0. 000000	3, 006	66.00
7.00 06700 OCCUPATI ONAL THERAPY	0	2, 994, 624	0. 00000	0.000000	0	67. OC
3. 00 06800 SPEECH PATHOLOGY	0	1, 240, 657	0. 00000	0 0. 000000	0	68. OC
9. 00 06900 ELECTROCARDI OLOGY	0				32, 753	69.00
D. 00 07000 ELECTROENCEPHALOGRAPHY	0	_,,			0	70.00
1. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0				16, 198	71.00
2. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0				0	72.00
3. 00 07300 DRUGS CHARGED TO PATIENTS	874, 582				441, 124	73.00
5. 00 03020 PALN CLINIC 5. 01 03950 ORTHOPEDICS	0				0	76.00 76.01
5. 02 03140 CARDI OVASCULAR SERVI CES	0				0	76.02
5. 03 03957 CARDI AC REHABI LI TATI ON	0				0	76.02
5. 04 03190 RADIATION ONCOLOGY	0				0	76.04
5. 05 03951 MRI	0				7, 785	76.05
5. 06 03952 BARI ATRI C CENTER	0		0. 00000		0	76.06
5. 07 03550 PSYCH ACTIVITY THERAPY	0	3, 160, 474			219, 614	76.07
5. 08 03953 WOUND CARE	0	1, 865, 062	0. 00000	0. 000000	0	76.08
5. 09 03954 RENAL DIALYSIS	0	2, 462, 632	0. 00000	0. 000000	0	76.09
5. 10 03955 I NFUSI ON	0	14, 660, 673	0. 00000	0 0. 000000	0	76.10
5. 11 03956 CARE TRANSITION CENTER	0			0 0. 000000	0	76. 11
5. 12 03958 ANTI COAGULATI ON CLINIC	0	641, 009	0.00000	0 0. 000000	0	76. 12
					-	
B. 00 08800 RURAL HEALTH CLINIC	0		0.00000		0	
9. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0.00000		0	
D. 00 09000 CLINIC D. 01 09001 OCC HEALTH CLINIC	0		0.00000		0	90.00 90.01
	0		0.00000		0 119, 359	
1. 00 09100 EMERGENCY 2. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART	0				0	92.00

	RANCISCAN ST MAR		)	In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	5 Provi der	CCN: 150004	Period: From 01/01/2015	Worksheet D Part IV	
THROUGH COSTS		Component	t CCN: 15S004	To 12/31/2015		
		Titl	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	I npati ent	Outpati ent	Outpati ent			
	Program	Program	Program			
	Pass-Through	Charges	Pass-Through			
	Costs (col. 8 x col. 10)		Costs (col. x col. 12)	9		
	11.00	12.00	13.00			
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	C		0		50.00
50. 01 05001 OPEN HEART SURGERY	0	0		0		50.01
50. 02 05002 OUTPATI ENT SURGERY	0	C		0		50.02
51.00 05100 RECOVERY ROOM	0	C		0		51.00
53. 00 05300 ANESTHESI OLOGY	0	0		0		53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	47	0		0		54.00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	0	0		0		54.01
54. 02 05402 ULTRASOUND	0	0		0		54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0		55.00
55. 01 05501 COMPUTED TOMOGRAPHY 57. 00 05700 CT SCAN	0	0		0		55.01
57. 00  05700  CT_SCAN 58. 00  05800  MRI	0	0		0		57.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0		59.00
60. 00 06000 LABORATORY	1,083	0		0		60.00
60. 01 06001 BLOOD LABORATORY	0	0		0		60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0		63.00
63. 01 06301 NUCLEAR MEDICINE	0	0		0		63.01
65. 00 06500 RESPIRATORY THERAPY	48	0		0		65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0		66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0		67.00
68.00 06800 SPEECH PATHOLOGY	0	C		0		68.00
69. 00 06900 ELECTROCARDI OLOGY	0	C		0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	C		0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2, 517	C		0		73.00
76.00 03020 PAIN CLINIC	0	C	)	0		76.00
76. 01 03950 ORTHOPEDI CS	0	C		0		76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0	0		0		76.02
76. 03 03957 CARDIAC REHABILITATION	0	0		0		76.03
76.04 03190 RADIATION ONCOLOGY	0	C		0		76.04
76. 05 03951 MRI	0	0		0		76.05
76. 06 03952 BARI ATRI C CENTER	0	0		0		76.06
76. 07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0		76.07
76. 08 03953 WOUND CARE	0	0		0		76.08
76. 09 03954 RENAL DI ALYSI S	0	0		0		76.09
76. 10 03955 INFUSION	0	0		0		76.10
76. 11 03956 CARE TRANSITION CENTER	0	0		0		76.11
76. 12 03958 ANTI COAGULATI ON CLI NI C OUTPATI ENT SERVI CE COST CENTERS	0	C	4	0		76. 12
88. 00 08800 RURAL HEALTH CLINIC	0	C		0		88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0		89.00
90. 00 09000 CLINIC	0	0		0		90.00
			1			
90. 01 09001 0CC HEALTH CLINIC	0	C		0		90.01
90. 01 09001 OCC HEALTH CLINIC 91. 00 09100 EMERGENCY	0	0 0		0		90.01
90.01 09001 OCC HEALTH CLINIC	0 0 0	0 0 0		0 0 0		

	Financial Systems ONMENT OF INPATIENT ANCILLARY SERVICE CAPIT		RGARET-HAMMONI Provider	CCN: 150004	Peri od:	u of Form CMS-: Worksheet D	2002 1
				t CCN: 15S004	From 01/01/2015	Part II Date/Time Pre 3/29/2016 11:	pared: 37 am
			Ti	tle XIX	Subprovider - IPF	PPS	<u></u>
	Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
		Related Cost	(from Wkst. C	, to Charges	Program	(column 3 x	
		(from Wkst. B,		(col. 1 ÷ co	I. Charges	column 4)	
		Part II, col.	8)	2)			
		26)	0.00		4.00		
Δ	NCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	D5000 OPERATI NG ROOM	678, 185	17, 247, 08	8 0. 0393	22 0	0	50.00
	05001 OPEN HEART SURGERY	23, 223				0	50.01
	05002 OUTPATIENT SURGERY	279, 323				0	50.02
	D5100 RECOVERY ROOM					0	50.02
		6,656					
1	05300 ANESTHESI OLOGY	169, 953				0	53.00
	05400 RADI OLOGY-DI AGNOSTI C	312, 867				0	54.00
	05401 RADI OLOGY SPECIAL PROCEDURES	313, 838				0	54.01
	05402 ULTRASOUND	108, 875				0	54.0
	05500 RADI OLOGY-THERAPEUTI C	0		0.0000		0	55.00
	05501 COMPUTED TOMOGRAPHY	51, 962				0	55.0
	05700 CT SCAN	0		0.0000		0	57.00
	05800 MRI	0		0.0000		0	58.0
	05900 CARDI AC CATHETERI ZATI ON	0		0.0000		0	59.0
	06000 LABORATORY	309, 898	54, 171, 98			0	60.0
	06001 BLOOD LABORATORY	0		0.0000		0	60.0
3.00 0	06300 BLOOD STORING, PROCESSING & TRANS.	8, 638		5 0.0025		0	63.0
3. 01 C	06301 NUCLEAR MEDICINE	49, 820	5, 601, 46	6 0. 0088		0	63.0
5.00 C	06500 RESPI RATORY THERAPY	154, 097	19, 793, 46	0.0077	85 0	0	65.00
6.00 C	06600 PHYSI CAL THERAPY	139, 570	5, 543, 95	3 0. 0251	75 0	0	66.0
7.00 0	06700 OCCUPATI ONAL THERAPY	17, 268	2, 994, 62	4 0.0057	66 0	0	67.0
8. 00 C	06800 SPEECH PATHOLOGY	43, 103	1, 240, 65	7 0. 0347	42 0	0	68.0
9. 00 C	06900 ELECTROCARDI OLOGY	122,073	11, 558, 57	3 0. 0105	61 0	0	69.0
0. 00 C	07000 ELECTROENCEPHALOGRAPHY	42, 941			90 0	0	70.0
1.00 0	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	77, 762	17,009,98	2 0.0045	72 0	0	71.0
	07200 IMPL. DEV. CHARGED TO PATIENTS	66, 571	5, 290, 74	6 0.0125	83 0	0	72.0
	07300 DRUGS CHARGED TO PATIENTS	350, 834				0	73.0
	D3020 PAIN CLINIC	0		0. 0000		0	76.0
	03950 ORTHOPEDI CS	8, 222	120, 28			0	76.0
	03140 CARDI OVASCULAR SERVI CES	205, 416				0	76.0
	03957 CARDI AC REHABI LI TATI ON	27, 089				0	76.0
	03190 RADI ATI ON ONCOLOGY	243, 320				0	76.0
	03951 MRI	373, 894				0	76.0
	03952 BARI ATRI C CENTER	0,0,0,1		0.0000		0	76.0
	03550 PSYCH ACTIVITY THERAPY	4, 509				0	76.0
	03953 WOUND CARE	61,055				0	76.0
	03954 RENAL DIALYSIS	107, 571				0	76.0
	03955   NEUSI ON	67, 752				0	76.10
		367				0	
	03956 CARE TRANSI TI ON CENTER						
	03958 ANTICOAGULATION CLINIC	2, 108	641, 00	9 0.0032	89 0	0	76. 12
		~		0 0000	00 01	^	
	08800 RURAL HEALTH CLINIC	0		0.0000		0	
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	1	0.0000		0	
	09000 CLINIC	0	1	0 0.0000		0	90.0
	09001 OCC HEALTH CLINIC	0	<b>_</b>	0 0.0000		0	90.0
	09100 EMERGENCY	374, 248				0	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART Total (lines 50-199)	0	7, 241, 06			0	92. 0 200. 0
200.00		4, 803, 008	501, 619, 51		0		

	FRANCISCAN ST MARG	ARET-HAMMOND		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	ERVICE OTHER PASS	Provi der	CCN: 150004	Peri od:	Worksheet D	
THROUGH COSTS		Component	CCN: 15S004	From 01/01/2015 To 12/31/2015		
		Ti t	le XIX	Subprovider - IPF	PPS	
Cost Center Description	Non Physician Nu	rsing School	Allied Healt		Total Cost	
	Anesthetist			Medi cal	(sum of col 1	
	Cost			Education Cost	5	
	1.00	2.00	3.00	4.00	4) 5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
50. 01 05001 OPEN HEART SURGERY	0	0		0 0		
50. 02 05002 OUTPATI ENT SURGERY	0	0		0 0		•
51.00 05100 RECOVERY ROOM	0	0		0 0	0	
53.00 05300 ANESTHESI OLOGY	0	0		0 0	0	
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0	- 1 -		102, 886	•
54. 01 05401 RADI OLOGY SPECI AL PROCEDURES	0	0			2, 166	•
54. 02 05402 ULTRASOUND	0	0			1, 083	•
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0		
55. 01 05501 COMPUTED TOMOGRAPHY	0	0				•
57. 00 05700 CT SCAN	0	0		0 0		•
58. 00 05800 MRI	0	0		0 0		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	-	
60. 00 06000 LABORATORY	0	0				
60. 01 06001 BLOOD LABORATORY	0	0		0 0 41 0	-	•
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 63. 01 06301 NUCLEAR MEDICINE	0	0				
65. 00 06500 RESPIRATORY THERAPY	0	0			-,	•
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0		1
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 0		
68. 00 06800 SPEECH PATHOLOGY	0	0		0 0		
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0		•
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				•
76.00 03020 PAIN CLINIC	0	0		0 0		
76. 01 03950 ORTHOPEDI CS	0	0		0 0	0	76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0	0		0 0	0	76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0		0 0	0	76.04
76. 05 03951 MRI	0	0		0 0	0	76.05
76. 06 03952 BARI ATRI C CENTER	0	0		0 0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		0 0	-	
76.08 03953 WOUND CARE	0	0		0 0	0	•
76. 09 03954 RENAL DIALYSIS	0	0		0 0	0	
76. 10 03955 I NFUSI ON	0	0		0 0		
76. 11 03956 CARE TRANSITION CENTER	0	0		0 0		-
76. 12 03958 ANTI COAGULATI ON CLINIC	0	0		0 0	0	76. 12
OUTPATI ENT SERVICE COST CENTERS           88.00         08800         RURAL HEALTH CLINIC	0	0	1	0 0	0	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				
90. 00 09000 CLINIC	0	0		0 0	0	
90. 01 09001 0CC HEALTH CLINIC	0	0		0 0	0	
91. 00 09100 EMERGENCY	0	0		0 0	-	•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0		•
200.00 Total (lines 50-199)	0	0				•
	, of	0	1,100,7		1,100,770	1200.00

Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PAS	S Provider		Period:	Worksheet D	
THROUGH COSTS		Component		From 01/01/2015 To 12/31/2015		
		Ti t	le XIX	Subprovider - IPF	PPS	
Cost Center Description	Total	Total Charges			I npati ent	
	Outpati ent	(from Wkst. C,	to Charges	Ratio of Cost	Program	
	Cost (sum of	Part I, col.	(col. 5 ÷ col	to Charges	Charges	
	col. 2, 3 and 4)	8)	7)	(col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10,00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	0	17, 247, 088	0.00000	0 0.000000	0	50.00
50. 01 05001 OPEN HEART SURGERY	0	1, 479, 949	0.00000	0.000000	0	50.01
50. 02 05002 OUTPATI ENT SURGERY	0	7, 602, 237	0.00000	0 0.000000	0	50.02
51.00 05100 RECOVERY ROOM	0				0	
53. 00 05300 ANESTHESI OLOGY	0				0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	102, 886				0	1
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	2, 166				0	
54. 02 05402 ULTRASOUND	1,083				0	1
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	-			0	
55. 01 05501 COMPUTED TOMOGRAPHY 57. 00 05700 CT SCAN	2, 166		0.00006		0	55.01 57.00
58. 00 05800 MRI	0	-			0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	-	0.00000		0	
60. 00 06000 LABORATORY	258, 513	-			0	1
60. 01 06001 BLOOD LABORATORY	200,010		0.00000		0	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	50, 441	-			0	1
63. 01 06301 NUCLEAR MEDICINE	6, 305		1		0	
65. 00 06500 RESPI RATORY THERAPY	102, 853				0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	5, 543, 953	0.00000	0.000000	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	2, 994, 624	0.00000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1, 240, 657	0.00000	0.000000	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0				0	1
70.00 07000 ELECTROENCEPHALOGRAPHY	0				0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0				0	1
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0				0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	874, 582				0	1
76. 00 03020 PALN CLINIC	0	-	0.00000		0	
76. 01 03950 ORTHOPEDI CS 76. 02 03140 CARDI OVASCULAR SERVI CES	0				0	
76. 03 03957 CARDI AC REHABI LI TATI ON	0	1, 418, 002			0	
76. 04 03190 RADIATION ONCOLOGY	0				0	
76. 05 03951 MRI	0				0	
76. 06 03952 BARI ATRI C CENTER	0	-,,	0.00000		0	
76. 07 03550 PSYCH ACTIVITY THERAPY	0	-	1		0	1
76.08 03953 WOUND CARE	0				0	1
76. 09 03954 RENAL DI ALYSI S	0	2, 462, 632	0.00000	0.000000	0	76.09
76. 10 03955 I NFUSI ON	0	14, 660, 673	0.00000	0.000000	0	76.10
76. 11 03956 CARE TRANSITION CENTER	0	9, 817	0.00000	0.000000	0	76.11
76. 12 03958 ANTI COAGULATI ON CLINIC	0	641,009	0.00000	0.00000	0	76. 12
OUTPATIENT SERVICE COST CENTERS		1				
88.00 08800 RURAL HEALTH CLINIC	0	-				
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0					
90. 00 09000 CLINIC	0	-	0.00000		0	
90. 01 09001 0CC HEALTH CLINIC 91. 00 09100 EMERGENCY	0	-	0.00000		0	
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0				0	1
200.00 Total (lines 50-199)	1, 400, 995			0.00000		200.00
200.00  10tal (11165 30-199)	1, 400, 995	001,019,012	1	ļ	0	I200. 00

	RANCI SCAN ST MAR				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SET	RVICE OTHER PASS	5 Provi der	CCN: 150004	Period: From 01/01/2015	Worksheet D Part IV	
THROUGH COSTS		Componen	t CCN: 15S004			
		Tit	le XIX	Subprovider - IPF	PPS	
Cost Center Description	Inpati ent	Outpati ent	Outpati ent			
	Program	Program	Program			
	Pass-Through Costs (col. 8	Charges	Pass-Throug Costs (col.			
	x col. 10)		x col. 12)			
	11.00	12.00	13.00			
ANCI LLARY SERVI CE COST CENTERS						
50.00 O5000 OPERATING ROOM	0	C		0		50.00
50.01 05001 OPEN HEART SURGERY	0	C		0		50. 01
50. 02 05002 OUTPATI ENT SURGERY	0	C		0		50. 02
51.00 05100 RECOVERY ROOM	0	C		0		51.00
53. 00 05300 ANESTHESI OLOGY	0	0		0		53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	(		0		54.00
54. 01  05401   RADI OLOGY SPECI AL PROCEDURES 54. 02  05402   ULTRASOUND	0	(		0		54.01 54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	(		0		55.00
55. 01 05501 COMPUTED TOMOGRAPHY	0	(		0		55.01
57. 00 05700 CT SCAN	0	(		0		57.00
58. 00 05800 MRI	0	(		0		58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	C		0		59.00
60. 00 06000 LABORATORY	0	C		0		60.00
60.01 06001 BLOOD LABORATORY	0	C		0		60. 01
63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	C		0		63.00
63.01 06301 NUCLEAR MEDICINE	0	C		0		63.01
65. 00 06500 RESPI RATORY THERAPY	0	C		0		65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0		66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0		67.00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	( (		0		68.00 69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	(		0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	C		0		71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	(		0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C		0		73.00
76.00 03020 PAIN CLINIC	0	C		0		76.00
76. 01 03950 ORTHOPEDI CS	0	C		0		76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0	C		0		76. 02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	C		0		76.03
76. 04 03190 RADI ATI ON ONCOLOGY	0	C		0		76.04
76. 05 03951 MRI	0	0		0		76.05
76.06 03952 BARI ATRI C CENTER	0	C		0		76.06
76. 07 03550 PSYCH ACTIVITY THERAPY 76. 08 03953 WOUND CARE	0	(		0		76.07 76.08
76. 09 03954 RENAL DI ALYSI S	0	(		0		76.08
76. 10 03955 I NFUSI ON	0	C		0		76.10
76. 11 03956 CARE TRANSI TI ON CENTER	0	C		0		76.11
76. 12 03958 ANTI COAGULATI ON CLINIC	0	C		0		76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	C	)	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C		0		89.00
90. 00 09000 CLINIC	0	C		0		90.00
90. 01 09001 OCC HEALTH CLINIC	0	0		0		90.01
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 200.00 Total (lines 50-199)	0	C		0		92.00 200.00
	I U	Ĺ	1	9		200.00

