Health Financia	al Systems	FRANCISCAN ST ANTHONY	HEALTH-CR PT	In Lie	u of Form CMS-2552-1
This report is	required by law (42 USC 1395	g; 42 CFR 413.20(b)). Failu	ire to report can resul	t in all interim	FORM APPROVED
payments made	since the beginning of the co	st reporting period being o	deemed overpayments (42	2 USC 1395g).	OMB NO. 0938-0050
HOSPITAL AND H AND SETTLEMENT	OSPITAL HEALTH CARE COMPLEX C SUMMARY	OST REPORT CERTIFICATION	Provider CCN: 150126	Peri od: From 01/01/2014 To 12/31/2014	
PART I - COST	REPORT STATUS				-
Provi der	1. [X] Electronically filed	cost report		Date: 5/26/20	15 Time: 11:02 pm
use only	2. [] Manually submitted co	ost report			
	3. [0] If this is an amended 4. [F] Medicare Utilization.			esubmitted this co	ost report
Contractor use only	5. [1]Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit		this Provider CCN 12.	NPR Date: Contractor's Vendo [O]If line 5, co number of tim	

PART II - CERTIFICATION

(4) Reopened (5) Amended

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST ANTHONY HEALTH-CR PT (150126) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Si gned)							
		Offi cer	or	Admi ni stra	tor o	f Provider(s)	
	Title						
ī	Date						

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1. 00	2.00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	-35, 743	27, 870	-170, 964	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-34, 585	0		0	3. 00
5.00	Swing bed - SNF	0	0	0		0	5. 00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-70, 328	27, 870	-170, 964	0	200. 00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 150126 Peri od: Worksheet S-2 From 01/01/2014 Part I Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm 3.00 4. 00 Hospital and Hospital Health Care Complex Address: Street: 1201 SOUTH MAIN STREET 1.00 PO Box: 1.00 2.00 City: CROWN POINT State: IN Zip Code: 46307 County: USA 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, 0, or N) Certi fied Number Number Type XVIII XIX 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 FRANCISCAN ST ANTHONY 150126 23844 12/31/1973 Ν 0 3.00 1 HEALTH-CR PT 4.00 Subprovider - IPF 4 00 5.00 Subprovider - IRF FRANCISCAN ST ANTHONY 15T126 23844 5 06/30/1985 Ν Р Τ 5.00 6.00 Subprovi der - (Other) 6.00 Swi ng Beds - SNF Swi ng Beds - NF 7.00 7.00 8.00 8.00 9.00 Hospi tal -Based SNF 9.00 Hospi tal -Based NF 10.00 10.00 Hospi tal -Based OLTC 11.00 11.00 12.00 Hospi tal -Based HHA 12.00 Separately Certified ASC 13.00 13.00 Hospi tal -Based Hospi ce 14 00 14 00 15.00 Hospital-Based Health Clinic - RHC 15.00 Hospital-Based Health Clinic - FQHC 16.00 16.00 17.00 Hospital -Based (CMHC) I 17.00 18.00 Renal Dialysis 18 00 19.00 Other 19.00 From: To: 1 00 2 00 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2014 12/31/2014 20.00 21.00 Type of Control (see instructions) 21.00 Inpatient PPS Information Does this facility qualify and is it currently receiving payments for disproportionate 22.00 N N 22 00 share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. Did this hospital receive interim uncompensated care payments for this cost reporting Ν Ν 22.01 period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 22.02 Is this a newly merged hospital that requires final uncompensated care payments to be Ν Ν 22.02 determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. 22.03 Did this hospital receive a geographic reclassification from urban to rural as a result Ν Ν 22.03 of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 2 N 23.00 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method enter "Y" for yes or "N" for no. used in the prior cost reporting period? In column 2, Medi cai d Other In-State In-State Out-of Out-of Medi cai d Medi cai d State State HMO days Medi cai d paid days el i gi bl e Medi cai d Medi cai d days unpai d paid days el i gi bl e days unpai d 1.00 2. 00 3. 00 4. 00 5. 00 6.00 24.00 If this provider is an IPPS hospital, enter the 24.00 4, 334 in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. 25.00 If this provider is an IRF, enter the in-state 0 0 0 0 25.00 11 Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.

	section 5503? Enter "Y" for yes or "N" for no in				
61. 01	column 1. (see instructions) Enter the average number of unweighted primary care	0.00	0.00		61, 01
61.01	FTEs from the hospital's 3 most recent cost reports	0.00	0.00		01.01
	ending and submitted before March 23, 2010. (see				
	instructions)				
41 02	Enter the current year total unweighted primary care	0.00	0.00		61. 02
01.02	FTE count (excluding OB/GYN, general surgery FTEs,	0.00	0.00		01.02
	and primary care FTEs added under section 5503 of				
	ACA). (see instructions)				
61 02	Enter the base line FTE count for primary care	0.00	0.00		61. 03
01.03	and/or general surgery residents, which is used for	0.00	0.00		01.03
	determining compliance with the 75% test. (see				
	instructions)				
61. 04	Enter the number of unweighted primary care/or	0.00	0.00		61. 04
01.01	surgery allopathic and/or osteopathic FTEs in the	0.00] 0.00		01.01
	current cost reporting period. (see instructions).				
61. 05	Enter the difference between the baseline primary	0.00	0.00		61. 05
	and/or general surgery FTEs and the current year's				
	primary care and/or general surgery FTE counts (line				
	61.04 minus line 61.03). (see instructions)				
61.06	Enter the amount of ACA §5503 award that is being	0.00	o. od		61.06
	used for cap relief and/or FTEs that are nonprimary				
	care or general surgery. (see instructions)				
MCRI F3	2 - 7.2.157.2				

