

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/26/2016 12:17 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/26/2016 Time: 12:17 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST ANTHONY HEALTH-CR PT (150126) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	4,777	5,986	-11,148	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	780	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	5,557	5,986	-11,148	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 12:15 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1201 SOUTH MAIN STREET			PO Box:							1.00	
2.00	City: CROWN POINT			State: IN		Zip Code: 46307		County: USA			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		FRANCISCAN ST ANTHONY HEALTH-CR PT		150126	23844	1	12/31/1973	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		FRANCISCAN ST ANTHONY REHAB		15T126	23844	5	06/30/1985	N	P	T	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00		
21.00	Type of Control (see instructions)						1		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2		N	23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			4,959	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			131	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 12:15 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	365,494	224,002			0	118.01
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 12:15 am	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FRANCISCAN ALLIANCE	Contractor's Name: WISCONSIN PHYSICIAN SERVICES (WPS)		Contractor's Number: 08001	
142.00	Street: 1717 W BROADWAY	PO Box:			
143.00	City: MADISON	State:		Zip Code: 53713-1834	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
				CBSA	FTE/Campus
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.50	169.00
				1.00	
				Endi ng	
				2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			09/01/2015	11/29/2015

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/26/2016 12:15 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/26/2016 12:15 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/03/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/26/2016 12:15 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 X33175		HONG.YANG@FRANCISCANALLIANCE.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/04/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2016 12:15 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	64,254	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		182	64,254	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,380	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		216	76,664	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		236				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		13	5,077			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2016 12:15 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,508	1,582	25,464			1.00
2.00 HMO and other (see instructions)	2,788	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	101	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,508	1,582	25,464			7.00
8.00 INTENSIVE CARE UNIT	1,767	193	3,874			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	1,328	2,880			12.00
13.00 NURSERY		880	2,840			13.00
14.00 Total (see instructions)	17,275	3,983	35,058	1.56	949.67	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,584	131	2,469	0.00	22.49	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				1.56	972.16	27.00
28.00 Observation Bed Days		598	4,573			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	976	3,728			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2016 12:15 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,548	412	6,146	1.00
2.00 HMO and other (see instructions)			521	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,548	412	6,146	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	116	6	168	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/26/2016 12:15 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	61,061,077	0	61,061,077	2,022,088.00	30.20	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	151,040	151,040	3,245.00	46.55	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,840,418	23,112	2,863,530	96,148.00	29.78	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,555,713	0	1,555,713	26,184.00	59.41	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,228,491	0	1,228,491	7,105.00	172.91	13.00
14.00	Home office salaries & wage-related costs		12,591,749	0	12,591,749	299,499.00	42.04	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		17,055,643	0	17,055,643			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		852,476	0	852,476			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	788,665	0	788,665	26,615.00	29.63	26.00
27.00	Administrative & General	5.00	4,637,179	0	4,637,179	132,917.00	34.89	27.00
28.00	Administrative & General under contract (see inst.)		73,581	0	73,581	410.00	179.47	28.00
29.00	Maintenance & Repairs	6.00	957,292	0	957,292	34,010.00	28.15	29.00
30.00	Operation of Plant	7.00	1,135,234	-23,112	1,112,122	45,405.00	24.49	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,467,772	0	1,467,772	124,842.00	11.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,237,104	-797,763	439,341	27,968.00	15.71	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	797,763	797,763	50,785.00	15.71	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,461,388	0	1,461,388	34,848.00	41.94	38.00
39.00	Central Services and Supply	14.00	246,691	0	246,691	19,122.00	12.90	39.00
40.00	Pharmacy	15.00	1,922,339	0	1,922,339	53,230.00	36.11	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2016 12:15 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 504,551	0	504,551	16,211.00	31.12	41.00
42.00	Social Service	17.00 1,773,288	0	1,773,288	47,790.00	37.11	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2016 12:15 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	61,134,658	-151,040	60,983,618	2,019,253.00	30.20	1.00
2.00	Excluded area salaries (see instructions)	2,840,418	23,112	2,863,530	96,148.00	29.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,294,240	-174,152	58,120,088	1,923,105.00	30.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,375,953	0	15,375,953	332,788.00	46.20	4.00
5.00	Subtotal wage-related costs (see inst.)	17,055,643	0	17,055,643	0.00	29.35	5.00
6.00	Total (sum of lines 3 thru 5)	90,725,836	-174,152	90,551,684	2,255,893.00	40.14	6.00
7.00	Total overhead cost (see instructions)	16,205,084	-23,112	16,181,972	614,153.00	26.35	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2016 12:15 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			617,193 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			4,975,617 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			7,147,262 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			-4,749 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			13,549 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			375,787 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			590,985 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			4,109,072 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			31,077 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			52,326 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			17,908,119 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/26/2016 12:15 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/26/2016 12:15 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.293133		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,617,177		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		53,902,724		6.00
7.00	Medicaid cost (line 1 times line 6)		15,800,667		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		7,183,490		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,183,490		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,200,993	13,282,719	20,483,712	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,110,849	3,893,603	6,004,452	21.00
22.00	Partial payment by patients approved for charity care	197,700	1,010,900	1,208,600	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,913,149	2,882,703	4,795,852	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			13,425,770	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			462,901	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			12,962,869	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,799,845	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,595,697	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,779,187	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet A			
Date/Time Prepared: 5/26/2016 12:15 am									
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		15,825,320		15,825,320	-5,031,872	10,793,448	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		0	7,201,443	7,201,443	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	788,665	15,923,493	16,712,158		140,077	16,852,235	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,637,179	29,222,340	33,859,519		705,779	34,565,298	5.00
6.00	00600	MAINTENANCE & REPAIRS	957,292	1,169,769	2,127,061		0	2,127,061	6.00
7.00	00700	OPERATION OF PLANT	1,135,234	3,328,548	4,463,782		-23,627	4,440,155	7.00
7.01	00701	OPERATION OF PLANT - FP	0	623,034	623,034		0	623,034	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	485,569	485,569		0	485,569	8.00
9.00	00900	HOUSEKEEPING	1,349,227	317,171	1,666,398		0	1,666,398	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	118,545	24,884	143,429		0	143,429	9.01
10.00	01000	DIETARY	1,237,104	910,569	2,147,673		-1,384,956	762,717	10.00
11.00	01100	CAFETERIA	0	0	0		1,384,956	1,384,956	11.00
13.00	01300	NURSING ADMINISTRATION	1,461,388	474,831	1,936,219		-59	1,936,160	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	246,691	1,275,098	1,521,789		41,381	1,563,170	14.00
15.00	01500	PHARMACY	1,922,339	4,994,330	6,916,669		-4,008,727	2,907,942	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	504,551	1,890,218	2,394,769		0	2,394,769	16.00
17.00	01700	SOCIAL SERVICE	1,773,288	56,599	1,829,887		0	1,829,887	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		153,423	153,423	22.00
23.00	02300	PARAMEDIC SERVICES	137,521	112,193	249,714		-2,108	247,606	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	40,477	3,695	44,172		0	44,172	23.01
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	17,049,708	2,654,724	19,704,432		-1,383,653	18,320,779	30.00
31.00	03100	INTENSIVE CARE UNIT	2,422,253	844,333	3,266,586		-61,860	3,204,726	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,685,963	313,745	2,999,708		-37,510	2,962,198	35.00
41.00	04100	SUBPROVIDER - I RF	1,708,994	719,411	2,428,405		-4,509	2,423,896	41.00
43.00	04300	NURSERY	0	0	0		1,210,764	1,210,764	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,170,041	12,864,427	17,034,468		-9,826,959	7,207,509	50.00
51.00	05100	RECOVERY ROOM	1,273,769	126,408	1,400,177		-59,973	1,340,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	133,210	17,511	150,721		-36	150,685	52.00
53.00	05300	ANESTHESIOLOGY	0	1,296,657	1,296,657		-87,658	1,208,999	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,863,381	3,661,656	7,525,037		-159,743	7,365,294	54.00
54.01	05401	RADIOLOGY - I -65	368,577	321,072	689,649		-676	688,973	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	42,705	497	43,202		0	43,202	54.02
54.03	05403	LOWELL RADIOLOGY	48,222	12,415	60,637		0	60,637	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	778,604	3,360,362	4,138,966		-2,075,224	2,063,742	55.01
55.02	03140	CARDIOLOGY	326,054	44,287	370,341		-579	369,762	55.02
55.03	03450	NEURO-DIAGNOSTICS	195,539	238,586	434,125		-40	434,085	55.03
60.00	06000	LABORATORY	0	7,580,386	7,580,386		-13,385	7,567,001	60.00
60.01	06001	BLOOD LABORATORY	0	0	0		0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,020,372	224,323	1,244,695		-11,155	1,233,540	65.00
66.00	06600	PHYSICAL THERAPY	467,623	31,099	498,722		-27,798	470,924	66.00
66.01	06601	PHYSICAL THERAPY I -65	341,089	8,108	349,197		-2,879	346,318	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	64,005	1,322	65,327		-112	65,215	66.02
67.00	06700	OCCUPATIONAL THERAPY	165,076	1,036	166,112		-2,699	163,413	67.00
67.01	06701	OCCUPATIONAL THERAPY I -65	74,289	7,745	82,034		-776	81,258	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	40,742	2,936	43,678		-242	43,436	67.02
68.00	06800	SPEECH PATHOLOGY	119,150	823	119,973		-388	119,585	68.00
68.01	06801	SPEECH PATHOLOGY I -65	136,001	16,115	152,116		-733	151,383	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	26,258	821	27,079		0	27,079	68.02
69.00	06900	ELECTROCARDIOLOGY	374,299	19,287	393,586		-160	393,426	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		3,398,643	3,398,643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		9,451,951	9,451,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		3,965,472	3,965,472	73.00
74.00	07400	RENAL DIALYSIS	0	290,295	290,295		0	290,295	74.00
76.00	03020	RADIATION ONCOLOGY	436,505	479,477	915,982		-4,455	911,527	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	542,126	126,754	668,880		-2,942	665,938	90.00
90.01	09001	DIABETES CLINIC	70,199	2,678	72,877		0	72,877	90.01
90.02	09002	OUTPATIENT CLINICS	0	237,954	237,954		-133,700	104,254	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	412,177	232,823	645,000		-2,434	642,566	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0		0	0	90.04
91.00	09100	EMERGENCY	2,935,389	1,347,936	4,283,325		-128,726	4,154,599	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	1,028,911	93,020	1,121,931		0	1,121,931	91.01
91.02	09102	EXPRESS CARE	476,919	84,596	561,515		-25,235	536,280	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	0	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	9,408,145	9,408,145		-3,169,563	6,238,582	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,107,651	123,311,431	183,419,082		-23,262	183,395,820	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/26/2016 12:15 am		
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
NONREIMBURSABLE COST CENTERS							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	691,638	-2,524	689,114	23,262	712,376	192.00
194.00 07950	FHC	0	0	0	0	0	194.00
194.02 07952	OTHER NON REIMB - BUILDINGS	0	635,520	635,520	0	635,520	194.02
194.03 07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	251,147	-343,200	-92,053	0	-92,053	194.03
194.04 07954	CENTER OF HOPE	10,641	787	11,428	0	11,428	194.04
200.00	TOTAL (SUM OF LINES 118-199)	61,061,077	123,602,014	184,663,091	0	184,663,091	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,999,459	12,792,907	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,967	7,215,410	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	885,535	17,737,770	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,233,181	30,332,117	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,127,061	6.00
7.00	00700	OPERATION OF PLANT	-113,589	4,326,566	7.00
7.01	00701	OPERATION OF PLANT - FP	0	623,034	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	485,569	8.00
9.00	00900	HOUSEKEEPING	0	1,666,398	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	-18,164	125,265	9.01
10.00	01000	DIETARY	-128,118	634,599	10.00
11.00	01100	CAFETERIA	-772,224	612,732	11.00
13.00	01300	NURSING ADMINISTRATION	-29,828	1,906,332	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-203,671	1,359,499	14.00
15.00	01500	PHARMACY	-227,936	2,680,006	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-33,957	2,360,812	16.00
17.00	01700	SOCIAL SERVICE	0	1,829,887	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	153,423	22.00
23.00	02300	PARAMEDIC SERVICES	0	247,606	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	44,172	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,978,533	14,342,246	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,204,726	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-910,566	2,051,632	35.00
41.00	04100	SUBPROVIDER - I&R	0	2,423,896	41.00
43.00	04300	NURSERY	0	1,210,764	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,396,889	5,810,620	50.00
51.00	05100	RECOVERY ROOM	0	1,340,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-42	150,643	52.00
53.00	05300	ANESTHESIOLOGY	-1,003,950	205,049	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-61,767	7,303,527	54.00
54.01	05401	RADIOLOGY - I-65	0	688,973	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	-217	42,985	54.02
54.03	05403	LOWELL RADIOLOGY	-182	60,455	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	-1,566	2,062,176	55.01
55.02	03140	CARDIOLOGY	-6,551	363,211	55.02
55.03	03450	NEURO-DIAGNOSTICS	-3,606	430,479	55.03
60.00	06000	LABORATORY	-33,363	7,533,638	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-5,642	1,227,898	65.00
66.00	06600	PHYSICAL THERAPY	-35	470,889	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	346,318	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	65,215	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	163,413	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	81,258	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	43,436	67.02
68.00	06800	SPEECH PATHOLOGY	0	119,585	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	151,383	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	27,079	68.02
69.00	06900	ELECTROCARDIOLOGY	-3,798	389,628	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,398,643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,451,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,965,472	73.00
74.00	07400	RENAL DIALYSIS	0	290,295	74.00
76.00	03020	RADIATION ONCOLOGY	0	911,527	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-23,024	642,914	90.00
90.01	09001	DIABETES CLINIC	0	72,877	90.01
90.02	09002	OUTPATIENT CLINICS	0	104,254	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	-222,093	420,473	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	90.04
91.00	09100	EMERGENCY	-460,471	3,694,128	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	-983,099	138,832	91.01
91.02	09102	EXPRESS CARE	0	536,280	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-6,238,582	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,195,683	165,200,137	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	712,376	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/26/2016 12:15 am
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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.00	07950	FHC	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	635,520	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	-92,053	194.03
194.04	07954	CENTER OF HOPE	0	11,428	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-18,195,683	166,467,408	200.00

RECLASSIFICATIONS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA						
1.00	CAFETERIA	11.00	797,763	587,193	1.00	
	O		797,763	587,193		
B - MEDICAL EDUCATION						
1.00	I & R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,383	1.00	
	O		0	2,383		
C - SECURITY						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	23,112	515	1.00	
	O		23,112	515		
D - CAPITAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,105,425	1.00	
	O		0	7,105,425		
E - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	632	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	81	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	59	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	43,228	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,108	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	172,889	7.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	58,143	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	37,510	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,509	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,092,598	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	59,973	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	36	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	87,658	14.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	123,619	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	676	16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	500,587	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	579	18.00	
19.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	40	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,385	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,155	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27,798	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,879	23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	112	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,699	25.00	
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	776	26.00	
27.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	242	27.00	
28.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	388	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	733	29.00	
30.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	160	30.00	
31.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,630	31.00	

RECLASSIFICATIONS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
32.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,942	32.00	
33.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33,260	33.00	
34.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,434	34.00	
35.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	128,726	35.00	
36.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	25,235	36.00	
37.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	365	37.00	
	O		0	3,441,871		
F - PROPERTY INSURANCE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	96,018	1.00	
	O		0	96,018		
G - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	151,040	1.00	
	O		0	151,040		
H - INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	140,709	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	856,489	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	2,794	3.00	
	O		0	999,992		
I - NURSERY						
1.00	NURSERY	43.00	1,054,798	155,966	1.00	
	O		1,054,798	155,966		
J - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,008,700	1.00	
	O		0	4,008,700		
K - IMPLANT RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,847	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,717	2.00	
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,734,361	3.00	
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	36,124	4.00	
5.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,574,637	5.00	
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	825	6.00	
7.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	100,440	7.00	
	O		0	9,451,951		
L - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,547,501	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	622,062	2.00	
	O		0	3,169,563		
500.00	Grand Total: Increases		1,875,673	29,170,617	500.00	