Health Financial Systems

FRANCI SCAN	ST	MARGARET-HAMMOND

In Lieu of Form CMS-2552-10

<u>Heal</u> th	Financial Systems FRANCISCAN ST MARGAR	RET-HAMMOND	In Lie	u of Form CMS-2	<u>2552</u> -10
	ATION OF INPATIENT OPERATING COST	Provider CCN: 150004	Peri od:	Worksheet D-1	
			From 01/01/2015 To 12/31/2015	Date/Time Pre	pared:
			10 12/01/2010	3/29/2016 11:	
		Title XVIII	Hospi tal	PPS	
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days,	excluding newborn)		29, 423	1.00
2.00	Inpatient days (including private room days, excluding swing-be	ed and newborn days)		29, 423	2.00
3.00	Private room days (excluding swing-bed and observation bed days	s). If you have only pr	ivate room days,	0	3.00
4 00	do not complete this line.	1 -1		24 1/7	4 00
4.00 5.00	Semi-private room days (excluding swing-bed and observation bec Total swing-bed SNF type inpatient days (including private room		r 21 of the cost	24, 167 0	4.00 5.00
5.00	reporting period	i days) thi dugh beceilibe		0	3.00
6.00	Total swing-bed SNF type inpatient days (including private room	n days) after December	31 of the cost	0	6.00
	reporting period (if calendar year, enter 0 on this line)				
7.00	Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7.00
8.00	reporting period	dava) after December 2	1 of the east	0	8.00
6.00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) al tel becember 3	I OI LINE COST	0	0.00
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	12, 459	9.00
	newborn days)		5		
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl		oom days)	0	10.00
11 00	through December 31 of the cost reporting period (see instructi				11 00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII onl December 31 of the cost reporting period (if calendar year, ent		oom days) arter	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12.00
	through December 31 of the cost reporting period	5 ( 5 )			
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13.00
14 00	after December 31 of the cost reporting period (if calendar yea				14.00
14.00 15.00	Medically necessary private room days applicable to the Program Total nursery days (title V or XIX only)	n (excluding swing-bed	days)	0	14.00 15.00
	Nursery days (title V or XIX only)			0	
10.00	SWING BED ADJUSTMENT			0	10.00
17.00	Medicare rate for swing-bed SNF services applicable to services	s through December 31 c	f the cost	0.00	17.00
	reporting period				
18.00	Medicare rate for swing-bed SNF services applicable to services	s after December 31 of	the cost	0.00	18.00
19.00	reporting period Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19.00
17.00	reporting period	through becomen of or		0.00	
20.00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0.00	20.00
	reporting period				
21.00 22.00	Total general inpatient routine service cost (see instructions) Swing-bed cost applicable to SNF type services through December		ing ported (line	27, 914, 904 0	1
22.00	5 x line 17)	ST OF THE COST TEPOL	ing period (inte	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 3	31 of the cost reportin	g period (line 6	0	23.00
	x line 18)				
24.00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24.00
25.00	7 x line 19) Swing-bed cost applicable to NF type services after December 31	l of the cost reporting	period (line 0	0	25.00
23.00	x line 20)	i of the cost reporting	period (inne o	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 (I	ine 21 minus line 26)		27, 914, 904	27.00
~~ ~~	PRIVATE ROOM DI FFERENTI AL ADJUSTMENT				
28.00 29.00	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	28.00 29.00
30.00	Private room charges (excluding swing-bed charges) 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	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34.00	Average per diem private room charge differential (line 32 minu		tions)	0.00	
35.00 36.00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	: 31)		0.00	35.00 36.00
37.00	General inpatient routine service cost net of swing-bed cost ar	nd private room cost di	fferential (line	27, 914, 904	
	27 minus line 36)			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			-	1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS				
38.00	Adjusted general inpatient routine service cost per diem (see i	-		948.74	
39.00 40.00	Program general inpatient routine service cost (line 9 x line 3 Medically necessary private room cost applicable to the Program			11, 820, 352 0	
	Total Program general inpatient routine service cost (line 39 +			11, 820, 352	

MPUI	ATION OF INPATIENT OPERATING COST		Provi der	CCN: 150004	Period: From 01/01/2015	Worksheet D-1	1	
					To 12/31/2015			
				e XVIII	Hospi tal	PPS		
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 col. 2)		Program Cost (col. 3 x col. 4)		
	T	1.00	2.00	3.00	4.00	5.00		
00	NURSERY (title V & XIX only)	0	C	0.	00 0	C	9 42	
00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	5, 460, 775	3, 712	1, 471.	11 1, 770	2, 603, 865	5 43	
00	CORONARY CARE UNIT	3,400,773	3,712	0.				
00	BURN INTENSIVE CARE UNIT	0					45	
00	SURGI CAL I NTENSI VE CARE UNI T						46	
00	NEWBORN I NTENSI VE CARE UNI T	0	C	0.	00 0	C	47	
	Cost Center Description					1.00		
00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3	3, line 200)			18, 159, 159	48	
00	Total Program inpatient costs (sum of lines			ons)		32, 583, 376		
	PASS THROUGH COST ADJUSTMENTS					1		
00	Pass through costs applicable to Program inpa	atient routine	services (from	n Wkst. D, su	m of Parts I and	1, 069, 583	3 50	
00	III) Pass through costs applicable to Program inpa	atient ancillar	ry services (fr	om Wkst D	sum of Parts II	1, 206, 175	51	
00	and IV)		y services (11	on witst. D,		1,200,173	/ 51	
00	Total Program excludable cost (sum of lines !					2, 275, 758		
00	Total Program inpatient operating cost exclud		elated, non-phy	vsician anest	hetist, and	30, 307, 618	3 53	
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	52)						
00	Program di scharges					C	54	
00	Target amount per discharge					0.00		
00	Target amount (line 54 x line 55)					0		
00	Difference between adjusted inpatient operati	ng cost and ta	arget amount (I	ine 56 minus	line 53)	0		
00 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost rep	porting period	ending 1006	undated and c	omnounded by the	0.00		
00	0.00	1 37						
00	Lesser of lines 53/54 or 55 from prior year of					0.00	60	
. 00	If line 53/54 is less than the lower of line					0	61	
	which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i		ts (lines 54 x	60), or 1% o	f the target			
00	Relief payment (see instructions)	listi ucti olisj				0	62	
00								
	PROGRAM INPATIENT ROUTINE SWING BED COST					-		
00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Dece	ember 31 of the	e cost report	ing period (See	C	64	
00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	per 31 of the c	cost reportin	a period (See	0	65	
	instructions)(title XVIII only)				5 1			
00	Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line 6	5)(title XVI	ll only). For	0	66	
00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	costs through	Docombor 21 c	of the cost r	oporting poriod	0	67	
. 00	(line 12 x line 19)	e costs through	i December 31 c	I the cost i	eporting period			
. 00	Title V or XIX swing-bed NF inpatient routine	e costs after D	December 31 of	the cost rep	orting period	0	68	
~~	(line 13 x line 20)		(1.) (7 1.)	(0)				
. 00	Total title V or XIX swing-bed NF inpatient N PART III - SKILLED NURSING FACILITY, OTHER NU					C	) 69	
00	Skilled nursing facility/other nursing facili				)		70	
00	Adjusted general inpatient routine service co	2		•	÷		71	
00	Program routine service cost (line 9 x line		<i></i>	>			72	
00	Medically necessary private room cost applicately program general inpatient routine service						73	
00 00	Total Program general inpatient routine servi Capital-related cost allocated to inpatient i	•			Part II column		74	
55	26, line 45)						'	
00	Per diem capital-related costs (line 75 ÷ lin						76	
00	Program capital -related costs (line 9 x line						77	
00 00	Inpatient routine service cost (line 74 minus Aggregate charges to beneficiaries for excess	,	rovi der rocers	15)			78	
00	Total Program routine service costs for compa				nus line 79)		80	
00	Inpatient routine service cost per diem limi				/		81	
00	Inpatient routine service cost limitation (li	ne 9 x line 81					82	
00	Reasonable inpatient routine service costs (		ıs)				83	
00	Program inpatient ancillary services (see ins		nc)				84	
00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85	
00	PART IV - COMPUTATION OF OBSERVATION BED PASS							
. 00	Total observation bed days (see instructions)	)				5, 256		
. 00	Adjusted general inpatient routine cost per d	diem (line 27 ÷	- line 2)			948.74	88	
00	Observation bed cost (line 87 x line 88) (see	inctains?				4, 986, 577		

Health Financial Systems Fi	RANCISCAN ST M	ARGARET-HAMN	OND	In Lieu of Form CMS-2552			
COMPUTATION OF INPATIENT OPERATING COST		Provio	er CCN: 150004	Period: From 01/01/2015	Worksheet D-1		
				To 12/31/2015			
		T	tle XVIII	Hospi tal	PPS		
Cost Center Description	Cost	Routine Co	st column 1 ÷	Total	Observati on		
		(from line	27) column 2	Observati on	Bed Pass		
				Bed Cost (from	Through Cost		
				line 89)	(col. 3 x col.		
					4) (see		
					instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST						
90.00 Capital-related cost	2, 184, 43	9 27, 914,	0. 0782	4, 986, 577	390, 220	90.00	
91.00 Nursing School cost		27, 914,	0. 00000	4, 986, 577	0	91.00	
92.00 Allied health cost		27, 914,	0. 00000	4, 986, 577	0	92.00	
93.00 All other Medical Education		0 27, 914,	0. 00000			93.00	

JMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Pre 3/29/2016 11:	pare
		Title XVIII	Subprovider - IPF	PPS	
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS				-
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days,	eveluding newborn)		9, 358	1 1.
00	Inpatient days (including private room days, excluding swing-bed days,			9, 358	
00	do not complete this line.		ivate room days,	0	3
00 00	Semi-private room days (excluding swing-bed and observation bed Total swing-bed SNF type inpatient days (including private room reporting period		r 31 of the cost	9, 358 0	4 5
00	Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	n days) after December 3	31 of the cost	0	6
00	Total swing-bed NF type inpatient days (including private room reporting period			0	7
00 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	-		0 1, 145	
. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII onl		0	1, 145	
. 00	through December 31 of the cost reporting period (see instructi Swing-bed SNF type inpatient days applicable to title XVIII onl	ions) Ly (including private ro		0	11
. 00	December 31 of the cost reporting period (if calendar year, ent Swing-bed NF type inpatient days applicable to titles V or XIX through December 31 of the cost reporting period		e room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar yea			0	13
. 00	Medically necessary private room days applicable to the Program Total nursery days (title V or XIX only)	n (excluding swing-bed o	days)	0	15
. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16
. 00	Medicare rate for swing-bed SNF services applicable to services reporting period	s through December 31 o	f the cost	0.00	17
. 00	Medicare rate for swing-bed SNF services applicable to services reporting period			0.00	
. 00	Medicaid rate for swing-bed NF services applicable to services reporting period Medicaid rate for swing-bed NF services applicable to services	C C		0. 00 0. 00	
. 00	reporting period Total general inpatient routine service cost (see instructions)			7, 879, 328	
. 00	Swing-bed cost applicable to SNF type services through December $5 \times 1$ ine 17)		ing period (line	1, 074, 320 0	
. 00	Swing-bed cost applicable to SNF type services after December 3 x line 18) $$			0	
00	Swing-bed cost applicable to NF type services through December 7 x line 19) Swing hod cost applicable to NE type corvices after December $2^{\circ}$			0	
. 00 . 00	Swing-bed cost applicable to NF type services after December 37 x line 20) Total swing-bed cost (see instructions)	i or the cost reporting	perrou (TITHE 8	0	
. 00	General inpatient routine service cost net of swing-bed cost (I PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			7, 879, 328	27
	General inpatient routine service charges (excluding swing-bed	and observation bed cha	arges)	0	
00	Private room charges (excluding swing-bed charges)			0	29
00	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0.000000	
00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
00	Average per diem private room charge differential (line 32 minu		tions)	0.00	
00	Average per diem private room cost differential (line 34 x line	e 31)		0.00	
00 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost ar 27 minus line 36)	nd private room cost di	fferential (line	0 7, 879, 328	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS	STMENTS			-
. 00	Adjusted general inpatient routine service cost per diem (see i			841.99	38
		nstructions)		841. 99 964, 079	

MPUT	ATION OF INPATIENT OPERATING COST			CCN: 150004	Period: From 01/01/2015			
			Componen	t CCN: 15S004	To 12/31/2015	Date/Time Pre 3/29/2016 11:		
			Ti tl	e XVIII	Subprovider - IPF	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		
00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	C	0.	00 0	C	42	
00	INTENSIVE CARE UNIT	0	C	0.	00 00	0	2 43	
. 00	CORONARY CARE UNI T	0	C	0.		C	2 44	
	BURN INTENSIVE CARE UNIT						45	
00	SURGICAL INTENSIVE CARE UNIT NEWBORN INTENSIVE CARE UNIT	0	C	0.	00 00	, c	46	
	Cost Center Description					1.00		
00	Program inpatient ancillary service cost (Wks	st. D-3. col. 3	. line 200)			1.00 183,914	4 48	
	Total Program inpatient costs (sum of lines			ons)		1, 147, 993		
00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	tiont routing	convious (from		m of Dorte L and	10, 431	1 50	
00	(111)	attent foutine	Services (IIO	IWKSL D, SU		10, 431		
00	Pass through costs applicable to Program inpa	atient ancillar	y services (fr	om Wkst. D,	sum of Parts II	8, 289	9 51	
00	and IV) Total Program excludable cost (sum of lines !	50 and 51)				18, 720	52	
. 00	Total Program inpatient operating cost exclud		elated, non-phy	sician anest	netist, and	1, 129, 273		
	medical education costs (line 49 minus line 5 TARGET AMOUNT AND LIMIT COMPUTATION	52)					-	
. 00	Program di scharges					0	5 54	
00	Target amount per discharge					0.00		
00 00	Target amount (line 54 x line 55) Difference between adjusted inpatient operati	ng cost and ta	urget amount (l	ine 56 minus	line 53)			
. 00	Bonus payment (see instructions)	ing cost and ta	inger unburrt (i					
9.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the								
. 00	market basket Lesser of lines 53/54 or 55 from prior year o	cost report, up	dated by the m	arket basket		0.00	0 60	
. 00	If line 53/54 is less than the lower of line	s 55, 59 or 60	enter the less	er of 50% of		C		
	which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i		s (lines 54 x	60), or 1% o	f the target			
. 00	Relief payment (see instructions)	11311 4011 01137				0	) 62	
. 00	Allowable Inpatient cost plus incentive payme	ent (see instru	ictions)			C	) 63	
. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Dece	mber 31 of the	e cost report	na period (See	c	0 64	
	instructions)(title XVIII only)							
. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts after Decemb	er 31 of the c	ost reportin	g period (See	0	D 65	
. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line 6	5)(title XVI	ll only). For	0	0 66	
00	CAH (see instructions)			£ +b+				
. 00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	e costs through	December 31 c	or the cost r	eporting period		67	
. 00	Title V or XIX swing-bed NF inpatient routine	e costs after D	ecember 31 of	the cost rep	orting period	c	5 68	
. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient (	coutine costs (	line 67 + line	68)			0 69	
	PART III - SKILLED NURSING FACILITY, OTHER NU	JRSING FACILITY	, AND ICF/IID	ONLY		· · · · · · · · · · · · · · · · · · ·		
. 00	Skilled nursing facility/other nursing facili	5			)		70	
. 00 . 00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		The 70 ÷ The	2)			71	
. 00	Medically necessary private room cost applica	able to Program	•				73	
. 00 . 00	Total Program general inpatient routine servi	•			Part II column		74	
. 00	Capital-related cost allocated to inpatient 1 26, line 45)	Satine Service		IN NOTEL D,	artir, corunni		'	
. 00	Per diem capital-related costs (line 75 ÷ lin						76	
00 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						7	
00	Aggregate charges to beneficiaries for excess		orovi der record	ls)			79	
00	Total Program routine service costs for compa		cost limitation	n (line 78 mi	nus line 79)		80	
00 00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (li		)				81	
. 00	Reasonable inpatient routine service costs (						83	
. 00	Program inpatient ancillary services (see ins		>				84	
. 00 . 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85	
. 55	PART IV - COMPUTATION OF OBSERVATION BED PASS					I		
00	Total observation bed days (see instructions)	)				C		
. 00	Adjusted general inpatient routine cost per o	diam (11	1100 0			0.00	D  88	

Health Financial Systems Fi		In Lie	u of Form CMS-2	2552-10			
COMPUTATION OF INPATIENT OPERATING COST			Provi der		Period: From 01/01/2015	Worksheet D-1	
			Component		To 12/31/2015		pared: 37 am
	Title	e XVIII	Subprovider - IPF	PPS			
Cost Center Description	Cost		ine Cost	column 1 ÷	Total	Observati on	
		(from	line 27)	column 2	Observati on	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
	1.00		2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST						
90.00 Capital-related cost	85, 230	) .	7, 879, 328	0. 01081	7 0	0	90.00
91.00 Nursing School cost	0	) ·	7, 879, 328	0.00000	0 0	0	91.00
92.00 Allied health cost	0	) ·	7, 879, 328	0.0000	0 0	0	92.00
93.00 All other Medical Education	0	- Ic	7, 879, 328	0.00000	0 0	0	93.00

)MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Pre		
		Title XIX	Subprovi der -	3/29/2016 11:3		
	Cost Costor Description		I PF	PPS		
	Cost Center Description			1.00		
	PART I – ALL PROVIDER COMPONENTS				-	
	Inpatient days (including private room days and swing-bed days,	excluding newborn)		9, 358	1.	
00 00	Inpatient days (including private room days, excluding swing-bed and newborn days) Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.					
00 00	Semi-private room days (excluding swing-bed and observation bed days) Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost					
00	reporting period Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after December :	31 of the cost	0	6.	
00	Total swing-bed NF type inpatient days (including private room reporting period			0		
00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)			0		
00	Total inpatient days including private room days applicable to newborn days) Swing bod SNE type inpatient days applicable to title XVIII applied		-	3, 763 0		
	Swing-bed SNF type inpatient days applicable to title XVIII on through December 31 of the cost reporting period (see instruction Swing-bed SNF type inpatient days applicable to title XVIII on the second se		0			
	December 31 of the cost reporting period (if calendar year, enti Swing-bed NF type inpatient days applicable to titles V or XIX	0				
3. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX			0	13	
	after December 31 of the cost reporting period (if calendar yea Medically necessary private room days applicable to the Program Total nursery days (title V or XIX only)			0 220		
	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			52		
. 00	Medicare rate for swing-bed SNF services applicable to services reporting period	through December 31 o	f the cost	0.00	17	
. 00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period					
	Medicaid rate for swing-bed NF services applicable to services reporting period		0.00			
	Medicaid rate for swing-bed NF services applicable to services a reporting period	after December 31 of t	he cost	0.00		
	Total general inpatient routine service cost (see instructions) Swing-bed cost applicable to SNF type services through December 5 x line 17)	7, 879, 328 0				
. 00	Swing-bed cost applicable to SNF type services after December 3 x line 18)	0				
	Swing-bed cost applicable to NF type services through December 7 x line 19)	0				
	Swing-bed cost applicable to NF type services after December 31 x line 20)	0				
7.00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (I PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	ine 21 minus line 26)		0 7, 879, 328		
	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	28	
	Private room charges (excluding swing-bed charges)			0		
	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0 0. 000000		
	Average private room per diem charge (line 29 ÷ line 3)	20)		0.000000		
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00		
	Average per diem private room charge differential (line 32 minu:	s line 33)(see instruc	tions)	0.00		
	Average per diem private room cost differential (line 34 x line			0.00		
. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost an		fferential (line	0 7, 879, 328	36	
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY DPOCDAM UNDATION OPEDATING COST RECODE DASS TUDOUCU COST AD US	TMENTS				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS Adjusted general inpatient routine service cost per diem (see in		I	841.99	30	
	Program general inpatient routine service cost (line 9 x line 3)			3, 168, 408		
	Medically necessary private room cost applicable to the Program			0		
). 00			1	0	1 40	

	ATION OF INPATIENT OPERATING COST			CCN: 150004	Period: From 01/01/2015		
			Componen	t CCN: 15S004	To 12/31/2015	Date/Time Pro 3/29/2016 11:	
			Tit	le XIX	Subprovider - IPF	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days		Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	col. 2) 3.00	4.00	5.00	
00	NURSERY (title V & XIX only)	0	(	0.	00 0	) (	0 42
00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	0	(	0.	00 0		0 43
00	CORONARY CARE UNI T	0		0.			0 44
	BURN INTENSIVE CARE UNIT						45
00	SURGICAL INTENSIVE CARE UNIT NEWBORN INTENSIVE CARE UNIT	0	0	0.	00 0		46 0 47
00	Cost Center Description	0		η <u>0.</u>	00 0		0 4
00	Program inpatient ancillary service cost (Wks	st D-3 col 3	3 Line 200)			1.00	0 48
	Total Program inpatient costs (sum of lines			ons)		3, 168, 408	
00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	atient routine	services (from	n Wkst D su	m of Parts L and		0 5
00	Pass through costs applicable to Program inpa and IV)	atient ancillar	ry services (fi	rom Wkst. D,	sum of Parts II		0 5'
00	Total Program excludable cost (sum of lines !						0 52
00	Total Program inpatient operating cost exclude medical education costs (line 49 minus line 5 TARGET AMOUNT AND LIMIT COMPUTATION	5 1	elated, non-phy	/sician anest	hetist, and	3, 168, 408	8 5
	Program di scharges						0 5
00 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	0 5! 0 5
	Difference between adjusted inpatient operati	ng cost and ta	arget amount (I	ine 56 minus	line 53)		0 5
00	Bonus payment (see instructions)	5	<u>j</u>			(	0 58
00	Lesser of lines 53/54 or 55 from the cost rep	porting period	ending 1996, u	updated and c	ompounded by the	0.00	0 59
00	market basket Lesser of lines 53/54 or 55 from prior year o	cost report un	dated by the r	narket basket		0.00	0 60
00	If line 53/54 is less than the lower of lines which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i	s 55, 59 or 60 n expected cost	enter the less	ser of 50% of	the amount by		0 6
00	Relief payment (see instructions)						0 6
00	Allowable Inpatient cost plus incentive payme PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instru	uctions)			(	0 6
00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of the	e cost report	ing period (See	(	0 6
00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decemb	per 31 of the d	cost reportin	a period (See		0 6
	instructions)(title XVIII only)						
00	Total Medicare swing-bed SNF inpatient routin CAH (see instructions)	ne costs (line	64 plus line 6	55)(title XVI	ll only). For		0 6
00	Title V or XIX swing-bed NF inpatient routine	e costs through	n December 31 d	of the cost r	eporting period	(	0 6
00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	e costs after D	December 31 of	the cost rep	orting period	(	0 68
00	(line 13 x line 20)				5 1		
00	Total title V or XIX swing-bed NF inpatient n PART III - SKILLED NURSING FACILITY, OTHER NU		<u> </u>				0 69
00	Skilled nursing facility/other nursing facili	5		•	)		70
00 00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		ine /u ÷ line	∠)			7
00	Medically necessary private room cost applica		n (line 14 x li	ne 35)			7:
00	Total Program general inpatient routine servi	•					74
00	Capital-related cost allocated to inpatient (26, line 45)		e costs (from V	Vorksheet B,	Part II, column		7!
00 00	Per diem capital-related costs (line 75 ÷ lin Program capital-related costs (line 9 x line						7
00	Inpatient routine service cost (line 74 minus						78
00	Aggregate charges to beneficiaries for excess	• •					79
00 00	Total Program routine service costs for compa		cost limitation	n (line 78 mi	nus line 79)		80
00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (li		)				8
00	Reasonable inpatient routine service costs (						83
. 00	Program inpatient ancillary services (see ins						84
. 00 . 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						8
00	PART IV - COMPUTATION OF OBSERVATION BED PASS						
	Total observation bed days (see instructions)					(	0 87
. 00	Adjusted general inpatient routine cost per o					0.00	0 88