Health Financial Systems	FRANCISCAN S	ST ANTHONY H	IEALTH-CR I	PT	In Lie	u of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMP	LEX IDENTIFICATION DA	ιTΑ	Provi der	F	eriod: rom 01/01/2014 o 12/31/2014	Worksheet S-2 Part I Date/Time Pre 5/26/2015 11:	pared:
		Progran	n Name	Program Code	Unweighted IME FTE Count		
		1. (00	2. 00	3. 00	4.00	
61.10 Of the FTEs in line 61.05, speci specialty, if any, and the numbe for each new program. (see instrucolumn 1, the program name, ente program code, enter in column 3, unweighted count and enter in co FTE unweighted count. 61.20 Of the FTEs in line 61.05, speci program specialty, if any, and tresidents for each expanded proginstructions) Enter in column 1, enter in column 2, the program c 3, the IME FTE unweighted count 4, direct GME FTE unweighted cou	er of FTE residents ructions) Enter in re in column 2, the the IME FTE olumn 4, direct GME fy each expanded he number of FTE rram. (see the program name, code, enter in column and enter in column				0. 00		61. 10
						1.00	
ACA Provisions Affecting the Hea					ad fam while	0.00	42.00
62.00 Enter the number of FTE resident your hospital received HRSA PCRE 62.01 Enter the number of FTE resident during in this cost reporting pe	funding (see instructs that rotated from a	ctions) a Teaching F	leal th Cent	ter (THC) into			62. 00
Teaching Hospitals that Claim Re 63.00 Has your facility trained reside	esidents in Nonprovide	er Settings			period? Enter	N N	63. 00
"Y" for yes or "N" for no in col				instructions)			00.00
				Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1. 00	2.00	3. 00	
Section 5504 of the ACA Base Yea period that begins on or after J 64.00 Enter in column 1, if line 63 is in the base year period, the num resident FTEs attributable to ro settings. Enter in column 2 the resident FTEs that trained in yo of (column 1 divided by (column	July 1, 2009 and before yes, or your facilitate or unweighted nor that ions occurring in the number of unweighted our hospital. Enter in	re June 30, ty trained r n-primary ca all nonprov d non-primar n column 3 t	2010. Tesi dents Tre Ti der Try care he ratio	This base year	,		64. 00
	Program Name	Progran	n Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2. (00	3. 00	4. 00	5. 00	
is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)				0.00	0.00	0.000000	65.00

85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no. 86.00 Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section

N

85. 00 86. 00

Y" for yes and "N" for no.

§413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.

