Health Financial Systems This report is required by law (42 USC 1395g; 42 CF payments made since the beginning of the cost repor	ting period bei	ailure to repo ng deemed over	payments (42 US	n all interim SC 1395g).	OMB NO. 0938	D
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPO AND SETTLEMENT SUMMARY	RT CERTIFICATIO	IN Provider		eriod: com 01/01/2014 o 12/31/2014	Worksheet S Parts I-III Date/Time Pro 5/22/2015 4:2015	
PART I – COST REPORT STATUS						
Provider 1. [ X ] Electronically filed cost rep				Date:	Time:	
use only 2. [ ] Manual I y submitted cost repor						
3.[ 0]If this is an amended report 4.[ F]Medicare Utilization. Enter "	enter the number F" for full or	er of times the "I" for low	e provider resu	bmitted this c	ost report	
	Recei ved:	L TOT TOW.	10. NPR	Data		
use only (1) As Submitted 7. Contr	actor No.		11. Con	tractor's Vendo	or Code:	4
(2) Settled without Audit 8. [N]	Initial Report	for this Provi	der CCN 12. [ 0	]If line 5, co	olumn 1 is 4:	Enter
	Final Report fo	or this Provide	er CCN	number of tim	nes reopened =	0-9.
(4) Reopened						
(5) Amended						
PART II - CERTIFICATION						
MISREPRESENTATION OF FALSIFICATION OF ANY INFORMATION	ON CONTAINED IN	N THIS COST REP	ORT MAY BE PUN	SHABLE BY CRIM	MINAL, CIVIL A	ND
ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UND	ER FEDERAL LAW.	FURTHERMORE,	IF SERVICES I	DENTIFIED IN TH	HIS REPORT WER	E
PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY O		A KICKBACK OR	WERE OTHERWISI	E ILLEGAL, CRIM	MINAL, CIVIL A	ND
ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MA	Y RESULT.					
CERTIFICATION BY OFFICER OR ADMINIS	STRATOR OF PROV	IDER(S)				
			46-4 1 6			
I HEREBY CERTIFY that I have read the above						
electronically filed or manually submitted Expenses prepared by FRANCISCAN HEALTH MUNS						
ending 12/31/2014 and to the best of my kno						
complete and prepared from the books and re						
except as noted. I further certify that I						
heal th care services, and that the services			5	5 5 1		
laws and regulations.						
	(Si gn	ed)				
			er or Administr	ator of Provid	ler(s)	
		Ti tl e				
		Date				
		Title	XV/111			
Cost Center Description	Title V	Part A	Part B	ніт	Title XIX	
cost center bescription	1.00	2.00	3,00	4, 00	5.00	
PART III - SETTLEMENT SUMMARY	1.00	2.00	5.00	4.00	5.00	
1.00 Hospi tal	0	12, 531	80, 596	48, 804	(	1.00
2.00 Subprovider - IPF	0	0	0		(	2.00
3.00 Subprovider - IRF	0	0	0		(	3.00
5.00 Swing bed - SNF	0	0	0			5.00
6.00 Swing bed - NF	0					6.00
200. 00 Total	0	12, 531	80, 596	48, 804		200.00
The above amounts represent "due to" or "due from"						· .
According to the Paperwork Reduction Act of 1995, n						
displays a valid OMB control number. The valid OMB required to complete and review the information col						
instructions, search existing resources, gather the						

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.

211.	AL AND HOSPITAL HEALTH CARE COMPLEX I	DENTIFICATION DATA	A Contraction of the second se	Provi de	er CCN:	150165	Period: From 01/0	1/2014	Workshee Part I	et S-2	
								1/2014			
	1.00	2.0	0	3.	00			4.00	57227201	5 4.51	
	Hospital and Hospital Health Care Co										
	Street: 701 SUPERIOR STREET City: MUNSTER	PO Box: State: IN	7:	p Code:	14221	Cours					1. 2.
,	CITY. MUNSTER	Component Nam			CBSA	Provi der	ty: LAKE - Date	Pavm	ent Syste	m (P,	
					lumber	Туре	Certifie		, 0, or M		
								V		XIX	
	Hospital and Hospital-Based Componen	1.00	2	. 00	3.00	4.00	5.00	6.00	0 7.00	8.00	
)		FRANCI SCAN HEALTH	15	0165	23844	1	06/01/200	07 N	Р	Р	3
		MUNSTER									
	Subprovider - IPF										4
	Subprovider - IRF Subprovider - (Other)										5 6
	Swing Beds - SNF										7
	Swing Beds - NF										8
	Hospital -Based SNF										9. 10
	Hospi tal -Based NF Hospi tal -Based OLTC										11
	Hospi tal -Based HHA										12
	Separately Certified ASC										13
	Hospital-Based Hospice Hospital-Based Health Clinic - RHC										14 15
	Hospital-Based Health Clinic - FQHC										16.
	Hospital-Based (CMHC) I										17
	Renal Dialysis										18
00	Other						Fro	m.	To:		19
							1. (		2.00	)	
	Cost Reporting Period (mm/dd/yyyy)						01/01/		12/31/2	2014	20
00	Type of Control (see instructions) Inpatient PPS Information							1			21
00	Does this facility qualify and is it	currently receivi	ng payment	ts for d	i spropo	rtionate	N				22.
	share hospital adjustment, in accord	ance with 42 CFR §4	412.106?	In colu	mn 1, ∈	enter "Y"					
	for yes or "N" for no. Is this facil amendment hospital?) In column 2, en				06(c)(2	?) (Pi ckl e					
)1	Did this hospital receive interim un				cost re	portina	N		N		22.
	period? Enter in column 1, "Y" for y	es or "N" for no fo	or the por	rtion of	the co	st					
	reporting period occurring prior to										
	for no for the portion of the cost re (see instructions)	eporting period oc	curring or	1 or art	er octo	ber I.					
)2	Is this a newly merged hospital that	requires final une	compensate	ed care	payment	s to be	N		N		22.
	determined at cost report settlement						S				
	or "N" for no, for the portion of the in column 2, "Y" for yes or "N" for the interval of the						n				
	or after October 1.			5001 . op	ortrig	poi : ou o					
	Did this hospital receive a geograph								N		22.
	of the OMB standards for delineating in column 1, "Y" for yes or "N" for										
	prior to October 1. Enter in column :	2, "Y" for yes or '	"N" for no	o for th	e porti	on of th	e				
	cost reporting period occurring on o										
	hospital contain at least 100 but no 42 CFR 412.105)? Enter in column 3,		•	untea In	accord	ance wit	"				
	Which method is used to determine Me	dicaid days on lin	es 24 and/					2	N		23.
	1, enter 1 if date of admission, 2 i										
	method of identifying the days in th used in the prior cost reporting per										
			n-State	In-Stat	e Ou	ut-of	Out-of	Medi ca		her	
			Medicaid	Medi cai		tate	State Modicaid	HMO da	<i>y</i>	cai d	
		þ	aid days	el i gi bl unpai c			Medicaid   eligible		da	iys	
				days			unpai d				
			1.00	2.00		3. 00	4.00	5.00		00	
	If this provider is an IPPS hospital in-state Medicaid paid days in colum		68		0	0	0		0	0	24.
	Medicaid eligible unpaid days in colum										
	out-of-state Medicaid paid days in c	olumn 3,									
	out-of-state Medicaid eligible unpai										
	<ol> <li>Medicaid HMO paid and eligible bu column 5, and other Medicaid days in</li> </ol>										
	If this provider is an IRF, enter th		о		0	о	0		0		25.
	Medicaid paid days in column 1, the	in-state									
	Medicaid eligible unpaid days in col out-of-state Medicaid days in column										
	iour of state weuldalu uavs III CULUNN	J, JUL-DI-SLALE							1		
	Medicaid eligible unpaid days in col	umn 4, Medicaid									

Heal th Financi			ALTH MUNSTER		I	n Lieu	u of For	m CMS-2	2552-10
HOSPITAL AND H	IOSPITAL HEALTH CARE COMPLEX IDENTIFICATI	ON DATA	Provi der	F	eriod: rom 01/01/ o 12/31/		Workshe Part I Date/Ti 5/22/20	me Pre	pared:
					Urban/Rur 1.00			Geogr	
	our standard geographic classification (n			ginning of the	1.00	1	2.0		26.00
27.00 Enter yo reportin	porting period. Enter "1" for urban or "2 pur standard geographic classification (n ng period. Enter in column 1, "1" for urb	ot wage) st an or "2" f	atus at the end or rural. If ap			1			27.00
35.00 If this	ne effective date of the geographic recla is a sole community hospital (SCH), ente n the cost reporting period.			CH status in		0			35.00
					Begi nni 1. 00	0	Endi 2. (	0	
	oplicable beginning and ending dates of S		Subscript line	36 for number	1.00		2.0		36.00
37.00 If this	ods in excess of one and enter subsequent is a Medicare dependent hospital (MDH), ct in the cost reporting period.		umber of period	ds MDH status		0			37. 00
	oplicable beginning and ending dates of M ods in excess of one and enter subsequent		Subscript line	38 for number					38.00
	bus th excess of one and enter subsequent	uares.			Y/N		Y/		
	s facility qualify for the inpatient hos s in accordance with 42 CFR §412.101(b)(		2		1.00 N		2.0 N		39.00
	for no. Does the facility meet the mileag .101(b)(2)(ii)? Enter in column 2 "Y" for								
40.00  s this "N" for	hospital subject to the HAC program redu no in column 1, for discharges prior to	iction adjus October 1.	tment? Enter "Y Enter "Y" for y	(" for yes or	N		Y		40. 00
	olumn 2, for discharges on or after Octob	er I. (see	Instructions)			V	XVIII	XIX	
Prospec	tive Payment System (PPS)-Capital					1.00	2.00	3.00	
45.00 Does thi	s facility qualify and receive Capital p CFR Section §412.320? (see instructions)		di sproporti ona	te share in acc	cordance	N	N	N	45.00
	facility eligible for additional payment t to 42 CFR §412.348(f)? If yes, complete					N	N	N	46.00
48.00 Is the t	a new hospital under 42 CFR §412.300 PPS facility electing full federal capital pa g Hospitals					N N	N N	N N	47.00 48.00
56.00 Is this	a hospital involved in training resident	s in approv	ed GME programs	s? Enter "Y" 1	for yes	N			56.00
GME prog is "Y" (	For no. 56 is yes, is this the first cost report grams trained at this facility? Enter "Y did residents start training in the first or "N" for no in column 2. If column 2	" for yes o month of t	r "N" for no in his cost report	n column 1. If ting period? I	column 1 Enter "Y"				57.00
"N", cor 58.00 If line	mplete Wkst. D, Parts III & IV and D-2, P 56 is yes, did this facility elect cost	rt. II, if a reimburseme	, pplicable. nt for physicia						58.00
	in CMS Pub. 15–1, § 2148? If yes, comple ts claimed on line 100 of Worksheet A? I			Pt. I.		N			59.00
60.00 Are you	claiming nursing school and/or allied he	alth costs	for a program t	that meets the		N			60.00
	r-operated criteria under §413.85? Enter	Y TOT ye	IME	Direct GME	IME		Di rect	t GME	
		1.00	2.00	3.00	4.00		5.0	00	
secti on	r hospital receive FTE slots under ACA 5503? Enter "Y" for yes or "N" for no in 1. (see instructions)	N				0. 00			61.00
61.01 Enter th FTEs fro	ne average number of unweighted primary c om the hospital's 3 most recent cost repo and submitted before March 23, 2010. (see	rts	0.00	0.0	D				61. 01
i nstruc 61.02 Enter th		care	0.00	0.0	D				61. 02
ACA). (s	mary care FTEs added under section 5503 o see instructions) ne base line FTE count for primary care	f	0.00	0.0	0				61. 03
	general surgery residents, which is used ning compliance with the 75% test. (see tions)	for							
61.04 Enter th surgery	ne number of unweighted primary care/or allopathic and/or osteopathic FTEs in th		0.00	0.0	þ				61. 04
61.05 Enter th and/or g primary	cost reporting period. (see instructions) ne difference between the baseline primar general surgery FTEs and the current year care and/or general surgery FTE counts (	y 's	0.00	0.0	þ				61.05
61.06 Enter th used for	nus line 61.03). (see instructions) ne amount of ACA §5503 award that is bein r cap relief and/or FTEs that are nonprim general surgery. (see instructions)		0.00	0.0	d				61.06

ealth Financial Systems OSPITAL AND HOSPITAL HEALTH CARE COM		CAN HEALTH M			eriod:	u of Form CMS-2 Worksheet S-2	
				Т		5/22/2015 4:3	
		Program	Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.0	0	2.00	3.00	4.00	
<ol> <li>1.10 Of the FTEs in line 61.05, specialty, if any, and the numb for each new program. (see inst column 1, the program name, ent program code, enter in column 3 unweighted count and enter in co FTE unweighted count.</li> <li>1.20 Of the FTEs in line 61.05, specialty, if any, and residents for each expanded pro instructions) Enter in column 1 enter in column 2, the program 3, the IME FTE unweighted count 4, direct GME FTE unweighted count</li> </ol>	er of FTE residents ructions) Enter in er in column 2, the , the IME FTE olumn 4, direct GME ify each expanded the number of FTE gram. (see , the program name, code, enter in column and enter in column				0.00		61. 1
ACA Droui of or - Affection II	alth Decourses and C		lotrot! -			1.00	
ACA Provisions Affecting the He 2.00 Enter the number of FTE resider					od for which	0.00	62.0
your hospital received HRSA PCR	E funding (see instruc	ctions)				0.00	]
2.01 Enter the number of FTE resider during in this cost reporting p Teaching Hospitals that Claim F	eriod of HRSA THC prog	gram. (see in			your hospital	0.00	62.0
3.00 Has your facility trained resic "Y" for yes or "N" for no in co	ents in nonprovider se	ettings durin		instructions)		N	63. (
				Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			F	1.00	2.00	3.00	1
Section 5504 of the ACA Base Ye				his base year	is your cost r	eporti ng	
<ul> <li>period that begins on or after</li> <li>4.00 Enter in column 1, if line 63 i in the base year period, the nuresident FTEs attributable to r settings. Enter in column 2 th resident FTEs that trained in y of (column 1 divided by (column</li> </ul>	s yes, or your facilit mber of unweighted nor otations occurring in e number of unweightec our hospital. Enter ir _ <u>1 + column 2)). (see</u>	ty trained re -primary can all nonprovi d non-primary n column 3 th instructions	esidents re ider y care he ratio s)	0.00			
	Program Name	Program	Code	Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.0	0	3.00	4.00	5.00	1
5.00 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				0. 00	) 0.00	0. 000000	

Heal th	Financial Systems	FRANCI S	SCAN HEALTH	MUNSTER		I	n Lie	u of For	m CMS-2	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE COMPI	LEX IDENTIFICATION DA	ТА	Provi der		Period: From 01/01, To 12/31,		Workshe Part I Date/Ti 5/22/20	me Pre	
					Unweighted FTEs Nonprovider Site 1.00	Unwei gh FTEs i Hospi t 2.00	i n al	Ratio (c (col. 1 2)	col. 1/ + col. )	<u>1 piii</u>
	Section 5504 of the ACA Current		n Nonprovide	er Setting	sEffective	for cost re	eporti	ng perio	ods	
66.00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations o Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	unweighted non-primar ccurring in all nonpr unweighted non-primar al. Enter in column 3	rovider sett ry care resi 3 the ratio	ings. dent	0. (	00	0. 00	0.	000000	66. 00
		Program Name	Program	n Code	Unweighted FTEs Nonprovider Site	Unwei gh FTEs i Hospi t	in	Ratio (c (col. 3 4)	+ col.	
		1.00	2. (	00	3.00	4.00		5. C		
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)				0.0	00	0.00	0.	000000	67.00
							1.00	) 2.00	3.00	
70.00	Inpatient Psychiatric Facility P			- : ++		a secolada se o				70.00
	Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no If line 70 yes: Column 1: Did th						N		0	70. 00 71. 00
	recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Co program in accordance with 42 CF Column 3: If column 2 is Y, ente reporting period covers the begi or subsequent academic years of instructions) For cost reporting reporting period covers the begi teaching program in existence, e Inpatient Rehabilitation Facilit Is this facility an Inpatient Re subprovider? Enter "Y" for yes If line 75 yes: Column 1: Did th recent cost reporting period end no. Column 2: Did this facility CFR 412.424 (d)(1)(iii)(D)? Ente	lumn 2: Did this faci R 412.424 (d)(1)(iii) r 1, 2, or 3, in colu nning of the fourth y the new teaching prog periods beginning or nning of the sixth or nter 6 in column 3. ( y PPS habilitation Facility and "N" for no. e facility have an ap ing on or before Nove train residents in a	lity train (D)? Enter umn 3. (see year, enter gram in exis n or after C any subsec (see instruct y (IRF), or opproved GME ember 15, 20 new teachir	residents "Y" for ye instruction tence, enti- stence, enti	in a new tead es or "N" for ons) If this on nn 3, or if th ter 5. (see 2012, if this emic year of the ontain an IRF program in the "Y" for yes of in accordance	ching no. cost ne fifth s cost the new e most or "N" for e with 42	N		0	75. 00 76. 00
	1, 2, or 3, in column 3. (see in of the fourth year, enter 4 in c teaching program in existence, e on or after October 1, 2012, if any subsequent academic year of instructions)	structions) If this of olumn 3, or if the fi nter 5. (see instruct this cost reporting p	cost reporti fth or subs tions) For c period cover	ng period equent aca cost report rs the begi	covers the be ademic years o ting periods b nning of the	eginning of the new oeginning sixth or		1.0	00	
	Long Term Care Hospital PPS									
	Is this a long term care hospita Is this a LTCH co-located within "Y" for yes and "N" for no. TEFRA Providers					g period? E	nter	N N		80. 00 81. 00
	Is this a new hospital under 42 Did this facility establish a ne \$413.40(f)(1)(ii)? Enter "Y" fo	w Other subprovider (	(excluded un				no.	N		85. 00 86. 00

Health Financial Systems FRANCISCAN HEA				u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der	F	Period: From 01/01/2014		
		[]	o 12/31/2014	Date/Time Pre 5/22/2015 4:3	
			V 1.00	XI X 2.00	_
Title V and XIX Services           90.00         Does this facility have title V and/or XIX inpatient hospital	al services? Er	nter "Y" for	N	Y	90.00
yes or "N" for no in the applicable column. 91.00 Is this hospital reimbursed for title V and/or XIX through			N	N	91.00
full or in part? Enter "Y" for yes or "N" for no in the app 92.00 Are title XIX NF patients occupying title XVIII SNF beds (d	ual certificati			N	92.00
instructions) Enter "Y" for yes or "N" for no in the application 93.00 Does this facility operate an ICF/MR facility for purposes		XIX? Enter	N	N	93.00
"Y" for yes or "N" for no in the applicable column. 94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes,	and "N" for no	o in the	N	N	94.00
applicable column. 95.00  If line 94 is "Y", enter the reduction percentage in the ap			0.00	0.00	95.00
96.00 Does title V or XIX reduce operating cost? Enter "Y" for yeapplicable column.	s or "N" for no	o in the	N	N	96.00
97.00 If line 96 is "Y", enter the reduction percentage in the ap Rural Providers	plicable column	1.	0.00	0.00	97.00
105.00 Does this hospital qualify as a Critical Access Hospital (C. 106.00 If this facility qualifies as a CAH, has it elected the all		nod of payment	N		105.00 106.00
for outpatient services? (see instructions) 107.00 Column 1: If this facility qualifies as a CAH, is it eligi					107.00
for I &R training programs? Enter "Y" for yes or "N" for m instructions) If yes, the GME elimination would not be on W the program would be cost reinburged if yes complete Wight	kst. B, Pt. I,	col. 25 and			
the program would be cost reimbursed. If yes complete Wkst. this facility is a CAH, do I&Rs in an approved medical educ. CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or	ation program t	train in the			
instructions) 108.00 Is this a rural hospital qualifying for an exception to the			N		108.00
CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	Physi cal	Occupational	Speech	Respi ratory	100.00
	1.00	2.00	3.00	4.00	100.00
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y"					109.00
for yes or "N" for no for each therapy.					
110.00 Did this hospital participate in the Rural Community Hospit.		on project (41	OA Demo)for	1.00 N	110.00
the current cost reporting period? Enter "Y" for yes or "N"			1.0		
Miscellaneous Cost Reporting Information			1.0	0 2.00 3.00	
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o is yes, enter the method used (A, B, or E only) in column 2 3 either "93" percent for short term hospital or "98" perce psychiatric, rehabilitation and long term hospitals provide Pub. 15-1, §2208.1.	. If column 2 i nt for long ter	s "E", enter rm care (inclu	in column des	0	115.00
116.00 Is this facility classified as a referral center? Enter "Y" 117.00 Is this facility legally-required to carry malpractice insu	for yes or "N' rance? Enter "Y	' for no. Y" for yes or	"N" for Y		116. 00 117. 00
no. 118.00 Is the mal practice insurance a claims-made or occurrence po claim-made. Enter 2 if the policy is occurrence.	licy? Enter 1 i	f the policy	is 1		118.00
		Premi ums	Losses	Insurance	
119 Ollist amounts of malprastics promiums and paid losses:		1.00	2.00	3.00	119.01
118.01 List amounts of malpractice premiums and paid losses:		41, 64			118.01
118.02 Are malpractice premiums and paid losses reported in a cost			1.00 N	2.00	118. 02
Administrative and General? If yes, submit supporting scher and amounts contained therein.	dule listing co	ost centers			
119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold	d Harmless prov	vision in ACA	N	Ν	119.00 120.00
§3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with < 100 beds that q Hold Harmless provision in ACA §3121 and applicable amendme	ualifies for th	ne Outpatient			
Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost imple patients? Enter "Y" for yes or "N" for no. Transplant Conter Information	antable devices	s charged to	Y		121.00
Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" for the particulation of the particulation of the formation of the particulation of the formation of the particulation of the formation of the particulation of the pa	or yes and "N"	for no. If	N		125. 00
yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, et		fication date			126. 00
in column 1 and termination date, if applicable, in column 127.00 If this is a Medicare certified heart transplant center, en	ter the certifi	cation date			127.00
in column 1 and termination date, if applicable, in column	2.			ļ	

	N HEALTH MUNSTER Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet S- Part I Date/Time Pr	repared
				5/22/2015 4:	31 pm
			1.00	2.00	_
28.00 If this is a Medicare certified liver transplant center		ication date			128. 0
in column 1 and termination date, if applicable, in col 29.00 f this is a Medicare certified lung transplant center,		cation date i	n		129.0
column 1 and termination date, if applicable, in column					127.0
30.00 If this is a Medicare certified pancreas transplant cen		ti fi cati on			130. 0
date in column 1 and termination date, if applicable, in 31.00 If this is a Medicare certified intestinal transplant c		erti fi cati on			131.0
date in column 1 and termination date, if applicable, in					
32.00  f this is a Medicare certified islet transplant center in column 1 and termination date, if applicable, in col	, enter the certif ump 2	ication date			132.0
33.00 If this is a Medicare certified other transplant center		ication date			133. 0
in column 1 and termination date, if applicable, in col					124.0
34.00 If this is an organ procurement organization (OPO), entrance and termination date, if applicable, in column 2.	er the OPO number				134.0
ALL Providers					
40.00 Are there any related organization or home office costs chapter 10? Enter "Y" for yes or "N" for no in column 1			Y		140. 0
are claimed, enter in column 2 the home office chain nu					
1.00	2.00		3.00		
If this facility is part of a chain organization, enter home office and enter the home office contractor name a			name and address	of the	
	e: WISCONSIN PHYSIC		or's Number: 8001	l	141.0
	SERVI CE				1.40.0
42.00 Street: 1515 DRAGOON TRAIL PO Box: 43.00 City: MISHAWAKA State:	IN	Zip Code	. 4654	16	142.0 143.0
					110.0
				1.00	
44.00Åre provider based physicians' costs included in Worksh 45.00Åf costs for renal services are claimed on Worksheet A,		costs for inr	atient services	Y Y	144.0 145.0
only? Enter "Y" for yes or "N" for no.	The 74, are the		attent services		145.0
			1.00		_
46.00 Has the cost allocation methodology changed from the pro	eviously filed cos	t report?	1.00 N	2.00	146.0
Enter "Y" for yes or "N" for no in column 1. (See CMS P					
the approval date (mm/dd/yyyy) in column 2.	6		N		147.0
47.00Was there a change in the statistical basis? Enter "Y" 48.00Was there a change in the order of allocation? Enter "Y			N N		147.0
49.00 Was there a change to the simplified cost finding method					149.0
no.	Part A	Part B	Title V	Title XIX	-
	1.00	2.00	3.00	4.00	-
Does this facility contain a provider that qualifies fo		m the applica		er of costs	
or charges? Enter "Y" for yes or "N" for no for each co	mponent for Part A		(See 42 CFR §413	3. 13) N	
		ļ N	IN		155.0
55.00Hospi tal	N	N	N		155. 0 156. 0
55. 00Hospi tal 56. 00Subprovi der – TPF 57. 00Subprovi der – TRF	N N	N N	N N	N N	156. 0 157. 0
55. 00Hospi tal 56. 00Subprovi der – TPF 57. 00Subprovi der – TRF 58. 00SUBPROVI DER	N	N	N	N N	156. 0 157. 0 158. 0
55. 00Hospital 56. 00Subprovider - IPF 57. 00Subprovider - IRF 58. 00SUBPROVIDER 59. 00SNF	N N	N	N N	N N	156.0 157.0 158.0 159.0
55.00Hospital 56.00Subprovider - IPF 57.00Subprovider - IRF 58.00SUBPROVIDER 59.00SNF 60.00HOME HEALTH AGENCY	N	N	N	N N	156. 0 157. 0 158. 0
55.00Hospital 56.00Subprovider - IPF 57.00Subprovider - IRF 58.00SUBPROVIDER 59.00SNF 60.00HOME HEALTH AGENCY	N N	N N N	N N N	N N N N	156. 0 157. 0 158. 0 159. 0 160. 0
55.00Hospital 56.00Subprovider - IPF 57.00Subprovider - IRF 58.00SUBPROVIDER 59.00SNF 60.00HOME HEALTH AGENCY 61.00CMHC	N N	N N N	N N N	N N N	156. 0 157. 0 158. 0 159. 0 160. 0
55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC Multicampus 65.00 Is this hospital part of a Multicampus hospital that has	N N N	N N N N	N N N N	N N N N	156. 0 157. 0 158. 0 159. 0 160. 0
55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC Multicampus 65.00 Is this hospital part of a Multicampus hospital that has Enter "Y" for yes or "N" for no.	N N N s one or more camp	N N N uses in diffe	N N N Prent CBSAs?	N N N N 1.00	156. 0 157. 0 158. 0 159. 0 160. 0 161. 0
55.00 Hospital 66.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 50.00 HOME HEALTH AGENCY 51.00 CMHC Multicampus 55.00 Is this hospital part of a Multicampus hospital that has Enter "Y" for yes or "N" for no. Name	N N N s one or more camp County	N N N uses in diffe	Prent CBSAs?	N N N N 1.00 FTE/Campus	156. C 157. C 158. C 159. C 160. C 161. C
55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 50.00 HOME HEALTH AGENCY 51.00 CMHC 55.00 Is this hospital part of a Multicampus hospital that has Enter "Y" for yes or "N" for no. Name 0	N N N s one or more camp	N N N uses in diffe	N N N Prent CBSAs?	N N N N 1.00 FTE/Campus 5.00	156. C 157. C 158. C 159. C 160. C 161. C 165. C
55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 50.00 HOME HEALTH AGENCY 51.00 CMHC Multicampus 55.00 Is this hospital part of a Multicampus hospital that has Enter "Y" for yes or "N" for no. Name 0 56.00 If line 165 is yes, for each campus enter the name in column	N N N s one or more camp County	N N N uses in diffe	Prent CBSAs?	N N N N 1.00 FTE/Campus 5.00	156. 0 157. 0 158. 0 159. 0 160. 0 161. 0 165. 0
55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 50.00 HOME HEALTH AGENCY 51.00 CMHC Multicampus 55.00 Is this hospital part of a Multicampus hospital that have Enter "Y" for yes or "N" for no. Name 0 56.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in	N N N s one or more camp County	N N N uses in diffe	Prent CBSAs?	N N N N 1.00 FTE/Campus 5.00	156. C 157. C 158. C 159. C 160. C 161. C 165. C
55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC Multicampus 65.00 Is this hospital part of a Multicampus hospital that has Enter "Y" for yes or "N" for no. Name 0 66.00 If line 165 is yes, for each campus enter the name in column	N N N s one or more camp County	N N N uses in diffe	Prent CBSAs?	N N N N 1.00 FTE/Campus 5.00	156. 0 157. 0 158. 0 159. 0 160. 0 161. 0 165. 0
55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 50.00 HOME HEALTH AGENCY 61.00 CMHC Multicampus 65.00 Is this hospital part of a Multicampus hospital that has Enter "Y" for yes or "N" for no. Name 0 66.00 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,	N N N s one or more camp County	N N N uses in diffe	Prent CBSAs?	N N N N 1.00 FTE/Campus 5.00	156. C 157. C 158. C 159. C 160. C 161. C 165. C
55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 50.00 HOME HEALTH AGENCY 51.00 CMHC Multicampus 55.00 Is this hospital part of a Multicampus hospital that has Enter "Y" for yes or "N" for no. Name 0 56.00 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	N N N s one or more camp County	N N N uses in diffe	Prent CBSAs?	N N N 1.00 FTE/Campus 5.00 0.0	156. C 157. C 158. C 159. C 160. C 161. C 165. C
55. 00 Hospital 56. 00 Subprovider - IPF 57. 00 Subprovider - IRF 58. 00 SUBPROVIDER 59. 00 SNF 60. 00 HOME HEALTH AGENCY 61. 00 CMHC Multicampus 65. 00 Is this hospital part of a Multicampus hospital that have Enter "Y" for yes or "N" for no.	N N N s one or more camp <u>County</u> 1.00	N N N uses in diffe State Zi 2.00	Prent CBSAs?	N N N N 1.00 FTE/Campus 5.00	156. 0 157. 0 158. 0 159. 0 160. 0 161. 0
55. 00 Hospital 56. 00 Subprovider - IPF 57. 00 Subprovider - IRF 58. 00 SUBPROVIDER 59. 00 SNF 60. 00 HOME HEALTH AGENCY 61. 00 CMHC Multicampus 65. 00 Is this hospital part of a Multicampus hospital that has Enter "Y" for yes or "N" for no. Mame 0 66. 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) Heal th Information Technology (HIT) incentive in the Am 67. 00 Is this provider a meaningful user under Section §1886(1)	N N N S one or more camp <u>County</u> 1.00 erican Recovery an n)? Enter "Y" for	N N N uses in diffe State Zi 2.00 d Reinvestmer yes or "N" f	N N N Prent CBSAs? p Code CBSA 3.00 4.00	N N N 1.00 FTE/Campus 5.00 0.0	156. 0 157. 0 158. 0 159. 0 160. 0 161. 0 165. 0 00 166. 0 00 166. 0
55. 00 Hospital 56. 00 Subprovider - IPF 57. 00 Subprovider - IRF 58. 00 SUBPROVIDER 59. 00 SNF 50. 00 HOME HEALTH AGENCY 51. 00 CMHC Multicampus 55. 00 Is this hospital part of a Multicampus hospital that has Enter "Y" for yes or "N" for no. Name 0 56. 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) Heal th Information Technology (HIT) incentive in the Am 57. 00 Is this provider a meaningful user under Section §1886(i 58. 00 If this provider is a CAH (line 105 is "Y") and is a meaningful user under Section §1886(i 58. 00 If this provider is a CAH (line 105 is "Y") and is a meaningful user under Section §1886(i 58. 00 If this provider is a CAH (line 105 is "Y") and is a meaningful user under Section §1886(i)	N N N S one or more camp County 1.00 erican Recovery an n)? Enter "Y" for aningful user (lin	N N N uses in diffe State Zi 2.00 d Reinvestmer yes or "N" f	N N N Prent CBSAs? p Code CBSA 3.00 4.00	N N N N 1.00 FTE/Campus 5.00 0.0	156. 0 157. 0 158. 0 159. 0 160. 0 161. 0 165. 0 165. 0 00 166. 0
55.00 Hospital         56.00 Subprovider - IPF         57.00 Subprovider - IRF         58.00 SUBPROVIDER         59.00 SNF         50.00 HOME HEALTH AGENCY         51.00 CMHC         Multicampus         55.00 Is this hospital part of a Multicampus hospital that has         Enter "Y" for yes or "N" for no.         Name         0         56.00 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)	N N N S one or more camp <u>County</u> 1.00 erican Recovery an n)? Enter "Y" for aningful user (lin ctions)	N N N uses in diffe 2.00 d Reinvestmer yes or "N" f e 167 is "Y")	N N N N Prent CBSAs? p Code CBSA 3.00 4.00 4.00	N N N 1.00 FTE/Campus 5.00 0.0	156. 157. 158. 159. 160. 161. 165. 00 166. 00 166.

Health Financial Systems	FRANCI SCAN HEALTH	MUNSTER	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENT	FICATION DATA	Provider CCN: 150165	Period:	Worksheet S-2	2
			From 01/01/2014 To 12/31/2014		epared:
				5/22/2015 4:3	1 pm
			Begi nni ng	Endi ng	
			1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR beginnin period respectively (mm/dd/yyyy)	g date and ending date	for the reporting	07/01/2014	09/30/2014	170.00
				1.00	
171.00 If line 167 is "Y", does this provider ha Medicare cost plans reported on Wkst. S-3 (see instructions)				Ν	171.00

SPI TA	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUES	STI ONNAI RE	Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Date/Time Pro	epared
	· · · · · · · · · · · · · · · · · · ·				Y/N	5/22/2015 4:: Date	31 pm
					1.00	2.00	
	General Instruction: Enter Y for all YES resp mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS Provider Organization and Operation	oonses. Enter N for	all NO re	esponses. Ente	er all dates in <sup>.</sup>	the	
0	Has the provider changed ownership immediatel	v prior to the bea	innina of	the cost	N		1 1.
-	reporting period? If yes, enter the date of t	the change in colum	n 2. (see	instructions)			
				Y/N	Date	V/I	
0	lles the provider terminated participation in	the Medicers Dream		1.00 N	2.00	3.00	
00	Has the provider terminated participation in yes, enter in column 2 the date of terminatic voluntary or "I" for involuntary.			N			2.
0	Is the provider involved in business transact contracts, with individuals or entities (e.g. or medical supply companies) that are related officers, medical staff, management personnel of directors through ownership, control, or f	, chain home offic to the provider o , or members of th	es, drug r its e board	N			3.
	relationships? (see instructions)			V/ /NI	Tuna	Data	_
				Y/N 1.00	Type 2.00	Date 3.00	+
_	Financial Data and Reports			1.00	2.00	3.00	
0	Column 1: Were the financial statements prep Accountant? Column 2: If yes, enter "A" for or "R" for Reviewed. Submit complete copy or column 3. (see instructions) If no, see instr	Audited, "C" for C enter date availab	ompiled,	Y	A	04/24/2015	4.
0	Are the cost report total expenses and total			N			5.
	those on the filed financial statements? If y	<u>es, submit reconci</u>	liation.		Y/N	Legal Oper.	
					1.00	2.00	
	Approved Educational Activities						
0	Column 1: Are costs claimed for nursing schoot the legal operator of the program?			ne provider is			6.
0	Are costs claimed for Allied Health Programs? Were nursing school and/or allied health prog cost reporting period? If yes, see instruction	grams approved and/		during the	N N		7. 8.
0	Are costs claimed for Intern-Resident program	ns claimed on the c	urrent cos	st report? If	Ν		9.
00	yes, see instructions. Was an Intern-Resident program been initiated	l or repowed in the	ourropt (	act conarting	N N		10.
	period? If yes, see instructions. Are GME cost directly assigned to cost center				N N		11.
	Teaching Program on Worksheet A? If yes, see	instructions.				>/ />	-
						Y/N 1.00	-
	Bad Debts					1.00	
	Is the provider seeking reimbursement for bad	debts? If yes, se	e instruct	ions.		Y	12.
00	If line 12 is yes, did the provider's bad deb	ot collection polic	y change c	luring this co	ost reporting	N	13.
00	period? If yes, submit copy. If line 12 is yes, were patient deductibles a	nd/or co novmonte	unived2 If		tructions	N	14.
	Bed Complement	inu/or co-payments	warveu? II	yes, see mis			- 14.
	Did total beds available change from the pric	or cost reporting p	eriod?lf	yes, see inst	ructions.	N	15.
					art A	Part B	
		Descriptio	n	Y/N	Date	Y/N	
	PS&R Data	0		1.00	2.00	3.00	
	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see			N		N	16.
00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is			Y	04/06/2015	Y	17.
00	yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional			N		N	18.
00	claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments			N		N	19.
00	made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions. If line 16 or 17 is yes, were adjustments			N		N	20.
	made to PS&R Report data for Other? Describe the other adjustments:						

Heal th	Financial Systems	FRANCI SCAN HEA	ALTH MUNSTER		In Lie	u of Form CMS-2	2552-10
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STI ONNAI RE	Provi der		Period:	Worksheet S-2	
					rom 01/01/2014 o 12/31/2014	Part II Date/Time Pre	narod
				'	0 12/31/2014	5/22/2015 4:3	
				Par	rt A	Part B	
		Descri	ption	Y/N	Date	Y/N	
		(	2	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N		Ν	21.00
	F				-	1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPIT	ALS ONLY (EXCE	PT CHILDRENS H	IOSPI TALS)			-
	Capital Related Cost	0.1.6	· · ··				
	Have assets been relifed for Medicare purpose			ala mada dursin	a the east		22.00
23.00	Have changes occurred in the Medicare depreci reporting period? If yes, see instructions.	ation expense	due to apprais	sais made durin	ig the cost		23.00
24.00	Were new leases and/or amendments to existing	n Leases entere	ed into durina	this cost repo	orting period?		24.00
21.00	If yes, see instructions		d Theo during	1113 0031 1000	a tring period.		21.00
25.00	Have there been new capitalized leases entere instructions.	ed into during	the cost repor	ting period? I	f yes, see		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acqu	uired during th	ne cost reporti	ng period? If	yes, see		26.00
	instructions.				-		
27.00	Has the provider's capitalization policy char	nged during the	e cost reportir	ng period?lf y	ves, submit		27.00
	copy.						
20 00	Interest Expense	c of crodit or	torod into dur	ing the cost r	oporting		28.00
26.00	Were new loans, mortgage agreements or letter period? If yes, see instructions.	S OF CLEUIT E		The cost i	eportring		20.00
29.00	Did the provider have a funded depreciation a	account and/or	bond funds (De	bt Service Res	erve Fund)		29.00
27.00	treated as a funded depreciation account? If	yes, see instr	ructions				27.00
30.00	Has existing debt been replaced prior to its			debt? If yes,	see		30.00
	instructions.						
31.00	Has debt been recalled before scheduled matur	rity without is	ssuance of new	debt? If yes,	see		31.00
	instructions.						
22.00	Purchased Services		and an a formulation				
32.00	Have changes or new agreements occurred in pa arrangements with suppliers of services? If y			a through cont	ractual		32.00
33.00	If line 32 is yes, were the requirements of S			na to competiti	ve hidding? If		33.00
00.00	no, see instructions.	2100.2 upp		ig to competiti	ve bruurig. Ti		00.00
	Provider-Based Physicians						
34.00	Are services furnished at the provider facili	ty under an ar	rangement with	n provi der-base	ed physi ci ans?		34.00
	lf yes, see instructions.						
35.00	If line 34 is yes, were there new agreements			nts with the pr	ovi der-based		35.00
	physicians during the cost reporting period?	If yes, see in	nstructions.		V/ /N	Data	
					Y/N 1.00	Date 2.00	
	Home Office Costs				1.00	2.00	
36.00	Were home office costs claimed on the cost re	eport?					36.00
	If line 36 is yes, has a home office cost sta		repared by the	home office?			37.00
	If yes, see instructions.						
38.00	If line 36 is yes , was the fiscal year end o	of the home off	ice different	from that of			38.00
	the provider? If yes, enter in column 2 the f	fiscal year end	d of the home o	offi ce.			
39.00	If line 36 is yes, did the provider render se	ervices to othe	er chain compor	nents? If yes,			39.00
40.00	see instructions.		hama	16			40.00
40.00	If line 36 is yes, did the provider render se instructions.	ervices to the	nome office?	TF yes, see			40.00
			1.	00	2.	00	
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title	e/position	HONG		YANG		41.00
	held by the cost report preparer in columns f	1, 2, and 3,					
	respecti vel y.						
42.00	Enter the employer/company name of the cost r	report	FRANCI SCAN ST.	MARGARET			42.00
42 00	preparer.	of thet	HEALTH	22175			42.00
43.00	Enter the telephone number and email address report preparer in columns 1 and 2, respective		219-932-2300 X	331/5	HONG. YANG@FRAN . ORG		43.00

	Financial Systems	FRANCI SCAN HE			CON. 150	145		u of Form CMS	
USPI I	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STIUNNALRE	Pro	vider (	CCN: 150		Period: From 01/01/2014 To 12/31/2014		epared
		Part B							
		Date	-						
	PS&R Data	4.00							_
	Was the cost report prepared using the PS&R								16.0
10.00	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)								10.0
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	04/06/2015							17. (
8. 00	2 and 4. (see instructions) 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.
9. 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.
0. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:								20.
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.								21.
				3.0	0		_		
	Cost Report Preparer Contact Information			3.0	0				-
	Enter the first name, last name and the title held by the cost report preparer in columns ' respectively.		DI RECTOR						41.
2.00	Enter the employer/company name of the cost r	report							42.
43.00	preparer. Enter the telephone number and email address report preparer in columns 1 and 2, respectiv								43.

IFS Si	upplemental Information Pro	vider CCN:	150165	Period: From 01/01/2014 To 12/31/2014	Date/Time Pre 5/22/2015 4:3	- epared
				Title V	Title XIX	
				1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE					
. 00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and	Resi dence	e post	Y	Y	1.0
	stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in colum	nn 1 for T	itle V			
	and Y/N in column 2 for Title XIX.					
. 00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of	charges	on W/S C	, Y	Y	2.0
	Part I (e.g. net of Physician's component)? Enter Y/N in column 1 fo	or Title N	′and Y/N			
	in column 2 for Title XIX.					
. 00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation	of Observ	ation Be	d Y	Y	3.0
	Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title N	/ and Y/N	in colum	n		
	2 for Title XIX.					
				Inpati ent	Outpati ent	
				1.00	2.00	
	CRITICAL ACCESS HOSPITALS					
. 00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospi			Ν	N	4.0
	reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and	YorNir	n column	2		
	for outpatient.					
. 00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hos				N	5.0
	reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and	YorNir	n column	2		
	for outpatient.					
				Title V	Title XIX	
				1.00	2.00	
	RCE DI SALLOWANCE					
. 00	Do Title V or XIX follow Medicare and add back the RCE Disallowance			Y	Y	6.0
	column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for	Title XIX	(. <u> </u>			
	PASS THROUGH COST				1	
00	Do Title V or XIX follow Medicare when cost reimbursed (payment syst			Y	Y	7.
	worksheets D, parts I through IV? Enter Y/N in column 1 for Title V	and Y/N i	n column			

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	FRANCI SCAN HEA			CCN: 150165	Do	eriod:	u of Form CMS- Worksheet S-3		
HUSPII	AL AND HUSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provid	Jer			om 01/01/2014	Part I Date/Time Pro 5/22/2015 4:3	epare	
								I/P Days / O/A Visits / Trips		
	Component	Worksheet A Line Number	No. of Bed	ds	Bed Days Available		CAH Hours	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) HMO and other (see instructions)	30. 00		46	16, 7	90	0.00	(	2.	. 00
3.00 4.00	HMO I PF Subprovi der HMO I RF Subprovi der									. 00 . 00
5.00	Hospital Adults & Peds. Swing Bed SNF							(		. 00
6.00	Hospital Adults & Peds. Swing Bed NF				4.7	~~	0.00	(		. 00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)			46	16, 79	90	0.00	(	//.	. 00
8.00	INTENSIVE CARE UNIT	31.00		9	3, 2	85	0.00	(	8.	. 00
9.00	CORONARY CARE UNIT								9.	. 00
10.00	BURN INTENSIVE CARE UNIT									. 00
11.00	SURGICAL INTENSIVE CARE UNIT									. 00
12.00	OTHER SPECIAL CARE (SPECIFY)									. 00
13.00	NURSERY						0.00			. 00
14.00	Total (see instructions)			55	20, 0	/5	0.00	(		. 00
15.00 16.00	CAH visits							(		. 00 . 00
17.00	SUBPROVIDER - IPF SUBPROVIDER - IRF									. 00
18.00	SUBPROVI DER									. 00
19.00	SKILLED NURSING FACILITY									. 00
20.00	NURSING FACILITY									. 00
21.00	OTHER LONG TERM CARE									. 00
22.00	HOME HEALTH AGENCY									. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)								23.	. 00
24.00	HOSPI CE								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)			55						. 00
28.00	Observation Bed Days							(		. 00
29.00	Ambul ance Trips									. 00
30.00	Employee discount days (see instruction)									. 00
31.00	Employee discount days - IRF			_						. 00
32.00	Labor & delivery days (see instructions)			0		0				. 00
32.01	Total ancillary labor & delivery room								32.	. 01
33 00	outpatient days (see instructions) LTCH non-covered days								33	. 00

IOSPI T	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014		epared
		I/P Days	/ O/P Visits	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2	1, 707	53			10.00	1.0
00	for the portion of LDP room available beds)	422	0				1 2 0
. 00	HMO and other (see instructions) HMO IPF Subprovider	422	0				2.0
. 00	HMO I RF Subprovider	0	0				4. (
. 00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.0
. 00	Hospital Adults & Peds. Swing Bed SNI Hospital Adults & Peds. Swing Bed NF	U	0		0		6.
. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	1, 707	53		-		7.0
. 00 . 00	INTENSIVE CARE UNIT	72	15	1, 3	36		8. 9.
0. 00	BURN INTENSIVE CARE UNIT						10.
1.00	SURGICAL INTENSIVE CARE UNIT						11.
2.00	OTHER SPECIAL CARE (SPECIFY)						12.
3.00	NURSERY						13.
4.00	Total (see instructions)	1, 779	68	3, 9	84 0.00	0.00	14.
5.00	CAH visits	0	0		0		15.
5.00	SUBPROVIDER - IPF						16.
7.00	SUBPROVIDER - IRF						17.
3.00	SUBPROVI DER						18.
9.00	SKILLED NURSING FACILITY						19.
0. 00	NURSING FACILITY						20.
. 00	OTHER LONG TERM CARE						21.
2.00	HOME HEALTH AGENCY						22.
3. 00	AMBULATORY SURGICAL CENTER (D. P.)						23.
1.00	HOSPICE						24.
1. 10	HOSPICE (non-distinct part)	0	0		0		24.
5.00	CMHC - CMHC						25.
5.00	RURAL HEALTH CLINIC						26.
5. 25	FEDERALLY QUALIFIED HEALTH CENTER						26.
7.00	Total (sum of lines 14-26)				0.00	0.00	
3.00	Observation Bed Days		65	1, 2	01		28.
9.00	Ambul ance Tri ps	0					29.
0.00	Employee discount days (see instruction)				0		30.
1.00	Employee discount days - IRF				0		31.
2.00	Labor & delivery days (see instructions)	0	0		0		32.
2.01	Total ancillary labor & delivery room outpatient days (see instructions)				0		32.
3.00	LTCH non-covered days	0					33.