RECLASSIFICATIONS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	797,763	587,193	0		1.00
	O		797,763	587,193			
B - MEDICAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,383	0		1.00
	O		0	2,383			
C - SECURITY							
1.00	OPERATION OF PLANT	7.00	23,112	515	0		1.00
	O		23,112	515			
D - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,105,425	9		1.00
	O		0	7,105,425			
E - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	632	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	81	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	59	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	43,228	0		4.00
5.00	PHARMACY	15.00	0	27	0		5.00
6.00	PARAMEDIC SERVICES	23.00	0	2,108	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	172,889	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	58,143	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	37,510	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	4,509	0		10.00
11.00	OPERATING ROOM	50.00	0	2,092,598	0		11.00
12.00	RECOVERY ROOM	51.00	0	59,973	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	87,658	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	123,619	0		15.00
16.00	RADIOLOGY - I-65	54.01	0	676	0		16.00
17.00	CARDIAC CATHETERIZATION LAB	55.01	0	500,587	0		17.00
18.00	CARDIOLOGY	55.02	0	579	0		18.00
19.00	NEURO-DIAGNOSTICS	55.03	0	40	0		19.00
20.00	LABORATORY	60.00	0	13,385	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	11,155	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	27,798	0		22.00
23.00	PHYSICAL THERAPY I-65	66.01	0	2,879	0		23.00
24.00	PHYSICAL THERAPY ST JOHN	66.02	0	112	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	2,699	0		25.00
26.00	OCCUPATION THERAPY I-65	67.01	0	776	0		26.00
27.00	OCCUPATIONAL THERAPY ST. JOHN	67.02	0	242	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	388	0		28.00
29.00	SPEECH PATHOLOGY I-65	68.01	0	733	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	160	0		30.00
31.00	RADIATION ONCOLOGY	76.00	0	3,630	0		31.00
32.00	CLINIC	90.00	0	2,942	0		32.00
33.00	OUTPATIENT CLINICS	90.02	0	33,260	0		33.00
34.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	2,434	0		34.00
35.00	EMERGENCY	91.00	0	128,726	0		35.00
36.00	EXPRESS CARE	91.02	0	25,235	0		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	365	0		37.00
	O		0	3,441,871			
F - PROPERTY INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	96,018	11		1.00
	O		0	96,018			
G - INTERNS AND RESIDENTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	151,040	0		1.00
	O		0	151,040			
H - INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	140,709	14		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	856,489	14		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,794	14		3.00
	O		0	999,992			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,054,798	155,966	0		1.00
	O		1,054,798	155,966			
J - PHARMACY							
1.00	PHARMACY	15.00	0	4,008,700	0		1.00
	O		0	4,008,700			
K - IMPLANT RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,847	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	3,717	0		2.00
3.00	OPERATING ROOM	50.00	0	7,734,361	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	36,124	0		4.00

RECLASSIFICATIONS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	CARDIAC CATHETERIZATION LAB	55.01	0	1,574,637	0		5.00
6.00	RADIATION ONCOLOGY	76.00	0	825	0		6.00
7.00	OUTPATIENT CLINICS	90.02	0	100,440	0		7.00
			0	9,451,951			
L - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	2,547,501	11		1.00
2.00	INTEREST EXPENSE	113.00	0	622,062	11		2.00
			0	3,169,563			
500.00	Grand Total: Decreases		1,875,673	29,170,617			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,496,378	0	0	0	1.00
2.00	Land Improvements	13,493,439	556,961	0	556,961	2.00
3.00	Buildings and Fixtures	153,897,071	0	0	0	3.00
4.00	Building Improvements	7,325,011	0	0	0	4.00
5.00	Fixed Equipment	126,791,506	11,643,123	0	11,643,123	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	314,003,405	12,200,084	0	12,200,084	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	314,003,405	12,200,084	0	12,200,084	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,496,378	0			1.00
2.00	Land Improvements	14,050,400	4,317,724			2.00
3.00	Buildings and Fixtures	153,897,071	3,247,160			3.00
4.00	Building Improvements	6,266,560	0			4.00
5.00	Fixed Equipment	138,434,629	34,249,985			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)	325,145,038	41,814,869			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	325,145,038	41,814,869			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	14,579,586	0	0	1,245,734	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)	14,579,586	0	0	1,245,734	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	15,825,320				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	15,825,320				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,474,161	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,105,425	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,579,586	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,024,721	1,245,734	0	1,048,291	12,792,907	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	96,018	0	0	13,967	7,215,410	2.00
3.00	Total (sum of lines 1-2)	3,120,739	1,245,734	0	1,062,258	20,008,317	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8

Date/Time Prepared:
5/26/2016 12:15 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-6,316	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00	Investment income - other (chapter 2)		0			0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00		0 7.00
8.00	Television and radio service (chapter 21)		0			0.00		0 8.00
9.00	Parking lot (chapter 21)		0			0.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-8,623,387					0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-871	RADIOLOGY-DIAGNOSTIC		54.00		0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,250,131					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-772,224	CAFETERIA		11.00		0 14.00
15.00	Rental of quarters to employee and others		0			0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		0 16.00
17.00	Sale of drugs to other than patients		0			0.00		0 17.00
18.00	Sale of medical records and abstracts		0			0.00		0 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00		0 19.00
20.00	Vending machines		0			0.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00
33.00	PENSION EXPENSE	A	887,000	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 33.00
33.01	ADVERTISING	A	-822,964	ADMINISTRATIVE & GENERAL		5.00		0 33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8

Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
33.02	NON ALLOWABLE INTEREST EXP	A	-3,418,645	INTEREST EXPENSE	113.00	0	33.02
33.03	UNCLAI MED PROPERTY RECEIPTS	B	-1,271	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	MISCELLANEOUS - OTHER OPERATING	B	-23,775	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	CAPITAL CARRY-FORWARD -- OLD	A	-567	CAP REL COSTS-MVBLE EQUIP	2.00	14	33.05
33.06	CAPITAL CARRY-FORWARD -- NEW	A	14,534	CAP REL COSTS-MVBLE EQUIP	2.00	14	33.06
33.07	LOBBYING DUES	A	-2,117	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	PATIENT/PHYSICIAN TELEPHONE	A	-101,119	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	PATIENT ACCOUNTING MISC. REV	B	-7,596	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	HEALTH PROMOTION/WELLNES REVENUE	B	-1,440	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	EDUCATION MISC REV	B	-790	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	HUMAN RESOURCES MISC REV	B	-15	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	OTHER OPERATING REV - PHYSICIAN	B	-1,550	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	REST HOME -- UTILITIES	B	-108,060	OPERATION OF PLANT	7.00	0	33.14
33.15	MESSAGE THERAPY REV	B	-5,928	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	MISC INCOME	B	-130,150	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	SPRITUAL CARE - MISC REV	B	-11,575	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	SOCIAL ACCOUNTABILITY (DEPT. 9910)	A	-30,414	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	CHILD BIRTH CLASS REVENUE	B	-9,621	ADULTS & PEDIATRICS	30.00	0	33.19
33.20	SAFETY PROGRAM REVENUE	B	-1,620	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	MISCELLANEOUS - OTHER OPERATING	B	-20	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	MAIL ROOM	B	-12,356	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	CLINIC MISC REV	B	-17,761	CLINIC	90.00	0	33.23
33.24	OTHER NURSING REV	B	-1,686	NURSING ADMINISTRATION	13.00	0	33.24
33.25	OTHER REVENUE -- RADIOLOGY	B	-5,750	RADIOLOGY-DIAGNOSTIC	54.00	0	33.25
33.26	ADMIN PROPERTY TAXES	A	3,270,863	ADMINISTRATIVE & GENERAL	5.00	0	33.26
33.27	RADIOLOGY DIAGNOSTICS PROPERTY TAXE	A	1,791	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28	ADJUST TO MEDICARE DEP	A	-42,508	CAP REL COSTS-BLDG & FIXT	1.00	11	33.28
33.29	DONATIONS EXPENSE (SUB 714350)	A	-14,585	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30	ST. JOHN DIAGNOSTIC PROPERTY TAX	A	-217	RADIOLOGY DIAGNOSTIC - SJ	54.02	0	33.30
33.31	CHERRY CREEK PHYSICAL THERAPY PROPE	A	-35	PHYSICAL THERAPY	66.00	0	33.31
33.32	ST. CLARE CLINIC PROPERTY TAXES	A	-138	CLINIC	90.00	0	33.32
33.33	ENVIRONMENTAL SVCS - FP	B	-18,164	ENVIRONMENTAL SERVICES - FP	9.01	0	33.33
33.34	MISCELLANEOUS - OTHER OPERATING	B	-155	ADMINISTRATIVE & GENERAL	5.00	0	33.34
33.35	MISCELLANEOUS - OTHER OPERATING	B	-22	ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36	MISCELLANEOUS - OTHER OPERATING	B	-10	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.36
33.37	DISCOUNTS EARNED/REBATES	B	-5,529	OPERATION OF PLANT	7.00	0	33.37
33.38	DISCOUNTS EARNED/REBATES	B	-87,938	DIETARY	10.00	0	33.38
33.39	DISCOUNTS EARNED/REBATES	B	-82,446	CENTRAL SERVICES & SUPPLY	14.00	0	33.39
33.40	DISCOUNTS EARNED/REBATES	B	-75,024	CENTRAL SERVICES & SUPPLY	14.00	0	33.40
33.41	DISCOUNTS EARNED/REBATES	B	-193,420	PHARMACY	15.00	0	33.41
33.42	DISCOUNTS EARNED/REBATES	B	-71,783	ADULTS & PEDIATRICS	30.00	0	33.42
33.43	DISCOUNTS EARNED/REBATES	B	-127,285	OPERATING ROOM	50.00	0	33.43
33.44	DISCOUNTS EARNED/REBATES	B	-3,311	RESPIRATORY THERAPY	65.00	0	33.44
33.45	MISCELLANEOUS - OTHER OPERATING	B	-450	RADIOLOGY-DIAGNOSTIC	54.00	0	33.45
33.46	MISCELLANEOUS - OTHER OPERATING	B	-40,180	DIETARY	10.00	0	33.46
33.47	MISCELLANEOUS - OTHER OPERATING	B	-500	EMERGENCY	91.00	0	33.47
33.48	MISCELLANEOUS - OTHER OPERATING	B	-6,321	ADMINISTRATIVE & GENERAL	5.00	0	33.48
33.49	MISCELLANEOUS - OTHER OPERATING	B	-10,400	ADULTS & PEDIATRICS	30.00	0	33.49
33.50	MISCELLANEOUS - OTHER OPERATING	B	-1,477	OPERATING ROOM	50.00	0	33.50
33.51	APPLICATION PROCESSING FEES	B	-11,050	ADMINISTRATIVE & GENERAL	5.00	0	33.51
33.52	DISCOUNTS EARNED/REBATES	B	-15,668	LABORATORY	60.00	0	33.52
33.53	DISCOUNTS EARNED/REBATES	B	-50,559	RADIOLOGY-DIAGNOSTIC	54.00	0	33.53

ADJUSTMENTS TO EXPENSES

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8

Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.54 HAF FEES	A	-4,972,001	ADMINISTRATIVE & GENERAL	5.00	0	33.54
33.55 WORKSHOP/SPEAKER INCOME	B	-500	ADMINISTRATIVE & GENERAL	5.00	0	33.55
33.56 GOODWILL	A	-7,041	INTEREST EXPENSE	113.00	0	33.56
33.57 FP SURGERY CENTER PROPERTY TAX	A	-161,211	OPERATING ROOM	50.00	0	33.57
34.00 PRENATAL ASSISTANCE PROPERTY TAX	A	-42	DELIVERY ROOM & LABOR ROOM	52.00	0	34.00
34.01 LOWELL RADIOLOGY PROPERTY TAX	A	-182	LOWELL RADIOLOGY	54.03	0	34.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,195,683				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:
5/26/2016 12:15 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,048,283	0
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	15,467,749	16,819,842
3.00	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	528,537	574,738
4.00	15.00	PHARMACY	COEP/PHARMACY	343,293	377,809
4.01	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,661,556	1,695,513
4.02	113.00	INTEREST EXPENSE	INTEREST	5,966,146	8,779,042
4.03	13.00	NURSING ADMINISTRATION	CDI	214,514	233,265
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			26,230,078	28,480,209