TEFRA Providers

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	- · ·	PT		II LIC			2552-
	Provi der	CCN: 150126	Peri od: From 01/01, To 12/31,		Date/Tim 5/26/201	e Prep 5 11: (
			1. 00)	2. 00		
Title V and XIX Services		\/	N.		Y		00.7
Does this facility have title V and/or XIX inpatient hospital yes or "N" for no in the applicable column.	i services? En	iter i ior	N		Y		90. (
1.00 Is this hospital reimbursed for title V and/or XIX through the full or in part? Enter "Y" for yes or "N" for no in the appli			N		N		91. (
2.00 Are title XIX NF patients occupying title XVIII SNF beds (dua	al certificati				N		92. (
instructions) Enter "Y" for yes or "N" for no in the applical B.OO Does this facility operate an ICF/MR facility for purposes of		XIX? Enter	N		N		93. (
"Y" for yes or "N" for no in the applicable column.							
4.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, a applicable column.	and "N" for no	in the	N		N		94. (
5.00 Filine 94 is "Y", enter the reduction percentage in the appl 5.00 Does title V or XIX reduce operating cost? Enter "Y" for yes			N	0. 00	N N	0. 00	95. (96. (
applicable column. 7.00 If line 96 is "Y", enter the reduction percentage in the appl	licable column	1.		0. 00		0. 00	97.
Rural Providers					1		
D5.00 Does this hospital qualify as a Critical Access Hospital (CAH D6.00 If this facility qualifies as a CAH, has it elected the all-i		nod of pavmen	t N				105. (106. (
for outpatient services? (see instructions)		. ,					
07.00 Column 1: If this facility qualifies as a CAH, is it eligible for I &R training programs? Enter "Y" for yes or "N" for no instructions) If yes, the GME elimination would not be on Wksthe program would be cost reimbursed. If yes complete Wkst. [in column 1. st. B, Pt. I, D-2, Pt. II. C	(see col. 25 and Column 2: If					107.
this facility is a CAH, do I&Rs in an approved medical education CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "I instructions)	N" for no in o	column 2. (se					
08.00 s this a rural hospital qualifying for an exception to the (CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	CRNA fee sched	lul e? See 42	N				108.
CIR Section 9412. 113(c). Litter 1 101 yes of N 101 Ho.	Physi cal	Occupationa			Respi ra	tory	
09.00 f this hospital qualifies as a CAH or a cost provider, are	1. 00	2. 00	3.00)	4.00		109.
therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.							
0.00Did this hospital participate in the Rural Community Hospital	I Domonstratic	on project (A	104 Domo) fo	r	1. 00 N		110.
the current cost reporting period? Enter "Y" for yes or "N" 1		ni project (4	TOA Dello) TO		IN		110.
				1. 00	0 2.00	3. 00	
Miscellaneous Cost Reporting Information				1.00	0 2.00	3.00	
5.00 Is this an all-inclusive rate provider? Enter "Y" for yes or				T		_	
is yes, enter the method used (A, B, or E only) in column 2. 3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers Pub. 15-1, §2208.1.	If column 2 i t for long ter s) based on th	s "E", enter m care (incl ne definition	in column udes	N			
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3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers Pub.15-1, §2208.1. 6.00 Is this facility classified as a referral center? Enter "Y" if 7.00 Is this facility legally-required to carry malpractice insurance. 8.00 Is the malpractice insurance a claims-made or occurrence policlaim-made. Enter 2 if the policy is occurrence. 8.01 List amounts of malpractice premiums and paid losses: 8.02 Are malpractice premiums and paid losses reported in a cost of Administrative and General? If yes, submit supporting scheduland amounts contained therein. 9.00 NOT USE THIS LINE 0.00 Is this a SCH or EACH that qualifies for the Outpatient Hold §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qual Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2, "Y" for yes or "N" for no. 1.00 Did this facility incur and report costs for high cost implating patients? Enter "Y" for yes or "N" for no.	If column 2 it for long ters) based on the for yes or "N" ance? Enter "Y icy? Enter 1 i	s "E", enterm care (include definition for no. "for no." for yes or f the policy Premiums 1.00 301,3 Chan the st centers Vision in ACA for yes or ne Outpatient ructions)	in column udes in CMS "N" for is Losse 2.00 11 1.00 N	N Y 2	3.00	nce) 0	116. 117. 118. 118. 119. 120.
3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers Pub. 15-1, §2208.1. 6.00 Is this facility classified as a referral center? Enter "Y" for no. 8.00 Is this facility legally-required to carry malpractice insurance. 8.00 Is the malpractice insurance a claims-made or occurrence policlaim-made. Enter 2 if the policy is occurrence. 8.01 List amounts of malpractice premiums and paid losses: 8.02 Are malpractice premiums and paid losses reported in a cost of Administrative and General? If yes, submit supporting scheduland amounts contained therein. 9.00 DNOT USE THIS LINE 10.00 Is this a SCH or EACH that qualifies for the Outpatient Hold §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qualified Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2, "Y" for yes or "N" for no. 11.00 Did this facility incur and report costs for high cost implant patients? Enter "Y" for yes or "N" for no. 11.10 Transplant Center Information	If column 2 it for long ters) based on the for yes or "N" ance? Enter "Y icy? Enter 1 i content of the column 1, "Y" alifies for the ts? (see instructional devices	s "E", enterm care (include definition for no. "for no." for yes or f the policy Premiums 1.00 301,3 Than the lost centers vision in ACA for yes or the Outpatient fuctions) s charged to	in column udes in CMS "N" for is Losse 2.00 11 1.00 N	N Y 2	3.00	nce) 0	115. 116. 117. 118. 118. 119. 120.
3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers Pub. 15-1, §2208.1. 16.00 Is this facility classified as a referral center? Enter "Y" 17.00 Is this facility legally-required to carry malpractice insurance. 18.00 Is the malpractice insurance a claims-made or occurrence policlaim-made. Enter 2 if the policy is occurrence. 18.01 List amounts of malpractice premiums and paid losses: 18.02 Are malpractice premiums and paid losses reported in a cost of Administrative and General? If yes, submit supporting scheduland amounts contained therein. 19.00 DO NOT USE THIS LINE 10.00 Is this a SCH or EACH that qualifies for the Outpatient Hold of \$3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qualled Harmless provision in ACA §3121 and applicable amendment Enter in column 2, "Y" for yes or "N" for no. 11.00 Did this facility incur and report costs for high cost implant patients? Enter "Y" for yes or "N" for no. 12.00 Does this facility operate a transplant center? Enter "Y" for yes, enter certification date(s) (mm/dd/yyyy) below.	If column 2 it for long ter s) based on the for yes or "N" ance? Enter "Y icy? Enter 1 i cy? Enter 1 i cy? Enter 1 i cy? Enter 5 center other to the listing column 1, "Y" alifies for the tas? (see instructional column 1) in the column 1	s "E", enter m care (include definition for no. "" for yes or f the policy Premiums 1.00 301,3 Than the post centers vision in ACA for yes or the Outpatient fuctions) s charged to	in column udes in CMS "N" for is Losse 2.00 11 1.00 N	N Y 2	3.00	nce 0 0	1116. 1117. 1118. 1118. 1118. 1120.
3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers Pub. 15-1, §2208.1. 16.00 Is this facility classified as a referral center? Enter "Y" of this facility legally-required to carry malpractice insurance. 17.00 Is this facility legally-required to carry malpractice insurance. 18.00 Is the malpractice insurance a claims-made or occurrence policlaim-made. Enter 2 if the policy is occurrence. 18.01 List amounts of malpractice premiums and paid losses: 18.02 Are malpractice premiums and paid losses reported in a cost of Administrative and General? If yes, submit supporting scheduland amounts contained therein. 19.00 DO NOT USE THIS LINE. 19.00 Is this a SCH or EACH that qualifies for the Outpatient Hold §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qualled Harmless provision in ACA §3121 and applicable amendments. Enter in column 2, "Y" for yes or "N" for no. 11.00 Did this facility incur and report costs for high cost implant patients? Enter "Y" for yes or "N" for no. 12.00 Does this facility operate a transplant center? Enter "Y" for	If column 2 it for long ters) based on the for yes or "N" ance? Enter "Y icy? Enter 1 icy? Enter	s "E", enter m care (include definition for no. "" for yes or f the policy Premiums 1.00 301,3 Than the post centers vision in ACA for yes or the Outpatient fuctions) s charged to	in column udes in CMS "N" for is Losse 2.00 11 1.00 N	N Y 2	3.00	nce 0 0	1116. 1117. 1118. 1118. 1119. 120.

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 167.00 Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.

168.00|If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the

169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the

reasonable cost incurred for the HIT assets (see instructions)

transition factor. (see instructions)

167.00

d168. 00

0.75169.00

Health Financial Systems	In Lie	u of Form CMS-2	2552-10		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	Provider CCN: 150126 Period:				
			From 01/01/2014		
			To 12/31/2014	Date/Time Pre	pared:
				5/26/2015 11:	
	Endi ng				
			1. 00	2. 00	
170.00 Enter in columns 1 and 2 the EHR becomeriod respectively (mm/dd/yyyy)	09/30/2014	170. 00			
				1.00	
171.00 If line 167 is "Y", does this provide				N	171. 00
Medicare cost plans reported on Wkst	t. S-3, Pt. I, line 2, col.	6? Enter "Y" for yes ar	ıd "N" for no.		
(see instructions)					