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014		pared:
		Full Time Equivalents		Dis	charges		
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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		24 16		1.00
2.00 3.00	HMO and other (see instructions) HMO IPF Subprovider				79 0		2.00
4.00 5.00 6.00 7.00	HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions)						4.00 5.00 6.00 7.00
8.00 9.00 10.00 11.00	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						8.00 9.00 10.00 11.00
12.00 13.00 14.00	OTHER SPECIAL CARE (SPECIFY) NURSERY Total (see instructions)	0. 00	0	4	24 16	731	12.00 13.00 14.00
15.00 16.00 17.00 18.00 19.00	CAH visits SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER SKILLED NURSING FACILITY						15.00 16.00 17.00 18.00 19.00
20. 00 21. 00 22. 00 23. 00	NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.)						20. 00 21. 00 22. 00 23. 00
24.00 24.10 25.00 26.00 26.25	HOSPICE HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER						24.00 24.10 25.00 26.00 26.25
27.00 28.00 29.00 30.00	Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction)	0.00					27.00 28.00 29.00 30.00
31. 00 32. 00 32. 01	Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions)						31. 00 32. 00 32. 01

SPI T.	Financial Systems AL WAGE INDEX INFORMATION		FRANCI SCAN HE		1	Period: From 01/01/2014 Fo 12/31/2014		pared:
		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Sal ari es (col . 2 ± col .		Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA SALARIES							-
00	Total salaries (see	200.00	18, 047, 377	· C	18,047,37	7 630, 745. 00	28. 61	1.00
	instructions)		_					
00	Non-physician anesthetist Part A		C	0 0		0.00	0.00	2.00
00	Non-physician anesthetist Part		C	0		0.00	0.00	3.00
	B Dhuai ai an Dant A							4.00
00	Physician-Part A - Administrative		C	0 0		0.00	0.00	4.00
)1	Physicians - Part A - Teaching		C	0 0		0.00		
00	Physician-Part B		C	0		0.00		
00 00	Non-physician-Part B Interns & residents (in an	21.00	C			0.00 0.00		
0	approved program)	21.00	C			0.00	0.00	/ /.00
)1	Contracted interns and residents (in an approved programs)		C	C		0.00	0.00	7.01
00	Home office personnel		C	c		0.00	0.00	8.00
00	SNF	44.00	C	0		0.00	0.00	
00	Excluded area salaries (see instructions) OTHER WAGES & RELATED COSTS		484, 765	C	484, 76	5 1, 097. 00	441.90	10.00
00	Contract Labor: Direct Patient		12, 543, 917	0	12, 543, 91	7 2, 828. 47	4, 434. 88	11.00
00	Care							10.00
00	Contract Labor: Top Level management and other management and administrative		C	o c		0.00	0.00	12.00
00	services Contract Labor: Physician-Part		C	0		0.00	0.00	13.00
	A - Administrative		c c					
00	Home office salaries &		3, 738, 450	0	3, 738, 450	0 80, 153. 00	46. 64	14.00
00	wage-related costs Home office: Physician Part A		C	0		0.00	0.00	15.00
00	- Administrative							
00	Home office and Contract		C	0		0.00	0.00	16.00
	Physicians Part A - Teaching WAGE-RELATED COSTS							
00	Wage-related costs (core) (see		3, 908, 393	C	3, 908, 393	3		17.00
00	instructions)							10.00
00	Wage-related costs (other) (see instructions)		C			J		18.00
00	Excluded areas		43, 826	c c	43, 820	6		19.00
00	Non-physician anesthetist Part		C	0		C		20.00
00	A Non-physician anesthetist Part		C	o c				21.00
	B		c c					
00	Physician Part A - Administrative		C	0		D		22.00
01	Physician Part A - Teaching		C	o c				22.01
	Physician Part B		C					23.00
	Wage-related costs (RHC/FQHC)		C			D		24.00
00	Interns & residents (in an approved program)		C	0 0	)			25.00
	OVERHEAD COSTS - DIRECT SALARIE	S		1	1		1	1
00	Employee Benefits Department	4.00	163, 666					
	Administrative & General Administrative & General under	5.00	2, 876, 602 61, 117					
00	contract (see inst.)		01, 117			200.47	290.01	20.00
	Maintenance & Repairs	6.00	234, 317	0	234, 31			
	Operation of Plant	7.00 8.00	C	0		0.00		
00 00	Laundry & Linen Service Housekeeping	9.00	293, 956		293, 950	0 8, 671. 00 6 25, 528. 00		•
	Housekeeping under contract		2,3,,,00 C			0.00		
0.5	(see instructions)							
	Dietary Dietary under contract (see	10.00	60, 722		60, 72	2 4, 307.00 0 0.00		
00	instructions)		C		<u> </u>	0.00	0.00	33.00
	Cafeteri a	11.00	C			0.00		
	Maintenance of Personnel	12.00		-		0.00		37.00
	Nursing Administration Central Services and Supply	13.00 14.00	655, 355 120, 160					38.00 39.00
	oo. w ooo unu ouppi y	17.00	120, 100					

Health Financial Systems		FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provi der		Peri od:	Worksheet S-3	
					rom 01/01/2014		
					To 12/31/2014	Date/Time Pre 5/22/2015 4:3	1 pm
	Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
			(from	(col.2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00 Medical Records & Medical	16.00	434, 204	. 0	434, 204	18, 703. 00	23. 22	41.00
Records Library							
42.00 Social Service	17.00	C	0	(	0.00	0.00	42.00
43.00 Other General Service	18.00	C	0	(	0.00	0.00	43.00

Health Financial Systems		FRANCI SCAN HE	ALTH MUNSTER		In Lie	eu of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provi der		Period: From 01/01/2014		anad.
					To 12/31/2014	Date/Time Prep 5/22/2015 4:3	
	Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
			(from	(col.2 ± col		col. 5)	
			Worksheet A-6)	,	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX	SUMMARY	1					
1.00 Net salaries (see		18, 108, 494	0	18, 108, 49	4 630, 951. 47	28. 70	1.00
instructions)							
2.00 Excluded area salaries (see instructions)		484, 765	0	484, 76	1, 097. 00	441.90	2.00
3.00 Subtotal salaries (line 1		17, 623, 729	0	17, 623, 72	629, 854. 47	27.98	3.00
minus line 2)							
4.00 Subtotal other wages & related		16, 282, 367	0	16, 282, 36	7 82, 981. 47	196. 22	4.00
costs (see inst.)							
5.00 Subtotal wage-related costs		3, 908, 393	0	3, 908, 39	0.00	22. 18	5.00
(see inst.)		27 014 400		27 014 40		E2 0E	6, 00
6.00 Total (sum of lines 3 thru 5)		37, 814, 489		37, 814, 48			
7.00 Total overhead cost (see		5, 493, 411	0	5, 493, 41	1 259, 731. 47	21. 15	7.00
instructions)	1	I	1	l	ļ		

Heal th	Financial Systems	FRANCI SCAN HEALTH	MUNSTER		In Lie	u of Form CMS-2	2552-10
	FAL WAGE RELATED COSTS		Provi der CCI	N: 150165	Period: From 01/01/2014 To 12/31/2014		pared: 1 pm
						Amount Reported	
	PART IV - WAGE RELATED COSTS					1.00	
	Part A - Core List						
	RETIREMENT COST						
1.00	401K Employer Contributions					294, 000	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contril	oution				0	2.00
3.00	Nongualified Defined Benefit Plan Cost (see					0	3.00
4.00	Qualified Defined Benefit Plan Cost (see in					0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External						
5.00	401K/TSA Plan Administration fees					0	5.00
6.00	Legal /Accounting/Management Fees-Pension Pla	an				0	6.00
7.00	Employee Managed Care Program Administration	n Fees				0	7.00
	HEALTH AND INSURANCE COST						
8.00	Health Insurance (Purchased or Self Funded)					2, 192, 120	8.00
9.00	Prescription Drug Plan					0	9.00
10.00	Dental, Hearing and Vision Plan					7,024	10.00
11.00	Life Insurance (If employee is owner or ben					8, 674	
12.00	Accident Insurance (If employee is owner or					0	12.00
13.00	Disability Insurance (If employee is owner of					-5, 193	
14.00	Long-Term Care Insurance (If employee is own	ner or beneficiary)				0	
15.00	'Workers' Compensation Insurance					21, 317	
16.00	Retirement Health Care Cost (Only current ye	ear, not the extraor	di nary accrua	al require	ed by FASB 106.	0	16.00
	Non cumulative portion)						
17 00	TAXES					1 12( 022	17 00
	FICA-Employers Portion Only					1, 136, 032	17.00 18.00
18.00	Medicare Taxes - Employers Portion Only Unemployment Insurance					0 78, 307	
19.00 20.00						78, 307	19.00 20.00
20.00	OTHER					0	20.00
21.00	Executive Deferred Compensation (Other Than	Retirement Cost Rep	orted on line	es 1 throu	igh 4 above. (see	0	21.00
22.00	instructions)) Day Care Cost and Allowances					0	22.00
22.00 23.00	5					0	22.00
23.00	Total Wage Related cost (Sum of lines 1 -23)	1				0 3, 732, 281	
24.00	Part B - Other than Core Related Cost					3, 132, 201	∠4.00
25.00	OTHER WAGE RELATED COSTS (SPECIFY)					0	25.00

Health Financial Systems	FRANCI SCAN HEALTH MUNSTER	In Lie	u of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150165	Peri od:	Worksheet S-3	
		From 01/01/2014		
		To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
Cost Center Description		Contract Labor		
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Ident	i fi cati on:			
1.00 Total facility's contract labor and benefit	cost	0	0	1.00
2.00 Hospi tal		0	0	2.00
3.00 Subprovider - IPF				3.00
4.00 Subprovider - IRF				4.00
5.00 Subprovider - (Other)		0	0	5.00
6.00 Swing Beds - SNF		0	0	6.00
7.00 Swing Beds - NF		0	0	7.00
8.00 Hospital-Based SNF				8.00
9.00 Hospital-Based NF				9.00
10.00 Hospi tal -Based OLTC				10.00
11.00 Hospital-Based HHA				11.00
12.00 Separately Certified ASC				12.00
13.00 Hospi tal -Based Hospi ce				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				17.00
18.00 Other		0	0	18.00

Heal th	Financial Systems FRANCI SCAN HEALTH N	<b>/UNSTER</b>		In Li€	eu of Form CMS	-2552-10
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provi der	CCN: 150165	Peri od:	Worksheet S-	10
				From 01/01/2014		
				To 12/31/2014	Date/Time Pr 5/22/2015 4:	
			I	1	0/22/2010 1.	
					1.00	
	Uncompensated and indigent care cost computation				1	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divi	ded by li	ne 202 column	8)	0. 25096	8 1.00
	Medicaid (see instructions for each line)				1	
2.00	Net revenue from Medicaid				1, 712, 52	
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		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	Medi cai d charges				10, 936, 01	
7.00	Medicaid cost (line 1 times line 6)				2, 744, 58	
8.00	Difference between net revenue and costs for Medicaid program (I	ine 7 minu	us sum of lin	es 2 and 5; if	1, 032, 06	9 8.00
	< zero then enter zero)	6				-
0.00	State Children's Health Insurance Program (SCHIP) (see instructi	ons for ea	ach TThe)		1	
9.00	Net revenue from stand-al one SCHIP					9.00
10.00	Stand-alone SCHIP charges					0 10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)					
12.00	Difference between net revenue and costs for stand-alone SCHIP (	iine ii mi	inus iine 9;	IT < zero then		0 12.00
	enter zero) Other state or local government indigent care program (see instr	uctions fo	or oach lino)			-
13.00	Net revenue from state or local indigent care program (See Histi					0 13.00
14.00	Charges for patients covered under state or local indigent care					0 14.00
14.00						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 indi		program (lin	e 15 minus line		0 16.00
101.00	13; if < zero then enter zero)	gone our o	program (rrn			
	Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to fun	iding chari	ity care			0 17.00
18.00	Government grants, appropriations or transfers for support of ho	spital ope	erations			0 18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local	i ndi gent	care program	s (sum of lines	1, 032, 06	9 19.00
	8, 12 and 16)	-				
			Uni nsured	Insured	Total (col. 1	
			patients	patients	+ col. 2)	
00.00			1.00	2.00	3.00	0 00 00
20.00	Total initial obligation of patients approved for charity care (		62, 70	158, 600	221, 30	0 20.00
21.00	charges excluding non-reimbursable cost centers) for the entire		15 70	6 39, 804	EE F4	0 21.00
21.00	Cost of initial obligation of patients approved for charity care times line 20)	e (i i ne i	15, 73	39,804	55, 54	21.00
22.00	Partial payment by patients approved for charity care		50	20, 800	21, 30	0 22.00
22.00	Cost of charity care (line 21 minus line 22)		15, 23			
23.00		I	15,25	17,004	54, 24	23.00
					1.00	-
24.00	Does the amount in line 20 column 2 include charges for patient	days beyo	nd a length o	f stav limit	1.00	24.00
21.00	imposed on patients covered by Medicaid or other indigent care p		la a rength o	i stay i i ili t		21.00
25.00	If line 24 is "yes," charges for patient days beyond an indigen		ogram's lengt	h of stav limit		0 25.00
26.00	Total bad debt expense for the entire hospital complex (see inst		5		145, 97	
27.00	Medicare bad debts for the entire hospital complex (see instruct				94, 89	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (lin		s line 27)		51,08	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expe			28)	12, 82	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				47,06	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus lin	ie 30)			1, 079, 12	

RECLAS	Financial Systems SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	FRANCI SCAN HEAL F EXPENSES		CCN: 150165	Peri od:	Worksheet A	2552-1
					From 01/01/2014	Date/Time Pre	norod.
					To 12/31/2014	5/22/2015 4:3	
	Cost Center Description	Sal ari es	Other	Total (col.	1 Recl assi fi cati	Recl assi fi ed	
				+ col. 2)	ons (See A-6)	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		3, 469, 672	3, 469, 6	72 3, 313, 484	6, 783, 156	1.0
2.00	00200 CAP REL COSTS-MVBLE EQUIP		0		0 0	0	
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	163, 666	4, 530, 101			4, 818, 595	
5.00	00500 ADMI NI STRATI VE & GENERAL	2, 876, 602	15, 643, 079			14, 899, 183	
5.00	00600 MAINTENANCE & REPAIRS	234, 317	1, 679, 700	1, 914, 0	17 0	1, 914, 017	6.0
7.00	00700 OPERATION OF PLANT	0	0	50.0	0 0	0	
8.00	00800 LAUNDRY & LINEN SERVICE		50, 992			50, 992	
9.00	00900 HOUSEKEEPI NG 01000 DI ETARY	293, 956	132,064			426, 020	
10.00	01100 CAFETERIA	60, 722 0	140, 211 0	200, 9	0 0	200, 933 0	
12.00	01200 MAINTENANCE OF PERSONNEL	0	0		0 0	0	
13.00	01300 NURSI NG ADMI NI STRATI ON	655, 355	15, 562	670, 9		670, 917	
14.00	01400 CENTRAL SERVICES & SUPPLY	120, 160	61, 934			182, 042	
15.00	01500 PHARMACY	593, 312	1, 403, 343			922, 268	
16.00	01600 MEDI CAL RECORDS & LI BRARY	434, 204	145, 428			579, 628	•
	INPATIENT ROUTINE SERVICE COST CENTERS	1017201	110/120	0,,,0		0,,,020	1
30. 00	03000 ADULTS & PEDI ATRI CS	2, 192, 024	154, 402	2, 346, 4	26 -27, 396	2, 319, 030	30. 0
31.00	03100 I NTENSI VE CARE UNI T	1, 030, 196	142, 463	1, 172, 6	59 -45, 990	1, 126, 669	31.0
	ANCILLARY SERVICE COST CENTERS	· · · · ·		·			1
50.00	05000 OPERATI NG ROOM	2, 367, 629	5, 098, 214	7, 465, 8	43 -3, 589, 134	3, 876, 709	50.0
51.00	05100 RECOVERY ROOM	1, 606, 978	161, 163	1, 768, 1	41 -62, 634	1, 705, 507	51.0
53.00	05300 ANESTHESI OLOGY	4, 850	106, 649	111, 4	99 -62, 329	49, 170	53.0
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 863, 498	948, 583			2, 607, 969	
57.00	05700 CT SCAN	353, 324	577, 718			915, 964	
58.00	05800 MRI	269, 820	674, 297			938, 249	
59.00	05900 CARDI AC CATHETERI ZATI ON	582, 736	1, 528, 474			1, 073, 186	
60.00		0	3, 996, 302	3, 996, 3		3, 996, 302	
54.00 54.01	06400 I NTRAVENOUS THERAPY 06401 I NTRAVENOUS THERAPY	0	0		0 0	0	
54. 01 55. 00	06500 RESPIRATORY THERAPY	410, 523	32, 472	442, 9	0	436, 182	
56.00	06600 PHYSI CAL THERAPY	142, 939	10, 426			153, 365	
67.00	06700 OCCUPATI ONAL THERAPY	0	10, 420	100, 0	0 0	0	67.0
68.00	06800 SPEECH PATHOLOGY	897	42	9	39 0	939	
69.00	06900 ELECTROCARDI OLOGY	432, 135	13, 665			445, 307	
70.00	07000 ELECTROENCEPHALOGRAPHY	512, 976	689, 623			1, 202, 569	
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0		0 2, 633, 589	2, 633, 589	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 2, 220, 744	2, 220, 744	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 1, 295, 614	1, 295, 614	73.0
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	1	0 0	0	76.0
76. 01	03951 CARDI AC AND PULMONARY REHAB	67, 065	12, 643	79, 7	08 -73	79, 635	76.0
76. 02	03952 WOUND CARE	18, 096	8, 873	26, 9	69 -885	26, 084	76.0
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0		0 0		90.0
90. 01	09001 CLI NI C	0	14, 639			12, 813	
90. 02	09002 CLINIC	274, 632	307, 041	581, 6		566, 854	
91.00	09100 EMERGENCY	0	0		0 0	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			l			92.0
110 00	SPECIAL PURPOSE COST CENTERS	<u>г</u>	100 101	100.1	0/ 100 10/		1110 0
	11300 INTEREST EXPENSE	17 5/0 /10	-182, 186				113.0
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	17, 562, 612	41, 567, 589	59, 130, 2	01 0	59, 130, 201	1118.0
	19200 PHYSI CLANS' PRI VATE OFFICES	484, 765	29, 205	513, 9	70 0	513, 970	102 0
192 00							1174.0
	19300 NONPALD WORKERS	0	27, 200	0.077	0 0		193.0

CLASSI FI C	icial Systems ATION AND ADJUSTMENTS OF TRIAL BALANCE (	OF EXPENSES	Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepar 5/22/2015 4:31 p
	Cost Center Description	Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	<u>n</u>		
GENER	AL SERVICE COST CENTERS	0.00	7.00			
	CAP REL COSTS-BLDG & FIXT	-2, 686, 975	4, 096, 18	1		
	CAP REL COSTS-BEDG & TTXT	-2,000,773				
	EMPLOYEE BENEFITS DEPARTMENT	-189, 876				
	ADMINISTRATIVE & GENERAL					
		-2, 312, 243				
	MAINTENANCE & REPAIRS	0				
	OPERATION OF PLANT	0		D		
	LAUNDRY & LINEN SERVICE	0	50, 99			
	HOUSEKEEPING	0	426, 02			
	DIETARY	0	200, 93			1
	CAFETERIA	0		p		1
2.00 01200	MAINTENANCE OF PERSONNEL	0		C		1
. 00 01300	NURSING ADMINISTRATION	0	670, 91	7		1
. 00 01400	CENTRAL SERVICES & SUPPLY	0	182, 04	2		1
. 00 01500	PHARMACY	0	922, 26	3		1
. 00 01600	MEDICAL RECORDS & LIBRARY	-945	578, 68	3		1
I NPAT	IENT ROUTINE SERVICE COST CENTERS					
	ADULTS & PEDIATRICS	-1, 059, 657	1, 259, 37	3		3
	INTENSIVE CARE UNIT	0		1		3
ANCLL	LARY SERVICE COST CENTERS		., .==, ==	· I		-
	OPERATI NG ROOM	-21, 190	3, 855, 51	9		5
	RECOVERY ROOM	21,170		1		5
	ANESTHESI OLOGY					5
	RADI OLOGY-DI AGNOSTI C	, s				5
		-440				
	CT SCAN	0				5
. 00 05800		0		1		5
1	CARDI AC CATHETERI ZATI ON	-233, 960		1		5
1	LABORATORY	-5, 607				6
	INTRAVENOUS THERAPY	0		p		6
	INTRAVENOUS THERAPY	0		C		6
00 06500	RESPI RATORY THERAPY	0	436, 18	2		6
. 00   06600	PHYSI CAL THERAPY	0	153, 36	5		6
. 00 06700	OCCUPATIONAL THERAPY	0		c		6
. 00 06800	SPEECH PATHOLOGY	0	93	9		6
	ELECTROCARDI OLOGY	-325, 897	119, 41	b		6
	ELECTROENCEPHALOGRAPHY	-12, 617				7
	MEDICAL SUPPLIES CHARGED TO PATIENT	0				7
	IMPL. DEV. CHARGED TO PATIENTS	0				7
	DRUGS CHARGED TO PATIENTS		2/220///	1		7
	OTHER ANCILLARY SERVICE COST CENTERS			+ 0		7
	CARDIAC AND PULMONARY REHAB	-				
		0		1		7
	WOUND CARE	0	26, 08	+		7
	TIENT SERVICE COST CENTERS		1			
00 09000		0		D		9
01 09001		0				9
02 09002		0		1		9
	EMERGENCY	0		C		9
00 09200	OBSERVATION BEDS (NON-DISTINCT PART					9.
SPECI	AL PURPOSE COST CENTERS					
3.0011300	INTEREST EXPENSE	0		C		11
3. 00	SUBTOTALS (SUM OF LINES 1-117)	-6, 849, 407	52, 280, 79	4		11
NONRE	I MBURSABLE COST CENTERS					
	PHYSICIANS' PRIVATE OFFICES	0	513, 97	2		19.
	NONPAID WORKERS	0				19
	TOTAL (SUM OF LINES 118-199)	-6, 849, 407				20

COST (	CENTERS USED IN COST REPORT	Provi der	CCN: 150165	Peri od:	Worksheet	Non-CMS
				From 01/01/2014 To 12/31/2014	Date/Time	
					5/22/2015	4:31 pm
	Cost Center Description		CMS Code	Standard L Non-Standa		
			1.00	2. (	00	
00	GENERAL SERVICE COST CENTERS		00100			1
. 00 . 00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP		00100			1.
. 00	EMPLOYEE BENEFITS DEPARTMENT		00200			4.
. 00	ADMINISTRATIVE & GENERAL		00400			5.
. 00	MAINTENANCE & REPAIRS		00600			6.
. 00	OPERATION OF PLANT		00700			7.
. 00	LAUNDRY & LINEN SERVICE		00800			8.
. 00	HOUSEKEEPING		00900			9.
0.00	DI ETARY		01000			10.
1.00	CAFETERIA		01100			11.
2.00	MAINTENANCE OF PERSONNEL		01200			12.
3.00	NURSI NG ADMI NI STRATI ON		01300			13.
4.00	CENTRAL SERVICES & SUPPLY		01400			14.
5.00	PHARMACY		01500			15.
6.00	MEDICAL RECORDS & LIBRARY		01600			16.
	INPATIENT ROUTINE SERVICE COST CENTERS					
0.00	ADULTS & PEDIATRICS		03000			30.
1. 00	INTENSIVE CARE UNIT		03100			31.
	ANCILLARY SERVICE COST CENTERS					
0.00	OPERATING ROOM		05000			50.
1.00	RECOVERY ROOM		05100			51.
3.00	ANESTHESI OLOGY		05300			53.
4.00	RADI OLOGY-DI AGNOSTI C		05400			54.
7.00	CT SCAN		05700			57.
8.00	MRI		05800			58.
9.00	CARDI AC CATHETERI ZATI ON		05900			59.
0.00			06000			60.
54.00	INTRAVENOUS THERAPY		06400			64.
64. 01	INTRAVENOUS THERAPY		06401			64.
5.00			06500 06600			65. 66.
6.00 7.00	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY		06700			67.
8.00	SPEECH PATHOLOGY		06800			68.
9.00	ELECTROCARDI OLOGY		06900			69.
0.00	ELECTROENCEPHALOGRAPHY		07000			70.
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT		07100			71.
2.00	IMPL. DEV. CHARGED TO PATIENTS		07200			72.
3.00	DRUGS CHARGED TO PATIENTS		07300			73.
6.00	OTHER ANCILLARY SERVICE COST CENTERS		03950			76.
6.01	CARDIAC AND PULMONARY REHAB		03951			76.
	WOUND CARE		03952			76.
	OUTPATIENT SERVICE COST CENTERS					
0. 00	CLINIC		09000			90.
0. 01	CLINIC		09001			90.
0. 02			09002			90.
1. 00	EMERGENCY		09100			91.
2.00	· · · · · · · · · · · · · · · · · · ·	 	09200			92.
	SPECIAL PURPOSE COST CENTERS		1			
	INTEREST EXPENSE		11300			113.
18.00	SUBTOTALS (SUM OF LINES 1-117)					118.
	NONREI MBURSABLE COST CENTERS		1 .			
	PHYSICIANS' PRIVATE OFFICES		19200			192.
	NONPAID WORKERS		19300			193.
	D TOTAL (SUM OF LINES 118-199)		1	1		200.

Heal th	Financial Systems		FRANCI SCAN HEAL	TH MUNSTER		In Lie	u of Form CMS-:	2552-10
RECLAS	SIFICATIONS			Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet A-6 Date/Time Pre	
							5/22/2015 4:3	
		Increases						
	Cost Center	Line #	Salary	Other				
	2.00	3.00	4.00	5.00				
	A - INSURANCE		-					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	30, 750				1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	124,828				2.00
			0	155, 578				
	B - INTEREST EXPENSE	1 00						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3, 464, 920				1.00
2.00	INTEREST EXPENSE	1 <u>13.</u> 00	0	18 <u>2, 1</u> 86				2.00
			0	3, 647, 106				
1 00	C - DRUG EXPENSE DRUGS CHARGED TO PATIENTS	73.00	0	1 205 (14				1 00
1.00	DRUGS CHARGED TO PATTENTS		0	1, 295, 614				1.00
2.00		0.00	0	0				2.00
3.00		0.00 0.00	0	0				3.00
4.00			0	0				4.00
5.00 6.00		0.00 0.00	0	0				5.00
8.00 7.00		0.00	0	0				6.00
		0.00	0	0				7.00 8.00
8.00 9.00			0	0				9.00
9.00		0.00	— — — <u>0</u>	1, 295, 614				9.00
	D - MEDICAL SUPPLIES EXPENSE		0	1, 295, 014				
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	2, 633, 589				1.00
1.00	PATI ENT	/1.00	Ŭ	2,033,307				1.00
2.00		0.00	0	0				2.00
3.00		0.00	0	0				3.00
4.00		0.00	0	0				4.00
5.00		0.00	0	0				5.00
6.00		0.00	0	0				6.00
7.00		0.00	0	0				7.00
8.00		0.00	0	0				8.00
9.00		0.00	0	0				9.00
10.00		0.00	0	0				10.00
11.00		0.00	0	0				11.00
12.00		0.00	0	0				12.00
13.00		0.00	0	0				13.00
14.00		0.00	0	0				14.00
15.00		0.00	0	0				15.00
16.00		0.00	0	0				16.00
17.00		0.00	0	0				17.00
18.00		0.00	О	0				18.00
19.00		0.00	0	0				19.00
	0		0	2, 633, 589				
	E - IMPLANTABLE DEVICES							
1.00	IMPL. DEV. CHARGED TO	72.00	0	2, 220, 744				1.00
	PATI ENTS							
2.00		0.00	0	0				2.00
	0		0	2, 220, 744				
500 00	Grand Total: Increases		0	9, 952, 631				500.00

CLASS	I FI CATI ONS			Provi de	r CCN: 150165	Peri od:	Worksheet A-6
						From 01/01/2014 To 12/31/2014	Date/Time Prepar 5/22/2015 4:31 p
		Decreases					
	Cost Center	Line #	Sal ary	0ther	Wkst. A-7 Ref	-	
	6. 00	7.00	8.00	9.00	10.00		
1	A - INSURANCE						
00	ADMI NI STRATI VE & GENERAL	5.00	0	155, 578	3	9	
00		0.00	0	(		0	
(	0	T		155, 578	3	7	
Ī	B - INTEREST EXPENSE	·	· · ·			·	
00	ADMI NI STRATI VE & GENERAL	5.00	0	3, 464, 920	)	9	
	CAP REL COSTS-BLDG & FIXT	1.00	0	182, 180	5	9	
(	0			3, 647, 100		1	
(	C – DRUG EXPENSE	•		· · ·		•	
	PHARMACY	15.00	0	1, 073, 412	2	0	
	OPERATING ROOM	50.00	o	1, 300		0	
	ANESTHESI OLOGY	53.00	Ö	17, 39		0	
	RADI OLOGY-DI AGNOSTI C	54.00	o	194, 950		0	
	CT SCAN	57.00	o	20		0	
	MRI	58.00	o	5, 22		0	
	CARDI AC CATHETERI ZATI ON	59.00	Ö	750		0	
	CLINIC	90, 01	Ö	30		0	
	CLINIC	90.02	o	2, 520		0	
			— — — <del>o</del>	1, 295, 61			
i i	D - MEDICAL SUPPLIES EXPENSE	I		11270101			
	CENTRAL SERVICES & SUPPLY	14.00	0	52	2	0	
	PHARMACY	15.00	o	97		0	
	MEDICAL RECORDS & LIBRARY	16.00	o			0	
	ADULTS & PEDIATRICS	30.00	Ö	27, 390	5	0	
	INTENSI VE CARE UNI T	31.00	0	45, 990		0	
	OPERATING ROOM	50.00	o	1, 981, 72		0	
	RECOVERY ROOM	51.00	0	62, 63		0	
	ANESTHESI OLOGY	53.00	0	44, 938		0	
	RADI OLOGY-DI AGNOSTI C	54.00	0	9, 150		0	
	CT SCAN	57.00	0	15, 058		0	1
	MRI	58.00	0	639		0	1
	CARDI AC CATHETERI ZATI ON	59.00	0	422, 633		0	1
	RESPI RATORY THERAPY	65.00	0	6, 813		0	1
	ELECTROCARDI OLOGY	69.00	0	493		0	1
	ELECTROEARDFOLOGT	70.00	0	30		0	1
	CARDIAC AND PULMONARY REHAB	76.01	0	7:		0	1
	WOUND CARE	76.02	0	88!		0	1
	CLINIC	90.01	0	1, 790		0	1
	CLINIC	90.01	0	12, 299		0	1
		<u>70.02</u>	o	2, 633, 58		<u><u></u></u>	
	E – IMPLANTABLE DEVICES		U	2,033,58	7		
- E	OPERATING ROOM	50.00	0	1, 606, 109		0	
00	CARDIAC CATHETERIZATION	<u>59.</u> 00	— — — <u>o</u>	614, 63		0	
10	V		U	2, 220, 74	+		

	Financial Systems SIFICATIONS				Provider CCN: 15		Period: From 01/01/2014	Worksheet A-6 Non-CMS Works	
							To 12/31/2014		epared:
		Increa	ises			Decr	eases	0,22,2010 110	pin pin
	Cost Center	Line #	Sal ary	Other	Cost Center	Line #	f Sal ary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A – I NSURANCE			1	I	1	1		
1.00	CAP REL COSTS-BLDG &	1.00	0	30, 750	ADMINISTRATIVE &	5.00	0 0	155, 578	1.00
2.00	FIXT EMPLOYEE BENEFITS	4.00	0	124, 828	GENERAL	0.00	0	0	2.00
2.00	DEPARTMENT	4.00	0	124, 020	3	0.00	0	0	2.00
	0			155, 578	30		o	155, 578	
	B - INTEREST EXPENSE								
1.00	CAP REL COSTS-BLDG &	1.00	0	3, 464, 920	ADMINISTRATIVE &	5.00	0 0	3, 464, 920	1.00
0.00	FI XT	110.00	0	100.10/	GENERAL	1.00		100 100	0.00
2.00	INTEREST EXPENSE	113.00	0	182, 186	CAP REL COSTS-BLDG &	1.00	0 0	182, 186	2.00
	<u> </u>			3, 647, 106		<u> </u>	— — <sub>-</sub>	3, 647, 106	
	C - DRUG EXPENSE	1 1		0,01,,100		1		0/01//100	1
1.00	DRUGS CHARGED TO	73.00	0	1, 295, 614	PHARMACY	15.00	0 0	1, 073, 412	1.00
	PATI ENTS								
2.00		0.00	0		OPERATING ROOM	50.00		1, 300	1
3.00		0.00	0		ANESTHESI OLOGY	53.00		17, 391	
4.00		0.00	0		RADI OLOGY-DI AGNOSTI C	54.00		194, 956	
5.00 6.00		0.00	0		CT SCAN MRI	57.00 58.00		20 5 000	
7.00		0.00	0		CARDIAC	59.00		5, 229 756	1
7.00		0.00	0		CATHETERI ZATI ON	37.00		750	7.00
8.00		0.00	0	0		90.01	0	30	8.00
9.00		0.00	0			90.02		2,520	9.00
	0		0	1, 295, 614	4 0		0	1, 295, 614	
1 00	D - MEDICAL SUPPLIES I			2 (22 500		14.00		F2	1 00
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2, 633, 589	CENTRAL SERVICES &	14.00	0 0	52	1.00
2.00		0.00	0	0	PHARMACY	15.00	0	975	2.00
3.00		0.00	0		MEDICAL RECORDS &	16.00		4	
					LI BRARY				1
4.00		0.00	0		ADULTS & PEDIATRICS	30.00	0 0	27, 396	4.00
5.00		0.00	0		INTENSIVE CARE UNIT	31.00		45, 990	
6.00		0.00	0		OPERATING ROOM	50.00		1, 981, 725	
7.00		0.00	0		RECOVERY ROOM	51.00		62, 634	1
8.00 9.00		0.00	0		ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	53.00 54.00		44, 938	1
9.00 10.00		0.00	0		CT SCAN	57.00		9, 156 15, 058	
11.00		0.00	0		MRI	58.00		639	1
12.00		0.00	0		CARDI AC	59.00		422, 633	1
					CATHETERI ZATI ON				
13.00		0.00	0		RESPI RATORY THERAPY	65.00	0 0	6, 813	13.00
14.00		0.00	0		ELECTROCARDI OLOGY	69.00		493	
15.00		0.00	0	C	ELECTROENCEPHALOGRAPH	70.00	0 0	30	15.00
14 00		0.00	0		CARDIAC AND PULMONARY	74 01		72	14 00
16.00		0.00	0		REHAB	76.01	0	73	16.00
17.00		0.00	0	0	WOUND CARE	76.02	0	885	17.00
18.00		0.00	0			90.01		1, 796	
19.00		0.00	0		CLINIC	90.02	20	1 <u>2, 2</u> 99	1
	0		0	2, 633, 589			0	2, 633, 589	1
	E - IMPLANTABLE DEVICI			0.000 - : :		1 = 0 = -	J	1 / 0/	
1.00	IMPL. DEV. CHARGED TO	72.00	0	2, 220, 744	OPERATING ROOM	50.00	0 0	1, 606, 109	1.00
2.00	PATI ENTS	0.00	0	r	CARDI AC	59.00	0	614, 635	2.00
2.00	1	0.00	0			27.00		011,000	

9, 952, 631 500.00

2, 220, 744

0

0

CATHETERI ZATI ON

0 500.00 Grand Total: Increases

0

0

2, 220, 7440

9, 952, 631 Grand Total : Decreases

	Financial Systems	FRANCI SCAN HEA				u of Form CMS-2	2552-10
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150165	Period: From 01/01/2014	Worksheet A-7 Part I	
					To 12/31/2014		pared:
						5/22/2015 4:3	1 pm
				Acqui si ti on	S		
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE			-			
1.00	Land	1, 850, 789			0 6, 019, 200	0	1.00
2.00	Land Improvements	973, 559			0 0	0	2.00
3.00	Buildings and Fixtures	26, 791, 055	14, 051		0 14, 051	0	3.00
4.00	Building Improvements	0	0		0 0	0	4.00
5.00	Fixed Equipment	0	0		0 0	0	5.00
6.00	Movable Equipment	656, 583	21, 036, 723		0 21, 036, 723	0	6.00
7.00	HIT designated Assets	0	0		0 0	0	7.00
8.00	Subtotal (sum of lines 1-7)	30, 271, 986	27, 069, 974		0 27, 069, 974	0	8.00
9.00	Reconciling Items	98, 800	17, 203, 935		0 17, 203, 935		9.00
10.00	Total (line 8 minus line 9)	30, 173, 186	9, 866, 039		0 9, 866, 039	0	10.00
		Endi ng Bal ance					
			Depreciated				
			Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE						
1.00	Land	7, 869, 989	0				1.00
2.00	Land Improvements	973, 559	0				2.00
3.00	Buildings and Fixtures	26, 805, 106	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	21, 693, 306	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	57, 341, 960	0				8.00
9.00	Reconciling Items	17, 302, 735	0				9.00
10.00	Total (line 8 minus line 9)	40, 039, 225	0				10.00

Heal th	Financial Systems	FRANCI SCAN HEA	ALTH MUNSTER		In Lie	u of Form CMS-2	2552-10
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150165	Period:	Worksheet A-7	
					From 01/01/2014 To 12/31/2014		narod
					10 12/31/2014	5/22/2015 4:3	1 pm
			SL	IMMARY OF CAP	TAL	·	
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see	Taxes (see	
						instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK			nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	3, 469, 672	0		0 0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0 0	0	2.00
3.00	Total (sum of lines 1-2)	3, 469, 672			0 0	0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum				
		Capi tal -Rel ate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	3, 469, 672				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3, 469, 672				3.00

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der		Period: From 01/01/2014 To 12/31/2014		
	COM	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE	ENTERS			1.000000	0	1.00
2.00 CAP REL COSTS-BLDG & FIXT	0	0		0. 000000	0	2.00
3.00 Total (sum of lines 1-2)	0			1. 000000	0	3.00
	ALLOCA	TION OF OTHER (	CAPI TAL	SUMMARY C	0	3.00
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capi tal -Rel ate				
	(	d Costs	through 7)		10.00	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE		0		4, 096, 181	0	1.00
2.00 CAP REL COSTS-BEDG & TTXT	0			1 4,090,181	0	2.00
3.00 Total (sum of lines 1-2)	0			4, 096, 181	0	3.00
		SI	JMMARY OF CAPI			
Cost Center Description	Interest	Insurance (see			Total (2) (sum	
		instructions)	instructions)	Capital -Relate		
				d Costs (see instructions)	through 14)	
	11.00	12.00	13.00	14.00	15,00	
PART III - RECONCILIATION OF CAPITAL COSTS CE		12.00	13.00	14.00	13.00	
1.00 CAP REL COSTS-BLDG & FIXT	0	0		0 0	4, 096, 181	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0		0 0	0	2.00
3.00 Total (sum of lines 1-2)	0	0		0 C	4, 096, 181	3.00

	Financial Systems MENTS TO EXPENSES		FRANCI SCAN HE	Provider CCN: 150165	Period: From 01/01/2014	u of Form CMS-2 Worksheet A-8	
					To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
				Expense Classification of To/From Which the Amount is		-	
					-		
	Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line # 4.00	Wkst. A-7 Ref. 5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT	1.00		1.00
2.00	Investment income - CAP REL		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other	В	-14, 572	CAP REL COSTS-BLDG & FIXT	1.00	9	3. 00
4.00	(chapter 2) Trade, quantity, and time		C		0.00	0	4.00
5.00	discounts (chapter 8) Refunds and rebates of	В	-283 528	ADMI NI STRATI VE & GENERAL	5.00	0	5.00
	expenses (chapter 8)	D					
6.00	Rental of provider space by suppliers (chapter 8)		C		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		C		0.00	0	7.00
8.00	Television and radio service		C		0.00	0	8.00
9.00	(chapter 21) Parking lot (chapter 21)		C		0.00		
10. 00	Provider-based physician adjustment	A-8-2	-1, 823, 240			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		C		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,060,444			0	12.00
	Laundry and linen service		C		0.00		
	Cafeteria-employees and guests Rental of quarters to employee		C		0. 00 0. 00		
16. 00	and others Sale of medical and surgical supplies to other than		C		0.00	0	16.00
17.00	patients Sale of drugs to other than		C		0.00	0	17.00
18.00	patients Sale of medical records and	В	- 785	ADMI NI STRATI VE & GENERAL	5.00	0	18.00
19.00	abstracts Nursing school (tuition, fees,		C		0.00	0	19.00
	books, etc.) Vending machines		C		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty		C		0.00		
22. 00	charges (chapter 21) Interest expense on Medicare overpayments and borrowings to		C		0.00	0	22.00
23.00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	C	RESPI RATORY THERAPY	65.00		23.00
24.00	limitation (chapter 14)	A-8-3			(/ 00		24.00
24.00	Adjustment for physical therapy costs in excess of	A-0-3	L.	PHYSI CAL THERAPY	66.00		24.00
25.00	limitation (chapter 14) Utilization review - physicians' compensation		C	*** Cost Center Deleted ***	114.00		25.00
24 .00	(chapter 21)		~			_	
	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.00		
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
	Non-physician Anesthetist Physicians' assistant		C	*** Cost Center Deleted ***	19.00 0.00		28.00 29.00
	Adjustment for occupational therapy costs in excess of	A-8-3	C	OCCUPATI ONAL THERAPY	67.00		30.00
30. 99	limitation (chapter 14) Hospice (non-distinct) (see		C	ADULTS & PEDIATRICS	30.00		30. 99
31. 00	instructions) Adjustment for speech	A-8-3	C	SPEECH PATHOLOGY	68.00		31.00
	pathology costs in excess of limitation (chapter 14)						
32.00	CAH HIT Adjustment for		C		0.00	0	32.00
33.00	Depreciation and Interest PROPERTY TAXES (51009800) ADVERTISING (41860XXX)	А	-833, 104	ADMI NI STRATI VE & GENERAL	5.00	0	33.00

Heal th	Financial Systems		FRANCI SCAN HE	ALTH MUNSTER	In Lie	eu of Form CMS-2	2552-10
ADJUST	MENTS TO EXPENSES				Peri od:	Worksheet A-8	
					From 01/01/2014 To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
				Expense Classification o			
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.02	RENTAL INCOME	В	-487, 199	ADMI NI STRATI VE & GENERAL	5.00	0	33.02
33.03	MI SCELLANEOUS - OTHER	В	-9, 822	ADMI NI STRATI VE & GENERAL	5.00	0	33.03
	OPERATI NG						
33.04	DI SCOUNTS/REBATES	В		CARDIAC CATHETERIZATION	59.00		33.04
33.05	HAF ASSESSMENT FEES	A		ADMI NI STRATI VE & GENERAL	5.00		33.05
33.06	PENSION	A		EMPLOYEE BENEFITS DEPARTMEN			33.06
33.07	MEDI CAL RECORDS	В		MEDICAL RECORDS & LIBRARY	16.00		33.07
33.08	MEDICAL STAFF FEES	В		ADMINISTRATIVE & GENERAL	5.00		33.08
33.09	INTEREST INCOME - OTHER	В		ADMINISTRATIVE & GENERAL	5.00		33.09
33. 10	MI SCELLANEOUS REVENUE	В	-	ADMINISTRATIVE & GENERAL	5.00		33.10
33. 11	LOBBYING	А		RADI OLOGY-DI AGNOSTI C	54.00		33.11
33. 12	PROPERTY TAXES (51009800)	А		ADMI NI STRATI VE & GENERAL	5.00		33.12
33. 13	PROPERTY TAXES (51009800)	A	-16, 961	ADMI NI STRATI VE & GENERAL	5.00		33.13
33.14			0		0.00		33.14
33. 15			0		0.00		
33.16			0	1	0.00	0	33.16
50.00	TOTAL (sum of lines 1 thru 49)		-6, 849, 407				50.00
	(Transfer to Worksheet A,						
	column 6, line 200.)						

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.(2) Basis for adjustment (see instructions).

(2) basis for adjustment (see first detroits).
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.

Health Financial Systems FRANCISCAN HEALTH MUNSTER In Lieu of Form CMS							
	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOM	ME	Provider CCN: 150165	Period: From 01/01/2014	Worksheet A-8	-1
OFFICE					To 12/31/2014		
	Line No.	Cost Center		Expense Items	Amount of	Amount	
					Allowable Cost	Included in	
						Wks. A, column	
						5	
	1.00	2.00		3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF	TRANSA	ACTIONS WITH RELATED C	RGANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	FA-INT		10, 300	3, 437, 185	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	FA-NEW	/ CAP	754, 482	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	FA-A&G	i	5, 251, 607	4, 603, 115	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	FA-COE	P	0	36, 533	4.00
5.00	TOTALS (sum of lines 1-4).				6, 016, 389	8, 076, 833	5.00
	Transfer column 6, line 5 to						
	Worksheet A-8, column 2,						
	line 12.						

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

110		been posted to worksheet A,	corumns r anu/or z, the amount			or this part.			
					Related Organization(s) and/	or Home Office			
		Symbol (1)	Name	Percentage of	Name	Percentage of			
				Ownershi p		Ownershi p			
		1.00	2.00	3.00	4.00	5.00			
	B INTERRELATIONSHIP TO RELATED OPCANIZATION(S) AND/OR HOME OFFICE								

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

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

6.00	В	FRANCISCAN ALLI	100.00	0.00	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	6. Other (financial or				100.00
In	on-financial) specify:				

(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.

Health Financial Systems	FRANCI SCAN HEALTH	MUNSTER	In Lie	u of Form CMS-2552-10
STATEMENT OF COSTS OF SERVICES FROM RELAT	ED ORGANIZATIONS AND HOME	Provider CCN: 150165	Period: From 01/01/2014	Worksheet A-8-1
OFFICE COSTS				Date/Time Prepared:

			5/22/2015 4:3	
	Net	Wkst. A-7 Ref.		
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUSTN	IENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED	
	HOME OFFICE CO	STS:		
1.00	-3, 426, 885	9		1.00
2.00	754, 482	9		2.00
3.00	648, 492	0		3.00
4.00	-36, 533	0		4.00
5.00	-2, 060, 444			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

110	13 1101	been posted to worksheet A,		the amount			tin s part.	
		Related Organization(s)						
		and/or Home Office						
		Type of Business						
		51						
		6, 00	1					
-								
		B. INTERRELATIONSHIP TO RELATIONSHIP	TED_ORGANIZATION(S)	AND/OR HOME	OFFICE:			

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

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

i ci indui	
6.00 7.00	6.00
7.00	7.00
8.00	8.00
9.00	9.00
8.00 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.