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

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

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

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

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

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

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

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

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:
5/26/2016 12:15 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,048,283	14		1.00
2.00	-1,352,093	0		2.00
3.00	-46,201	0		3.00
4.00	-34,516	0		4.00
4.01	-33,957	0		4.01
4.02	-2,812,896	0		4.02
4.03	-18,751	0		4.03
5.00	-2,250,131			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
5/26/2016 12:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	NURSING ADMINISTRATION	39,206	0	39,206	197,500	314	1.00
2.00	30.00	ADULTS & PEDIATRICS	684,098	0	684,098	197,500	3,887	2.00
3.00	30.00	ADULTS & PEDIATRICS	947,775	947,775	0	197,500	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	32,499	0	32,499	197,500	157	4.00
5.00	30.00	ADULTS & PEDIATRICS	2,604,539	2,604,539	0	197,500	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	7,500	0	7,500	197,500	60	6.00
7.00	35.00	NEONATAL INTENSIVE CARE UNIT	903,445	903,445	0	197,500	0	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	16,375	0	16,375	197,500	131	8.00
9.00	35.00	NEONATAL INTENSIVE CARE UNIT	13,250	0	13,250	197,500	106	9.00
10.00	50.00	OPERATING ROOM	17,330	17,330	0	246,400	0	10.00
11.00	50.00	OPERATING ROOM	1,177,011	955,611	221,400	246,400	738	11.00
12.00	53.00	ANESTHESIOLOGY	1,003,950	1,003,950	0	239,400	0	12.00
13.00	55.01	CARDIAC CATHETERIZATION LAB	32,425	0	32,425	197,500	325	13.00
14.00	55.02	CARDIOLOGY	17,850	0	17,850	197,500	119	14.00
15.00	55.03	NEURO-DIAGNOSTICS	15,000	0	15,000	197,500	120	15.00
16.00	60.00	LABORATORY	59,569	0	59,569	197,500	441	16.00
17.00	65.00	RESPIRATORY THERAPY	24,360	0	24,360	197,500	232	17.00
18.00	69.00	ELECTROCARDIOLOGY	10,350	0	10,350	197,500	69	18.00
19.00	90.00	CLINIC	10,000	0	10,000	197,500	64	19.00
20.00	90.00	CLINIC	5,000	0	5,000	197,500	40	20.00
21.00	90.03	OCCUPATIONAL MEDICINE CLINIC	221,756	221,756	0	197,500	0	21.00
22.00	90.03	OCCUPATIONAL MEDICINE CLINIC	5,844	0	5,844	197,500	58	22.00
23.00	91.00	EMERGENCY	313	0	313	197,500	3	23.00
24.00	91.00	EMERGENCY	463,646	458,833	4,813	197,500	39	24.00
25.00	91.01	EMERGENCY ROOM PHYSICIANS	295,437	295,437	0	197,500	0	25.00
26.00	91.01	EMERGENCY ROOM PHYSICIANS	687,662	687,662	0	197,500	0	26.00
200.00			9,296,190	8,096,338	1,199,852		6,903	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	13.00	NURSING ADMINISTRATION	29,815	1,491	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	369,078	18,454	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	14,907	745	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	5,697	285	0	0	0	6.00
7.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	12,439	622	0	0	0	8.00
9.00	35.00	NEONATAL INTENSIVE CARE UNIT	10,065	503	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	50.00	OPERATING ROOM	87,425	4,371	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	55.01	CARDIAC CATHETERIZATION LAB	30,859	1,543	0	0	0	13.00
14.00	55.02	CARDIOLOGY	11,299	565	0	0	0	14.00
15.00	55.03	NEURO-DIAGNOSTICS	11,394	570	0	0	0	15.00
16.00	60.00	LABORATORY	41,874	2,094	0	0	0	16.00
17.00	65.00	RESPIRATORY THERAPY	22,029	1,101	0	0	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	6,552	328	0	0	0	18.00
19.00	90.00	CLINIC	6,077	304	0	0	0	19.00
20.00	90.00	CLINIC	3,798	190	0	0	0	20.00
21.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	21.00
22.00	90.03	OCCUPATIONAL MEDICINE CLINIC	5,507	275	0	0	0	22.00
23.00	91.00	EMERGENCY	285	14	0	0	0	23.00
24.00	91.00	EMERGENCY	3,703	185	0	0	0	24.00
25.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	25.00
26.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	26.00
200.00			672,803	33,640	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	13.00	NURSING ADMINISTRATION	0	29,815	9,391	9,391	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	369,078	315,020	315,020	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	947,775	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	14,907	17,592	17,592	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,604,539	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	5,697	1,803	1,803	6.00
7.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	903,445	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	12,439	3,936	3,936	8.00
9.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	10,065	3,185	3,185	9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
10.00	50.00	OPERATING ROOM	0	0	0	17,330		10.00
11.00	50.00	OPERATING ROOM	0	87,425	133,975	1,089,586		11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	1,003,950		12.00
13.00	55.01	CARDIAC CATHETERIZATION LAB	0	30,859	1,566	1,566		13.00
14.00	55.02	CARDIOLOGY	0	11,299	6,551	6,551		14.00
15.00	55.03	NEURO-DIAGNOSTICS	0	11,394	3,606	3,606		15.00
16.00	60.00	LABORATORY	0	41,874	17,695	17,695		16.00
17.00	65.00	RESPIRATORY THERAPY	0	22,029	2,331	2,331		17.00
18.00	69.00	ELECTROCARDIOLOGY	0	6,552	3,798	3,798		18.00
19.00	90.00	CLINIC	0	6,077	3,923	3,923		19.00
20.00	90.00	CLINIC	0	3,798	1,202	1,202		20.00
21.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	221,756		21.00
22.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	5,507	337	337		22.00
23.00	91.00	EMERGENCY	0	285	28	28		23.00
24.00	91.00	EMERGENCY	0	3,703	1,110	459,943		24.00
25.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	295,437		25.00
26.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	687,662		26.00
200.00			0	672,803	527,049	8,623,387		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,792,907	12,792,907			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,215,410		7,215,410		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,737,770	171,664	5,387	17,914,821	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	30,332,117	3,406,307	690,761	1,378,313	35,807,498
6.00 00600	MAINTENANCE & REPAIRS	2,127,061	36,238	35,631	284,537	2,483,467
7.00 00700	OPERATION OF PLANT	4,326,566	1,222,760	63,661	330,557	5,943,544
7.01 00701	OPERATION OF PLANT - FP	623,034	0	0	0	623,034
8.00 00800	LAUNDRY & LINEN SERVICE	485,569	199,475	6,087	0	691,131
9.00 00900	HOUSEKEEPING	1,666,398	94,233	7,356	401,032	2,169,019
9.01 01851	ENVIRONMENTAL SERVICES - FP	125,265	0	0	35,235	160,500
10.00 01000	DIETARY	634,599	578,971	29,380	130,586	1,373,536
11.00 01100	CAFETERIA	612,732	0	0	237,120	849,852
13.00 01300	NURSING ADMINISTRATION	1,906,332	71,080	470,166	434,370	2,881,948
14.00 01400	CENTRAL SERVICES & SUPPLY	1,359,499	530,049	227,247	73,324	2,190,119
15.00 01500	PHARMACY	2,680,006	133,315	1,766	571,379	3,386,466
16.00 01600	MEDICAL RECORDS & LIBRARY	2,360,812	183,232	1,104	149,968	2,695,116
17.00 01700	SOCIAL SERVICE	1,829,887	486,762	237	527,076	2,843,962
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	153,423	0	0	0	153,423
23.00 02300	PARAMEDIC SERVICES	247,606	0	15,936	40,876	304,418
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	44,172	0	0	12,031	56,203
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,342,246	1,293,927	168,127	4,754,174	20,558,474
31.00 03100	INTENSIVE CARE UNIT	3,204,726	177,631	17,811	719,969	4,120,137
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,051,632	0	160,778	798,351	3,010,761
41.00 04100	SUBPROVIDER - IRF	2,423,896	205,529	2,535	507,966	3,139,926
43.00 04300	NURSERY	1,210,764	0	0	313,519	1,524,283
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,810,620	715,462	3,068,326	1,239,465	10,833,873
51.00 05100	RECOVERY ROOM	1,340,204	314,418	36,290	378,604	2,069,516
52.00 05200	DELIVERY ROOM & LABOR ROOM	150,643	106,638	62	39,594	296,937
53.00 05300	ANESTHESIOLOGY	205,049	44,351	11,490	0	260,890
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,303,527	742,243	867,388	1,148,317	10,061,475
54.01 05401	RADIOLOGY - I-65	688,973	0	319,606	109,553	1,118,132
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	42,985	0	7,092	12,693	62,770
54.03 05403	LOWELL RADIOLOGY	60,455	0	7,063	14,333	81,851
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	2,062,176	199,964	326,355	231,425	2,819,920
55.02 03140	CARDIOLOGY	363,211	48,905	21,323	96,913	530,352
55.03 03450	NEURO-DIAGNOSTICS	430,479	58,466	24,442	58,120	571,507
60.00 06000	LABORATORY	7,533,638	294,336	734	0	7,828,708
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,227,898	20,204	49,562	303,286	1,600,950
66.00 06600	PHYSICAL THERAPY	470,889	113,041	2,606	138,992	725,528
66.01 06601	PHYSICAL THERAPY I-65	346,318	0	1,139	101,382	448,839
66.02 06602	PHYSICAL THERAPY ST JOHN	65,215	0	0	19,024	84,239
67.00 06700	OCCUPATIONAL THERAPY	163,413	1,780	0	49,066	214,259
67.01 06701	OCCUPATION THERAPY I-65	81,258	0	0	22,081	103,339
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	43,436	0	1,116	12,110	56,662
68.00 06800	SPEECH PATHOLOGY	119,585	0	0	35,415	155,000
68.01 06801	SPEECH PATHOLOGY I-65	151,383	0	0	40,424	191,807
68.02 06802	SPEECH THERAPY ST. JOHN	27,079	0	0	7,805	34,884
69.00 06900	ELECTROCARDIOLOGY	389,628	65,096	6,519	111,253	572,496
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,398,643	0	0	0	3,398,643
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,451,951	0	0	0	9,451,951
73.00 07300	DRUGS CHARGED TO PATIENTS	3,965,472	0	0	0	3,965,472
74.00 07400	RENAL DIALYSIS	290,295	9,003	0	0	299,298
76.00 03020	RADIATION ONCOLOGY	911,527	278,110	468,814	129,743	1,788,194
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	642,914	0	10,785	161,137	814,836
90.01 09001	DIABETES CLINIC	72,877	2,094	0	20,865	95,836
90.02 09002	OUTPATIENT CLINICS	104,254	162,836	4,351	0	271,441
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	420,473	28,910	4,877	122,512	576,772
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0
91.00 09100	EMERGENCY	3,694,128	613,360	68,988	872,489	5,248,965
91.01 09101	EMERGENCY ROOM PHYSICANS	138,832	0	0	305,824	444,656
91.02 09102	EXPRESS CARE	536,280	0	1,622	141,755	679,657
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	4.00	4A			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	165,200,137	12,610,390	7,214,520	17,624,563	164,726,472	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	712,376	120,003	890	212,446	1,045,715	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	635,520	0	0	0	635,520	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	-92,053	33,743	0	74,649	16,339	194.03
194.04	07954	CENTER OF HOPE	11,428	28,771	0	3,163	43,362	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	166,467,408	12,792,907	7,215,410	17,914,821	166,467,408	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/26/2016 12:15 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE
			5.00	6.00	7.00	7.01	8.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,807,498				5.00
6.00	00600	MAINTENANCE & REPAIRS	680,597	3,164,064			6.00
7.00	00700	OPERATION OF PLANT	1,628,834	421,508	7,993,886		7.00
7.01	00701	OPERATION OF PLANT - FP	170,743	0	0	793,777	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	189,405	68,763	200,427	267,704	1,417,430
9.00	00900	HOUSEKEEPING	594,422	32,484	94,682	55,349	125,823
9.01	01851	ENVIRONMENTAL SERVICES - FP	43,985	0	0	0	0
10.00	01000	DIETARY	376,419	199,582	581,733	0	17,059
11.00	01100	CAFETERIA	232,903	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	789,801	24,503	71,419	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	600,204	182,718	532,577	0	4,116
15.00	01500	PHARMACY	928,064	45,956	133,951	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	738,599	63,163	184,106	0	0
17.00	01700	SOCIAL SERVICE	779,391	167,796	489,084	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,046	0	0	0	0
23.00	02300	PARAMEDIC SERVICES	83,426	0	0	0	0
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	15,402	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,634,089	446,038	1,300,099	0	715,845
31.00	03100	INTENSIVE CARE UNIT	1,129,128	61,233	178,478	0	48,726
35.00	02060	NEONATAL INTENSIVE CARE UNIT	825,102	0	0	0	33,637
41.00	04100	SUBPROVIDER - I&R	860,500	70,850	206,510	0	35,223
43.00	04300	NURSERY	417,731	0	0	0	14,745
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,969,034	246,633	718,874	0	154,955
51.00	05100	RECOVERY ROOM	567,153	108,386	315,918	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,376	36,760	107,147	0	0
53.00	05300	ANESTHESIOLOGY	71,497	15,289	44,563	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,757,357	255,865	745,784	0	35,593
54.01	05401	RADIOLOGY - I-65	306,425	0	0	190,903	34,993
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	17,202	0	0	0	250
54.03	05403	LOWELL RADIOLOGY	22,431	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	CARDIAC CATHETERIZATION LAB	772,802	68,931	200,917	0	12,412
55.02	03140	CARDIOLOGY	145,343	16,858	49,138	0	0
55.03	03450	NEURO-DIAGNOSTICS	156,622	20,154	58,745	0	11,353
60.00	06000	LABORATORY	2,145,465	101,463	295,740	0	1,634
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	438,742	6,965	20,300	0	0
66.00	06600	PHYSICAL THERAPY	198,832	38,967	113,580	0	6,148
66.01	06601	PHYSICAL THERAPY I-65	123,005	0	0	208,644	0
66.02	06602	PHYSICAL THERAPY ST JOHN	23,086	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	58,718	613	1,788	0	0
67.01	06701	OCCUPATIONAL THERAPY I-65	28,320	0	0	25,660	0
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	15,528	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	42,478	0	0	0	0
68.01	06801	SPEECH PATHOLOGY I-65	52,565	0	0	45,517	0
68.02	06802	SPEECH THERAPY ST. JOHN	9,560	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	156,893	22,440	65,406	0	8,428
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	931,402	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,590,317	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,086,742	0	0	0	0
74.00	07400	RENAL DIALYSIS	82,023	3,103	9,046	0	0
76.00	03020	RADIATION ONCOLOGY	490,056	95,870	279,437	0	7,139
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	223,307	0	0	0	855
90.01	09001	DIABETES CLINIC	26,264	722	2,104	0	7,579
90.02	09002	OUTPATIENT CLINICS	74,389	56,132	163,612	0	39,851
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	158,065	9,966	29,048	0	0
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0
91.00	09100	EMERGENCY	1,438,484	211,436	616,286	0	101,066
91.01	09101	EMERGENCY ROOM PHYSICANS	121,858	0	0	0	0
91.02	09102	EXPRESS CARE	186,261	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,330,393	3,101,147	7,810,499	793,777	1,417,430
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	286,579	41,367	120,575	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	174,165	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	4,478	11,632	33,904	0	0	194.03
194.04	07954	CENTER OF HOPE	11,883	9,918	28,908	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	35,807,498	3,164,064	7,993,886	793,777	1,417,430	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/26/2016 12:15 am		
Cost Center Description				HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION
				9.00	9.01	10.00	11.00	13.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,071,779					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	204,485				9.01
10.00	01000	DIETARY	232,109	0	2,780,438			10.00
11.00	01100	CAFETERIA	0	0	0	1,082,755		11.00
13.00	01300	NURSING ADMINISTRATION	28,496	0	0	29,101	3,825,268	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	212,496	0	0	13,461	0	14.00
15.00	01500	PHARMACY	53,446	0	0	37,471	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	73,457	0	0	11,412	21,613	16.00
17.00	01700	SOCIAL SERVICE	195,143	0	0	33,641	75,691	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDIC SERVICES	0	0	0	3,122	113	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	767	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	518,734	0	2,321,348	353,479	1,941,412	30.00
31.00	03100	INTENSIVE CARE UNIT	71,212	0	280,395	58,063	221,579	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	38,257	278,421	35.00
41.00	04100	SUBPROVIDER - IRF	82,396	0	178,695	41,586	145,605	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	286,828	0	0	95,942	459,617	50.00
51.00	05100	RECOVERY ROOM	126,050	0	0	27,058	112,528	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,751	0	0	4,280	37,426	52.00
53.00	05300	ANESTHESIOLOGY	17,780	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	297,565	0	0	98,177	26,733	54.00
54.01	05401	RADIOLOGY - I-65	0	82,929	0	8,896	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	1,214	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	1,354	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	80,165	0	0	14,142	56,196	55.01
55.02	03140	CARDIOLOGY	19,606	0	0	7,890	1,914	55.02
55.03	03450	NEURO-DIAGNOSTICS	23,439	0	0	5,439	0	55.03
60.00	06000	LABORATORY	117,999	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	8,100	0	0	24,647	0	65.00
66.00	06600	PHYSICAL THERAPY	45,318	0	0	8,759	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	90,636	0	5,978	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	1,039	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	713	0	0	3,023	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0	11,147	0	1,340	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	745	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,146	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	19,773	0	2,294	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	451	0	68.02
69.00	06900	ELECTROCARDIOLOGY	26,097	0	0	7,866	40,224	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,609	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	111,494	0	0	10,298	17,614	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	12,636	14,613	90.00
90.01	09001	DIABETES CLINIC	839	0	0	1,204	0	90.01
90.02	09002	OUTPATIENT CLINICS	65,281	0	0	0	34	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	11,590	0	0	8,142	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	245,895	0	0	67,664	288,004	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	2,926	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	14,353	73,856	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,998,608	204,485	2,780,438	1,060,263	3,813,193	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	48,109	0	0	14,093	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

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Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	13,528	0	0	8,115	12,075	194.03
194.04	07954	CENTER OF HOPE	11,534	0	0	284	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,071,779	204,485	2,780,438	1,082,755	3,825,268	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,735,691					14.00
15.00 01500 PHARMACY	4,801	4,590,155				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	3,787,466			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	4,584,708		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMEDIC SERVICES	917	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	117,029	0	234,352	283,715	0	30.00
31.00 03100 INTENSIVE CARE UNIT	30,799	0	50,698	61,377	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	14,823	141	75,040	90,846	0	35.00
41.00 04100 SUBPROVIDER - I&R	4,253	0	40,692	49,263	0	41.00
43.00 04300 NURSERY	0	0	23,284	28,188	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	751,716	4,093	383,610	464,412	0	50.00
51.00 05100 RECOVERY ROOM	5,217	0	43,186	52,283	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	39,168	47,418	0	52.00
53.00 05300 ANESTHESIOLOGY	11,253	136,195	95,548	115,674	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,163	0	711,173	860,441	0	54.00
54.01 05401 RADIOLOGY - I-65	1,263	0	110,990	134,368	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	38	0	1,138	1,378	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	2,418	2,927	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	178,789	216,448	0	55.01
55.02 03140 RADIOLOGY	1,194	0	54,960	66,537	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	2,632	0	33,234	40,234	0	55.03
60.00 06000 LABORATORY	2,276	0	461,963	559,269	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	32,112	509	90,454	109,506	0	65.00
66.00 06600 PHYSICAL THERAPY	396	0	19,210	23,256	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	606	0	19,793	23,962	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	109	0	4,082	4,941	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	6,532	7,907	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	76	0	3,215	3,893	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	33	0	2,002	2,424	0	67.02
68.00 06800 SPEECH PATHOLOGY	15	0	3,748	4,538	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	485	0	5,839	7,069	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	133	0	1,196	1,448	0	68.02
69.00 06900 ELECTROCARDIOLOGY	900	0	38,518	46,631	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	716,764	0	138,428	167,585	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,928,863	0	98,230	118,920	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,384,040	410,024	496,389	0	73.00
74.00 07400 RENAL DIALYSIS	242	0	5,616	6,799	0	74.00
76.00 03020 RADIATION ONCOLOGY	2,051	0	85,103	103,029	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	6,542	18,646	7,595	9,195	0	90.00
90.01 09001 DIABETES CLINIC	36	0	394	477	0	90.01
90.02 09002 OUTPATIENT CLINICS	207	0	22	27	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	2,221	31,665	7,414	8,976	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCIS CAN POINT	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	73,599	0	299,808	362,958	0	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	248	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	6,679	14,866	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
		14.00	15.00	16.00	17.00	21.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,735,691	4,590,155	3,787,466	4,584,708	0	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,735,691	4,590,155	3,787,466	4,584,708	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

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Cost Center Description	INTERNS & RESIDENTS	PARAMEDIC SERVICES	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	195,469					22.00
23.00 02300 PARAMEDIC SERVICES		391,996				23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM			72,372			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	195	0	0	34,424,809	-195	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	6,311,825	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	4,367,028	0	35.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	4,855,499	0	41.00
43.00 04300 NURSERY	0	0	0	2,008,231	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	17,369,587	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	3,427,295	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	693,263	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	768,689	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	15,865,326	0	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	1,988,899	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	83,990	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	110,981	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	4,420,722	0	55.01
55.02 03140 RADIOLOGY	0	0	0	893,792	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	923,359	0	55.03
60.00 06000 LABORATORY	0	0	0	11,514,517	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,332,285	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,179,994	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	921,463	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	117,496	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	293,553	0	67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	0	0	0	176,990	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	77,394	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	207,925	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	325,349	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	47,672	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	72,372	1,058,271	-44,172	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,352,822	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,188,281	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	10,342,667	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	409,736	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	2,990,285	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	1,108,225	0	90.00
90.01 09001 DIABETES CLINIC	0	0	0	135,455	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	670,996	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	843,859	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	195,274	391,996	0	9,541,435	-327,685	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	569,688	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	975,672	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