Health Financial Systems Fi	RANCISCAN ST MARGARET-HAMMOND				In Lieu of Form CMS-2552-10				
COMPUTATION OF INPATIENT OPERATING COST			Provi der		Period: From 01/01/2015	Worksheet D-1			
	Component	CCN: 15S004	To 12/31/2015	Date/Time Pre 3/29/2016 11:	pared: 37 am				
	Titl	le XIX	Subprovider - IPF	PPS					
Cost Center Description	Cost	Ro	outine Cost	column 1 ÷	Total	Observati on			
		(fr	om line 27)	column 2	Observati on	Bed Pass			
					Bed Cost (from	Through Cost			
					line 89)	(col. 3 x col.			
						4) (see			
						instructions)			
	1.00		2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00 Capital-related cost		0	7, 879, 328	0.0000	0 0	0	90.00		
91.00 Nursing School cost		0	7, 879, 328	0.0000	0 0	0	91.00		
92.00 Allied health cost		0	7, 879, 328	0.0000	0 0	0	92.00		
93.00 All other Medical Education		0	7, 879, 328	0.00000	0 00	0	93.00		

ealth Financial Systems		ST MARGARET-HAMMOND	CCN: 150004	Peri od:	wof Form CMS-2 Worksheet D-3	
NPATIENT ANCILLARY SERVICE COST APPORTIONMENT Provi		110VI dei	CCN. 130004	From 01/01/2015		
				To 12/31/2015		
		Ti †I	e XVIII	Hospi tal	3/29/2016 11: PPS	37 a
Cost Center De	scription		Ratio of Cos		Inpatient	
	p		To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2.00	3.00	
0.00 03000 ADULTS & PEDIA			1	14 044 546		1 20
0. 00  03000 ADULTS & PEDIA 1. 00  03100   NTENSI VE CARE				14, 944, 546 4, 249, 025		30.
2. 00 02060 CORONARY CARE				4, 249, 023		32.
5. 00 02040 NEWBORN INTENS				0		35.
0. 00 04000 SUBPROVI DER -				0		40.
3. 00 04300 NURSERY						43.
ANCI LLARY SERVICE CO	ST CENTERS		1			
0. 00 05000 OPERATI NG ROOM			0. 24976			
0. 01 05001 OPEN HEART SUR			0. 25754			
0. 02 05002 0UTPATIENT SUR 1. 00 05100 RECOVERY ROOM	JERY		0.35719			
3. 00 05300 ANESTHESI OLOGY			0. 15952		87, 618 669, 158	
4. 00 05400 RADI OLOGY-DI AG	NOSTLC		0. 29389			
4. 01 05401 RADI OLOGY SPEC			0. 21885			
4. 02 05402 ULTRASOUND			0. 09426			
5. 00 05500 RADI OLOGY-THER			0.0000	0 0	0	55
5.01 05501 COMPUTED TOMOG	RAPHY		0.04807			
7.00 05700 CT SCAN			0.00000		0	
8.00 05800 MRI			0.00000			
9. 00 05900 CARDI AC CATHET 0. 00 06000 LABORATORY	RIZATION		0.00000			
0.01 06000 LABORATORY 0.01 06001 BLOOD LABORATO	24		0. 15372		1, 927, 390 0	
3. 00 06300 BLOOD STORI NG,			0. 42329			
3. 01 06301 NUCLEAR MEDICI			0. 17845			
5. 00 06500 RESPI RATORY TH			0. 15944	8, 815, 564	1, 405, 615	65
6. 00 06600 PHYSI CAL THERA			0. 69707			
7.00 06700 0CCUPATIONAL T			0. 29004			
8.00 06800 SPEECH PATHOLO			0. 49926			
9.00 06900 ELECTROCARDI OL 0.00 07000 ELECTROENCEPHA			0. 08567		254, 905	
	ES CHARGED TO PATIENT		0. 20520			
2.00 07200 I MPL. DEV. CHA			0. 66214		1, 159, 649	
3.00 07300 DRUGS CHARGED			0. 18090		3, 813, 964	
6.00 03020 PAIN CLINIC			0.00000		0	76
6. 01 03950 ORTHOPEDI CS			0.88305			
6. 02 03140 CARDI OVASCULAR			0. 18077			
6. 03 03957 CARDI AC REHABI			0. 48529			
6. 04 03190 RADIATION ONCO 6. 05 03951 MRI	LUGY		0. 30714			
6.06 03952 BARIATRIC CENT	P		0. 11018	_	145, 559	
6. 07 03550 PSYCH ACTIVITY			0. 15216			
6.08 03953 WOUND CARE			0. 42806			
6.09 03954 RENAL DIALYSIS			0. 53321		759, 761	
6. 10 03955 I NFUSI ON			0. 25904	15 214	55	76
6. 11 03956 CARE TRANSITIO	N CENTER		7.90149	97 0	0	76
6. 12 03958 ANTI COAGULATI 0			0. 47037	72 760	357	76
OUTPATIENT SERVICE C			0.00000			0.00
8.00 08800 RURAL HEALTH C			0.00000		0	
9. 00 08900 FEDERALLY QUAL 0. 00 09000 CLINIC	FIED MEALIM GENIEK		0.00000		0	
0.01 09000 CLINIC 0.01 09001 OCC HEALTH CLI	NI C		0.00000		0	
1.00 09100 EMERGENCY			0. 18203			
	DS (NON-DISTINCT PART		0. 68865			
	ines 50-94 and 96-98)			86, 830, 494		
	c Laboratory Services-Program only	charges (line 61)		0		201
Net Charges (I	ne 200 minus line 201)			86, 830, 494		202.

Heal th	Financial Systems FRANCISCAN ST MARGARET	-HAMMOND	)	In Lie	u of Form CMS-:	2552-10
I NPATI E	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150004	Period: From 01/01/2015	Worksheet D-3	
		Componen	t CCN: 15SOO4	To 12/31/2015		
		Ti tl	e XVIII	Subprovider - IPF	PPS	
	Cost Center Description		Ratio of Cos		Inpatient	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
			1.00	2.00	2) 3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2100	0.00	
	03000 ADULTS & PEDI ATRI CS			0		30.00
	03100 I NTENSI VE CARE UNI T			0		31.00
	02060 CORONARY CARE UNIT			0		32.00
	02040 NEWBORN I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF			2, 221, 167		35.00 40.00
	04300 NURSERY			2,221,107		43.00
-	ANCI LLARY SERVI CE COST CENTERS					10100
50.00	05000 OPERATING ROOM		0. 24976	53 1, 833	458	50.00
	05001 OPEN HEART SURGERY		0. 25754		0	50. 01
1	05002 OUTPATI ENT SURGERY		0.35719		0	
	05100 RECOVERY ROOM		0. 15952		0	51.00 53.00
	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C		0. 3715			
	05401 RADI OLOGY SPECIAL PROCEDURES		0. 2188		62	1
	05402 ULTRASOUND		0.09420		94	
	05500 RADI OLOGY-THERAPEUTI C		0.0000		0	55.00
	05501 COMPUTED TOMOGRAPHY		0.0480		993	•
	05700 CT SCAN		0.0000		0	57.00
			0.0000		0	58.00
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY		0. 00000		0 34, 895	59.00 60.00
	06001 BLOOD LABORATORY		0. 00000		0	1
	06300 BLOOD STORING, PROCESSING & TRANS.		0. 4232		0	1
63.01	06301 NUCLEAR MEDICINE		0. 17845	57 0	0	63.01
	06500 RESPI RATORY THERAPY		0. 1594			
	06600 PHYSI CAL THERAPY		0. 6970			
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY		0. 29004		0	67.00 68.00
	06900 ELECTROCARDI OLOGY		0. 0856			
	07000 ELECTROENCEPHALOGRAPHY		0. 24482		0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 20520	01 16, 198	3, 324	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS		0. 66214		0	72.00
	07300 DRUGS CHARGED TO PATIENTS		0. 18090			
	03020 PALN CLINIC 03950 ORTHOPEDICS		0. 00000		0	76.00
	03930 ORTHOPEDICS 03140 CARDI OVASCULAR SERVI CES		0. 1807		0	76.01
	03957 CARDI AC REHABI LI TATI ON		0. 48529		0	
76.04	03190 RADIATION ONCOLOGY		0. 30714	41 0	-	76.04
	03951 MRI		0. 11018			
1	03952 BARIATRIC CENTER		0.0000		-	
	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE		0. 15210		33, 417	•
	03953 WOUND CARE 03954 RENAL DIALYSIS		0. 42800		0	76.08
	03955 I NFUSI ON		0. 25904		0	
1	03956 CARE TRANSITION CENTER		7. 9014			
76. 12	03958 ANTI COAGULATI ON CLINIC		0. 4703	72 0	0	76. 12
	OUTPATIENT SERVICE COST CENTERS		0.0055		-	00.05
			0.0000		0	
	08900 FEDERALLY QUALI FI ED HEALTH CENTER 09000 CLI NI C		0.0000		0	89.00 90.00
	09001 OCC HEALTH CLINIC		0.00000		0	90.00
	09100 EMERGENCY		0. 18203		21, 728	•
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 68865	53 0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)			1, 106, 102	183, 914	
201.00	Less PBP Clinic Laboratory Services-Program only charges (1)	ne 61)		1 104 100		201.00
202.00	Net Charges (line 200 minus line 201)		I	1, 106, 102	I	202.00

	Financial Systems FRANCISCAN ST MARGAR		CCN: 150004	Peri od:	u of Form CMS Worksheet E	J-ZJUZ-11
				From 01/01/2015 To 12/31/2015	Part A Date/Time Pi 3/29/2016 1	
		Ti tl	e XVIII	Hospi tal	PPS	
			0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		1			
1.00 1.01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurrin	a prior		0 17, 159, 321		1.00
	to October 1 (see instructions)					
1. 02	DRG amounts other than outlier payments for discharges occurrin after October 1 (see instructions)	g on or		5, 720, 893		1. 02
1.03	DRG for federal specific operating payment for Model 4 BPCI for			0		1.03
1.04	discharges occurring prior to October 1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI for			0		1.04
	discharges occurring on or after October 1 (see instructions)					
2.00 2.01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			1, 058, 576		2.00
2.02	Outlier payment for discharges for Model 4 BPCI (see instructio	ns)		0		2.02
3.00	Managed Care Simulated Payments			4, 450, 000		3.00
4.00	Bed days available divided by number of days in the cost report period (see instructions)	ing		176.60		4.00
	Indirect Medical Education Adjustment		1			
5.00	FTE count for allopathic and osteopathic programs for the most cost reporting period ending on or before 12/31/1996. (see instr			6. 11		5.00
6.00	FTE count for allopathic and osteopathic programs which meet th	e		0.00		6.00
	criteria for an add-on to the cap for new programs in accordanc CFR 413.79(e)	e with 42				
7.00	MMA Section 422 reduction amount to the IME cap as specified un	der 42		1. 72		7.00
7.01	CFR §412.105(f)(1)(iv)(B)(1) ACA Section 5503 reduction amount to the IME cap as specified u	nder 12		0.00		7.01
7.01	CFR §412. $105(f)(1)(iv)(B)(2)$ If the cost report straddles July			0.00		7.01
8.00	then see instructions. Adjustment (increase or decrease) to the FTE count for allopath	ic and		0.00		8.00
6.00	osteopathic programs for affiliated programs in accordance with			0.00		0.00
	413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67	FR 50069				
8. 01	(August 1, 2002). The amount of increase if the hospital was awarded FTE cap slot	s under		0.00		8. 01
	section 5503 of the ACA. If the cost report straddles July 1, 2					
8. 02	instructions. The amount of increase if the hospital was awarded FTE cap slot	s from a		0.00		8. 02
	closed teaching hospital under section 5506 of ACA. (see instru	ctions)				
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines and 8,02) (see instructions)	(8, 8,01		4.39		9.00
10.00	FTE count for allopathic and osteopathic programs in the curren	t year		3.00		10.00
11.00	from your records FTE count for residents in dental and podiatric programs.			2.09		11.00
12.00	Current year allowable FTE (see instructions)			5.09		12.00
13.00	Total allowable FTE count for the prior year.			6.46		13.00
14.00	Total allowable FTE count for the penultimate year if that year or after September 30, 1997, otherwise enter zero.	ended on		7.06		14.00
15.00	Sum of lines 12 through 14 divided by 3.			6. 20		15.00
16.00 17.00	Adjustment for residents in initial years of the program Adjustment for residents displaced by program or hospital closu	ro		0.00		16.00 17.00
18.00	Adjusted rolling average FTE count			6. 20		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.035108		19.00
20.00 21.00	Prior year resident to bed ratio (see instructions) Enter the lesser of lines 19 or 20 (see instructions)			0. 036138 0. 035108		20.00
22.00	IME payment adjustment (see instructions)			434, 701		22.00
22. 01	IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for Sectio	n 422 of t	he MMA	84, 546		22. 01
23.00	Number of additional allopathic and osteopathic IME FTE residen			0.00		23.00
24.00	slots under 42 Sec. 412.105 (f)(1)(iv)(C). IME FTE Resident Count Over Cap (see instructions)			-1.39		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lo	wer of		0.00		25.00
24 00	line 23 or line 24 (see instructions)			0,00000		24.00
26.00 27.00	Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor. (see instructions)			0.000000		26.00
28.00	IME add-on adjustment amount (see instructions)			0		28.00
28. 01 29. 00	IME add-on adjustment amount - Managed Care (see instructions) Total IME payment ( sum of lines 22 and 28)			0 434, 701		28. 01 29. 00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			84, 546		29.01
20 00	Disproportionate Share Adjustment	iont dave		0.40		20.00
30. 00	Percentage of SSI recipient patient days to Medicare Part A pat (see instructions)	rent days		8. 43		30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.77		31.00
32.00 33.00	Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions)			32. 20 15. 77		32.00
	Disproportionate share adjustment (see instructions)			902, 052		34.00

CUL	Financial Systems FRANCISCAN ST MARG/ ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004	Period: From 01/01/2015	u of Form CMS-2 Worksheet E Part A	
			To 12/31/2015		
		Title XVIII	Hospi tal	PPS	<u> </u>
			Prior to	On/After	
	-	0	0ctober 1 1.00	0ctober 1 2.00	
	Uncompensated Care Adjustment				
	Total uncompensated care amount (see instructions)			6, 406, 145, 534	
01 02	Factor 3 (see instructions) Hospital uncompensated care payment (If line 34 is zero,		0. 000292205 2, 234, 682	0. 000285261 1, 827, 424	35. 35.
	enter zero on this line) (see instructions)		2,201,002	1,027,121	00.
03	Pro rata share of the hospital uncompensated care payment		1, 671, 419	459, 352	35.
00	amount (see instructions) Total uncompensated care (sum of columns 1 and 2 on line		2, 130, 771		36.
	35.03)				
00	Additional payment for high percentage of ESRD beneficiary dis Total Medicare discharges on Worksheet S-3, Part I	scharges (lines 40 throu	gn 46) 0		40.
00	excluding discharges for MS-DRGs 652, 682, 683, 684 and		0		10.
~~	685 (see instructions)				
00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.
01	Total ESRD Medicare covered and paid discharges excluding		0		41.
00	MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0.00		42.
00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.
00	Total Medicare ESRD inpatient days excluding MS-DRGs 652,		0		43.
00	682, 683, 684 an 685. (see instructions) Ratio of average length of stay to one week (line 43		0. 000000		44.
50	divided by line 41 divided by 7 days)		0.00000		44.
00	Average weekly cost for dialysis treatments (see		0.00		45.
00	instructions) Total additional payment (line 45 times line 44 times line		0		46.
~~	41.01)		27 404 214		47
00 00	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and		27, 406, 314		47. 48.
	MDH, small rural hospitals only. (see instructions)				
00	Total payment for inpatient operating costs (see instructions)		27, 490, 860		49.
00	Payment for inpatient program capital (from Wkst. L, Pt. I		2, 056, 072		50.
	and Pt. II, as applicable)				
00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.
00	Direct graduate medical education payment (from Wkst. E-4,		145, 752		52.
00	line 49 see instructions). Nursing and Allied Health Managed Care payment		103, 866		53.
	Special add-on payments for new technologies		03,000		54.
00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1,		0		55.
00	line 69) Cost of physicians' services in a teaching hospital (see		0		56.
00	intructions)		0		30.
00	Routine service other pass through costs (from Wkst. D,		0		57.
00	Pt. III, column 9, lines 30 through 35). Ancillary service other pass through costs from Wkst. D,		250, 004		58.
	Pt. IV, col. 11 line 200)		200,001		
	Total (sum of amounts on lines 49 through 58)		30, 046, 554		59.
00 00	Primary payer payments Total amount payable for program beneficiaries (line 59		0 30, 046, 554		60. 61.
	minus line 60)				
	Deductibles billed to program beneficiaries		2,047,748		62.
	Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)		199, 343 907, 751		63 64
00	Adjusted reimbursable bad debts (see instructions)		590, 038		65
00	Allowable bad debts for dual eligible beneficiaries (see		449, 487		66
00	instructions) Subtotal (line 61 plus line 65 minus lines 62 and 63)		28, 389, 501		67
00	Credits received from manufacturers for replaced devices		0		68.
00	for applicable to MS-DRGs (see instructions) Outlier payments reconciliation (sum of lines 93, 95 and		_		69.
55	96). (For SCH see instructions)				07.
00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70
50 89	RURAL DEMONSTRATION PROJECT Pioneer ACO demonstration payment adjustment amount (see		0		70
57	instructions)		0		''
90	HSP bonus payment HVBP adjustment amount (see		0		70
91	instructions) HSP bonus payment HRR adjustment amount (see instructions)		0		70.
	Bundled Model 1 discount amount (see instructions)		0		70.
93	HVBP payment adjustment amount (see instructions)		-21, 352		70.
94	HRR adjustment amount (see instructions)		-248, 824		70.