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

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

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

Heal th	Financial Syste	ems	FRANCI SCAN HI	EALTH MUNSTER		In Li	eu of Form CMS-	2552-10
	R BASED PHYSIC				er CCN: 150165	Peri od:	Worksheet A-8	
						From 01/01/2014 To 12/31/2014		norod.
						To 12/31/2014	5/22/2015 4:3	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		ADMINISTRATIVE & GENERAL	24, 000		0 24,00	0 200, 300	192	1.00
2.00		ADMINISTRATIVE & GENERAL	180, 307		0 180, 30			2.00
3.00		OPERATING ROOM	33, 375		0 33, 37			
4.00		OPERATING ROOM	25, 950		0 25, 95	0 200, 300	173	
5.00		CARDIAC CATHETERIZATION	233, 447			0 0	, s	
6.00		LABORATORY	19, 474		0 19, 47	4 200, 300	144	
7.00		ADULTS & PEDIATRICS	1, 059, 657	1, 059, 65		0 0	0	
8.00		ELECTROCARDI OLOGY	325, 897			0 0	0	
9.00		ELECTROENCEPHALOGRAPHY	12, 617	12, 6	7	0 0	0	
10.00	0.00		0		0	0 0	0	
200.00			1, 914, 724					200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE			Provi der	Physician Cost	
		ldentifier	Limit		E Memberships		of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
	1.00	0.00	0.00	0.00	Education	12	14.00	
1.00	1.00		8.00	9.00	12.00	13.00 0 0	14.00	1.00
1.00		ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	18, 489 20, 993				-	
2.00 3.00		OPERATING ROOM	20, 993				, °	
3.00 4.00		OPERATING ROOM	16, 660				0	
4.00 5.00		CARDIAC CATHETERIZATION	10,000	0.			0	
5.00 6.00		LABORATORY	13, 867	64	-		0	
8.00 7.00		ADULTS & PEDIATRICS	13, 607	0.	-		0	
8.00		ELECTROCARDI OLOGY			0		0	
8.00 9.00		ELECTROENCEPHALOGRAPHY			-		0	
9.00 10.00	0.00	LECTROENCEFTIALOGRAFITI			-		0	
200.00	0.00		91, 484	4, 5				
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RC	•	Adjustment	0	200.00
	WRSt. A EINC #	I denti fi er	Component	Limit	Di sal I owance			
			Share of col.	Erin c	Di Sai i Olianoc			
			14					
	1.00	2.00	15.00	16.00	17.00	18.00	1	
1.00	5.00	ADMI NI STRATI VE & GENERAL	0	18, 48	<b>19</b> 5, 51	1 5, 511		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	20, 99	3 159, 31	4 159, 314		2.00
3.00		OPERATING ROOM	0	21, 4	11, 90	0 11, 900		3.00
4.00	50.00	OPERATING ROOM	0	16, 60	9, 29	0 9, 290		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0		0	0 233, 447		5.00
6.00		LABORATORY	0	13, 80	5, 60	5, 607		6.00
7.00		ADULTS & PEDIATRICS	0		0	0 1, 059, 657		7.00
8.00		ELECTROCARDI OLOGY	0		0	0 325, 897		8.00
9.00		ELECTROENCEPHALOGRAPHY	0		0	0 12, 617		9.00
10.00	0.00		0		0	0 0		10.00
200.00			0	91, 48	191, 62	2 1, 823, 240		200.00

COST AL			ALTH MUNSTER			u of Form CMS-2	2552-10
	LLOCATION - GENERAL SERVICE COSTS		Provi der	1	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Pre 5/22/2015 4:3	pared:
			CAPI TAL REL	ATED COSTS		072272010 1.0	
	Cost Center Description	Net Expenses for Cost Allocation	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
		(from Wkst A col. 7)					
		0	1.00	2.00	4.00	4A	
	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	4, 096, 181	4, 096, 181				1.00
	00200 CAP REL COSTS-BLUG & FIXT	4,090,181	4, 090, 101		0		2.00
	00400 EMPLOYEE BENEFITS DEPARTMENT	4, 628, 719	121, 865		0 4, 750, 584	1	4.00
	00500 ADMINISTRATIVE & GENERAL	12, 586, 940	243, 303		0 764, 140	13, 594, 383	5.00
6.00	00600 MAI NTENANCE & REPAI RS	1, 914, 017	0	(	0 62, 243	1, 976, 260	6.00
	00700 OPERATION OF PLANT	0	0	(	0 0	0	7.00
	00800 LAUNDRY & LINEN SERVICE	50, 992	0		0 0	50, 992	1
	00900 HOUSEKEEPI NG	426, 020	0		0 78, 086	504, 106	
		200, 933	127, 047		0 16, 130	344, 110	
	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL	0	0		0 0 0 0	0	1
	01300 NURSI NG ADMI NI STRATI ON	670, 917	0		0 174,087	845, 004	
	01400 CENTRAL SERVICES & SUPPLY	182,042	0		0 31, 919	213, 961	
	01500 PHARMACY	922, 268	0		0 157, 606		
	01600 MEDICAL RECORDS & LIBRARY	578, 683	42, 634		0 115, 341	736, 658	
	INPATIENT ROUTINE SERVICE COST CENTERS	· · · · ·	· · · · · ·		· · · · · ·		
	03000 ADULTS & PEDI ATRI CS	1, 259, 373	533, 674	(	0 582, 283		30.00
	03100 I NTENSI VE CARE UNI T	1, 126, 669	338, 455	(	0 273, 658	1, 738, 782	31.00
-	ANCI LLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	3, 855, 519			0 628, 930	6, 297, 891	
	05100 RECOVERY ROOM	1, 705, 507	338, 455		0 426, 873	2, 470, 835	
	05300 ANESTHESI OLOGY	49, 170	0		0 1,288 0 495_014	50, 458	
	05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN	2, 607, 529 915, 964	0		0 495, 014 0 93, 856	3, 102, 543 1, 009, 820	
	05800 MRI	938, 249	0		0 71,674	1, 009, 820	
	05900 CARDI AC CATHETERI ZATI ON	839, 226	0		0 154, 796	994, 022	
	06000 LABORATORY	3, 990, 695	151, 089	1	0 0	4, 141, 784	
	06400 INTRAVENOUS THERAPY	0	0		0 0	0	1
64.01	06401 INTRAVENOUS THERAPY	0	64, 485	(	0 0	64, 485	64.01
	06500 RESPI RATORY THERAPY	436, 182	75, 277	(	0 109, 050	620, 509	65.00
	06600 PHYSI CAL THERAPY	153, 365	0		0 37, 970	191, 335	
	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	
	06800 SPEECH PATHOLOGY	939	0		0 238	1, 177	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	119, 410	0		0 114, 791 0 136, 265	234, 201	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1, 189, 952 2, 633, 589	82, 971 0		0 136, 265 0 0	1, 409, 188 2, 633, 589	
	07200 IMPL. DEV. CHARGED TO PATIENTS	2, 220, 744	0		0 0	2, 220, 744	1
	07300 DRUGS CHARGED TO PATIENTS	1, 295, 614			0 0	1, 295, 614	
	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	(	0 0	0	
	03951 CARDI AC AND PULMONARY REHAB	79, 635	0	(	0 17, 815	97, 450	
	03952 WOUND CARE	26, 084	0	(	0 4, 807	30, 891	76.02
	OUTPATIENT SERVICE COST CENTERS	1					
	09000 CLI NI C	0	0		0 0	0	
	09001 CLINIC	12, 813			0 0	12, 813	1
	09002 CLINIC	566, 854	0		0 72, 952	639, 806	
	09100 EMERGENCY	0	0		0 0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS	I		L		0	92.00
-	11300 I NTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	52, 280, 794	4, 096, 181	(	0 4, 621, 812	52, 152, 022	
	NONREI MBURSABLE COST CENTERS						
ī	19200 PHYSICIANS' PRIVATE OFFICES	513, 970	0	1 (	0 128, 772	642, 742	192.00
192.00							400 -
192.00 193.00	19300 NONPAID WORKERS	0	0	(	0 0		193.00
192.00 193.00 200.00	19300 NONPAID WORKERS Cross Foot Adjustments	0	0		0 0	0	200.00
192.00 193.00	19300 NONPAID WORKERS Cross Foot Adjustments Negative Cost Centers	0 52, 794, 764	0 0 4, 096, 181		0 0 0 0 0 4, 750, 584	0 0	200. 00 201. 00

Heal th	Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-2	2552-10
COST AL	LLOCATION - GENERAL SERVICE COSTS		Provi der		eriod: rom 01/01/2014	Worksheet B Part I	
				Т	o 12/31/2014	Date/Time Pre 5/22/2015 4:3	pared:
	Cost Center Description	ADMI NI STRATI VE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
	'	& GENERAL	REPAI RS	PLANT	LINEN SERVICE		
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
	00200 CAP REL COSTS-MVBLE EQUIP						2.00
	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
	00500 ADMINISTRATIVE & GENERAL	13, 594, 383	5				5.00
	00600 MAI NTENANCE & REPAI RS	685, 351					6.00
	00700 OPERATION OF PLANT	17 (0)	-	0	(0, (7)		7.00
	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	17, 684 174, 820			68, 676 183	679, 109	8.00 9.00
	01000 DI ETARY	119, 335		°	0	23, 125	
	01100 CAFETERI A	C		0	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
	01300 NURSING ADMINISTRATION	293, 041		0	0	0	13.00
	01400 CENTRAL SERVICES & SUPPLY	74, 200		0	0	0	14.00
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	431, 187 255, 467				29, 757 7, 760	15.00 16.00
10.00	INPATIENT ROUTINE SERVICE COST CENTERS	255,407	30, 414	0	U0	7,700	10.00
30.00	03000 ADULTS & PEDIATRICS	823, 745	380, 709	0	29, 227	97, 138	30.00
31.00	03100 I NTENSI VE CARE UNI T	602, 996				61, 605	31.00
+	ANCI LLARY SERVICE COST CENTERS		1	1	I		
	05000 OPERATING ROOM	2, 184, 061				330, 077	50.00
	05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	856, 866			0	61, 605	
	05400 RADI OLOGY-DI AGNOSTI C	17, 498		0	Ŭ,	0	53.00 54.00
	05700 CT SCAN	350, 197		0	0	0	57.00
	05800 MRI	350, 233		0	0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	344, 719		0	0	0	59.00
60.00	06000 LABORATORY	1, 436, 338	107, 783		0	27, 501	60.00
	06400 I NTRAVENOUS THERAPY	C	0	0	0	0	64.00
	06401 I NTRAVENOUS THERAPY	22, 363			0	11, 737	
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	215, 188		0		13, 702 0	
	06700 OCCUPATIONAL THERAPY	00, 303		0		0	67.00
	06800 SPEECH PATHOLOGY	408	-	0	0	0	68.00
	06900 ELECTROCARDI OLOGY	81, 219		0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	488, 695	59, 189	0	0	15, 102	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	913, 308		0	0	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	770, 136		0	0	0	
	07300 DRUGS CHARGED TO PATIENTS	449, 309		0	0	0	
	03950 OTHER ANCI LLARY SERVICE COST CENTERS 03951 CARDI AC AND PULMONARY REHAB	33, 795	-	-	0	0	
	03952 WOUND CARE	10, 713			0	0	
	OUTPATIENT SERVICE COST CENTERS	1	, -	-	-	-	
	09000 CLI NI C	C	0	0	0	0	
	09001 CLI NI C	4, 443		0	0	0	
	09002 CLINIC	221, 880	0	0	0	0	
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	L C	0	0	0	0	91.00 92.00
+	SPECIAL PURPOSE COST CENTERS						92.00
	11300 I NTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	13, 371, 485	2, 661, 611	0	68, 676	679, 109	
	NONREIMBURSABLE COST CENTERS		-				
	19200 PHYSI CLANS' PRI VATE OFFI CES	222, 898	0	0			192.00
	19300 NONPAID WORKERS	C	0	0	0	0	193.00 200.00
200.00 201.00	Cross Foot Adjustments Negative Cost Centers			0	_		200.00
201.00		13, 594, 383	2, 661, 611			679, 109	
202.00		1 .5,571,500	2,001,011		00,070	577,107	1-02.00

	Financial Systems	FRANCI SCAN HEA					u of Form CMS-	2552-10
COST #	ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150165		eriod: com 01/01/2014 o 12/31/2014	Worksheet B Part I Date/Time Pre 5/22/2015 4:3	
	Cost Center Description	DI ETARY	CAFETERI A	MAI NTENANCE PERSONNEL		NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	
		10.00	11.00	12.00		13.00	14.00	
	GENERAL SERVICE COST CENTERS	1		-				
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 ADMINI STRATI VE & GENERAL							5.00
6.00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT							6.00
7.00 8.00								7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG							8.00 9.00
10.00	01000 DI ETARY	577, 202						10.00
11.00	01100 CAFETERI A	0	(					11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0			0			12.00
13.00	01300 NURSI NG ADMI NI STRATI ON	0	(		0	1, 138, 045		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	(		0	1, 130, 043	288, 161	1
15.00	01500 PHARMACY	0	(		0	0	200, 101	1
16.00	01600 MEDI CAL RECORDS & LI BRARY	0	(	-	0	29, 479	0	1
	INPATIENT ROUTINE SERVICE COST CENTERS		-	- 1	-		-	
30.00	03000 ADULTS & PEDIATRICS	391, 309	(	D	0	225, 374	0	30.00
31.00	03100 I NTENSI VE CARE UNI T	185, 893		b	0	195, 895	0	31.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATI NG ROOM	0	(		0	270, 069	0	50.00
51.00	05100 RECOVERY ROOM	0	(	C	0	308, 821	0	51.00
53.00	05300 ANESTHESI OLOGY	0	(	D	0	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	(	D	0	0	0	
57.00	05700 CT SCAN	0	(	D	0	0	0	
58.00	05800 MRI	0	(	D	0	0	0	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	(	0	0	61, 098	0	
60.00		0	(		0	0	0	
64.00	06400 I NTRAVENOUS THERAPY	0	(		0	0	0	64.00
64.01	06401 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0	(		0	0	0	
65.00 66.00	06600 PHYSI CAL THERAPY	0	(		0	0	0	65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	(		0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	(		0	0	0	1
69.00	06900 ELECTROCARDI OLOGY	0	(		0	0	0	1
70.00	07000 ELECTROENCEPHALOGRAPHY	0	(		0	0	0	1
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	(		0	0	288, 161	1
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	(		0	0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	(		0	0	0	1
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	(	b	0	0	0	76.00
76.01	03951 CARDIAC AND PULMONARY REHAB	0	(	b	0	0	0	76.01
76.02	03952 WOUND CARE	0	(	0	0	4, 279	0	76.02
	OUTPATIENT SERVICE COST CENTERS	r		-				
90.00	09000 CLI NI C	0	(	D	0	0	0	
90.01	09001 CLI NI C	0		D	0	0	0	
90.02	09002 CLINIC	0	(	D D	0	43, 030	0	
91.00	09100 EMERGENCY	0	(	D	0	0	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00
112 00	SPECIAL PURPOSE COST CENTERS				_			112 00
		E77 202			0	1 120 045	200 141	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)           NONREIMBURSABLE COST CENTERS	577, 202	(		0	1, 138, 045	288, 161	118.00
102 00	19200 PHYSICIANS' PRIVATE OFFICES	0			0	0	0	192.00
	19200 PHYSICIANS PRIVATE OFFICES	0			0	0		192.00
200.00		0	(		J	0	0	200.00
200.00		0	ſ		0	0	Ω	200.00
201.00		577, 202	(		0	1, 138, 045	288, 161	
202.00		0,7,202	· · · · · ·	-1	9	., 100, 040	200, 101	

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	FRANCI SCAN HEAI		CCN: 150165	Peri od:	u of Form CMS- Worksheet B	2552-10
JUST A	LLUCATION - GENERAL SERVICE CUSIS		Provider	CCN: 150165	From 01/01/2014 To 12/31/2014	Part I Date/Time Pre 5/22/2015 4:3	epared:
	Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		15.00	16.00	24.00	25.00	26.00	
	GENERAL SERVICE COST CENTERS	1 1			1		1
	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA						1.00 2.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00
	01200 MAINTENANCE OF PERSONNEL						12.00
	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY						13.00
	01500 PHARMACY	1, 820, 927					14.00 15.00
	01600 MEDICAL RECORDS & LIBRARY	1, 020, 727	1, 059, 778				16.00
10.00	INPATIENT ROUTINE SERVICE COST CENTERS		1,007,110				10.00
30. 00	03000 ADULTS & PEDIATRICS	0	27, 062	4, 349, 89	94 0	4, 349, 894	30. 00
31.00	03100 I NTENSI VE CARE UNI T	0	11, 513	3, 038, 12	29 0	3, 038, 129	31.00
	ANCI LLARY SERVI CE COST CENTERS						
50.00	05000 OPERATING ROOM	0	215, 627			10, 630, 657	
51.00	05100 RECOVERY ROOM	0	23, 035			3, 962, 607	
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0	22, 391 124, 941	90, 34 4, 303, 42		90, 347 4, 303, 421	
	05700 CT SCAN	0	73, 867			1, 433, 884	
58.00	05800 MRI	0	88, 920			1, 449, 076	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	50, 436			1, 450, 275	
60.00	06000 LABORATORY	0	194, 372	5, 907, 77	78 0	5, 907, 778	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	0		0 0	0	
64.01	06401 I NTRAVENOUS THERAPY	0	0	,		144, 587	
65.00	06500 RESPI RATORY THERAPY	0	7, 933			911,033	
	06600 PHYSI CAL THERAPY	0	2, 479			260, 167	
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	1, 59	0 0	0 1, 590	
58.00 59.00	06900 ELECTROCARDI OLOGY	0	23, 577			338, 997	
	07000 ELECTROENCEPHALOGRAPHY	0	27, 233			1, 999, 407	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	67, 666			3, 902, 724	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27, 432	3, 018, 31	12 0	3, 018, 312	72.00
	07300 DRUGS CHARGED TO PATIENTS	1, 820, 927	40, 148	3, 605, 99		3, 605, 998	
	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		0 0	0	
	03951 CARDI AC AND PULMONARY REHAB	0	1, 087			132, 332	
76. 02	03952 WOUND CARE	0	0	45, 88	33 0	45, 883	76. 02
90.00	OUTPATIENT SERVICE COST CENTERS		0			0	90.00
	09001 CLINI C	0	0	17, 25	0 0 56 0	17, 256	
	09002 CLI NI C	0	30, 054			934, 770	
	09100 EMERGENCY	0	00,001	,,,,,,	0 0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
	SPECIAL PURPOSE COST CENTERS	<b>_</b>					
113.00 118.00		1, 820, 927	1, 059, 778	51, 929, 12	24 0	51, 929, 124	113. 00 118. 00
102 00	NONREI MBURSABLE COST CENTERS			865, 64	10 0	045 440	102.00
	19200 PHYSICIANS' PRIVATE OFFICES 19300 NONPAID WORKERS		0	865, 64	10 0	865, 640	192.00
193.00 200.00			0				200.00
			_	1			
201.00	Negative Cost Centers	0	0		0 0	()	201.00

Heal th	Financial Systems	FRANCI SCAN HEALTH	MUNSTER		In Lie	u of Form CMS	-2552-10
COST A	LLOCATION STATISTICS		Provi der		Period: From 01/01/2014	Worksheet No	n-CMS W
					To 12/31/2014	Date/Time Pr 5/22/2015 4:	
	Cost Center Description			Stati sti cs	Stati sti cs I	Description	
				Code		20	_
	GENERAL SERVICE COST CENTERS			1.00	2.0	00	
1.00	CAP REL COSTS-BLDG & FIXT			1	SQUARE FEET		1.00
2.00	CAP REL COSTS-MVBLE EQUIP			1	SQUARE FEET		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT			S	GROSS SALARIES		4.00
5.00	ADMINISTRATIVE & GENERAL			-1	ACCUM. COST		5.00
6.00	MAINTENANCE & REPAIRS			1	SQUARE FEET		6.00
7.00	OPERATION OF PLANT			1	SQUARE FEET		7.00
8.00	LAUNDRY & LINEN SERVICE			3	POUNDS OF LAUNE	RY	8.00
9.00	HOUSEKEEPING			1	SQUARE FEET		9.00
	DI ETARY			4	MEALS SERVED		10.00
11.00	CAFETERIA			5	NUMBER HOUSED		11.00
	MAINTENANCE OF PERSONNEL			6	NUMBER HOUSED		12.00
13.00	NURSING ADMINISTRATION			7	DIRECT NRSING H	IRS	13.00
	CENTRAL SERVICES & SUPPLY			8	COSTED REQUIS.		14.00
	PHARMACY			9	COSTED REQUIS.		15.00
16.00	MEDI CAL RECORDS & LI BRARY			С	GROSS CHAR GES		∥ 16.00

	Financial Systems	FRANCI SCAN HE				eu of Form CMS-:	2552-10
ALLOCAT	ION OF CAPITAL RELATED COSTS				Period: From 01/01/2014 To 12/31/2014		
			CAPI TAL REI	LATED COSTS			
	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
		0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						1 1 00
	DO100 CAP REL COSTS-BLDG & FIXT DO200 CAP REL COSTS-MVBLE EQUIP						1.00
4.00 0	DO400 EMPLOYEE BENEFITS DEPARTMENT	0	121, 865		0 121, 865	121, 865	1
	00500 ADMINISTRATIVE & GENERAL	0			0 243, 303		
	DOGOO MAINTENANCE & REPAIRS	0	0			1, 597	
	DO700 OPERATION OF PLANT DO800 LAUNDRY & LINEN SERVICE	0	0			0	7.00
	DO900 HOUSEKEEPING	0	0		0 0	2,003	1
	D1000 DI ETARY	0	127, 047		0 127, 047		1
11.00 0	D1100 CAFETERI A	0	0		0 0	0	11.00
	D1200 MAINTENANCE OF PERSONNEL	0	0		0 0	0	
	01300 NURSI NG ADMI NI STRATI ON	0	0		0 0	4, 466	
	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	0			0 0 0 163, 484	819 4, 043	1
	D1600 MEDICAL RECORDS & LIBRARY	0			0 42,634		1
-	NPATIENT ROUTINE SERVICE COST CENTERS	-	,	1		_,	
30.00	03000 ADULTS & PEDIATRICS	0			0 533, 674		30.00
	03100 I NTENSI VE CARE UNI T	0	338, 455		0 338, 455	7,020	31.00
	ANCILLARY SERVICE COST CENTERS	0	1 012 442		0 1, 813, 442	14 122	50.00
	D5100 RECOVERY ROOM	0			0 1, 813, 442 0 338, 455		
	D5300 ANESTHESI OLOGY	0	0		0 330, 433	33	1
	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	12, 698	1
	D5700 CT SCAN	0	0		0 0	2, 408	
	05800 MRI	0	0		0 0	1,839	
	05900 CARDI AC CATHETERI ZATI ON	0	151 000		0	3, 971	
	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	0	151, 089		0 151,089 0 0	0	1
	06401 I NTRAVENOUS THERAPY	0	64, 485		0 64, 485	-	
	06500 RESPI RATORY THERAPY	0	75, 277		0 75, 277		1
	06600 PHYSI CAL THERAPY	0	0		0 0	974	1
	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
	06800 SPEECH PATHOLOGY	0	0			6	1
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0	0 82, 971		0 0 0 82,971	2, 945 3, 495	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	02, 77		0 02, 77	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	1
	07300 DRUGS CHARGED TO PATIENTS	0			0 0	0	1
	03950 OTHER ANCI LLARY SERVICE COST CENTERS	0	, i i i i i i i i i i i i i i i i i i i		0 0	0	1
	03951 CARDI AC AND PULMONARY REHAB	0			0 0 0 0		
	03952 WOUND_CARE DUTPATIENT_SERVICE_COST_CENTERS	0	0		0 0	123	70.02
	09000 CLINIC	0	0		0 0	0	90.00
	09001 CLI NI C	0	0		0 0	0	
	09002 CLI NI C	0			0 0	1, 871	
	09100 EMERGENCY	0	0		0 0	-	
-	09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS				0		92.00
	11300 INTEREST EXPENSE						113.00
118.00 N	SUBTOTALS (SUM OF LINES 1-117) IONREI MBURSABLE COST CENTERS	0	4, 096, 181		0 4, 096, 181	118, 562	
	19200 PHYSI CI ANS' PRI VATE OFFI CES	0			0 0		192.00
	19300 NONPAI D WORKERS	0	0		0 0	0	193.00
200. 00 201. 00	Cross Foot Adjustments Negative Cost Centers		_			_	200.00 201.00
201.00	TOTAL (sum lines 118-201)	0	4, 096, 181		0 4, 096, 181	121, 865	

Heal th	Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-:	2552-10
ALLOCA	ATION OF CAPITAL RELATED COSTS		Provi der	F	eriod: rom 01/01/2014 o 12/31/2014	Worksheet B Part II Date/Time Pre 5/22/2015 4:3	pared:
	Cost Center Description	ADMI NI STRATI VE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
		& GENERAL 5.00	REPAI RS	PLANT 7.00	LINEN SERVICE	9.00	
	GENERAL SERVICE COST CENTERS	5.00	6.00	7.00	8.00	9.00	
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	0.000					4.00
5.00 6.00	00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	262, 908 13, 255					5.00 6.00
7.00	00700 OPERATION OF PLANT	13, 255					7.00
8.00	00800 LAUNDRY & LINEN SERVICE	342		-	342		8.00
9.00	00900 HOUSEKEEPI NG	3, 381	0	0	1	5, 385	9.00
10.00	01000 DI ETARY	2, 308			0	183	
11.00		0	-	-	0	0	
12.00 13.00	01200 MAI NTENANCE OF PERSONNEL 01300 NURSI NG ADMI NI STRATI ON	5, 667	, s	0	0	0	
14.00	01400 CENTRAL SERVICES & SUPPLY	1, 435		-	0	0	
15.00	01500 PHARMACY	8, 339		-	0	236	
16.00	01600 MEDICAL RECORDS & LIBRARY	4, 941		0	0	62	16.00
	INPATIENT ROUTINE SERVICE COST CENTERS			1	· · · · · ·		
30.00	03000 ADULTS & PEDIATRICS	15, 931				770	
31.00	03100 I NTENSI VE CARE UNI T ANCI LLARY SERVI CE COST CENTERS	11, 662	2 1, 347	0	0	488	31.00
50.00	05000 OPERATING ROOM	42, 230	7, 219	0	195	2, 618	50.00
51.00	05100 RECOVERY ROOM	16, 572				488	
53.00	05300 ANESTHESI OLOGY	338	3 C	0	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	20, 809		0	0	0	
57.00	05700 CT SCAN	6, 773		0	0	0	57.00
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	6, 774		-	0	0	58.00 59.00
60.00	06000 LABORATORY	27, 779		-	0	218	
64.00	06400 I NTRAVENOUS THERAPY	2.,			0	0	
64.01	06401 I NTRAVENOUS THERAPY	433	257	0	0	93	64.01
65.00	06500 RESPI RATORY THERAPY	4, 162			0	109	65.00
66.00	06600 PHYSI CAL THERAPY	1, 283			0	0	
67.00	06700 OCCUPATIONAL THERAPY			-	0	0	
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	1, 571		-	0	0	68.00 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	9, 451			0	120	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	17,663			0	0	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14, 895	c c	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,690		0	0	0	
76.00	03950 OTHER ANCI LLARY SERVICE COST CENTERS	C	-	0	0	0	
76. 01 76. 02	03951 CARDIAC AND PULMONARY REHAB 03952 WOUND CARE	654			0	0	
70.02	OUTPATIENT SERVICE COST CENTERS	207		η <u></u> υ	<u> </u>	0	70.02
90.00	09000 CLINIC	0	0	0 0	0	0	90.00
90.01	09001 CLI NI C	86	0	0	0	0	90.01
90.02		4, 291	0	0	0	0	
91.00		C	0	0	0	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS						92.00
113 00	D 11300 I NTEREST EXPENSE						113.00
118.00		258, 597	14, 852	0	342	5,385	118.00
	NONREI MBURSABLE COST CENTERS						1
	19200 PHYSICIANS' PRIVATE OFFICES	4, 311	C	0			192.00
	19300 NONPAI D WORKERS	0	0	0	0	0	193.00
200.00 201.00				0			200. 00 201. 00
201.00		262, 908	14,852				201.00
			1, 302		, °'2	5,500	

Cost Center Description         DIETARY         CAPETERIA         MAINTENANCE OF PERSONNEL         NURSING ADJUSTION 4: 310 SERVICES 4: 300 SERVICES 4: 300 SERVICE		Financial Systems	FRANCI SCAN HEAL		CON. 1501/5		ieu of Form CMS-	2552-10
Cost Center Description         DIETARY         CAFETERIA MAINTENANCE OF NUESING         CENTRAL SUPPLY           100         00100 CAP REL COSTS FULGE & INT         10.00         11.00         12.00         13.00         14.00           2.00         00200 CAP REL COSTS FULGE & INT         14.00         14.00         14.00         14.00           2.00         00200 CAP REL COSTS FULGE & INT         14.00         12.00         13.00         14.00           4.00         00400 [PH-OVE BUNCT IS DEPARTMENT         0         0         1         0           0.0000 CORD DETAIN ON PLANT         0.00         0         0         1         1           0.0000 CORD DETAIN         0.00         0         0         1	ALLUCA	IIIUN UF CAPITAL RELATED CUSIS		Provi der	UUN: 150165		4 Date/Time Pre	epared: 31 pm
IDENTIFY		Cost Center Description	DI ETARY	CAFETERI A			CENTRAL ON SERVICES &	
1.00         00100 CAP FEL COSTS-BLOG & FLYT           2.00         00200 CAP FEL COSTS-BLOG & FLYT           3.00         00000 CAP FEL COSTS-BLOG & FLYT           3.00         01000 CAP FEL COSTS-BLOG & FLYT           3.00         01000 CAP FEL COSTS CENTERS           3.00         01500 FLYARY			10.00	11.00	12.00	13.00		
2.00 00200 CAP REL COSTS. AWBLE COUP PLANT 8 CENERAL 6.00 0040 MINITENAVE & REPAIRS 7.00 00700 (ADMINITENAVE & REPAIRS 7.00 00 00 (DISTARY 7.00 00 00 00 00 (DISTARY 7.00 00 00 00 00 00 00 00 00 (DISTARY 7.00 00 00 00 00 00 00 00 00 00 00 00 00	1 00		T T		1		-	1 1 00
4.00         00400_EMPLOYE BENEFITS DEPARTMENT								1.00
5.00 00500 ADM IN TRATIVE & GENERAL 6.00 00600 (MAIN TRATIVE & GENERAL 7.00 00700 (PERATINO 0F PLANT 8.00 00800 (LAUNRY & LINNS SERVICE 9.00 00900 (LAUNRY & LINNS SERVICE 9.00 0000 (LAUNRY & SERVICE COST CENTERS 9.00 0000 (DAUNLY & PENALAY 9.00 0000 (DAUNLY & PENALAY 9.00 0000 (DERATINA RECORDS & LIBRARY 9.00 0000 (DERATINA SERVICE COST CENTERS 9.00 0000 (DERATINA								4.00
6.00 00600 MAIN ITEMANCE & REPAIRS								5.00
8.00 00800 LAUNDRY & LINEN SERVICE 9 130.458 1 1 10.00 1100 CAFFTERIA 1 130.458 1 1 10.00 1100 CAFFTERIA 1 10.00 1100 CAFFTERIA 1 0 0 0 1 10.133 2 1 1 12.00 1300 (URSIN GABNI STRATI ON 0 0 0 0 10.133 2 1 1 14.00 01400 CAFFTERIA 5 SUPPLY 0 0 0 0 0 0 0 2.254 1 1 15.00 01500 (URSIN GABNI STRATI ON 0 0 0 0 0 0 0 2.254 1 1 1 10.00 1100 (URSIN GABNI STRATI ON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								6.00
9.00 00900 HUSEREEPING 11.00 01000 DIFARP 11.00 01000 CAFETERIA 11.00 01100 CAFETERIA 11.00 0100 CAFETERIA 11.	7.00	00700 OPERATION OF PLANT						7.00
10.00         01000 DI ETARY         130.458         130.458         1           12.00         01200 MAI NETNANCE OF PERSONNEL         0         0         1           12.00         01200 MAI NESINGATINI STRATION         0         0         0         1           14.00         01400 CENTRAL SERVICES & SUPPLY         0	8.00	00800 LAUNDRY & LINEN SERVICE						8.00
11:00       01100 CAFETERIA       0       0       1         12:00       01200 MINTENANCE OF PERSONNEL       0       0       0       1         13:00       01300 NURSI NG ADMINISTRATION       0       0       0       0       2.254       1         14:00       01400 PHARMACY       0       0       0       0       0       2.254       1         15:00       01500 PHARMACY       0       0       0       0       0       2.254       1         16:00       01600 ADUTS & FEDRITICES & SUPELY       0       0       0       2.007       0       3         00       03100 ADUTS & FEDRITICE COST CENTERS	9.00	00900 HOUSEKEEPI NG						9.00
12.00       01200 MAI NTENANCE OF FERSONNEL       0       0       1         14.00       01400 CENTRAL SERVICES & SUPPLY       0       0       0.122       1         14.00       01400 CENTRAL SERVICES & SUPPLY       0       0       0.22       0         16.00       01600 MEDICAL RECORDS & LI BRARY       0       0       0.22       0       1         10.00       03000 ADULTS & PEDIATRICS       88,443       0       2.007       0       3         30.00       03000 ADULTS & PEDIATRICS       88,443       0       2.007       0       3         30.00       05100 OPERATING ROOM       0       0       0       2.405       0       5       0       0       2.405       0       5       0       5       0       0       0       2.405       0       5       0       5       0			130, 458					10.00
13.00       01300       NURSING ADMINISTRATION       0       0       10.103       1         14.00       01400       CHRTRAL SERVICES & SUPPLY       0       0       0       0       1         15.00       01500       PHARMACY       0       0       0       0       2.2561         16.00       01500       PHARTIENT ROUTINE SERVICE COST CENTERS			0	(	D			11.00
14. 00       01400       CENTRAL SERVICES & SUPPLY       0       0       0       0       0.0       0			0	(		0		12.00
15:00         OITSOO PHARMACY         O			0	(	D .			13.00
16. 00         01600   MEDI CAL, RECORDS & LIBRARY         0         0         26.2         0         1           30. 00         03000 ADULTS & PEDI ATR (CS         88,443         0         0,744         0         3           31. 00         03000 INTENSI VE CAREL UNIT         42,015         0         0         1,744         0         3           50. 00         05000 (PERATING ROOM         0         0         0,2,055         0         5           51. 00         05100 (RECOVERY ROOM         0 <td></td> <td></td> <td>0</td> <td>(</td> <td>2</td> <td>-</td> <td></td> <td></td>			0	(	2	-		
INPATE ENT ROUTI NE SERVICE COST CENTERS         Image: Cost Centers           00         03000 AULITS & PEDIATRI CS         88,443         0         0         2,007         0         3           31: 00         03100 INTENSIVE CARE UNI T         42,015         0         1,744         0         3           50: 00         05000 OPERATI NG ROM         0         0         2,405         0         5           51: 00         05100 DECOVERY ROM         0         0         0         2,405         0           51: 00         05100 DECOVERY ROM         0			0			-	s	
30:00       03000 ADULTS & PEDIATRICS       88,443       0       0       2,007       0       3         10:00       03000 INTERSI VE CARE UNIT       42,015       0       0       1,744       0       3         00:00       05000 DPERATING ROM       0       0       0       2,405       0       5         00:00       05000 DPERATING ROM       0       0       0       2,405       0       5         51:00       05300 ARESTHESI BLORY       0<	16.00		0	(	<u>и</u>	0 20	52 U	16.00
31:00         0 33100         INTENSIVE CARE UNIT         42,015         0         1,744         0         3           ANCLUARY SERVICE COST CENTERS         0         0         2,405         5         5         5         0         5         0         0         0         2,405         5         5         5         0         5         0         0         0         2,405         5         5         5         0         5         0         5         0	20 00		00 112	(	1	0 2.00	<u>م</u>	30.00
ANCILLARY SERVICE COST CENTERS         Image: Control of Control on Control of Control of Control on Control of Control of Control on Control of Control on Control of Control on								
50.00         0         0         0         0         2,405         0         5           51.00         05000         RECVERY ROM         0         0         2,750         0         5           53.00         05300         RADIO RECVERY ROM         0	51.00		42,013		<u>и</u>	0 1,7-		1 31.00
51.00         OS100         RECOVERY ROM         O         O         2,750         O         5           53.00         OS300 ANESTHESI OLGGY         O	50 00		0	(	b	0 2 40	)5 (	50.00
53.00         OS300         ARESTHESI QLOGY         O								
54.00         OS400         RADI OLOGY-DI AGNOSTI C         O <t< td=""><td></td><td></td><td>0</td><td>(</td><td></td><td></td><td></td><td></td></t<>			0	(				
58.00         OSB00         RN         O         O         O         O         O         O         S           59.00         05900         CARDIAC CATHETRIZATION         O         O         O         S	54.00	05400 RADI OLOGY-DI AGNOSTI C	0	(		0	o c	54.00
59.00       CARDI AC CATHETERI ZATI ON       0       0       0       544       0       5         60.00       06000       INTRAVENOUS THERAPY       0       0       0       0       0       6         64.01       06400       INTRAVENOUS THERAPY       0       0       0       0       0       0       6         65.00       06500       RESPI RATORY THERAPY       0       0       0       0       0       0       0       6         66.00       06600       PHYSI CAL THERAPY       0       0       0       0       0       0       0       0       0       0       6       6       6       6       60       6000       9000       0	57.00	05700 CT SCAN	0	(		0	0 0	57.00
60.00         06000         LABORATORY         0	58.00	05800 MRI	0	(	D	0	0 0	58.00
64.00       6400       INTRAVENOUS THERAPY       0			0	(	D	0 54		
64.01         06401         INTRAVENOUS THERAPY         0<			0	(		0	-	
65:00       06500       RESPI RATORY THERAPY       0       0       0       0       0       0       0       66:00       0       0       0       0       0       0       66:00       0			0	(	D	0	-	
66.00       06600       PHYSI CAL THERAPY       0<			0	(	2	0	-	
67.00       06700       OCCUPATI ONAL THERAPY       0 <t< td=""><td></td><td></td><td>0</td><td>(</td><td>2</td><td>0</td><td>-</td><td>00.00</td></t<>			0	(	2	0	-	00.00
68.00         06800         SPEECH PATHOLOGY         0 <td></td> <td></td> <td>0</td> <td>(</td> <td></td> <td>-</td> <td>-</td> <td></td>			0	(		-	-	
69.00         06900         ELECTROCARDIOLOGY         0         7         0         0         0         0         0         0         0         7         0         0         0         0         0         0         0         7         0         0         0         0         0         0         0         0         7         0 <td></td> <td></td> <td>0</td> <td>(</td> <td></td> <td>0</td> <td>s</td> <td>01.00</td>			0	(		0	s	01.00
70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       0       7         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0       0       0       2,254       7         72.00       07200       IMPL.       DEV. CHARGED TO PATIENTS       0       0       0       0       7         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       0       7         76.01       03950       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       0       7         76.02       03952       WOUND CARE       0       0       0       0       7         76.02       03952       WOUND CARE       0       0       0       0       7         90.00       09000       CLINIC       0       0       0       0       9       9         90.01       09001       CLINIC       0       0       0       0       9       9         90.02       09100       ERERGENCY       0       0       0       0       9       9         92.00       OSERVATION BEDS (NON-DISTINCT PART       11       13.0       13.02       13.3<			0	(		0	-	
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0       0       0       2, 254       7         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0       0       7         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0       0       7         76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       7         76.01       03951       CARDI AC AND PULMONARY REHAB       0       0       0       0       7         76.02       03952       WUND CARE       0       0       0       0       7         90.00       OPOOD       CLI NI C       0       0       0       0       9         90.01       090001       CLI NI C       0       0       0       0       9         90.02       09002       CLI NI C       0       0       0       0       9         91.00       OBEREVATI ON BEDS (NON-DI STI NCT PART       9       0       0       0       9         92.00       OBSERVATI ON BEDS (NON-DI STI NCT PART       11       11       11       11       11       11			0	(		0	-	
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       0       0       0       7         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       0       7         76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       0       7         76.01       03951       CARDI AC AND PULMONARY REHAB       0       0       0       0       7         76.02       03952       WOUND CARE       0       0       0       0       7         70.00       09000       CLINIC       0       0       0       0       9         90.00       09001       CLINIC       0       0       0       0       9         90.01       09101       ENERGENCY       0       0       0       0       9         91.00       09100       EMERGENCY       0       0       0       0       9         92.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       9       11       11       11       11       11       11       11       11       11       11       11       11       11       11       12 <td< td=""><td></td><td></td><td>0</td><td>(</td><td></td><td>0</td><td></td><td></td></td<>			0	(		0		
73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       0       7         76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       7         76.01       03951       CARDI AC AND PULMONARY REHAB       0       0       0       0       7         76.02       03952       WOUND CARE       0       0       0       0       7         76.02       03952       WOUND CARE       0       0       0       0       0       7         76.02       03952       WOUND CARE       0       0       0       0       0       7         90.00       OUTPATIENT SERVICE COST CENTERS       0       0       0       0       0       9         90.01       09001       CLI NI C       0       0       0       0       9         90.02       090202       CLI NI C       0       0       0       0       9         91.00       09100       EMERGENCY       0       0       0       0       9         92.00       09200       DESEVATION BEDS (NON-DI STINCT PART       11       11       11       11       11       11 <td></td> <td></td> <td>0</td> <td>(</td> <td></td> <td>0</td> <td></td> <td></td>			0	(		0		
76.01       03951       CARDI AC AND PULMONARY REHAB       0       0       0       0       7         76.02       03952       WOUND CARE       0       0       0       38       0       7         00       0952       WOUND CARE       0       0       0       38       0       7         00       09000       CLI NI C       0       0       0       0       9         90.00       09001       CLI NI C       0       0       0       0       9         90.01       09002       CLI NI C       0       0       0       0       9         91.00       09100       EMERGENCY       0       0       0       0       9         92.00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       9       9       9       9       9       9       10       10       13       2,254       11         118.00       SUBTOTALS (SUM OF LI NES 1-117)       130,458       0       0       10,133       2,254       11         118.00       SUBTOTALS (SUM OF LI NS' PRI VATE OFFICES       0       0       0       0       19         192.00       19200       PHYSI CI ANS' PRI VATE OFFIC			0	(		0		
76.02         03952         WOUND CARE         0         0         38         0         7           OUTPATIENT SERVICE COST CENTERS         0         0         0         0         0         0         9         9         0         0         0         0         0         9         9         0         0         0         0         0         0         9         9         9         0         0         0         0         0         0         0         0         0         0         9         9         0         0         0         0         0         0         0         0         9         9         0         0         0         0         0         0         0         0         9         9         0         0         0         0         0         0         0         0         9         9         0         0         0         0         0         0         0         0         9         9         0         0         0         0         0         9         9         0         0         0         0         0         0         0         0         0         11         11         <			0	(		0		
0.01       00       0.01       <	76.01	03951 CARDI AC AND PULMONARY REHAB	0	(		0	o c	76.01
90.00       09000       CLINIC       0       0       0       0       0       9         90.01       09000       CLINIC       0       0       0       0       0       9         90.02       09002       CLINIC       0       0       0       0       0       9         91.00       09100       EMERGENCY       0       0       0       0       9         92.00       09200       DSERVATION BEDS (NON-DISTINCT PART       0       0       0       9         92.00       09200       DSERVATION BEDS (NON-DISTINCT PART       9 <t< td=""><td>76.02</td><td></td><td>0</td><td>(</td><td></td><td>0 3</td><td>38 C</td><td>76.02</td></t<>	76.02		0	(		0 3	38 C	76.02
90.01       09001       CLINIC       0       0       0       0       0       9         90.02       09002       CLINIC       0       0       0       0       383       0       9         91.00       09100       EMERGENCY       0       0       0       0       0       0       9         92.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART       0       0       0       0       9         92.00       09200       INTEREST EXPOSE       113.00       INTEREST EXPENSE       11       113.00       113.00       INTEREST EXPENSE       11       11       113.00       10, 133       2, 254       11         118.00       SUBTOTALS (SUM OF LINES 1-117)       130, 458       0       0       10, 133       2, 254       11         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       0       0       0       0       19         193.00       19300       NONPAI D WORKERS       0       0       0       0       20       20       20       20       20       20       20       20       20       20       20       20       20       20       20       20       20		OUTPATIENT SERVICE COST CENTERS				T		
90.02       09002       CLINIC       0       0       383       0       9         91.00       09100       EMERGENCY       0       0       0       0       0       9         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART       0       0       0       0       9         SPECIAL PURPOSE COST CENTERS         113.00       1NTEREST EXPENSE       11       11       11       11       11       10       SUBTOTALS (SUM OF LINES 1-117)       130,458       0       0       10,133       2,254       11         NONREI MBURSABLE COST CENTERS         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       0       0       0       19         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       0       0       0       19         200.01       0       SPECIAL JUSTINCT PART       0       0       0       19         0       0       0       0       0       0       0       10       13       2,254       11         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       0       0 <td></td> <td>09000 CLI NI C</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		09000 CLI NI C	0					
91.00         09100         EMERGENCY         0         0         0         0         0         9           92.00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART         0         0         0         0         9         9           SPECIAL PURPOSE COST CENTERS           113.00         11300         INTEREST EXPENSE         11 </td <td></td> <td></td> <td>0</td> <td>(</td> <td></td> <td>-</td> <td>-</td> <td></td>			0	(		-	-	
92.00         09200         0BSERVATION         BEDS         (NON-DISTINCT PART         9           113.00         11300         INTEREST EXPENSE         11			0	(	2			
SPECIAL PURPOSE COST CENTERS           113.00         INTEREST EXPENSE         11           118.00         SUBTOTALS (SUM OF LINES 1-117)         130,458         0         0         10,133         2,254           118.00         SUBTOTALS (SUM OF LINES 1-117)         130,458         0         0         10,133         2,254         11           NONREI MBURSABLE COST CENTERS           192.00         19200         PHYSI CI ANS' PRI VATE OFFI CES         0         0         0         0         19           193.00         19300         NONPAI D WORKERS         0         0         0         0         19           200.00         Cross Foot Adjustments         0         0         0         0         20           201.00         Negative Cost Centers         0         0         0         0         0			0	(	D I I I I I I I I I I I I I I I I I I I	0	0 0	
113.00       INTEREST EXPENSE       11         118.00       SUBTOTALS (SUM OF LINES 1-117)       130,458       0       0       10,133       2,254       11         NONREL MBURSABLE COST CENTERS         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       0       0       0       19         193.00       19300       NONPAI D WORKERS       0       0       0       0       19         200.00       Cross Foot Adjustments       0       0       0       0       20         201.00       Negative Cost Centers       0       0       0       0       0	92.00				I			92.00
118.00         SUBTOTALS (SUM OF LINES 1-117)         130,458         0         0         10,133         2,254         11           NONREI MBURSABLE COST CENTERS           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         0         0         0         0         19           193.00         19300         NONPAI D WORKERS         0         0         0         0         19           200.00         Cross Foot Adjustments         0         0         0         0         20           201.00         Negative Cost Centers         0         0         0         0         0         0         0         0         20	110 00		<u>г</u>		1			112 00
NONREI MBURSABLE COST CENTERS           192.00         19200         PHYSI CLANS' PRI VATE OFFICES         0         0         0         19           193.00         19300         NONPAI D WORKERS         0         0         0         0         19           200.00         Cross Foot Adjustments         0         0         0         0         20           201.00         Negative Cost Centers         0 <td< td=""><td></td><td></td><td>120 450</td><td>(</td><td></td><td>0 10 17</td><td>2 2 2 2</td><td>113.00</td></td<>			120 450	(		0 10 17	2 2 2 2	113.00
192.00       19200       PHYSICLANS' PRIVATE OFFICES       0       0       0       19         193.00       19300       NONPAID       WORKERS       0       0       0       19         200.00       Cross Foot Adjustments       0       0       0       0       20         201.00       Negative Cost Centers       0       0       0       0       0	118.00		130, 458	(	<u>и</u>	0 10, 1	2,254	1118.00
193.00       19300       NONPAI D WORKERS       0       0       0       19         200.00       Cross Foot Adjustments       20       0       0       0       20         201.00       Negative Cost Centers       0       0       0       0       0       0	102.00					0	0	192.00
200.00         Cross Foot Adjustments         20 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>192.00</td></th<>								192.00
201.00 Negative Cost Centers 0 0 0 0 0 0 0 0			0	(	ĺ	5		200.00
			0	ſ		0		200.00
202.00 TOTAL (sum lines 118-201) 130, 458 0 0 10, 133 2, 254 20			130.458					1 202. 00