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Part I
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Cost Center Description	INTERNS & RESIDENTS	PARAMEDIC SERVICES	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-OTHER PRGM COSTS							
	22.00	23.00	23.01	24.00	25.00			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	195,469	391,996	72,372	163,895,325	-372,052	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,556,438	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	809,685	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	100,071	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	105,889	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	195,469	391,996	72,372	166,467,408	-372,052	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/26/2016 12:15 am
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDIC SERVICES		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	34,424,614	30.00
31.00	03100	INTENSIVE CARE UNIT	6,311,825	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,367,028	35.00
41.00	04100	SUBPROVIDER - IRF	4,855,499	41.00
43.00	04300	NURSERY	2,008,231	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	17,369,587	50.00
51.00	05100	RECOVERY ROOM	3,427,295	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	693,263	52.00
53.00	05300	ANESTHESIOLOGY	768,689	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,865,326	54.00
54.01	05401	RADIOLOGY - I-65	1,988,899	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	83,990	54.02
54.03	05403	LOWELL RADIOLOGY	110,981	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	4,420,722	55.01
55.02	03140	CARDIOLOGY	893,792	55.02
55.03	03450	NEURO-DIAGNOSTICS	923,359	55.03
60.00	06000	LABORATORY	11,514,517	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,332,285	65.00
66.00	06600	PHYSICAL THERAPY	1,179,994	66.00
66.01	06601	PHYSICAL THERAPY I-65	921,463	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	117,496	66.02
67.00	06700	OCCUPATIONAL THERAPY	293,553	67.00
67.01	06701	OCCUPATION THERAPY I-65	176,990	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	77,394	67.02
68.00	06800	SPEECH PATHOLOGY	207,925	68.00
68.01	06801	SPEECH PATHOLOGY I-65	325,349	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	47,672	68.02
69.00	06900	ELECTROCARDIOLOGY	1,014,099	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,352,822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,188,281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,342,667	73.00
74.00	07400	RENAL DIALYSIS	409,736	74.00
76.00	03020	RADIATION ONCOLOGY	2,990,285	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1,108,225	90.00
90.01	09001	DIABETES CLINIC	135,455	90.01
90.02	09002	OUTPATIENT CLINICS	670,996	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	843,859	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	90.04
91.00	09100	EMERGENCY	9,213,750	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	569,688	91.01
91.02	09102	EXPRESS CARE	975,672	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	163,523,273	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,556,438	192.00
194.00	07950	FHC	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	809,685	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	100,071	194.03
194.04	07954 CENTER OF HOPE	105,889	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	166,095,356	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	171,664	5,387	177,051	177,051	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	3,406,307	690,761	4,097,068	13,624	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	36,238	35,631	71,869	2,813	6.00
7.00 00700	OPERATION OF PLANT	0	1,222,760	63,661	1,286,421	3,267	7.00
7.01 00701	OPERATION OF PLANT - FP	0	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	199,475	6,087	205,562	0	8.00
9.00 00900	HOUSEKEEPING	0	94,233	7,356	101,589	3,964	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	348	9.01
10.00 01000	DIETARY	0	578,971	29,380	608,351	1,291	10.00
11.00 01100	CAFETERIA	0	0	0	0	2,344	11.00
13.00 01300	NURSING ADMINISTRATION	0	71,080	470,166	541,246	4,294	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	530,049	227,247	757,296	725	14.00
15.00 01500	PHARMACY	0	133,315	1,766	135,081	5,648	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	183,232	1,104	184,336	1,482	16.00
17.00 01700	SOCIAL SERVICE	0	486,762	237	486,999	5,210	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMEDIC SERVICES	0	0	15,936	15,936	404	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	119	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,293,927	168,127	1,462,054	46,963	30.00
31.00 03100	INTENSIVE CARE UNIT	0	177,631	17,811	195,442	7,117	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	160,778	160,778	7,891	35.00
41.00 04100	SUBPROVIDER - I RF	0	205,529	2,535	208,064	5,021	41.00
43.00 04300	NURSERY	0	0	0	0	3,099	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	715,462	3,068,326	3,783,788	12,252	50.00
51.00 05100	RECOVERY ROOM	0	314,418	36,290	350,708	3,742	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	106,638	62	106,700	391	52.00
53.00 05300	ANESTHESIOLOGY	0	44,351	11,490	55,841	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	742,243	867,388	1,609,631	11,351	54.00
54.01 05401	RADIOLOGY - I-65	0	0	319,606	319,606	1,083	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	7,092	7,092	125	54.02
54.03 05403	LOWELL RADIOLOGY	0	0	7,063	7,063	142	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	199,964	326,355	526,319	2,288	55.01
55.02 03140	CARDIOLOGY	0	48,905	21,323	70,228	958	55.02
55.03 03450	NEURO-DIAGNOSTICS	0	58,466	24,442	82,908	574	55.03
60.00 06000	LABORATORY	0	294,336	734	295,070	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	20,204	49,562	69,766	2,998	65.00
66.00 06600	PHYSICAL THERAPY	0	113,041	2,606	115,647	1,374	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	1,139	1,139	1,002	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	188	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	1,780	0	1,780	485	67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	0	0	218	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	1,116	1,116	120	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	350	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	0	400	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	0	77	68.02
69.00 06900	ELECTROCARDIOLOGY	0	65,096	6,519	71,615	1,100	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	9,003	0	9,003	0	74.00
76.00 03020	RADIATION ONCOLOGY	0	278,110	468,814	746,924	1,282	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	10,785	10,785	1,593	90.00
90.01 09001	DIABETES CLINIC	0	2,094	0	2,094	206	90.01
90.02 09002	OUTPATIENT CLINICS	0	162,836	4,351	167,187	0	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	28,910	4,877	33,787	1,211	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	613,360	68,988	682,348	8,624	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	3,023	91.01
91.02 09102	EXPRESS CARE	0	0	1,622	1,622	1,401	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	12,610,390	7,214,520	19,824,910
						174,182
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	120,003	890	120,893
194.00	07950	FHC	0	0	0	0
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	33,743	0	33,743
194.04	07954	CENTER OF HOPE	0	28,771	0	28,771
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers		0	0	0
202.00		TOTAL (sum lines 118-201)	0	12,792,907	7,215,410	20,008,317
						177,051

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/26/2016 12:15 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,110,692					5.00
6.00	00600	MAINTENANCE & REPAIRS	78,132	152,814				6.00
7.00	00700	OPERATION OF PLANT	186,990	20,357	1,497,035			7.00
7.01	00701	OPERATION OF PLANT - FP	19,601	0	0	19,601		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	21,744	3,321	37,534	6,610	274,771	8.00
9.00	00900	HOUSEKEEPING	68,240	1,569	17,731	1,367	24,391	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	5,049	0	0	5,049	0	9.01
10.00	01000	DIETARY	43,213	9,639	108,943	0	3,307	10.00
11.00	01100	CAFETERIA	26,737	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	90,669	1,183	13,375	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68,903	8,825	99,737	0	798	14.00
15.00	01500	PHARMACY	106,542	2,220	25,085	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	84,791	3,051	34,478	0	0	16.00
17.00	01700	SOCIAL SERVICE	89,474	8,104	91,592	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,827	0	0	0	0	22.00
23.00	02300	PARAMEDIC SERVICES	9,577	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	1,768	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	646,792	21,543	243,474	0	138,765	30.00
31.00	03100	INTENSIVE CARE UNIT	129,624	2,957	33,424	0	9,446	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	94,722	0	0	0	6,521	35.00
41.00	04100	SUBPROVIDER - I&R	98,785	3,422	38,674	0	6,828	41.00
43.00	04300	NURSERY	47,955	0	0	0	2,858	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	340,844	11,912	134,625	0	30,038	50.00
51.00	05100	RECOVERY ROOM	65,109	5,235	59,163	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,342	1,775	20,066	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,208	738	8,345	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	316,544	12,357	139,665	0	6,900	54.00
54.01	05401	RADIOLOGY - I-65	35,178	0	0	4,714	6,784	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	1,975	0	0	0	49	54.02
54.03	05403	LOWELL RADIOLOGY	2,575	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	88,718	3,329	37,626	0	2,406	55.01
55.02	03140	CARDIOLOGY	16,685	814	9,202	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	17,980	973	11,001	0	2,201	55.03
60.00	06000	LABORATORY	246,299	4,900	55,384	0	317	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	50,367	336	3,802	0	0	65.00
66.00	06600	PHYSICAL THERAPY	22,826	1,882	21,270	0	1,192	66.00
66.01	06601	PHYSICAL THERAPY I-65	14,121	0	0	5,152	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	2,650	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,741	30	335	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	3,251	0	0	634	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,783	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	4,876	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	6,034	0	0	1,124	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,097	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	18,011	1,084	12,249	0	1,634	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	106,925	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,368	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	124,758	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,416	150	1,694	9,416	0	74.00
76.00	03020	RADIATION ONCOLOGY	56,258	4,630	52,331	0	1,384	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,636	0	0	0	166	90.00
90.01	09001	DIABETES CLINIC	3,015	35	394	0	1,469	90.01
90.02	09002	OUTPATIENT CLINICS	8,540	2,711	30,640	0	7,725	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	18,146	481	5,440	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	165,138	10,212	115,413	0	19,592	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	13,989	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	21,383	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,055,921	149,775	1,462,692	19,601	274,771	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,899	1,998	22,580	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/26/2016 12:15 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE		
			5.00	6.00	7.00	7.01	8.00		
194.00	07950	FHC	0	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	19,994	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	514	562	6,349	0	0	0	194.03
194.04	07954	CENTER OF HOPE	1,364	479	5,414	0	0	0	194.04
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,110,692	152,814	1,497,035	19,601	274,771		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 12:15 am				
Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		9.00	9.01	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT - FP					7.01	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING	218,851				9.00	
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	5,397			9.01	
10.00	01000	DIETARY	16,537	0	791,281		10.00	
11.00	01100	CAFETERIA	0	0	0	29,081	11.00	
13.00	01300	NURSING ADMINISTRATION	2,030	0	0	782	653,579	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,139	0	0	362	0	14.00
15.00	01500	PHARMACY	3,808	0	0	1,006	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,234	0	0	307	3,693	16.00
17.00	01700	SOCIAL SERVICE	13,903	0	0	904	12,932	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDIC SERVICES	0	0	0	84	19	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	21	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,957	0	660,629	9,488	331,705	30.00
31.00	03100	INTENSIVE CARE UNIT	5,074	0	79,797	1,560	37,859	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,028	47,570	35.00
41.00	04100	SUBPROVIDER - IRF	5,870	0	50,855	1,117	24,878	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,435	0	0	2,577	78,529	50.00
51.00	05100	RECOVERY ROOM	8,980	0	0	727	19,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,046	0	0	115	6,395	52.00
53.00	05300	ANESTHESIOLOGY	1,267	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,200	0	0	2,637	4,568	54.00
54.01	05401	RADIOLOGY - I-65	0	2,189	0	239	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	33	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	36	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	5,711	0	0	380	9,602	55.01
55.02	03140	CARDIOLOGY	1,397	0	0	212	327	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,670	0	0	146	0	55.03
60.00	06000	LABORATORY	8,407	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	577	0	0	662	0	65.00
66.00	06600	PHYSICAL THERAPY	3,229	0	0	235	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	2,392	0	161	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	28	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	51	0	0	81	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	294	0	36	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	20	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	58	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	522	0	62	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	12	0	68.02
69.00	06900	ELECTROCARDIOLOGY	1,859	0	0	211	6,873	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	257	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	7,943	0	0	277	3,010	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	339	2,497	90.00
90.01	09001	DIABETES CLINIC	60	0	0	32	0	90.01
90.02	09002	OUTPATIENT CLINICS	4,651	0	0	0	6	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	826	0	0	219	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	17,519	0	0	1,817	49,208	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	79	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	386	12,619	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	213,637	5,397	791,281	28,476	651,516	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,428	0	0	379	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	964	0	0	218	2,063	194.03
194.04	07954	CENTER OF HOPE	822	0	0	8	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	218,851	5,397	791,281	29,081	653,579	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/26/2016 12:15 am	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - FP					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	951,785				14.00
15.00	01500	PHARMACY	1,223	280,613			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	317,372		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	709,118	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDIC SERVICES	234	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,817	0	19,642	43,874	30.00
31.00	03100	INTENSIVE CARE UNIT	7,847	0	4,249	9,491	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,777	9	6,289	14,049	35.00
41.00	04100	SUBPROVIDER - I RF	1,083	0	3,410	7,618	41.00
43.00	04300	NURSERY	0	0	1,951	4,359	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	191,521	250	32,151	71,817	50.00
51.00	05100	RECOVERY ROOM	1,329	0	3,620	8,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,283	7,333	52.00
53.00	05300	ANESTHESIOLOGY	2,867	8,326	8,008	17,888	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,863	0	59,543	133,192	54.00
54.01	05401	RADIOLOGY - I-65	322	0	9,302	20,779	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	10	0	95	213	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	203	453	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	14,985	33,472	55.01
55.02	03140	CARDIOLOGY	304	0	4,606	10,289	55.02
55.03	03450	NEURO-DIAGNOSTICS	671	0	2,785	6,222	55.03
60.00	06000	LABORATORY	580	0	38,718	86,486	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	8,181	31	7,581	16,934	65.00
66.00	06600	PHYSICAL THERAPY	101	0	1,610	3,596	66.00
66.01	06601	PHYSICAL THERAPY I-65	154	0	1,659	3,706	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	28	0	342	764	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	547	1,223	67.00
67.01	06701	OCCUPATION THERAPY I-65	19	0	269	602	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	8	0	168	375	67.02
68.00	06800	SPEECH PATHOLOGY	4	0	314	702	68.00
68.01	06801	SPEECH PATHOLOGY I-65	124	0	489	1,093	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	34	0	100	224	68.02
69.00	06900	ELECTROCARDIOLOGY	229	0	3,228	7,211	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	182,616	0	11,602	25,916	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	491,442	0	8,233	18,390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	268,012	34,365	76,762	73.00
74.00	07400	RENAL DIALYSIS	62	0	471	1,051	74.00
76.00	03020	RADIATION ONCOLOGY	523	0	7,133	15,933	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,667	1,140	637	1,422	90.00
90.01	09001	DIABETES CLINIC	9	0	33	74	90.01
90.02	09002	OUTPATIENT CLINICS	53	0	2	4	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	566	1,936	621	1,388	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	90.04
91.00	09100	EMERGENCY	18,752	0	25,128	56,128	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	63	0	0	0	91.01
91.02	09102	EXPRESS CARE	1,702	909	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES			
		14.00	15.00	16.00	17.00	21.00			
118.00		SUBTOTALS (SUM OF LINES 1-117)	951,785	280,613	317,372	709,118	0	118.00	
NONREIMBURSABLE COST CENTERS									
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00	
194.00	07950	FHC	0	0	0	0		194.00	
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0		194.02	
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	0	0		194.03	
194.04	07954	CENTER OF HOPE	0	0	0	0		194.04	
200.00		Cross Foot Adjustments						0	200.00
201.00		Negative Cost Centers	0	0	0	0		0	201.00
202.00		TOTAL (sum lines 118-201)	951,785	280,613	317,372	709,118		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 12:15 am
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Cost Center Description	INTERNS & RESIDENTS	PARAMEDIC SERVICES	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-OTHER PRGM COSTS				
	22.00	23.00	23.01	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	OPERATION OF PLANT - FP				7.01
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP				9.01
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,827			22.00
23.00 02300	PARAMEDIC SERVICES		26,254		23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			1,908	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			3,691,703	0 30.00
31.00 03100	INTENSIVE CARE UNIT			523,887	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT			342,634	0 35.00
41.00 04100	SUBPROVIDER - IRF			455,625	0 41.00
43.00 04300	NURSERY			60,222	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			4,710,739	0 50.00
51.00 05100	RECOVERY ROOM			525,924	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			158,446	0 52.00
53.00 05300	ANESTHESIOLOGY			111,488	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,321,451	0 54.00
54.01 05401	RADIOLOGY - I-65			400,196	0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ			9,592	0 54.02
54.03 05403	LOWELL RADIOLOGY			10,472	0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC			0	0 55.00
55.01 05501	CARDIAC CATHETERIZATION LAB			724,836	0 55.01
55.02 03140	CARDIOLOGY			115,022	0 55.02
55.03 03450	NEURO-DIAGNOSTICS			127,131	0 55.03
60.00 06000	LABORATORY			736,161	0 60.00
60.01 06001	BLOOD LABORATORY			0	0 60.01
65.00 06500	RESPIRATORY THERAPY			161,235	0 65.00
66.00 06600	PHYSICAL THERAPY			172,962	0 66.00
66.01 06601	PHYSICAL THERAPY I-65			29,486	0 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN			4,000	0 66.02
67.00 06700	OCCUPATIONAL THERAPY			11,273	0 67.00
67.01 06701	OCCUPATION THERAPY I-65			5,323	0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN			3,590	0 67.02
68.00 06800	SPEECH PATHOLOGY			6,304	0 68.00
68.01 06801	SPEECH PATHOLOGY I-65			9,848	0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN			1,544	0 68.02
69.00 06900	ELECTROCARDIOLOGY			125,304	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			327,059	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			815,433	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			503,897	0 73.00
74.00 07400	RENAL DIALYSIS			22,104	0 74.00
76.00 03020	RADIATION ONCOLOGY			897,628	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC			45,882	0 90.00
90.01 09001	DIABETES CLINIC			7,421	0 90.01
90.02 09002	OUTPATIENT CLINICS			221,519	0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC			64,621	0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT			0	0 90.04
91.00 09100	EMERGENCY			1,169,879	0 91.00
91.01 09101	EMERGENCY ROOM PHYSICANS			17,154	0 91.01
91.02 09102	EXPRESS CARE			40,022	0 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMEDIC SERVICES	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	19,689,017
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES			184,277	0
194.00	07950	FHC			0	0
194.02	07952	OTHER NON REIMB - BUILDINGS			19,994	0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH			45,151	0
194.04	07954	CENTER OF HOPE			36,889	0
200.00		Cross Foot Adjustments	4,827	26,254	1,908	32,989
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,827	26,254	1,908	20,008,317