	Financial Systems FRAM AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	NCI SCAN ST ANTHONY I STI ONNAI RE		CCN: 150126	Period: From 01/01/2014	Date/Time Pre	2 epared:
					Y/N	5/26/2015 11: Date	01 pm
					1. 00	2.00	
	General Instruction: Enter Y for all YES resp mm/dd/yyyy format.	oonses. Enter N for	all NO re	esponses. Ente	r all dates in	the	
	COMPLETED BY ALL HOSPITALS						
	Provider Organization and Operation					T	
1. 00	Has the provider changed ownership immediatel reporting period? If yes, enter the date of	ly prior to the beg the change in colum	inning of n 2 (see	the cost	N		1.00
	Troportring porrous in good enter the date or	end enange in eer am	2. (555	Y/N	Date	V/I	
00	Has the provider terminated participation in	the Medicare Drogs	om2 lf	1. 00 N	2. 00	3. 00	2.00
. 00	yes, enter in column 2 the date of termination voluntary or "I" for involuntary.	on and in column 3,	"V" for				2.00
3. 00	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 frelationships? (see instructions)	., chain home offic d to the provider o l, or members of th	es, drug r its e board	N			3.00
	Teratronships. (see Firstractrons)			Y/N	Туре	Date	
	Financial Data and Danarts			1.00	2. 00	3. 00	
. 00	Financial Data and Reports Column 1: Were the financial statements prepared Accountant? Column 2: If yes, enter "A" for or "R" for Reviewed. Submit complete copy or column 3. (see instructions) If no, see instructions)	Audited, "C" for C enter date availab	ompiled,	Y	A	04/24/2015	4. 00
. 00	Are the cost report total expenses and total		from	N			5. 00
	those on the filed financial statements? If y	yes, submit reconci	liation.		V/N	Logal Open	
					Y/N 1. 00	Legal Oper. 2.00	
. 00	Approved Educational Activities Column 1: Are costs claimed for nursing scho	ool? Column 2: If	yes, is th	ne provider is	Y	Y	6. 00
. 00	the legal operator of the program? Are costs claimed for Allied Health Programs? Were nursing school and/or allied health programs.	grams approved and/		d during the	Y N		7. 00 8. 00
. 00	cost reporting period? If yes, see instruction Are costs claimed for Intern-Resident program yes, see instructions.		urrent cos	st report? If	Υ		9. 00
0. 00	Was an Intern-Resident program been initiated	d or renewed in the	current c	cost reporting	N		10.00
1. 00	period? If yes, see instructions. Are GME cost directly assigned to cost center Teaching Program on Worksheet A? If yes, see		in an App	proved	N		11. 00
	Treaching Trogram on worksheet A: Tr yes, see	THIS ET UC ET OHS.				Y/N	
	Bad Debts					1. 00	
2. 00	Is the provider seeking reimbursement for bac	d debts? If yes, se	e instruct	tions.		Υ	12. 00
	If line 12 is yes, did the provider's bad del period? If yes, submit copy.	•	, ,	Ü		N	13. 00
4. 00	If line 12 is yes, were patient deductibles a Bed Complement	and/or co-payments	waived? If	yes, see ins	tructions.	N N	14. 00
5. 00	Did total beds available change from the price	or cost reporting p	eriod? If	yes, see inst	ructions.	Υ	15. 00
		Descriptio	n	Y/N	nrt A	Part B	
		0	11	1.00	2. 00	3. 00	
	PS&R Data				i	1	
6. 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
7. 00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns			Y	04/06/2015	Y	17. 00
8. 00	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
9. 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 made to PS&R Report data for corrections of other PS&R Report information? If yes, see			N		N	19. 00

20.00

Ν

Ν

 $i\, nstructi\, ons.$

the other adjustments:

other PS&R Report information? If yes, see

20.00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe

Health Financial Systems	FRANCISCAN ST ANTHONY H	HEALTH-CR PT	In Lie	u of Form CMS-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMEN	Γ QUESTI ONNAI RE	Provider CCN: 150126	From 01/01/2014	Worksheet S-2 Part II Date/Time Prepared:

Part A Part 8 Part 8 Part 8 Part 8 Part 8 Part 8 Part 9 P						To	om 01/01/2014 12/31/2014	Date/Time Pre	
Description Y.N. Date Y.N.						Dart	Λ	5/26/2015 11:	OI pm
21.00 Was the cost report prepared only using the provider's records? If yes, see instructions. 22.00 No			Descri r	nti on		i ai t			
1.00				oti on					
COMPLETED BY COST RELIBERSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) Capit Tal Related Cost 22.00 Have assets been relifed for Medicare purposes? If yes, see instructions 23.00 Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions. 24.00 Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions. 25.00 Have there been new capitalized leases entered into during the cost reporting period? If yes, see Instructions. 26.00 Were new leases and/or amendments to existing leases entered into during the cost reporting period? If yes, see Instructions. 27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, see Medical September 1. 28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions. 29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions. 30.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see 31.00 Has cetalled before scheduled maturity without issuance of new debt? If yes, see 32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions. 33.00 If it in a 21 is yes, were the requirements of Sec. 2135. 2 applied pertaining to competitive bidding? If no, see instructions. 34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians 35.00 If it in a 31 is yes, were there new agreements or amended existing agreements with the provider-based physicians 36.00 Were home office costs claimed on the cost report? 37.00 If it as 31 is yes, which is the provider render services to the home office? 38.00 If it as 31 is yes, was the fiscal year e	21. 00	provider's records? If yes, see	0				2.00		21. 00
COMPLETED BY COST RELIBBUSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) Capital Related Cost January Cost January Cost Related Cost January Cos								1, 00	
			TALS ONLY (EXCEP	T CHILDRENS H	OSPI TALS)				
New changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions			oc2 If yos soo	i netructi one					22. 00
Were new leases and/or amendments to existing leases entered into during this cost reporting period?		Have changes occurred in the Medicare depreci			als made dur	ri ng	the cost		23. 00
Instructions. Instructions. Instructions. Instructions. Instructions. Instructions. Instructions. Interest Expense Instructions. Interest Expense Instructions. Interest Expense	24. 00	Were new leases and/or amendments to existing	g Leases entered	linto during	this cost re	epor	ting period?		24. 00
Instructions Instructions 2009 200	25. 00		ed into during t	he cost repor	ting period?	? If	yes, see		25. 00
Copy. Interest Expense	26. 00		uired during the	cost reporti	ng period? I	lf y	es, see		26. 00
28.00 Were new Loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	27. 00	copy.	nged during the	cost reportin	g period? If	f ye:	s, submit		27. 00
Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	28. 00	Were new loans, mortgage agreements or letter	rs of credit ent	ered into dur	ing the cost	t re	porting		28. 00
Has existing debt been repalaced prior to its scheduled maturity with new debt? If yes, see instructions.	29. 00	Did the provider have a funded depreciation a			bt Service F	Rese	rve Fund)		29. 00
Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	30. 00	Has existing debt been replaced prior to its			debt? If yes	s, s	ee		30. 00
Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions. 33.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see Instructions. Provider-Based Physicians	31. 00	Has debt been recalled before scheduled matu	rity without iss	suance of new	debt? If yes	s, s	ee		31. 00
33.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions. Provider-Based Physicians 34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions. 35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. Home Office Costs	32. 00		atient care serv	rices furnishe	d through co	ontra	actual		32. 00
Provider-Based Physicians Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	33. 00	If line 32 is yes, were the requirements of			g to competi	tiv	e bidding? If		33. 00
Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions. If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. Home Office Costs									-
St. 00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. Y/N Date 1.00 2.00	34. 00	Are services furnished at the provider facili	ity under an arr	angement with	provi der-ba	ased	physi ci ans?		34. 00
Home Office Costs 36.00 Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions. If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office. 39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions. If line 36 is yes, did the provider render services to the home office? If yes, see Instructions. Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. Enter the employer/company name of the cost report preparer. FRANCISCAN ALLIANCE	35. 00	If line 34 is yes, were there new agreements			ts with the	pro	vi der-based		35. 00
Home Office Costs 36.00 Were home office costs claimed on the cost report? 37.00 If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions. 38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office. 39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions. 40.00 If line 36 is yes, did the provider render services to the home office? If yes, see instructions. 1.00 2.00 Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. Enter the employer/company name of the cost report preparer. FRANCISCAN ALLIANCE							Y/N	Date	
Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions. If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office. If line 36 is yes, did the provider render services to other chain components? If yes, see instructions. If line 36 is yes, did the provider render services to the home office? If yes, see instructions. 1.00 2.00 Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. Enter the employer/company name of the cost report preparer. FRANCISCAN ALLIANCE							1. 00	2.00	
If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions. If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office. If line 36 is yes, did the provider render services to other chain components? If yes, see instructions. If line 36 is yes, did the provider render services to the home office? If yes, see instructions. 1.00 Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. Enter the employer/company name of the cost report FRANCISCAN ALLIANCE		Home Office Costs							
If yes, see instructions. If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office. If line 36 is yes, did the provider render services to other chain components? If yes, see instructions. If line 36 is yes, did the provider render services to the home office? If yes, see instructions. Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. Enter the employer/company name of the cost report FRANCISCAN ALLIANCE	36. 00	Were home office costs claimed on the cost re	eport?						36.00
the provider? If yes, enter in column 2 the fiscal year end of the home office. 39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions. If line 36 is yes, did the provider render services to the home office? If yes, see 1.00 2.00 Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. Enter the employer/company name of the cost report FRANCISCAN ALLIANCE	37. 00		atement been pre	epared by the	home office?	?			37. 00
see instructions. If line 36 is yes, did the provider render services to the home office? If yes, see 1.00 Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. Enter the employer/company name of the cost report FRANCISCAN ALLIANCE		the provider? If yes, enter in column 2 the	fiscal year end	of the home o	ffi ce.				38. 00
Instructions.		see instructions.		·	•	5,			39.00
Cost Report Preparer Contact Information 41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. 42.00 Enter the employer/company name of the cost report preparer. FRANCISCAN ALLIANCE	40. 00		ervices to the h	nome office?	If yes, see				40.00
41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. 42.00 Enter the employer/company name of the cost report preparer. HONG FRANCISCAN ALLIANCE				1.	00		2.	00	
42.00 Enter the employer/company name of the cost report FRANCISCAN ALLIANCE	41. 00	Enter the first name, last name and the title held by the cost report preparer in columns	·	ONG		Y	'ANG		41.00
	42. 00	Enter the employer/company name of the cost	report F	RANCISCAN ALL	I ANCE				42. 00
report preparer in columns 1 and 2, respectively.	43. 00	Enter the telephone number and email address		19-932-2300 X	33175			ICI SCANALLI ANCE	43. 00

report preparer in columns 1 and 2, respectively.

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Provi der CCN: 150126 Peri od: Worksheet S-2 From 01/01/2014 To 12/31/2014 Part II Date/Time Prepared: 5/26/2015 11:01 pm Part B Date 4.00 PS&R Data 16.00 Was the cost report prepared using the PS&R 16.00 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) 04/05/2015 17.00 Was the cost report prepared using the PS&R 17.00 Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) 18.00 | If line 16 or 17 is yes, were adjustments 18.00 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.