ALLOCA	1 Financial Systems ATION OF CAPITAL RELATED COSTS		Provi der		Period:	Worksheet B	
					From 01/01/2014 To 12/31/2014	Part II Date/Time Pre 5/22/2015 4:3	epared:
	Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		15.00	16.00	24.00	25.00	26.00	
1 00	GENERAL SERVICE COST CENTERS		1				1 1 00
1.00 2.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY						1.00 2.00 4.00 5.00 6.00 7.00 8.00 9.00
11. 00 12. 00	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL						11.00 12.00
13.00 14.00 15.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	176, 753					13.00 14.00 15.00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	51, 028				16.00
30. 00	03000 ADULTS & PEDIATRICS	0	1, 305	659, 33		659, 336	
31.00	03100 I NTENSI VE CARE UNI T ANCI LLARY SERVI CE COST CENTERS	0	555	403, 28	36 0	403, 286	31.00
50.00	05000 OPERATI NG ROOM	0	10, 321	1, 894, 56	0	1, 894, 563	50.00
51.00	05100 RECOVERY ROOM	0	1, 111	371, 67		371, 673	
53.00	05300 ANESTHESI OLOGY	0	1, 080	1, 45		1, 451	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	6, 025	39, 53		39, 532	
57.00	05700 CT SCAN	0	3, 562	12, 74		12, 743	
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	4, 288 2, 432	12, 90 13, 61		12, 901 13, 614	
60.00	06000 LABORATORY	0	9, 373	189, 06		189, 060	
64.00	06400 I NTRAVENOUS THERAPY	0	0	,	0 0	0	
64.01	06401 INTRAVENOUS THERAPY	0	0	65, 26	0 8	65, 268	
65.00	06500 RESPI RATORY THERAPY	0	383	83, 02		83, 028	
66.00	06600 PHYSI CAL THERAPY	0	120	2, 37		2, 377	1
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0		0 0 4 0	0 14	
69.00	06900 ELECTROCARDI OLOGY	0	1, 137	5, 65	-	5, 653	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1, 313	97, 68	80 0	97, 680	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3, 263	23, 18		23, 180	
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	1, 323	16, 21 187, 37		16, 218 187, 379	
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	176, 753 0	1, 936 0	107, 37	0 0	187, 379	
76.01		0	52	1, 16			76.01
	03952 WOUND CARE	0	0	36		368	
~~ ~~	OUTPATIENT SERVICE COST CENTERS						
90.00 90.01		0	0	c	0 0 36 0	0 86	
90.01		0	1, 449	7,99		7, 994	
91.00		0	0	.,	0 0	0	
92.00					0		92.00
	SPECIAL PURPOSE COST CENTERS	<u>т т</u>					
113.00 118.00	D 11300 I NTEREST EXPENSE D SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	176, 753	51, 028	4, 088, 56	07 0	4, 088, 567	113.00 118.00
192.00	19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	7, 61	4 0	7, 614	192.00
	19300 NONPALD WORKERS	0	o	.,	0 0	0	193.00
200.00	Cross Foot Adjustments				0 0	0	200.00
201.00		0	0	_	0 0		201.00
202.00	) TOTAL (sum lines 118-201)	176, 753	51, 028	4, 096, 18	31 0	4, 096, 181	1202 00

alth Financial Systems ST ALLOCATION - STATISTIC	AL BASIS	FRANCI SCAN HE			Peri od:	u of Form CMS-: Worksheet B-1	
					From 01/01/2014 To 12/31/2014		
			ATED COSTS			5/22/2015 4:3	
		CAPITAL REI	LATED COSTS				
Cost Center Des	cription	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
		(SQUARE FEET)	(SQUARE FEET)	BENEFI TS		& GENERAL	
				DEPARTMENT		(ACCUM. COST)	
				(GROSS SALARI ES)			
		1.00	2.00	4.00	5A	5.00	-
GENERAL SERVICE COST	CENTERS						$\square$
00 00100 CAP REL COSTS-B	LDG & FIXT	76, 670					] '
00 00200 CAP REL COSTS-M			76, 670				
00 00400 EMPLOYEE BENEFI		2, 281				00.000.001	
00 00500 ADMI NI STRATI VE 00 00600 MAI NTENANCE & R		4, 554	4, 554			39, 200, 381 1, 976, 260	6
00 00700 OPERATION OF PL		0			0 0	1, 970, 200	-
00 00800 LAUNDRY & LI NEN		0			0 0	50, 992	
00 00900 HOUSEKEEPI NG		0	c	293, 95	6 0	504, 106	9
. 00 01000 DI ETARY		2, 378	2, 378			344, 110	
. 00 01100 CAFETERIA	DEDCONNEL	0		1	0 0	0	
. 00 01200 MAINTENANCE OF . 00 01300 NURSING ADMINIS		0		655, 35	0 0 5 0	0 845, 004	
. 00 01400 CENTRAL SERVICE		0				213, 961	
. 00 01500 PHARMACY		3,060	3, 060				
. 00 01600 MEDICAL RECORDS	& LI BRARY	798	798			736, 658	16
INPATIENT ROUTINE SER			1	1	1		
0. 00 03000 ADULTS & PEDI AT		9, 989					
. 00 03100 I NTENSI VE CARE ANCI LLARY SERVI CE COS		6, 335	6, 335	1, 030, 19	6 0	1, 738, 782	3'
. 00 05000 OPERATI NG ROOM	I CENTERS	33, 943	33, 943	2, 367, 62	9 0	6, 297, 891	50
00 05100 RECOVERY ROOM		6, 335					
00 05300 ANESTHESI OLOGY		0	C	4,85		50, 458	
. 00 05400 RADI OLOGY-DI AGN	OSTIC	0	0	1, 863, 49	8 0	3, 102, 543	54
. 00 05700 CT SCAN		0	C	353, 32		1, 009, 820	
. 00 05800 MRI		0	0	269, 82		1,009,923	
. 00 05900 CARDI AC CATHETE	RIZATION	0		582, 73			
0.00 06000 LABORATORY 00 06400 INTRAVENOUS THE	DADY	2, 828	2,828		0 0	4, 141, 784 0	
. 01 06401 I NTRAVENOUS THE		1, 207			0 0	64, 485	
. 00 06500 RESPIRATORY THE		1, 409			3 0	620, 509	
00 06600 PHYSI CAL THERAP	Y	0	C	142, 93	9 0	191, 335	66
. 00 06700 OCCUPATIONAL TH		0	C		0 0	0	
00 06800 SPEECH PATHOLOG		0	0	89		1, 177	
. 00 06900 ELECTROCARDI OLO		1 552	1 552			234, 201	
00 07000 ELECTROENCEPHAL 00 07100 MEDICAL SUPPLIE		1, 553	1, 553 0		6 0 0 0	1, 409, 188 2, 633, 589	
. 00 07200 IMPL. DEV. CHAR		0		1	0 0		
. 00 07300 DRUGS CHARGED T		0			0 0		
00 03950 OTHER ANCILLARY	SERVICE COST CENTERS	0	C		0 0	0	76
. 01 03951 CARDI AC AND PUL	MONARY REHAB	0		67,06			
. 02 03952 WOUND CARE		0	C	18, 09	6 0	30, 891	76
OUTPATIENT SERVICE CC	ST CENTERS	0		1	0 0	0	
. 00 09000 CLINIC . 01 09001 CLINIC		0			0 0 0 0		
. 02 09002 CLINIC		0		274,63	· ·	639, 806	
. 00 09100 EMERGENCY		0		2, 1, 00	0 0	037,000	
. 00 09200 OBSERVATION BED	S (NON-DISTINCT PART						92
SPECIAL PURPOSE COST	CENTERS						
3. 00 11300 INTEREST EXPENS				47.000 -	10	00 /	113
3. 00 SUBTOTALS (SUM NONREI MBURSABLE COST		76, 670	76, 670	17, 398, 94	6 -13, 594, 383	38, 557, 639	1118
2. 00 19200 PHYSI CLANS' PRI		0		484, 76	5 0	642, 742	10'
3. 00 19200 PHTSICIANS PRI 3. 00 19300 NONPAID WORKERS		0		+04,70	0 0		192
0.00 Cross Foot Adju		0					200
1.00 Negative Cost C							20'
2.00 Cost to be allo	cated (per Wkst. B,	4, 096, 181	c	4, 750, 58	4	13, 594, 383	
Part I)					_		
	plier (Wkst. B, Part I)	53. 426125	0. 000000			0. 346792	
	cated (per Wkst. B,			121, 86	5	262, 908	204
5.00 Part II) 5.00 Unit cost multi	plier (Wkst. B, Part			0. 00681	4	0. 006707	201
	prior (mist. D, rart			0.00001	1	0.000707	200

	Financial Systems	FRANCI SCAN HE				u of Form CMS-2	
COST A	LLOCATION - STATISTICAL BASIS		Provi der		eriod: rom 01/01/2014	Worksheet B-1	
				T		Date/Time Pre	
	Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	5/22/2015 4:3 DI ETARY	I pm
		REPAI RS	PLANT	LINEN SERVICE		(MEALS SERVED)	
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF			
		6.00	7.00	LAUNDRY) 8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS	0.00	1.00	0.00	7.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 6.00	00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	69, 835					5.00
7.00	00700 OPERATION OF PLANT	07,033					7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0					8.00
9.00	00900 HOUSEKEEPI NG	0	0	486	69, 835		9.00
10.00	01000 DI ETARY	2, 378			2, 378		1
11.00		0	0	0	0	0	
12.00 13.00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	0		0	0	0	
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	3,060	-	0	3, 060	0	
16.00	01600 MEDI CAL RECORDS & LI BRARY	798	798	0	798	0	16.00
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	9, 989					
31.00	03100 I NTENSI VE CARE UNI T ANCI LLARY SERVI CE COST CENTERS	6, 335	6, 335	0	6, 335	4, 666	31.00
50.00	05000 OPERATING ROOM	33, 943	33, 943	104, 424	33, 943	0	50.00
51.00	05100 RECOVERY ROOM	6, 335				0	
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	
57.00	05700 CT SCAN	0	0	0	0	0	
58.00 59.00		0	0	0	0	0	
60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	2, 828	-	-	2, 828	0	
64.00	06400 I NTRAVENOUS THERAPY	2,020			2,020	0	
64.01	06401 I NTRAVENOUS THERAPY	1, 207	1, 207	0	1, 207	0	
65.00	06500 RESPI RATORY THERAPY	1, 409	1, 409	0	1, 409	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0	-	0	0	0	
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 553	-	-	•	0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0			0	0	
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
76.00	03950 OTHER ANCI LLARY SERVICE COST CENTERS	0	0	0	0	0	
76.01	03951 CARDI AC AND PULMONARY REHAB 03952 WOUND CARE	0		0	0	0	•
70.02	OUTPATIENT SERVICE COST CENTERS	0		0	0	0	1 70.02
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CLI NI C	0	0	0	0	0	
90.02	09002 CLI NI C	0	-	0	0	0	
	09100 EMERGENCY	0	0	0	0	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS						92.00
113 00	11300 INTEREST EXPENSE						1113.00
118.00		69, 835	69, 835	182, 634	69, 835	14, 488	
	NONRE MBURSABLE COST CENTERS						
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	-	0	0		192.00
	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00							200. 00 201. 00
201.00		2, 661, 611	0	68, 676	679, 109	577, 202	
202.00	Part I)	2,001,011	Ĭ	00,070	077,107	577,202	202.0
203.00	Unit cost multiplier (Wkst. B, Part I)	38. 112852		0. 376031	9. 724479		
204.00		14, 852	0	342	5, 385	130, 458	204.00
2011.00	Part II)	1	1				1
		0 010/	0 00000	0 0010	0 0771:-	0 001555	005 53
205.00		0. 212673	0. 000000	0. 001873	0. 077110	9. 004555	205. 0

	Financial Systems LLOCATION - STATISTICAL BASIS	FRANCI SCAN HEA		CCN: 150165	Period:	u of Form CMS- Worksheet B-1	
					From 01/01/2014 To 12/31/2014	Date/Time Pre 5/22/2015 4:3	epared:
	Cost Center Description	CAFETERIA (NUMBER HOUSED)	IAI NTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIC (DIRECT NRSIN HRS)	SUPPLY	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
1.00 2.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-NVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL	0	С				1. 00 2. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
14. 00 15. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	000000000000000000000000000000000000000			0 100 0 0	100	
16.00	01600 MEDICAL RECORDS & LIBRARY INPATIENT ROUTINE SERVICE COST CENTERS	0	0	12	4 0	0	16.00
	03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T ANCI LLARY SERVI CE COST CENTERS	000	C			0	
51.00 53.00 54.00 57.00 58.00 59.00 64.00 64.01 65.00 64.01 65.00 66.00 67.00 68.00 70.00 71.00	05000 OPERATI NG ROOM 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06400 I NTRAVENOUS THERAPY 06401 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 SPEECH PATHOLOGY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 I MPL. DEV. CHARGED TO PATI ENTS				9 0 0 0 0 0 0 0 0 0 0 0		51.00 53.00 54.00 57.00 59.00 60.00 64.00 64.00 64.01 65.00 66.00 67.00 68.00 68.00 69.00 70.00 71.00
73.00 76.00 76.01 76.02	07300 DRUGS CHARGED TO PATIENTS 03950 OTHER ANCILLARY SERVICE COST CENTERS 03951 CARDIAC AND PULMONARY REHAB 03952 WOUND CARE	0 0 0	0 0 0 0	) ) ) )	0 0 0 0 0 0 8 0	100 0 0	73.00 76.00 76.0
90. 00 90. 01 90. 02 91. 00	OUTPATI ENT SERVICE COST CENTERS           09000         CLINIC           09001         CLINIC           09002         CLINIC           09003         CLINIC           09004         CLINIC           09005         CLINIC           09006         EMERGENCY           092000         OBSERVATION BEDS (NON-DISTINCT PART           092001         COST CENTERS	0 0 0			0 0 0 0 1 0 0 0	0 0 0 0	90. 01 90. 02
113. 00 118. 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	0	C	4, 78	7 100	100	113. 00 118. 00
	19200 PHYSICIANS' PRIVATE OFFICES 19300 NONPAID WORKERS	0	C		0 0 0 0		192.00 193.00 200.00 201.00
202.00 203.00	8	0.000000	C 0. 000000			1, 820, 927 18, 209. 270000	202.00
204.00		0	0. 000000	10, 13	3 2, 254		

	Financial Systems	FRANCI SCAN HEAI			u of Form CMS-2552-10
CUST A	LLOCATION - STATISTICAL BASIS		Provider CCN: 150	From 01/01/2014	Worksheet B-1
				To 12/31/2014	Date/Time Prepared: 5/22/2015 4:31 pm
	Cost Center Description	MEDI CAL RECORDS & LI BRARY (GROSS CHAR GES) 16. 00			
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	00100 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LINEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01200 MAI NTENANCE OF PERSONNEL				1.00 2.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00
13.00	01300 NURSING ADMINISTRATION				13.00
	01400 CENTRAL SERVICES & SUPPLY				14.00
	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	206, 915, 475			15.00 16.00
10.00	INPATIENT ROUTINE SERVICE COST CENTERS	200, 710, 170			10.00
	03000 ADULTS & PEDIATRICS	5, 283, 486			30.00
31.00	03100 INTENSIVE CARE UNIT ANCILLARY SERVICE COST CENTERS	2, 247, 745			31.00
50.00	05000 OPERATING ROOM	42, 106, 919			50.00
51.00	05100 RECOVERY ROOM	4, 497, 321			51.00
	05300 ANESTHESI OLOGY	4, 371, 453			53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	24, 392, 927			54.00
57.00 58.00	05700 CT SCAN 05800 MRI	14, 421, 469 17, 360, 420			57.00 58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	9, 846, 904			59.00
60.00	06000 LABORATORY	37, 948, 467			60.00
64.00	06400 INTRAVENOUS THERAPY	0			64.00
64.01	06401 INTRAVENOUS THERAPY	О			64.01
65.00	06500 RESPI RATORY THERAPY	1, 548, 879			65.00
66.00	06600 PHYSI CAL THERAPY	483, 898			66.00
67.00		0			67.00
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	996 4, 603, 102			68.00 69.00
	07000 ELECTROENCEPHALOGRAPHY	5, 316, 882			70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13, 210, 786			71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	5, 355, 657			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7, 838, 288			73.00
	03950 OTHER ANCILLARY SERVICE COST CENTERS	0			76.00
	03951 CARDI AC AND PULMONARY REHAB	212, 163			76.01
10. UZ	03952 WOUND CARE OUTPATIENT SERVICE COST CENTERS	0			76. 02
	09000 CLI NI C	0			90.00
90. 01	09001 CLI NI C	0			90. 01
	09002 CLI NI C	5, 867, 713			90.02
	09100 EMERGENCY	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS				92.00
113 00	11300 INTEREST EXPENSE				113.00
118.00		206, 915, 475			118.00
	NONREIMBURSABLE COST CENTERS				
	19200 PHYSICIANS' PRIVATE OFFICES	0			192.00
	19300 NONPAID WORKERS	0			193.00
200.00	5				200.00
201.00 202.00	S S S S S S S S S S S S S S S S S S S	1, 059, 778			201.00 202.00
202.00	Part I)	1,037,110			202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 005122			203.00
204.00	Cost to be allocated (per Wkst. B,	51, 028			204.00
	Part II)	0.0000.17			0.05
205.00	Unit cost multiplier (Wkst. B, Part	0. 000247			205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES         Provider COX: 150165         Period: To 12/3/2014         Worksheet C Date/Time Prepared: 5/2/2018           Cost Center Description         Total Cost (Trom Wkst. B Part I, 20, 1)         Total Cost Part I, 20, 1)         Total Cost Part I, 20, 1)         Total Cost Disal Iowance	Health Fina	ancial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-:	2552-10
Cost Center Description         Total Cost (From Wkst. B, Part I, 00         Therapy Limit Adj.         Therapy Limit Adj.         Total Costs Total Costs         Total Costs           30.00         00         03000 ADULTS & PEDIATRICS         4,349,894         4,349,894         0,4300         4,00         5.00           30.00         03000 ADULTS & PEDIATRICS         4,349,894         4,349,894         0,4,349,894         30.00         3,038,129         30.00         3,038,129         30.00         3,038,129         30.00         3,038,129         30.00         3,038,129         30.00         3,038,129         30.00         30.00         50.00         05000 OFECONERY ROM         3,062,607         3,062,607         0,962,607         50.962,607         0,963,471         50.00         50.00         05000 AREDIACY INGNOSTIC         4,330,844         1,433,884         1,430,755         60.00         60.00         60.00         1,449,076         1,449,076         1,449,076         60.00         1,440,076         58.00         1,440,076         59.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00	COMPUTATI O	N OF RATIO OF COSTS TO CHARGES		Provi der	CCN: 150165	From 01/01/2014	Part I Date/Time Pre	
Cost Center Description         Total Cost (from Wist, B Part 1, col. 20.00         Total Costs (adj.         Total Costs (adj.         RCE Disal Jowance         Total Costs         Disal Jowance           30.00         03000 ADULTS & PEDI ATRICS 31.00         4.349, 994         4.349, 994         4.349, 994         4.349, 994         3.08, 129         3.00           30.00         03000 ADULTS & PEDI ATRICS 31.00         3.08, 129         3.08, 129         3.08, 129         3.08, 129         3.00           30.00         05100 RECOVERY ROM 05100 RECOVERY ROM 30.00 SID 00 RESTINES ILOGY         9.0, 347         9.0, 347         0.90, 347         0.90, 347         0.90, 347         9.0, 347         0.90, 347         9.03, 421         4.303, 421         4.303, 421         4.303, 421         4.303, 421         4.303, 421         4.303, 421         4.303, 421         4.303, 421         5.00         5.00         5.00         5.00         5.00         5.00         5.90         7.78         5.607         5.91, 33, 86         60.00         1.450, 275         1.450, 275         0.1, 459, 275         5.607         5.91, 33, 86         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00				Titl	e XVIII	Hospi tal		
Impart end         Impart end <thimpart end<="" th="">         Impart end         Impart e</thimpart>						Costs		
INPATI ENT ROUTINE SERVICE COST CENTERS         Image: Control of ADULTS & PEDIATRICS         Image: Control of ADULTS & PEDIATRICS <td></td> <td>Cost Center Description</td> <td>(from Wkst. B, Part I, col.</td> <td></td> <td>Total Costs</td> <td></td> <td>Total Costs</td> <td></td>		Cost Center Description	(from Wkst. B, Part I, col.		Total Costs		Total Costs	
30. 00       03000 ADULTS & PEDIATRICS       4, 349, 994       4, 349, 994       0       4, 349, 994       0. 0       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       0       50, 00       0 <t< td=""><td></td><td></td><td>1.00</td><td>2.00</td><td>3.00</td><td>4.00</td><td>5.00</td><td></td></t<>			1.00	2.00	3.00	4.00	5.00	
11:00         031:00         INTENSIVE CARE UNIT         3.038, 129         3.038         3.00         3.038, 129         3.038         3.00         3.038         3.00         3.038         3.00         3.00         3.00         3.00         3.00			-	1				
ANCILLARY SERVICE COST CENTERS           60.00         05000 OPERATING ROOM         10, 630, 657         10, 630, 657         21, 190         10, 651, 651, 657           51.00         05100 RECOVERY ROOM         3, 962, 607         3, 962, 607         0, 3, 962, 607         51.00           51.00         05000 RADI CLOGY - DLACNOSTIC         4, 303, 421         4, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 44, 303, 421         0, 43, 303, 421         0, 44, 303, 421         0, 44, 907, 6         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 0, 0         0, 0, 0         0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0								1
50.00         05000         0PERATI NG ROOM         10, 630, 657         21, 190         10, 651, 647         50.00           51.00         05100         RECOVERY ROOM         3, 962, 607         0, 3, 962, 607         0         3, 962, 607         51.00           53.00         05300         ANESTHESI OLGGY         90, 347         90, 347         0         90, 347         0         90, 347         0         90, 347         53.00           57.00         05700         CTSCAN         1, 433, 884         1, 433, 884         0         1, 438, 884         0         1, 438, 884         0         1, 433, 884         0         1, 439, 076         0         1, 449, 076         0         1, 450, 075         59, 00         5900         5900         5900         5907, 778         5, 607         5, 913, 385         60.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         110, 633         0         911, 033         6911, 033         0         911, 033         65.00         65.00           65.00         06500         RESPI RATORY THERAPY         10, 650         0         0         0         0         67.00           64.00         06400         ITRAVENOUS T			3, 038, 129		3, 038, 12	29 0	3, 038, 129	31.00
51:00       OS100       RECOVERY ROOM       3, 962, 607       3, 962, 607       0       3, 962, 607       51:00         53:00       OS300       ANESTHESI OLOGY       90, 347       0       90, 347       53:00         54:00       OS400       RADIOLOGY-DI AGNOSTI C       4, 303, 421       4, 303, 421       0       4, 303, 421       54:00         57:00       CT SCAN       1, 433, 884       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 430, 076       0       4, 303, 421       56:00       50:00       0       0       0       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       50:00       0			1	1	i .	1		
53.00     063.00     AMESTHESI OLOGY     90, 347     90, 347     90, 347     0     90, 347     53.00       54.00     05400     RADI OLOGY-DI AGNOSTI C     4, 303, 421     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     1, 439, 076     0     1, 449, 076     0     1, 449, 076     0     1, 449, 076     0     1, 449, 076     0     1, 449, 076     1, 449, 076     1, 449, 076     0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>								1
54.00       05400       RADI OLOGY-DI AGNOSTI C       4, 303, 421       4, 303, 421       4, 303, 421       54, 00         57.00       05700       CT SCAN       1, 433, 884       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 439, 076       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       144, 587       64.00       64.00       66.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>								1
57.00       05700       CT SCAN       1,433,884       1,433,884       1,433,884       1,433,884       57.00         58.00       05800       MRI       1,449,076       1,449,076       58.00         59.00       05900       CARDIAC CATHETERIZATION       1,450,275       1,450,275       0       1,449,076       58.00         60.00       06400       INTRAVENOUS THERAPY       5,907,778       5,607       5,913,385       60.00         64.01       06401       INTRAVENOUS THERAPY       144,587       144,587       0       144,587         64.01       06400       INTRAVENOUS THERAPY       911,033       0       911,033       911,033       0       911,033       66.00         65.00       06500       RESPI RATORY THERAPY       260,167       0       260,167       0       66.00       0       66.00       0       66.00       0       66.00       0       66.00       0       66.00       0       66.00       0								
58.00       05800       RRI       1,449,076       1,449,076       0       1,449,076       58.00         59.00       05900       CARDI AC CATHETERI ZATI ON       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,449,076       5,907       778       5,007       778       5,007       70       0       0       0       64.00       64.01       164.01       144,587       0       144,587       0       144,587       0       144,587       0       144,587       0       144,587       0								
59.00       05900       CARDIAC CATHETERIZATION       1,450,275       1,450,275       0       1,450,275       59.00         60.00       06000       LABORATORY       5,907,778       5,907,778       5,607       5,913,385       60.00         64.00       06400       INTRAVENOUS THERAPY       0       0       0       64.00         64.01       06401       INTRAVENOUS THERAPY       144,587       911,033       0       911,033       0       911,033       0       911,033       0       911,033       0       260,167       66.00       0       0       0       0       0       66.00       06000       PHYSICAL THERAPY       260,167       0       260,167       0       260,167       66.00       68.00       0       68.00       0       68.00       0       68.00       0       69.00       0.6900       ELCTROCACRPI ALCGARPHY       1,999,407       1,999,407       0       3,902,724       70.00       3,902,724       71.00       3,018,312       0       3,018,312       20.01       0       3,005,998       3,605,998       3,605,998       3,605,998       3,605,998       3,605,998       3,605,998       3,605,998       3,605,998       76.00       76.00       76.00       76.00       <								
60.00       06000       LABORATORY       5, 907, 778       5, 907, 778       5, 907, 778       5, 913, 385       60.00         64.00       06400       INTRAVENOUS THERAPY       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
64.00       06400       INTRAVENOUS THERAPY       0       0       0       0       64.00         64.01       06401       INTRAVENOUS THERAPY       144,587       144,587       0       144,587       64.00         65.00       0500       RESPIRATORY THERAPY       911,033       0       0								1
64.01       06401       INTRAVENOUS THERAPY       144,587       144,587       0       144,587       64.01         65.00       06500       RESPI RATORY THERAPY       911,033       0       91,00       1,590       0       1,590       0       1,590       0       1,590       0       1,590       0       1,590       0       0       0       0			5, 907, 778		5, 907, 7	78 5, 607	5, 913, 385	1
65.00       06500       RESPI RATORY THERAPY       911,033       0       911,033       0       911,033       65.00         66.00       06600       PHYSI CAL THERAPY       260,167       0       260,167       0       260,167       0       66.00       67.00       0 CCUPATI ONAL THERAPY       0       0       0       0       67.00       0       0       0       77.00       0       0.590       0       1,999,407       1,999,407       1,999,407       1,099,407       1,099,407       1,099,407       1,00       1,00       1,00       1,00       1,050       1,02,51       1,02,51       1,00       1,02,51       1,02,51			0			0 0	0	
66.00       06600       PHYSI CAL THERAPY       260, 167       0       260, 167       0 <td></td> <td></td> <td>144, 587</td> <td></td> <td>144, 58</td> <td>37 0</td> <td>144, 587</td> <td></td>			144, 587		144, 58	37 0	144, 587	
67.00       06700       0CCUPATI ONAL THERAPY       0       0       0       0       67.00       68.00       69.00       SPEECH PATHOLOGY       1,590       0       1,590       0       1,590       0       1,590       0       1,590       0       1,590       0       1,590       68.00         69.00       0ELECTROCARDI OLOGY       338,997       0       338,997       0       338,997       0       388,997       0       388,997       0       1,999,407       1,999,407       0       1,999,407       0       1,999,407       0       3,902,724       0       3,902,724       0       3,902,724       0       3,018,312       72.00       73.00       07300       DRUS CHARGED TO PATI ENTS       3,018,312       0       3,018,312       72.00       73.00       0,000       0       0       0       0       73.00       0.00       0       0       0       76.00       0       0       0       76.00       0       0       0       0       76.00       0			911, 033	0	911, 03	33 0	911, 033	65.00
68.00       06800       SPEECH PATHOLOGY       1,590       0       1,590       0       1,590       68.00         69.00       06900       ELECTROCARDI OLOGY       338,997       338,997       0       338,997       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       1,999,407       1,999,407       0       1,999,407       0       3,902,724       0       3,002,724       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       3,902,724       3,018,312       0       3,018,312       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       3,605,998       3,605,998       0       3,605,998       73.00       76.00       90.01       90.00       CLINIC       97.90       934,770       934,770       934,770       934,770			260, 167	0	260, 10	57 0	260, 167	1
69.00       06900       ELECTROCARDIOLOGY       338,997       338,997       0       338,997       0       338,997       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       1,999,407       1,999,407       0       1,999,407       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       3,902,724       3,902,724       0       3,018,312       72.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       3,018,312       3,018,312       0       3,018,312       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       3,605,998       3,605,998       0       60.00       0       76.00         76.01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       70.00       70.00       70.00       70.00       76.00       76.00       70.00       70.00       76.01       72.332       76.01       73.332       76.01       73.332       76.01       73.332       76.01       76.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00			-	-		-		
70. 00       07000       ELECTROENCEPHALOGRAPHY       1, 999, 407       1, 999, 407       1, 999, 407       70. 00         71. 00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       3, 902, 724       3, 902, 724       0       3, 902, 724       1. 00         72. 00       07200       IMPL. DEV. CHARGED TO PATIENTS       3, 018, 312       3, 018, 312       0       3, 018, 312       72. 00         73. 00       07300       DRUGS CHARGED TO PATIENTS       3, 605, 998       3, 605, 998       0       3, 00, 0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       76. 00       0       0       0       76. 00       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       0       0       0       0       0       76. 00       76. 00       0       0       0       0       0       0       0       0       0       0       0       0       0       <						-	1, 590	
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       3,902,724       3,902,724       0       3,902,724       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       3,018,312       3,018,312       0       3,018,312       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       3,065,998       0       3,065,998       0       3,605,998       73.00         76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       76.00         76.01       03951       CARDI AC AND PULMONARY REHAB       132,332       132,332       0       132,332       76.01         76.02       03952       WOUND CARE       45,883       45,883       0       45,883       76.02         0000       09000       CLINIC       0       0       0       90.00       90.00         90.00       09000       CLINIC       17,256       0       17,256       90.01       90.00       934,770       934,770       9.02,724       90.00       90.00       91.00       92.00       92.00       93.4,770       0       93.4,770       9.02,00       93.4,770       9.0,00       91.00       92.00       92.00       92.00       92.00								1
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       3,018,312       3,018,312       0       3,018,312       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       3,605,998       3,605,998       0       3,605,998       0       3,605,998       73.00         76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       0       76.00         76.01       03951       CARDIAC AND PULMONARY REHAB       132,332       132,332       0       132,332       76.01         76.02       03952       WOUND CARE       45,883       0       45,883       0       45,883       76.02         00000       CLINIC       0       0       0       0       90.02       91.00       934,770       934,770       934,770       90.02       91.00       91.00       91.00       91.00       92			1, 999, 407		1, 999, 40	07 0	1, 999, 407	70.00
73.00       07300       DRUGS CHARGED TO PATIENTS       3,605,998       3,605,998       0       3,605,998       73.00         76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       0       76.00         76.01       03951       CARDI AC AND PULMONARY REHAB       132,332       132,332       0       132,332       76.01         76.02       03952       WOUND CARE       45,883       45,883       0       45,883       76.02         00TPATIENT SERVICE COST CENTERS       0       0       0       0       0       90.00       9000       CLINIC       90.00       90.02       91.00       934,770       90.02       90.02       91.00       90.02       91.00       90.02       91.00       92.00       92.00       92.00       92.00       92.00       92.00			3, 902, 724		3, 902, 72	24 0	3, 902, 724	71.00
76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76.00         76.01       03951       CARDI AC AND PULMONARY REHAB       132, 332       132, 332       0       132, 332       76.01         76.02       03952       WOUND CARE       45, 883       45, 883       0       45, 883       76.02         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       90.00       9000       CLI NI C       90.00       9000       0       0       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.02       9002       CLI NI C       17, 256       17, 256       0       17, 256       90.01       90.02       90.02       90.02       90.02       91.00       934, 770       934, 770       90.02       90.02       91.00       91.00       91.00       91.00       92.00       0       0       0       0       0       92.00       92.01       934, 770       934, 770       934, 770       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00			3, 018, 312		3, 018, 3	12 0	3, 018, 312	72.00
76. 01       03951       CARDI AC AND PULMONARY REHAB       132, 332       132, 332       0       132, 332       76. 01         76. 02       03952       WOUND CARE       45, 883       0       45, 883       0       45, 883       76. 02         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       90. 00       9000       CLI NI C       0       0       90. 00       90. 00       90. 00       90. 01       9001       CLI NI C       17, 256       17, 256       0       17, 256       90. 01       90. 02       90. 02       90. 02       0 9020       CLI NI C       934, 770       934, 770       934, 770       90. 02       91. 00       91. 00       91. 00       91. 00       91. 00       91. 00       91. 00       92. 00       0       0       0       0       0       92. 00       952KVATI ON BEDS (NON-DI STI NCT PART       1, 357, 298       1, 357, 298       92. 00       92. 00       92. 00       92. 00       92. 00       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01 </td <td></td> <td></td> <td>3, 605, 998</td> <td></td> <td>3, 605, 99</td> <td>98 0</td> <td>3, 605, 998</td> <td></td>			3, 605, 998		3, 605, 99	98 0	3, 605, 998	
76. 02         03952         WOUND CARE         45, 883         0         45, 883         0         45, 883         76. 02           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         0         90. 00         9000         CLI NI C         0         0         90. 00         90. 00         90.00         90.00         17, 256         17, 256         0         17, 256         90. 01         90. 02         90. 02         09002         CLI NI C         934, 770         934, 770         934, 770         90. 02         90. 02         91. 00         934, 770         90. 02         0         90. 02         91. 00         92. 00         0         0         0         0         91. 00         91. 00         92. 00         0         0         0         91. 00         92. 00         92.00         0BSERVATI ON BEDS (NON-DI STI NCT PART         1, 357, 298         1, 357, 298         1, 357, 298         92. 00         92. 00         92. 00         92. 00         92. 00         92.00         13. 357, 298         1, 357, 298         13. 00         13. 00         13. 357, 298         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00 <t< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>1</td></t<>			-					1
OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC         0         0         0         90.00           90.01         09001         CLINIC         0         0         0         0         90.00           90.01         09001         CLINIC         17,256         17,256         0         17,256         90.01           90.02         09002         CLINIC         934,770         934,770         0         934,770         90.02           91.00         09100         EMERGENCY         0         0         0         0         91.00           92.00         OSEERVATI ON BEDS (NON-DI STINCT PART         1,357,298         1,357,298         1,357,298         92.00           92.00         OBSERVATI ON BEDS (NON-DI STINCT PART         1,357,298         1,357,298         1,357,298         92.00           92.00         I13.00         INTEREST EXPENSE         113.00         113.00         113.00         113.00         113.00         INTEREST EXPENSE         113.00         53,286,422         26,797         53,313,219         200.00           201.00         Less Observation Beds         1,357,298         1,357,298         1,357,298         1,357,298         201.00								1
90.00       09000       CLINIC       0       0       0       0       90.00         90.01       09001       CLINIC       17,256       17,256       0       17,256       90.01         90.02       09002       CLINIC       934,770       934,770       934,770       90.02         91.00       09100       EMERGENCY       0       0       0       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART       1,357,298       1,357,298       1,357,298       92.00         SPECIAL PURPOSE COST CENTERS         113.00         113.00       INTEREST EXPENSE       53,286,422       0       53,286,422       26,797       53,313,219       200.00         200.00       Less Observation Beds       1,357,298       1,357,298       1,357,298       1,357,298       113.00			45, 883		45, 88	33 0	45, 883	76.02
90.01       09001       CLINIC       17,256       0       17,256       90.01         90.02       09002       CLINIC       934,770       934,770       934,770       90.02         91.00       09000       EMERGENCY       0       0       0       91.00       934,770       90.02         92.00       09200       0BSERVATION BEDS (NON-DISTINCT PART       1,357,298       1,357,298       1,357,298       92.00         SPECIAL PURPOSE COST CENTERS         113.00       INTEREST EXPENSE       53,286,422       0       53,286,422       26,797       53,313,219       200.00         200.00       Less Observation Beds       1,357,298       1,357,298       1,357,298       1,357,298       10.00			1	i	1			
90. 02       09002       CLINIC       934,770       0       934,770       90. 02         91. 00       09100       EMERGENCY       0       0       0       91. 00         92. 00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART       1, 357, 298       1, 357, 298       1, 357, 298       92. 00         SPECIAL PURPOSE COST CENTERS         113. 00       INTEREST EXPENSE       53, 286, 422       0       53, 286, 422       26, 797       53, 313, 219       200. 00         200. 00       Less Observation Beds       1, 357, 298       1, 357, 298       1, 357, 298       1, 357, 298       10. 00								
91. 00 92. 00       09100 09200       EMERGENCY 09200       000000000000000000000000000000000000								
92. 00         09200         OBSERVATI ON         BEDS         (NON-DI STINCT PART         1, 357, 298         1, 357, 298         1, 357, 298         92. 00           SPECIAL PURPOSE COST CENTERS           113. 00         11300         INTEREST EXPENSE         113. 00         113.00         53, 286, 422         0         53, 286, 422         26, 797         53, 313, 219         200. 00           201. 00         Less Observation Beds         1, 357, 298         1, 357, 298         1, 357, 298         201. 00					934, 7		934, 770	1
SPECIAL PURPOSE COST CENTERS           113.00         11300         INTEREST EXPENSE         113.00           200.00         Subtotal (see instructions)         53, 286, 422         0         53, 286, 422         26, 797         53, 313, 219         200.00           201.00         Less Observation Beds         1, 357, 298         1, 357, 298         1, 357, 298         201.00								
113.00       11300       INTEREST EXPENSE       113.00         200.00       Subtotal (see instructions)       53, 286, 422       0       53, 286, 422       26, 797       53, 313, 219       200.00         201.00       Less Observation Beds       1, 357, 298       1, 357, 298       1, 357, 298       1, 357, 298       1, 357, 298			1, 357, 298		1, 357, 29	98	1, 357, 298	92.00
200.00         Subtotal (see instructions)         53, 286, 422         0         53, 286, 422         26, 797         53, 313, 219         200.00           201.00         Less Observation Beds         1, 357, 298         1, 357, 298         1, 357, 298         1, 357, 298         201.00			1	1	1	1		
201.00         Less Observation Beds         1, 357, 298         1, 357, 298         1, 357, 298         201.00								
								1
202.00   Total (see instructions)   51,929,124   0 51,929,124 26,797 51,955,921 202.00								
	202.00	Total (see instructions)	51, 929, 124	0	51, 929, 12	24 26, 797	51, 955, 921	202.00

	Financial Systems TATION OF RATIO OF COSTS TO CHARGES	FRANCI SCAN HEA		CCN: 150165	Peri od:	u of Form CMS- Worksheet C	2002 10
					From 01/01/2014 To 12/31/2014		epared:
			Title	e XVIII	Hospi tal	PPS	л рш
			Charges				
	Cost Center Description	I npati ent	Outpatient	Total (col.	6 Cost or Other	TEFRA	
				+ col. 7)	Ratio	Inpati ent	
						Ratio	
		6.00	7.00	8.00	9.00	10.00	
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	4 140 007		4 140 0	27		
30.00	03000 ADULTS & PEDIATRICS	4, 148, 927		4, 148, 92			30.00
31.00	03100 I NTENSI VE CARE UNI T	2, 247, 745		2, 247, 7	45		31.00
50.00	ANCI LLARY SERVICE COST CENTERS	3, 622, 255	38, 484, 664	42, 106, 9	0. 252468	0.00000	50.00
50.00	05100 RECOVERY ROOM	3, 822, 255	4, 099, 979	42, 108, 9			
53.00	05300 ANESTHESI OLOGY	564, 963	3, 806, 490				
54.00	05400 RADI OLOGY-DI AGNOSTI C	857, 948	23, 534, 979	24, 392, 92		0.000000	
57.00	05700 CT SCAN	1, 086, 083	13, 335, 386	14, 421, 40			
58.00	05800 MRI	734, 561	16, 625, 859	17, 360, 42			
59.00	05900 CARDI AC CATHETERI ZATI ON	2, 750, 090	7, 096, 814	9, 846, 9			
60.00	06000 LABORATORY	3, 169, 432	34, 779, 035	37, 948, 40			
64.00	06400 I NTRAVENOUS THERAPY	0,107,102	0	0,1,1,10,1	0 0. 000000		
64.01	06401 I NTRAVENOUS THERAPY	0	0		0 0.000000		
65.00	06500 RESPI RATORY THERAPY	1, 405, 033	143, 846	1, 548, 8			
66.00	06600 PHYSI CAL THERAPY	432, 736	51, 162	483, 8			
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 0.000000	0. 000000	67.00
68. 00	06800 SPEECH PATHOLOGY	996	0	99	96 1. 596386	0. 000000	68.00
69.00	06900 ELECTROCARDI OLOGY	786, 325	3, 816, 777	4, 603, 10	02 0. 073645	0. 000000	69.0
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5, 316, 882	5, 316, 8	82 0. 376049	0. 000000	70.0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2, 212, 571	10, 998, 215	13, 210, 7	86 0. 295420	0.000000	71.0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2, 305, 975	3, 049, 682	5, 355, 6		0.00000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3, 494, 089	4, 344, 199	7, 838, 2	88 0. 460049	0.00000	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		0 0. 000000		
76. 01	03951 CARDI AC AND PULMONARY REHAB	108	212, 055	212, 10			
76. 02	03952 WOUND CARE	0	0		0 0. 000000	0.00000	76.0
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0		0 0. 000000		
90. 01	09001 CLI NI C	0	0		0 0. 000000		
90.02	09002 CLINIC	462	5, 867, 251	5, 867, 7			
91.00	09100 EMERGENCY	0	0		0 0.00000		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	380, 792	753, 767	1, 134, 5	59 1. 196322	0.00000	92.00
	SPECIAL PURPOSE COST CENTERS	1					1110 0
	11300 INTEREST EXPENSE	00 500 100	47/ 047 010	00/ 015 -	76		113.00
200.00		30, 598, 433	176, 317, 042	206, 915, 4	/5		200.00
201.00		20 500 400	174 017 040		76		201.00
202.00	Total (see instructions)	30, 598, 433	176, 317, 042	206, 915, 4	/ 5	I	202.0