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 12:15 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDIC SERVICES		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	3,691,703	30.00
31.00	03100	INTENSIVE CARE UNIT	523,887	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	342,634	35.00
41.00	04100	SUBPROVIDER - I RF	455,625	41.00
43.00	04300	NURSERY	60,222	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,710,739	50.00
51.00	05100	RECOVERY ROOM	525,924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	158,446	52.00
53.00	05300	ANESTHESIOLOGY	111,488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,321,451	54.00
54.01	05401	RADIOLOGY - I-65	400,196	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	9,592	54.02
54.03	05403	LOWELL RADIOLOGY	10,472	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	724,836	55.01
55.02	03140	CARDIOLOGY	115,022	55.02
55.03	03450	NEURO-DIAGNOSTICS	127,131	55.03
60.00	06000	LABORATORY	736,161	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	161,235	65.00
66.00	06600	PHYSICAL THERAPY	172,962	66.00
66.01	06601	PHYSICAL THERAPY I-65	29,486	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	4,000	66.02
67.00	06700	OCCUPATIONAL THERAPY	11,273	67.00
67.01	06701	OCCUPATION THERAPY I-65	5,323	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	3,590	67.02
68.00	06800	SPEECH PATHOLOGY	6,304	68.00
68.01	06801	SPEECH PATHOLOGY I-65	9,848	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,544	68.02
69.00	06900	ELECTROCARDIOLOGY	125,304	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	327,059	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	815,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	503,897	73.00
74.00	07400	RENAL DIALYSIS	22,104	74.00
76.00	03020	RADIATION ONCOLOGY	897,628	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	45,882	90.00
90.01	09001	DIABETES CLINIC	7,421	90.01
90.02	09002	OUTPATIENT CLINICS	221,519	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	64,621	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	90.04
91.00	09100	EMERGENCY	1,169,879	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	17,154	91.01
91.02	09102	EXPRESS CARE	40,022	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,689,017	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	184,277	192.00
194.00	07950	FHC	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/26/2016 12:15 am
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Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	19,994	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	45,151	194.03
194.04	07954 CENTER OF HOPE	36,889	194.04
200.00	Cross Foot Adjustments	32,989	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	20,008,317	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	733,231				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,972,189			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,839	5,205	60,272,412		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	195,234	667,477	4,637,179	-35,807,498	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,077	34,430	957,292	0	6.00
7.00 00700	OPERATION OF PLANT	70,083	61,515	1,112,122	0	7.00
7.01 00701	OPERATION OF PLANT - FP	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	11,433	5,882	0	0	8.00
9.00 00900	HOUSEKEEPING	5,401	7,108	1,349,227	0	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	118,545	0	9.01
10.00 01000	DIETARY	33,184	28,390	439,341	0	10.00
11.00 01100	CAFETERIA	0	0	797,763	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,074	454,318	1,461,388	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	30,380	219,587	246,691	0	14.00
15.00 01500	PHARMACY	7,641	1,706	1,922,339	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,502	1,067	504,551	0	16.00
17.00 01700	SOCIAL SERVICE	27,899	229	1,773,288	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDIC SERVICES	0	15,399	137,521	0	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	40,477	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	74,162	162,460	15,994,910	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,181	17,211	2,422,253	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	155,358	2,685,963	0	35.00
41.00 04100	SUBPROVIDER - IRF	11,780	2,450	1,708,994	0	41.00
43.00 04300	NURSERY	0	0	1,054,798	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,007	2,964,895	4,170,041	0	50.00
51.00 05100	RECOVERY ROOM	18,021	35,067	1,273,769	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,112	60	133,210	0	52.00
53.00 05300	ANESTHESIOLOGY	2,542	11,103	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	42,542	838,150	3,863,381	0	54.00
54.01 05401	RADIOLOGY - I-65	0	308,833	368,577	0	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	6,853	42,705	0	54.02
54.03 05403	LOWELL RADIOLOGY	0	6,825	48,222	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	11,461	315,354	778,604	0	55.01
55.02 03140	CARDIOLOGY	2,803	20,604	326,054	0	55.02
55.03 03450	NEURO-DIAGNOSTICS	3,351	23,618	195,539	0	55.03
60.00 06000	LABORATORY	16,870	709	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,158	47,891	1,020,372	0	65.00
66.00 06600	PHYSICAL THERAPY	6,479	2,518	467,623	0	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	1,101	341,089	0	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	64,005	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	102	0	165,076	0	67.00
67.01 06701	OCCUPATIONAL THERAPY I-65	0	0	74,289	0	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	1,078	40,742	0	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	119,150	0	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	136,001	0	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	26,258	0	68.02
69.00 06900	ELECTROCARDIOLOGY	3,731	6,299	374,299	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	516	0	0	0	74.00
76.00 03020	RADIATION ONCOLOGY	15,940	453,011	436,505	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	10,421	542,126	0	90.00
90.01 09001	DIABETES CLINIC	120	0	70,199	0	90.01
90.02 09002	OUTPATIENT CLINICS	9,333	4,204	0	0	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	1,657	4,713	412,177	0	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	90.04
91.00 09100	EMERGENCY	35,155	66,663	2,935,389	0	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	1,028,911	0	91.01
91.02 09102	EXPRESS CARE	0	1,567	476,919	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	722,770	6,971,329	59,295,874	-35,807,498	128,918,974
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	860	714,750	0	1,045,715
194.00	07950	FHC	0	0	0	0	0
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	635,520
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,934	0	251,147	0	16,339
194.04	07954	CENTER OF HOPE	1,649	0	10,641	0	43,362
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	12,792,907	7,215,410	17,914,821		35,807,498
203.00		Unit cost multiplier (Wkst. B, Part I)	17.447308	1.034884	0.297231		0.274051
204.00		Cost to be allocated (per Wkst. B, Part II)			177,051		4,110,692
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002938		0.031461

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	526,081				6.00	
7.00	00700	OPERATION OF PLANT	70,083	455,998			7.00	
7.01	00701	OPERATION OF PLANT - FP	0	0	70,158		7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	11,433	11,433	23,661	871,681	8.00	
9.00	00900	HOUSEKEEPING	5,401	5,401	4,892	77,378	439,164	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	0	9.01
10.00	01000	DIETARY	33,184	33,184	0	10,491	33,184	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,074	4,074	0	0	4,074	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,380	30,380	0	2,531	30,380	14.00
15.00	01500	PHARMACY	7,641	7,641	0	0	7,641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,502	10,502	0	0	10,502	16.00
17.00	01700	SOCIAL SERVICE	27,899	27,899	0	0	27,899	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDIC SERVICES	0	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,162	74,162	0	440,224	74,162	30.00
31.00	03100	INTENSIVE CARE UNIT	10,181	10,181	0	29,965	10,181	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	20,686	0	35.00
41.00	04100	SUBPROVIDER - I&F	11,780	11,780	0	21,661	11,780	41.00
43.00	04300	NURSERY	0	0	0	9,068	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,007	41,007	0	95,293	41,007	50.00
51.00	05100	RECOVERY ROOM	18,021	18,021	0	0	18,021	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,112	6,112	0	0	6,112	52.00
53.00	05300	ANESTHESIOLOGY	2,542	2,542	0	0	2,542	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,542	42,542	0	21,889	42,542	54.00
54.01	05401	RADIOLOGY - I-65	0	0	16,873	21,520	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	154	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	11,461	11,461	0	7,633	11,461	55.01
55.02	03140	CARDIOLOGY	2,803	2,803	0	0	2,803	55.02
55.03	03450	NEURO-DIAGNOSTICS	3,351	3,351	0	6,982	3,351	55.03
60.00	06000	LABORATORY	16,870	16,870	0	1,005	16,870	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,158	1,158	0	0	1,158	65.00
66.00	06600	PHYSICAL THERAPY	6,479	6,479	0	3,781	6,479	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	18,441	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	102	102	0	0	102	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0	0	2,268	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	4,023	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	3,731	3,731	0	5,183	3,731	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	516	516	0	0	516	74.00
76.00	03020	RADIATION ONCOLOGY	15,940	15,940	0	4,390	15,940	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	526	0	90.00
90.01	09001	DIABETES CLINIC	120	120	0	4,661	120	90.01
90.02	09002	OUTPATIENT CLINICS	9,333	9,333	0	24,507	9,333	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	1,657	1,657	0	0	1,657	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	35,155	35,155	0	62,153	35,155	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	515,620	445,537	70,158	871,681	428,703	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	6,878	0	0	6,878	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	1,934	1,934	0	0	1,934	194.03
194.04	07954	CENTER OF HOPE	1,649	1,649	0	0	1,649	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,164,064	7,993,886	793,777	1,417,430	3,071,779	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.014405	17.530529	11.314134	1.626088	6.994606	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	152,814	1,497,035	19,601	274,771	218,851	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.290476	3.282986	0.279384	0.315220	0.498335	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	01851	41,605					9.01
10.00	01000	0	123,466				10.00
11.00	01100	0	0	1,538,145			11.00
13.00	01300	0	0	41,340	337,695		13.00
14.00	01400	0	0	19,122	0	18,305,877	14.00
15.00	01500	0	0	53,230	0	23,527	15.00
16.00	01600	0	0	16,211	1,908	0	16.00
17.00	01700	0	0	47,790	6,682	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	4,435	10	4,492	23.00
23.01	02301	0	0	1,089	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	103,080	502,151	171,388	573,473	30.00
31.00	03100	0	12,451	82,484	19,561	150,922	31.00
35.00	02060	0	0	54,347	24,579	72,637	35.00
41.00	04100	0	7,935	59,076	12,854	20,839	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	136,294	40,575	3,683,599	50.00
51.00	05100	0	0	38,438	9,934	25,567	51.00
52.00	05200	0	0	6,080	3,304	0	52.00
53.00	05300	0	0	0	0	55,144	53.00
54.00	05400	0	0	139,468	2,360	74,304	54.00
54.01	05401	16,873	0	12,638	0	6,190	54.01
54.02	05402	0	0	1,724	0	186	54.02
54.03	05403	0	0	1,923	0	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	20,090	4,961	0	55.01
55.02	03140	0	0	11,209	169	5,853	55.02
55.03	03450	0	0	7,727	0	12,897	55.03
60.00	06000	0	0	0	0	11,155	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	35,013	0	157,356	65.00
66.00	06600	0	0	12,443	0	1,942	66.00
66.01	06601	18,441	0	8,492	0	2,969	66.01
66.02	06602	0	0	1,476	0	532	66.02
67.00	06700	0	0	4,295	0	0	67.00
67.01	06701	2,268	0	1,903	0	373	67.01
67.02	06702	0	0	1,058	0	161	67.02
68.00	06800	0	0	3,048	0	72	68.00
68.01	06801	4,023	0	3,259	0	2,379	68.01
68.02	06802	0	0	641	0	652	68.02
69.00	06900	0	0	11,174	3,551	4,412	69.00
71.00	07100	0	0	0	0	3,512,326	71.00
72.00	07200	0	0	0	0	9,451,951	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	1,184	74.00
76.00	03020	0	0	14,629	1,555	10,051	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	17,951	1,290	32,059	90.00
90.01	09001	0	0	1,710	0	175	90.01
90.02	09002	0	0	0	3	1,014	90.02
90.03	09003	0	0	11,566	0	10,885	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	0	0	96,123	25,425	360,655	91.00
91.01	09101	0	0	4,157	0	1,216	91.01
91.02	09102	0	0	20,390	6,520	32,728	91.02
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	41,605	123,466	1,506,194	336,629	18,305,877	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	20,020	0	0	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	11,528	1,066	0	194.03
194.04	07954 CENTER OF HOPE	0	0	403	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	204,485	2,780,438	1,082,755	3,825,268	3,735,691	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.914914	22.519868	0.703936	11.327583	0.204071	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,397	791,281	29,081	653,579	951,785	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.129720	6.408898	0.018907	1.935412	0.051993	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	4,012,884					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	557,846,842				16.00
17.00 01700 SOCIAL SERVICE	0	0	557,846,842			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,002		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,002	22.00
23.00 02300 PARAMEDIC SERVICES	0	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	34,519,374	34,519,374	1	1	30.00
31.00 03100 INTENSIVE CARE UNIT	0	7,467,669	7,467,669	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	123	11,053,135	11,053,135	0	0	35.00
41.00 04100 SUBPROVIDER - IRF	0	5,993,757	5,993,757	0	0	41.00
43.00 04300 NURSERY	0	3,429,626	3,429,626	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,578	56,504,633	56,504,633	0	0	50.00
51.00 05100 RECOVERY ROOM	0	6,361,181	6,361,181	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,769,324	5,769,324	0	0	52.00
53.00 05300 ANESTHESIOLOGY	119,067	14,073,971	14,073,971	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	104,718,085	104,718,085	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	16,348,432	16,348,432	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	167,676	167,676	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	356,100	356,100	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	26,335,034	26,335,034	0	0	55.01
55.02 03140 RADIOLOGY	0	8,095,482	8,095,482	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	4,895,240	4,895,240	0	0	55.03
60.00 06000 LABORATORY	0	68,045,879	68,045,879	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	445	13,323,540	13,323,540	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	2,829,564	2,829,564	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	2,915,496	2,915,496	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	601,213	601,213	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	962,098	962,098	0	0	67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	0	473,633	473,633	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	294,941	294,941	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	552,105	552,105	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	860,123	860,123	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	176,154	176,154	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	5,673,566	5,673,566	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,389,998	20,389,998	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,468,945	14,468,945	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,832,691	60,395,314	60,395,314	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	827,171	827,171	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	12,535,417	12,535,417	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	16,301	1,118,703	1,118,703	0	0	90.00
90.01 09001 DIABETES CLINIC	0	58,030	58,030	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	3,289	3,289	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	27,683	1,092,049	1,092,049	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	44,160,895	44,160,895	1,001	1,001	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	12,996	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS				
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	15.00	16.00	17.00	21.00	22.00			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,012,884	557,846,842	557,846,842	1,002	1,002	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,590,155	3,787,466	4,584,708	0	195,469	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.143854	0.006789	0.008219	0.000000	195.078842	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	280,613	317,372	709,118	0	4,827	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.069928	0.000569	0.001271	0.000000	4.817365	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMEDIC SERVICES (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDIC SERVICES	1,001	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	1,001	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	RADIOLOGY - I-65	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	55.01
55.02	03140	CARDIOLOGY	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	55.03
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	68.02
69.00	06900	ELECTROCARDIOLOGY	1,001	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CLINIC	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	90.04
91.00	09100	EMERGENCY	1,001	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	91.01
91.02	09102	EXPRESS CARE	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMEDIC SERVICES (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,001	1,001	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 FHC	0	0	194.00
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	194.04
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	391,996	72,372	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	391.604396	72.299700	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	26,254	1,908	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	26.227772	1.906094	205.00