ealth Financial Systems FRANCISCAN ST MARG	Provi der CCN: 150004	Peri od:	u of Form CMS Worksheet E	2002 .
ALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004	From 01/01/2015	Part A	
		To 12/31/2015		
	Title XVIII	Hospi tal	3/29/2016 11: PPS	37 am
		Prior to	On/After	
		October 1	October 1	
	0	1.00	2.00	
0.96 Low volume adjustment for federal fiscal year (yyyy)		0 0		70.9
(Enter in column 0 the corresponding federal year for the				
period prior to 10/1)				
0.97 Low volume adjustment for federal fiscal year (yyyy)		0 0		70.9
(Enter in column 0 the corresponding federal year for the				
period ending on or after 10/1)				
0.98 Low Volume Payment-3		0		70.9
0.99 HAC adjustment amount (see instructions)		0		70.9
1.00 Amount due provider (line 67 minus lines 68 plus/minus		28, 119, 325		71.0
lines 69 & 70)				
1.01 Sequestration adjustment (see instructions)		562, 387		71.0
2.00 Interim payments		27, 068, 442		72.0
3.00 Tentative settlement (for contractor use only)		0		73.0
4.00 Balance due provider (Program) (line 71 minus lines 71.01,		488, 496		74.0
72, and 73)				
5.00 Protested amounts (nonallowable cost report items) in		0		75.0
accordance with CMS Pub. 15-2, chapter 1, §115.2				-
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		0		00.0
0.00 Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.0
1.00 Capital outlier from Wkst. L, Pt. I, line 2		0		91.0
2.00 Operating outlier reconciliation adjustment amount (see		0		91.0
instructions)		0		92.0
3.00 Capital outlier reconciliation adjustment amount (see		0		93.0
instructions)		0		/5.0
4.00 The rate used to calculate the time value of money (see		0.00		94.0
instructions)		0.00		/ 0
5.00 Time value of money for operating expenses (see		0		95.0
instructions)				
6.00 Time value of money for capital related expenses (see		0		96.0
instructions)				
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				-
00.00 HSP bonus amount (see instructions)		0	0	100. 0
HVBP Adjustment for HSP Bonus Payment		-	-	1
01.00 HVBP adjustment factor (see instructions)		0		101.0
02.00 HVBP adjustment amount for HSP bonus payment (see instruction	IS)	0	0	102. 0
HRR Adjustment for HSP Bonus Payment		0.0000	0.0000	100 0
03.00 HRR adjustment factor (see instructions)		0.0000		
04.00 HRR adjustment amount for HSP bonus payment (see instructions	5)	0	0	104.0

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004	Peri od: From 01/01/2015 To 12/31/2015		
		Title XVIII	Hospi tal	PPS	
				1.00	<u> </u>
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
00	Medical and other services (see instructions)			35, 564	
00	Medical and other services reimbursed under OPPS (see instruct	ions)		20, 393, 837	2
00	PPS payments			22, 873, 525	3
00 00	Outlier payment (see instructions)	uti ana)		115, 521 0. 000	45
00	Enter the hospital specific payment to cost ratio (see instruc Line 2 times line 5	(TOHS)		0.000	
00	Sum of line 3 plus line 4 divided by line 6			0.00	
00	Transitional corridor payment (see instructions)			0	8
00	Ancillary service other pass through costs from Wkst. D, Pt. I	V, col. 13, line 200		343, 737	9
	Organ acquisitions			0	
00	Total cost (sum of lines 1 and 10) (see instructions)			35, 564	11
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				-
00	Ancillary service charges			197, 565	12
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, li	ne 69)		0	
	Total reasonable charges (sum of lines 12 and 13)			197, 565	14
	Customary charges				
	Aggregate amount actually collected from patients liable for p				15
00	Amounts that would have been realized from patients liable for	1 5	n a chargebasi's	0	16
00	had such payment been made in accordance with 42 CFR §413.13(e Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17
	Total customary charges (see instructions)			197, 565	
	Excess of customary charges over reasonable cost (complete onl	y if line 18 exceeds li	ne 11) (see	162, 001	
	instructions)				
00	Excess of reasonable cost over customary charges (complete onl	y if line 11 exceeds li	ne 18) (see	0	20
00	instructions)	instructions)		35, 564	21
	Lesser of cost or charges (line 11 minus line 20) (for CAH see Interns and residents (see instructions)			35, 564	21
	Cost of physicians' services in a teaching hospital (see instr	uctions)		0	
	Total prospective payment (sum of lines 3, 4, 8 and 9)	, ,		23, 332, 783	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
	Deductibles and coinsurance (for CAH, see instructions)			0	
	Deductibles and Coinsurance relating to amount on line 24 (for Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) p			4, 518, 915 18, 849, 432	
00	instructions)	a us the sum of times 22		10, 047, 432	2'
00	Direct graduate medical education payments (from Wkst. E-4, li	ne 50)		89, 631	28
00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	
	Subtotal (sum of lines 27 through 29)			18, 939, 063	
	Primary payer payments			29,832	
00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVIC	FS)		18, 909, 231	32
00	Composite rate ESRD (from Wkst. I-5, line 11)	23)		0	33
	Allowable bad debts (see instructions)			1, 041, 922	34
	Adjusted reimbursable bad debts (see instructions)			677, 249	
	Allowable bad debts for dual eligible beneficiaries (see instr	ructions)		502, 358	
	Subtotal (see instructions)			19, 586, 480	
	MSP-LCC reconciliation amount from PS&R			0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions	.)		0	39
	Partial or full credits received from manufacturers for replace		tions)	0	39
	RECOVERY OF ACCELERATED DEPRECIATION		,	0	39
00	Subtotal (see instructions)			19, 586, 480	40
	Sequestration adjustment (see instructions)			391, 730	
	Interim payments			18, 838, 960	
	Tentative settlement (for contractors use only)			255 700	
	Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accordar	ice with CMS Pub 15-2	chanter 1	355, 790 0	
00	§115. 2	iss writh own rub. 19-2,		0	+4
	TO BE COMPLETED BY CONTRACTOR				1
	Original outlier amount (see instructions)			0	
	Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	
					1 9.1

CALCUL	Financial Systems FRANCISCAN ST MARGARE ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004	Period: From 01/01/2015	Worksheet E Part B	2552-10
		Component CCN: 15S004		3/29/2016 11:	pared: 37 am
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
1.00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	ons)		0	2.00
3.00	PPS payments			0	
4.00 5.00	Outlier payment (see instructions)	onc)		0 0. 000	
6.00	Enter the hospital specific payment to cost ratio (see instructi Line 2 times line 5	0115)		0.000	
7.00	Sum of line 3 plus line 4 divided by line 6			0.00	
8.00	Transitional corridor payment (see instructions)			0	
9.00 10.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, Organ acquisitions	col. 13, line 200		0	
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
12.00	Reasonable charges Ancillary service charges			0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line	e 69)		0	
14.00	Total reasonable charges (sum of lines 12 and 13)	·		0	14.00
15 00	Customary charges			0	1 1 5 00
15.00 16.00	Aggregate amount actually collected from patients liable for pay Amounts that would have been realized from patients liable for p		5	0	
101 00	had such payment been made in accordance with 42 CFR §413.13(e)		r a onargobaoro	Ũ	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
18.00 19.00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete only	if line 18 exceeds lin	na 11) (saa	0	
19.00	instructions)	IT THE TO EXCEEdS TH	16 11) (366	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only	if line 11 exceeds lin	ne 18) (see	0	20.00
21.00	instructions) Lesser of cost or charges (line 11 minus line 20) (for CAH see i	nstructions)		0	21.00
22.00	Interns and residents (see instructions)			0	
23.00	Cost of physicians' services in a teaching hospital (see instruc	ctions)		0	
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0	24.00
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for (	CAH, see instructions)		0	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plu	is the sum of lines 22	and 23] (see	0	27.00
28.00	instructions) Direct graduate medical education payments (from Wkst. E-4, line	2 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	,		0	29.00
30.00	Subtotal (sum of lines 27 through 29)			0	30.00
31.00 32.00	Primary payer payments Subtotal (line 30 minus line 31)			0	
52.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES	5)		0	52.00
	Composite rate ESRD (from Wkst. I-5, line 11)				33.00
34.00 35.00	Allowable bad debts (see instructions)			0	
36.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instruc	ctions)		0	
37.00	Subtotal (see instructions)			0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	
39.00 39.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			0	
39.98	Partial or full credits received from manufacturers for replaced	devices (see instruc	tions)	0	
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40. 00 40. 01	Subtotal (see instructions)			0	
40.01	Sequestration adjustment (see instructions) Interim payments			0	
42.00	Tentative settlement (for contractors use only)			0	
43.00	Balance due provider/program (see instructions)		abantan 1	0	
44.00	Protested amounts (nonallowable cost report items) in accordance §115.2	е with CMS Pub. 15-2, с	cnapter 1,	0	44.00
	TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0	
91.00	Outlier reconciliation adjustment amount (see instructions)			0	
92.00 93.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	92.00 93.00
	Total (sum of lines 91 and 93)				94.00

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provi der	CCN: 150004	Period: From 01/01/2015 To 12/31/2015		
		Titl	e XVIII	Hospi tal	PPS	
		I npati en	t Part A	Pai	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		26, 890, 5	42	18, 838, 960	1.00
2.00	Interim payments payable on individual bills, either			0	0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
3.00	write "NONE" or enter a zero					3.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate					3.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	07/27/2015	177, 9	00 07/27/2015	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
2 50	Provider to Program			0		2 50
3.50 3.51	ADJUSTMENTS TO PROGRAM			0	0	3.50 3.51
3.51				0	0	3. 51
3.52				0	0	3.52
3.54				0	0	3.54
3.99	Subtotal (sum of lines 3.01–3.49 minus sum of lines		177, 9	00	0	3.99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		27, 068, 4	42	18, 838, 960	4.00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropriate) TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5.00
5.00	desk review. Also show date of each payment. If none,					5.00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5.01	TENTATI VE TO PROVI DER			0	0	5.01
5.02				0	0	5.02
5.03				0	0	5.03
5.50	Provider to Program TENTATIVE TO PROGRAM			0	0	5.50
5.50 5.51	IENTATIVE TO PROGRAM			0	0	5.50
5.52				0	0	5. 51
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5.99
	5. 50-5. 98)			-		
6.00	Determined net settlement amount (balance due) based on					6.00
	the cost report. (1)					
6.01	SETTLEMENT TO PROVIDER		488, 4	96	355, 790	6. 01
6.02	SETTLEMENT TO PROGRAM		07	0	0	6.02
7.00	Total Medicare program liability (see instructions)		27, 556, 9		19, 194, 750	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		(	)	1.00	2.00	
8.00	Name of Contractor	1				8.00

ALYS	IS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CCN: 150004 CCN: 15S004	Period: From 01/01/2015 To 12/31/2015		pared
		Ti tl	e XVIII	Subprovider -	PPS	
		I npati en	t Part A		rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
	<b>T</b>	1.00	2.00	3.00	4.00	
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		739, 7	78 0	0	1. 2.
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.
01	ADJUSTMENTS TO PROVIDER			0	0	3.
02				0	0	3.
03				0	0	3.
04				0	0	3.
)5				0	0	3
	Provider to Program			0		
0	ADJUSTMENTS TO PROGRAM			0	0	
51				0	0	3
52 53				0	0	3
53 54				0	0	
99 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3
/ /	3, 50-3, 98)			0	0	3
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)		739, 7	78	0	4
	TO BE COMPLETED BY CONTRACTOR		<u> </u>			
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none,					5
	write "NONE" or enter a zero. (1)					
	Program to Provider					
)1 )2	TENTATI VE TO PROVI DER			0	0	5
)2 )3				0	0	
,5	Provider to Program			0	0	
50	TENTATI VE TO PROGRAM			0	0	5
51				0	0	5
52				0	0	5
9	Subtotal (sum of lines 5.01–5.49 minus sum of lines 5.50–5.98)			0	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
)1	SETTLEMENT TO PROVIDER		44, 49	94	0	
02	SETTLEMENT TO PROGRAM			0	0	-
00	Total Medicare program liability (see instructions)		784, 2			7
				Contractor	NPR Date	
			)	Number	(Mo/Day/Yr)	
		(	)	1.00	2.00	

Heal th	Financial Systems FRANCISCAN ST MARGAR	ET-HAMMOND	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150004	Peri od:	Worksheet E-1	
			From 01/01/2015 To 12/31/2015		pared.
			10 12/01/2010	3/29/2016 11:	
		Title XVIII	Hospi tal	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S	2 Pt L col 15 Lino	14	5,063	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-1		14	14, 229	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. Line 2	2		2, 925	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-1	2		27, 879	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			578, 992, 857	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 lin	e 20		26, 884, 800	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of cer	tified HIT technology	Wkst. S-2, Pt. I	0	7.00
	line 168				
8.00	Calculation of the HIT incentive payment (see instructions)			448, 935	
9.00	Sequestration adjustment amount (see instructions)			8, 979	9.00
10.00	Calculation of the HIT incentive payment after sequestration (s	ee instructions)		439, 956	10.00
20.00	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			0	30.00
30. 00 31. 00	Initial/interim HIT payment adjustment (see instructions) Other Adjustment (specify)			0	30.00
31.00	Balance due provider (line 8 (or line 10) minus line 30 and lin	e 31) (see instruction	s)	439, 956	
52.00	barance due provider (The o (of The IO) minus The 30 and Th		3)	437, 750	52.00

Heal th	Financial Systems FRANCISCAN ST MAR	RGARET-HAMMOND	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004		Part I Date/Time Pre	pared:
		Title XVIII	Hospi tal	PPS	
		Provider CCN: 150004         Period: From 01/01/2015 To 12/31/2015         Worksheet E-3 Part I Date/Time Prepare 3/29/2016 11: 37 a           Title XVIII         Hospital         PPS           1.00         0         1.           0         1.         0         1.           0         1.00         0         1.           0         1.00         0         1.           0         1.00         0         3.           0         0         3.         0           0         0         1.         0         2.           0         0         1.         0         3.           0         0         1.         0         3.           0         10.         0         1.         0           10         12.         0         10.         12.           11         0         12.         0         13.           12         0         13.         0         14.           12.         0         13.         0         14.			
	PART I - MEDICARE PART A SERVICES - TEFRA			1.00	
1.00	Inpatient hospital services (see instructions)			0	1.00
2.00	Organ acquisition			0	2.00
3.00	Cost of physicians' services in a teaching hospital (see ins	structions)		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)			0	4.00
5.00	Primary payer payments			0	5.00
6.00	Subtotal (line 4 less line 5).			0	
7.00	Deducti bl es			0	7.00
8.00	Subtotal (line 6 minus line 7)			0	8.00
9.00	Coinsurance			0	9.00
10.00	Subtotal (line 8 minus line 9)			0	10.00
11.00	Allowable bad debts (exclude bad debts for professional serv	vices) (see instructions)		0	11.00
	Adjusted reimbursable bad debts (see instructions)			0	1 . 2 . 00
	Allowable bad debts for dual eligible beneficiaries (see ins	structions)		0	
	Subtotal (sum of lines 10 and 12)			0	1
	Direct graduate medical education payments (from Wkst. E-4,	line 49)		0	1 .0.00
	DO NOT USE THIS LINE				16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	17.00

17.00 0

17.50 0

18.01 0

0 17.99

0 18.00

0 19.00

0 20.00

0 21.00

0 22.00

17.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)

Recovery of Accelerated Depreciation

18.01 Sequestration adjustment (see instructions)

20.00 Tentative settlement (for contractor use only)

17.99

19.00 Interim payments

§115.2

17.50 Pioneer ACO demonstration payment adjustment (see instructions)

21.00Balance due provider/program (line 18 minus lines 18.01, 19, and 20)22.00Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,

18.00 Total amount payable to the provider (see instructions)

eal th	ATION OF REIMBURSEMENT SETTLEMENT	GARET-HAMMOND Provider CCN: 150004	Peri od:	u of Form CMS-2 Worksheet E-3	
ALCUL	ATTON OF REFMBORSEMENT SETTLEMENT		From 01/01/2015	Part II	
		Component CCN: 15S004	To 12/31/2015	Date/Time Pre 3/29/2016 11:	
		Title XVIII	Subprovider - IPF	PPS	57 6
				1 00	
	PART II - MEDICARE PART A SERVICES - IPF PPS			1.00	
00	Net Federal IPF PPS Payments (excluding outlier, ECT, and med	dical education payments)		936, 463	1
00	Net IPF PPS Outlier Payments			6, 674	2
00	Net IPF PPS ECT Payments			0	3
00	Unweighted intern and resident FTE count in the most recent ( 15, 2004. (see instructions)	cost report filed on or b	efore November	0.00	4
01	Cap increases for the unweighted intern and resident FTE couprogram or hospital closure, that would not be counted withou CFR \$412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	4
00	New Teaching program adjustment. (see instructions)			0.00	5
00	Current year's unweighted FTE count of I&R excluding FTEs in teaching program" (see instuctions)	the new program growth p	eriod of a "new	0.00	6
00	Current year's unweighted L&R FTE count for residents within teaching program" (see instuctions)	the new program growth p	eriod of a "new	0.00	7
00	Intern and resident count for IPF PPS medical education adjust	stment (see instructions)		0.00	6
00	Average Daily Census (see instructions)			25.638356	
. 00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to	the power of .5150 -1}.		0.000000	
. 00	Teaching Adjustment (line 1 multiplied by line 10).			0	1
00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			943, 137	1
00	Nursing and Allied Health Managed Care payment (see instructi	i on)		0	1
. 00	Organ acquisition (DO NOT USE THIS LINE)				1
00	Cost of physicians' services in a teaching hospital (see ins	tructions)		0	1
00	Subtotal (see instructions)			943, 137	1
. 00	Primary payer payments			0	1
. 00	Subtotal (line 16 less line 17).			943, 137	18
00	Deducti bl es			169, 968	1
. 00	Subtotal (line 18 minus line 19)			773, 169	20
. 00	Coinsurance			18, 270	2
. 00	Subtotal (line 20 minus line 21)			754, 899	
00	Allowable bad debts (exclude bad debts for professional servi	ices) (see instructions)		64, 128	2
. 00	Adjusted reimbursable bad debts (see instructions)			41, 683	
. 00	Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		6, 815	
00	Subtotal (sum of lines 22 and 24)			796, 582	
. 00	Direct graduate medical education payments (from Wkst. E-4, I	line 49)		0	2
. 00	Other pass through costs (see instructions)			3, 696	
	Outlier payments reconciliation			0	
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	<b>`</b>		0	30
. 50	Pioneer ACO demonstration payment adjustment (see instruction	ns)		0	30
. 99	Recovery of Accel erated Depreciation			0	
. 00	Total amount payable to the provider (see instructions)			800, 278 16, 006	
. 01 . 00	Sequestration adjustment (see instructions)				
	Interim payments Tentative settlement (for contractor use only)			739, 778	32
. 00	Balance due provider/program (line 31 minus lines 31.01, 32 a	and 22)		44, 494	
. 00	Protested amounts (nonallowable cost report items) in accorda §115.2		chapter 1,	44,494	
<u>.</u>	TO BE COMPLETED BY CONTRACTOR		1		_
	Original outlier amount from Worksheet E-3, Part II, line 2			6, 674	
. 00	Outlier reconciliation adjustment amount (see instructions)			0	51
	The rate used to calculate the Time Value of Money			0.00	

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Pre 3/29/2016 11:	pare
		Title XIX	Hospi tal	Cost	
			Inpatient 1.00	Outpatient 2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVI	CES FOR TITLES V OR X		2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				1
00	Inpatient hospital/SNF/NF services		0		1.
00	Medical and other services			0	2
00	Organ acquisition (certified transplant centers only)		0		3
00	Subtotal (sum of lines 1, 2 and 3)		0	0	
00	Inpatient primary payer payments		0		5
00	Outpatient primary payer payments		0	0	6
00	Subtotal (line 4 less sum of lines 5 and 6) COMPUTATION OF LESSER OF COST OR CHARGES		0	0	7
	Reasonable Charges				-
00	Routi ne servi ce charges		0		8
00	Ancillary service charges		0	0	
	Organ acquisition charges, net of revenue		0		10
	Incentive from target amount computation		0		11
2. 00	Total reasonable charges (sum of lines 8 through 11)		0	0	12
	CUSTOMARY CHARGES				
3. 00	Amount actually collected from patients liable for payment for s basis	services on a charge	0	0	13
. 00	Amounts that would have been realized from patients liable for		n 0	0	14
00	a charge basis had such payment been made in accordance with 42	CFR §413.13(e)	0,000000	0,00000	10
	Ratio of line 13 to line 14 (not to exceed 1.000000) Total customary charges (see instructions)		0. 000000	0.000000	
7.00	Excess of customary charges over reasonable cost (complete only	ifling 16 exceeds	0	0	
. 00	line 4) (see instructions)	IT THE TO EXCEEds	0	0	''
3. 00	Excess of reasonable cost over customary charges (complete only	if line 4 exceeds lin	e 0	0	18
	16) (see instructions)		-		
9.00	Interns and Residents (see instructions)		0	0	19
0. 00	Cost of physicians' services in a teaching hospital (see instru	ctions)	0	0	20
. 00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be co	ompleted for PPS provi			
	Other than outlier payments		0	0	
	Outlier payments		0	0	
1. UU	Program capital payments		0		24
	Capital exception payments (see instructions)		0	0	25
	Routine and Ancillary service other pass through costs Subtotal (sum of lines 22 through 26)		0	0	
	Customary charges (title V or XIX PPS covered services only)		0	0	
	Titles V or XIX (sum of lines 21 and 27)		0	0	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				1 - 1
0. 00	Excess of reasonable cost (from line 18)		0	0	30
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31
	Deducti bl es		0	0	32
3.00	Coi nsurance		0	0	33
	Allowable bad debts (see instructions)		0	0	
	Utilization review		0		35
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 3	33)	0	0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37
	Subtotal (line 36 ± line 37)		0	0	
	Direct graduate medical education payments (from Wkst. E-4)		0	-	39
	Total amount payable to the provider (sum of lines 38 and 39)		0	0	
1.00	Interim payments		0	0	
	Balance due provider/program (line 40 minus line 41)	a with CMS Dub 15 a	0	0	
3.00	Protested amounts (nonallowable cost report items) in accordance chapter 1, §115.2	e with two Pud 15-2,	0	0	43