31:00       INTENSIVE CARE UNIT       ANCILLARY SERVICE COST CENTERS         50:00       05000 OPERATING ROOM       0. 252971         51:00       05100 RECOVERY ROOM       0. 881104         50:00       05000 ANESTHESIOLOCY       0. 020667         54:00       05400 RADIOLOGY-DI AGNOSTIC       0. 176421         57:00       05700 CT SCAN       0.099427         58:00       05800 MRI       0. 083470         59:00       05700 CAND CA CATHETERI ZATI ON       0. 147282         60:00       06000 LABORATORY       0. 000000         64:00       06400 INTRAVENOUS THERAPY       0. 000000         65:00       06500 RESPI RATORY THERAPY       0. 000000         66:00       06600 PHYSI CAL THERAPY       0. 588189         66:00       06600 SPEECH PATHORY THERAPY       0. 537648         67:00       06700 CLUCARDI OLOGY       1. 596386         90:00       000000 ELECTROCARDI OLOGY       0. 376049         71:00       07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0. 263620         72:00       07200 I IMPL. DEV. CHARGED TO PATI ENTS       0. 460049         76:00       03950 OTHER ANCI LLARY SERVICE COST CENTERS       0. 000000         70:00       07000 RUGS CHARGED TO PATI ENTS       0. 460049 <th>Health Fina</th> <th>ncial Systems</th> <th>FRANCI SCAN HEALTH</th> <th>H MUNSTER</th> <th></th> <th>In Lieu</th> <th>u of Form CMS</th> <th>-2552-10</th>	Health Fina	ncial Systems	FRANCI SCAN HEALTH	H MUNSTER		In Lieu	u of Form CMS	-2552-10
Cost Center Description         PPS Inpatient Ratio           0         00000 ADULTS & PEDIATRICS           30.00         03000 INTENSIVE CARE UNIT           ARCILLARY SERVICE COST CENTERS           50.00         05000 (RECOVERY ROOM           0.00 05000 (LABORATORY	COMPUTATI ON	I OF RATIO OF COSTS TO CHARGES				From 01/01/2014 To 12/31/2014	Part I Date/Time Pr	
Ratio         Ratio           11.00         11.00           0         000000000000000000000000000000000000				Title XV		Hospi tal	PPS	_
11.00           NPATI ENT ROUTI NE SERVICE COST CENTERS           30.00         03000 ADULTS & PEDIATRI CS           ANCILLARY SERVICE COST CENTERS           50.00         05000 (PECOVERY ROOM           0.0100 (RECOVERY ROOM         0.881104           53.00         05000 (RECOVERY ROOM           55.00         05000 (RECOVERY ROOM           55.00         05000 (RECOVERY ROOM           55.00         05000 (RECOVERY ROOM           55.00         05000 (RADILCOVERY ROOM           55.00         05000 (RADILCOVERY ROOM           55.00         05000 (RADILCOVERY ROOM           55.00         05000 (RESPLATION           55.00         05000 (RESPLATION           55.00         05000 ORESPLATION           50.00         05000 ORESPLATIONAL THERAPY         0.53748           65.00         05000 ORESPLATIONAL THERAPY         0.37644           71.0		Cost Center Description						
INPATIENT ROUTINE SERVICE COST CENTERS           00         03000 ADULTS & PEDIATRICS           31.00         03100 INTENSIVE CARE UNIT           MCILLARY SERVICE COST CENTERS           50.00         05000 (PERATINK ROM           0.1100 INTENSIVE CARE UNIT           MCILLARY SERVICE COST CENTERS           50.00         05000 (PERATINK ROM           0.1100 RECOVERY ROM         0.881104           50.00         05000 (ANESTHES) LOCY           50.00         05000 (ANESTHES) LOCY           50.00         05000 (ANESTHES) LOCY           50.00         05000 (ANESTHES) LOCY           50.00         05000 (ANE CATHETRI ZATION           0.17522         0.00           60.00         06000 (ABORATCRY           61.00         06000 (ABORATCRY           61.01         0.17282           60.00         06000 (ABORATCRY           61.01         0.64001 INTRAVENUS THERAPY           0.000000         0.537648           67.00         067000 OCUPATIONAL THERAPY           0.000000         0.598120           68.00         06800 SPECCH PATHOLOCY           1.00         0.0100 MEDICAL SUPPLIES CHARGEN TO PATIENT           7.00         07000 ELECTROCARDI OLOCY								
30.00         02000         ADULTS & PEDIATRICS           31.00         021000         INTENSIVE CARE UNIT           ANCILLARY SERVICE COST CENTERS         0.5000           50.00         05000         RECVERY ROM           53.00         05000         RECVERY ROM           53.00         05000         RECVERY ROM           53.00         05300         RADESTHESI OLOGY         0.020667           54.00         D5400 RADIOLOGY-DI AGNOSTIC         0.176421           57.00         05700         CT SCAN         0.099427           58.00         D65000 RADI         0.883170         0.883470           59.00         D5000         LARDARTORY         0.155827           64.00         D6400 INTRAVENUSS THERAPY         0.000000           64.00         D6400 INTRAVENUSS THERAPY         0.000000           64.00         D6400 INTRAVENUSS THERAPY         0.583189           66.00         D6600 RESPIR TANOR THERAPY         0.583764           67.00         D6700 OCCUPATI ONAL THERAPY         0.37648           69.00         D6800 SPECH PATHOLOGY         1.596386           69.00         D6800 SPECH PATHOLOGY         0.73645           71.00         D70100 MEDI CAL SUPPLIES CHARED TO PATIENT			11.00					
31.00         O3100[INTENSIVE CARE UNIT         Image: Constraint of the constr								_
ANCI LLARY SERVICE COST CENTERS           50.00         05000         OPERATING ROOM         0.252971           51.00         05100         RECOVERY ROOM         0.881104           53.00         05300         ANESTHESI 0LOGY         0.020667           54.00         05400         RADIOLOGY-DIAGNOSTI C         0.176421           57.00         05700         CT SCAN         0.099427           58.00         05800         MRI         0.083470           59.00         05900         CARDIA C CATHETERI ZATI ON         0.147282           60.00         06000         LABORATORY         0.155827           64.00         O4400         INTRAVENUS THERAPY         0.000000           64.01         064001         INTRAVENUS THERAPY         0.588189           66.00         06500 PESCH PATORY THERAPY         0.537648           67.00         06700 OCCUPATI ONAL THERAPY         0.537648           67.00         06700 OCCUPATI ONAL THERAPY         0.37645           70.00         07000 ELECTRORARED TO PATI ENTS         0.563575           70.00         OT100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS         0.660378           70.00         03950         OTHER ANCI LLARY SERVICE COST CENTERS         0.000000								30.00
50.00         05000         0PERATING ROOM         0.252971           51.00         05100 RECOVERY ROOM         0.881104           53.00         05300 ANESTHESI OLGGY         0.020667           54.00         05400 RADI OLOCY-DI AGNOSTI C         0.176421           57.00         05700 CT SCAN         0.099427           58.00         05600 KRI         0.083470           59.00         05600 CARDIA C CATHETERI ZATI ON         0.147282           60.00         06000 LABORATORY         0.155827           64.00         064001 INTRAVENUS THERAPY         0.000000           65.00         06500 PHYSI CAL THERAPY         0.000000           65.00         06500 PHYSI CAL THERAPY         0.5837648           67.00         06700 OCCUPATI ONAL THERAPY         0.5837648           67.00         06700 OCCUPATI ONAL THERAPY         0.376049           70.00         07000 ELECTROCARDIOLOGY         1.596386           67.00         07000 DELECTROCARDIOLOGY         0.373645           70.00         07000 ELECTROCARDIOLOGY         0.373645           70.00         07000 BELCTROCARDIOLOGY         0.5337648           70.00         07000 BELCTROCARDIOLOGY         0.563575           73.00         07300 DRUGS CHARGED TO PATI ENTS								31.00
51.00         OS300         ANESTHESI OLOGY         0.881104           53.00         OS300         ANESTHESI OLOGY         0.020667           54.00         DS400         RADI OLOGY-DI AGNOSTI C         0.176421           57.00         OS700         CT SCAN         0.099427           58.00         OS800 MRI         0.083470         0.083470           59.00         OS000         CARDI AC CATHETERI ZATI ON         0.147282           60.00         OG000         IABRATORY         0.155827           64.00         OK4001 INTRAVENUS THERAPY         0.000000           64.00         OK4001 INTRAVENUS THERAPY         0.000000           65.00         OS00 RESPI RATORY THERAPY         0.537648           67.00         OC000 CLEPATI ONAL THERAPY         0.000000           68.00         OS000 SPECEL PATHOLOGY         1.596386           69.00         OS000 SELECTROCARDI OLOGY         0.073645           71.00         OT100 IMEL OLCAL SUPPLIES CHARGED TO PATI ENT         0.295420           72.00         OZ300 DRUGS CHARGED TO PATI ENTS         0.460049           76.00         03950 OTHER ANCI LLARY SERVICE COST CENTERS         0.000000           76.01         03951 CARDI AC AND PULMONARY REHAB         0.623728								
53.00       05300       ANESTHESI OLOGY       0.020667         54.00       05400       RADI OLOGY-DI AGNOSTI C       0.176421         57.00       05700 CT SCAN       0.099427         58.00       05800       MRI       0.083470         59.00       05900       CARDI AC CATHETERI ZATI ON       0.147282         60.00       06000       LABORATORY       0.155827         64.00       064001       INTRAVENOUS THERAPY       0.000000         65.00       06500       RESPI RATORY THERAPY       0.537648         67.00       06700       OCCUPATI ONAL THERAPY       0.537648         67.00       06700       DELCTROCARDI OLOGY       1.596386         69.00       06600       PEECH PATHOLOGY       1.596386         69.00       06600       FEECH PATHOLOGY       0.376049         71.00       07100       KEIC TROCARDE TO PATI ENT       0.295420         72.00       7200       IPAC. ANP PULMONARY REHAB       0.635375         73.00       07300       RUGS CHARGED TO PATI ENTS       0.460049         76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0.000000         00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0.000000			1					50.00
54.00     RADI OLOGY-DI AGNOSTI C     0.176421       57.00     05700     CT SCAN     0.099427       58.00     05800     MRI     0.083470       59.00     05900     CARDI AC CATHETERI ZATI ON     0.147282       60.00     06000     L6000 ATRORY     0.155827       64.00     06400     INTRAVENOUS THERAPY     0.000000       64.01     INTRAVENOUS THERAPY     0.000000       65.00     06500     RSPI RATORY THERAPY     0.537648       66.00     0600     OPYSI CAL THERAPY     0.537648       67.00     0600     COUPATI ONAL THERAPY     0.073645       67.00     0600     SPECCH PATHOLOGY     1.596386       69.00     0600     ELECTROCARDI OLOGY     0.736049       71.00     07100     MEDI CAL SUPPLI ES CHARGED TO PATI ENT     0.295420       72.00     07300     DRUS CHARGED TO PATI ENTS     0.460049       76.00     03950     OTHER ANCI LLARY SERVI CE COST CENTERS     0.000000       00100     00000     CLINI C     0.000000       00101     09000     CLINI C     0.000000       00102     UIPATI ENT SERVICE COST CENTERS     0.000000       00102     09000     CLINI C     0.000000       00102     0000000     0.15930								51.00
57.00     05700     CT SCAN     0.099427       58.00     05800     MRI     0.083470       59.00     0500     CARDI AC CATHETERI ZATI ON     0.147282       60.00     06400     INTRAVENOUS THERAPY     0.00000       64.00     06401     INTRAVENOUS THERAPY     0.00000       65.00     06500     RESPI RATORY THERAPY     0.000000       65.00     06500     PRYSI CAL THERAPY     0.5837648       67.00     06700     CUPATI ONAL THERAPY     0.537648       67.00     06700     DECCTRORARDI OLOGY     1.595386       69.00     06600     PEECH PATHOLOGY     1.595386       70.00     07000     ELECTROENCEPHALOGRAPHY     0.376049       71.00     07100     MEDI CAL SUPPLIES CHARGED TO PATI ENTS     0.563575       73.00     07300     RUGS CHARGED TO PATI ENTS     0.663075       73.00     03950     OTHER ANCI LLARY SERVICE COST CENTERS     0.000000       76.01     03951     CARDI AC AND PULMONARY REHAB     0.623728       70.00     09000     CLI NI C     0.000000       70.01     09000     CLI NI C     0.000000       76.02     03952     WOIND CARE     0.000000       70.00     09000     CLI NI C     0.000000								53.00
58.00       0500       CARDI AC CATHETERI ZATI 0N       0.483470         59.00       0500       CARDI AC CATHETERI ZATI 0N       0.147282         64.00       06400       INTRAVENOUS THERAPY       0.000000         64.01       INTRAVENOUS THERAPY       0.000000         65.00       06500       RSSPI RATORY THERAPY       0.000000         66.00       06600       PHYSI CAL THERAPY       0.537648         67.00       06700       OCCUPATIONAL THERAPY       0.000000         68.00       06800       SPEECH PATHOLOGY       1.596386         69.00       06900       ELECTROCARDI OLOGY       0.073645         70.00       07000       INPL. DEV. CHARGED TO PATI ENT       0.295420         72.00       07200       INPL. DEV. CHARGED TO PATI ENTS       0.663075         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.46049         76.01       03951       CARDI AC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         90.01       CLI NI C       0.000000       00000         90.02       CLI NI C       0.000000       0.000000         90.02       OHGS CHARGED TO PATI ENTS       0.000000								54.00
59.00       CARDI AC CATHETERI ZATI ON       0. 147282         60.00       LABORATORY       0. 155827         64.01       OR400       INTRAVENOUS THERAPY       0. 000000         64.01       INTRAVENOUS THERAPY       0. 000000         65.00       OESDI RATORY THERAPY       0. 537648         67.00       O600       PHYSI CAL THERAPY       0. 537648         67.00       O6700       OCCUPATI ONAL THERAPY       0. 000000         68.00       OB600       SPECCH PATHOLOGY       1. 59386         69.00       OB600       ELECTROCARDIOLOGY       0. 073645         70.00       O7000       ELECTROCARDIOLOGY       0. 376049         71.00       O7100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0. 295420         72.00       O7200       IMPL. DEV. CHARGED TO PATI ENTS       0. 460049         76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0. 000000         76.01       03951       CARDI AC AND PULMONARY REHAB       0. 623728         70.01       OSTOC       CLINI C       0. 000000         70.01       OPO02       CLINI C       0. 000000         70.02       OPO02       CLINI C       0. 000000         70.02       OPO02 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>57.00</td>								57.00
60.00       LABORATORY       0.155827         64.00       06400       INTRAVENOUS THERAPY       0.000000         65.00       06500       RESPI RATORY THERAPY       0.588189         66.00       06500       RESPI RATORY THERAPY       0.587648         67.00       06700       0CCUPATIONAL THERAPY       0.000000         68.00       06800       SPEECH PATHOLOGY       1.596386         69.00       0ELCTROCARDIOLOGY       0.073645         70.00       07000       ELECTROCARDIOLOGY       0.376049         71.00       MPL OEX. CHARGED TO PATI ENT       0.295420         72.00       07200       IMPL. DEV. CHARGED TO PATI ENT       0.460049         73.00       7300       PRJOS CHARGED TO PATI ENTS       0.460049         76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0.000000         76.10       03951       CARDI AC AND PULMONARY REHAB       0.623728         70.00       09000       CLI NI C       0.000000         0011       90100       EMERGENCY       0.000000         90.01       09001       CLI NI C       0.000000         90.02       09002       CLI NI C       0.000000         90.02       09002	58.00 0580	0 MRI	0. 083470					58.00
64.00       06400       INTRAVENOUS THERAPY       0.000000         64.01       1NTRAVENOUS THERAPY       0.000000         65.00       06500       RESPI RATORY THERAPY       0.537648         66.00       06600       PHYSI CAL THERAPY       0.000000         68.00       06600       CCUPATI ONAL THERAPY       0.000000         68.00       06600       SEECH PATHOLOGY       1.596386         69.00       06900       ELECTROCACRDI OLOGY       0.073645         70.00       07000       ELECTROCACRD TO PATI ENT       0.295420         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0.563575         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.460049         76.00       03950       OTHER ANCI LLARY SERVI CE COST CENTERS       0.000000         76.00       03951       CARDI AC AND PULMONARY REHAB       0.623728         76.00       09002       CLI NI C       0.000000         001       09001       CLI NI C       0.000000         001       09002       CLI NI C       0.000000         001       09002       CLI NI C       0.000000         00200       OBSERVATI ON BEDS (NON-DI STI NCT PART       1.96322	59.00 0590	O CARDI AC CATHETERI ZATI ON	0. 147282					59.00
64.01       INTRAVENOUS THERAPY       0.00000         65.00       06500       RESPI RATORY THERAPY       0.588189         66.00       06600       PHYSI CAL THERAPY       0.00000         67.00       0C0700       CCUPATI ONAL THERAPY       0.00000         68.00       06800       SPEECH PATHOLOGY       1.596386         69.00       06900       ELECTROCARDIOLOGY       0.073645         70.00       07000       ELECTROCARDIOLOGY       0.376049         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0.295420         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.460049         73.00       07300       RUGS CHARGED TO PATI ENTS       0.460049         76.01       03951       CARDIA CAND PULMONARY REHAB       0.623728         70.00       03952       WOUND CARE       0.000000         0010       DUPATI ENT SERVICE COST CENTERS       0.000000         90.01       09001       CLI NI C       0.000000         90.02       CLI NI C       0.000000       0.000000         90.02       OBSERVATI ON BEDS (NON-DI STI NCT PART       1.196322         91.00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       1.196322	60.00 0600	0 LABORATORY	0. 155827					60.00
65:00       06500       RESPI RATORY THERAPY       0.588189         66:00       06600       PHYSI CAL THERAPY       0.537648         67:00       05000       CCUPATI ONAL THERAPY       0.00000         68:00       06800       SPECH PATHOLOCY       1.596386         69:00       ELECTROCARDI OLOGY       0.073645         70:00       OTO0       ELECTROCARDI OLOGY       0.376649         71:00       OT100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0.295420         72:00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.563575         73:00       O7300       REUGS CHARGED TO PATI ENTS       0.460049         76:01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0.000000         76:01       03952       WOUND CARE       0.000000         00:00       OUTHINIC       0.000000       0.000000         00:01       09001       CLINIC       0.000000         00:02       OPO02       CLINIC       0.159307         10:00       09200       OBERGENCY       0.000000         00:02       OPO202       CLINIC       0.159307         10:00       OPO200       OBERGENCY       0.000000         0:0200	64.00 0640	O INTRAVENOUS THERAPY	0. 000000					64.00
66.00       06600       PHYSI CAL THERAPY       0.537648         67.00       0C00PATI ONAL THERAPY       0.00000         68.00       0SECH PATHOLOGY       1.596386         69.00       06900       ELECTROCARDI OLOGY       0.073645         70.00       07000       ELECTROCARDI OLOGY       0.376049         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0.295420         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.563575         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.460049         76.00       03950       OTHER ANCI LLARY SERVI CE COST CENTERS       0.000000         76.01       03951       CARDI AC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         001PATI ENT SERVI CE COST CENTERS       0.000000       00000         90.00       09000       CLI NI C       0.000000         90.01       09001       CLI NI C       0.000000         90.02       OSERVATI ON BEDS (NON-DI STI NCT PART       1.196322         SPECI AL PURPOSE COST CENTERS         113.00       11300         NUTREST EXPENSE         SPECI AL PURPOSE	64.01 0640	1 INTRAVENOUS THERAPY	0. 000000					64.01
66.00       06600       PHYSI CAL THERAPY       0.537648         67.00       0C000       0CCUPATI ONAL THERAPY       0.00000         68.00       0Se00       SPEECH PATHOLOGY       1.596386         69.00       06900       ELECTROCARDIOLOGY       0.073645         70.00       07000       REDICARCARDIOLOGY       0.376049         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0.295420         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.563575         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.460049         76.01       03951       CARDI AC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         0UTPATI ENT SERVICE COST CENTERS       0.000000       00000         00.01       09001       CLI NI C       0.000000         90.00       09002       CLI NI C       0.000000         90.00       09002       CLI NI C       0.000000         90.00       09000       CLI NI C       0.000000         90.00       09000       CLI NI C       0.000000         90.00       09020       CLI NI C       0.000000         90.00 <td< td=""><td>65.00 0650</td><td>RESPI RATORY THERAPY</td><td>0. 588189</td><td></td><td></td><td></td><td></td><td>65.00</td></td<>	65.00 0650	RESPI RATORY THERAPY	0. 588189					65.00
67.00       06700       OCCUPATIONAL THERAPY       0.000000         68.00       06800       SPEECH PATHOLOGY       1.596386         69.00       07000       ELECTROENCEPHALOGRAPHY       0.073645         70.00       07000       ELECTROENCEPHALOGRAPHY       0.376049         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0.295420         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.563575         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.460049         76.00       03950       OTHER ANCI LLARY SERVI CE COST CENTERS       0.000000         76.01       03951       CARDI AC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         0UTPATI ENT SERVI CE COST CENTERS       0.000000       0.000000         00.00       09000       CLI NI C       0.000000         90.00       09000       CLI NI C       0.000000         90.00       09000       CLI NI C       0.000000         90.00       09002       CLI NI C       0.000000         90.00       09002       CLI NI C       0.000000         90.00       09000       CLI NI C       0.000000			0. 537648					66.00
68.00       06800       SPECH PATHOLOGY       1.596386         69.00       06900       ELECTROCARDIOLOGY       0.073645         70.00       OTOO       ELECTROCARDIOLOGY       0.376049         71.00       OTOO       ELECTROCAL SUPPLIES CHARGED TO PATIENT       0.295420         72.00       O700       ELECTROCAL SUPPLIES CHARGED TO PATIENT       0.295420         73.00       O7300       DRUGS CHARGED TO PATIENTS       0.563575         73.00       O3950       OTHER ANCILLARY SERVICE COST CENTERS       0.000000         76.00       03951       CARDIAC AND PULMONARY REHAB       0.623728         0.0100NDN CARE       0.000000       00000       00000         0017PATIENT SERVICE COST CENTERS       0.000000       00000         00.00       OUDPATIENT C       0.000000       00000         0.00       09000       CLINIC       0.000000       0.000000         0.00       09000       EMEGENCY       0.000000       0.000000         0.000			1					67.00
69.00       06900       ELECTROCARDIOLOGY       0.073645         70.00       07000       ELECTROENCEPHALOGRAPHY       0.376049         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENT       0.295420         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.563575         73.00       07300       DRUGS CHARGED TO PATIENTS       0.460049         76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0.000000         76.01       03951       CARDIAC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         0UTPATIENT SERVICE COST CENTERS       0.000000       00000         0UTPATIENT SERVICE COST CENTERS       0.000000       00000         00.01       09000       CLINIC       0.000000         00.02       09000       CLINIC       0.000000         90.02       09002       CLINIC       0.159307         91.00       09100       EMERGENCY       0.000000         92.00       09200       OSERVATION BEDS (NON-DISTINCT PART       1.196322         SPECIAL PURPOSE COST CENTERS       1       1.196322         113.00       INTEREST EXPENSE       1         200.00       S								68.00
70.00       07000       ELECTROENCEPHALOGRAPHY       0.376049         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0.295420         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.563575         73.00       07300       DRUGS CHARGED TO PATIENTS       0.460049         6.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0.000000         76.01       03951       CARDI AC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         0UTPATIENT SERVICE COST CENTERS       0.000000         00.01       OPO00       CLINIC       0.000000         00.02       09000       CLINIC       0.159307         90.00       09000       CLINIC       0.000000         90.00       OPO200       DESERVATION BEDS (NON-DI STINCT PART       1.196322         SPECIAL PURPOSE COST CENTERS         113.00       INTREEST EXPENSE       1         113.00       INTREEST EXPENSE       2       2         200.00       Subtotal (see instructions)       2       2       2         201.00       Less Observation Beds       2       2								69.00
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0.295420         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.563575         73.00       07300       DRUGS CHARGED TO PATIENTS       0.460049         76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0.000000         76.01       03951       CARDIAC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         OUTPATIENT SERVICE COST CENTERS       0.000000         001       09000       CLINIC       0.000000         90.00       09001       CLINIC       0.000000         90.01       O9002       CLINIC       0.000000         90.02       O9002       CLINIC       0.000000         90.00       O9000       CLINIC       0.000000         90.01       DERGENCY       0.000000         90.02       OBSERVATION BEDS (NON-DI STINCT PART       1.196322         91.00       O9200       OBSERVATION BEDS (NON-DI STINCT PART       1.196322         91.00       INTEREST EXPENSE       113.00       INTEREST EXPENSE         91.00       Subtotal (see instructions)       2         90.00       Less Observation Beds       <								70.00
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.563575         73.00       07300       DRUGS CHARGED TO PATIENTS       0.460049         76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0.000000         76.01       03951       CARDIAC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         OUTPATIENT SERVICE COST CENTERS       0.000000         90.00       OP000       CLINIC       0.000000         90.01       09001       CLINIC       0.000000         90.02       OP002       CLINIC       0.000000         90.02       OP002       CLINIC       0.000000         90.02       OP100       EMERGENCY       0.000000         90.03       OP200       OBSERVATION BEDS (NON-DI STINCT PART       1.196322         91.00       OP200       OBSERVATION BEDS (NON-DI STINCT PART       1.196322         91.13.00       INTEREST EXPENSE       113.00       Subtotal (see instructions)       2         201.00       Less Observation Beds       2       2								71.00
73.00       07300       DRUGS CHARGED TO PATIENTS       0.460049         76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0.000000         76.01       03951       CARDIAC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         0UTPATIENT SERVICE COST CENTERS       0.000000         90.00       OP000       CLINIC       0.000000         90.01       09001       CLINIC       0.000000         90.02       OP002       CLINIC       0.000000         90.02       OP002       CLINIC       0.000000         90.01       OP002       CLINIC       0.000000         90.02       OP002       CLINIC       0.000000         90.02       OP002       CLINIC       0.000000         90.02       OP002       CLINIC       0.000000         91.00       EMERGENCY       0.000000         92.00       OBSERVATION BEDS (NON-DI STINCT PART       1.196322         9113.00       INTEREST EXPENSE       1         113.00       INTEREST EXPENSE       2         200.00       Subtotal (see instructions)       2         201.00       Less Observation Beds       2 </td <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>72.00</td>			1					72.00
76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0.000000         76.01       03951       CARDI AC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         0UTPATI ENT SERVICE COST CENTERS       0.000000         0000       CLI NI C       0.000000         90.00       09002       CLI NI C       0.000000         90.01       09002       CLI NI C       0.000000         90.02       09002       CLI NI C       0.000000         90.03       09000       EMERGENCY       0.000000         90.04       09100       EMERGENCY       0.000000         91.00       09200       OBSERVATION BEDS (NON-DI STI NCT PART       1.196322         SPECI AL PURPOSE COST CENTERS       11300       INTEREST EXPENSE       1         113.00       INTEREST EXPENSE       2       2         200.00       Subtotal (see instructions)       2       2         201.00       Less Observation Beds       2       2								73.00
76.01       03951       CARDIAC AND PULMONARY REHAB       0.623728         76.02       03952       WOUND CARE       0.000000         OUTPATIENT SERVICE COST CENTERS       0.000000         90.00       09000       CLINIC       0.000000         90.01       09001       CLINIC       0.000000         90.02       09002       CLINIC       0.000000         90.01       09001       CLINIC       0.000000         90.02       09002       CLINIC       0.000000         90.03       09002       CLINIC       0.000000         90.04       09002       CLINIC       0.000000         90.05       09002       CLINIC       0.000000         90.00       EMERGENCY       0.000000       0.000000         92.00       OBSERVATION BEDS (NON-DISTINCT PART       1.196322         SPECIAL PURPOSE COST CENTERS       Subtotal (see instructions)       2         113.00       11300       INTEREST EXPENSE       1         200.00       Subtotal (see instructions)       2         201.00       Less Observation Beds       2								76.00
76.02       03952       WOUND CARE       0.00000         OUTPATIENT SERVICE COST CENTERS       0.00000         90.00       09000       CLINIC       0.000000         90.01       09001       CLINIC       0.000000         90.02       09002       CLINIC       0.000000         90.03       09002       CLINIC       0.000000         90.04       09002       CLINIC       0.000000         90.05       09002       CLINIC       0.000000         91.00       PMERGENCY       0.000000         92.00       OBSERVATION BEDS (NON-DISTINCT PART       1.196322         SPECIAL PURPOSE COST CENTERS       113.00       INTEREST EXPENSE       1         113.00       11300       INTEREST EXPENSE       1         200.00       Subtotal (see instructions)       2       2         201.00       Less Observation Beds       2								76.01
OUTPATIENT SERVICE COST CENTERS           90.00         09000         CLINIC         0.000000           90.01         09001         CLINIC         0.000000           90.02         09002         CLINIC         0.159307           91.00         09100         EMERGENCY         0.000000           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART         1.196322           SPECIAL PURPOSE COST CENTERS           113.00         INTEREST EXPENSE         1           200.00         Subtotal (see instructions)         2           201.00         Less Observation Beds         2								76.02
90.00         09000         CLINIC         0.000000           90.01         09001         CLINIC         0.000000           90.02         09002         CLINIC         0.159307           91.00         09100         EMERGENCY         0.000000           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART         1.196322           SPECIAL PURPOSE COST CENTERS           113.00         INTEREST EXPENSE         1           200.00         Subtotal (see instructions)         2           201.00         Less Observation Beds         2			0.000000					10.02
90.01         09001         CLINIC         0.00000           90.02         09002         CLINIC         0.159307           91.00         09100         EMERGENCY         0.000000           92.00         OBSERVATION BEDS (NON-DISTINCT PART         1.196322           SPECIAL PURPOSE COST CENTERS           113.00         INTEREST EXPENSE         1           200.00         Subtotal (see instructions)         2           201.00         Less Observation Beds         2			0.00000					90.00
90.02         09002         CLINIC         0.159307           91.00         09100         EMERGENCY         0.000000           92.00         09200         0BSERVATION BEDS (NON-DISTINCT PART         1.196322           SPECIAL PURPOSE COST CENTERS           113.00         INTREEST EXPENSE         1           200.00         Subtotal (see instructions)         2           201.00         Less Observation Beds         2								90.01
91.00         09100         EMERGENCY         0.00000           92.00         09SERVATI ON BEDS (NON-DI STINCT PART         1.196322           SPECIAL PURPOSE COST CENTERS         11300         INTEREST EXPENSE         1           200.00         Subtotal (see instructions)         2         2         2           201.00         Less Observation Beds         2         2         2								90.02
92.00     OBSERVATION BEDS (NON-DISTINCT PART     1.196322       SPECIAL PURPOSE COST CENTERS     113.00     11300     INTEREST EXPENSE     1       200.00     Subtotal (see instructions)     2       201.00     Less Observation Beds     2								91.00
SPECIAL PURPOSE COST CENTERS         113.00       INTEREST EXPENSE         200.00       Subtotal (see instructions)       2         201.00       Less Observation Beds       2								92.00
113.00INTEREST EXPENSE1200.00Subtotal (see instructions)2201.00Less Observation Beds2			1. 170322					- 12.00
200.00Subtotal (see instructions)2201.00Less Observation Beds2								113.00
201.00 Less Observation Beds 2								200.00
								200.00
202.00 Total (see instructions) 2								201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES         Provider COL: 150165         Period: To 12/3/2014         Worksheet C Date/Time Prepared: 5/2/2018           Cost Center Description         Total Cost (Trom Wkst. B Part I, 20).         Total Cost Part I, 20).         Total Cost Part I, 20).         Total Cost Disal I owance	Health Fina	ancial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-:	2552-10
Cost Center Description         Total Cost (From Wkst. B, Part I, 00         Therapy Limit Adj.         Therapy Limit Adj.         Total Costs Total Costs         Total Costs           30.00         00         030001 ADULTS & PEDIATRI CS         4,349,894         4,349,894         0,4300         4,00         5.00           31.00         030001 ADULTS & PEDIATRI CS         4,349,894         4,349,894         0,4,349,894         30.00         3,038,129         30.00         3,038,129         30.00         3,038,129         30.00         3,038,129         30.00         3,038,129         30.00         3,038,129         30.00         30.00         50.00         05000 0FERATI NG ROOM         3,626,207         3,636,417         50.00         50.00         50.00         05000 AREDIAL ON IAGNOSTI C         4,330,421         4,033,421         50.00         90,347         50.00         <	COMPUTATI O	N OF RATIO OF COSTS TO CHARGES		Provi der	CCN: 150165	From 01/01/2014	Part I Date/Time Pre	
Cost Center Description         Total Cost (from Wist, B Part 1, col. 20         Total Costs (adj.         Total Costs (adj.         RCE Disal I owance         Total Costs         Incr Disal I owance           30:00         03000 ADULTS & PEDI ATRICS 31:00         4.349, 994         4.349, 994         4.349, 994         3.038, 129         3.00           30:00         03000 ADULTS & PEDI ATRICS 31:00         3.038, 129         3.038, 129         3.038, 129         3.038, 129           30:00         05100 PECATING ROM         10, 630, 657         10, 630, 657         21, 190         10, 651, 847         50.00           ANCILLARY SERVICE COST CENTERS         3.038, 129         3.038, 129         3.038, 129         3.038, 129         3.038, 129           51:00         05100 RECOVERV ROM         3.962, 607         3.962, 607         3.962, 607         5.00         5.00           54:00         05400 RADI LOGY-DI AGNOSTIC         4.33, 844         1.433, 884         1.433, 884         1.433, 884         1.449, 076         1.449, 076         5.90         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590         7.91, 590, 507         7.91, 590         7.91, 5				Tit	le XIX	Hospi tal		
Impart end         Impart end <thimpart end<="" th="">         Impart end         Impart e</thimpart>						Costs		
INPATI ENT ROUTINE SERVICE COST CENTERS         Image: Control of ADULTS & PEDIATRICS         Image: Control of ADULTS & PEDIATRICS <td></td> <td>Cost Center Description</td> <td>(from Wkst. B, Part I, col.</td> <td></td> <td>Total Costs</td> <td></td> <td>Total Costs</td> <td></td>		Cost Center Description	(from Wkst. B, Part I, col.		Total Costs		Total Costs	
30. 00       03000 ADULTS & PEDIATRICS       4, 349, 994       4, 349, 994       0       4, 349, 994       0. 0       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       3, 038, 129       0       0       50, 00       0 <t< td=""><td></td><td></td><td>1.00</td><td>2.00</td><td>3.00</td><td>4.00</td><td>5.00</td><td></td></t<>			1.00	2.00	3.00	4.00	5.00	
11:00         031:00         INTENSIVE CARE UNIT         3.038, 129         3.038         3.00         3.038, 129         3.038         3.00         3.038         3.00         3.038         3.00         3.00         3.00         3.00         3.00					i			
ANCILLARY SERVICE COST CENTERS           60.00         05000 OPERATING ROOM         10, 630, 657         10, 630, 657         21, 190         10, 651, 651, 657           51.00         05100 RECOVERY ROOM         3, 962, 607         3, 962, 607         0, 3, 962, 607         51.00           51.00         05000 RADI CLOGY - DLACNOSTIC         4, 303, 421         4, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 43, 303, 421         0, 44, 303, 421         0, 43, 303, 421         0, 44, 303, 421         0, 44, 907, 6         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 1, 449, 076         0, 0, 0         0, 0, 0         0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0								1
50.00         05000         0PERATI NG ROOM         10, 630, 657         21, 190         10, 651, 647         50.00           51.00         05100         RECOVERY ROOM         3, 962, 607         0, 3, 962, 607         0         3, 962, 607         51.00           53.00         05300         ANESTHESI OLGGY         90, 347         90, 347         0         90, 347         0         90, 347         0         90, 347         53.00           57.00         05700         CTSCAN         1, 433, 884         1, 433, 884         0         1, 438, 884         0         1, 438, 884         0         1, 433, 884         0         1, 449, 076         0         1, 450, 275         5         1, 450, 275         5         1, 450, 275         5         1, 450, 275         5         5, 607         5         5         60.00         6000         LABORATORY         5         907, 778         5, 607         5         913, 385         60.00         66.00         66000         0         0         0         0         64.00         64.00         64.00         64.00         64.00         64.00         64.00         65.00         65.00         65.00         65.00         65.00         65.00         66.00         6600         6600			3, 038, 129		3, 038, 12	29 0	3, 038, 129	31.00
51:00       OS100       RECOVERY ROOM       3, 962, 607       3, 962, 607       0       3, 962, 607       51:00         53:00       OS300       ANESTHESI OLOGY       90, 347       0       90, 347       53:00         54:00       OS400       RADIOLOGY-DI AGNOSTI C       4, 303, 421       4, 303, 421       0       4, 303, 421       54:00         57:00       CT SCAN       1, 433, 884       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 430, 076       0       4, 303, 421       56:00       50:00       0       0       0       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       50:00       0			1	i	1	1		
53.00     063.00     AMESTHESI OLOGY     90, 347     90, 347     90, 347     0     90, 347     53.00       54.00     05400     RADI OLOGY-DI AGNOSTI C     4, 303, 421     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     4, 303, 421     0     1, 439, 076     0     1, 449, 076     0     1, 449, 076     0     1, 449, 076     0     1, 449, 076     0     1, 449, 076     1, 449, 076     1, 449, 076     0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>								1
54.00       05400       RADI OLOGY-DI AGNOSTI C       4, 303, 421       4, 303, 421       4, 303, 421       54, 00         57.00       05700       CT SCAN       1, 433, 884       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 433, 884       0       1, 439, 076       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       0       1, 449, 076       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       1, 450, 275       0       144, 587       64. 00       64. 00       64. 00       66. 00       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>								1
57.00       05700       CT SCAN       1,433,884       1,433,884       1,433,884       1,433,884       57.00         58.00       05800       MRI       1,449,076       1,449,076       58.00         59.00       05900       CARDIAC CATHETERIZATION       1,450,275       1,450,275       0       1,449,076       58.00         60.00       06400       INTRAVENOUS THERAPY       5,907,778       5,607       5,913,385       60.00         64.01       06401       INTRAVENOUS THERAPY       144,587       144,587       0       144,587         64.01       06400       INTRAVENOUS THERAPY       911,033       0       911,033       911,033       0       911,033       66.00         65.00       06500       RESPI RATORY THERAPY       260,167       0       260,167       0       66.00       0       66.00       0       66.00       0       66.00       0       66.00       0       66.00       0       66.00       0								
58.00       05800       RRI       1,449,076       1,449,076       0       1,449,076       58.00         59.00       05900       CARDI AC CATHETERI ZATI ON       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,450,275       0       1,449,076       5,907       778       5,007       778       5,007       70       0       0       0       64.00       64.01       164.01       144,587       0       144,587       0       144,587       0       144,587       0       144,587       0       144,587       0								
59.00       05900       CARDIAC CATHETERIZATION       1,450,275       1,450,275       0       1,450,275       59.00         60.00       06000       LABORATORY       5,907,778       5,907,778       5,607       5,913,385       60.00         64.00       06400       INTRAVENOUS THERAPY       0       0       0       64.00         64.01       06401       INTRAVENOUS THERAPY       144,587       911,033       0       911,033       0       911,033       0       911,033       0       911,033       0       260,167       66.00       0       0       0       0       0       66.00       06000       PHSTICAL THERAPY       260,167       0       260,167       0       260,167       66.00       68.00       0       68.00       0       68.00       0       68.00       0       69.00       0.0500       ELCTROCACRPI ALCORAPHY       1,999,407       1,999,407       0       3,902,724       70.00       3,902,724       71.00       3,018,312       0       3,018,312       20.01       0       3,005,998       3,605,998       3,605,998       3,605,998       3,605,998       3,605,998       3,605,998       3,605,998       3,605,998       76.00       76.01       76.01       76.01       <								
60.00       06000       LABORATORY       5, 907, 778       5, 907, 778       5, 907, 778       5, 913, 385       60.00         64.00       06400       INTRAVENOUS THERAPY       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
64.00       06400       INTRAVENOUS THERAPY       0       0       0       0       64.00         64.01       06401       INTRAVENOUS THERAPY       144,587       144,587       0       144,587       64.00         65.00       0500       RESPIRATORY THERAPY       911,033       0       0								
64.01       06401       INTRAVENOUS THERAPY       144,587       144,587       0       144,587       64.01         65.00       06500       RESPI RATORY THERAPY       911,033       0       91,00       1       90,00       1,590       0       1,590       0       1,590       0       1,590       0       1,590       0       0       0       0			5, 907, 778		5, 907, 7	78 5, 607	5, 913, 385	1
65.00       06500       RESPI RATORY THERAPY       911,033       0       911,033       0       911,033       65.00         66.00       06600       PHYSI CAL THERAPY       260,167       0       260,167       0       260,167       0       66.00       67.00       0 CCUPATI ONAL THERAPY       0       0       0       0       67.00       0       0       0       77.00       0       0.590       0       1,999,407       1,999,407       1,999,407       1,099,407       1,099,407       1,099,407       1,00       1,00       1,00       1,00       1,050       1,00       1,00       1,00       1,00       1,00       1,			0			0 0	0	64.00
66.00       06600       PHYSI CAL THERAPY       260, 167       0       260, 167       0 <td></td> <td></td> <td>144, 587</td> <td></td> <td>144, 58</td> <td>37 0</td> <td>144, 587</td> <td></td>			144, 587		144, 58	37 0	144, 587	
67.00       06700       0CCUPATI ONAL THERAPY       0       0       0       0       67.00       68.00       69.00       SPEECH PATHOLOGY       1,590       0       1,590       0       1,590       0       1,590       0       1,590       0       1,590       0       1,590       68.00         69.00       0ELECTROCARDI OLOGY       338,997       0       338,997       0       338,997       0       388,997       0       388,997       0       1,999,407       1,999,407       0       1,999,407       0       1,999,407       0       3,902,724       0       3,902,724       0       3,902,724       0       3,018,312       72.00       73.00       07300       DRUS CHARGED TO PATI ENTS       3,018,312       0       3,018,312       72.00       73.00       0,000       0       0       0       0       73.00       0.00       0       0       0       76.00       0       0       0       76.00       0       0       0       0       76.00       0			911, 033	0	911, 0	33 0	911, 033	65.00
68.00       06800       SPEECH PATHOLOGY       1,590       0       1,590       0       1,590       68.00         69.00       06900       ELECTROCARDI OLOGY       338,997       338,997       0       338,997       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       1,999,407       1,999,407       0       1,999,407       0       3,902,724       0       3,002,724       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       3,902,724       3,018,312       0       3,018,312       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       3,605,998       3,605,998       0       3,605,998       73.00       76.00       90.01       90.00       CLINIC       97.90       934,770       934,770       934,770       934,770			260, 167	0	260, 1	57 0	260, 167	1
69.00       06900       ELECTROCARDIOLOGY       338,997       338,997       0       338,997       0       338,997       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       1,999,407       1,999,407       0       1,999,407       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       3,902,724       3,902,724       0       3,018,312       72.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       3,018,312       3,018,312       0       3,018,312       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       3,605,998       3,605,998       0       60.00       0       76.00         76.01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       70.00       70.00       70.00       70.00       76.00       76.00       70.00       70.00       76.01       72.332       76.01       73.332       76.01       73.332       76.01       73.332       76.01       76.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00			0	0			0	
70. 00       07000       ELECTROENCEPHALOGRAPHY       1, 999, 407       1, 999, 407       1, 999, 407       70. 00         71. 00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       3, 902, 724       3, 902, 724       0       3, 902, 724       1. 00         72. 00       07200       IMPL. DEV. CHARGED TO PATIENTS       3, 018, 312       3, 018, 312       0       3, 018, 312       72. 00         73. 00       07300       DRUGS CHARGED TO PATIENTS       3, 605, 998       3, 605, 998       0       3, 00, 0       76. 00       0       0       0       76. 00       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       0       76. 00       0       0       76. 00       0       0       0       0       76. 00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<				0		-	1, 590	
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       3,902,724       3,902,724       0       3,902,724       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       3,018,312       3,018,312       0       3,018,312       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       3,065,998       0       3,065,998       0       3,605,998       73.00         76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       76.00         76.01       03951       CARDI AC AND PULMONARY REHAB       132,332       132,332       0       132,332       76.01         76.02       03952       WOUND CARE       45,883       45,883       0       45,883       76.02         0000       09000       CLINIC       0       0       0       90.00       90.00         90.00       09000       CLINIC       17,256       0       17,256       90.01       90.00       934,770       934,770       9.02,724       90.00       90.00       91.00       92.00       92.00       93.4,770       0       93.4,770       9.02,00       93.4,770       9.0,00       91.00       92.00       92.00       92.00       92.00								1
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       3,018,312       3,018,312       0       3,018,312       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       3,605,998       3,605,998       0       3,605,998       0       3,605,998       73.00         76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       0       76.00         76.01       03951       CARDIAC AND PULMONARY REHAB       132,332       132,332       0       132,332       76.01         76.02       03952       WOUND CARE       45,883       0       45,883       0       45,883       76.02         00000       CLINIC       0       0       0       0       90.02       91.00       934,770       934,770       934,770       90.02       91.00       91.00       91.00       91.00       92			1, 999, 407		1, 999, 40	07 0	1, 999, 407	70.00
73.00       07300       DRUGS CHARGED TO PATIENTS       3,605,998       3,605,998       0       3,605,998       73.00         76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       0       76.00         76.01       03951       CARDI AC AND PULMONARY REHAB       132,332       132,332       0       132,332       76.01         76.02       03952       WOUND CARE       45,883       45,883       0       45,883       76.02         00TPATIENT SERVICE COST CENTERS       0       0       0       0       0       90.00       9000       CLINIC       90.00       90.02       91.00       934,770       90.02       90.02       91.00       90.02       91.00       90.02       91.00       92.00       92.00       92.00       92.00       92.00       92.00	71.00 0710	DO MEDICAL SUPPLIES CHARGED TO PATIENT	3, 902, 724		3, 902, 72	24 0	3, 902, 724	71.00
76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76.00         76.01       03951       CARDI AC AND PULMONARY REHAB       132, 332       132, 332       0       132, 332       76.01         76.02       03952       WOUND CARE       45, 883       45, 883       0       45, 883       76.02         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       90.00       9000       CLI NI C       90.00       9000       0       0       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.02       9002       CLI NI C       17, 256       17, 256       0       17, 256       90.01       90.02       90.02       91.00       934, 770       934, 770       90.02       90.02       91.00       91.00       91.00       91.00       92.00       0       0       0       0       0       92.00       92.00       92.01       93.770       93.770       93.770       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00 <td< td=""><td>72.00 0720</td><td>DO IMPL. DEV. CHARGED TO PATIENTS</td><td>3, 018, 312</td><td></td><td>3, 018, 3</td><td>12 0</td><td>3, 018, 312</td><td>72.00</td></td<>	72.00 0720	DO IMPL. DEV. CHARGED TO PATIENTS	3, 018, 312		3, 018, 3	12 0	3, 018, 312	72.00
76. 01       03951       CARDI AC AND PULMONARY REHAB       132, 332       132, 332       0       132, 332       76. 01         76. 02       03952       WOUND CARE       45, 883       0       45, 883       0       45, 883       76. 02         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       90. 00       9000       CLI NI C       0       0       90. 00       90. 00       90. 00       90. 01       9001       CLI NI C       17, 256       17, 256       0       17, 256       90. 01       90. 02       90. 02       90. 02       0 9020       CLI NI C       934, 770       934, 770       934, 770       90. 02       91. 00       91. 00       91. 00       91. 00       91. 00       91. 00       91. 00       92. 00       0       0       0       0       0       92. 00       952KVATI ON BEDS (NON-DI STI NCT PART       1, 357, 298       1, 357, 298       92. 00       92. 00       92. 00       92. 00       92. 00       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01       133. 01 </td <td></td> <td></td> <td>3, 605, 998</td> <td></td> <td>3, 605, 9</td> <td>98 0</td> <td>3, 605, 998</td> <td></td>			3, 605, 998		3, 605, 9	98 0	3, 605, 998	
76. 02         03952         WOUND CARE         45, 883         0         45, 883         0         45, 883         76. 02           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         0         90. 00         9000         CLI NI C         0         0         90. 00         90. 00         90.00         90.00         17, 256         17, 256         0         17, 256         90. 01         90. 02         90. 02         09002         CLI NI C         934, 770         934, 770         934, 770         90. 02         90. 02         91. 00         934, 770         90. 02         0         90. 02         91. 00         92. 00         0         0         0         0         91. 00         91. 00         92. 00         0         0         0         91. 00         92. 00         92.00         0BSERVATI ON BEDS (NON-DI STI NCT PART         1, 357, 298         1, 357, 298         1, 357, 298         92. 00         92. 00         92. 00         92. 00         92. 00         92.00         13. 357, 298         1, 357, 298         13. 00         13. 00         13. 357, 298         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00         92. 00 <t< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>1</td></t<>			-					1
OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC         0         0         0         90.00           90.01         09001         CLINIC         0         0         0         0         90.00           90.01         09001         CLINIC         17,256         17,256         0         17,256         90.01           90.02         09002         CLINIC         934,770         934,770         0         934,770         90.02           91.00         09100         EMERGENCY         0         0         0         0         91.00           92.00         OSEERVATI ON BEDS (NON-DI STINCT PART         1,357,298         1,357,298         1,357,298         92.00           92.00         OBSERVATI ON BEDS (NON-DI STINCT PART         1,357,298         1,357,298         1,357,298         92.00           92.00         I13.00         INTEREST EXPENSE         113.00         113.00         113.00         113.00         113.00         INTEREST EXPENSE         113.00         53,286,422         26,797         53,313,219         200.00           201.00         Less Observation Beds         1,357,298         1,357,298         1,357,298         1,357,298         201.00								1
90.00       09000       CLINIC       0       0       0       0       90.00         90.01       09001       CLINIC       17,256       17,256       0       17,256       90.01         90.02       09002       CLINIC       934,770       934,770       934,770       90.02         91.00       09100       EMERGENCY       0       0       0       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART       1,357,298       1,357,298       1,357,298       92.00         SPECIAL PURPOSE COST CENTERS         113.00         113.00       INTEREST EXPENSE       53,286,422       0       53,286,422       26,797       53,313,219       200.00         200.00       Less Observation Beds       1,357,298       1,357,298       1,357,298       1,357,298       113.00			45, 883		45, 8	33 0	45, 883	76.02
90.01       09001       CLINIC       17,256       0       17,256       90.01         90.02       09002       CLINIC       934,770       934,770       934,770       90.02         91.00       09000       EMERGENCY       0       0       0       91.00       934,770       90.02         92.00       09200       0BSERVATION BEDS (NON-DISTINCT PART       1,357,298       1,357,298       1,357,298       92.00         SPECIAL PURPOSE COST CENTERS         113.00       INTEREST EXPENSE       53,286,422       0       53,286,422       26,797       53,313,219       200.00         201.00       Less Observation Beds       1,357,298       1,357,298       1,357,298       1,357,298       113.00			1					
90. 02       09002       CLINIC       934,770       0       934,770       90. 02         91. 00       09100       EMERGENCY       0       0       0       91. 00         92. 00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART       1, 357, 298       1, 357, 298       1, 357, 298       92. 00         SPECIAL PURPOSE COST CENTERS         113. 00       INTEREST EXPENSE       53, 286, 422       0       53, 286, 422       26, 797       53, 313, 219       200. 00         200. 00       Less Observation Beds       1, 357, 298       1, 357, 298       1, 357, 298       1, 357, 298       10. 00								
91. 00 92. 00       09100 09200       EMERGENCY 09200       000000000000000000000000000000000000								
92. 00         09200         OBSERVATI ON         BEDS         (NON-DI STINCT PART         1, 357, 298         1, 357, 298         1, 357, 298         92. 00           SPECIAL PURPOSE COST CENTERS           113. 00         11300         INTEREST EXPENSE         113. 00         113.00         53, 286, 422         0         53, 286, 422         26, 797         53, 313, 219         200. 00           201. 00         Less Observation Beds         1, 357, 298         1, 357, 298         1, 357, 298         201. 00					934, 7		934, 770	1
SPECIAL PURPOSE COST CENTERS           113.00         11300         INTEREST EXPENSE         113.00           200.00         Subtotal (see instructions)         53, 286, 422         0         53, 286, 422         26, 797         53, 313, 219         200.00           201.00         Less Observation Beds         1, 357, 298         1, 357, 298         1, 357, 298         201.00								
113.00       11300       INTEREST EXPENSE       113.00         200.00       Subtotal (see instructions)       53, 286, 422       0       53, 286, 422       26, 797       53, 313, 219       200.00         201.00       Less Observation Beds       1, 357, 298       1, 357, 298       1, 357, 298       1, 357, 298       1, 357, 298			1, 357, 298		1, 357, 29	98	1, 357, 298	92.00
200.00         Subtotal (see instructions)         53, 286, 422         0         53, 286, 422         26, 797         53, 313, 219         200.00           201.00         Less Observation Beds         1, 357, 298         1, 357, 298         1, 357, 298         1, 357, 298         201.00			1			1		
201.00         Less Observation Beds         1, 357, 298         1, 357, 298         1, 357, 298         201.00								
								1
202.00   Total (see instructions)   51,929,124   0 51,929,124 26,797 51,955,921 202.00								
	202.00	Total (see instructions)	51, 929, 124	0	51, 929, 12	24 26, 797	51, 955, 921	202.00