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-2

Date/Time Prepared:
5/26/2016 12:15 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	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	EKG ALLIED HEALTH PROGRAM FEES		1 69.00	-44,172	7.00
8.00	ER ALLIED HEALTH PROGRAM FEES		1 91.00	-132,411	8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/26/2016 12:15 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		34,424,614	334,415	34,759,029	30.00
31.00	03100 INTENSIVE CARE UNIT		6,311,825	0	6,311,825	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,367,028	7,121	4,374,149	35.00
41.00	04100 SUBPROVIDER - I RF		4,855,499	0	4,855,499	41.00
43.00	04300 NURSERY		2,008,231	0	2,008,231	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		17,369,587	133,975	17,503,562	50.00
51.00	05100 RECOVERY ROOM		3,427,295	0	3,427,295	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		693,263	0	693,263	52.00
53.00	05300 ANESTHESIOLOGY		768,689	0	768,689	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,865,326	0	15,865,326	54.00
54.01	05401 RADIOLOGY - I-65		1,988,899	0	1,988,899	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		83,990	0	83,990	54.02
54.03	05403 LOWELL RADIOLOGY		110,981	0	110,981	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		4,420,722	1,566	4,422,288	55.01
55.02	03140 RADIOLOGY		893,792	6,551	900,343	55.02
55.03	03450 NEURO-DIAGNOSTICS		923,359	3,606	926,965	55.03
60.00	06000 LABORATORY		11,514,517	17,695	11,532,212	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,332,285	2,331	2,334,616	65.00
66.00	06600 PHYSICAL THERAPY	0	1,179,994	0	1,179,994	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	921,463	0	921,463	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	117,496	0	117,496	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	293,553	0	293,553	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	176,990	0	176,990	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	77,394	0	77,394	67.02
68.00	06800 SPEECH PATHOLOGY	0	207,925	0	207,925	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	325,349	0	325,349	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	47,672	0	47,672	68.02
69.00	06900 ELECTROCARDIOLOGY		1,014,099	3,798	1,017,897	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,352,822	0	5,352,822	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,188,281	0	14,188,281	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,342,667	0	10,342,667	73.00
74.00	07400 RENAL DIALYSIS		409,736	0	409,736	74.00
76.00	03020 RADIATION ONCOLOGY		2,990,285	0	2,990,285	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,108,225	5,125	1,113,350	90.00
90.01	09001 DIABETES CLINIC		135,455	0	135,455	90.01
90.02	09002 OUTPATIENT CLINICS		670,996	0	670,996	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		843,859	337	844,196	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0	0	0	90.04
91.00	09100 EMERGENCY		9,213,750	1,138	9,214,888	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS		569,688	0	569,688	91.01
91.02	09102 EXPRESS CARE		975,672	0	975,672	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,291,921	0	5,291,921	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		168,815,194	517,658	169,332,852	200.00
201.00	Less Observation Beds		5,291,921		5,291,921	201.00
202.00	Total (see instructions)		163,523,273	517,658	164,040,931	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/26/2016 12:15 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,688,764		29,688,764			30.00
31.00	03100	INTENSIVE CARE UNIT	7,467,669		7,467,669			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,053,135		11,053,135			35.00
41.00	04100	SUBPROVIDER - IRF	5,993,757		5,993,757			41.00
43.00	04300	NURSERY	3,429,626		3,429,626			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,543,446	38,961,187	56,504,633	0.307401	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,223,812	4,137,369	6,361,181	0.538783	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,748,169	21,155	5,769,324	0.120164	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,229,973	8,843,998	14,073,971	0.054618	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,819,762	77,898,323	104,718,085	0.151505	0.000000	54.00
54.01	05401	RADIOLOGY - I-65	48,576	16,299,856	16,348,432	0.121657	0.000000	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	167,676	167,676	0.500907	0.000000	54.02
54.03	05403	LOWELL RADIOLOGY	3,762	352,338	356,100	0.311657	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	13,764,401	12,570,633	26,335,034	0.167865	0.000000	55.01
55.02	03140	CARDIOLOGY	3,764,544	4,330,938	8,095,482	0.110406	0.000000	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,097,844	3,797,396	4,895,240	0.188624	0.000000	55.03
60.00	06000	LABORATORY	26,631,337	41,414,542	68,045,879	0.169217	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	11,847,094	1,476,446	13,323,540	0.175050	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,958,102	871,462	2,829,564	0.417023	0.000000	66.00
66.01	06601	PHYSICAL THERAPY I-65	2,073	2,913,423	2,915,496	0.316057	0.000000	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	1,042	600,171	601,213	0.195432	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	923,929	38,169	962,098	0.305118	0.000000	67.00
67.01	06701	OCCUPATION THERAPY I-65	825	472,808	473,633	0.373686	0.000000	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	294,941	294,941	0.262405	0.000000	67.02
68.00	06800	SPEECH PATHOLOGY	469,397	82,708	552,105	0.376604	0.000000	68.00
68.01	06801	SPEECH PATHOLOGY I-65	42,717	817,406	860,123	0.378259	0.000000	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	176,154	176,154	0.270627	0.000000	68.02
69.00	06900	ELECTROCARDIOLOGY	1,929,503	3,744,063	5,673,566	0.178741	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,550,182	8,839,816	20,389,998	0.262522	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,173,180	6,295,765	14,468,945	0.980602	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,801,498	11,593,816	60,395,314	0.171249	0.000000	73.00
74.00	07400	RENAL DIALYSIS	784,478	42,693	827,171	0.495346	0.000000	74.00
76.00	03020	RADIATION ONCOLOGY	329,527	12,205,890	12,535,417	0.238547	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,114	1,115,589	1,118,703	0.990634	0.000000	90.00
90.01	09001	DIABETES CLINIC	0	58,030	58,030	2.334224	0.000000	90.01
90.02	09002	OUTPATIENT CLINICS	0	3,289	3,289	204.012162	0.000000	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,092,049	1,092,049	0.772730	0.000000	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	12,845,778	31,315,117	44,160,895	0.208640	0.000000	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000	91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,421,775	3,408,835	4,830,610	1.095497	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	261,592,791	296,254,051	557,846,842			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	261,592,791	296,254,051	557,846,842			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/26/2016 12:15 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.309772		50.00
51.00	05100 RECOVERY ROOM	0.538783		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.120164		52.00
53.00	05300 ANESTHESIOLOGY	0.054618		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151505		54.00
54.01	05401 RADIOLOGY - I-65	0.121657		54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.500907		54.02
54.03	05403 LOWELL RADIOLOGY	0.311657		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.167924		55.01
55.02	03140 RADIOLOGY	0.111215		55.02
55.03	03450 RADIO-DIAGNOSTICS	0.189360		55.03
60.00	06000 LABORATORY	0.169477		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.175225		65.00
66.00	06600 PHYSICAL THERAPY	0.417023		66.00
66.01	06601 PHYSICAL THERAPY I-65	0.316057		66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.195432		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.305118		67.00
67.01	06701 OCCUPATION THERAPY I-65	0.373686		67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.262405		67.02
68.00	06800 SPEECH PATHOLOGY	0.376604		68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.378259		68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.270627		68.02
69.00	06900 ELECTROCARDIOLOGY	0.179410		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.262522		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.980602		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171249		73.00
74.00	07400 RENAL DIALYSIS	0.495346		74.00
76.00	03020 RADIATION ONCOLOGY	0.238547		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.995215		90.00
90.01	09001 DIABETES CLINIC	2.334224		90.01
90.02	09002 OUTPATIENT CLINICS	204.012162		90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.773039		90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000		90.04
91.00	09100 EMERGENCY	0.208666		91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000		91.01
91.02	09102 EXPRESS CARE	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.095497		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/26/2016 12:15 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		34,424,614	334,415	34,759,029	30.00
31.00	03100 INTENSIVE CARE UNIT		6,311,825	0	6,311,825	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,367,028	7,121	4,374,149	35.00
41.00	04100 SUBPROVIDER - I RF		4,855,499	0	4,855,499	41.00
43.00	04300 NURSERY		2,008,231	0	2,008,231	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		17,369,587	133,975	17,503,562	50.00
51.00	05100 RECOVERY ROOM		3,427,295	0	3,427,295	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		693,263	0	693,263	52.00
53.00	05300 ANESTHESIOLOGY		768,689	0	768,689	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,865,326	0	15,865,326	54.00
54.01	05401 RADIOLOGY - I-65		1,988,899	0	1,988,899	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		83,990	0	83,990	54.02
54.03	05403 LOWELL RADIOLOGY		110,981	0	110,981	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		4,420,722	1,566	4,422,288	55.01
55.02	03140 RADIOLOGY		893,792	6,551	900,343	55.02
55.03	03450 NEURO-DIAGNOSTICS		923,359	3,606	926,965	55.03
60.00	06000 LABORATORY		11,514,517	17,695	11,532,212	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,332,285	2,331	2,334,616	65.00
66.00	06600 PHYSICAL THERAPY	0	1,179,994	0	1,179,994	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	921,463	0	921,463	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	117,496	0	117,496	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	293,553	0	293,553	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	176,990	0	176,990	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	77,394	0	77,394	67.02
68.00	06800 SPEECH PATHOLOGY	0	207,925	0	207,925	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	325,349	0	325,349	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	47,672	0	47,672	68.02
69.00	06900 ELECTROCARDIOLOGY		1,014,099	3,798	1,017,897	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,352,822	0	5,352,822	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,188,281	0	14,188,281	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,342,667	0	10,342,667	73.00
74.00	07400 RENAL DIALYSIS		409,736	0	409,736	74.00
76.00	03020 RADIATION ONCOLOGY		2,990,285	0	2,990,285	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,108,225	5,125	1,113,350	90.00
90.01	09001 DIABETES CLINIC		135,455	0	135,455	90.01
90.02	09002 OUTPATIENT CLINICS		670,996	0	670,996	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		843,859	337	844,196	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0	0	0	90.04
91.00	09100 EMERGENCY		9,213,750	1,138	9,214,888	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS		569,688	0	569,688	91.01
91.02	09102 EXPRESS CARE		975,672	0	975,672	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,291,921	0	5,291,921	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		168,815,194	517,658	169,332,852	200.00
201.00	Less Observation Beds		5,291,921		5,291,921	201.00
202.00	Total (see instructions)		163,523,273	517,658	164,040,931	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/26/2016 12:15 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,688,764		29,688,764			30.00
31.00	03100	INTENSIVE CARE UNIT	7,467,669		7,467,669			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,053,135		11,053,135			35.00
41.00	04100	SUBPROVIDER - IRF	5,993,757		5,993,757			41.00
43.00	04300	NURSERY	3,429,626		3,429,626			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,543,446	38,961,187	56,504,633	0.307401	0.307401	50.00
51.00	05100	RECOVERY ROOM	2,223,812	4,137,369	6,361,181	0.538783	0.538783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,748,169	21,155	5,769,324	0.120164	0.120164	52.00
53.00	05300	ANESTHESIOLOGY	5,229,973	8,843,998	14,073,971	0.054618	0.054618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,819,762	77,898,323	104,718,085	0.151505	0.151505	54.00
54.01	05401	RADIOLOGY - I-65	48,576	16,299,856	16,348,432	0.121657	0.121657	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	167,676	167,676	0.500907	0.500907	54.02
54.03	05403	LOWELL RADIOLOGY	3,762	352,338	356,100	0.311657	0.311657	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	13,764,401	12,570,633	26,335,034	0.167865	0.167865	55.01
55.02	03140	CARDIOLOGY	3,764,544	4,330,938	8,095,482	0.110406	0.110406	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,097,844	3,797,396	4,895,240	0.188624	0.188624	55.03
60.00	06000	LABORATORY	26,631,337	41,414,542	68,045,879	0.169217	0.169217	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	11,847,094	1,476,446	13,323,540	0.175050	0.175050	65.00
66.00	06600	PHYSICAL THERAPY	1,958,102	871,462	2,829,564	0.417023	0.417023	66.00
66.01	06601	PHYSICAL THERAPY I-65	2,073	2,913,423	2,915,496	0.316057	0.316057	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	1,042	600,171	601,213	0.195432	0.195432	66.02
67.00	06700	OCCUPATIONAL THERAPY	923,929	38,169	962,098	0.305118	0.305118	67.00
67.01	06701	OCCUPATION THERAPY I-65	825	472,808	473,633	0.373686	0.373686	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	294,941	294,941	0.262405	0.262405	67.02
68.00	06800	SPEECH PATHOLOGY	469,397	82,708	552,105	0.376604	0.376604	68.00
68.01	06801	SPEECH PATHOLOGY I-65	42,717	817,406	860,123	0.378259	0.378259	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	176,154	176,154	0.270627	0.270627	68.02
69.00	06900	ELECTROCARDIOLOGY	1,929,503	3,744,063	5,673,566	0.178741	0.178741	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,550,182	8,839,816	20,389,998	0.262522	0.262522	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,173,180	6,295,765	14,468,945	0.980602	0.980602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,801,498	11,593,816	60,395,314	0.171249	0.171249	73.00
74.00	07400	RENAL DIALYSIS	784,478	42,693	827,171	0.495346	0.495346	74.00
76.00	03020	RADIATION ONCOLOGY	329,527	12,205,890	12,535,417	0.238547	0.238547	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,114	1,115,589	1,118,703	0.990634	0.990634	90.00
90.01	09001	DIABETES CLINIC	0	58,030	58,030	2.334224	2.334224	90.01
90.02	09002	OUTPATIENT CLINICS	0	3,289	3,289	204.012162	204.012162	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,092,049	1,092,049	0.772730	0.772730	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	12,845,778	31,315,117	44,160,895	0.208640	0.208640	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000	91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,421,775	3,408,835	4,830,610	1.095497	1.095497	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	261,592,791	296,254,051	557,846,842			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	261,592,791	296,254,051	557,846,842			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/26/2016 12:15 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIOLOGY - I-65	0.000000		54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000		54.02
54.03	05403 LOWELL RADIOLOGY	0.000000		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.000000		55.01
55.02	03140 RADIOLOGY	0.000000		55.02
55.03	03450 NEURO-DIAGNOSTICS	0.000000		55.03
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 PHYSICAL THERAPY I-65	0.000000		66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
67.01	06701 OCCUPATION THERAPY I-65	0.000000		67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.000000		67.02
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.000000		68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000		68.02
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 RADIATION ONCOLOGY	0.000000		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CLINIC	0.000000		90.01
90.02	09002 OUTPATIENT CLINICS	0.000000		90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000		90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000		91.01
91.02	09102 EXPRESS CARE	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/26/2016 12:15 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,691,703	0	3,691,703	30,037	122.91	30.00
31.00	INTENSIVE CARE UNIT	523,887		523,887	3,874	135.23	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	342,634		342,634	2,880	118.97	35.00
41.00	SUBPROVIDER - IRF	455,625	0	455,625	2,469	184.54	41.00
43.00	NURSERY	60,222		60,222	2,840	21.20	43.00
200.00	Total (lines 30-199)	5,074,071		5,074,071	42,100		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,508	1,906,088				
31.00	INTENSIVE CARE UNIT	1,767	238,951				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	1,584	292,311				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	18,859	2,437,350				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/26/2016 12:15 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title VIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,710,739	56,504,633	0.083369	8,037,633	670,089	50.00
51.00	05100	RECOVERY ROOM	525,924	6,361,181	0.082677	1,100,326	90,972	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	158,446	5,769,324	0.027464	2,831	78	52.00
53.00	05300	ANESTHESIOLOGY	111,488	14,073,971	0.007922	2,220,135	17,588	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,321,451	104,718,085	0.022169	14,150,810	313,709	54.00
54.01	05401	RADIOLOGY - I-65	400,196	16,348,432	0.024479	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	9,592	167,676	0.057206	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	10,472	356,100	0.029407	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	724,836	26,335,034	0.027524	6,592,598	181,455	55.01
55.02	03140	CARDIOLOGY	115,022	8,095,482	0.014208	2,082,238	29,584	55.02
55.03	03450	NEURO-DIAGNOSTICS	127,131	4,895,240	0.025970	599,491	15,569	55.03
60.00	06000	LABORATORY	736,161	68,045,879	0.010819	13,899,061	150,374	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	161,235	13,323,540	0.012102	7,104,928	85,984	65.00
66.00	06600	PHYSICAL THERAPY	172,962	2,829,564	0.061127	1,315,812	80,432	66.00
66.01	06601	PHYSICAL THERAPY I-65	29,486	2,915,496	0.010114	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	4,000	601,213	0.006653	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	11,273	962,098	0.011717	607,373	7,117	67.00
67.01	06701	OCCUPATION THERAPY I-65	5,323	473,633	0.011239	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	3,590	294,941	0.012172	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	6,304	552,105	0.011418	291,906	3,333	68.00
68.01	06801	SPEECH PATHOLOGY I-65	9,848	860,123	0.011450	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,544	176,154	0.008765	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	125,304	5,673,566	0.022086	1,159,153	25,601	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	327,059	20,389,998	0.016040	5,819,000	93,337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	815,433	14,468,945	0.056357	4,441,204	250,293	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	503,897	60,395,314	0.008343	24,866,357	207,460	73.00
74.00	07400	RENAL DIALYSIS	22,104	827,171	0.026722	586,241	15,666	74.00
76.00	03020	RADIATION ONCOLOGY	897,628	12,535,417	0.071607	191,055	13,681	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	45,882	1,118,703	0.041014	1,690	69	90.00
90.01	09001	DIABETES CLINIC	7,421	58,030	0.127882	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	221,519	3,289	67.351475	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	64,621	1,092,049	0.059174	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,169,879	44,160,895	0.026491	5,491,489	145,475	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	17,154	0	0.000000	0	0	91.01
91.02	09102	EXPRESS CARE	40,022	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	562,044	4,830,610	0.116351	840,304	97,770	92.00
200.00		Total (lines 50-199)	15,176,990	500,213,891		101,401,635	2,495,636	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/26/2016 12:15 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,037	0.00	15,508	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,874	0.00	1,767	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,880	0.00	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	2,469	0.00	1,584	0	0	41.00
43.00	04300	NURSERY	2,840	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	42,100		18,859	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 12:15 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	0	55.01
55.02 03140 RADIOLOGY	0	0	0	0	0	0	55.02
55.03 03450 RADIOLOGY-NEURO-DIAGNOSTICS	0	0	0	0	0	0	55.03
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	0	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	0	0	0	0	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	0	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	28,200	0	0	28,200	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03020 RADIOLOGY ONCOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	259,585	0	0	259,585	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	287,785	0	0	287,785	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 12:15 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII		Hospital		Inpatient Program Charges	PPS
			Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	56,504,633	0.000000	0.000000	8,037,633	50.00	
51.00	05100 RECOVERY ROOM	0	6,361,181	0.000000	0.000000	1,100,326	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,769,324	0.000000	0.000000	2,831	52.00	
53.00	05300 ANESTHESIOLOGY	0	14,073,971	0.000000	0.000000	2,220,135	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	104,718,085	0.000000	0.000000	14,150,810	54.00	
54.01	05401 RADIOLOGY - I-65	0	16,348,432	0.000000	0.000000	0	54.01	
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	167,676	0.000000	0.000000	0	54.02	
54.03	05403 LOWELL RADIOLOGY	0	356,100	0.000000	0.000000	0	54.03	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00	
55.01	05501 CARDIAC CATHETERIZATION LAB	0	26,335,034	0.000000	0.000000	6,592,598	55.01	
55.02	03140 RADIOLOGY	0	8,095,482	0.000000	0.000000	2,082,238	55.02	
55.03	03450 RADIOLOGY-DIAGNOSTIC	0	4,895,240	0.000000	0.000000	599,491	55.03	
60.00	06000 LABORATORY	0	68,045,879	0.000000	0.000000	13,899,061	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	13,323,540	0.000000	0.000000	7,104,928	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,829,564	0.000000	0.000000	1,315,812	66.00	
66.01	06601 PHYSICAL THERAPY I-65	0	2,915,496	0.000000	0.000000	0	66.01	
66.02	06602 PHYSICAL THERAPY ST JOHN	0	601,213	0.000000	0.000000	0	66.02	
67.00	06700 OCCUPATIONAL THERAPY	0	962,098	0.000000	0.000000	607,373	67.00	
67.01	06701 OCCUPATIONAL THERAPY I-65	0	473,633	0.000000	0.000000	0	67.01	
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	294,941	0.000000	0.000000	0	67.02	
68.00	06800 SPEECH PATHOLOGY	0	552,105	0.000000	0.000000	291,906	68.00	
68.01	06801 SPEECH PATHOLOGY I-65	0	860,123	0.000000	0.000000	0	68.01	
68.02	06802 SPEECH THERAPY ST. JOHN	0	176,154	0.000000	0.000000	0	68.02	
69.00	06900 ELECTROCARDIOLOGY	28,200	5,673,566	0.004970	0.004970	1,159,153	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,389,998	0.000000	0.000000	5,819,000	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,468,945	0.000000	0.000000	4,441,204	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	60,395,314	0.000000	0.000000	24,866,357	73.00	
74.00	07400 RENAL DIALYSIS	0	827,171	0.000000	0.000000	586,241	74.00	
76.00	03020 RADIATION ONCOLOGY	0	12,535,417	0.000000	0.000000	191,055	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	1,118,703	0.000000	0.000000	1,690	90.00	
90.01	09001 DIABETES CLINIC	0	58,030	0.000000	0.000000	0	90.01	
90.02	09002 OUTPATIENT CLINICS	0	3,289	0.000000	0.000000	0	90.02	
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	1,092,049	0.000000	0.000000	0	90.03	
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0.000000	0	90.04	
91.00	09100 EMERGENCY	259,585	44,160,895	0.005878	0.005878	5,491,489	91.00	
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0.000000	0	91.01	
91.02	09102 EXPRESS CARE	0	0	0.000000	0.000000	0	91.02	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,830,610	0.000000	0.000000	840,304	92.00	
200.00	Total (lines 50-199)	287,785	500,213,891			101,401,635	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 12:15 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	5,363,748	0		50.00
51.00	05100 RECOVERY ROOM	0	1,193,406	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	2,422,502	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	34,716,435	0		54.00
54.01	05401 RADIOLOGY - I-65	0	0	0		54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0		54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	6,527,375	0		55.01
55.02	03140 RADIOLOGY	0	1,442,360	0		55.02
55.03	03450 RADIOLOGY-DIAGNOSTIC	0	913,912	0		55.03
60.00	06000 LABORATORY	0	4,600,358	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	466,267	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0		66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0		66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	0	0		67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0		67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0		68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0		68.02
69.00	06900 ELECTROCARDIOLOGY	5,761	1,498,304	7,447		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,677,488	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,737,423	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,912,301	0		73.00
74.00	07400 RENAL DIALYSIS	0	30,875	0		74.00
76.00	03020 RADIATION ONCOLOGY	0	6,252,430	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	489,186	0		90.00
90.01	09001 DIABETES CLINIC	0	132	0		90.01
90.02	09002 OUTPATIENT CLINICS	0	190	0		90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0		90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0		90.04
91.00	09100 EMERGENCY	32,279	5,540,611	32,568		91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0		91.01
91.02	09102 EXPRESS CARE	0	0	0		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	987,001	0		92.00
200.00	Total (lines 50-199)	38,040	82,772,304	40,015		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/26/2016 12:15 am				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.307401	5,363,748	0	0	1,648,821	50.00
51.00	05100	RECOVERY ROOM	0.538783	1,193,406	0	0	642,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.120164	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054618	2,422,502	0	0	132,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151505	34,716,435	0	0	5,259,713	54.00
54.01	05401	RADIOLOGY - I-65	0.121657	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.500907	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.311657	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.167865	6,527,375	0	0	1,095,718	55.01
55.02	03140	CARDIOLOGY	0.110406	1,442,360	0	0	159,245	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.188624	913,912	0	0	172,386	55.03
60.00	06000	LABORATORY	0.169217	4,600,358	11,799	0	778,459	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.175050	466,267	0	0	81,620	65.00
66.00	06600	PHYSICAL THERAPY	0.417023	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.316057	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.195432	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305118	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0.373686	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.262405	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.376604	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.378259	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.270627	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.178741	1,498,304	0	0	267,808	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.262522	2,677,488	0	0	702,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.980602	2,737,423	0	0	2,684,322	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171249	4,912,301	0	34,542	841,227	73.00
74.00	07400	RENAL DIALYSIS	0.495346	30,875	0	0	15,294	74.00
76.00	03020	RADIATION ONCOLOGY	0.238547	6,252,430	0	0	1,491,498	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.990634	489,186	0	0	484,604	90.00
90.01	09001	DIABETES CLINIC	2.334224	132	0	0	308	90.01
90.02	09002	OUTPATIENT CLINICS	204.012162	190	0	0	38,762	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.772730	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.208640	5,540,611	0	0	1,155,993	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.095497	987,001	0	0	1,081,257	92.00
200.00		Subtotal (see instructions)		82,772,304	11,799	34,542	18,735,234	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		82,772,304	11,799	34,542	18,735,234	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/26/2016 12:15 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - I-65	0	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0		55.01
55.02 03140 RADIOLOGY	0	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0		55.03
60.00 06000 LABORATORY	1,997	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,915		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RADIATION ONCOLOGY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CLINIC	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0		91.01
91.02 09102 EXPRESS CARE	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	1,997	5,915		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,997	5,915		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/26/2016 12:15 am	
		Component CCN: 15T126		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,710,739	56,504,633	0.083369	0	50.00
51.00	05100	RECOVERY ROOM	525,924	6,361,181	0.082677	1,316	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	158,446	5,769,324	0.027464	0	52.00
53.00	05300	ANESTHESIOLOGY	111,488	14,073,971	0.007922	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,321,451	104,718,085	0.022169	84,305	54.00
54.01	05401	RADIOLOGY - I-65	400,196	16,348,432	0.024479	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	9,592	167,676	0.057206	0	54.02
54.03	05403	LOWELL RADIOLOGY	10,472	356,100	0.029407	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	724,836	26,335,034	0.027524	0	55.01
55.02	03140	CARDIOLOGY	115,022	8,095,482	0.014208	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	127,131	4,895,240	0.025970	0	55.03
60.00	06000	LABORATORY	736,161	68,045,879	0.010819	265,071	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	161,235	13,323,540	0.012102	129,137	65.00
66.00	06600	PHYSICAL THERAPY	172,962	2,829,564	0.061127	59,076	66.00
66.01	06601	PHYSICAL THERAPY I-65	29,486	2,915,496	0.010114	0	66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	4,000	601,213	0.006653	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	11,273	962,098	0.011717	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	5,323	473,633	0.011239	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	3,590	294,941	0.012172	0	67.02
68.00	06800	SPEECH PATHOLOGY	6,304	552,105	0.011418	487	68.00
68.01	06801	SPEECH PATHOLOGY I-65	9,848	860,123	0.011450	28,065	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,544	176,154	0.008765	0	68.02
69.00	06900	ELECTROCARDIOLOGY	125,304	5,673,566	0.022086	12,530	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	327,059	20,389,998	0.016040	100,790	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	815,433	14,468,945	0.056357	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	503,897	60,395,314	0.008343	535,381	73.00
74.00	07400	RENAL DIALYSIS	22,104	827,171	0.026722	25,027	74.00
76.00	03020	RADIATION ONCOLOGY	897,628	12,535,417	0.071607	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	45,882	1,118,703	0.041014	0	90.00
90.01	09001	DIABETES CLINIC	7,421	58,030	0.127882	0	90.01
90.02	09002	OUTPATIENT CLINICS	221,519	3,289	67.351475	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	64,621	1,092,049	0.059174	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0	90.04
91.00	09100	EMERGENCY	1,169,879	44,160,895	0.026491	0	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	17,154	0	0.000000	0	91.01
91.02	09102	EXPRESS CARE	40,022	0	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,830,610	0.000000	1,930	92.00
200.00		Total (lines 50-199)	14,614,946	500,213,891		1,243,115	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126 Component CCN: 15T126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 12:15 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	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	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	55.01
55.02	03140 RADIOLOGY	0	0	0	0	0	55.02
55.03	03450 RADIOLOGY-NEURO-DIAGNOSTICS	0	0	0	0	0	55.03
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	0	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0	0	72,372	0	72,372	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	391,996	0	391,996	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	464,368	0	464,368	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150126 Component CCN: 15T126		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/26/2016 12:15 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	56,504,633	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	6,361,181	0.000000	0.000000	1,316	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,769,324	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,073,971	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	104,718,085	0.000000	0.000000	84,305	54.00
54.01	05401	RADIOLOGY - I-65	0	16,348,432	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	167,676	0.000000	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	356,100	0.000000	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	26,335,034	0.000000	0.000000	0	55.01
55.02	03140	CARDIOLOGY	0	8,095,482	0.000000	0.000000	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	4,895,240	0.000000	0.000000	0	55.03
60.00	06000	LABORATORY	0	68,045,879	0.000000	0.000000	265,071	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	13,323,540	0.000000	0.000000	129,137	65.00
66.00	06600	PHYSICAL THERAPY	0	2,829,564	0.000000	0.000000	59,076	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	2,915,496	0.000000	0.000000	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	601,213	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	962,098	0.000000	0.000000	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	473,633	0.000000	0.000000	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	294,941	0.000000	0.000000	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	552,105	0.000000	0.000000	487	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	860,123	0.000000	0.000000	28,065	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	176,154	0.000000	0.000000	0	68.02
69.00	06900	ELECTROCARDIOLOGY	72,372	5,673,566	0.012756	0.012756	12,530	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,389,998	0.000000	0.000000	100,790	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,468,945	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	60,395,314	0.000000	0.000000	535,381	73.00
74.00	07400	RENAL DIALYSIS	0	827,171	0.000000	0.000000	25,027	74.00
76.00	03020	RADIATION ONCOLOGY	0	12,535,417	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,118,703	0.000000	0.000000	0	90.00
90.01	09001	DIABETES CLINIC	0	58,030	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	3,289	0.000000	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,092,049	0.000000	0.000000	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	391,996	44,160,895	0.008877	0.008877	0	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0	0	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,830,610	0.000000	0.000000	1,930	92.00
200.00		Total (Lines 50-199)	464,368	500,213,891			1,243,115	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 12:15 am
	Component CCN: 15T126	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	55.01
55.02 03140 RADIOLOGY	0	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	55.03
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	160	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (Lines 50-199)	160	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/26/2016 12:15 am	
		Component CCN: 15T126		Title XIX		Subprovider - IRF Tefra	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,710,739	56,504,633	0.083369	0	0 50.00
51.00	05100	RECOVERY ROOM	525,924	6,361,181	0.082677	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	158,446	5,769,324	0.027464	0	0 52.00
53.00	05300	ANESTHESIOLOGY	111,488	14,073,971	0.007922	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,321,451	104,718,085	0.022169	0	0 54.00
54.01	05401	RADIOLOGY - I-65	400,196	16,348,432	0.024479	0	0 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	9,592	167,676	0.057206	0	0 54.02
54.03	05403	LOWELL RADIOLOGY	10,472	356,100	0.029407	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	724,836	26,335,034	0.027524	0	0 55.01
55.02	03140	CARDIOLOGY	115,022	8,095,482	0.014208	0	0 55.02
55.03	03450	NEURO-DIAGNOSTICS	127,131	4,895,240	0.025970	0	0 55.03
60.00	06000	LABORATORY	736,161	68,045,879	0.010819	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	161,235	13,323,540	0.012102	0	0 65.00
66.00	06600	PHYSICAL THERAPY	172,962	2,829,564	0.061127	0	0 66.00
66.01	06601	PHYSICAL THERAPY I-65	29,486	2,915,496	0.010114	0	0 66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	4,000	601,213	0.006653	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	11,273	962,098	0.011717	0	0 67.00
67.01	06701	OCCUPATION THERAPY I-65	5,323	473,633	0.011239	0	0 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	3,590	294,941	0.012172	0	0 67.02
68.00	06800	SPEECH PATHOLOGY	6,304	552,105	0.011418	0	0 68.00
68.01	06801	SPEECH PATHOLOGY I-65	9,848	860,123	0.011450	2,355	27 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,544	176,154	0.008765	0	0 68.02
69.00	06900	ELECTROCARDIOLOGY	125,304	5,673,566	0.022086	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	327,059	20,389,998	0.016040	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	815,433	14,468,945	0.056357	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	503,897	60,395,314	0.008343	0	0 73.00
74.00	07400	RENAL DIALYSIS	22,104	827,171	0.026722	0	0 74.00
76.00	03020	RADIATION ONCOLOGY	897,628	12,535,417	0.071607	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	45,882	1,118,703	0.041014	0	0 90.00
90.01	09001	DIABETES CLINIC	7,421	58,030	0.127882	0	0 90.01
90.02	09002	OUTPATIENT CLINICS	221,519	3,289	67.351475	0	0 90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	64,621	1,092,049	0.059174	0	0 90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	1,169,879	44,160,895	0.026491	0	0 91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	17,154	0	0.000000	0	0 91.01
91.02	09102	EXPRESS CARE	40,022	0	0.000000	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,830,610	0.000000	0	0 92.00
200.00		Total (lines 50-199)	14,614,946	500,213,891		2,355	27 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126 Component CCN: 15T126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 12:15 am
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	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	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	55.01
55.02	03140 RADIOLOGY	0	0	0	0	0	55.02
55.03	03450 RADIOLOGY-NEURO-DIAGNOSTICS	0	0	0	0	0	55.03
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	0	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0	0	72,372	0	72,372	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	391,996	0	391,996	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	464,368	0	464,368	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126 Component CCN: 15T126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 12:15 am
Title XIX		Subprovider - IRF	Tefra