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150004	Period: From 01/01/2015	Worksheet E-3 Part VII	
		Component CCN: 15S004		Date/Time Pre 3/29/2016 11:	
		Title XIX	Subprovider - IPF	PPS	
			Inpati ent	Outpatient	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SEF	RVICES FOR TITLES V OR XI	1.00 X SERVICES	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				1
00	Inpatient hospital/SNF/NF services		0		1 -
00	Medical and other services			0	
00	Organ acquisition (certified transplant centers only)		0		
00	Subtotal (sum of lines 1, 2 and 3)		0	0	4
00	Inpatient primary payer payments		0		5
00	Outpatient primary payer payments			0	
00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				Ι.
00	Routine service charges		0	0	8
00 00	Ancillary service charges		0	0	10
00	Organ acquisition charges, net of revenue Incentive from target amount computation		0		1
00	Total reasonable charges (sum of lines 8 through 11)		0	0	
00	CUSTOMARY CHARGES		U	0	1''
00	Amount actually collected from patients liable for payment for	r services on a charge	0	0	1 1:
	basi s				
00	Amounts that would have been realized from patients liable for	r payment for services or	0 ו	0	14
	a charge basis had such payment been made in accordance with	42 CFR §413.13(e)			
00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.00000	0.00000	1!
00	Total customary charges (see instructions)		0	0	
00	Excess of customary charges over reasonable cost (complete on	y if line 16 exceeds	0	0	1
~~	line 4) (see instructions)			0	
00	Excess of reasonable cost over customary charges (complete onl	y IT line 4 exceeds line	e 0	0	18
00	16) (see instructions) Interns and Residents (see instructions)		0	0	10
00	Cost of physicians' services in a teaching hospital (see inst	ructions)	0	0	
00	Cost of covered services (enter the lesser of line 4 or line		0	0	
00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be				1 -
00	Other than outlier payments		0	0	22
00	Outlier payments		0	0	2
00	Program capital payments		0		24
00	Capital exception payments (see instructions)		0		2!
00	Routine and Ancillary service other pass through costs		0	0	
00	Subtotal (sum of lines 22 through 26)		0	0	
00	Customary charges (title V or XIX PPS covered services only)		0	0	
00	Titles V or XIX (sum of lines 21 and 27)		0	0	2
00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Excess of reasonable cost (from Line 18)		0	0	30
00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	
	Deductiblies	,	0	0	
00	Coinsurance		0	0	
00	Allowable bad debts (see instructions)		0	0	
00	Utilization review		0		3
00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	d 33)	0	0	3
00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	
00	Subtotal (line 36 ± line 37)		0	0	
00	Direct graduate medical education payments (from Wkst. E-4)		0		3
00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	
00	Interim payments		0	0	
00	Balance due provider/program (line 40 minus line 41)		0	0	
00	Protested amounts (nonallowable cost report items) in accorda	nce with CMS Pub 15-2,	0	0	43

	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der		Period:	Worksheet E-4	
IEDI CA	L EDUCATION COSTS			From 01/01/2015 To 12/31/2015	Date/Time Pre 3/29/2016 11:	
		Titl	e XVIII	Hospi tal	PPS	or an
					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
. 00	Unweighted resident FTE count for allopathic and osteopathic p ending on or before December 31, 1996.	rograms for	cost reporti	ng periods	6. 11	1.0
. 00 . 00	Unweighted FTE resident cap add-on for new programs per 42 CFR Amount of reduction to Direct GME cap under section 422 of MMA	413.79(e)(	1) (see instr	uctions)	0. 00 1. 75	2.0 3.0
. 01	Direct GME cap reduction amount under ACA §5503 in accordance instructions for cost reporting periods straddling 7/1/2011)	with 42 CFR	§413.79 (m).	(see	0.00	3. C
. 00	Adjustment (plus or minus) to the FTE cap for allopathic and o GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	steopathi c	programs due	to a Medicare	0.00	4. C
. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see instr straddling 7/1/2011)	uctions for	cost reporti	ng periods	0.00	4. C
. 02	ACA Section 5506 number of additional direct GME FTE cap slots periods straddling 7/1/2011)	cost reporting	0.00	4.0		
. 00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plu 4.02 plus applicable subscripts	s or minus	line 4 plus l	ines 4.01 and	4.36	5.0
. 00	Unweighted resident FTE count for allopathic and osteopathic p records (see instructions)	rograms for	the current	year from your	3.00	6.0
. 00	Enter the lesser of line 5 or line 6		5.1	0.1	3.00	7.0
			Primary Care 1.00	0ther 2.00	<u>Total</u> 3.00	
. 00	Weighted FTE count for physicians in an allopathic and osteopa	thi c	0.0		3.00	8.0
. 00	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherwi		0.0	0 3.00	3.00	9. (
	multiply line 8 times the result of line 5 divided by the amou 6.	nt on line				
0. 00	Weighted dental and podiatric resident FTE count for the curre	nt year		2.09		10.0
1. 00	Total weighted FTE count	-	0.0			11. (
2.00	Total weighted resident FTE count for the prior cost reporting instructions)	year (see	0.0	0 6.07		12. (
3. 00	Total weighted resident FTE count for the penultimate cost rep year (see instructions)	orting	0.0	0 6.85		13. (
4.00	Rolling average FTE count (sum of lines 11 through 13 divided	by 3).	0.0	0 6.00		14. (
5.00	Adjustment for residents in initial years of new programs		0.0	0 0.00		15.0
6.00	Adjustment for residents displaced by program or hospital clos	ure	0.0			16.0
7.00	Adjusted rolling average FTE count		0.0			17. (
8.00	Per resident amount		85, 409. 6		405 252	18.
9.00	Approved amount for resident costs			0 485, 252	485, 252	19. (
					1.00	
0. 00	Additional unweighted allopathic and osteopathic direct GME FT Sec. 413.79(c)(4)	E resident	cap slots rec	eived under 42	0.00	20.0
1. 00	Direct GME FTE unweighted resident count over cap (see instruc				0.00	
2.00	Allowable additional direct GME FTE Resident Count (see instru				0.00	
3.00	Enter the locally adjustment national average per resident amo	unt (see in	structions)		0.00	
	Multiply line 22 time line 23 Total direct GME amount (sum of lines 19 and 24)				0 485, 252	
			•	t Managed care		
			A 1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD					
	Inpatient Days (see instructions)		15, 37			26.0
7.00	Total Inpatient Days (see instructions)		37, 25			27.0
8.00	Ratio of inpatient days to total inpatient days		0. 41263			28.0
9.00	Program direct GME amount		200, 23			29.0
30.00	Reduction for direct GME payments for Medicare Advantage			5, 784		30. C
	Net Program direct GME amount				235, 383	31.

Health Financial Systems FRANCISCAN ST MARGARET-HAMMOND In Lie	u of Form CMS-2	2552-10
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT Provider CCN: 150004 Period:	Worksheet E-4	
MEDICAL EDUCATION COSTS From 01/01/2015 To 12/31/2015		narod
10 12/31/2013	3/29/2016 11:	
Title XVIII Hospital	PPS	
	1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDI	CAL	
EDUCATI ON COSTS)		
32.00 Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74	0	32.00
and 94)		
33.00 Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		33.00
34.00 Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		•
35.00 Medicare outpatient ESRD charges (see instructions)	0	
36.00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35) APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY	0	36.00
Part A Reasonable Cost		
37. 00 Reasonable cost (see instructions)	33, 731, 369	37 00
38.00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	
39.00 Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00 Primary payer payments (see instructions)	0	40.00
41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	33, 731, 369	
Part B Reasonable Cost	00//01/00/	
42.00 Reasonable cost (see instructions)	20, 773, 138	42.00
43.00 Primary payer payments (see instructions)	29, 832	43.00
44.00 Total Part B reasonable cost (line 42 minus line 43)	20, 743, 306	44.00
45.00 Total reasonable cost (sum of lines 41 and 44)	54, 474, 675	45.00
46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0. 619212	46.00
47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0. 380788	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00 Total program GME payment (line 31)	235, 383	
49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	145, 752	
50.00  Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	89, 631	50.00

	E SHEET (If you are nonproprietary and do not maintain		CCN: 150004	Period: From 01/01/2015	Worksheet G	
na-t	ype accounting records, complete the General Fund column onl	y)		To 12/31/2015	Date/Time Pre 3/29/2016 11:	
		General Fund	Speci fi c	Endowment Fund		
		1.00	Purpose Fund 2.00	3.00	4.00	
	CURRENT ASSETS		1			
00	Cash on hand in banks	-176, 321, 189		0 0	0	
00 00	Temporary i nvestments Notes receivable	8, 876, 765		0 0	0 0	
00	Accounts receivable	110, 154, 070		0 0	0	
00	Other receivable			0 0	0	
00	Allowances for uncollectible notes and accounts receivable	-8, 672, 687	,	0 0	0	
00	Inventory	3, 863, 720		0 0	0	7
00	Prepaid expenses	632, 561		0 0	0	
00	Other current assets	133, 220, 598	6	0 0	0	
00 00	Due from other funds Total current assets (sum of lines 1-10)	71, 753, 838		0 0 0 0	0	
00	FIXED ASSETS	/1,/00,000		0 0	0	' ' '
00	Land	5, 547, 620		0 0	0	12
00	Land improvements	3, 607, 761		0 0	0	
00	Accumulated depreciation	-151, 397, 222		0 0	0	14
00	Bui I di ngs	44, 581, 771		0 0	0	
00	Accumulated depreciation	0		0 0	0	
00	Leasehold improvements	157, 134	-	0 0	0	
00 00	Accumulated depreciation Fixed equipment	146, 570, 508			0	
00	Accumulated depreciation	140, 370, 300		0 0	0	
00	Automobiles and trucks			0 0	0	
00	Accumulated depreciation	( C		0 0	0	22
00	Major movable equipment	C		0 0	0	23
00	Accumulated depreciation	914, 973	5	0 0	0	
00	Minor equipment depreciable	0		0 0	0	
00	Accumulated depreciation		0	0 0	0	
00 00	HIT designated Assets Accumulated depreciation			0 0	0	
00	Mi nor equi pment-nondepreci abl e			0 0	0	
00	Total fixed assets (sum of lines 12-29)	49, 982, 545		0 0	0	
	OTHER ASSETS					
00	Investments	2, 115, 280		0 0	0	
00	Deposits on Leases	0		0 0	0	
00	Due from owners/officers	1 700 000	0	0 0	0	
00	Other assets Total other assets (sum of lines 31-34)	1, 700, 000 3, 815, 280		0 0 0 0	0	
00	Total assets (sum of lines 11, 30, and 35)	125, 551, 663		0 0	0	
00	CURRENT LI ABI LI TI ES	120/001/000				
00	Accounts payable	10, 051, 676		0 0	0	37
00	Salaries, wages, and fees payable	6, 779, 401		0 0	0	
00	Payroll taxes payable	C		0 0	0	
00		163, 189		0 0	0	1
. 00 . 00	Deferred income			0 0	0	41
00	Accelerated payments Due to other funds	3, 888, 726		0 0	0	
. 00	Other current liabilities	4, 273, 990		0 0	0	
. 00	Total current liabilities (sum of lines 37 thru 44)	25, 156, 982		0 0	0	
	LONG TERM LIABILITIES					
00	Mortgage payable	204, 575		0 0	0	
. 00	Notes payable	2, 990, 835		0 0	0	
00	Unsecured Loans	-42, 246, 453		0 0	0	
00	Other long term liabilities Total long term liabilities (sum of lines 46 thru 49	1, 663, 202 -37, 387, 841		0 0	0	
00	Total liabilites (sum of lines 45 and 50)	-12, 230, 859		0 0	0	
	CAPI TAL ACCOUNTS	12,200,007	1	0		
00	General fund balance	137, 782, 522				52
00	Specific purpose fund			0		53
00	Donor created - endowment fund balance - restricted			0		54
00	Donor created - endowment fund balance - unrestricted			0		55
. 00	Governing body created - endowment fund balance			0	~	56
. 00 . 00	Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,				0	
. 00	replacement, and expansion				0	1 28
. 00	Total fund balances (sum of lines 52 thru 58)	137, 782, 522		0 0	0	59
. 00	Total liabilities and fund balances (sum of lines 51 and	125, 551, 663			0	

Heal th	Financial Systems Fi	RANCISCAN ST MAF	GARET-HAMMONE	)		In Lie	u of Form CMS-	2552-10
STATEM	IENT OF CHANGES IN FUND BALANCES		Provi der	CCN: 150004		iod: m 01/01/2015 12/31/2015	Worksheet G-1 Date/Time Pre 3/29/2016 11:	epared:
		General	Fund	Speci al	Purp	oose Fund	Endowment Fund	
		1.00	2.00	2.00		4.00	F 00	
1.00	Fund balances at beginning of period	1.00	2.00	3.00		4.00	5.00	1.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ \end{array}$	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) ADDITION TO FUND BALANCE Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify)	18, 453, 665 0 0 0 0 0 0 0 0 0 0 0 0 0 0	41, 361, 334 119, 328, 857 18, 453, 665 137, 782, 522	5		0 0 0		5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00
18.00 19.00	Total deductions (sum of lines 12–17) Fund balance at end of period per balance sheet (line 11 minus line 18)		( 137, 782, 522	2	0	0 0		18.00 19.00
		Endowment Fund	PI ant	t Fund				
		6.00	7.00	8.00				
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) ADDITION TO FUND BALANCE	0			0			1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0 0 0			0 0 0 0			10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

Cost Center De <u>PART 1 - PATIENT REP</u> <u>General Inpatient Re</u> 1.00 Hospital 2.00 SUBPROVIDER - IPF 3.00 SUBPROVIDER - IRF			CCN: 150004	Period: From 01/01/2015 To 12/31/2015		pared:
PART I - PATIENT RE General Inpatient Re 1.00 Hospital 2.00 SUBPROVIDER - IPF			Innationt			3/ am
General Inpatient R 1.00 Hospital 2.00 SUBPROVIDER - IPF	/FNUES			Outpati ent	Total	
General Inpatient R 1.00 Hospital 2.00 SUBPROVIDER - IPF	/ENLIES		1.00	2.00	3.00	
1.00 Hospi tal 2.00 SUBPROVIDER - IPF						-
2.00 SUBPROVIDER - IPF	Sultine Services		30, 910, 0	52	30, 910, 053	1,00
			33, 117, 19		33, 117, 192	
			33, 117, 1	· 2	33, 117, 172	3.00
4.00 SUBPROVI DER						4.00
5.00 Swing bed - SNF				0	0	5.00
6.00 Swing bed - NF				0	0	6.00
7.00 SKILLED NURSING FAC	I LI TY			0	0	7.00
8.00 NURSING FACILITY			383, 59	78	383, 598	
9.00 OTHER LONG TERM CAR						9.00
	ient care services (sum of lines 1-9)		64, 410, 84	13	64, 410, 843	10.00
	Inpatient Hospital Services		0.0(7.0)	21	0.0(7.021	1 11 00
11.00 INTENSIVE CARE UNIT 12.00 CORONARY CARE UNIT			9, 067, 03	0	9, 067, 031 0	1
13. 00 BURN INTENSIVE CARE				0	0	12.00
14. 00 SURGI CAL I NTENSI VE						14.00
15.00 NEWBORN INTENSIVE C				0	0	
	e type inpatient hospital services (sum of )	lines	9,067,03	31	9, 067, 031	1
11-15)						
	tine care services (sum of lines 10 and 16)		73, 477, 8		73, 477, 874	17.00
18.00 Ancillary services			177, 478, 40			
19.00 Outpatient services			16, 357, 56			
20.00 RURAL HEALTH CLINIC				0 0		
21.00 FEDERALLY QUALIFIED 22.00 HOME HEALTH AGENCY	HEALTH CENTER			0 0 0 3, 895, 471	Ű	
23.00 AMBULANCE SERVICES				5, 695, 471	3, 093, 471	22.00
24. 00 CMHC				0	0	
24. 10 CORF				0 0		1
25.00 AMBULATORY SURGICAL	CENTER (D. P.)					25.00
26.00 HOSPI CE						26.00
27.00 NON-REI MBURSABLE			-21, 887, 20	03 13, 010, 049	-8, 877, 154	27.00
	ues (sum of lines 17-27)(transfer column 3 <sup>·</sup>	to Wkst.	245, 426, 63	35 324, 689, 068	570, 115, 703	28.00
G-3, line 1)						
29.00 Operating expenses	(per Wkst. A, column 3, line 200)		1	174, 081, 681		29.00
30. 00 ADD (SPECIFY)	(per wkst. A, cordinit 3, Title 200)			0		30.00
31.00				0		31.00
32.00				0		32.00
33.00				0		33.00
34.00				0		34.00
35.00				0		35.00
36.00 Total additions (su	m of lines 30-35)			0		36.00
37.00 DEDUCT (SPECI FY)				0		37.00
38.00				0		38.00
39.00				0		39.00 40.00
10 00			1	U	1 1	
40.00				0		41 00
41.00	um of lines 37-41)			0		41.00
41.00 42.00 Total deductions (s	um of lines 37-41) enses (sum of lines 29 and 36 minus line 42)	)(transfer		-		41.00 42.00 43.00