	Financial Systems TATION OF RATIO OF COSTS TO CHARGES	FRANCI SCAN HEA		CCN: 150165	Peri od:	u of Form CMS- Worksheet C	2002 1
00111 01					From 01/01/2014 To 12/31/2014	Part I Date/Time Pre	epared:
			Ti +	le XIX	Hospi tal	5/22/2015 4:3 PPS	si pm
			Charges		nospital	ГГЭ	
	Cost Center Description	Inpatient	Outpati ent	Total (col	6 Cost or Other	TEFRA	
		inputront	outputtont	+ col. 7)	Ratio	Inpatient	
						Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	,,					
30.00	03000 ADULTS & PEDIATRICS	4, 148, 927		4, 148, 9			30.00
31. 00	03100 I NTENSI VE CARE UNI T	2, 247, 745		2, 247, 7	45		31.00
	ANCI LLARY SERVICE COST CENTERS						_
50.00	05000 OPERATING ROOM	3, 622, 255	38, 484, 664	42, 106, 9			
51.00	05100 RECOVERY ROOM	397, 342	4,099,979	4, 497, 3		0.00000	
53.00	05300 ANESTHESI OLOGY	564, 963	3, 806, 490	4, 371, 4		0.00000	
54.00	05400 RADI OLOGY-DI AGNOSTI C	857, 948	23, 534, 979	24, 392, 92		0.00000	
57.00	05700 CT SCAN 05800 MRI	1,086,083	13, 335, 386	14, 421, 40		0.00000	
58.00		734, 561	16, 625, 859	17, 360, 42			
59.00	05900 CARDI AC CATHETERI ZATI ON	2, 750, 090	7,096,814	9, 846, 90		0.00000	
60.00		3, 169, 432 0	34, 779, 035 0	37, 948, 40	67 0. 155679 0 0. 000000	0. 000000 0. 000000	
54.00 54.01	06400 I NTRAVENOUS THERAPY 06401 I NTRAVENOUS THERAPY	0	0		0 0.000000	0.000000	
65.00	06500 RESPI RATORY THERAPY	1, 405, 033	143, 846	1, 548, 8		0.000000	
55.00 66.00	06600 PHYSI CAL THERAPY	432, 736	51, 162	483, 8		0.000000	
57.00	06700 OCCUPATI ONAL THERAPY	432,730	0	403, 0	0 0.000000	0.000000	
68.00	06800 SPEECH PATHOLOGY	996	0	Q	96 1. 596386	0.000000	
59.00	06900 ELECTROCARDI OLOGY	786, 325	3, 816, 777	4, 603, 10		0.000000	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5, 316, 882	5, 316, 8		0.000000	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2, 212, 571	10, 998, 215	13, 210, 7		0.000000	
72.00	07200 I MPL. DEV. CHARGED TO PATI ENTS	2, 305, 975	3, 049, 682	5, 355, 6		0.000000	
73.00	07300 DRUGS CHARGED TO PATIENTS	3, 494, 089	4, 344, 199	7, 838, 2		0.00000	
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	, ,	0 0.000000	0.00000	
76. 01	03951 CARDI AC AND PULMONARY REHAB	108	212, 055	212, 10	63 0. 623728	0.00000	76.0
76. 02	03952 WOUND CARE	0	0		0 0.000000	0. 000000	76.0
	OUTPATIENT SERVICE COST CENTERS	· · · ·					
90.00	09000 CLI NI C	0	0		0 0.000000	0.00000	90.0
90. 01	09001 CLI NI C	0	0		0 0.000000	0.00000	90.0
90. 02	09002 CLI NI C	462	5, 867, 251	5, 867, 7	13 0. 159307	0.00000	90.0
91.00	09100 EMERGENCY	0	0		0 0.000000	0.00000	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	380, 792	753, 767	1, 134, 5	59 1. 196322	0.00000	92.00
	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE						113.0
200.00		30, 598, 433	176, 317, 042	206, 915, 4	75		200. 0
201.00							201.00
202.00	Total (see instructions)	30, 598, 433	176, 317, 042	206, 915, 4	75		202.0

Health F	inancial Systems	FRANCI SCAN HEALTH	MUNSTER	In Lie	u of Form CMS-	2552-10
COMPUTAT	ION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Pre 5/22/2015 4:3	
			Title XIX	Hospi tal	PPS	
	Cost Center Description	PPS Inpatient				
		Ratio				
		11.00				
	NPATIENT ROUTINE SERVICE COST CENTERS					
	3000 ADULTS & PEDIATRICS					30.00
	3100 I NTENSI VE CARE UNI T					31.00
	NCI LLARY SERVI CE COST CENTERS	0.050074				1
50.00 0	5000 OPERATING ROOM	0. 252971				50.00
	5100 RECOVERY ROOM	0. 881104				51.00
	5300 ANESTHESI OLOGY	0. 020667				53.00
	5400 RADI OLOGY-DI AGNOSTI C	0. 176421				54.00
	5700 CT SCAN	0. 099427				57.00
	5800 MRI	0. 083470				58.00
59.00 0	5900 CARDI AC CATHETERI ZATI ON	0. 147282				59.00
60.00 00	6000 LABORATORY	0. 155827				60.00
64.00 00	6400 INTRAVENOUS THERAPY	0. 000000				64.00
64.01 00	6401 INTRAVENOUS THERAPY	0.000000				64.01
65.00 00	6500 RESPI RATORY THERAPY	0. 588189				65.00
66.00 00	6600 PHYSI CAL THERAPY	0. 537648				66.00
67.00 0	6700 OCCUPATI ONAL THERAPY	0.000000				67.00
68.00 00	6800 SPEECH PATHOLOGY	1. 596386				68.00
69.00 00	6900 ELECTROCARDI OLOGY	0.073645				69.00
70.00 0	7000 ELECTROENCEPHALOGRAPHY	0. 376049				70.00
71.00 0	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 295420				71.00
72.00 0	7200 IMPL. DEV. CHARGED TO PATIENTS	0. 563575				72.00
73.00 0	7300 DRUGS CHARGED TO PATIENTS	0. 460049				73.00
	3950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000				76.00
	3951 CARDI AC AND PULMONARY REHAB	0. 623728				76.01
	3952 WOUND CARE	0. 000000				76.02
	UTPATIENT SERVICE COST CENTERS					
	9000 CLI NI C	0.000000				90.00
	9001 CLINIC	0. 000000				90.01
	9002 CLINIC	0. 159307				90.02
	9100 EMERGENCY	0. 000000				91.00
	9200 OBSERVATION BEDS (NON-DISTINCT PART	1. 196322				92.00
	PECIAL PURPOSE COST CENTERS					1
	1300 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

	Financial Systems	FRANCI SCAN HE		0000 4504/5		u of Form CMS-2	2552-10
	ATION OF OUTPATIENT SERVICE COST TO CHARGE RA IONS FOR MEDICAID ONLY	ATTOS NET OF	Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Pre 5/22/2015 4:3	
-			Ti t	le XIX	Hospi tal	PPS	
	Cost Center Description	Total Cost	Capital Cost	Operating Co	st Capital	Operating Cost	
		(Wkst. B, Part	(Wkst. B, Part	Net of Capit	al Reduction	Reduction	
		I, col. 26)	II col. 26)	Cost (col. 1	-	Amount	
				col. 2)			
		1.00	2.00	3.00	4.00	5.00	
	ANCI LLARY SERVICE COST CENTERS	1			- 1		
	05000 OPERATING ROOM	10, 630, 657				0	50.00
	05100 RECOVERY ROOM	3, 962, 607				0	
	05300 ANESTHESI OLOGY	90, 347				0	53.00
	05400 RADI OLOGY-DI AGNOSTI C	4, 303, 421	39, 532	4, 263, 8	89 0	0	54.00
	05700 CT SCAN	1, 433, 884	12, 743	1, 421, 1	41 0	0	57.00
58.00	05800 MRI	1, 449, 076	12, 901	1, 436, 1	75 0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	1, 450, 275	13, 614	1, 436, 6	61 0	0	59.00
60.00	06000 LABORATORY	5, 907, 778	189, 060	5, 718, 7	18 0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0		0 0	0	64.00
64.01	06401 I NTRAVENOUS THERAPY	144, 587	65, 268	79, 3	19 0	0	64.01
65.00	06500 RESPI RATORY THERAPY	911,033	83, 028	828, 0	05 0	0	65.00
66.00	06600 PHYSI CAL THERAPY	260, 167	2, 377	257, 7	90 0	0	66.00
	06700 OCCUPATI ONAL THERAPY	0			0 0	0	67.00
	06800 SPEECH PATHOLOGY	1, 590	14	1,5	76 0	0	68.00
	06900 ELECTROCARDI OLOGY	338, 997				0	69.00
	07000 ELECTROENCEPHALOGRAPHY	1, 999, 407				0	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3, 902, 724				0	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	3, 018, 312				0	72.00
	07300 DRUGS CHARGED TO PATIENTS	3, 605, 998				0	73.00
	03950 OTHER ANCI LLARY SERVICE COST CENTERS	0,000,770			0 0	0	76.00
	03951 CARDI AC AND PULMONARY REHAB	132, 332	, s		0	0	76.01
	03952 WOUND CARE	45, 883				0	76.02
	OUTPATIENT SERVICE COST CENTERS	43,003	500	40,0	15 0	0	70.02
	09000 CLINIC	0	C	1	0 0	0	90.00
	09001 CLINIC	17, 256	-	1		0	
	09002 CLINIC	934, 770				0	90.01
	09100 EMERGENCY	934,770			0 0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	1, 357, 298	, v		0	0	92.00
	SPECIAL PURPOSE COST CENTERS	1, 337, 290	203,732	1, 151, 5	001 0	0	72.00
	11300 INTEREST EXPENSE		1	1			113.00
200.00		45, 898, 399	3, 231, 677	42, 666, 7	22 0		200.00
200.00							200.00
		1, 357, 298					201.00
202.00	Total (THE 200 MINUS THE 201)	44, 541, 101	3, 025, 945	41, 515, 1	50 <sub>0</sub> 0	0	1202. UU

LCULATION OF OUTPATIENT SERVICE COST TO CHARGE F DUCTIONS FOR MEDICAID ONLY	RATIOS NET OF		CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepa 5/22/2015 4:31
			le XIX	Hospi tal	PPS
Cost Center Description	Cost Net of	Total Charges			
	Capital and	(Worksheet C,			
	Operating Cost			6	
	Reduction	8)	/ col. 7)		
	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS			1		
00 05000 OPERATING ROOM	10, 630, 657				5
00 05100 RECOVERY ROOM	3, 962, 607				5
00 05300 ANESTHESI OLOGY	90, 347	4, 371, 453	0. 0206	67	5
00 05400 RADI OLOGY-DI AGNOSTI C	4, 303, 421	24, 392, 927	0. 1764	21	5
00 05700 CT SCAN	1, 433, 884	14, 421, 469	0. 0994	27	5
00 05800 MRI	1, 449, 076	17, 360, 420	0. 0834	70	5
00 05900 CARDI AC CATHETERI ZATI ON	1, 450, 275	9, 846, 904	0. 1472	82	5
00 06000 LABORATORY	5, 907, 778		0. 1556	79	6
00 06400 INTRAVENOUS THERAPY	0				6
01 06401 INTRAVENOUS THERAPY	144, 587	0			6
00 06500 RESPI RATORY THERAPY	911, 033				6
00 06600 PHYSI CAL THERAPY	260, 167				6
00 06700 OCCUPATIONAL THERAPY	200, 107				
00 06800 SPEECH PATHOLOGY	1, 590	-			6
00 06900 ELECTROCARDI OLOGY	338, 997				
00 07000 ELECTROCARDIOLOGI	1, 999, 407				7
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3, 902, 724				7
00 07200 I MPL. DEV. CHARGED TO PATIENTS	3, 018, 312				7
00 07300 DRUGS CHARGED TO PATIENTS	3, 605, 998				7
00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	-			7
01 03951 CARDI AC AND PULMONARY REHAB	132, 332				7
02 03952 WOUND CARE	45, 883	0	0.0000	00	7
OUTPATIENT SERVICE COST CENTERS					
00 09000 CLINIC	0	0	0.0000	00	ç
01 09001 CLINIC	17, 256	0	0.0000	00	Ģ
02 09002 CLINIC	934, 770	5, 867, 713	0. 1593	07	ç
00 09100 EMERGENCY	0				ç
00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1, 357, 298	1, 134, 559			ç
SPECIAL PURPOSE COST CENTERS	.,,	.,,,.		I	
3. 00 11300 I NTEREST EXPENSE					11
D.00 Subtotal (sum of lines 50 thru 199)	45, 898, 399	200, 518, 803			20
1.00 Less Observation Beds	1, 357, 298				20
2.00 Total (line 200 minus line 201)	44, 541, 101				20

Health Financial Systems	FRANCI SCAN HEA	ALTH MUNSTER		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der	CCN: 150165	Peri od:	Worksheet D	
				From 01/01/2014 To 12/31/2014		narod
				10 12/31/2014	5/22/2015 4:3	1 pm
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1	r	1	-	-	_
30. 00 ADULTS & PEDIATRICS	659, 336		659, 33			1
31.00 INTENSIVE CARE UNIT	403, 286		403, 28			1
200.00 Total (lines 30-199)	1,062,622		1, 062, 62	22 5, 185		200.00
Cost Center Description	I npati ent	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)	-			
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS			1			
30. 00 ADULTS & PEDI ATRI CS	1, 707		1			30.00
31.00 INTENSIVE CARE UNIT	72					31.00
200.00 Total (lines 30-199)	1, 779	314, 143				200.00

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Date/Time Pre	pared:
		Ti †1	e XVIII	Hospi tal	5/22/2015 4:3 PPS	
Cost Center Description	Capi tal	Total Charges		t Inpatient	Capital Costs	
oust center bescription		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,				column 4)	
	Part II, col.	8)	2)	i ondrigeo		
	26)					
	1,00	2.00	3.00	4.00	5,00	
ANCI LLARY SERVI CE COST CENTERS		1				
50.00 05000 OPERATI NG ROOM	1, 894, 563	42, 106, 919	0. 0449	1, 261, 542	56, 762	50.00
51.00 05100 RECOVERY ROOM	371, 673	4, 497, 321	0. 0826	128, 637	10, 631	51.00
53. 00 05300 ANESTHESI OLOGY	1, 451	4, 371, 453	0. 0003	32 195, 490	65	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	39, 532	24, 392, 927	0. 0016	447, 728	726	54.00
57.00 05700 CT SCAN	12, 743	14, 421, 469	0. 0008	506, 815	448	57.00
58. 00 05800 MRI	12, 901	17, 360, 420	0.0007	43 303, 818	226	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	13, 614	9, 846, 904	0.0013	33 1, 356, 833	1, 877	59.00
60. 00 06000 LABORATORY	189, 060	37, 948, 467	0. 00498	1, 508, 931	7, 517	60.00
64.00 06400 INTRAVENOUS THERAPY	0			0 00	0	64.00
64. 01 06401 INTRAVENOUS THERAPY	65, 268	0	0. 0000	0 00	0	64.01
65. 00 06500 RESPI RATORY THERAPY	83, 028	1, 548, 879	0. 05360	732, 813	39, 282	65.00
66. 00 06600 PHYSI CAL THERAPY	2, 377	483, 898	0. 0049	12 211, 927	1, 041	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0	0. 0000		0	67.00
68.00 06800 SPEECH PATHOLOGY	14	996	0. 0140	56 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	5, 653	4, 603, 102	0.0012	393, 711	483	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	97, 680	5, 316, 882	0. 0183	72 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	23, 180	13, 210, 786	0. 0017	55 519, 631	912	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	16, 218	5, 355, 657	0. 00302	1, 189, 338	3, 601	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	187, 379	7, 838, 288	0. 02390	06 1, 414, 592	33, 817	73.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0. 0000	0 00	0	76.00
76.01 03951 CARDI AC AND PULMONARY REHAB	1, 163	212, 163	0.0054	32 0	0	76.01
76.02 03952 WOUND CARE	368	0	0. 0000	0 00	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0	0.0000	0 00	0	90.00
90. 01 09001 CLINIC	86	0	0.0000	0 0	0	90.01
90. 02 09002 CLINIC	7, 994	5, 867, 713	0.0013	52 0	0	90. 02
91.00 09100 EMERGENCY	0	0	0.0000	0 0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	205, 732	1, 134, 559	0. 1813	32 164, 655	29, 857	92.00
200.00 Total (lines 50-199)	3, 231, 677	200, 518, 803		10, 336, 461	187, 245	200. 00
					-	-

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS			Period: From 01/01/2014 To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
			e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cos		Total Costs (sum of cols. 1 through 3,	
				instructions)	minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	C	0		0 0	0	
31.00 03100 INTENSIVE CARE UNIT	C	0		0	0	31.00
200.00 Total (lines 30-199)	C	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)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	3, 849		, , ,		0	30.00
31. 00 03100 I NTENSI VE CARE UNI T	1, 336			2 0	0	
200.00 Total (lines 30-199)	5, 185		1, 77	9 0	0	200.00
Cost Center Description	PSA Adj. Allied Health Cost 12.00	PSA Adj. All Other Medical Education Cost 13.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00         03000         ADULTS & PEDIATRICS           31. 00         03100         INTENSIVE CARE UNIT           200. 00         Total (lines 30-199)	C C C					30. 00 31. 00 200. 00

Health Financial Systems	FRANCI SCAN HEA	ALTH MUNSTER		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	EVICE OTHER PASS		CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
			e XVIII	Hospi tal	PPS	
Cost Center Description	Anesthetist Cost	Nursing School		Medical Education Cost	4)	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS						
50.00         05000         OPERATI NG ROOM           51.00         05100         RECOVERY ROOM           53.00         05300         ANESTHESI OLOGY           54.00         05400         RADI OLOGY-DI AGNOSTI C           57.00         05700         CT SCAN		0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	51.00 53.00 54.00 57.00
58. 00 05800 MRI 59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	0	000000000000000000000000000000000000000		0 0 0 0 0 0	0	60.00
64. 00         06400         I NTRAVENOUS THERAPY           64. 01         06401         I NTRAVENOUS THERAPY           65. 00         06500         RESPI RATORY THERAPY           66. 00         06600         PHYSI CAL THERAPY		000000000000000000000000000000000000000			0 0 0	64.00 64.01 65.00 66.00
67.00         06700         0CCUPATI ONAL THERAPY           68.00         06800         SPEECH PATHOLOGY           69.00         06900         ELECTROCARDI OLOGY	0	0 0 0		0 0 0 0 0 0	0 0 0	67.00 68.00 69.00
70. 0007000ELECTROENCEPHALOGRAPHY71. 0007100MEDI CALSUPPLI ESCHARGED TOPATI ENT72. 0007200I MPL.DEV.CHARGED TOPATI ENTS73. 0007300DRUGSCHARGED TOPATI ENTS		0 0 0			0 0 0	70.00 71.00 72.00 73.00
76. 00 03950 OTHER ANCI LLARY SERVICE COST CENTERS 76. 01 03951 CARDIAC AND PULMONARY REHAB 76. 02 03952 WOUND CARE	0 0 0	0 0 0		0 0 0 0 0 0	0 0 0	76. 00 76. 01 76. 02
OUTPATIENT SERVICE COST CENTERS	-	-	1	-	-	
90. 00 09000 CLI NI C 90. 01 09001 CLI NI C 90. 02 09002 CLI NI C 91. 00 09100 EMERGENCY 92. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART						90. 01 90. 02 91. 00
200.00 Total (Lines 50-199)	0	0		0 0	-	200. 00

Health Financial Systems	FRANCI SCAN HE				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	VICE OTHER PAS	S Provi der		Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2014 To 12/31/2014	Part IV Date/Time Pre	narod
				10 12/31/2014	5/22/2015 4:3	1 pm
		Titl	e XVIII	Hospi tal	PPS	
Cost Center Description	Total	Total Charges	Ratio of Cos	t Outpatient	Inpati ent	
	Outpati ent	(from Wkst. C,		Ratio of Cost	Program	
	Cost (sum of	Part I, col.	(col. 5 ÷ col	. to Charges	Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.	Ũ	
	4)			7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	42, 106, 919			1, 261, 542	50.00
51.00 05100 RECOVERY ROOM	0	4, 497, 321	0.00000	0. 000000	128, 637	51.00
53. 00 05300 ANESTHESI OLOGY	0	4, 371, 453	0. 00000	0. 000000	195, 490	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	24, 392, 927	0. 00000	0. 000000	447, 728	54.00
57.00 05700 CT SCAN	0	14, 421, 469		0.00000	506, 815	57.00
58. 00 05800 MRI	0	17, 360, 420	0.00000	0.00000	303, 818	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	9, 846, 904	0.00000	0.00000	1, 356, 833	59.00
60. 00 06000 LABORATORY	0	37, 948, 467	0.00000	0.00000	1, 508, 931	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.00000	0.00000	0	64.00
64.01 06401 INTRAVENOUS THERAPY	0	0	0.00000	0.00000	0	64.01
65. 00 06500 RESPI RATORY THERAPY	0	1, 548, 879	0.00000	0.00000	732, 813	65.00
66. 00 06600 PHYSI CAL THERAPY	0	483, 898	0. 00000	0. 000000	211, 927	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.00000	0. 000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	996			0	68.00
69.00 06900 ELECTROCARDI OLOGY	0	4, 603, 102			393, 711	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5, 316, 882			0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	13, 210, 786			519, 631	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5, 355, 657			1, 189, 338	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7, 838, 288			1, 414, 592	•
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0			0	76.00
76.01 03951 CARDI AC AND PULMONARY REHAB	0	212, 163			0	76.01
76. 02 03952 WOUND CARE	0				0	76.02
OUTPATIENT SERVICE COST CENTERS				-		
90. 00 09000 CLINIC	0	0	0.00000	0.00000	0	90.00
90. 01 09001 CLINIC	0	0			0	90.01
90. 02 09002 CLI NI C	0	5, 867, 713			0	90.02
91. 00 09100 EMERGENCY	0	0			0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1, 134, 559			164, 655	
200.00 Total (lines 50-199)	0				10, 336, 461	•
			•	I .		

Health Financial Systems	FRANCI SCAN HEA			In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PASS	Provi der	CCN: 150165	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2014 To 12/31/2014		narodi
				10 12/31/2014	Date/Time Pre 5/22/2015 4:3	1 nm
		Titl	e XVIII	Hospi tal	PPS	<u>, bui</u>
Cost Center Description	I npati ent	Outpati ent	Outpati ent		PSA Adj.	
	Program	Program	Program		Nursing School	
	Pass-Through	Charges	Pass-Throug			
	Costs (col. 8	5	Costs (col.	9 Cost		
	x col. 10)		x col. 12)			
	11.00	12.00	13.00	21.00	22.00	
ANCI LLARY SERVICE COST CENTERS	• •		•		•	
50.00 05000 OPERATING ROOM	0	10, 718, 892		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	980, 583		0 0	0	51.00
53. 00 05300 ANESTHESI OLOGY	0	925, 844		0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	6, 051, 670		0 0	0	54.00
57.00 05700 CT SCAN	0	4, 545, 227		0 0	0	57.00
58. 00 05800 MRI	0	3, 660, 125		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	3, 154, 191		0 0	0	59.00
60. 00 06000 LABORATORY	0	1,877,007		0 0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		0 0	0	64.00
64.01 06401 INTRAVENOUS THERAPY	0	0		0 0	0	64.01
65. 00 06500 RESPI RATORY THERAPY	0	101, 008		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	1, 380, 388		0 0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1, 218, 493		0 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1, 640, 753		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	925, 326		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2, 936, 733		0 0	0	73.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		0 0	0	76.00
76.01 03951 CARDI AC AND PULMONARY REHAB	0	0		0 0	0	76.01
76. 02 03952 WOUND CARE	0	0		0 0	0	76.02
OUTPATIENT SERVICE COST CENTERS			1			
90. 00 09000 CLI NI C	0	0		0 0	0	90.00
90. 01 09001 CLINIC	0	0		0 0	0	•
90. 02 09002 CLINIC	0	2,957,087		0 0	0	•
91. 00 09100 EMERGENCY	0	0		0 0	0	•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	149, 934		0 0	0	
200.00 Total (lines 50-199)	0	43, 223, 261		0 0		200.00
	1 1			1		

PPORTI ONMENT OF INPATI ENT/OUTPATI ENT ANCI LLARY SEI HROUGH COSTS	RVICE OTHER PASS	Provi der CCN: 150165		5/22/2015 4:31 pm
		Title XVIII	Hospi tal	PPS
Cost Center Description	Allied Health Oth	A Adj. All ner Medical <u>cation Cost</u> 24.00		
ANCI LLARY SERVI CE COST CENTERS	20.00	21.00		
0. 00 05000 OPERATI NG ROOM	0	0		50.00
1.00 05100 RECOVERY ROOM	0	0		51.00
3. 00 05300 ANESTHESI OLOGY	0	o		53.00
4. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		54.00
7.00 05700 CT SCAN	0	0		57.00
8. 00 05800 MRI	0	0		58.00
9. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		59.00
0. 00 06000 LABORATORY	0	0		60.00
4. 00 06400 I NTRAVENOUS THERAPY	0	0		64.00
4. 01 06401 I NTRAVENOUS THERAPY	0	0		64.01
5. 00 06500 RESPI RATORY THERAPY	0	0		65.00
6. 00 06600 PHYSI CAL THERAPY	0	0		66.00
7.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
8.00 06800 SPEECH PATHOLOGY	0	0		68.00
9. 00 06900 ELECTROCARDI OLOGY	0	O		69.00
0.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
1. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	U	0		71.00
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
3. 00 07300 DRUGS CHARGED TO PATIENTS	U	U		73.00
6. 00 03950 OTHER ANCI LLARY SERVICE COST CENTERS	0	U		76.00
6.01 03951 CARDIAC AND PULMONARY REHAB 6.02 03952 WOUND CARE	0	0		76. 01 76. 02
OUTPATIENT SERVICE COST CENTERS	U	0		/0.02
0. 00 09000 CLINIC	0	0		90.00
0. 01 09000 CLINIC	0			90.00
0. 02   09002  CLINIC	0	ő		90.02
1. 00 09100 EMERGENCY	0	0		91.00
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	õ		92.00
00.00 Total (lines 50-199)	0	õ		200.00

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Date/Time Pre	
					5/22/2015 4:3	1 pm
			e XVIII	Hospi tal	PPS	
Cost Center Description	Cost to Charge	DDS Doimburgod	Charges Cost	Cost	Costs PPS Services	
cost center bescription	Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Servi ces Not		
	Part I, col. 9	· · ·	Subject To	Subject To		
			Ded. & Coins			
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS						
50.00 05000 OPERATI NG ROOM	0. 252468			0 0		
51.00 05100 RECOVERY ROOM	0. 881104			0 0		1
53. 00 05300 ANESTHESI OLOGY	0. 020667			0 0		1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 176421			0 0	1, 067, 642	
57.00 05700 CT SCAN	0. 099427			0 0	451, 918	1
58. 00 05800 MRI	0. 083470			0 0	305, 511	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 147282			0 0	464, 556	1
60. 00 06000 LABORATORY	0. 155679			0 0	292, 211	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0. 000000			0 0	0	
64. 01 06401 I NTRAVENOUS THERAPY	0. 000000			0 0	0	64.01
65. 00 06500 RESPI RATORY THERAPY	0. 588189			0 0	59, 412	1
66. 00 06600 PHYSI CAL THERAPY	0. 537648			0 0	0	
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0. 000000			0 0	0	
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0. 073645				-	
70. 00 07000 ELECTROEARD OLOGT	0. 376049				101, 659 458, 213	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 295420			0 0	484, 711	1
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 563575			0 0		
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 460049			0 13,059		
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0. 000000			0 0	0	1
76. 01 03951 CARDI AC AND PULMONARY REHAB	0. 623728			0 0	-	1
76. 02 03952 WOUND CARE	0. 000000			0 0		1
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0. 000000	C		0 0	0	90.00
90. 01 09001 CLINIC	0. 000000	0	)	0 0	0	90.01
90. 02 09002 CLINIC	0. 159307	2, 957, 087		0 0	471, 085	90.02
91. 00 09100 EMERGENCY	0. 000000			0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1. 196322			0 0	179, 369	
200.00 Subtotal (see instructions)		43, 223, 261		0 13, 059	9, 798, 126	
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges		40.000.011		10.050	0 700 101	000 00
202.00   Net Charges (line 200 +/- line 201)	I	43, 223, 261	I	0 13, 059	9, 798, 126	J202.00

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS	-2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	) VACCINE COST	Provi dei	- CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Pr 5/22/2015 4:	epared: 31 pm
		Ti t	le XVIII	Hospi tal	PPS	
	Cos	sts				
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
		Ded. & Coins				
	(see inst.)	(see inst.)	_			
	6.00	7.00				
ANCI LLARY SERVI CE COST CENTERS						_
50.00 05000 OPERATING ROOM	0		0			50.00
51.00 05100 RECOVERY ROOM	0		o			51.00
53.00 05300 ANESTHESI OLOGY	0		0			53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0		0			54.00
57.00 05700 CT SCAN	0		0			57.00
58. 00 05800 MRI	0		0			58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0		0			59.00
60. 00 06000 LABORATORY	0		0			60.00
64.00 06400 INTRAVENOUS THERAPY	0		0			64.00
64. 01 06401 INTRAVENOUS THERAPY	0		0			64.01
65. 00 06500 RESPI RATORY THERAPY	0		0			65.00
66. 00 06600 PHYSI CAL THERAPY	0		0			66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0		0			67.00
68.00 06800 SPEECH PATHOLOGY	0		0			68.00
69. 00 06900 ELECTROCARDI OLOGY	0		0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0		0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		0			71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0		0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6, 00	8			73.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0		o			76.00
76.01 03951 CARDI AC AND PULMONARY REHAB	0		o			76.01
76.02 03952 WOUND CARE	0		o			76.02
OUTPATIENT SERVICE COST CENTERS	·	•				
90. 00 09000 CLI NI C	0		0			90.00
90. 01 09001 CLINIC	0		o			90.01
90. 02 09002 CLI NI C	0		0			90.02
91.00 09100 EMERGENCY	0		0			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0			92.00
200.00 Subtotal (see instructions)	0	6, 00	8			200.00
201.00 Less PBP Clinic Lab. Services-Program	0					201.00
Only Charges						
202.00 Net Charges (line 200 +/- line 201)	0	6, 00	8			202.00
		3,00	-1			1202.0

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014		pared: 1 pm
		Tit	le XIX	Hospi tal	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cos (col. 1 - col 2)	Days t	Per Diem (col. 3 / col. 4)	
	1,00	2.00	3,00	4, 00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
30. 00 ADULTS & PEDIATRICS 31. 00 INTENSIVE CARE UNIT	659, 336 403, 286		659, 3 403, 2			30.00 31.00
200.00 Total (lines 30-199)	1,062,622		1, 062, 62	22 5, 185		200.00
Cost Center Description	Inpatient Program days 6.00	Inpatient Program Capital Cost (col. 5 x col. 6) 7.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00         ADULTS & PEDIATRICS           31.00         INTENSIVE CARE UNIT           200.00         Total (lines 30-199)	53 15 68	4, 528				30. 00 31. 00 200. 00

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014		
			le XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,			. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1	1	1	-		
50.00 05000 OPERATI NG ROOM	1, 894, 563					50.00
51.00 05100 RECOVERY ROOM	371, 673					51.00
53. 00 05300 ANESTHESI OLOGY	1, 451					53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	39, 532					
57.00 05700 CT SCAN	12, 743					57.00
58. 00 05800 MRI	12, 901	17, 360, 420				58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	13, 614					59.00
60. 00 06000 LABORATORY	189, 060	37, 948, 467			252	60.00
64.00 06400 I NTRAVENOUS THERAPY	0	0	0.0000	0 00	0	64.00
64. 01 06401 I NTRAVENOUS THERAPY	65, 268	0	0.0000	0 00	0	64.01
65. 00 06500 RESPI RATORY THERAPY	83, 028	1, 548, 879	0. 05360	05 14, 674	787	65.00
66. 00 06600 PHYSI CAL THERAPY	2, 377	483, 898	0.0049	12 12, 224	60	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0	0.0000	0 00	0	67.00
68.00 06800 SPEECH PATHOLOGY	14	996	0. 0140	56 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	5, 653	4, 603, 102	0.00122	28 5, 137	6	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	97, 680	5, 316, 882	0. 0183	72 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	23, 180	13, 210, 786	0.00175	5 26, 652	47	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	16, 218	5, 355, 657	0.00302	28 164, 449	498	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	187, 379	7, 838, 288	0. 02390	93, 394	2, 233	73.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.0000	0 00	0	76.00
76.01 03951 CARDIAC AND PULMONARY REHAB	1, 163	212, 163	0.00548	32 0	0	76.01
76.02 03952 WOUND CARE	368	0	0.0000	0 00	0	76.02
OUTPATIENT SERVICE COST CENTERS	<u>.</u>	·	·		•	1
90. 00 09000 CLINIC	0	0	0.0000	0 00	0	90.00
90. 01 09001 CLINIC	86	0	0.0000	0 00	0	90.01
90. 02 09002 CLI NI C	7, 994	5, 867, 713	0.00130	62 0	0	90.02
91.00 09100 EMERGENCY	0	0	0.0000	0 00	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	205, 732	1, 134, 559	0. 1813:	32 0	0	92.00
200.00 Total (lines 50-199)	3, 231, 677	200, 518, 803		657, 830	10, 294	200.00
· · · · ·						

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS			Period: From 01/01/2014 To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
			le XIX	Hospi tal	PPS	
Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cos		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	1.00	2.00	3.00	4.00	5.00	
30. 00 03000 ADULTS & PEDIATRICS				0 0	0	30,00
31. 00 03100 INTENSIVE CARE UNIT				0		
200.00 Total (lines 30-199)				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)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	3, 849			53 0	, i	
31. 00 03100 I NTENSI VE CARE UNI T	1, 336			15 0	0	000
200.00 Total (lines 30-199)	5, 185		6	68 0	0	200.00
Cost Center Description	PSA Adj. Allied Health Cost 12.00	PSA Adj. All Other Medical Education Cost 13.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00         03000         ADULTS & PEDIATRICS           31. 00         03100         INTENSIVE CARE UNIT           200. 00         Total (lines 30-199)	C C C					30. 00 31. 00 200. 00

Health Financial Systems	FRANCI SCAN HEA	LTH MUNSTER		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	VICE OTHER PASS		CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Date/Time Pre 5/22/2015 4:3	pared: 1 pm
			le XIX	Hospi tal	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Ū		Medical Education Cost	4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50. 00         05000         OPERATI NG ROOM           51. 00         05100         RECOVERY ROOM           53. 00         05300         ANESTHESI OLOGY           54. 00         05400         RADI OLOGY-DI AGNOSTI C           57. 00         05700         CT		0 0 0 0 0				50.00 51.00 53.00 54.00 57.00
58. 00 05800 MRI 59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	0 0 0	0 0 0		0 0 0 0 0 0	0 0 0	58.00 59.00 60.00
64.00 06400 I NTRAVENOUS THERAPY 64.01 06401 I NTRAVENOUS THERAPY 65.00 06500 RESPI RATORY THERAPY 66.00 06600 PHYSI CAL THERAPY	000000000000000000000000000000000000000	0 0 0 0			0 0 0	64.00 64.01 65.00 66.00
67.00         06700         OCCUPATI ONAL THERAPY           68.00         06800         SPEECH PATHOLOGY           69.00         06900         ELECTROCARDI OLOGY	0 0 0	0 0 0			0 0 0	67.00 68.00 69.00
70.00       07000       ELECTROENCEPHALOGRAPHY         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENT         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS         73.00       07300       DRUGS CHARGED TO PATIENTS	000000000000000000000000000000000000000	0 0 0 0			0 0 0	70.00 71.00 72.00 73.00
76.00       03950       OTHER ANCILLARY SERVICE COST CENTERS         76.01       03951       CARDI AC AND PULMONARY REHAB         76.02       03952       WOUND CARE	0 0 0	0 0 0		0 0 0 0 0 0	0 0 0	76. 00 76. 01 76. 02
OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC           90.01         09001         CLINIC           90.02         09002         CLINIC           91.00         09100         EMERGENCY           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART           200.00         Total (lines 50-199)		0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	