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	56,504,633	0.000000	0.000000		50.00
51.00	05100 RECOVERY ROOM	0	6,361,181	0.000000	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,769,324	0.000000	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0	14,073,971	0.000000	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	104,718,085	0.000000	0.000000		54.00
54.01	05401 RADIOLOGY - I-65	0	16,348,432	0.000000	0.000000		54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	167,676	0.000000	0.000000		54.02
54.03	05403 LOWELL RADIOLOGY	0	356,100	0.000000	0.000000		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000		55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	26,335,034	0.000000	0.000000		55.01
55.02	03140 RADIOLOGY	0	8,095,482	0.000000	0.000000		55.02
55.03	03450 NEURO-DIAGNOSTICS	0	4,895,240	0.000000	0.000000		55.03
60.00	06000 LABORATORY	0	68,045,879	0.000000	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0	13,323,540	0.000000	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0	2,829,564	0.000000	0.000000		66.00
66.01	06601 PHYSICAL THERAPY I-65	0	2,915,496	0.000000	0.000000		66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	601,213	0.000000	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0	962,098	0.000000	0.000000		67.00
67.01	06701 OCCUPATION THERAPY I-65	0	473,633	0.000000	0.000000		67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	294,941	0.000000	0.000000		67.02
68.00	06800 SPEECH PATHOLOGY	0	552,105	0.000000	0.000000		68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	860,123	0.000000	0.000000	2,355	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	176,154	0.000000	0.000000		68.02
69.00	06900 ELECTROCARDIOLOGY	72,372	5,673,566	0.012756	0.012756		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,389,998	0.000000	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,468,945	0.000000	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	60,395,314	0.000000	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0	827,171	0.000000	0.000000		74.00
76.00	03020 RADIATION ONCOLOGY	0	12,535,417	0.000000	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,118,703	0.000000	0.000000		90.00
90.01	09001 DIABETES CLINIC	0	58,030	0.000000	0.000000		90.01
90.02	09002 OUTPATIENT CLINICS	0	3,289	0.000000	0.000000		90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	1,092,049	0.000000	0.000000		90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0.000000		90.04
91.00	09100 EMERGENCY	391,996	44,160,895	0.008877	0.008877		91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0.000000		91.01
91.02	09102 EXPRESS CARE	0	0	0.000000	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,830,610	0.000000	0.000000		92.00
200.00	Total (Lines 50-199)	464,368	500,213,891			2,355	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/26/2016 12:15 am
	Component CCN: 15T126	Title XIX	Subprovider - IRF Tefra