STATEMENT OF REVENUES AND EXPENSES       Provider CON: 150004       Period: From 01/01/2015 To 12/31/2015       Worksheet G-3 Date/Time Prepared: 3/29/2016         1.00       Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)       1.00       Intervenues 3/29/2016       570, 115, 703       1.00         2.00       Less contractual allowances and discounts on patients' accounts       570, 115, 703       1.00         3.00       Net patient revenues (line 1 minus line 2)       201, 611, 774       3.00         4.00       Less contractual allowances (from Wkst. G-2, Part II, line 43)       201, 611, 774       3.00         5.00       Net income from investments       0       6.00       7.00       0.00         6.00       Contributions, donations, bequests, etc       0       6.00       7.00       0         0.00       Revenue from television and radio service       0       0       9.00       0       0       9.00         0.00       Purchades and redud service       0       1.00       1.00       1.00         1.00       Revenue from neals old to employees and guests       0       1.00       1.00         1.00       Revenue from sale of medical and surgical supplies to other than patients       0       1.00       1.00         1.00       Revenue from sale of medical encords an	Heal th	Financial Systems FRANCISCAN ST MAR	GARET-HAMMOND	In Lie	u of Form CMS-2	2552-10
To         12/31/2015         Date/Time Prepared: 3/29/2016         Date/Time Prepared: 3/29/2016 <thda< td=""><td>STATE</td><td>IENT OF REVENUES AND EXPENSES</td><td>Provider CCN: 150004</td><td></td><td>Worksheet G-3</td><td></td></thda<>	STATE	IENT OF REVENUES AND EXPENSES	Provider CCN: 150004		Worksheet G-3	
1.00         Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)         1.00           1.00         Less contractual allowances and discounts on patients' accounts         366, 503, 692         2.00           3.00         Net patient revenues (line 1 minus line 2)         201, 611, 774         3.00           0.00         Less contractual allowances and discounts on patients' accounts         366, 503, 692         2.00           3.00         Net patient revenues (line 1 minus line 2)         201, 611, 774         3.00           0.00         Less total operating expenses (from Wkst. 6-2, Part II, line 43)         774, 081, 681         4.00           5.00         Net income from investments         0         6.00         6.00           0.01         Income from investments         0         6.00         6.00           0.00         Revenue from teleybone and other miscellaneous communication services         0         9.00           0.00         Revenue from teleybone send guests         0         10.00         10.00           0.01         Rebates and refunds of expenses         0         11.00         12.00           0.00         Revenue from rental of living quarters         0         13.00         13.00           0.01         Revenue from sale of medical supplies to other than patients         0 <td></td> <td></td> <td></td> <td></td> <td>Data/Tima Dray</td> <td>arad</td>					Data/Tima Dray	arad
1.00         Total patient revenues (from Wkst. G-2, Part I, column 3, Line 28)         570, 115, 703         1.00           2.00         Less contractual allowances and discounts on patients' accounts         368, 503, 929         2.00           3.00         Net patient revenues (line 1 minus line 2)         201, 611, 774         3.00           4.00         Less total operating expenses (from Wkst. G-2, Part II, Line 43)         174, 081, 681         4.00           0.00         Net income from service to patients (line 3 minus line 4)         27, 530, 093         5.00           0.01         Income from investments         0         6.00         7.00           0.00         Revenues from television and radio service         0         7.00         8.00           9.00         Revenue from television and radio service         0         9.00         9.00           0.00         Purchase di scounts         0         10.00         11.00           10.00         Parking lot receipts         0         11.00         11.00           11.00         Revenue from sale of medical and surgical supplies to other than patients         0         13.00           10.00         Revenue from sale of medical and surgical supplies to other than patients         0         14.00           11.00         Revenue from sale of medical and surgic				10 12/31/2015		
1.00         Total patient revenues (from Wkst. G-2, Part I, column 3, Line 28)         570, 115, 703         1.00           2.00         Less contractual allowances and discounts on patients' accounts         368, 503, 929         2.00           3.00         Net patient revenues (line 1 minus line 2)         201, 611, 774         3.00           4.00         Less total operating expenses (from Wkst. G-2, Part II, Line 43)         174, 081, 681         4.00           0.00         Net income from service to patients (line 3 minus line 4)         27, 530, 093         5.00           0.01         Income from investments         0         6.00         7.00           0.00         Revenues from television and radio service         0         7.00         8.00           9.00         Revenue from television and radio service         0         9.00         9.00           0.00         Purchase di scounts         0         10.00         11.00           10.00         Parking lot receipts         0         11.00         11.00           11.00         Revenue from sale of medical and surgical supplies to other than patients         0         13.00           10.00         Revenue from sale of medical and surgical supplies to other than patients         0         14.00           11.00         Revenue from sale of medical and surgic			·			
2.00Less contractual allowances and discourts on patients' accounts368, 503, 9292.003.00Net patient revenues (lin 1 minus line 2)201, 611, 7743.004.00Less total operating expenses (from Wkst. 6-2, Part II, line 43)174, 081, 6814.005.00Net income from service to patients (line 3 minus line 4)27, 530, 0935.000Other lincome from investments06.000Income from investments06.000Revenues from telephone and other miscell aneous communication services08.009.00Revenue from television and radio service09.0010.00Purchase discounts011.0011.00Rebates and refunds of expenses011.0012.00Revenue from meals soil to employees and guests013.0013.00Revenue from sale of medical and surgical supplies to other than patients014.0015.00Revenue from sale of medical necords and abstracts015.0016.00Revenue from sale of fueldings to other than patients019.0017.00Revenue from sale of fueldings to conter than patients019.0017.00Revenue from sale of medical records and abstracts019.0017.00Revenue from sale of medical records and abstracts019.0017.00Revenue from sale of holdings021.0020.00Governmental appropriations021.0021.00Revenue from sale of noutines012.00					1.00	
3.00Net patient revenues (line 1 minus line 2) Less total operating expenses (from Wkst. G-2, Part II, line 43)201, 611, 774 201, 611, 7743.00 4.004.00Less total operating expenses (from Wkst. G-2, Part II, line 43)77, 081, 6814.000.01Contributions, donations, bequests, etc06.000.00Income from investments07.008.00Revenues from telephone and other miscellaneous communication services08.009.00Revenue from television and radio service09.0010.00Purchase discounts011.0010.00Parking lot receipts011.0012.00Revenue from meals sold to employees and guests012.0013.00Revenue from sale of medical and surgical supplies to other than patients015.0010.00Revenue from sale of medical and surgical supplies to other than patients016.0010.00Revenue from sale of medical and surgical supplies to other than patients017.0010.00Revenue from sale of medical and surgical supplies to other than patients012.0010.00Revenue from gale of medical					570, 115, 703	
4.00       Less total operating expenses (from Wkst. G-2, Part II, line 43)       174,081,681       4.00         5.00       Net income from service to patients (line 3 minus line 4)       27,530,093       5.00         0       Contributions, donations, bequests, etc       0       6.00       6.00         10       Income from investments       0       7.00         8.00       Revenue from television and radio service       0       8.00         9.00       Revenue from television and radio service       0       10.00         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 ments sold to employees and guests       0       14.00         15.00       Revenue from sale of medical and surgical supplies to other than patients       0       14.00         16.00       Revenue from sale of fuences, sale of textbooks, uniforms, etc.)       0       19.00       19.00         10.00       Revenue from gifts, flowers, coffee shops, and canteen       0       12.00       12.00         10.00       Revenue from sale of nogetons       0       22.00       22.00       22.00       22.00			nts			
5.00Net income from service to patients (line 3 minus line 4)27,530,0935.00OTHER INCOMEOTHER INCOME06.00Contributions, donations, bequests, etc06.007.00Income from investments07.008.00Revenues from telephone and other miscellaneous communication services09.008.00Revenues from television and radio service09.0010.00Purchase discounts010.0011.00Rebates and refunds of expenses011.0012.00Parking lot receipts012.0013.00Revenue from meals sold to employees and guests014.0015.00Revenue from sale of drugs to other than patients015.0016.00Revenue from sale of medical and surgical supplies to other than patients017.0017.00Revenue from sale of medical records and abstracts018.0019.00Tuition (fees, sale of textbooks, uniforms, etc.)019.0022.0020.00Rental of hospital space022.0023.0020.00Revenue from gifts, flowers, coffee shops, and canteen023.0021.00Retal fuer Nore REALING REVENUE13.484,84124.0024.00PREMIUM REVENUE13.484,84124.0024.00PREMIUM REVENUE13.481,24.0023.0023.00Governmental appropriations-4.770,79024.0224.00PREMIUM REVENUE13.431,25.0024.0225.00Total othe						
OTHER INCOME6.00Contributions, donations, bequests, etc07.00Income from investments08.00Revenues from tel ephone and other miscel laneous communication services09.00Revenue from tel evision and radio service09.00Revenue from tel evision and radio service09.00Purchase di scounts010.00Purchase di scounts011.00Rebates and refunds of expenses012.00Parking lot receipts013.00Revenue from neals sold to employees and guests015.00Revenue from sale of medical and surgical supplies to other than patients016.00Revenue from sale of medical records and abstracts017.00Revenue from sale of flowers, coffee shops, and canteen019.00Revenue from gifts, flowers, coffee shops, and canteen020.00Revenue from gifts, flowers, coffee shops, and canteen021.00Revenue from gifts, flowers, coffee shops, and canteen022.00Rental of hospital space023.00Governmental appropriations024.01Chal Other DRATING REVENUE13,484,84124.02PROVISION FOR BAD DEBTS-4,770,79024.03NET ASSETS RELEASED FOR OPREATIONS-4,770,79024.00Total other income (sum of lines 6-24)13,831,24125.00Total other expenses (sum of line 27 and subscripts)026.00Total other expenses (sum of line 27 and subscripts)0			43)			
6.00       Contributions, donations, bequests, etc       0       6.00         7.00       Income from investments       0       7.00         8.00       Revenue from television and radio service       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       Revenue from meals sold to employees and guests       0       12.00         13.00       Revenue from meals sold to employees and guests       0       13.00         14.00       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 medical records and abstracts       0       18.00       18.00         19.00       Revenue from gifts, flowers, coffee shops, and canteen       0       21.00       21.00         20.00       Rental of hospital space       0       21.00       23.00       23.00       23.00       23.00       23.00       23.00       23.00       23.00       23.00       23.00       23.00       23.00	5.00				27, 530, 093	5.00
7.00       Income from investments       0       7.00         8.00       Revenues from telephone and other miscel aneous 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 rental of living quarters       0       13.00         14.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         15.00       Revenue from sale of medical encords and abstracts       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       Revalue from gifts, flowers, coffee shops, and canteen       0       23.00         21.00       Retal of vending machines       0       21.00         22.00       Rental of hospital space       0       23.00         22.00       Reverset from Sole OF OPREATING REVENUE       13.484,841       24.00         <						
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 di scounts         0         10.00           11.00         Rebates and refunds of expenses         0         11.00           12.00         Parking lot receipts         0         12.00           31.00         Revenue from nandry and linen service         0         13.00           14.00         Revenue from sale of medical and surgical supplies to other than patients         0         14.00           15.00         Revenue from sale of medical records and abstracts         0         16.00         16.00           10.00         Revenue from sale of textbooks, uniforms, etc.)         0         19.00         19.00           10.00         Revenue from gifts, flowers, coffee shops, and canteen         0         22.00         22.00           22.00         Rental of hospital space         0         23.00         22.00         23.00           24.00         PRMIUM REVENUE         5,117,143         24.01         24.00         24.00           24.00         PREMIUM REVENUE         5,117,143         24.01         24.03         24.03         24					-	
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 rental of living quarters       0       14.00         15.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         10.00       Retult of hospital space       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       24.00         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         25.00       Total other income (sum of lines 6-24)       13,843,241       25.00         26.00       Total (line 5 plus line 25)						
10.00       Purchase di scounts       0       10.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking I ot receipts       0       12.00         13.00       Revenue from I aundry and I inen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       14.00         15.00       Revenue from meal s of to employees and guests       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 medical records and abstracts       0       17.00         18.00       Revenue from gifts, flowers, coffee shops, and canteen       0       10.00         21.00       Rental of hospital space       0       21.00         22.00       Rental of hospital space       0       23.00         23.00       Governmental appropriations       0       23.00         24.00       PREMI UM REVENUE       13.484,841       24.00         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         25.00       Total other income (sum of lines 6-24) </td <td></td> <td></td> <td>n services</td> <td></td> <td></td> <td></td>			n services			
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       14.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       15.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         18.00       Revenue from gifts, flowers, coffee shops, and canteen       0       17.00         19.00       Revenue from gifts, flowers, coffee shops, and canteen       0       22.00         21.00       Rental of hospital space       0       22.00         22.00       Rental of hospital space       0       23.00         24.00       PREMIUM REVENUE       5,117,143       24.01         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         25.00       Total other income (sum of lines 6-24)       13,831,241       25.00         26.00 <t< td=""><td></td><td></td><td></td><td></td><td>-</td><td></td></t<>					-	
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       15.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       0       18.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00       0       20.00         21.00       Rental of vending machines       0       21.00       0       22.00       0       22.00       0       22.00       0       22.00       0       23.00       0       23.00       0       24.01       74.43       24.01       24.01         24.00       PREMIUM REVENUE       5,117,143       24.01       44.02       42.01       42.02       42.03       42.03       42.03       42.03       42.03       42.03       42.03       42.03       42.03       42.03       42.03 <t< td=""><td></td><td></td><td></td><td></td><td>-</td><td></td></t<>					-	
13.00Revenue from laundry and linen service013.0014.00Revenue from meals sold to employees and guests014.0015.00Revenue from rental of living quarters014.0016.00Revenue from sale of medical and surgical supplies to other than patients015.0017.00Revenue from sale of medical records and abstracts017.0018.00Revenue from gifts, flowers, coffee shops, and canteen019.0020.00Rental of vending machines020.0021.00Rental of hospital space022.0023.00Governmental appropriations023.0024.01OTHER OPERATING REVENUE13,484,84124.0024.02PROVISION FOR BAD DEBTS4724.0325.00Total other income (sum of lines 6-24)13,881,24125.0026.00Total (line 5 plus line 25)41,361,33426.0028.00Total other expenses (sum of line 27 and subscripts)028.00					-	
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       15.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         18.00       Revenue from gifts, flowers, coffee shops, and canteen       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Rental of hospital space       0       20.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.01       OTHER OPERATING REVENUE       5, 117, 143       24.00         24.02       PROVISION FOR BAD DEBTS       47       24.03         25.00       Total other income (sum of lines 6-24)       13, 831, 241       25.00         26.00       Total (line 5 plus line 25)       41, 361, 334       26.00         26.00       Total other expenses (sum of line 27 and subscripts)       0       27.00		5			-	
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       16.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       PREMIUM REVENUE       13,484,841       24.00         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         24.03       NET ASSETS RELEASED FOR OPREATIONS       47       24.03         25.00       Total other income (sum of lines 6-24)       13,831,241       25.00         26.00       Total (line 5 plus line 25)       41,361,334       26.00         27.00					-	
16.00Revenue from sale of medical and surgical supplies to other than patients016.0017.00Revenue from sale of drugs to other than patients017.0018.00Revenue from sale of medical records and abstracts018.0019.00Tuition (fees, sale of textbooks, uniforms, etc.)019.0020.00Revenue from gifts, flowers, coffee shops, and canteen020.0021.00Rental of vending machines021.0022.00Rental of hospital space022.0023.00Governmental appropriations023.0024.00PREMIUM REVENUE13, 484, 84124.0024.02PROVISION FOR BAD DEBTS-4, 770, 79024.0224.03NET ASSETS RELEASED FOR OPREATIONS4724.0325.00Total other income (sum of lines 6-24)13, 831, 24125.0026.00Total (line 5 plus line 25)027.00028.00Total other expenses (sum of line 27 and subscripts)028.00					0	
17.00       Revenue from sale of drugs to other than patients       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       PREMIUM REVENUE       13, 484, 841       24.00         24.01       OTHER OPERATING REVENUE       5, 117, 143       24.01         24.02       PROVISION FOR BAD DEBTS       -4, 770, 790       24.02         25.00       Total other income (sum of lines 6-24)       13, 831, 241       25.00         26.00       Total (line 5 plus line 25)       41, 361, 334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00					0	
18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       PREMIUM REVENUE       13,484,841       24.00         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         24.03       NET ASSETS RELEASED FOR OPREATIONS       47       24.03         25.00       Total other income (sum of lines 6-24)       13,831,241       25.00         26.00       Total (line 5 plus line 25)       41,361,334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00			than patients		0	
19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       PREMIUM REVENUE       13,484,841       24.00         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         24.03       NET ASSETS RELEASED FOR OPREATIONS       47       24.03         25.00       Total other income (sum of lines 6-24)       13,831,241       25.00         26.00       Total (line 5 plus line 25)       41,361,334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00					-	
20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       PREMIUM REVENUE       13,484,841       24.00         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         24.03       NET ASSETS RELEASED FOR OPREATIONS       -4,770,790       24.02         25.00       Total other income (sum of lines 6-24)       13,831,241       25.00         26.00       Total (line 5 pl us line 25)       41,361,334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00					-	
21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       PREMIUM REVENUE       13,484,841       24.00         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         24.03       NET ASSETS RELEASED FOR OPREATIONS       -4,770,790       24.02         25.00       Total other income (sum of lines 6-24)       13,831,241       25.00         26.00       Total (line 5 pl us line 25)       41,361,334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00					-	
22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       PREMIUM REVENUE       13,484,841       24.00         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         24.03       NET ASSETS RELEASED FOR OPREATIONS       -4,770,790       24.03         25.00       Total other income (sum of lines 6-24)       13,831,241       25.00         26.00       Total (line 5 pl us line 25)       41,361,334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00					-	
23.00       Governmental appropriations       0       23.00         24.00       PREMIUM REVENUE       13,484,841       24.00         24.01       OTHER OPERATING REVENUE       5,117,143       24.01         24.02       PROVISION FOR BAD DEBTS       -4,770,790       24.02         24.03       NET ASSETS RELEASED FOR OPREATIONS       47       24.03         25.00       Total other income (sum of lines 6-24)       13,831,241       25.00         26.00       Total (line 5 plus line 25)       41,361,334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00					0	
24.00       PREMI UM REVENUE       13, 484, 841       24.00         24.01       OTHER OPERATING REVENUE       5, 117, 143       24.01         24.02       PROVISION FOR BAD DEBTS       -4, 770, 790       24.02         24.03       NET ASSETS RELEASED FOR OPREATIONS       47       24.03         25.00       Total other income (sum of lines 6-24)       13, 831, 241       25.00         26.00       Total (line 5 plus line 25)       41, 361, 334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00					0	
24. 01       OTHER OPERATING REVENUE       5, 117, 143       24. 01         24. 02       PROVISION FOR BAD DEBTS       -4, 770, 790       24. 02         24. 03       NET ASSETS RELEASED FOR OPREATIONS       47       24. 03         25. 00       Total other income (sum of lines 6-24)       13, 831, 241       25. 00         26. 00       Total (line 5 plus line 25)       41, 361, 334       26. 00         27. 00       OTHER EXPENSES (SPECIFY)       0       27. 00         28. 00       Total other expenses (sum of line 27 and subscripts)       0       28. 00					-	
24. 02       PROVISION FOR BAD DEBTS       -4,770,790       24. 02         24. 03       NET ASSETS RELEASED FOR OPREATIONS       47       24. 03         25. 00       Total other income (sum of lines 6-24)       13,831,241       25. 00         26. 00       Total (line 5 plus line 25)       41, 361, 334       26. 00         27. 00       OTHER EXPENSES (SPECI FY)       0       27. 00         28. 00       Total other expenses (sum of line 27 and subscripts)       0       28. 00						
24. 03       NET ASSETS RELEASED FOR OPREATIONS       47       24. 03         25. 00       Total other income (sum of lines 6-24)       13, 831, 241       25. 00         26. 00       Total (line 5 plus line 25)       41, 361, 334       26. 00         27. 00       OTHER EXPENSES (SPECI FY)       0       27. 00         28. 00       Total other expenses (sum of line 27 and subscripts)       0       28. 00	24.01	OTHER OPERATING REVENUE				
25.00       Total other income (sum of lines 6-24)       13,831,241       25.00         26.00       Total (line 5 plus line 25)       41,361,334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	24.02	PROVISION FOR BAD DEBTS			-4, 770, 790	24.02
26.00       Total (line 5 plus line 25)       41, 361, 334       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	24.03	NET ASSETS RELEASED FOR OPREATIONS			47	24.03
27.00         OTHER EXPENSES (SPECIFY)         0         27.00           28.00         Total other expenses (sum of line 27 and subscripts)         0         28.00						
28.00Total other expenses (sum of line 27 and subscripts)028.00	26.00	Total (line 5 plus line 25)			41, 361, 334	26.00
	27.00				0	
29.00 Net income (or loss) for the period (line 26 minus line 28) 41,361,334 29.00						
	29.00	Net income (or loss) for the period (line 26 minus line 28)			41, 361, 334	29.00