THROUGH COSTS         From 01/01/2014 To 12/31/2014         From 01/01/2014 To 12/31/2014           Image: Cost Center Description         Total Outpatient Cost (sum of col. 2, 3 and 4)         Total Total Charges Cost (sum of col. 2, 3 and 4)         Total Charges Cost (sum of col. 2, 3 and 4)         Ratio of Cost Cost (sum of col. 2, 3 and 4)         Outpatient Ratio of Cost Cost (sum of col. 2, 3 and 4)           50.00         05000 (PERATI NG ROOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	u of Form CMS-2			001 4504/5		FRANCI SCAN HEA	Ith Financial Systems
Ancoder Social         To         12/31/2014         To           Cost Center Description         Total Outpatient Cost (sum of col. 2, 3 and 4)         Total Charges (col. 5 + col. 7)         Ratio of Cost Cost Col. 6 + col. 7)         Outpatient Cost (sum of col. 2, 3 and 4)         Total Charges (col. 5 + col. 7)         Natio of Cost Cost Col. 6 + col. 7)           ANCI LLARY SERVICE COST CENTERS         0         7.00         8.00         9.00           ANCI LLARY SERVICE COST CENTERS         0         7.00         8.00         9.00           ANCI LLARY SERVICE COST CENTERS         0         0.000000         0.000000         0.000000           50.00         05000 (DFEATI ING ROOM 00 (4, 371, 453         0.000000         0.000000         0.000000           53.00         05300 ANESTHESI OLOGY         0         4, 371, 453         0.000000         0.000000           54.00         05400 RAII OLOGY-DI AGNOSTI C         0         24, 392, 927         0.000000         0.000000           59.00         05500 CARDI AC CATHETERI ZATI ON         0         9, 846, 904         0.000000         0.000000           60.00         05000 RPI INTRAVENOUS THERAPY         0         0         0.000000         0.000000           60.00         06000 LABORATORY         0         0.0000000         0.0000000 <td< td=""><td>Worksheet D Part IV</td><td></td><td></td><td></td><td>Provi der</td><td>VICE UTHER PASS</td><td></td></td<>	Worksheet D Part IV				Provi der	VICE UTHER PASS	
Cost Center Description         Total Outpatient Cost (sum of col. 2, 3 and 4)         Total Outpatient Cost (sum of col. 2, 3 and 4)         Total Cost (sum of col. 2, 3 and 4)         Total Cost (sum of col. 2, 3 and 4)         Hospital           ANCILLARY SERVICE COST CENTERS         0         0.000000         0.000000         0.000000         0.000000           50.00         05000 OPERATI NG ROOM         0         42,106,919         0.000000         0.000000           50.00         05000 ARESTHESI OLGGY         0         4,417,321         0.000000         0.000000           51.00         05000 CARDI ACGYE ROOM         0         4,427,432,927         0.000000         0.000000           53.00         05000 CARDI AC CATHETERI ZATI ON         0         24,392,927         0.000000         0.000000           59.00         05500 CARDI AC CATHETERI ZATI ON         0         9,846,904         0.000000         0.000000           64.01         INTRAVENOUS THERAPY         0         0.000000         0.000000         0.000000           65:00         06500 RESPI RATORY THERAPY         0         0.000000         0.000000         0.000000           66:00         0 6600 PHYSI CAL THERAPY         0         0.000000         0.000000         0.000000           66:00         0 6600 RESPI RATORY THERAP		te/Time Prepar	12/31/2014				RUUGH CUSIS
Cost Center Description         Total Outpatient Cost (sum of col. 2, 3 and 4)         Total Outpatient (strom Wkst. C, ent. col. 8)         Ratio of Cost to Charges (col. 5 + col. 7)         Outpatient Ratio of Cost to Charges (col. 5 + col. 7)           ANCILLARY SERVICE COST CENTERS         0         7)         0         8.00         9.00           50.00         05000 (PERATI NG ROM 51.00         0         0.000000         0.000000         0.000000           51.00         05400 RADI OLGY PI AGNOSTI C         0         4.497, 321         0.000000         0.000000           53.00         05300 ARESTHESI OLGGY         0         4.371, 453         0.000000         0.000000           54.00         05400 RADI OLGY - DI AGNOSTI C         0         24, 392, 927         0.000000         0.000000           58.00         05500 CARDI AC CATHETERI ZATI ON         0         9, 846, 904         0.000000         0.000000           64.00         06401 INTRAVENUS THERAPY         0         37, 948, 467         0.000000         0.000000           64.00         06400 INTRAVENUS THERAPY         0         1, 548, 879         0.000000         0.000000           66.00         06600 PHYSI CAL THERAPY         0         4.633, 102         0.000000         0.000000           67.00         0.000000         0.0	5/22/2015 4:31	22/2015 4:31 p					
ANCI LLARY SERVICE COST CENTERS         Outpatient Cost (sum of col. 2, 3 and 4)         (From Wkst C, part I, col. 8)         to Charges (col. 5 + col. 7)         Ratio of Cost to Charges (col. 6 + col. 7)           50.00         05000 OPERATI NG ROOM         0         42, 106, 919         0.000000         0.000000           51.00         05100 RECOVERY ROOM         0         4, 497, 321         0.000000         0.000000           53.00         05300 ANESTHESI 0LOGY         0         4, 371, 453         0.000000         0.000000           57.00         05700 CT SCAN         0         14, 421, 469         0.000000         0.000000           58.00         05800 IMRI         0         17, 360, 420         0.000000         0.000000           59.00         05900 CARDI AC CATHETERI ZATI 0N         0         9, 846, 904         0.000000         0.000000           60.00         1NTRAVENOUS THERAPY         0         0         0.000000         0.000000           61.00         06400 INTRAVENUS THERAPY         0         0         0.000000         0.000000           61.00         06400 INTRAVENOUS THERAPY         0         0         0.000000         0.000000           60.00         06600 PHYSI CAL THERAPY         0         1, 548, 879         0.000000         0.0000000	PPS	PPS	Hospi tal	le XIX	Ti t		
Cost (sum of 0.1         Part I, col. 8)         (col.         5 + col. 7)         to Charges (col.         6 + col. 7)           ANCILLARY SERVICE COST CENTERS	Inpati ent	npati ent	Outpati ent	Ratio of Cost	al Charges	Total	Cost Center Description
col.         2, 3 and 4)         8)         7)         (col.         6 + col.         7)           ANCILLARY SERVICE COST CENTERS         6.00         7.00         8.00         9.00         7           50.00         05100         RECOVERY ROM         0         42,106,919         0.000000         0.000000           53.00         05300         ANESTHESI DLOGY         0         4,371,453         0.000000         0.000000           54.00         05400         RADI OLOGY-DI AGNOSTI C         0         24,392,927         0.000000         0.000000           57.00         05700         CATCA         0         14,421,469         0.000000         0.000000           58.00         05800         MRI         0         17,360,420         0.000000         0.000000           59.00         CARDI AC CATHETERI ZATI ON         0         9,846,904         0.000000         0.000000           60.00         D6400         INTRAVENOUS THERAPY         0         0         0.000000         0.000000           64.01         INTRAVENOUS THERAPY         0         1,548,879         0.000000         0.000000           66:00         O6600         RECORATIONY         0         96         0.0000000         0.0000000	Program	Program	Ratio of Cost	to Charges	m Wkst. C,	Outpatient (	
4)         7)           6.00         7.00         8.00         9.00           ANCILLARY SERVICE COST CENTERS         6.00         7.00         8.00         9.00           50.00         05000 OPERATING ROOM         0         42,106,919         0.000000         0.000000           51.00         05100 RECOVERY ROOM         0         4,497,321         0.000000         0.000000           54.00         05400 RADI OLOGY - DI AGNOSTI C         0         24,392,927         0.000000         0.000000           58.00         05500 LABCRATORY         0         14,421,469         0.000000         0.000000           59.00         05900 CARDI AC CATHETERI ZATI ON         0         9,846,904         0.000000         0.000000           64.00         06400 I NTRAVENOUS THERAPY         0         0         0.000000         0.000000           65.00         06500 RESPI RATORY THERAPY         0         0         0.000000         0.000000           66.00         06400 I NTRAVENOUS THERAPY         0         0         0.000000         0.000000           66.00         06400 I NTRAVENUS THERAPY         0         0         0.000000         0.000000           67.00         06500 RESPI RATORY THERAPY         0         0<	Charges	Charges	to Charges	(col. 5 ÷ col.			
ANCI LLARY SERVICE COST CENTERS         6.00         7.00         8.00         9.00           50.00         05000         OPERATI NG ROOM         0         42, 106, 919         0.000000         0.000000           51.00         05100         RECOVERY ROOM         0         4, 497, 321         0.000000         0.000000           53.00         05300         ANESTHESI OLOGY         0         4, 371, 453         0.000000         0.000000           57.00         05700         CT SCAN         0         14, 421, 469         0.000000         0.000000           58.00         05800         MRI         0         17, 360, 420         0.000000         0.000000           60.00         06000         LABORATORY         0         37, 948, 467         0.000000         0.000000           64.00         0 4400 I NTRAVENOUS THERAPY         0         0         0.000000         0.000000           65.00         06500         RESPI RATORY THERAPY         0         0         0.000000         0.000000           66.00         06600         PHYSI CAL THERAPY         0         1, 548, 879         0.000000         0.000000           66.00         06600         PHYSI CAL THERAPY         0         0         0.0000000 <td></td> <td></td> <td>(col. 6 ÷ col.</td> <td>7)</td> <td>8)</td> <td>col. 2, 3 and</td> <td></td>			(col. 6 ÷ col.	7)	8)	col. 2, 3 and	
ANCI LLARY SERVICE COST CENTERS           50.00         05000         0PERATI NG ROOM         0         42, 106, 919         0.000000         0.000000           51.00         05100 RECOVERY ROOM         0         4, 497, 321         0.000000         0.000000           53.00         05300 ANESTHESI OLOGY         0         4, 371, 453         0.000000         0.000000           54.00         05400 RADI OLOGY-DI AGNOSTI C         0         24, 392, 927         0.000000         0.000000           57.00         05700 CT SCAN         0         14, 421, 469         0.000000         0.000000           58.00         05800 MRI         0         17, 360, 420         0.000000         0.000000           60.00         06400 LABORATORY         0         37, 948, 467         0.000000         0.000000           64.00         06400 LINTRAVENOUS THERAPY         0         0         0.000000         0.000000           64.01         06401 INTRAVENUS THERAPY         0         483, 879         0.000000         0.000000           65.00         06500 RESPI RATORY THERAPY         0         483, 898         0.000000         0.000000           64.01         06400 INTRAVENUS THERAPY         0         483, 898         0.000000         0.000000<							
50.00       05000       0PERATI NG R00M       0       42, 106, 919       0.000000       0.000000         51.00       REC0VERY R00M       0       4, 497, 321       0.000000       0.000000         53.00       05400       RAESTHESI OLOGY       0       4, 371, 453       0.000000       0.000000         54.00       05400       RADI OLOGY-DI AGNOSTI C       0       24, 392, 927       0.000000       0.000000         57.00       05700       CT SCAN       0       14, 421, 469       0.000000       0.000000         58.00       05800       MRI       0       17, 360, 420       0.000000       0.000000         60.00       06600       LABORATORY       0       9, 846, 904       0.000000       0.000000         64.01       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         65.00       06500       RESPI RATORY THERAPY       0       1, 548, 879       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       483, 898       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       483, 898       0.000000       0.000000         67.00       06600       SPEECH PA	10.00	10.00	9.00	8.00	7.00	6.00	
51.00       05100       RECOVERY ROOM       0       4, 497, 321       0.000000       0.000000         53.00       NESTHESI OLOGY       0       4, 371, 453       0.000000       0.000000         54.00       05400       RADI OLOGY-DI AGNOSTI C       0       24, 392, 927       0.000000       0.000000         57.00       05700       CT SCAN       0       14, 421, 469       0.000000       0.000000         58.00       05800       MRI       0       17, 360, 420       0.000000       0.000000         59.00       CARDI AC CATHETERI ZATI ON       0       9, 846, 904       0.000000       0.000000         64.00       06400       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         64.01       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         65.00       RESPI RATORY THERAPY       0       1, 548, 879       0.000000       0.000000         65.00       06500       RESPI RATORY THERAPY       0       483, 898       0.000000       0.000000         67.00       06700       0CCUPATI ONAL THERAPY       0       996       0.000000       0.000000         68.00       08800       SPECH PATHOLOGY       0				1		r	
53.00       05300       ANESTHESI OLOGY       0       4, 371, 453       0.000000       0.000000         54.00       RADI OLOGY-DI AGNOSTI C       0       24, 392, 927       0.000000       0.000000         57.00       CT SCAN       0       14, 421, 469       0.000000       0.000000         58.00       05800       MRI       0       17, 360, 420       0.000000       0.000000         59.00       05900       CARDI AC CATHETERI ZATI ON       0       9, 846, 904       0.000000       0.000000         64.00       06400       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         64.01       06400       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         65.00       06500       RESPI RATORY THERAPY       0       1, 548, 879       0.000000       0.000000         65.00       06600       PHYSI CAL THERAPY       0       4, 603, 102       0.000000       0.000000         66.00       06600       SPECH PATHOLOGY       0       996       0.000000       0.000000         67.00       0CCUPATI ONAL THERAPY       0       4, 603, 102       0.000000       0.000000         68.00       06800       SPECH PATHOLOGY </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td>						0	
54.00       05400       RADI OLOGY-DI AGNOSTI C       0       24, 392, 927       0.000000       0.000000         57.00       05700       CT SCAN       0       14, 421, 469       0.000000       0.000000         58.00       05800       MRI       0       17, 360, 420       0.000000       0.000000         59.00       05900       CARDI AC CATHETERI ZATI ON       0       9, 846, 904       0.000000       0.000000         60.00       06000       LABORATORY       0       37, 948, 467       0.000000       0.000000         64.01       06400       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         65.00       06500       RESPI RATORY THERAPY       0       1, 548, 879       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       483, 898       0.000000       0.000000         67.00       0CTUDAL THERAPY       0       483, 898       0.000000       0.000000         68.00       06600       PHECH PATHOLOGY       0       996       0.000000       0.000000         69.00       06900       ELECTROCARDI OLOGY       0       4, 603, 102       0.000000       0.000000         71.00       071					4, 497, 321	0	
57.00       05700       CT SCAN       0       14, 421, 469       0.000000       0.000000         58.00       05800       MRI       0       17, 360, 420       0.000000       0.000000         59.00       CARDI AC CATHETERI ZATI 0N       0       9, 846, 904       0.000000       0.000000         64.00       06400       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         64.01       06401       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         64.01       06401       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         65.00       06500       RESPI RATORY THERAPY       0       1, 548, 879       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       483, 898       0.000000       0.000000         67.00       06700       OCUPATI ONAL THERAPY       0       996       0.000000       0.000000         68.00       06800       SPEECH PATHOLOGY       0       4,603, 102       0.000000       0.000000         71.00       0700       ELECTROCARDI OLOGY       0       5,316,882       0.000000       0.000000         72.00       07200						0	
58.00       05800       MRI       0       17, 360, 420       0.000000       0.000000         59.00       05900       CARDI AC CATHETERI ZATI ON       0       9, 846, 904       0.000000       0.000000         60.00       06000       LABORATORY       0       37, 948, 467       0.000000       0.000000         64.00       06400       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         64.01       06401       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         65.00       06500       RESPI RATORY THERAPY       0       1, 548, 879       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       483, 898       0.000000       0.000000         67.00       06700       0CUPATI ONAL THERAPY       0       0       0.000000       0.000000         68.00       08600       SPEECH PATHOLOGY       0       4.603, 102       0.000000       0.000000         70.00       07000       ELECTROCARDI OLOGY       0       4.603, 102       0.000000       0.000000         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       13, 210, 786       0.000000       0.000000 <td< td=""><td>14, 310</td><td>14, 310 54</td><td>0.000000</td><td>0.000000</td><td>24, 392, 927</td><td>0</td><td>00 05400 RADI OLOGY-DI AGNOSTI C</td></td<>	14, 310	14, 310 54	0.000000	0.000000	24, 392, 927	0	00 05400 RADI OLOGY-DI AGNOSTI C
59.00         05900         CARDI AC CATHETERI ZATI ON         0         9,846,904         0.00000         0.00000           60.00         06000         LABORATORY         0         37,948,467         0.00000         0.00000           64.01         06400         INTRAVENOUS THERAPY         0         0         0.00000         0.00000           64.01         06401         INTRAVENOUS THERAPY         0         0         0.00000         0.00000           64.01         06401         INTRAVENOUS THERAPY         0         1,548,879         0.00000         0.00000           65.00         06500         RESPI RATORY THERAPY         0         483,898         0.00000         0.00000           66.00         06600         PHYSI CAL THERAPY         0         483,898         0.00000         0.000000           67.00         06700         OCUPATI ONAL THERAPY         0         996         0.000000         0.000000           68.00         08800         SPECH PATHOLOGY         0         996         0.000000         0.000000           69.00         OF2000         LECTROCARDI OLOGY         0         4,603,102         0.000000         0.000000           71.00         07100         MEDI CAL SUPPLIES CHARGED TO	25, 897	25, 897 57	0.000000	0.00000	14, 421, 469	0	00 05700 CT SCAN
60.00       LABORATORY       0       37, 948, 467       0.000000       0.000000         64.00       06400       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         64.01       06401       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         65.00       06500       RESPI RATORY THERAPY       0       1, 548, 879       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       483, 898       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       0       0.000000       0.000000         68.00       06200       CLUPATI ONAL THERAPY       0       0       0.000000       0.000000         68.00       06800       SPEECH PATHOLOGY       0       996       0.000000       0.000000         69.00       06900       ELECTROCARDI OLOGY       0       4, 603, 102       0.000000       0.000000         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       13, 210, 786       0.000000       0.000000         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       7, 838, 288       0.000000       0.000000         76.01       03	2, 770	2, 770 58	0.000000	0.000000	17, 360, 420	0	00 05800 MRI
64.00       06400       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         64.01       06401       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         65.00       06500       RESPI RATORY THERAPY       0       1,548,879       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       483,898       0.000000       0.000000         67.00       06700       0CCUPATI ONAL THERAPY       0       996       0.000000       0.000000         68.00       06800       SPEECH PATHOLOGY       0       996       0.000000       0.000000         69.00       06900       ELECTROCARDI OLOGY       0       4,603,102       0.000000       0.000000         70.00       07000       ELECTROENCEPHALOGRAPHY       0       5,316,882       0.000000       0.000000         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0       7,835,657       0.000000       0.000000         73.00       07300       RUBCS CHARGED TO PATI ENTS       0       7,838,288       0.000000       0.000000         76.01       03951       CARDI AC AND PULMONARY REHAB       0       0.000000       0.000000       0.000000	93, 224	93, 224 59	0.000000	0.000000	9, 846, 904	0	00 05900 CARDI AC CATHETERI ZATI ON
64.01       06401       INTRAVENOUS THERAPY       0       0       0.000000       0.000000         65.00       06500       RESPI RATORY THERAPY       0       1,548,879       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       483,898       0.000000       0.000000         67.00       06700       0CCUPATI ONAL THERAPY       0       0       0.000000       0.000000         68.00       06800       SPECH PATHOLOGY       0       996       0.000000       0.000000         69.00       06900       ELECTROCARDI OLOGY       0       4,603,102       0.000000       0.000000         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0       13,210,786       0.000000       0.000000         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       5,355,657       0.000000       0.000000         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       7,838,288       0.000000       0.000000         76.00       03950       OTHER ANCI LLARY SERVI CE COST CENTERS       0       0       0.000000       0.000000         76.01       03951       CARDI AC AND PULMONARY REHAB       0       212,163       0.000000	50, 633	50, 633 60	0.000000	0. 000000	37, 948, 467	0	00 06000 LABORATORY
65.00       06500       RESPI RATORY THERAPY       0       1,548,879       0.000000       0.000000         66.00       06600       PHYSI CAL THERAPY       0       483,898       0.000000       0.000000         67.00       06700       0CCUPATI ONAL THERAPY       0       0       0.000000       0.000000         68.00       06800       SPEECH PATHOLOGY       0       996       0.000000       0.000000         69.00       06900       ELECTROCARDI OLOGY       0       4,603,102       0.000000       0.000000         70.00       O7000       ELECTROCARDI OLOGY       0       5,316,882       0.000000       0.000000         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0       13,210,786       0.000000       0.000000         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       5,355,657       0.000000       0.000000         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       7,838,288       0.000000       0.000000         76.01       03951       CARDI AC AND PULMONARY REHAB       0       212,163       0.000000       0.000000         76.02       09000       CLI NI C       0       0       0.0000000       0.00	0	0 64	0.000000	0.000000	0	0	00 06400 INTRAVENOUS THERAPY
66.00       06600       PHYSI CAL THERAPY       0       483, 898       0.000000       0.000000         67.00       06700       OCCUPATI ONAL THERAPY       0       0       0.000000       0.000000         68.00       06800       SPEECH PATHOLOGY       0       996       0.000000       0.000000         69.00       06900       ELECTROCARDI OLOGY       0       4,603,102       0.000000       0.000000         70.00       OF000       ELECTROCARDI OLOGY       0       5,316,882       0.000000       0.000000         71.00       O7100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       13,210,786       0.000000       0.000000         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       5,355,657       0.000000       0.000000         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       7,838,288       0.000000       0.000000         76.01       03951       CARDI AC AND PULMONARY REHAB       0       212,163       0.000000       0.000000         76.02       03952       WUND CARE       0       0       0.000000       0.000000         76.02       09000       CLI NI C       0       0       0.000000       0.000000         <	0	0 64	0.000000	0.000000	0	0	01 06401 INTRAVENOUS THERAPY
67.00         06700         0CCUPATI ONAL THERAPY         0         0         0.000000         0.	14, 674	14,674 65	0.000000	0.000000	1, 548, 879	0	00 06500 RESPI RATORY THERAPY
68.00         06800         SPEECH         PATHOLOGY         0         996         0.000000         0.000000           69.00         06900         ELECTROCARDI OLOGY         0         4,603,102         0.000000         0.000000           70.00         07000         ELECTROENCEPHALOGRAPHY         0         5,316,882         0.000000         0.000000           71.00         O7100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         13,210,786         0.000000         0.000000           72.00         07200         IMPL.         DEV. CHARGED TO PATI ENTS         0         5,355,657         0.000000         0.000000           73.00         07300         DRUGS CHARGED TO PATI ENTS         0         7,838,288         0.000000         0.000000           76.01         03951         CARDI AC AND PULMONARY REHAB         0         212,163         0.000000         0.000000           76.02         03952         WOUND CARE         0         0         0.000000         0.000000           76.03         09000         CLI NI C         0         0         0.000000         0.000000           76.04         09000         CLI NI C         0         0         0.000000         0.0000000           70.00	12, 224	12, 224 66	0.000000	0.000000	483, 898	0	00 06600 PHYSI CAL THERAPY
69.00         06900         ELECTROCARDI OLOGY         0         4,603,102         0.00000         0.00000           70.00         07000         ELECTROENCEPHALOGRAPHY         0         5,316,882         0.000000         0.000000           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENT         0         13,210,786         0.000000         0.000000           72.00         07200         I MPL.         DEV.         CHARGED TO PATI ENTS         0         5,355,657         0.000000         0.000000           73.00         07300         DRUGS CHARGED TO PATI ENTS         0         7,838,288         0.000000         0.000000           76.01         03951         CARDI AC AND PULMONARY REHAB         0         212,163         0.000000         0.000000           76.02         03952         WOUND CARE         0         0         0.000000         0.000000           0100000000000000000000000000000000000	0	0 67	0.000000	0.000000	0	0	00 06700 OCCUPATI ONAL THERAPY
70.00         07000         ELECTROENCEPHALOGRAPHY         0         5, 316, 882         0.000000         0.000000           71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         0         13, 210, 786         0.000000         0.000000           72.00         07200         I MPL.         DEV.         CHARGED TO PATI ENTS         0         5, 355, 657         0.000000         0.000000           73.00         07300         DRUGS CHARGED TO PATI ENTS         0         7, 838, 288         0.000000         0.000000           76.01         03951         CARDI AC AND PULMONARY REHAB         0         212, 163         0.000000         0.000000           76.02         03952         WOUND CARE         0         0         0.000000         0.000000           0100000000000000000000000000000000000	0	0 68	0.000000	0.000000	996	0	00 06800 SPEECH PATHOLOGY
70.00         07000         ELECTROENCEPHALOGRAPHY         0         5, 316, 882         0.000000         0.000000           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENT         0         13, 210, 786         0.000000         0.000000           72.00         07200         I MPL.         DEV. CHARGED TO PATI ENTS         0         5, 355, 657         0.000000         0.000000           73.00         07300         DRUGS CHARGED TO PATI ENTS         0         7, 838, 288         0.000000         0.000000           76.00         03950         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0.000000         0.000000           76.01         03951         CARDI AC AND PULMONARY REHAB         0         212, 163         0.000000         0.000000           76.02         03952         WOUND CARE         0         0         0.000000         0.000000           00000         CLI NI C         0         0         0.000000         0.000000           90.01         OPO01         CLI NI C         0         0         0.000000         0.000000           90.02         09002         CLI NI C         0         0         0.000000         0.000000         0.000000	5, 137	5, 137 69	0, 000000	0, 000000	4, 603, 102	0	00 06900 ELECTROCARDI OLOGY
71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         0         13, 210, 786         0.000000         0.000000           72.00         07200         I MPL. DEV. CHARGED TO PATI ENTS         0         5, 355, 657         0.000000         0.000000           73.00         07300         DRUGS CHARGED TO PATI ENTS         0         7, 838, 288         0.000000         0.000000           76.00         03950         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0.000000         0.000000           76.01         03951         CARDI AC AND PULMONARY REHAB         0         212, 163         0.000000         0.000000           76.02         03952         WOUND CARE         0         0         0.000000         0.000000           76.02         03952         WOUND CARE         0         0         0.000000         0.000000           00000         CLI NI C         0         0         0.000000         0.000000         0.000000           90.01         09001         CLI NI C         0         0         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.0000000         0.0000000 <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td>						0	
72. 00         07200         I MPL.         DEV.         CHARGED TO PATI ENTS         0         5, 355, 657         0. 000000         0. 000000           73. 00         07300         DRUGS CHARGED TO PATI ENTS         0         7, 838, 288         0. 0000000         0. 0000000<	26, 652	26, 652 71	0, 000000	0, 000000	13, 210, 786	0	00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT
73. 00         07300         DRUGS_CHARGED_TO_PATIENTS         0         7, 838, 288         0. 000000						0	
76.00         03950         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0.0000000         0.0000000 </td <td>93, 394</td> <td>93, 394 73</td> <td>0, 000000</td> <td>0, 000000</td> <td>7, 838, 288</td> <td>o</td> <td>00 07300 DRUGS CHARGED TO PATIENTS</td>	93, 394	93, 394 73	0, 000000	0, 000000	7, 838, 288	o	00 07300 DRUGS CHARGED TO PATIENTS
76.01         03951         CARDI AC AND PULMONARY REHAB         0         212, 163         0.00000         0.000000           76.02         03952         WOUND_CARE         0         0         0         0.000000         0.000000           0UTPATI ENT_SERVICE_COST_CENTERS         0         0         0         0.000000         0.000000           90.00         09000         CLINIC         0         0         0.000000         0.000000           90.01         09001         CLINIC         0         0         0.000000         0.000000           90.02         09002         CLINIC         0         0         0.000000         0.000000						0	
76. 02         03952         WOUND_CARE         0         0         0.000000         0.000000           0UTPATI ENT_SERVICE_COST_CENTERS         0         0         0.0000000         0.0000000         0.00000		0 76			212, 163	0	
OUTPATI ENT_SERVICE_COST_CENTERS           90.00         09000         CLINIC         0         0.0000000         0.000000         0.000000		0 76				0	
90. 00         09000         CLI NI C         0         0.0000000         0.0000000         0.000						· · · · · ·	
90. 01         09001         CLI NI C         0         0. 000000	0	0 90	0.000000	0,00000	0	0	
90. 02 09002 CLINIC 0 5, 867, 713 0. 000000 0. 000000					0	0	
					5,867,713	0	
91.00 09100 EMERGENCY 0 0 0.000000 0.000000					0	0	
92. 00 [09200] 0BSERVATI ON BEDS (NON-DI STI NCT PART 0 1, 134, 559 0. 000000 0. 000000					1.134.559	0	
200.00 Total (i nes 50-199) 0 200.518,803		657, 830 200				0	

Health Financial Systems	FRANCI SCAN HEA			In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE	RVICE OTHER PASS	Provi der	CCN: 150165	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2014 To 12/31/2014		nored.
				10 12/31/2014	Date/Time Pre 5/22/2015 4:3	
		Ti t	le XIX	Hospi tal	PPS	
Cost Center Description	Inpatient	Outpati ent	Outpati ent		PSA Adj.	
	Program	Program	Program		Nursing School	
	Pass-Through	Charges	Pass-Throug			
	Costs (col. 8	0	Costs (col.	9 Cost		
	x col. 10)		x col. 12)			
	11.00	12.00	13.00	21.00	22.00	
ANCI LLARY SERVICE COST CENTERS					-	
50.00 05000 OPERATING ROOM	0	C	)	0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	C		0 0	0	51.00
53. 00 05300 ANESTHESI OLOGY	0	C		0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	C		0 0	0	54.00
57.00 05700 CT SCAN	0	C		0 0	0	57.00
58. 00 05800 MRI	0	C		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	C		0 0	0	59.00
60. 00 06000 LABORATORY	0	C		0 0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	C		0 0	0	64.00
64. 01 06401 INTRAVENOUS THERAPY	0	C		0 0	0	64.01
65. 00 06500 RESPI RATORY THERAPY	0	C		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	C		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	C		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	C		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	C		0 0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	C		0 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	C		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	C		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C		0 0	0	73.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	C		0 0	0	76.00
76.01 03951 CARDI AC AND PULMONARY REHAB	0	C		0 0	0	76.01
76.02 03952 WOUND CARE	0	C		0 0	0	76.02
OUTPATIENT SERVICE COST CENTERS	•			I		
90. 00 09000 CLI NI C	0	C	)	0 0	0	90.00
90. 01 09001 CLI NI C	0	C		0 0	0	90.01
90. 02 09002 CLINIC	0	C		0 0	0	
91.00 09100 EMERGENCY	0	C		0 0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	C		0 0	0	92.00
200.00 Total (lines 50-199)	0	C		0 0	0	200.00
				1		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI THROUGH COSTS	RVICE OTHER PASS	Provider CCN: 150165		Date/Time Prepared: 5/22/2015 4:31 pm
		Title XIX	Hospi tal	PPS
Cost Center Description	Allied Health Oth	SA Adj. All her Medical <u>ucation Cost</u> 24.00		
ANCI LLARY SERVI CE COST CENTERS	20.00	24.00		
50. 00 05000 OPERATING ROOM	0	0		50.00
1. 00 05100 RECOVERY ROOM	0	ő		51.00
53. 00 05300 ANESTHESI OLOGY	0	ō		53.00
4. 00 05400 RADI OLOGY - DI AGNOSTI C	0	ō		54.00
7. 00 05700 CT SCAN	o	o		57.00
8. 00 05800 MRI	о	o		58.00
9. 00 05900 CARDI AC CATHETERI ZATI ON	о	o		59.00
0.00 06000 LABORATORY	o	о		60.00
4.00 06400 I NTRAVENOUS THERAPY	o	0		64.00
54. 01 06401 INTRAVENOUS THERAPY	o	o		64. 01
5. 00 06500 RESPI RATORY THERAPY	o	o		65.00
56. 00 06600 PHYSI CAL THERAPY	0	0		66.00
57.00 06700 OCCUPATI ONAL THERAPY	0	0		67.00
58.00 06800 SPEECH PATHOLOGY	0	0		68.00
9.00 06900 ELECTROCARDI OLOGY	0	0		69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76. 01 03951 CARDI AC AND PULMONARY REHAB	0	0		76.01
76. 02 03952 WOUND CARE	0	0		76. 02
OUTPATIENT SERVICE COST CENTERS				
20. 00 09000 CLINIC	0	0		90.00
20. 01 09001 CLINIC	0	<u>o</u>		90.0
20. 02 09002 CLINIC	0	<u>v</u>		90.02
21.00 09100 EMERGENCY	0	0		91.00
22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	U		92.00
200.00  Total (lines 50-199)	0	U		200.00

	TATION OF INPATIENT OPERATING COST FRANCISCAN HEALTH MUNSTER Provider C	CN: 150165	Period: From 01/01/2014	u of Form CMS-: Worksheet D-1	
			To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
	Cost Center Description Title	XVIII	Hospi tal	PPS	
	PART I - ALL PROVIDER COMPONENTS			1.00	
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days, excluding n	newborn)		3, 849	1 1.
00 00	Inpatient days (including private room days, excluding swing-bed and newbo Private room days (excluding swing-bed and observation bed days). If you have	orn days)	ivate room days,	3, 849 0	
00	do not complete this line. Semi-private room days (excluding swing-bed and observation bed days)		-	2, 648	4
00	Total swing-bed SNF type inpatient days (including private room days) throu reporting period	ugh Decembe	r 31 of the cost	0	5
00	Total swing-bed SNF type inpatient days (including private room days) after reporting period (if calendar year, enter 0 on this line)	r December	31 of the cost	0	6
00	Total swing-bed NF type inpatient days (including private room days) throug reporting period	gh December	31 of the cost	0	7
00	Total swing-bed NF type inpatient days (including private room days) after reporting period (if calendar year, enter 0 on this line)	December 3	1 of the cost	0	8
00	Total inpatient days including private room days applicable to the Program newborn days)	(excl udi ng	swing-bed and	1, 707	9
. 00	Swing-bed SNF type inpatient days applicable to title XVIII only (including	g private r	oom days)	0	10
00			oom days) after	0	11
00	5 51 1 5 11 5 1		e room days)	0	12
00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX only (includ			0	13
00	after December 31 of the cost reporting period (if calendar year, enter 0 of Medically necessary private room days applicable to the Program (excluding			0	
00	5 5 5			0 0	
. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to services through Dec	cember 31 o	f the cost	0.00	17
. 00	reporting period Medicare rate for swing-bed SNF services applicable to services after Decer	mber 31 of	the cost	0.00	18
00	reporting period Medicaid rate for swing-bed NF services applicable to services through Dece	ember 31 of	the cost	0.00	19
. 00	reporting period			0.00	20
. 00	reporting period Total general inpatient routine service cost (see instructions)			4, 349, 894	
. 00	Swing-bed cost applicable to SNF type services through December 31 of the $(5 \times 1)^{-1}$	cost report	ing period (line	4, 347, 074 0	
. 00		st reportin	g period (line 6	0	23
. 00		ost reporti	ng period (line	0	24
. 00		t reporting	period (line 8	0	25
. 00 . 00	Total swing-bed cost (see instructions)	sline 26)		0 4, 349, 894	
	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT				
. 00	General inpatient routine service charges (excluding swing-bed and observation Private room charges (excluding swing-bed charges)	tion bed ch	arges)	0 0	
	Semi -private room charges (excluding swing-bed charges)			0	
00 00	, , , , , , , , , , , , , , , , , , ,			0. 000000 0. 00	
00				0.00	
00		see instruc	tions)	0.00	
00				0.00	
00	Private room cost differential adjustment (line 3 x line 35)			0	36
. 00	General inpatient routine service cost net of swing-bed cost and private ro 27 minus line 36)	oom cost di	fferential (line	4, 349, 894	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS Adjusted general inpatient routine service cost per diem (see instructions)	)		1, 130. 14	38
. 00		,		1, 130, 14	
. 00	Medically necessary private room cost applicable to the Program (line 14 x	line 35)		0	40

OMPUT	Financial Systems ATION OF INPATIENT OPERATING COST	FRANCI SCAN HEA			Peri od:	eu of Form CMS- Worksheet D-1	
					From 01/01/2014 To 12/31/2014		
	Control Description	Tatal		e XVIII	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days		<pre>Program Days </pre>	Program Cost (col. 3 x col.	
		1.00	2.00	col. 2) 3.00	4.00	4) 5.00	
2.00	NURSERY (title V & XIX only)						42.
8. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	3, 038, 129	1, 336	2, 274. 0	5 72	163, 732	2 43.
4.00	CORONARY CARE UNI T		,				44.
5.00	BURN INTENSIVE CARE UNIT						45.
	SURGI CAL I NTENSI VE CARE UNI T OTHER SPECIAL CARE (SPECI FY)						46.
. 00	Cost Center Description						47.
		-+ D 2 2	11.000			1.00	10
8.00 9.00	Program inpatient ancillary service cost (Wk Total Program inpatient costs (sum of lines			ns)		3, 271, 748 5, 364, 629	
. 00	PASS THROUGH COST ADJUSTMENTS			1137		3, 304, 027	/ <i>·</i> /.
0. 00	Pass through costs applicable to Program inp	atient routine	services (from	Wkst. D, sum	of Parts I and	314, 143	3 50.
1.00	) Pass through costs applicable to Program inp	ationt ancillar	w corvicos (fr	om What D a	um of Parte II	187, 245	5 51
	Pass through costs applicable to Program inp and IV)		y services (II	UNI WINST. D, S	um UI FALLS II	107,245	, <u></u> 51.
2.00	Total Program excludable cost (sum of lines					501, 388	
3.00	Total Program inpatient operating cost exclu medical education costs (line 49 minus line		lated, non-phy	sician anesth	etist, and	4, 863, 241	53.
	TARGET AMOUNT AND LIMIT COMPUTATION	32)					
4.00	Program discharges					C	
5.00	Target amount per discharge						) 55.
o. 00 7. 00	Target amount (line 54 x line 55) Difference between adjusted inpatient operat	ing cost and ta	raet amount (l	ine 56 minus	line 53)		
3.00	Bonus payment (see instructions)		inger amount (i	The 50 minus	The 55)		
9.00	Lesser of lines 53/54 or 55 from the cost re	porting period	endi ng 1996, u	pdated and co	mpounded by the	0.00	59.
00	market basket	cost roport up	dated by the m	arkat backat		0.00	60.
D. 00 1. 00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line				the amount by	0.00	
	which operating costs (line 53) are less tha	n expected cost					
	amount (line 56), otherwise enter zero (see	instructions)					
2.00 3.00	Relief payment (see instructions) Allowable Inpatient cost plus incentive paym	ent (see instru	ictions)				
	PROGRAM INPATIENT ROUTINE SWING BED COST						
4. 00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	mber 31 of the	cost reporti	ng period (See	C	64.
5.00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reporting	neriod (See	c c	65.
5.00	instructions) (title XVIII only)			ost reporting	perrou (bee		
5.00	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVII	l only). For	C	) 66.
7.00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 c	f the cost re	porting period		67.
	(line 12 x line 19)	0					
8.00	Title V or XIX swing-bed NF inpatient routin	e costs after D	ecember 31 of	the cost repo	rting period	C	68.
9 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (	line 67 + line	68)		C	69.
	PART III - SKILLED NURSING FACILITY, OTHER N						
0.00	Skilled nursing facility/other nursing facil						70.
1.00 2.00	Adjusted general inpatient routine service c Program routine service cost (line 9 x line		ine /0 ÷ line	2)			71.
3.00	Medically necessary private room cost applic		ı(line 14 x li	ne 35)			73.
1.00	Total Program general inpatient routine serv			,			74.
5.00	Capital-related cost allocated to inpatient	routine service	costs (from W	orksheet B, P	art II, column		75.
5. 00	26, line 45) Per diem capital-related costs (line 75 ÷ li	ne 2)					76.
7.00	Program capital -related costs (line 9 x line						77.
8.00	Inpatient routine service cost (line 74 minu		and all the second second	- )			78.
0. 00 0. 00	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp	• •		· · · · · · · · · · · · · · · · · · ·	us line 70)		79. 80.
. 00	Inpatient routine service cost per diem limi				us i i i c / / /		81.
. 00	Inpatient routine service cost limitation (I	ine 9 x line 81					82.
. 00	Reasonable inpatient routine service costs (		s)				83.
. 00 5. 00	Program inpatient ancillary services (see in Utilization review - physician compensation		uns)				84. 85.
5.00	Total Program inpatient operating costs (sum						86.
	PART IV - COMPUTATION OF OBSERVATION BED PAS	S THROUGH COST				1	
	ITakal abaawaattaw baalalaasa (assa turaturattawa	)				1, 201	87.
7.00 8.00	Total observation bed days (see instructions Adjusted general inpatient routine cost per		line 2)			1, 130. 14	

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Period: From 01/01/2014	Worksheet D-1	
				To 12/31/2014	Date/Time Pre 5/22/2015 4:3	pared: 1 pm
		Titl	e XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	659, 336	4, 349, 894	0. 15157	5 1, 357, 298	205, 732	90.00
91.00 Nursing School cost	0	4, 349, 894	0.00000	1, 357, 298	0	91.00
92.00 Allied health cost	0	4, 349, 894	0.00000	0 1, 357, 298	0	92.00
93.00 All other Medical Education	0	4, 349, 894	0.00000	1, 357, 298	0	93.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 150165	Period: From 01/01/2014	Worksheet D-1	
			To 12/31/2014	Date/Time Prep 5/22/2015 4:3	
	Cost Center Description	Title XIX	Hospi tal	PPS	
				1.00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				-
00	Inpatient days (including private room days and swing-bed days,			3, 849	1
00	Inpatient days (including private room days, excluding swing-be	5,	ivata naam dava	3, 849 0	
00	Private room days (excluding swing-bed and observation bed days do not complete this line.	s). If you have only pr	I vate room days,	0	3
00	Semi-private room days (excluding swing-bed and observation bed			2, 648	4
00	Total swing-bed SNF type inpatient days (including private roor reporting period	n days) through Decembe	r 31 of the cost	0	5
00	Total swing-bed SNF type inpatient days (including private roor	n days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7
00	reporting period	days) through becember	ST OF the cost	0	'
00	Total swing-bed NF type inpatient days (including private room	days) after December 3	1 of the cost	0	8
00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	53	9
	newborn days)	0 . 0	Ū į		
. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl through December 31 of the cost reporting period (see instructi		oom days)	0	10
. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl	y (including private r	oom days) after	0	11
. 00	December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XIX		a room days)	0	12
. 00	through December 31 of the cost reporting period	only (including privat	e room days)	0	
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar year			0	13
. 00	Medically necessary private room days applicable to the Program			0	14
. 00	Total nursery days (title V or XIX only)	. 5 5	5 /	0	
. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16
. 00	Medicare rate for swing-bed SNF services applicable to services	s through December 31 o	f the cost	0.00	17
. 00	reporting period Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0.00	18
	reporting period				
. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	through December 31 of	the cost	0.00	
. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	after December 31 of t	he cost	0.00	20
	Total general inpatient routine service cost (see instructions)			4, 349, 894	21
. 00	Swing-bed cost applicable to SNF type services through December 5 x line 17)	31 of the cost report	ing period (line	0	22
. 00	Swing-bed cost applicable to SNF type services after December 3	31 of the cost reportin	g period (line 6	0	23
. 00	x line 18) Swing-bed cost applicable to NF type services through December	31 of the cost reporti	na period (line	0	24
	7 x line 19)		0 1 1		
. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	of the cost reporting	period (line 8	0	25
. 00	Total swing-bed cost (see instructions)			0	
. 00	General inpatient routine service cost net of swing-bed cost (I	ine 21 minus line 26)		4, 349, 894	27
. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	28
. 00	Private room charges (excluding swing-bed charges)		3 /	0	
	Semi-private room charges (excluding swing-bed charges)			0	30
	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0.000000	
00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	
	Average per diem private room charge differential (line 32 minu	us line 33)(see instruc	tions)	0.00	
	Average per diem private room cost differential (line 34 x line			0.00	
. 00	Private room cost differential adjustment (line 3 x line 35)	-**		0	36
. 00	General inpatient routine service cost net of swing-bed cost an 27 minus line 36)	nd private room cost di	fferential (line	4, 349, 894	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS				
	Adjusted general inpatient routine service cost per diem (see i			1, 130. 14	
	Program general inpatient routine service cost (line 9 x line 3 Medically necessary private room cost applicable to the Program			59, 897 0	39 40
	mean carry necessary private room cost appricable to the Flogian	- line 40)		59, 897	

	Financial Systems ATION OF INPATIENT OPERATING COST	FRANCI SCAN HEA		CCN: 150165	Peri od:	u of Form CMS- Worksheet D-1	
					From 01/01/2014 To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
				tle XIX	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Day			Program Cost (col. 3 x col.	
		1.00	2.00	col. 2) 3.00	4.00	4) 5.00	
2.00	NURSERY (title V & XIX only)						42.0
	Intensive Care Type Inpatient Hospital Units	2 020 120	1 22	6 2,274.	05 15	34, 111	1 42
3.00 4.00	I NTENSI VE CARE UNI T CORONARY CARE UNI T	3, 038, 129	1, 33	2,2/4.	15	34, 111	43.
5.00	BURN INTENSIVE CARE UNIT						45.
	SURGI CAL I NTENSI VE CARE UNI T		- 				46.
7.00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47.
	cost center bescription					1.00	
8.00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3	, line 200)			227, 808	48.
9.00	Total Program inpatient costs (sum of lines 4	41 through 48)(	see instructi	ons)		321, 816	49.
0. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	atient routine	services (fro	m Wkst D su	m of Parts L and	13, 607	50.
0.00			30111003 (110	ii iiitot. <i>D</i> , 50		10,007	
1.00	Pass through costs applicable to Program inpa	atient ancillar	ry services (f	rom Wkst. D,	sum of Parts II	10, 294	51. (
2.00	and IV) Total Program excludable cost (sum of lines !	50 and 51)				23, 901	52.0
3.00	Total Program inpatient operating cost exclude		lated, non-ph	ysician anest	hetist, and	297, 915	
	medical education costs (line 49 minus line !						
1 00	TARGET AMOUNT AND LIMIT COMPUTATION						
4.00 5.00	Program discharges Target amount per discharge					0.00	
6.00	Target amount (line 54 x line 55)					0	
7.00	Difference between adjusted inpatient operati	ng cost and ta	irget amount (	line 56 minus	line 53)	0	
8.00 9.00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost rep	arting pariod	onding 1004	undated and a	ampounded by the	0.00	
9.00	market basket	boi ting periou	enuring 1990,	upuateu anu c	unpounded by the	0.00	59.
0. 00	Lesser of lines 53/54 or 55 from prior year of					0.00	
1.00	If line 53/54 is less than the lower of lines					0	61.
	which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i		S (TIMES 54 X	60), OF 1% 0	i the target		
2.00	Relief payment (see instructions)					0	
3.00	Allowable Inpatient cost plus incentive payme	ent (see instru	ictions)			0	63.
4.00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	ts through Dece	mber 31 of th	e cost report	ing period (See	0	64.
	instructions)(title XVIII only)	0		·	0.1		
5.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts after Decemb	er 31 of the	cost reportin	g period (See	0	65.
6. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line	65)(title XVI	ll onlv). For	0	66.
	CAH (see instructions)		·		•		
7.00	Title V or XIX swing-bed NF inpatient routine	e costs through	December 31	of the cost r	eporting period	0	67.0
68.00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	e costs after D	ecember 31 of	the cost rep	ortina period	0	68.0
	(line 13 x line 20)					-	
9.00	Total title V or XIX swing-bed NF inpatient			,		0	69. (
0. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facili						70.
1.00	Adjusted general inpatient routine service of						71.
2.00	Program routine service cost (line 9 x line	,					72.
3.00	Medically necessary private room cost applicated						73.
4.00 5.00	Total Program general inpatient routine servi Capital-related cost allocated to inpatient	•			Part II column		74. 75.
0.00	26, line 45)						
6.00	Per diem capital-related costs (line 75 ÷ lin						76.
7.00 8.00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77.
9.00 9.00	Aggregate charges to beneficiaries for excess		rovi der recor	ds)			79.
0. 00	Total Program routine service costs for compa	arison to the c			nus line 79)		80.
1.00	Inpatient routine service cost per diem limi		`				81.
2.00 3.00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (s		· .				82. 83.
4.00	Program inpatient ancillary services (see ins						84.
5.00	Utilization review - physician compensation	(see instructio					85.
6. 00	Total Program inpatient operating costs (sum		rough 85)				86.
7.00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions)					1, 201	87.
38.00	Adjusted general inpatient routine cost per o		line 2)			1, 130. 14	
0.00		•					

Health Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Period: From 01/01/2014	Worksheet D-1	
				To 12/31/2014	Date/Time Pre 5/22/2015 4:3	pared: 1 pm
		Tit	le XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	659, 336	4, 349, 894	0. 15157	5 1, 357, 298	205, 732	90.00
91.00 Nursing School cost	0	4, 349, 894	0.00000	0 1, 357, 298	0	91.00
92.00 Allied health cost	0	4, 349, 894	0.00000	0 1, 357, 298	0	92.00
93.00 All other Medical Education	0	4, 349, 894	0.00000	1, 357, 298	0	93.00

Cost Center Description         Title XVIII         Hospital           Impartient         Program Charges         Inpatient Program Charges         Inpatient Program Charges         Inpatient Program Charges           30.00         03000 ADULTS & PEDIATRICS         1.00         2.00         3.00           30.00         03000 ADULTS & PEDIATRICS         1,527,031         905,245           ANCILLARY SERVICE COST CENTERS         905,245         31           50.00         05000         PECRATING ROOM         0.252971         1,261,542         31           51.00         05100         RECOVERY ROOM         0.881104         128,637         11           53.00         05500         ANESTHESI OLOGY         0.176421         447,728         37           53.00         05500         RADI OLOGY-DI AGNOSTI C         0.176421         447,728         37           54.00         05400         RADI OLOGY-DI AGNOSTI C         0.147282         1,368,833         19           59.00         05900         CARDI AC CATHETERIZATION         0.147282         1,568,833         19           60.00         06400         INRAVENUS THERAPY         0.000000         0         0           64.00         06400         INRAVENUS THERAPY         0.0000000 <th>ne Prepared: 15 4:31 pm PPS ent Costs &lt; col.</th>	ne Prepared: 15 4:31 pm PPS ent Costs < col.
Image: Cost Center Description         To         12/31/2014         Date/Trit           Cost Center Description         Ratio of Cost To Charges         Inpatient Program (cal . 1 > 20)         Inpatient Program (cal . 1 > 20)         Inpatient Program (cal . 1 > 20)         Inpatient Program (cal . 1 > 20)           1.00         2.00         3.00           0.00         03000 ADULTS & PEDIATRICS         1,527,031           31.00         03100 INTENSIVE CARE UNIT         905,245           ANCILLARY SERVICE COST CENTERS         0.252971         1,261,542         31           50.00         05000 OPERATING ROOM         0.881104         128,637         11           51.00         05000 OPERATING ROOM         0.252971         1,261,542         31           51.00         05100 RECOVERY ROOM         0.881104         128,637         11           53.00         05300 ANESTHESI OLOGY         0.020667         195,490         11           54.00         05400 RADI OLOGY-DI AGNOSTI C         0.176421         447,728         72           57.00         05700 CT SCAN         0.099427         506,815         52           59.00         05900 CARDI AC CATHETERI ZATI ON         0.147282         1,356,833         19           60.00         06000 LABORATORY         0	15     4:31     pm       PPS     ent     Costs       Costs
Cost Center Description         Title XVIII         Hospital           Impati ent Program Charges         Inpati ent Program Charges         Inpati ent Program Charges           30.00         03000 ADULTS & PEDI ATRICS         1.00         2.00         3.00           31.00         03000 ADULTS & PEDI ATRICS         1,527,031         905,245           ANCI LLARY SERVICE COST CENTERS         905,245         905,245           50.00         05000 PERATI NG ROOM         0.252971         1,261,542         31           51.00         05100 RECOVERY ROOM         0.881104         128,637         11           53.00         05300 ARESTHESI OLOGY         0.176421         447,728         37           51.00         05100 RECOVERY ROOM         0.176421         447,728         37           53.00         05500 ARESTHESI OLOGY         0.099427         506,815         55           53.00         05500 CT SCAN         0.099427         506,815         55           54.00         05500 CARDI AC CATHETERI ZATI ON         0.147282         1,368,833         16           60.00         06600 LABORATORY         0.000000         0         0         0.000000         0           64.01         064001 INTRAVENOUS THERAPY         0.000000         0 <td>15     4:31     pm       PPS     ent     Costs       Costs    </td>	15     4:31     pm       PPS     ent     Costs       Costs
Title XVIII         Hospital           Cost Center Description         Ratio of Cost To Charges         Inpatient Program Charges         Inpatient Program Charges         Inpatient Program Charges           30.00         03000 ADULTS & PEDIATRICS         1.00         2.00         3.00           31.00         03000 ADULTS & PEDIATRICS         905,245         905,245           ANCILLARY SERVICE COST CENTERS         905,245         905,245           50.00         05000 OPERATING ROOM         0.252971         1,261,542         31           51.00         05100 RECOVERY ROOM         0.881104         128,637         11           53.00         05300 ANESTHESI OLOGY         0.020667         195,490         1           54.00         05400 RADI OLOGY-DI AGNOSTI C         0.09427         506,815         5           59.00         05800 MRI         0.08470         303,818         2           59.00         05900 CARDI AC CATHETERI ZATI ON         0.147282         1,356,833         15           60.00         06400         INTAVENOUS THERAPY         0.000000         0           64.01         06400         INTAVENOUS THERAPY         0.000000         0           65.00         06500         RESPI RATORY THERAPY         0.0588189         <	PPS ent Costs col. 30.00 31.00 9,134 50.00
Cost Center Description         Ratio of Cost To Charges         Inpati ent Program Charges         Inpati ent Program (cl . 1 x 2)           30.00         03000 ADULTS & PEDI ATRI CS         1.00         2.00         3.00           31.00         03100 INTENSI VE CARE UNI T         1,527,031         905,245           ANCILLARY SERVICE COST CENTERS         905,245         905,245           50.00         05000 OPERATI NG ROOM         0.252971         1,261,542         31           51.00         05100 RECOVERY ROOM         0.881104         128,637         11           53.00         05300 ANESTHESI OLOGY         0.020667         195,490         54.00         0.5400 RADI OLOGY-DI AGNOSTI C         0.099427         506,815         55           50.00         05800 MRI         0.083470         303,818         2         57         00         05000 CARDI AC CATHETERI ZATI ON         0.147282         1,356,833         15         58         0.00000 O         0         0         155827         1,508,931         22           60.00         0.64001 INTRAVENOUS THERAPY         0.000000 O         0         0         0         0         0.000000 O         0           64.00         064001 INTRAVENOUS THERAPY         0.000000 O         0         0         0.588189 <td>Costs c col . 30.00 31.00 19,134 50.00</td>	Costs c col . 30.00 31.00 19,134 50.00
INPATI ENT ROUTI NE SERVI CE COST CENTERS         Program (col. 1 x)         Program (col. 1 x) </td <td>Costs c col . 30.00 31.00 19,134 50.00</td>	Costs c col . 30.00 31.00 19,134 50.00
INPATI ENT ROUTI NE SERVI CE COST CENTERS         1.00         2.00         3.000           30.00         03000 ADULTS & PEDI ATRI CS         1,527,031         1         1         1         1         905,245         1	) 30. 00 31. 00 9, 134 50. 00
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS         1, 527, 031           31. 00         03100 I INTENSI VE CARE UNI T         905, 245           ANCI LLARY SERVI CE COST CENTERS         0. 252971         1, 261, 542         31           50. 00         05000 OPERATI NG ROOM         0. 252971         1, 261, 542         31           51. 00         05100 RECOVERY ROOM         0. 881104         128, 637         11           53. 00         05300 ANESTHESI OLOGY         0. 020667         195, 490         54.00         0. 5400         RADI OLOGY-DI AGNOSTI C         0. 176421         447, 728         57.00         05700 CT SCAN         0. 099427         506, 815         55.00         55.00         05800 MRI         0. 083470         303, 818         2           59. 00         05900 CARDI AC CATHETERI ZATI ON         0. 147282         1, 356, 833         19         56         56         57         1, 508, 931         23         57         57         57         0. 000000         0         64.00         0. NTRAVENOUS THERAPY         0. 000000         0         64.00         0. 6400 I NTRAVENOUS THERAPY         0. 000000         0         65.00         06500         RESPI RATORY THERAPY         0. 588189         732, 813 <td>30.00 31.00 9,134 50.00</td>	30.00 31.00 9,134 50.00
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS         1, 527, 031           31. 00         03100   NTENSI VE CARE UNI T         905, 245           ANCI LLARY SERVI CE COST CENTERS         0. 252971         1, 261, 542         31           50. 00         05000 OPERATI NG ROOM         0. 252971         1, 261, 542         31           51. 00         05100 RECOVERY ROOM         0. 881104         128, 637         11           53. 00         05300 ANESTHESI OLOGY         0. 020667         195, 490           54. 00         05400 RADI OLOGY - DI AGNOSTI C         0. 176421         447, 728         7           57. 00         05700 CT SCAN         0. 099427         506, 815         5           58. 00         05800 MRI         0. 083470         303, 818         2           59. 00         05900 CARDI AC CATHETERI ZATI ON         0. 147282         1, 356, 833         19           60. 00         06400 I NTRAVENOUS THERAPY         0. 000000         0         0           64. 00         06400 I INTRAVENOUS THERAPY         0. 000000         0         0           65. 00         06500 RESPI RATORY THERAPY         0. 000000         0         0	30.00 31.00 9,134 50.00
30. 00       03000       ADULTS & PEDIATRICS       1, 527, 031         31. 00       03100       INTENSIVE CARE UNIT       905, 245         ANCILLARY SERVICE COST CENTERS         50. 00       05000       OPERATING ROOM       0. 252971       1, 261, 542       31         51. 00       05100       RECOVERY ROOM       0. 881104       128, 637       11         53. 00       05300       ANESTHESI OLOGY       0. 176421       447, 728       77         54. 00       05400       RADI OLOGY-DI AGNOSTI C       0. 176421       447, 728       77         57. 00       05700       CT SCAN       0. 099427       506, 815       55         58. 00       05800       MRI       0. 083470       303, 818       2         59. 00       05900       CARDI AC CATHETERI ZATI ON       0. 147282       1, 356, 833       15         60. 00       06400       INTRAVENOUS THERAPY       0. 000000       0       0         64. 01       06400 I NTRAVENOUS THERAPY       0. 000000       0       0         65. 00       06500       RESPI RATORY THERAPY       0. 000000       0	9, 134 50. 00
31.00         03100         INTENSI VE CARE UNIT         905,245           ANCI LLARY SERVICE COST CENTERS         905,245           50.00         05000         OPERATI NG ROOM         0.252971         1,261,542         31           51.00         05100         RECOVERY ROOM         0.881104         128,637         11           53.00         05300         ANESTHESI OLOGY         0.76421         447,728         7           54.00         05400         RADI OLOGY-DI AGNOSTI C         0.176421         447,728         7           57.00         05700         CT SCAN         0.099427         506,815         5           58.00         05800         MRI         0.083470         303,818         2           59.00         05900         CARDI AC CATHETERI ZATI ON         0.147282         1,356,833         16           60.00         06400         INTRAVENOUS THERAPY         0.000000         0         0           64.01         06400         INTRAVENOUS THERAPY         0.000000         0         0           65.00         06500         RESPI RATORY THERAPY         0.0858189         732,813         43	9, 134 50. 00
ANCI LLARY SERVICE COST CENTERS           50.00         05000         OPERATI NG ROOM         0.252971         1,261,542         31           51.00         05100         RECOVERY ROOM         0.881104         128,637         11           53.00         05300         ANESTHESI OLOGY         0.020667         195,490         0.020667         195,490           54.00         05400         RADI OLOGY - DI AGNOSTI C         0.176421         447,728         7           57.00         05700         CT SCAN         0.099427         506,815         5           58.00         05800         MRI         0.083470         303,818         2           59.00         05900         CARDI AC CATHETERI ZATI ON         0.147282         1,356,833         16           60.00         06400 I NTRAVENOUS THERAPY         0.000000         0         0         0           64.01         06400 I INTRAVENOUS THERAPY         0.000000         0         0         0         0           65.00         06500         RESPI RATORY THERAPY         0.588189         732,813         43	9, 134 50. 00
50. 00       05000       0PERATI NG ROOM       0. 252971       1, 261, 542       31         51. 00       05100       RECOVERY ROOM       0. 881104       128, 637       11         53. 00       05300       ANESTHESI OLOGY       0. 020667       195, 490         54. 00       05400       RADI OLOGY-DI AGNOSTI C       0. 176421       447, 728       7         57. 00       05700       CT SCAN       0. 099427       506, 815       5         58. 00       05800       MRI       0. 083470       303, 818       2         59. 00       05900       CARDI AC CATHETERI ZATI ON       0. 147282       1, 356, 833       14         60. 00       066000       LABORATORY       0. 155827       1, 508, 931       23         64. 00       06400       I NTRAVENOUS THERAPY       0. 000000       0         64. 01       06401       I NTRAVENOUS THERAPY       0. 000000       0         65. 00       06500       RESPI RATORY THERAPY       0. 588189       732, 813       43	
51.00       05100       RECOVERY ROOM       0.881104       128,637       11         53.00       05300       ANESTHESI OLOGY       0.020667       195,490         54.00       05400       RADI OLOGY-DI AGNOSTI C       0.176421       447,728       72         57.00       05700       CT SCAN       0.099427       506,815       55         58.00       05800       MRI       0.083470       303,818       22         59.00       05900       CARDI AC CATHETERI ZATI ON       0.147282       1,356,833       19         60.00       06000       LABORATORY       0.155827       1,508,931       23         64.00       06400       I NTRAVENOUS THERAPY       0.000000       0         64.01       06401       I NTRAVENOUS THERAPY       0.000000       0         65.00       06500       RESPI RATORY THERAPY       0.588189       732,813       43	
53.00       05300       ANESTHESI OLOGY       0.020667       195, 490         54.00       05400       RADI OLOGY-DI AGNOSTI C       0.176421       447, 728       7         57.00       05700       CT SCAN       0.099427       506, 815       5         58.00       05800       MRI       0.083470       303, 818       2         59.00       05900       CARDI AC CATHETERI ZATI ON       0.147282       1, 356, 833       19         60.00       06000       LABORATORY       0.155827       1, 508, 931       23         64.00       06400       I NTRAVENOUS THERAPY       0.000000       0         64.01       06400       I NTRAVENOUS THERAPY       0.000000       0         65.00       06500       RESPI RATORY THERAPY       0.588189       732, 813       43	3, 343 51. 00
54.00       05400       RADI OLOGY - DI AGNOSTI C       0.176421       447, 728       72         57.00       05700       CT SCAN       0.099427       506, 815       55         58.00       05800       MRI       0.083470       303, 818       2         59.00       05900       CARDI AC CATHETERI ZATI ON       0.147282       1, 356, 833       19         60.00       06000       LABORATORY       0.155827       1, 508, 931       23         64.00       06400       I NTRAVENOUS THERAPY       0.000000       0         64.01       06400       I NTRAVENOUS THERAPY       0.000000       0         65.00       06500       RESPI RATORY THERAPY       0.588189       732, 813       43	
57.00       05700       CT SCAN       0.099427       506, 815       55         58.00       05800       MRI       0.083470       303, 818       2         59.00       05900       CARDI AC CATHETERI ZATI ON       0.147282       1, 356, 833       16         60.00       06000       LABORATORY       0.155827       1, 508, 931       23         64.00       06400       I NTRAVENOUS THERAPY       0.000000       0         65.00       06500       RESPI RATORY THERAPY       0.000000       0	4,040 53.00
58.00         05800         MRI         0.083470         303,818         22           59.00         05900         CARDIAC CATHETERIZATION         0.147282         1,356,833         19           60.00         06000         LABORATORY         0.155827         1,508,931         23           64.00         064001         INTRAVENOUS THERAPY         0.000000         0           64.01         064001         INTRAVENOUS THERAPY         0.000000         0           65.00         06500         RESPIRATORY THERAPY         0.588189         732,813         43	8, 989 54. 00
59.00         05900         CARDI AC CATHETERI ZATI ON         0.147282         1,356,833         19           60.00         06000         LABORATORY         0.155827         1,508,931         23           64.00         06400         INTRAVENOUS THERAPY         0.000000         0           64.01         06401         INTRAVENOUS THERAPY         0.000000         0           65.00         06500         RESPI RATORY THERAPY         0.588189         732,813         43	50, 391 57.00
60. 00       06000       LABORATORY       0.155827       1,508,931       23         64. 00       06400       I NTRAVENOUS THERAPY       0.000000       0         64. 01       06401       I NTRAVENOUS THERAPY       0.000000       0         65. 00       06500       RESPI RATORY THERAPY       0.588189       732,813       43	25, 360 58.00
64. 00         06400         I NTRAVENOUS THERAPY         0.00000         0           64. 01         06401         I NTRAVENOUS THERAPY         0.000000         0           65. 00         06500         RESPI RATORY THERAPY         0.588189         732, 813         43	99,837 59.00
64. 01         06401         I NTRAVENOUS THERAPY         0.000000         0           65. 00         06500         RESPI RATORY THERAPY         0.588189         732, 813         43	35, 132 60. 00
65. 00 06500 RESPI RATORY THERAPY 0. 588189 732, 813 43	0 64.00
	0 64.01
00. UU  U00UU PHYSIUAL  HERAPY   U. 537048  211 927  I	31, 033 65. 00
	3, 942 66. 00
67. 00         06700         0CCUPATI ONAL THERAPY         0.000000         0           68. 00         06800         SPEECH PATHOLOGY         1.596386         0	0 67.00 0 68.00
	0 68.00
70. 00 07000 ELECTROCARDI OLOGI 0. 073043 393, 711 2 0. 376049 0	0 70.00
	53, 509 71.00
	70, 281 72. 00
	0, 281     72.00       50, 782     73.00
76. 00 03950 OTHER ANCILLARY SERVICE COST CENTERS 0. 000000 0	0 76.00
76. 01   03951   CARDI AC AND PULMONARY REHAB 0. 623728 0	0 76.00
76. 02 03952 WOUND CARE 0. 000000 0	0 76.02
OUTPATIENT SERVICE COST CENTERS	0 70.02
90. 00 09000 CLINIC 0. 000000 0	0 90.00
90. 01 09001 CLINIC 0. 000000 0	0 90.01
90. 02 09002 CLINIC 0. 159307 0	0 90.02
91. 00 09100 EMERGENCY 0. 00000 0	0 91.00
	6, 980 92.00
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61)	
202.00 Net Charges (line 200 minus line 201) 10, 336, 461	1, 748 200. 00 201. 00