19.00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of 19.00 other PS&R Report information? If yes, see i nstructi ons. If line 16 or 17 is yes, were adjustments 20.00 made to PS&R Report data for Other? Describe the other adjustments: Was the cost report prepared only using the provider's records? If yes, see 21.00 21.00 instructions. 3.00 Cost Report Preparer Contact Information Enter the first name, last name and the title/position REGIONAL DIRECTOR OF 41.00 held by the cost report preparer in columns 1, 2, and 3, REI MBURSEMENT respecti vel y. Enter the employer/company name of the cost report 42.00 42.00 preparer. 43.00 Enter the telephone number and email address of the cost 43.00
 Heal th Financial
 Systems
 FRANCISCAN S

 HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA
 Provi der CCN: 150126

| Peri od: | Worksheet S-3 | From 01/01/2014 | Part I | To 12/31/2014 | Date/Time Prepared:

						12/31/2014	5/26/2015 11:0	
			,				I/P Days / O/P	
							Visits / Trips	
	Component	Worksheet A	No.	of Beds	Bed Days	CAH Hours	Title V	
	·	Line Number			Avai I abl e			
		1.00		2.00	3.00	4. 00	5. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00		166	65, 070	0.00	0	1. 00
	8 exclude Swing Bed, Observation Bed and							
	Hospice days) (see instructions for col. 2							
	for the portion of LDP room available beds)							
2.00	HMO and other (see instructions)							2. 00
3.00	HMO IPF Subprovider							3. 00
4.00	HMO IRF Subprovider							4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF						0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF						0	6. 00
7.00	Total Adults and Peds. (exclude observation			166	65, 070	0.00	0	7. 00
	beds) (see instructions)							
8.00	INTENSIVE CARE UNIT	31. 00		22	8, 030	0.00	0	8. 00
9.00	CORONARY CARE UNIT							9. 00
10.00	BURN INTENSIVE CARE UNIT							10.00
11.00	SURGICAL INTENSIVE CARE UNIT							11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35. 00		12	4, 380	0.00	0	12.00
13.00	NURSERY	43. 00					0	13.00
14.00	Total (see instructions)			200	77, 480	0.00	0	14.00
15.00	CAH visits						0	15.00
16.00	SUBPROVI DER - I PF							16.00
17.00	SUBPROVI DER - I RF	41. 00		20	7, 300		0	17.00
18.00	SUBPROVI DER		İ					18. 00
19.00	SKILLED NURSING FACILITY							19.00
20.00	NURSING FACILITY							20.00
21.00	OTHER LONG TERM CARE							21.00
22. 00	HOME HEALTH AGENCY							22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)							23. 00
24.00	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)			220				27. 00
28. 00	Observation Bed Days						0	28. 00
29. 00	Ambul ance Tri ps							29. 00
30.00	Employee discount days (see instruction)							30. 00
31.00	Employee discount days - IRF							31. 00
32.00	Labor & delivery days (see instructions)			14	5, 110			32. 00
32. 01	Total ancillary labor & delivery room							32. 01
	outpatient days (see instructions)							
33. 00	LTCH non-covered days							33. 00

Health Financial Systems FRANCISCAN ST ANTHONY HEALTH-CR PT HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCM Provi der CCN: 150126

				•		5/26/2015 11:	01 pm
		I/P Days	s / O/P Visits	/ Trips	Full Time	Equi val ents	·
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
	· · · · · · · · · · · · · · · · · · ·			Pati ents	& Residents	Payrol I	
		6. 00	7. 00	8. 00	9. 00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	16, 626	2, 329	31, 715			1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)		_				
2.00	HMO and other (see instructions)	2, 474	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO I RF Subprovi der	115	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0				5.00
6.00	Hospital Adults & Peds. Swing Bed NF	4, ,0,	0				6.00
7. 00	Total Adults and Peds. (exclude observation	16, 626	2, 329	31, 715			7. 00
8. 00	beds) (see instructions)	1, 896	213	3, 668			0 00
9. 00	INTENSIVE CARE UNIT	1, 090	213	3,000			8. 00 9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11.00
12. 00	NEONATAL INTENSIVE CARE UNIT	o	1, 013	2, 701			12.00
13. 00	NURSERY	l	858				13.00
14. 00	Total (see instructions)	18, 522	4, 413			1, 153. 13	•
15. 00	CAH visits	10, 322	7, 419	1	1.07	1, 100. 10	15. 00
16. 00	SUBPROVIDER - I PF	Ĭ	O	Ĭ			16. 00
17. 00	SUBPROVIDER - IRF	1, 560	11	2, 301	0.00	19. 12	
18. 00	SUBPROVI DER	.,		_, -, -, .			18. 00
19. 00	SKILLED NURSING FACILITY						19. 00
20. 00	NURSING FACILITY						20.00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY						22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24.00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)	0	0	0			24. 10
25. 00	CMHC - CMHC						25. 00
26. 00	RURAL HEALTH CLINIC						26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER						26. 25
27. 00	Total (sum of lines 14-26)				1. 67	1, 172. 25	27. 00
28. 00	Observation Bed Days		451	4, 820			28. 00
29. 00	Ambul ance Tri ps	0					29. 00
30. 00	Employee discount days (see instruction)			0			30. 00
31. 00	Employee discount days - IRF			0			31. 00
32. 00	Labor & delivery days (see instructions)	0	0	0			32. 00
32. 01	Total ancillary labor & delivery room			0			32. 01
00.00	outpatient days (see instructions)						00.00
33.00	LTCH non-covered days	이		I		I	33. 00

 Heal th Financial
 Systems
 FRANCISCAN S

 HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA
 | Peri od: | Worksheet S-3 | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: Provi der CCN: 150126

				To	12/31/2014	Date/Time Pre 5/26/2015 11:	
		Full Time			arges		·
		Equi val ents		T			
	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		(1, 266	8, 090	1. 00
	8 exclude Swing Bed, Observation Bed and]	.,	-,	
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			465	o		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5. 00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation						7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11. 00
12.00	NEONATAL INTENSIVE CARE UNIT						12. 00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0. 00	(3, 704	1, 266	8, 090	14.00
15.00	CAH visits						15. 00
16.00	SUBPROVI DER - I PF						16. 00
17.00	SUBPROVI DER - I RF	0. 00	(133	1	207	17. 00
18.00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY						19. 00
20.00	NURSING FACILITY						20. 00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY						22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24.00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)						24. 10
25. 00	CMHC - CMHC						25. 00
26. 00	RURAL HEALTH CLINIC						26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER						26. 25
27. 00	Total (sum of lines 14-26)	0. 00					27. 00
28. 00	Observation Bed Days						28. 00
29. 00	Ambul ance Tri ps						29. 00
30.00	Employee discount days (see instruction)						30. 00
31. 00	Employee discount days - IRF						31. 00
32. 00	Labor & delivery days (see instructions)						32. 00
32. 01	Total ancillary labor & delivery room						32. 01
00.60	outpatient days (see instructions)						00.00
33. 00	LTCH non-covered days						33. 00