	Financial Systems		ANCISCAN ST MA		CCN: 150004	Peri od:	u of Form CMS-: Worksheet H	2332-
				HHA CCN:		From 01/01/2015 To 12/31/2015	Date/Time Pre 3/29/2016 11:	epareo 37 ar
						Home Health Agency I	PPS	<u> </u>
		Sal ari es	Employee Benefits	Transportation (see	chased		Total (sum of cols. 1 thru	
		1.00	2.00	instructions) 3.00	Services 4.00	5.00	<u> </u>	-
	GENERAL SERVICE COST CENTERS		2100	0.00		0.00	0100	
00	Capital Related - Bldg. & Fixtures			0		0	0	1.
00	Capital Related - Movable			0		0	0	2.
00	Equipment Plant Operation & Maintenance	0	0	0		0 0	0	3.
0	Transportati on	0	0	0		0 0	0	
0	Administrative and General	723, 995	0		10, 02		771, 577	
	HHA REIMBURSABLE SERVICES							
0	Skilled Nursing Care	998, 455	0	40, 823	10		1, 044, 710	6
00	Physical Therapy	362, 957	0			73 1, 999	439, 979	7
0	Occupational Therapy	26, 704	0	1, 704		0 68	28, 476	
0	Speech Pathol ogy	2,742	0	182			2,464	
00	Medical Social Services	1, 389	0	73		0 990	2, 452	
00	Home Heal th Aide	49, 643	0	9, 479		0 1, 293	60, 415	
00	Supplies (see instructions)	0	0	0		0 83, 215	83, 215	
00	Drugs	0	0	0		0 0	0	
00	DME HHA NONREI MBURSABLE SERVI CES	0	0	0	1	0 0	0	14
00	Home Dialysis Aide Services	0	0	0		0 0	0	15
00	Respiratory Therapy	0	0	0		0 0	0	
00	Private Duty Nursing	0	0	0		0 0	0	
00	Clinic	0	0	0		0 0	0	
00	Health Promotion Activities	0	0	0		0 0	0	19
00	Day Care Program	0	0	0		0 0	0	20
00	Home Delivered Meals Program	0	0	0		0 0	0	21
00	Homemaker Service	0	0	0		0 0	0	22
00	All Others (specify)	0	0	0		0 0	0	
00	Total (sum of lines 1-23)	2, 165, 885 Recl assi fi cati	0 Recl assi fi ed	76, 628	65,45 Net Expenses		2, 433, 288	3 24
		on	Trial Balance	Adjustments	for Allocatio			
		0.11	(col. 6 +		$(col \cdot 8 + col$			
			col . 7)		9)			
		7.00	8.00	9.00	10.00			
0	GENERAL SERVICE COST CENTERS Capital Related - Bldg. &	0	0	0		0		1 1
	Fixtures	0	0	0		0		
0	Capital Related - Movable Equipment	0	0	0		0		2
00	Plant Operation & Maintenance	0	0	0		0		3
00	Transportation	0	0			0		4
00	Administrative and General HHA REIMBURSABLE SERVICES	0	771, 577	-75, 000	696, 57	1		5
0	Skilled Nursing Care	0	1, 044, 710	0	1, 044, 71	0		6
)0	Physical Therapy	0	439, 979					7
0	Occupational Therapy	0	28, 476					8
00	Speech Pathology	0	2,464					9
00	Medical Social Services	0	2, 452	0				10
00	Home Health Aide	0	60, 415	0	60, 41	5		11
00	Supplies (see instructions)	-61, 990	21, 225	0	21, 22	25		12
00	Drugs	0	0	0		0		13
00	DME	0	0	0		0		14
~~	HHA NONREI MBURSABLE SERVI CES	-	-	-	1			1
00	Home Dialysis Aide Services	0	0			0		15
00	Respiratory Therapy	0	0	-		0		16
00	Private Duty Nursing	0	0	0		0		17
00	Clinic	0	0	0		0		18
00	Health Promotion Activition		0	0				
00 00	Health Promotion Activities	0	0	∩		$\cap$		
00 00 00	Day Care Program	0	0	0		0		
00 00 00 00	Day Care Program Home Delivered Meals Program		0	0		0		21
00 00 00	Day Care Program	0	-					20 21 22 23

	Financial Systems		ANCISCAN ST MAR				u of Form CMS-	
COST A	LLOCATION - HHA GENERAL SERVICE	COST		Provider HHA CCN:	CCN: 150004 157145	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Pre 3/29/2016 11:	pared:
						Home Health	PPS	<u>57 ani</u>
			Capital Rel	ated Costs		Agency I		
		Net Expenses for Cost Allocation (from Wkst. H,	BI dgs & Fixtures	Movable Equipment	Plant Operation & Maintenance		Subtotal (cols. 0-4)	
		col. 10) 0	1.00	2.00	3.00	4.00	4A. 00	
1.00	GENERAL SERVICE COST CENTERS Capital Related - Bldg. &	0	0				0	1.00
2.00 3.00 4.00	Fixtures Capital Related - Movable Equipment Plant Operation & Maintenance Transportation	0	0	0 0 0		0 0 0	0	2.00
5.00	Administrative and General	696, 577	0	0		0 0	696, 577	5.00
6.00 7.00 8.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy	1, 044, 710 439, 979 28, 476	0 0 0	0 0 0		0 0 0 0 0 0	439, 979 28, 476	7.00 8.00
9.00 10.00 11.00 12.00	Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	2, 464 2, 452 60, 415 21, 225	0 0 0 0	0 0 0 0			2, 464 2, 452 60, 415 21, 225	10.00 11.00 12.00
13.00 14.00	Drugs DME	0	0 0	0 0		0 0 0	0	
15 00	HHA NONREI MBURSABLE SERVI CES			0				15 00
15.00 16.00 17.00 18.00	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	0 0 0	0 0 0	0 0 0 0		0 0 0 0 0 0 0 0		16.00 17.00
19.00 20.00 21.00	Health Promotion Activities Day Care Program Home Delivered Meals Program	0 0 0	0 0 0	0 0 0		0 0 0 0 0 0	C C C	19.00 20.00
22. 00 23. 00	Homemaker Service All Others (specify)	0	0 0	0 0		0 0 0 0	0	23.00
24.00	Total (sum of lines 1-23)	2,296,298 Administrative & General	0 Total (cols. 4A + 5) 6.00	0		0 0	2, 296, 298	24.00
	GENERAL SERVICE COST CENTERS	5.00	6.00					
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00 4.00 5.00	Plant Operation & Maintenance Transportation Administrative and General HHA REIMBURSABLE SERVICES	696, 577						3.00 4.00 5.00
6.00	Skilled Nursing Care	454, 904	1, 499, 614					6.00
7.00 8.00 9.00 10.00	Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	191, 583 12, 400 1, 073 1, 068	631, 562 40, 876 3, 537 3, 520					7.00 8.00 9.00 10.00
11. 00 12. 00 13. 00 14. 00	Home Health Aide Supplies (see instructions) Drugs DME	26, 307 9, 242 0 0	86, 722 30, 467 0 0					11.00 12.00 13.00 14.00
15.00 16.00 17.00 18.00 19.00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	0 0 0 0	0 0 0 0 0					15.00 16.00 17.00 18.00 19.00
20.00 21.00 22.00 23.00	Heal th Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-23)	0 0 0 0	0 0 0 0 2, 296, 298					19.00 20.00 21.00 22.00 23.00 24.00

Heal th	Financial Systems	FF	RANCISCAN ST MA	RGARET-HAMMOND	1	In Lie	u of Form CMS-2	2552-10
COST A	LLOCATION - HHA STATISTICAL BAS	SI S		Provider HHA CCN:	CCN: 150004 157145	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part II Date/Time Pre 3/29/2016 11:	pared:
						Home Health Agency I	PPS	
		Capital Rel	ated Costs					
		·	Movable Equipment (DOLLAR VALUE)	Pl ant Operation & Maintenance (SQUARE FEET)	(MI LEAGE)	onReconciliation	& General (ACCUM. COST)	-
		1.00	2.00	3.00	4.00	5A. 00	5.00	
	GENERAL SERVICE COST CENTERS	^			1			1 00
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	C		0		3.00
4.00	Transportation (see instructions)	0	0	C		0		4.00
5.00	Administrative and General HHA REIMBURSABLE SERVICES	0	0	C		0 -696, 577	1, 599, 721	5.00
6.00	Skilled Nursing Care	0	0	C	J	0 0	1,044,710	6.00
7.00	Physical Therapy	0	-	0		0 0	439, 979	
8.00	Occupational Therapy	0	0	0		0 0	28, 476	
9.00	Speech Pathology	0	0	0		0 0	2, 464	
10.00	Medical Social Services	0	0	C		0 0	2, 452	
11.00	Home Health Aide	0	0	C		0 0	60, 415	11.00
12.00	Supplies (see instructions)	0	0	C		0 0	21, 225	12.00
13.00	Drugs	0	-	C		0	0	
14.00	DME	0	0	0	)	0 0	0	14.00
15 00	HHA NONREI MBURSABLE SERVI CES	0	0	C	J	0 0	0	15 00
15. 00 16. 00	Home Dialysis Aide Services Respiratory Therapy		-	0		0 0	0	
17.00	Private Duty Nursing		-	0	,		0	
18.00	Clinic	0	Ŭ	0		0 0	0	
	Health Promotion Activities	0	0	Ő		0 0	0	
20.00	Day Care Program	0	0	C		0 0	0	20.00
21.00	Home Delivered Meals Program	0	0	C		0 0	0	21.00
22.00	Homemaker Service	0	0	C		0 0	0	
	All Others (specify)	0	0	0		0 0	0	
	Total (sum of lines 1-23)	0	0	C		0 -696, 577	1, 599, 721	
25.00	Cost To Be Allocated (per	0	0	0		0	696, 577	25.00
26.00	Worksheet H-1, Part I) Unit Cost Multiplier	0. 000000	0. 000000	0.00000	0.0000	00	0. 435437	26.00

	Financial Systems ATION OF GENERAL SERVICE COSTS 1	O HHA COST CEN	TERS	Provi der		Period:	u of Form CMS-2 Worksheet H-2	
				HHA CCN:		From 01/01/2015 To 12/31/2015	3/29/2016 11:	pare 37 a
						Home Health Agency I	PPS	
			CAPI TAL REL	ATED COSTS		Agency		
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS	COMMUNI CATI ONS	DATA PROCESSI NG	
		0	1.00	2.00	DEPARTMENT 4.00	5. 01	5. 02	
00	Administrative and General	0	27, 446	4, 847			466, 687	1
00	Skilled Nursing Care	1, 499, 614	0	0		0 0	-	2
00	Physical Therapy	631, 562	0	0		0 0	0	3
00 00	Occupational Therapy Speech Pathology	40, 876 3, 537	0	0			0	45
00	Medi cal Soci al Servi ces	3, 520	0	0		0	0	
00	Home Health Aide	86, 722	0	0	0	o o	0	7
00	Supplies (see instructions)	30, 467	0	0		0 0	0	
00 . 00	Drugs DME	0	0	0			0	9
. 00	Home Dialysis Aide Services	0	0	0			0	10
00	Respiratory Therapy	0	0	0		0	0	12
00	Private Duty Nursing	0	0	0	0	0 0	0	13
00	Clinic	0	0	0		0 0	0	
. 00	Health Promotion Activities Day Care Program	0	0	0			0	
00	Home Delivered Meals Program	0	0	0			0	
00	Homemaker Servi ce	0	0	0	1	0	0	
. 00	All Others (specify)	0	0	0	0	0 0	0	19
. 00	Total (sum of lines 1-19) (2)	2, 296, 298	27, 446	4, 847	794, 448	3 44, 302	466, 687	
. 00	Unit Cost Multiplier: column 26, line 1 divided by the sum							21
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.							
	Cost Center Description	PURCHASI NG RECEI VI NG AND	ADMI TTI NG	Subtotal	OTHER ADMI NI STRATI VE	MAINTENANCE & E REPAIRS	OPERATION OF PLANT	
		STORES			AND GENERAL		I LANT	
		5.03	5.04	5A. 04	5.05	6.00	7.00	
00	Administrative and General	8, 068	8, 893	1, 354, 691				
0C	Skilled Nursing Care Physical Therapy	0	0	1, 499, 614				2
n			()	631 562	67 469	5 0		
	5	0	0	631, 562 40, 876			0	
00	Occupational Therapy Speech Pathology	-	0 0 0	40, 876 3, 537	4, 366 378	6 0		4
00 00 00	Occupational Therapy Speech Pathology Medical Social Services	0	0 0 0	40, 876 3, 537 3, 520	4, 366 378 376	5 0 3 0 5 0	0 0 0	4 5 6
00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	0	0 0 0 0	40, 876 3, 537 3, 520 86, 722	4, 366 378 376 9, 264	5 0 3 0 5 0 4 0	0 0 0 0	4 5 6 7
00 00 00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	0 0 0 0		40, 876 3, 537 3, 520 86, 722 30, 467	4, 366 378 376 9, 264 3, 255	5 0 3 0 5 0 5 0	0 0 0 0 0	4 5 6 7 8
00 00 00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	0	0 0 0 0 0 0 0 0 0	40, 876 3, 537 3, 520 86, 722	4, 366 378 376 9, 264 3, 255	5 0 3 0 5 0 4 0 5 0 5 0	0 0 0 0 0	4 5 6 7 8 9
00 00 00 00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services		0 0 0 0 0 0 0 0 0	40, 876 3, 537 3, 520 86, 722 30, 467 0	4, 366 378 9, 264 3, 255 0 0	5 0 3 0 5 0 4 0 5 0 5 0	0 0 0 0 0 0	4 5 7 8 9 10
00 00 00 00 00 00 00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy		0 0 0 0 0 0 0 0 0 0	40, 876 3, 537 3, 520 86, 722 30, 467 0	4, 366 378 9, 264 3, 255 0 0 0 0	5 0 3 0 5 0 4 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 7 8 9 10 11
00 00 00 00 00 00 00 . 00 . 00 . 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing			40, 876 3, 537 3, 520 86, 722 30, 467 0	4, 366 378 9, 264 3, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 0 3 0 5 0 4 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 7 8 9 10 11 12 13
00 00 00 00 00 00 . 00 . 00 . 00 . 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic			40, 876 3, 537 3, 520 86, 722 30, 467 0	4, 366 378 9, 264 3, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 0 3 0 5 0 4 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 6 7 8 9 10 11 12 13 14
00 00 00 00 00 00 . 00 . 00 . 00 . 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing			40, 876 3, 537 3, 520 86, 722 30, 467 0	4, 366 378 9, 264 3, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 0 3 0 5 0 4 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 6 7 8 9 10 11 12 13 14 15
00 00 00 00 00 00 00 00 00 00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program			40, 876 3, 537 3, 520 86, 722 30, 467 0	4, 366 378 9, 264 3, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 0 3 0 4 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 7 8 9 10 11 12 13 14 15 16 17
00 00 00 00 00 00 00 00 00 00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service			40, 876 3, 537 3, 520 86, 722 30, 467 0	4, 366 378 37 9, 264 3, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 0 3 0 5 0 4 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
00 00 00 00 00 00 00 00 00 00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)		0 0 0 0 0 0 0 0 0 0 0	40, 876 3, 537 3, 520 86, 722 30, 467 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4, 366 378 37, 9, 264 3, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5       0         3       0         5       0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
2. 00 3. 00 4. 00 5. 00 5. 00 5. 00 5. 00 6. 00 6. 00 7.	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2)		0 0 0 0 0 0 0 0 0 0 0	40, 876 3, 537 3, 520 86, 722 30, 467 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4, 366 378 37, 9, 264 3, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5       0         3       0         5       0		4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
00 00 00 00 00 00 00 00 00 00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)		0 0 0 0 0 0 0 0 0 0 0	40, 876 3, 537 3, 520 86, 722 30, 467 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4, 366 378 37, 9, 264 3, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5       0         3       0         5       0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
00 00 00 00 00 00 00 00 00 00 00 00 00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2) Unit Cost Multiplier: column		0 0 0 0 0 0 0 0 0 0 0	40, 876 3, 537 3, 520 86, 722 30, 467 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4, 366 378 37, 9, 264 3, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5       0         3       0         5       0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS	TO HHA COST CEN	TERS	Provi der HHA CCN:	CCN: 150004 157145	Period: From 01/01/2015 To 12/31/2015	3/29/2016 11:	pared:
					Home Health Agency I	PPS	
Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	
	8.00	9.00	10.00	11.00	13.00	14.00	
<ul> <li>1.00 Administrative and General</li> <li>2.00 Skilled Nursing Care</li> <li>3.00 Physical Therapy</li> <li>4.00 Occupational Therapy</li> <li>5.00 Speech Pathology</li> <li>5.00 Medical Social Services</li> <li>7.00 Home Health Aide</li> <li>3.00 Supplies (see instructions)</li> <li>5.00 DHE</li> <li>11.00 Home Dialysis Aide Services</li> <li>12.00 Respiratory Therapy</li> <li>13.00 Private Duty Nursing</li> <li>14.00 Clinic</li> <li>15.00 Health Promotion Activities</li> <li>16.00 Day Care Program</li> <li>17.00 Home Delivered Meals Program</li> <li>18.00 Homemaker Service</li> <li>19.00 All Others (specify)</li> <li>20.00 Total (sum of lines 1-19) (2)</li> <li>21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.</li> </ul>					0       0         0       0	3, 933 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 14.00 15.00 14.00 15.00 14.00 15.00 14.00 15.00 14.00 15.00 15.00 11.00 15.00 15.00 15.00 10.00 10.00 11.00 15.00 15.00 10.00 10.00 11.00 15.00 15.00 10.00 11.00 15.00 15.00 10.00 11.00 15.00 15.00 15.00 10.00 11.00 15.00 15.00 15.00 10.00 11.00 15.00 15.00 15.00 10.00 11.00 15.00 15.00 15.00 10.00 11.00 15.00 15.00 15.00 10.00 11.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 10.00 15.00 17.00 15.
Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	I NTERNS & RESI DENTS SERVI CES-OTHI PRGM COSTS APPRV	ER PARAMED ED PRGM	PARAMED ED PRGM - LAB	_
	15.00	16.00	17.00	22.00	23.00	23.01	
<ul> <li>Administrative and General</li> <li>Administrative and General</li> <li>Skilled Nursing Care</li> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Scon Speech Pathology</li> <li>Medical Social Services</li> <li>Home Health Aide</li> <li>Supplies (see instructions)</li> <li>On Drugs</li> <li>Do DME</li> <li>On Home Dialysis Aide Services</li> <li>On Private Duty Nursing</li> <li>On Day Care Program</li> <li>Home Delivered Meals Program</li> <li>Home Delivered Meals Program</li> <li>On Home Delivered Meals Program</li> <li>On Home Delivered Meals Program</li> <li>On Total (sum of lines 1-19) (2)</li> <li>On Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.</li> </ul>	571 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 13.0 14.0 15.0 14.0 15.0 14.0 15.0 14.0 14.0 15.0 14.0 15.0 14.0 12.0 13.0 14.0 12.0 13.0 14.0 12.0 13.0 14.0 14.0 15.0 14.0 15.0 15.0 10.0 11.0 12.0 12.0 12.0 12.0 10.0 11.0 12.0 12

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCA	ATION OF GENERAL SERVICE COSTS 1	O HHA COST CEN	TERS	Provi de HHA CCN	CCN: 150004	Peri od: From 01/01/2015 To 12/31/2015		pared:
						Home Health	PPS	
	Cost Center Description	PARAMED ED PRGM - RADI OLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMAC	Y Subtotal	Agency I Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
1 00		23.02	23.03	23.04	24.00	25.00	26.00	4 00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 21.\ 00\\ 21.\ 00\\ \end{array}$	Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to				0 1,999,7 0 1,659,8 0 699,0 0 45,2 0 3,9 0 3,8 0 95,9 0 33,7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	08     0       27     0       42     0       15     0       96     0       86     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0	1, 659, 808 699, 027 45, 242 3, 915 3, 896 95, 986 33, 722 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00
	6 decimal places. Cost Center Description	Allocated HHA A&G (see Part	Total HHA Costs					
		11) 27.00	28.00	-				
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 20.\ 00\\ 21.\ 00\\ 21.\ 00\\ \end{array}$	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2)	1, 305, 942 549, 997 35, 597 3, 080 3, 065 75, 522 26, 533 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2, 965, 750 1, 249, 024 80, 839 6, 995 6, 961 171, 508 60, 255 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 12.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 20.\ 00\\ 21.\ 00\\ 21.\ 00\\ \end{array}$

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Health Financial Systems		ANCISCAN ST MA			In Lie	u of Form CMS-2	
ALLOCATION OF GENERAL SERVICE COSTS T BASIS	O HHA COST CEN	TERS STATISTICA	AL Provider HHA CCN:		Period: From 01/01/2015 Fo 12/31/2015	Worksheet H-2 Part II Date/Time Pre 3/29/2016 11:	pared:
					Home Health Agency I	PPS	
	CAPI TAL REL	ATED COSTS			Agency		
Cost Center Description		MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATI ON (NUMBER OF PHON)	PROCESSING (ALLOC OF T IME)	PURCHASI NG RECEI VI NG AND STORES (COSTED REQUI S.)	
1.00 Administrative and Cananal	1.00	2.00	4.00	5.01	5.02	5.03	1.00
<ul> <li>1.00 Administrative and General</li> <li>2.00 Skilled Nursing Care</li> <li>3.00 Physical Therapy</li> <li>4.00 Occupational Therapy</li> <li>5.00 Speech Pathology</li> <li>6.00 Medical Social Services</li> <li>7.00 Home Health Aide</li> <li>8.00 Supplies (see instructions)</li> <li>9.00 Drugs</li> <li>10.00 DME</li> <li>11.00 Home Dialysis Aide Services</li> <li>12.00 Respiratory Therapy</li> <li>13.00 Private Duty Nursing</li> <li>14.00 Clinic</li> <li>15.00 Health Promotion Activities</li> <li>16.00 Day Care Program</li> <li>17.00 Home Delivered Meals Program</li> <li>18.00 Homemaker Service</li> <li>19.00 All Others (specify)</li> <li>20.00 Total (sum of lines 1-19)</li> <li>21.00 Total cost to be allocated</li> <li>22.00 Unit cost multiplier</li> </ul>	4, 108 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4, 796 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2, 165, 884 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	61, 33-	0     0       0 <td>83, 276 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00</td>	83, 276 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00
	(GROSS CHAR GES)		ADMI NI STRATI VE AND GENERAL (ACCUM. COST)	REPAI RS	PLANT (SQUARE FEET)	LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A. 05	5.05	6.00	7.00	8.00	
<ol> <li>Administrative and General</li> <li>O Skilled Nursing Care</li> <li>O Physical Therapy</li> <li>O Occupational Therapy</li> <li>O Speech Pathology</li> <li>O Medical Social Services</li> <li>O Home Health Aide</li> <li>O Supplies (see instructions)</li> <li>O DME</li> <li>O Respiratory Therapy</li> <li>O Respiratory Therapy</li> <li>O Clinic</li> <li>O Haelth Promotion Activities</li> <li>O Day Care Program</li> <li>O Home Delivered Meals Program</li> <li>O Home Delivered Meals Program</li> <li>O Total (sum of lines 1-19)</li> <li>O Total cost to be allocated</li> </ol>	3, 895, 471 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1, 499, 614 631, 562 40, 876 3, 537 3, 520 86, 722 30, 467 0 0	4, 10			11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00