Health Financial Systems	FRANCI SCAN HEALTH			In Lie	u of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provi der	CCN: 150165	Period:	Worksheet D-3	;
				From 01/01/2014 To 12/31/2014	Date/Time Pre	narod
				10 12/31/2014	5/22/2015 4:3	
		Ti t	le XIX	Hospi tal	PPS	
Cost Center Description			Ratio of Cos	st Inpatient	I npati ent	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS			1	70.400		0.00
30. 00 03000 ADULTS & PEDIATRICS				78, 183		30.00
31. 00 03100 I NTENSI VE CARE UNI T				21, 420		31.00
ANCI LLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM			0. 2529	71 111, 145	20 114	50.00
51. 00 05100 RECOVERY ROOM			0. 2529			
53. 00 05300 ANESTHESI OLOGY			0. 8811			
54. 00 05400 RADI OLOGY-DI AGNOSTI C			0. 0200			
57. 00 05700 CT SCAN			0. 0994		2, 525	
58. 00  05800 MRI			0. 0994			
59. 00 05900 CARDI AC CATHETERI ZATI ON			0. 1472		13, 730	
60. 00 06000 LABORATORY			0. 1558			
64. 00 06400 I NTRAVENOUS THERAPY			0.0000		0	
64. 01 06401 I NTRAVENOUS THERAPY			0.0000		0	
65. 00 06500 RESPI RATORY THERAPY			0. 5881		8, 631	
66. 00 06600 PHYSI CAL THERAPY			0. 5376		6, 572	
67.00 06700 OCCUPATI ONAL THERAPY			0.0000		0	
68.00 06800 SPEECH PATHOLOGY			1.5963		0	
69. 00 06900 ELECTROCARDI OLOGY			0.0736		378	
70.00 07000 ELECTROENCEPHALOGRAPHY			0. 3760	49 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT			0. 2954	20 26, 652	7, 874	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS			0. 5635	75 164, 449	92, 679	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS			0.4600	49 93, 394	42, 966	73.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS			0.0000	00 0	0	76.00
76.01 03951 CARDI AC AND PULMONARY REHAB			0. 6237	28 0	0	76.01
76. 02 03952 WOUND CARE			0.0000	00 0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC			0.0000		0	
90. 01 09001 CLI NI C			0.0000		0	
90. 02 09002 CLI NI C			0. 1593		0	
91.00 09100 EMERGENCY			0.0000		0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			1. 1963		0	
200.00 Total (sum of lines 50-94 and 96-98)				657, 830		
201.00 Less PBP Clinic Laboratory Services-Pr	rogram only charges (	line 61)		0		201.00
202.00 Net Charges (line 200 minus line 201)			1	657, 830		202.00

	Financial Systems FRANCISCAN HEALTH ATION OF REIMBURSEMENT SETTLEMENT		CCN: 150165	In Lie Period:	u of Form CMS- Worksheet E	-2552-10
UNLUUL	ATTOR OF NETMOONJEMENT JETTEEMENT	riovider	50N. 190109	From 01/01/2014 To 12/31/2014	Part A Date/Time Pro 5/22/2015 4:3	
		Ti tl	e XVIII	Hospi tal	PPS	
			0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		,	1.00	2.00	
1.00 1.01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurrin	a prior		0 2, 449, 546		1.00
1.01	to October 1 (see instructions)	g prior		2, 449, 540		1.01
1. 02	DRG amounts other than outlier payments for discharges occurrin	g on or		816, 515		1.02
1.03	after October 1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI for			0		1.03
1 04	discharges occurring prior to October 1 (see instructions)					1 1 04
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)			578, 839		2.00
2.01 2.02	Outlier reconciliation amount Outlier payment for discharges for Model 4 BPCI (see instructio	ns)		0		2.01
3.00	Managed Care Simulated Payments			684, 433		3.00
4.00	Bed days available divided by number of days in the cost report period (see instructions)	i ng		51.71		4.00
	Indirect Medical Education Adjustment		1			
5.00	FTE count for allopathic and osteopathic programs for the most cost reporting period ending on or before 12/31/1996. (see instr			0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet th			0.00		6.00
	criteria for an add-on to the cap for new programs in accordanc	e with 42				
7.00	CFR 413.79(e) MMA Section 422 reduction amount to the IME cap as specified un	der 42		0.00		7.00
7 01	CFR §412.105(f)(1)(iv)(B)(1)			0.00		7 01
7.01	ACA Section 5503 reduction amount to the IME cap as specified u CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July			0.00		7.01
	then see instructions.			0.00		
8.00	Adjustment (increase or decrease) to the FTE count for allopath osteopathic programs for affiliated programs in accordance with			0.00		8.00
	413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67					
8. 01	(August 1, 2002). The amount of increase if the hospital was awarded FTE cap slot	s under		0.00		8.01
0.01	section 5503 of the ACA. If the cost report straddles July 1, 2			0.00		0.01
8. 02	instructions. The amount of increase if the hospital was awarded FTE cap slot	s from a		0.00		8. 02
0.02	closed teaching hospital under section 5506 of ACA. (see instru			0.00		0.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines and 8,02) (see instructions)	(8, 8,01		0.00		9.00
10. 00		t year		0.00		10.00
11.00	from your records FTE count for residents in dental and podiatric programs.			0.00		11.00
12.00	Current year allowable FTE (see instructions)			0.00		12.00
13.00	Total allowable FTE count for the prior year.			0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year or after September 30, 1997, otherwise enter zero.	ended on		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00		15.00
16.00 17.00	Adjustment for residents in initial years of the program Adjusment for residents displaced by program or hospital closur	e		0.00 0.00		16.00
18.00	Adjusted rolling average FTE count	0		0.00		18.00
19.00 20.00	Current year resident to bed ratio (line 18 divided by line 4). Prior year resident to bed ratio (see instructions)			0.000000		19.00
21.00				0. 000000		21.00
22.00	IME payment adjustment (see instructions)			0		22.00
22.01	IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for Sectio	n 422 of t	the MMA	0		22. 01
23.00	Number of additional allopathic and osteopathic IME FTE residen	t cap		0.00		23.00
24.00	slots under 42 Sec. 412.105 (f)(1)(iv)(C). IME FTE Resident Count Over Cap (see instructions)			0.00		24.00
25.00	If the amount on line 24 is greater than -O-, then enter the lo	wer of		0.00		25.00
26.00	line 23 or line 24 (see instructions) Resident to bed ratio (divide line 25 by line 4)			0.00000		26.00
27.00	IME payments adjustment factor. (see instructions)			0. 000000		27.00
28. 00 28. 01	IME add-on adjustment amount (see instructions) IME add-on adjustment amount - Managed Care (see instructions)			0		28.00
29.00	Total IME payment ( sum of lines 22 and 28)			0		29.00
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0		29. 01
30. 00	Disproportionate Share Adjustment Percentage of SSI recipient patient days to Medicare Part A pat	ient days		0.00		30.00
21 00	(see instructions)	2				
31.00 32.00	Percentage of Medicaid patient days (see instructions) Sum of lines 30 and 31			1. 71 1. 71		31.00 32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00		33.00
34.00	Disproportionate share adjustment (see instructions)		1	0		34.00

ALCUL	Financial         Systems         FRANCISCAN         HEA           ATION OF         REIMBURSEMENT         SETTLEMENT	Provider CCN: 150165	Peri od:	u of Form CMS-2 Worksheet E	
			From 01/01/2014 To 12/31/2014	Part A Date/Time Pre	pared:
		Title XVIII	Hospi tal	5/22/2015 4:3 PPS	1 pm
			Prior to	On/After	
	-		October 1	October 1	
	Uncompensated Care Adjustment	0	1.00	2.00	
5.00	Total uncompensated care amount (see instructions)		9, 046, 380, 143	7, 647, 644, 855	35.00
5. 01	Factor 3 (see instructions)		0. 000001482	0. 000001864	35.0
5. 02	Hospital uncompensated care payment (If line 34 is zero,		0	0	35.02
= 02	enter zero on this line) (see instructions)		0	0	25 0
5. 03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
5.00	Total uncompensated care (sum of columns 1 and 2 on line		0		36.00
	35.03)				
D. 00	Additional payment for high percentage of ESRD beneficiary of Total Medicare discharges on Worksheet S-3, Part I	discharges (lines 40 through	0		40.00
5.00	excluding discharges for MS-DRGs 652, 682, 683, 684 and		0		40.00
	685 (see instructions)				
1.00	Total ESRD Medicare discharges excluding MS-DRGs 652,		0		41.00
1. 01	682, 683, 684 an 685. (see instructions) Total ESRD Medicare covered and paid discharges excluding		0		41. 0 <sup>4</sup>
1.01	MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.0
2.00	Divide line 41 by line 40 (if less than 10%, you do not		0.00		42.00
	qualify for adjustment)				
3. 00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
4.00	Ratio of average length of stay to one week (line 43		0.000000		44.00
	divided by line 41 divided by 7 days)				
5.00	Average weekly cost for dialysis treatments (see		0.00		45.00
5.00	instructions) Total additional payment (line 45 times line 44 times line		0		46.00
5.00	41.01)		0		10.00
7.00	Subtotal (see instructions)		3, 844, 900		47.00
3. 00	Hospital specific payments (to be completed by SCH and		0		48.00
9.00	MDH, small rural hospitals only. (see instructions) Total payment for inpatient operating costs (see		3, 844, 900		49.00
	instructions)		0,011,700		
D. 00	Payment for inpatient program capital (from Wkst. L, Pt. I		365, 035		50.00
1 00	and Pt. II, as applicable)		0		E1 00
1.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
2.00	Direct graduate medical education payment (from Wkst. E-4,		0		52.00
	line 49 see instructions).				
3.00 4.00	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies		0		53.00 54.00
4.00 5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1,		0		55.00
	line 69)		_		
5.00	Cost of physicians' services in a teaching hospital (see		0		56.00
7 00	intructions) Routine service other pass through costs (from Wkst. D,		0		57.00
/.00	Pt. 111, column 9, lines 30 through 35).		0		57.00
3. 00	Ancillary service other pass through costs from Wkst. D,		0		58.00
	Pt. IV, col. 11 line 200)		4 000 005		50.00
9.00 0.00	Total (sum of amounts on lines 49 through 58) Primary payer payments		4, 209, 935		59.00 60.00
1.00	Total amount payable for program beneficiaries (line 59		4, 209, 935		61.00
	minus line 60)				
2.00	Deductibles billed to program beneficiaries		396, 224		62.00
3.00 4.00	Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)		3, 952 25, 752		63.00 64.00
4.00 5.00	Adjusted reimbursable bad debts (see instructions)		25, 752 16, 739		65.00
5.00	Allowable bad debts for dual eligible beneficiaries (see		8, 223		66.00
	instructions)				
7.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		3, 826, 498		67.0
3. 00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
9.00	Outlier payments reconciliation (sum of lines 93, 95 and		0		69.00
	96). (For SCH see instructions)				
D. 00	OTHER PSR PURAL DEMONSTRATION DROJECT		-1, 976		70.0
D. 50 D. 89	RURAL DEMONSTRATION PROJECT Pioneer ACO demonstration payment adjustment amount (see		0		70. 50 70. 8
2.07	instructions)		0		, 5. 0
D. 90	HSP bonus payment HVBP adjustment amount (see		0		70.9
ר ח ר	instructions) HSP honus navment HPP adjustment amount (see instructions)		_		70 0
). 91 ). 92	HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)		0		70.9
). 92 ). 93	HVBP payment adjustment amount (see instructions)		-852		70.9
D. 94	HRR adjustment amount (see instructions)		-1, 795		70. 9
1 05	Recovery of accelerated depreciation		0		70.9

Heal th	Financial Systems FRANCISCAN HEA	ALTH MUNSTER		In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150165		eriod: com 01/01/2014 o 12/31/2014		epared: 31 pm
		Title XVIII		Hospi tal	PPS	•
				Prior to	On/After	
		0		<u>0ctober 1</u> 1.00	0ctober 1 2.00	
70, 96	Low volume adjustment for federal fiscal year (yyyy)	0	0	1.00		70.96
70.90	(Enter in column 0 the corresponding federal year for the period prior to 10/1)		U	0		70.90
70. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the		0	0		70.97
70.00	period ending on or after 10/1)			0		70.00
70. 98 70. 99	Low Volume Payment-3 HAC adjustment amount (see instructions)			0 9, 925		70.98
	Amount due provider (line 67 minus lines 68 plus/minus			9, 925 3, 811, 950		71.00
	lines 69 & 70)			3, 811, 950		/1.00
71.01	Sequestration adjustment (see instructions)			76, 239		71.01
72.00	Interim payments			3, 723, 180		72.00
73.00	Tentative settlement (for contractor use only)			0		73.00
	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			12, 531		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
	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					
	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			0	C	100.00
	HVBP adjustment factor (see instructions)		1	0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructi	ons)		0		102.00
	HRR Adjustment for HSP Bonus Payment					1.00 -
	HRR adjustment factor (see instructions)			0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instruction	ins)		0	0	104.00

ALCUL	ATION OF DSH PAYMENT PERCENTAGE		Provi der	CCN: 150165	Period: From 01/01/2014	Worksheet DSH	
					To 12/31/2014	Date/Time Prep 5/22/2015 4:3	
				e XVIII	Hospi tal	PPS	
		Original .mcrxAd Values	Justed .mcax Values	HFS Look Up	Override Value	Revised value	
		1.00	2.00	3.00	4.00	5.00	
00	CALCULATION OF THE DSH PAYMENT PERCENTAGE	0.00	0.00			0.00	1 1
00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.0	0.00	0.00	1.
00	Percentage of Medicaid patient days to total days (From line 27)	1. 71	0.00			1. 71	2.
00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	1. 71	0.00			1. 71	3.
00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4
00	Bed days available divided by number of days in the cost reporting period (Worksheet E,	51. 71	0.00			51.71	5.
00	Part A, Line 4) Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	0. 00	0.00			0.00	6
00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7
00	S-2, Line 22	No				No	8
00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9
. 00	S-2, Line 45 Is the provider reimbursed under the fully	No Yes				No Yes	10   11
. 00	prospective method? (Worksheet L, Part I, line 1 geater than -0-)	163				165	
. 00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0. 0	00 0.00	0.00	12
. 00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13
. 00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.0	0.00	0.00	14
00	CALCULATION OF THE PERCENTAGE OF MEDICAID DAY In-State Medicaid paid days (Worksheet S-2,	AND TOTAL DAYS	0	1		68	15
. 00	line 24, column 1)	00	0			00	
. 00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16
. 00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17
. 00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	
. 01 . 00	N/A Medicaid HMO days (Worksheet S-2, line 24,	0	0			0 0	
. 00	column 5) Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20
. 00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	68	0			68	21
. 00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	3, 984	0			3, 984	22
00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	
	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)		0			0	
. 00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25
. 00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	3, 984	0			3, 984	26
. 00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	1. 71	0.00			1. 71	27

Heal th	Financial Systems	FRANCI SCAN HE	ALTH MUNSTER		In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF DSH PAYMENT PERCENTAGE		Provi der	CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Pre 5/22/2015 4:3	pared:
			Ti tl	e XVIII	Hospi tal	PPS	
		Original .r	mcrx Values	Adj usted	.mcax Values	Revi sed	
		Condi ti on	Percentage	Condi ti on	Percentage	Condi ti on	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGI	-					
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3		0.00		0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	11.14		0.00	True	29.00
30.00	Line 28 or 29 as applicable		11.14		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx	Adjusted .mcax	HFS Look Up	o Override Value	Revi sed Val ue	
		Val ues	Val ues				
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	Fal se				Fal se	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	Fal se				Fal se	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	Fal se				Fal se	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				Fal se	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

Health Financial Systems	FRANCI SCAN HEAL	_TH MUNSTER	In Lie	u of Form CMS-	2552-10
CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150165	Period:	Worksheet DSH	
			From 01/01/2014 To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
		Title XVIII	Hospi tal	PPS	
	Revi sed				
	Percentage				
	6.00				
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAG	E				
28.00 If line 3 is greater than 20.2% - 5.88% plus	0.00				28.00
82.5% of the difference between 20.2% and					
line 3					
29.00   fline 3 is less than 20.2% - 2.5% plus 65%	11.14				29.00
of the difference between 15% and line 3					
30.00 Line 28 or 29 as applicable	11.14				30.00
31.00 If Urban and fewer than 100 beds, Rural and	0.00				31.00
fewer than 500 beds, or an SCH the lower of					
line 30 or .1200, if RRC, MDH or otherwise					
enter line 30.					

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT Pr	rovider CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Pre	
		Title XVIII	Hospi tal	5/22/2015 4:3 PPS	i pr
				1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
00	Medical and other services (see instructions)			6, 008	
00	Medical and other services reimbursed under OPPS (see instructions	5)		9, 798, 126	
00 00	PPS payments Outlier payment (see instructions)			7, 979, 527 15, 115	3
00	Enter the hospital specific payment to cost ratio (see instruction	ns)		0.000	
00	Line 2 times line 5			0	6
00	Sum of line 3 plus line 4 divided by line 6			0.00	7
00	Transitional corridor payment (see instructions)			0	8
00	Ancillary service other pass through costs from Wkst. D, Pt. IV, c	col. 13, line 200		0	
. 00 . 00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0 6, 008	10
. 00	COMPUTATION OF LESSER OF COST OR CHARGES			0,000	1
	Reasonabl e charges				1
. 00	Ancillary service charges			13, 059	
. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col.	4)		0	13
. 00	Total reasonable charges (sum of lines 12 and 13)			13, 059	14
. 00	Customary charges Aggregate amount actually collected from patients liable for payme	ent for services on	a charge basis	0	1 15
. 00	Amounts that would have been realized from patients liable for pay		U U	0	16
	had such payment been made in accordance with 42 CFR §413.13(e)		-		
7.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.00000	
3.00	Total customary charges (see instructions)		11) (	13, 059	
9.00	Excess of customary charges over reasonable cost (complete only if instructions)	TTHE 18 exceeds TT	ne II) (see	7, 051	19
0. 00	Excess of reasonable cost over customary charges (complete only if	line 11 exceeds li	ne 18) (see	0	20
	instructions)				
. 00	Lesser of cost or charges (line 11 minus line 20) (for CAH see ins	structions)		6, 008	
2.00	Interns and residents (see instructions)	``		0	22
3.00 4.00	Cost of physicians' services in a teaching hospital (see instructi Total prospective payment (sum of lines 3, 4, 8 and 9)	ons)		0 7, 994, 642	23
r. 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			7, 774, 042	2
5.00	Deductibles and coinsurance (for CAH, see instructions)			0	25
. 00	Deductibles and Coinsurance relating to amount on line 24 (for CAH			1, 872, 577	
. 00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus	the sum of lines 22	and 23} (for	6, 128, 073	27
. 00	CAH, see instructions) Direct graduate medical education payments (from Wkst. E-4, line 5	50)		0	28
. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)	,0)		0	
0. 00	Subtotal (sum of lines 27 through 29)			6, 128, 073	30
I. 00	Primary payer payments			2, 818	
. 00	Subtotal (line 30 minus line 31)			6, 125, 255	32
8. 00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) Composite rate ESRD (from Wkst. 1-5, line 11)			0	33
	Allowable bad debts (see instructions)			120, 236	
. 00	Adjusted reimbursable bad debts (see instructions)			78, 153	
. 00	Allowable bad debts for dual eligible beneficiaries (see instructi	ons)		69, 034	36
. 00	Subtotal (see instructions)			6, 203, 408	
3.00	MSP-LCC reconciliation amount from PS&R			0	38
. 00 . 50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			0	39
. 98	Partial or full credits received from manufacturers for replaced d	levices (see instruc	tions)	0	39
. 99	RECOVERY OF ACCELERATED DEPRECIATION	(		0	39
0.00	Subtotal (see instructions)			6, 203, 408	40
. 01	Sequestration adjustment (see instructions)			124, 068	
. 00	Interim payments			5, 998, 744	
. 00 . 00	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)			0 80, 596	
. 00	Protested amounts (nonallowable cost report items) in accordance w	vith CMS Pub 15-2	chapter 1	80, 596	
	§115. 2		shaptor I,	0	
	TO BE COMPLETED BY CONTRACTOR				1
	Original outlier amount (see instructions)			0	
	Outlier reconciliation adjustment amount (see instructions)			0	
. 00	The rate used to calculate the Time Value of Money			0.00	
. 00 . 00	Time Value of Money (see instructions) Total (sum of lines 91 and 93)			0	93 94
. 00				0 Overri des	74
				1.00	

ANAL Y	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		F	Period: From 01/01/2014 Fo 12/31/2014	Date/Time Prep 5/22/2015 4:3	pared:
			e XVIII	Hospi tal	PPS	
		Inpati en	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
. 00	Total interim payments paid to provider		3, 723, 180	)	5, 998, 744	1.0
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		C		0	2.0
. 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. 0
	Program to Provider	1				
. 01	ADJUSTMENTS TO PROVIDER		0		0	3.0
. 02 . 03			(		0	3. C 3. C
. 03			(		0	3.0
. 05			C	)	0	3.0
	Provider to Program	1				
50	ADJUSTMENTS TO PROGRAM		0		0	3.
51 52			C		0	3. 3.
. 52					0	3.1
. 54			C		Ő	3.5
. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		C	)	0	3. 9
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)		3, 723, 180		5, 998, 744	4. (
	TO BE COMPLETED BY CONTRACTOR	1		1		
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. (
	Program to Provider	1				_
. 01 . 02	TENTATI VE TO PROVIDER		0		0	5. C 5. C
. 02					0	5.0
	Provider to Program	ı				
50	TENTATI VE TO PROGRAM		C		0	5.
51			0		0	5. !
52 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		C		0	5. ! 5. 9
99 00	5. 50-5. 98) Determined net settlement amount (balance due) based on				0	5. 6.
	the cost report. (1)					
01	SETTLEMENT TO PROVIDER		12, 531		80, 596	6.
02 00	SETTLEMENT TO PROGRAM Total Medicare program liability (see instructions)		0 3, 735, 711		0 6, 079, 340	6. 7.
00	Total meurcare program frability (see fistructions)		3, 735, 711	Contractor Number	NPR Date (Mo/Day/Yr)	1.
		(	)	1.00	2.00	

Health Financial Systems	FRANCI SCAN HEALTH	MUNSTER	In Lie	u of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR	HIT	Provider CCN: 150165	Period:	Worksheet E-1	
			From 01/01/2014 To 12/31/2014		oarod:
			10 12/31/2014	5/22/2015 4:3	
		Title XVIII	Hospi tal	PPS	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NON					
HEALTH INFORMATION TECHNOLOGY DATA CO					
1.00 Total hospital discharges as defined			14	731	1.00
2.00 Medicare days from Wkst. S-3, Pt. I,		2		1, 779	2.00
3.00 Medicare HMO days from Wkst. S-3, Pt.				422	3.00
4.00 Total inpatient days from S-3, Pt. I		2		3, 984	4.00
5.00 Total hospital charges from Wkst C, F				206, 915, 475	
6.00 Total hospital charity care charges f				221, 300	
7.00 CAH only - The reasonable cost incurr line 168	ed for the purchase of cert	tified HII technology	Wkst. S-2, Pt. I	0	7.00
8.00 Calculation of the HIT incentive paym	ent (see instructions)			276, 550	8.00
9.00 Sequestration adjustment amount (see	instructions)			5, 531	9.00
10.00 Calculation of the HIT incentive paym	ent after sequestration (se	ee instructions)		271, 019	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS	& CAH				
30.00 Initial/interim HIT payment adjustmer	t (see instructions)			222, 215	
31.00 Other Adjustment (specify)				0	31.00
32.00 Balance due provider (line 8 (or line	10) minus line 30 and line	e 31) (see instruction	s)		32.00
				Overri des	
				1.00	
CONTRACTOR OVERRIDES					
108.00 Override of HIT payment				0	108.00

יד-מח	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column onl			Period: From 01/01/2014	Worksheet G	
		<u> </u>	1	To 12/31/2014	Date/Time Pre 5/22/2015 4:3	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
00	Cash on hand in banks	0	(	0 0	0	1.
00	Temporary investments	0	(	0 0	0	2.
00	Notes receivable	0	(	, i	0	
00	Accounts receivable	0	(	0	0	
00 00	Other receivable Allowances for uncollectible notes and accounts receivable	0			0	
00	Inventory	0	(		0	
00	Prepai d'expenses	0	(	0 0	0	8
00	Other current assets	0	(	, v	0	
. 00	Due from other funds	0	(		0	
. 00	Total current assets (sum of lines 1-10)	0	(	0 0	0	11
. 00	FI XED ASSETS Land	0	(		0	12
	Land improvements	0	(		0	
	Accumulated depreciation	0	(	0 0	0	14
	Bui I di ngs	0	(	0 0	0	
	Accumulated depreciation	0	(	, i	0	
	Leasehold improvements	0	(	, i	0	
00	Accumulated depreciation Fixed equipment	0	(	-	0	
	Accumulated depreciation	0	(	, i	0	
	Automobiles and trucks	0	(	0 0	0	21
	Accumulated depreciation	0	(	0 0	0	22
	Major movable equipment	0	(	-	0	
	Accumulated depreciation	0	(	0	0	
00	Minor equipment depreciable Accumulated depreciation	0	(	-	0	
	HIT designated Assets	0	(	-	0	
	Accumul ated depreciation	0	(	-	0	
. 00	Minor equipment-nondepreciable	0	(	0 0	0	29
	Total fixed assets (sum of lines 12-29)	0	(	0 0	0	30
	OTHER ASSETS	0			0	1
. 00 . 00	Investments Deposits on Leases	0			0	
. 00	Due from owners/officers	0	(	-	0	
. 00	Other assets	0	(	-	0	
. 00	Total other assets (sum of lines 31-34)	0	(	0 0	0	
. 00	Total assets (sum of lines 11, 30, and 35)	0	(	0 0	0	36
	CURRENT LIABILITIES		r			
	Accounts payable	0	(		0	
. 00 . 00	Salaries, wages, and fees payable Payroll taxes payable	0		-	0	
	Notes and Loans payable (short term)	0	(		0	
	Deferred income	0	(	0 0	0	
. 00	Accelerated payments	0			1	42
	Due to other funds	0	(	0 0	0	
	Other current liabilities	0	(		0	
. 00	Total current liabilities (sum of lines 37 thru 44)	0	(	0 0	0	45
. 00	Mortgage payable	0	(	0	0	46
. 00	Notes payable	0	(		0	
. 00	Unsecured Loans	0	(	0	0	48
. 00	Other long term liabilities	0	(	0 0	0	
. 00	Total long term liabilities (sum of lines 46 thru 49	0	(	-	0	
00	Total liabilites (sum of lines 45 and 50) CAPITAL ACCOUNTS	0	(	0 0	0	51
00	General fund balance	0				52
00	Specific purpose fund		(			53
00	Donor created - endowment fund balance - restricted			0		54
. 00	Donor created - endowment fund balance - unrestricted			0	1	55
. 00	Governing body created - endowment fund balance			0		56
. 00	Plant fund balance - invested in plant				0	
. 00	Plant fund balance - reserve for plant improvement,				0	58
	replacement, and expansion	0	(		0	59
. 00	Total fund balances (sum of lines 52 thru 58)					

Heal th	Financial Systems	FRANCI SCAN HEA	LTH MUNSTER		In Lie	u of Form CMS-2	2552-10
	ENT OF CHANGES IN FUND BALANCES			CCN: 150165	Peri od: From 01/01/2014 To 12/31/2014	Worksheet G-1 Date/Time Pre 5/22/2015 4:3	pared:
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
$\begin{array}{c} 1.00\\ 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00 \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) FUND BALANCE Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify)		66, 647, 650 -21, 350, 589 45, 297, 061 45, 297, 069			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00 \end{array}$
15.00 16.00 17.00 18.00 19.00	Total deductions (sum of lines 12–17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0 0 Endowment Fund	C 45, 297, 069 Pl ant	: Fund		0 0 0	15.00 16.00 17.00 18.00 19.00
		6.00	7.00	8,00			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) FUND BALANCE	0			0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0 0 0			0 0 0 0		10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

STATEM	Financial Systems FRANCISCAN HEALTH	MUNSTER Provider	CCN: 150165	Peri od:		u of Form CMS-2 Worksheet G-2	
o mi Ei				From 01/01 To 12/31		Parts I & II	pared:
	Cost Center Description		Inpatient	Outpati	ent	Total	
			1.00	2.00		3.00	
	PART I - PATIENT REVENUES						
	General Inpatient Routine Services						
1.00	Hospi tal		4, 321, 5	28		4, 321, 528	1.00
2.00	SUBPROVIDER - IPF						2.00
3.00	SUBPROVIDER - IRF						3.00
4.00	SUBPROVIDER						4.00
5.00	Swing bed - SNF			0		0	5.00
6.00	Swing bed - NF			0		0	
7.00 8.00	SKILLED NURSING FACILITY NURSING FACILITY						7.00 8.00
8.00 9.00	OTHER LONG TERM CARE						9.00
10.00	Total general inpatient care services (sum of lines 1-9)		4, 321, 5	28		4, 321, 528	
10.00	Intensive Care Type Inpatient Hospital Services		4, 321, 3	20		4, 521, 520	10.00
11.00	I NTENSI VE CARE UNI T		2, 307, 5	94		2, 307, 594	111.00
12.00	CORONARY CARE UNI T		2,007,0			2,007,077	12.00
13.00	BURN INTENSIVE CARE UNIT						13.00
14.00	SURGI CAL I NTENSI VE CARE UNI T						14.00
15.00	OTHER SPECIAL CARE (SPECIFY)						15.00
16.00	Total intensive care type inpatient hospital services (sum of I	i nes	2, 307, 5	94		2, 307, 594	16.00
	11-15)						
17.00	Total inpatient routine care services (sum of lines 10 and 16)		6, 629, 1			6, 629, 122	
18.00	Ancillary services		23, 768, 2				
19.00	Outpatient services		380, 7		0, 657	7,001,449	
20.00	RURAL HEALTH CLINIC			0	0		20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	21.00
22.00 23.00	HOME HEALTH AGENCY AMBULANCE SERVICES						22.00 23.00
23.00	CMHC						23.00
24.00	AMBULATORY SURGICAL CENTER (D. P. )						24.00
26.00	HOSPI CE						26.00
27.00	NON-REI MBURSABLE			0 56	3, 733	563, 733	
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 t	o Wkst.	30, 778, 1				
	G-3, line 1)						
	PART II - OPERATING EXPENSES						
29.00	Operating expenses (per Wkst. A, column 3, line 200)			59, 64	4, 171		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 35.00				0			34.00 35.00
	Tatal additions (sum of lines 20.25)			0	0		
36.00 37.00	Total additions (sum of lines 30-35) DEDUCT (SPECIFY)			0	0		36.00 37.00
37.00				0			37.00
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		59, 64	4, 171		43.00
	to Wkst. G-3, line 4)	•					

Heal th	Financial Systems	FRANCI SCAN HEALTH	MUNSTER			In Lie	u of Form CMS-2	2552-10
STATE	IENT OF REVENUES AND EXPENSES		Provider (	CCN:	150165	Peri od:	Worksheet G-3	
						From 01/01/2014		
						To 12/31/2014	Date/Time Prep 5/22/2015 4:3	
							0, 22, 2010 110	. p
							1.00	
1.00	Total patient revenues (from Wkst. G-2, Part	t I, column 3, line 2	28)				207, 651, 810	1.00
2.00	Less contractual allowances and discounts or	n patients' accounts					155, 699, 259	2.00
3.00	Net patient revenues (line 1 minus line 2)						51, 952, 551	3.00
4.00	Less total operating expenses (from Wkst. G-		)				59, 644, 171	4.00
5.00	Net income from service to patients (line 3	minus line 4)					-7, 691, 620	5.00
	OTHER I NCOME							
6.00	Contributions, donations, bequests, etc						0	6.00
7.00	Income from investments						0	7.00
8.00	Revenues from telephone and other miscellane	eous communication se	ervi ces				0	8.00
9.00	Revenue from television and radio service						0	9.00
10.00	Purchase di scounts						0	10.00
11.00	Rebates and refunds of expenses						0	11. 00 12. 00
12.00 13.00	Parking lot receipts Revenue from laundry and linen service						0	12.00
13.00	Revenue from meals sold to employees and gue	ste					0	13.00
15.00	Revenue from rental of living guarters	-515					0	14.00
16.00	Revenue from sale of medical and surgical su	unplies to other that	n nationts				0	16.00
17.00	5		i patrents				0	17.00
18.00	Revenue from sale of medical records and abs						0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms,						0	19.00
20.00	Revenue from gifts, flowers, coffee shops, a						Ō	20.00
21.00	Rental of vending machines						Ō	21.00
22.00	Rental of hospital space						0	22.00
23.00	Governmental appropriations						0	23.00
24.00	PREMI UM REVENUE						0	24.00
24.01	OTHER OPERATING REVENUE						672, 604	24.01
24.03	NON-OPERATING REVENUE						32, 627	24.03
24.04	PROVISION FOR BAD DEBTS						201, 460	24.04
24.05	NET ASSETS RELEASED FROM OPERATIONS						4, 349	24.05
25.00	Total other income (sum of lines 6-24)						911, 040	
26.00	Total (line 5 plus line 25)						-6, 780, 580	
27.00							14, 570, 009	
28.00	Total other expenses (sum of line 27 and sub						14, 570, 009	
29.00	Net income (or loss) for the period (line 26	5 minus line 28)					-21, 350, 589	29.00

ALCULATI (	ON OF CAPITAL PAYMENT	Provider CCN: 150165	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prep 5/22/2015 4:3	
		Title XVIII	Hospi tal	PPS	
			-	1.00	
DAD				1.00	
	TI - FULLY PROSPECTIVE METHOD				-
	bital DRG other than outlier			261, 032	1.0
	del 4 BPCI Capital DRG other than outlier			201, 032	1.0
	bital DRG outlier payments			104,003	2.0
	del 4 BPCI Capital DRG outlier payments			104,005	2.0
	tal inpatient days divided by number of days in the cost rep	porting period (see inst	ructions)	10. 92	3.0
	Number of interns & residents (see instructions)				4.0
	Indirect medical education percentage (see instructions)				5. C
00 Inc	direct medical education adjustment (multiply line 5 by the	sum of lines 1 and 1.01	)	0	6. C
	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)				
00 Per	rcentage of Medicaid patient days to total days (see instruc	ctions)		0.00	8.0
	Sum of Lines 7 and 8				9.0
					10.0
	sproportionate share adjustment (line 10 times the sum of li			0	11.0
. 00   Tot	tal prospective capital payments (sum of lines 1, 1.01, 2, 2	2.01, 6 and 11)		365, 035	12.0
			-	1.00	
	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT				
	ogram inpatient routine capital cost (see instructions)			0	1.0
	ogram inpatient ancillary capital cost (see instructions)			0	2.0
	tal inpatient program capital cost (line 1 plus line 2)			0	3.0
	bital cost payment factor (see instructions)			0	4.C
00 [101	tal inpatient program capital cost (line 3 x line 4)			0	5.0
			-	1.00	
	TIII - COMPUTATION OF EXCEPTION PAYMENTS				
	ogram inpatient capital costs (see instructions)			0	1.0
	ogram inpatient capital costs for extraordinary circumstance	es (see instructions)		0	2.0
	t program inpatient capital costs (line 1 minus line 2)			0	3.0
	blicable exception percentage (see instructions)			0.00 0	4.C
	bital cost for comparison to payments (line 3 x line 4) rcentage adjustment for extraordinary circumstances (see ins	structions)		0.00	6.0
00 Cap	ustment to capital minimum payment level for extraordinary		line 6)	0.00	7.0
00 Cap 00 Per				0	8.0
00 Cap 00 Per 00 Adj					9.0
00 Cap 00 Per 00 Adj 00 Cap	pital minimum payment level (line 5 plus line 7)	cabl e)		01	
00 Cap 00 Per 00 Adj 00 Cap 00 Cur	bital minimum payment level (line 5 plus line 7) rrent year capital payments (from Part I, line 12, as applic		less line 9)	0	
00 Cap 00 Per 00 Adj 00 Cap 00 Cur .00 Cur .00 Car	pital minimum payment level (line 5 plus line 7)	apital payments (line 8		0 0 0	10.0
00 Cap 00 Per 00 Adj 00 Cap 00 Cur . 00 Cur . 00 Car Wor	bital minimum payment level (line 5 plus line 7) rrent year capital payments (from Part I, line 12, as applic rrent year comparison of capital minimum payment level to ca rryover of accumulated capital minimum payment level over ca	apital payments (line 8 apital payment (from pri	or year	0	10. C 11. C
00 Cap 00 Per 00 Adj 00 Cap 00 Cur .00 Cur .00 Car Wor .00 Net	bital minimum payment level (line 5 plus line 7) crent year capital payments (from Part I, line 12, as applic crent year comparison of capital minimum payment level to ca cryover of accumulated capital minimum payment level over ca cksheet L, Part III, line 14)	apital payments (line 8 apital payment (from pri yments (line 10 plus lin	or year ne 11)	0 0	10. 0 11. 0 12. 0
00 Cap 00 Per 00 Adj 00 Cap 00 Cur . 00 Cur . 00 Car Wor . 00 Net . 00 Cur . 00 Car ( i f	bital minimum payment level (line 5 plus line 7) crent year capital payments (from Part I, line 12, as applic crent year comparison of capital minimum payment level to ca cryover of accumulated capital minimum payment level over ca cksheet L, Part III, line 14) t comparison of capital minimum payment level to capital pay crent year exception payment (if line 12 is positive, enter cryover of accumulated capital minimum payment level over ca f line 12 is negative, enter the amount on this line)	apital payments (line 8 apital payment (from pri yments (line 10 plus lin the amount on this line apital payment for the f	or year le 11) e)	0 0 0 0	10. 0 11. 0 12. 0 13. 0 14. 0
00 Cap 00 Per 00 Adj 00 Cap 00 Cur .00 Cur .00 Car Wor .00 Net .00 Cur .00 Cur .00 Cur	bital minimum payment level (line 5 plus line 7) crent year capital payments (from Part I, line 12, as applied crent year comparison of capital minimum payment level to ca- cryover of accumulated capital minimum payment level over ca- cksheet L, Part III, line 14) t comparison of capital minimum payment level to capital pay- rrent year exception payment (if line 12 is positive, enter- rryover of accumulated capital minimum payment level over ca- f line 12 is negative, enter the amount on this line) crent year allowable operating and capital payment (see inst	apital payments (line 8 apital payment (from pri yments (line 10 plus lin the amount on this line apital payment for the f	or year le 11) e)	0 0 0 0 0	10. 0 11. 0 12. 0 13. 0 14. 0
00 Cap 00 Adj 00 Cap 00 Cur 00 Cur	bital minimum payment level (line 5 plus line 7) crent year capital payments (from Part I, line 12, as applic crent year comparison of capital minimum payment level to ca cryover of accumulated capital minimum payment level over ca cksheet L, Part III, line 14) t comparison of capital minimum payment level to capital pay crent year exception payment (if line 12 is positive, enter cryover of accumulated capital minimum payment level over ca f line 12 is negative, enter the amount on this line)	apital payments (line 8 apital payment (from pri yments (line 10 plus lin the amount on this line apital payment for the f	or year le 11) e)	0 0 0 0	10. ( 11. ( 12. ( 13. ( 14. ( 15. ( 16. (