Provider CCN: 150126

Peri od:

HOSPITAL WAGE INDEX INFORMATION

From 01/01/2014 Part II 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm Adj usted Worksheet A Amount Recl assi fi cati Paid Hours Average Hourly Line Number Reported on of Salaries Sal ari es Related to Wage (col. 4 (col.2 ± col (from Salaries in col. 5) Worksheet A-6 3) col. 4 6.00 2.00 5.00 1.00 3.00 4.00 PART II - WAGE DATA SALARI ES 1.00 Total salaries (see 200. 00 57, 174, 613 454, 717 57, 629, 330 2, 233, 666. 57 25. 80 1.00 instructions) 2.00 Non-physician anesthetist Part 0 0.00 0.00 2.00 3.00 Non-physician anesthetist Part 0.00 0.00 3.00 4.00 Physician-Part A -33, 987 33, 987 225.50 150.72 4.00 Admi ni strati ve 4.01 Physicians - Part A - Teaching 0.00 0.00 4.01 5.00 Physician-Part B 1, 377, 297 1, 377, 297 9, 138. 25 150.72 5.00 6.00 Non-physician-Part B 0.00 0.00 6.00 Interns & residents (in an 21 00 7.00 0.000.00 7.00 approved program) 7.01 Contracted interns and 204, 603 204, 603 3, 474. 00 58.90 7.01 residents (in an approved programs) 8.00 Home office personnel 0.00 0.00 8.00 SNF 44 00 0.00 9 00 0.00 9 00 10.00 Excluded area salaries (see 1, 950, 792 40, 292 1, 991, 084 91, 147. 00 21.84 10.00 instructions) OTHER WAGES & RELATED COSTS 231, 785 231, 785 4, 779. 00 48. 50 11.00 Contract labor: Direct Patient 11.00 Care 12.00 Contract Labor: Top Level 0 0 0.00 0.00 12.00 management and other management and administrative servi ces Contract Labor: Physician-Part 13.00 893, 389 0 893, 389 4,629.00 193.00 13.00 A - Administrative 14.00 Home office salaries & 8, 308, 961 8, 308, 961 164, 262. 00 50.58 14.00 wage-related costs Home office: Physician Part A 15.00 0 0.00 0.00 15.00 - Administrative 16.00 Home office and Contract 0 0 0.00 0.00 16.00 Physicians Part A - Teaching WAGE-RELATED COSTS Wage-related costs (core) (see 13, 831, 880 0 13, 831, 880 17.00 17.00 instructions) Wage-related costs (other) 18.00 18.00 0 (see instructions) 19.00 19 00 Excluded areas 553, 354 553, 354 20.00 Non-physician anesthetist Part 20.00 21.00 Non-physician anesthetist Part 0 0 21.00 22.00 Physician Part A -4, 390 4, 390 22.00 Administrative 22.01 Physician Part A - Teaching 22.01 23.00 Physician Part B 89, 433 89, 433 23.00 24.00 Wage-related costs (RHC/FQHC) 24 00 C25.00 Interns & residents (in an 0 25.00 0 approved program) OVERHEAD COSTS - DIRECT SALARIES Employee Benefits Department 26.00 4. 00 530, 783 4, 258 535, 041 28, 943. 00 18. 49 26.00 Administrative & General 27.00 5, 315, 862 5, 352, 639 219, 610, 00 24.37 27.00 5.00 36, 777 28.00 Administrative & General under 67,507 67,507 238. 95 282.52 28.00 contract (see inst.) 29.00 Maintenance & Repairs 6.00 971, 676 5, 998 977, 674 32, 597. 00 29.99 29.00 Operation of Plant 48, 905, 00 21. 29 7 00 30 00 30.00 1,055,853 1, 041, 249 -14,60431.00 Laundry & Linen Service 8.00 37, 025. 00 0.00 31.00 1, 555, 848 32.00 Housekeepi ng 9.00 1,530,320 25, 528 137, 742. 00 11. 30 32.00 33.00 Housekeeping under contract 41, 132 41, 132 3, 235. 25 12.71 33.00 (see instructions) 1, 238, 077 34 00 34.00 Di etarv 10.00 -766, 277 471, 800 91, 646. 00 5.15 Di etary under contract (see 0.00 35.00 0.00 35.00 instructions) 36.00 Cafeteri a 11.00 780, 715 780, 715 0.00 0.00 36.00 Maintenance of Personnel 12 00 0 00 0.00 37 00 37 00 38.00 Nursing Administration 13.00 1, 553, 330 12,023 1, 565, 353 35, 846. 00 43.67 38.00 Central Services and Supply 729, 574 -577 728, 997 53, 247. 00 13. 69 39.00 39.00 14.00 40.00 Pharmacy 15.00 1, 741, 497 13, 418 1, 754, 915 64, 578. 00 27. 18 40. 00

Heal t	h Financial Systems	FRAN	ICISCAN ST ANTH	HONY HEALTH-CR	PT	In Lie	In Lieu of Form CMS-2552-10			
H0SPI	TAL WAGE INDEX INFORMATION			Provi der	CCN: 150126	Peri od:	Worksheet S-3			
						From 01/01/2014				
						To 12/31/2014				
							5/26/2015 11:0	01 pm_		
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Pai d 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	1, 223, 542	4, 680	1, 228, 22	2 50, 373. 00	24. 38	41. 00		
	Records Library									
42.00	Soci al Servi ce	17. 00	1, 206, 253	11, 080	1, 217, 33	0.00	0. 00	42.00		
43.00	Other General Service	18. 00	0	0		0.00	0. 00	43.00		

instructions)