Heal th	n Financial Systems	FF	RANCISCAN ST MA	RGARET-HAI	MOND	)	In Lie	eu of Form CMS-:	2552-10
ALLOC BASI S	ATION OF GENERAL SERVICE COSTS 1	TO HHA COST CEN	TERS STATISTICA	AL Prov HHA		CCN: 150004 157145	Period: From 01/01/2015 To 12/31/2015		pared <sup>.</sup>
							Home Health Agency I	PPS	
	Cost Center Description	HOUSEKEEPI NG (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETER (PROD HO		NURSI NG ADMI NI STRATI ( (DI RECT NRS I NG)	CENTRAL ON SERVICES & SUPPLY	PHARMACY (COSTED REQ UIS)	
		9.00	10.00	11.00		13.00	14.00	15.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00	Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) Total cost to be allocated	4, 108 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		61 41	5, 243 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24, 71	0       0         1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ \end{array}$
22.00	Cost Center Description	MEDI CAL RECORDS & LI BRARY (GROSS CHAR GES)	SOCI AL SERVI CE (GROSS CHAR GES)	I NTERNS RESI DEN SERVI CES-( PRGM CO APPRV (ASSI GN TI ME)	ED	PARAMED ED PRGM (ASSI GNED TI ME)	PARAMED ED PRGM - LAB (ASSIGNED TIME)	PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME)	
1.00	Administrative and General	16.00 3,895,471	17.00 3,895,471	22.00	0	23.00	23.01 0 0	23.02	1.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 20.\ 00\\ 21.\ 00\\ \end{array}$	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19)	3, 875, 471 47, 069 0, 012083	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00					$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ \end{array}$

Heal th	Financial Systems	FF	RANCISCAN ST MARGA	RET-HAMMOND	)	In Lie	u of Form CMS-	2552-10
ALLOCA	TION OF GENERAL SERVICE COSTS T	O HHA COST CEN	TERS STATI STI CAL	Provi der	CCN: 150004	Peri od:	Worksheet H-2	
BASI S					457445	From 01/01/2015	Part II	
				HHA CCN:	157145	To 12/31/2015	Date/Time Pre 3/29/2016 11:	pared: 37 am
						Home Health	PPS	
						Agency I		
	Cost Center Description	PARAMED ED	PARAMED ED					
		PRGM - RESP	PRGM-PHARMACY					
		THER	(ASSI GNED					
		(ASSI GNED	TIME)					
		TIME)						
		23.03	23.04					
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	o					10.00
11.00	Home Dialysis Aide Services	0	o					11.00
12.00	Respiratory Therapy	0	o					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	o					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
	All Others (specify)	0	0					19.00
	Total (sum of lines 1-19)	0	0					20.00
	Total cost to be allocated	0	-					21.00
	Unit cost multiplier	0. 000000	-					22.00
			1 1					

	n Financial Systems		RANCISCAN ST MA				u of Form CMS-2	
APPOR	TIONMENT OF PATIENT SERVICE COST	S		Provi der		Period: From 01/01/2015	Worksheet H-3 Part I	
				HHA CCN:	157145			pared: 37 am
				Ti tl	e XVIII	Home Health	PPS	
	Cost Center Description	From, Wkst.	Facility Costs	Shared	Total HHA	Agency I Total Visits	Average Cost	
		H-2, Part I,	(from Wkst.	Ancillary	Costs (col s.		Per Visit	
		col. 28, line	H-2, Part I)	Costs (from	+ 2)		(col. 3 ÷ col.	
			1.00	Part II)	0.00	4.00	4)	
	PART I - COMPUTATION OF LESSER		1.00	2.00	3.00		5.00	
	BENEFICIARY COST LIMITATION						`	
1 00	Cost Per Visit Computation Skilled Nursing Care	2.00	2, 965, 750		2.045.75	0 10 (01	277.67	1 00
1.00 2.00	Physical Therapy	2.00 3.00		C	2, 965, 75 1, 249, 02			1.00 2.00
2.00 3.00	Occupational Therapy	4.00			80, 83		223. 31	3.00
4.00	Speech Pathol ogy	5.00			6, 99		109.30	
5.00	Medical Social Services	6.00			6, 96		464.07	
6.00	Home Heal th Ai de	7.00			171, 50			
7.00	Total (sum of lines 1-6)		4, 481, 077	C	4, 481, 07			7.00
					Program Visit			
						rt B		
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject t			
					Deductibles &	Deductibles		
					Coi nsurance			
		0	1.00	2.00	3.00	4.00	5.00	
8.00	Limitation Cost Computation Skilled Nursing Care	1	23844	(	6,07	0		8.00
8.00 8.01	Skilled Nursing Care		23844 16974			0		8.00
9.00	Physical Therapy		23844		2,90	-		9.00
9.00 9.01	Physical Therapy		16974			0		9.00
10.00	5 15		23844		39	-		10.00
10.01			16974			0		10.00
11.00			23844		3	0		11.00
11.01			16974	(		0		11.01
12.00			23844	C	) 1	6		12.00
12.01	Medical Social Services		16974	C		0		12.01
13.00	Home Health Aide		23844	C	1, 32	2		13.00
13.01	Home Health Aide		16974	C		0		13.01
14.00	Total (sum of lines 8-13)			C	10, 74			14.00
	Cost Center Description	From Wkst. H-2	Facility Costs		Total HHA		Ratio (col. 3	
		Part I, col.	(from Wkst.	Ancillary	Costs (cols.		÷ col. 4)	
		28, line	H-2, Part I)	Costs (from	+ 2)	Record)		
		0	1.00	Part II) 2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computa		1.00	2.00	3.00	4.00	5.00	
15.00		8.00	60, 255	C	60, 25	5 0	0. 000000	15.00
16.00	1	9.00		C		0 0		
			Program Visits		Cost of			
					Servi ces			
			Par	tВ		Part B		
	Cost Center Description	Part A	Not Subject to	5	Part A	Not Subject to		
			Deductibles &	Deductibles &		Deductibles &	Deductibles &	
		( 00	Coi nsurance	Coi nsurance	0.00	Coi nsurance	Coi nsurance	
	PART I - COMPUTATION OF LESSER	6.00	7.00	8.00	9.00		11.00	
	BENEFICIARY COST LIMITATION	OF AGGREGATE F	KUGKAW CUST, A	UNLOATE OF IF			\ \	
					T	T		
	Cost Per Visit Computation	1			1	0 1, 687, 956		1.00
	Cost Per Visit Computation Skilled Nursing Care	0	6, 079					
2.00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy	000	2, 901			0 699, 634		
2.00 3.00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy	000000000000000000000000000000000000000	2, 901 396			0 699, 634 0 88, 431		3.00
2.00 3.00 4.00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	0 0 0 0	2, 901 396 32			0 699, 634 0 88, 431 0 3, 498		3. 00 4. 00
1.00 2.00 3.00 4.00 5.00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	0	2, 901 396 32 16			0 699, 634 0 88, 431 0 3, 498 0 7, 425		3.00 4.00 5.00
2.00 3.00 4.00	Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	0 0 0 0 0 0 0 0	2, 901 396 32 16 1, 322			0 699, 634 0 88, 431 0 3, 498		2.00 3.00 4.00 5.00 6.00 7.00

APPORT	FIONMENT OF PATIENT SERVICE COST	S		Provider HHA CCN:	CCN: 150004 157145	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Pre	epared:
					e XVIII	Home Health	3/29/2016 11: PPS	37 am
						Agency I	115	
	Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation	0.00	7.00	0.00	7.00	10.00	11.00	-
3. 00         3. 01         9. 00         9. 01         10. 00         10. 01         11. 01         12. 00         12. 01         13. 00         13. 01	Skilled Nursing Care Skilled Nursing Care Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Speech Pathology Speech Pathology Medical Social Services Home Health Aide Home Health Aide							8. 0 8. 0 9. 0 9. 0 10. 0 11. 0 11. 0 11. 0 12. 0 12. 0 13. 0 13. 0
4.00	Total (sum of lines 8-13)	Prog	ram Covered Cha	irges	Cost of Services			14.00
	Cost Center Description	Part A	Par Not Subject to Deductibles & Coinsurance	Subject to	Part A	Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computa	ations						
15.00 16.00	Cost of Medical Supplies Cost of Drugs	0	0	0		0 0	C	
	Cost Center Description	Total Program Cost (sum of cols. 9-10) 12.00						
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE F	RUGRAM CUST, A	GGREGATE OF TH	E PROGRAM LI	MITATION COST, OR		
	Cost Per Visit Computation							
1.00 2.00 3.00	Skilled Nursing Care Physical Therapy Occupational Therapy	1, 687, 956 699, 634 88, 431						1.0 2.0 3.0
. 00 5. 00 5. 00 7. 00	Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1–6)	3, 498 7, 425 121, 307 2, 608, 251						4. C 5. C 6. C 7. C
	Cost Center Description							,
	Limitation Cost Commutati	12.00						
. 00 . 01 . 00 . 01 0. 00 0. 01	Limitation Cost Computation Skilled Nursing Care Skilled Nursing Care Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy							8.0 8.0 9.0 9.0 10.0 10.0
1.00 1.01 2.00 2.01 3.00 3.01 4.00	Speech Pathology Speech Pathology Medical Social Services Medical Social Services Home Health Aide Home Health Aide Total (sum of lines 8-13)							11. ( 11. ( 12. ( 12. ( 13. ( 13. ( 14. (

Health Financial Systems	FI	RANCISCAN ST MA	RGARE	T-HAMMOND		_	In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF PATIENT SERVICE C	DSTS			Provi der	CCN: 150004		iod: m 01/01/2015	Worksheet H-3 Part II	
				HHA CCN:	157145	То	12/31/2015	Date/Time Pre 3/29/2016 11:	
				Ti tl	e XVIII	F	lome Health	PPS	
							Agency I		
Cost Center Descriptio	n From Wkst. C,	Cost to Charge	To	tal HHA	HHA Shared		Transfer to		
	Part I, col.	Ratio	Char	ge (from	Ancillary		Part I as		
	9, line		pr	ovi der	Costs (col.	1	Indi cated		
			re	ecords)	x col. 2)				
	0	1.00		2.00	3.00		4.00		
PART II - APPORTIONMENT OF (	OST OF HHA SERVI	CES FURNI SHED B	BY SHA	ARED HOSPI	TAL DEPARTMEN	NTS			
1.00 Physical Therapy	66.00	0. 697070		0	I	0 c c	ol. 2, line 2.	. 00	1.00
2.00 Occupational Therapy	67.00	0. 290045		0		000	ol. 2, line 3.	. 00	2.00
3.00 Speech Pathology	68.00	0. 499267		0		000	ol. 2, line 4	. 00	3.00
4.00 Cost of Medical Supplies	71.00	0. 205201		0		000	ol. 2, line 1	5. 00	4.00
5.00 Cost of Drugs	73.00	0. 180908		0		000	ol. 2, line 1	6. 00	5.00
		•							•

ALCUL	ATION OF HHA REIMBURSEMENT SETTLEMENT	Provi der	CCN: 150004	Peri od:	Worksheet H-4	1
	+	HHA CCN:	157145	From 01/01/2015 To 12/31/2015		
		Ti tl	e XVIII	Home Health Agency I	PPS	
					rt B	
			Part A		Deductibles &	
			1.00	Coi nsurance 2.00	Coi nsurance 3.00	-
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMAR	Y CHARGE		2.00	3.00	
	Reasonable Cost of Part A & Part B Services					
00	Reasonable cost of services (see instructions)			0 0	0 0	1 1
00	Total charges			0 (	0 0	2
	Customary Charges		1		1	
00	Amount actually collected from patients liable for payment for se	ervi ces		0 0	0 0	) 3
~~	on a charge basis (from your records)					
00	Amount that would have been realized from patients liable for pay for services on a charge basis had such payment been made in acco with 42 CFR §413.13(b)			0 0	0	
00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000	0. 00000	0. 000000	) 5
00	Total customary charges (see instructions)			0 (		
00	Excess of total customary charges over total reasonable cost (com only if line 6 exceeds line 1)	npl ete		0 0	0	
00	Excess of reasonable cost over customary charges (complete only i 1 exceeds line 6)	fline		0 0	0	8
00	Primary payer amounts			0 0	0 0	) (
			•	Part A	Part B	
				Servi ces	Servi ces	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			1.00	2.00	-
. 00	Total reasonable cost (see instructions)			(		10
. 00	Total PPS Reimbursement - Full Episodes without Outliers			(		
. 00	Total PPS Reimbursement - Full Episodes with Outliers			(	29, 282	
. 00	Total PPS Reimbursement - LUPA Episodes			(	56, 046	13
. 00	Total PPS Reimbursement - PEP Episodes			(	11, 927	14
. 00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			(	0 0	15
. 00	Total PPS Outlier Reimbursement - PEP Episodes			(	0 0	
. 00	Total Other Payments			(	0 0	
. 00	DME Payments			(	0	
. 00	Oxygen Payments					
. 00	Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsuran	200)		l l		
. 00	Subtotal (sum of lines 10 thru 20 minus line 21)			(		
. 00	Excess reasonable cost (from line 8)				0 1,794,792	
. 00	Subtotal (line 22 minus line 23)			(		
. 00	Coinsurance billed to program patients (from your records)				0	
. 00	Net cost (line 24 minus line 25)			(		
. 00	Reimbursable bad debts (from your records)					27
	Reimbursable bad debts for dual eligible beneficiaries (see instr		)			28
. 00	Total costs - current cost reporting period (line 26 plus line 27	7)		(		
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			(	-	
	Pioneer ACO demonstration payment adjustment (see instructions)			(	0	
. 50	Subtotal (see instructions)				1, 794, 792	
). 50 . 00				(	35, 896	
). 50 . 00 . 01	Sequestration adjustment (see instructions)				1 750 000	
). 50 I. 00 I. 01 2. 00	Sequestration adjustment (see instructions) Interim payments (see instructions)				.,,	
0.00 0.50 1.00 1.01 2.00 3.00	Sequestration adjustment (see instructions) Interim payments (see instructions) Tentative settlement (for contractor use only)	23)			0 0	33
). 50 . 00 . 01 2. 00	Sequestration adjustment (see instructions) Interim payments (see instructions)		S Pub 15-2			) 33 ) 34

	Financial Systems FRANCISCAN ST MARC			CCN: 150004		eriod:	u of Form CMS-2 Worksheet H-5	
OGRA	M BENEFICIARIES	нн	A CCN:	157145		rom 01/01/2015 o 12/31/2015	Date/Time Prep	bare
						Home Health	3/29/2016 11: 3 PPS	87 ai
		١r	npati en	t Part A		Agency I Par	t B	
		mm/dd/		Amount		mm/dd/yyyy	Amount	
		1.C	00	2.00		3.00	4.00	
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero				0		1, 758, 896 0	1. 2.
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider							3.
)1					0		0	3
)2					0		Ö	3
)3					0		0	3
4					0		0	3
5					0		0	3
	Provider to Program							
0					0		0	3
1					0		0	3
2					0		0	3
3					0		0	3
54 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines				0		0	3
9	3, 50-3, 98)				0		0	3
0	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				0		1, 758, 896	4
0	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after							5
0	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)							5
)1	Program to Provider				0		0	5
12					0		0	5
3					0		0	5
-	Provider to Program				-		-	-
0					0		0	5
1					0		0	5
2					0		0	5
9	Subtotal (sum of lines 5.01-5.49 minus sum of lines				0		0	5
0	5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1)							6
)1	SETTLEMENT TO PROVIDER				0		0	6
)2	SETTLEMENT TO PROGRAM				0		0	6
00	Total Medicare program liability (see instructions)				0		1, 758, 896	7
						Contractor	NPR Date	
						Number	(Mo/Day/Yr)	
			(	)		1.00	2.00	

ALCULAII(	ON OF CAPITAL PAYMENT	Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Pre	narec
			10 12/31/2015	3/29/2016 11:	
		Title XVIII	Hospi tal	PPS	
				1.00	
PAR	RT I - FULLY PROSPECTIVE METHOD			1.00	
	PITAL FEDERAL AMOUNT				1
00 Cap	pital DRG other than outlier			1, 830, 940	1.
	del 4 BPCI Capital DRG other than outlier			0	
	pital DRG outlier payments			59, 249	
	del 4 BPCI Capital DRG outlier payments			0	
	tal inpatient days divided by number of days in the cost	reporting period (see inst	ructions)	76.44	
	mber of interns & residents (see instructions)			6.20	
	direct medical education percentage (see instructions)	the current lines 1 and 1 01	columno 1 and	2.32 42,478	
	direct medical education adjustment (multiply line 5 by 1 01)(see instructions)	the sum of times I and I. Of	, corumns r and	42, 478	6.
00 Per	rcentage of SSI recipient patient days to Medicare Part # ) (see instructions)	A patient days (Worksheet E	, part A line	8.43	7.
	rcentage of Medicaid patient days to total days (see inst	tructions)		23.77	8.
	m of lines 7 and 8			32.20	9.
. 00   AI I	lowable disproportionate share percentage (see instructio	ons)		6.74	10.
	sproportionate share adjustment (see instructions)			123, 405	
. 00   Tot	tal prospective capital payments (see instructions)			2, 056, 072	12.
				1.00	
	RT II - PAYMENT UNDER REASONABLE COST				
	ogram inpatient routine capital cost (see instructions)			0	
	ogram inpatient ancillary capital cost (see instructions)	)		0	
	tal inpatient program capital cost (line 1 plus line 2)			0	
	pital cost payment factor (see instructions) tal inpatient program capital cost (line 3 x line 4)			0	
00 [101				0	5.
				1.00	
	RT III - COMPUTATION OF EXCEPTION PAYMENTS				
	ogram inpatient capital costs (see instructions) ogram inpatient capital costs for extraordinary circumsta	ancos (soo instructions)		0	
	t program inpatient capital costs for extraordinary circumsta t program inpatient capital costs (line 1 minus line 2)	ances (see instructions)		0	· ~·
1	plicable exception percentage (see instructions)			0.00	
	pital cost for comparison to payments (line 3 x line 4)			0.00	
	rcentage adjustment for extraordinary circumstances (see	instructions)		0.00	
1	justment to capital minimum payment level for extraordina		line 6)	0	
	pital minimum payment level (line 5 plus line 7)			0	8.
00 Cur	rrent year capital payments (from Part I, line 12, as app			0	
	rrent year comparison of capital minimum payment level to			0	
	rryover of accumulated capital minimum payment level over rksheet L, Part III, line 14)		,	0	
.00 Car Wor			ie 11)	0	
. 00 Car Wor . 00 Net	t comparison of capital minimum payment level to capital		<u>, '</u>		
. 00 Car Wor . 00 Net . 00 Cur	t comparison of capital minimum payment level to capital rrent year exception payment (if line 12 is positive, ent	ter the amount on this line		0	
. 00 Car Wor . 00 Net . 00 Cur . 00 Car	t comparison of capital minimum payment level to capital rrent year exception payment (if line 12 is positive, ent rryover of accumulated capital minimum payment level over	ter the amount on this line		-	13. 14.
. 00 Car Wor 2. 00 Net 3. 00 Cur 4. 00 Car (if	t comparison of capital minimum payment level to capital rrent year exception payment (if line 12 is positive, ent rryover of accumulated capital minimum payment level over f line 12 is negative, enter the amount on this line)	ter the amount on this line r capital payment for the f		0	14.
. 00 Car Wor 2. 00 Net 3. 00 Cur 4. 00 Car (i f 5. 00 Cur	t comparison of capital minimum payment level to capital rrent year exception payment (if line 12 is positive, ent rryover of accumulated capital minimum payment level over	ter the amount on this line r capital payment for the f instructions)		-	14. 15.