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	55.01
55.02 03140 RADIOLOGY	0	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	55.03
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/26/2016 12:15 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,037	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,037	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,464	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,508	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		34,759,029	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		34,759,029	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		34,759,029	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,157.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,946,013	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		17,946,013	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,311,825	3,874	1,629.28	1,767	2,878,938	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,374,149	2,880	1,518.80	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,997,909	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,822,860	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,145,039	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,533,676	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,678,715	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,144,145	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,573	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,157.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,291,921	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet D-1
Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,691,703	34,759,029	0.106208	5,291,921	562,044	90.00
91.00 Nursing School cost	0	34,759,029	0.000000	5,291,921	0	91.00
92.00 Allied health cost	0	34,759,029	0.000000	5,291,921	0	92.00
93.00 All other Medical Education	0	34,759,029	0.000000	5,291,921	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T126		Date/Time Prepared: 5/26/2016 12:15 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,469	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,469	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,469	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,584	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,855,499	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,855,499	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,855,499	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,966.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,115,079	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,115,079	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 15T126				Date/Time Prepared: 5/26/2016 12:15 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						251,370		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,366,449		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						292,311		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						17,537		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						309,848		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,056,601		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126 Component CCN: 15T126		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/26/2016 12:15 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	455,625	4,855,499	0.093837	0	0	90.00
91.00	Nursing School cost	0	4,855,499	0.000000	0	0	91.00
92.00	Allied health cost	0	4,855,499	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,855,499	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T126		Date/Time Prepared: 5/26/2016 12:15 am
		Title XIX	Subprovider - IRF	Tefra
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,469	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,469	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,469	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		131	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,840	15.00
16.00	Nursery days (title V or XIX only)		880	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,855,499	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,855,499	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,855,499	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,966.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		257,623	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		257,623	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T126				Date/Time Prepared: 5/26/2016 12:15 am	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					891		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					258,514		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					27		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					258,487		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					6		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-258,487		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					27		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126 Component CCN: 15T126		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/26/2016 12:15 am	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	4,855,499	0.000000	0	0	90.00
91.00	Nursing School cost	0	4,855,499	0.000000	0	0	91.00
92.00	Allied health cost	0	4,855,499	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,855,499	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/26/2016 12:15 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,350,136	30.00
31.00	03100	INTENSIVE CARE UNIT		4,381,107	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.309772	8,037,633	50.00
51.00	05100	RECOVERY ROOM	0.538783	1,100,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.120164	2,831	52.00
53.00	05300	ANESTHESIOLOGY	0.054618	2,220,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151505	14,150,810	54.00
54.01	05401	RADIOLOGY - I-65	0.121657	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.500907	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.311657	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.167924	6,592,598	55.01
55.02	03140	CARDIOLOGY	0.111215	2,082,238	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.189360	599,491	55.03
60.00	06000	LABORATORY	0.169477	13,899,061	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.175225	7,104,928	65.00
66.00	06600	PHYSICAL THERAPY	0.417023	1,315,812	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.316057	0	66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	0.195432	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305118	607,373	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.373686	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.262405	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.376604	291,906	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.378259	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.270627	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.179410	1,159,153	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.262522	5,819,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.980602	4,441,204	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171249	24,866,357	73.00
74.00	07400	RENAL DIALYSIS	0.495346	586,241	74.00
76.00	03020	RADIATION ONCOLOGY	0.238547	191,055	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.995215	1,690	90.00
90.01	09001	DIABETES CLINIC	2.334224	0	90.01
90.02	09002	OUTPATIENT CLINICS	204.012162	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.773039	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	90.04
91.00	09100	EMERGENCY	0.208666	5,491,489	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.095497	840,304	92.00
200.00		Total (sum of lines 50-94 and 96-98)		101,401,635	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		101,401,635	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T126		Date/Time Prepared: 5/26/2016 12:15 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		3,925,848		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.309772	0	0	50.00
51.00	05100 RECOVERY ROOM	0.538783	1,316	709	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.120164	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.054618	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151505	84,305	12,773	54.00
54.01	05401 RADIOLOGY - I-65	0.121657	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.500907	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.311657	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.167924	0	0	55.01
55.02	03140 RADIOLOGY	0.111215	0	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.189360	0	0	55.03
60.00	06000 LABORATORY	0.169477	265,071	44,923	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.175225	129,137	22,628	65.00
66.00	06600 PHYSICAL THERAPY	0.417023	59,076	24,636	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.316057	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.195432	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.305118	0	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0.373686	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.262405	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.376604	487	183	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.378259	28,065	10,616	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.270627	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.179410	12,530	2,248	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.262522	100,790	26,460	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.980602	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171249	535,381	91,683	73.00
74.00	07400 RENAL DIALYSIS	0.495346	25,027	12,397	74.00
76.00	03020 RADIATION ONCOLOGY	0.238547	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.995215	0	0	90.00
90.01	09001 DIABETES CLINIC	2.334224	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	204.012162	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.773039	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.208666	0	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.095497	1,930	2,114	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,243,115	251,370	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,243,115		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Title XIX		Hospital	
		Ratio of Cost To Charges		Inpatient Program Charges	
		1.00		2.00	
				Inpatient Program Costs (col. 1 x col. 2)	
				3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,748,211	30.00
31.00	03100	INTENSIVE CARE UNIT		372,385	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		5,134,670	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.307401	988,366	50.00
51.00	05100	RECOVERY ROOM	0.538783	98,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.120164	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054618	389,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151505	2,030,000	54.00
54.01	05401	RADIOLOGY - I-65	0.121657	1,990	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.500907	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.311657	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.167865	578,083	55.01
55.02	03140	CARDIOLOGY	0.110406	287,845	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.188624	63,443	55.03
60.00	06000	LABORATORY	0.169217	2,393,709	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.175050	846,723	65.00
66.00	06600	PHYSICAL THERAPY	0.417023	79,268	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.316057	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.195432	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.305118	42,001	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.373686	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.262405	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.376604	48,640	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.378259	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.270627	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.178741	99,236	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.262522	662,152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.980602	163,514	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171249	5,055,718	73.00
74.00	07400	RENAL DIALYSIS	0.495346	28,680	74.00
76.00	03020	RADIATION ONCOLOGY	0.238547	16,177	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.990634	0	90.00
90.01	09001	DIABETES CLINIC	2.334224	0	90.01
90.02	09002	OUTPATIENT CLINICS	204.012162	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.772730	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	90.04
91.00	09100	EMERGENCY	0.208640	640,359	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.095497	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		14,513,732	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		14,513,732	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T126		Date/Time Prepared: 5/26/2016 12:15 am	
		Title XIX	Subprovider - IRF	Tefra	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		352,143		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.307401	0	0	50.00
51.00	05100 RECOVERY ROOM	0.538783	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.120164	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.054618	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151505	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0.121657	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.500907	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.311657	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.167865	0	0	55.01
55.02	03140 RADIOLOGY	0.110406	0	0	55.02
55.03	03450 RADIOLOGY-DIAGNOSTICS	0.188624	0	0	55.03
60.00	06000 LABORATORY	0.169217	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.175050	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.417023	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.316057	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.195432	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.305118	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0.373686	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.262405	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.376604	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.378259	2,355	891	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.270627	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.178741	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.262522	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.980602	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171249	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.495346	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0.238547	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.990634	0	0	90.00
90.01	09001 DIABETES CLINIC	2.334224	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	204.012162	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.772730	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.208640	0	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.095497	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,355	891	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,355	891	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/26/2016 12:15 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,872,467	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,727,314	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		744,855	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		4,425,546	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		211.42	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.43	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		2.57	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		2.14	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.56	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		1.56	12.00
13.00	Total allowable FTE count for the prior year.		1.67	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		2.21	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.81	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.008561	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.007838	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.007838	21.00
22.00	IME payment adjustment (see instructions)		130,814	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		18,919	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.58	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		130,814	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		18,919	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.41	30.00
31.00	Percentage of Medicaid patient days (see instructions)		12.79	31.00
32.00	Sum of lines 30 and 31		14.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/26/2016 12:15 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000135235	0.000131163	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		31,475,450		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		31,494,369		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,651,960		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		59,516		52.00
53.00	Nursing and Allied Health Managed Care payment		7,688		53.00
54.00	Special add-on payments for new technologies		4,451		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		38,040		58.00
59.00	Total (sum of amounts on lines 49 through 58)		34,256,024		59.00
60.00	Primary payer payments		3,995		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		34,252,029		61.00
62.00	Deductibles billed to program beneficiaries		3,153,324		62.00
63.00	Coinurance billed to program beneficiaries		110,869		63.00
64.00	Allowable bad debts (see instructions)		332,133		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		215,886		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		35,148		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,203,722		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-51,657		70.93
70.94	HRR adjustment amount (see instructions)		-30,576		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/26/2016 12:15 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		254,911		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		30,866,578		71.00
71.01	Sequestration adjustment (see instructions)		617,332		71.01
72.00	Interim payments		30,244,469		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		4,777		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		0		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/26/2016 12:15 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,912	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,695,219	2.00
3.00	PPS payments		16,220,222	3.00
4.00	Outlier payment (see instructions)		23,830	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		40,015	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,912	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		46,341	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		46,341	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		46,341	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		38,429	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		7,912	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		16,284,067	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,119	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,388,336	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		12,901,524	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		23,161	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)		12,924,685	30.00
31.00	Primary payer payments		6,005	31.00
32.00	Subtotal (line 30 minus line 31)		12,918,680	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		380,023	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		247,015	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		170,294	36.00
37.00	Subtotal (see instructions)		13,165,695	37.00
38.00	MSP-LCC reconciliation amount from PS&R		6	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,165,689	40.00
40.01	Sequestration adjustment (see instructions)		263,314	40.01
41.00	Interim payments		12,896,389	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		5,986	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2016 12:15 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		30,244,469		12,896,389	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		30,244,469		12,896,389	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		4,777		5,986	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		30,249,246		12,902,375	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150126
Component CCN: 15T126

Period:
From 01/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2016 12:15 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,680,638		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,680,638		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		780		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,681,418		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/26/2016 12:15 am
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		6,146	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		17,275	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,788	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		32,218	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		557,846,842	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		20,483,712	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		969,556	8.00
9.00	Sequestration adjustment amount (see instructions)		19,391	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		950,165	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		961,313	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		-11,148	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126 Component CCN: 15T126	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/26/2016 12:15 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,153,012 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			35,740 3.00
4.00	Outlier Payments			597,834 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.764384 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,786,586 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,786,586 17.00
18.00	Primary payer payments			36,745 18.00
19.00	Subtotal (line 17 less line 18).			2,749,841 19.00
20.00	Deductibles			13,860 20.00
21.00	Subtotal (line 19 minus line 20)			2,735,981 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			2,735,981 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,735,981 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			160 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,736,141 32.00
32.01	Sequestration adjustment (see instructions)			54,723 32.01
33.00	Interim payments			2,680,638 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			780 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			597,834 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/26/2016 12:15 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.44	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			2.57	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			2.13	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.56	6.00
7.00	Enter the lesser of line 5 or line 6			1.56	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	1.56	1.56	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	1.56	1.56	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	1.56		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.61		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.21		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	1.79		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	1.79		17.00
18.00	Per resident amount	78,986.67	83,147.16		18.00
19.00	Approved amount for resident costs	0	148,833	148,833	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			148,833	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	18,859	2,889		26.00
27.00	Total Inpatient Days (see instructions)	38,415	38,415		27.00
28.00	Ratio of inpatient days to total inpatient days	0.490928	0.075205		28.00
29.00	Program direct GME amount	73,066	11,193		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,582		30.00
31.00	Net Program direct GME amount			82,677	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/26/2016 12:15 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		827,171	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		48,189,309	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		40,740	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		48,148,569	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		18,743,146	42.00
43.00	Primary payer payments (see instructions)		6,005	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		18,737,141	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		66,885,710	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.719863	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.280137	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		82,677	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		59,516	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		23,161	50.00

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

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet G

Date/Time Prepared:
5/26/2016 12:15 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	40,566,127	0	0	0	1.00
2.00	Temporary investments	3,309,072	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	27,942,658	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,683,164	0	0	0	6.00
7.00	Inventory	1,787,280	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,435,045	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	68,357,018	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,496,378	0	0	0	12.00
13.00	Land improvements	14,050,400	0	0	0	13.00
14.00	Accumulated depreciation	-8,080,400	0	0	0	14.00
15.00	Buildings	153,897,071	0	0	0	15.00
16.00	Accumulated depreciation	-60,347,764	0	0	0	16.00
17.00	Leasehold improvements	6,266,560	0	0	0	17.00
18.00	Accumulated depreciation	-760,847	0	0	0	18.00
19.00	Fixed equipment	138,434,629	0	0	0	19.00
20.00	Accumulated depreciation	-75,663,351	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	180,292,676	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	231,261	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,672,411	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,903,672	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	250,553,366	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,779,923	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,150,832	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	3,277,519	0	0	0	43.00
44.00	Other current liabilities	1,684,711	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,892,985	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-3,322,009	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-3,322,009	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,570,976	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	231,982,390				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	231,982,390	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	250,553,366	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-1

Date/Time Prepared:
5/26/2016 12:15 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		228,973,440		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,255,908			2.00
3.00	Total (sum of line 1 and line 2)		253,229,348		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		253,229,348		0	11.00
12.00	ADJUST FUND BALANCE	21,246,958		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		21,246,958		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		231,982,390		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ADJUST FUND BALANCE		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2016 12:15 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,396,718		49,396,718	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,993,757		5,993,757	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	55,390,475		55,390,475	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,596,693		7,596,693	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	12,532,503		12,532,503	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,129,196		20,129,196	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	75,519,671		75,519,671	17.00
18.00	Ancillary services	183,465,055	259,213,369	442,678,424	18.00
19.00	Outpatient services	13,182,367	36,877,649	50,060,016	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	0	1,057,310	1,057,310	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	272,167,093	297,148,328	569,315,421	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		184,663,091		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		184,663,091		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150126

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-3

Date/Time Prepared:
5/26/2016 12:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	569,315,421	1.00
2.00	Less contractual allowances and discounts on patients' accounts	364,759,152	2.00
3.00	Net patient revenues (line 1 minus line 2)	204,556,269	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	184,663,091	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,893,178	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	86,062	6.00
7.00	Income from investments	6,316	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	712,963	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	772,224	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	212,353	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	40,180	21.00
22.00	Rental of hospital space	942,262	22.00
23.00	Governmental appropriations	591,633	23.00
24.00	OTHER OPERATING REVENUE	998,737	24.00
25.00	Total other income (sum of lines 6-24)	4,362,730	25.00
26.00	Total (line 5 plus line 25)	24,255,908	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,255,908	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet I-5 Date/Time Prepared: 5/26/2016 12:15 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150126	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/26/2016 12:15 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,448,701	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		119,024	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		98.48	3.00
4.00	Number of interns & residents (see instructions)		1.81	4.00
5.00	Indirect medical education percentage (see instructions)		0.52	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		12,733	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.41	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		12.79	8.00
9.00	Sum of lines 7 and 8		14.20	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.92	10.00
11.00	Disproportionate share adjustment (see instructions)		71,502	11.00
12.00	Total prospective capital payments (see instructions)		2,651,960	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00