HOSPITAL WAGE INDEX INFORMATION Worksheet S-3 Part III Date/Time Prepared: Provi der CCN: 150126 Peri od: From 01/01/2014 To 12/31/2014 5/26/2015 11:01 pm Average Hourly Worksheet A Amount Recl assi fi cati Adj usted Pai d Hours Line Number Reported on of Salaries Sal ari es Related to Wage (col. 4 ÷ (col . 2 ± col . col. 5) (from Salaries in Works<u>heet A-6)</u> 3) col. 4 1.00 5.00 6.00 2.00 3.00 4.00 PART III - HOSPITAL WAGE INDEX SUMMARY 1.00 Net salaries (see 55, 701, 352 454, 717 56, 156, 069 2, 224, 528. 52 1.00 25. 24 instructions) 2.00 1, 950, 792 40, 292 1, 991, 084 91, 147. 00 2.00 Excluded area salaries (see 21.84 instructions) 3.00 Subtotal salaries (line 1 53, 750, 560 414, 425 54, 164, 985 2, 133, 381. 52 25.39 3.00 minus line 2) 4.00 Subtotal other wages & related 9, 434, 135 9, 434, 135 173, 670. 00 54.32 4.00 costs (see inst.) Subtotal wage-related costs 5.00 13, 836, 270 Ω 13, 836, 270 0.00 25. 54 5.00 (see inst.) Total (sum of lines 3 thru 5) 6.00 6.00 77, 020, 965 414, 425 77, 435, 390 2, 307, 051. 52 33. 56 7.00 Total overhead cost (see 17, 205, 406 113, 019 17, 318, 425 803, 986. 20 21.54 7.00

Health Financial Systems	FRANCISCAN ST ANTHONY HEALTH-CR PT	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 150126	Period: Worksheet S-3 From 01/01/2014 Part IV To 12/31/2014 Date/Time Prepared:

		То	12/31/2014	Date/Time Prep 5/26/2015 11:0	
				Amount	
				Reported	
				1. 00	
	PART IV - WAGE RELATED COSTS				
	Part A - Core List				1
	RETI REMENT COST				1
1.00	401K Employer Contributions			0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		,		
5.00	401K/TSA Plan Administration fees			361, 000	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0	6. 00
7.00	Employee Managed Care Program Administration Fees			1, 834, 377	7. 00
	HEALTH AND INSURANCE COST		'		
8.00	Health Insurance (Purchased or Self Funded)			7, 335, 906	8.00
9.00	Prescription Drug Plan			0	9. 00
10.00	Dental, Hearing and Vision Plan			0	10.00
11. 00	Life Insurance (If employee is owner or beneficiary)			53, 244	11. 00
12.00	Accident Insurance (If employee is owner or beneficiary)			0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			495, 278	13. 00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0	14. 00
15. 00	'Workers' Compensation Insurance			407, 470	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraord	linary accrual required b	y FASB 106.	0	16. 00
	Non cumulative portion)		,		
	TAXES				
17. 00	FICA-Employers Portion Only			3, 795, 293	17. 00
18. 00	Medicare Taxes - Employers Portion Only			0	18. 00
	Unemployment Insurance			122, 383	19. 00
20.00	State or Federal Unemployment Taxes			0	20.00
	OTHER				l
21. 00	Executive Deferred Compensation (Other Than Retirement Cost Repo	orted on lines 1 through	4 above. (see	0	21. 00
	instructions))				
22. 00	Day Care Cost and Allowances			0	22. 00
	Tuition Reimbursement			74, 106	1
24. 00	Total Wage Related cost (Sum of lines 1 -23)			14, 479, 057	24. 00
	Part B - Other than Core Related Cost				
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)			0	25. 00

Health Financial Systems	FRANCISCAN ST ANTHONY HE	EALTH-CR PT	In Lie	u of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	F	Provider CCN: 150126		Worksheet S-3
			From 01/01/2014	

			0 12/31/2014	Date/IIMe Pre 5/26/2015 11:0	
	Cost Center Description		Contract Labor		
	<u> </u>		1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0	1. 00
2.00	Hospi tal		0	0	2. 00
3.00	Subprovi der - IPF				3. 00
4.00	Subprovi der - IRF		0	0	4. 00
5.00	Subprovi der - (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	Hospi tal -Based SNF				8. 00
9.00	Hospi tal -Based NF				9. 00
10.00	Hospi tal -Based OLTC				10.00
11.00	Hospi tal -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	Hospi tal -Based-CMHC				16. 00
17.00	Renal Dialysis		o	0	17. 00
18.00	Other		o	0	18. 00

Heal th	Financial Systems FRANCISCAN ST ANTHONY HI	EALTH-CR	PT	In Lie	u of Form CMS-2	2552-10		
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provi der	CCN: 150126	Peri od:	Worksheet S-10	<u> </u>		
				From 01/01/2014 To 12/31/2014	Date/Time Prep 5/26/2015 11:0			
					1. 00			
	Uncompensated and indigent care cost computation							
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divi	ded by li	ne 202 colum	າ 8)	0. 299320	1. 00		
	Medicaid (see instructions for each line)							
2.00	Net revenue from Medicaid				2, 037, 370	2. 00		
3.00	Did you receive DSH or supplemental payments from Medicaid?			10	N	3. 00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental		from Medicai	d'?	N	4. 00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from I	Medicaid			0	5. 00		
6.00	Medicaid charges				39, 755, 416	6.00		
7.00	Medicaid cost (line 1 times line 6)		6 11	2 1 5 . ! 6	11, 899, 591	7. 00		
8. 00	Difference between net revenue and costs for Medicaid program (I < zero then enter zero)			nes 2 and 5; IT	9, 862, 221	8. 00		
	State Children's Health Insurance Program (SCHIP) (see instruction	ons for e	ach line)					
9.00	Net revenue from stand-alone SCHIP				0	9.00		
10.00					0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)	l: no 11 m	inua lina O	if . zono thon	0			
12. 00	Difference between net revenue and costs for stand-alone SCHIP (enter zero)				0	12. 00		
	Other state or local government indigent care program (see instru				_			
13. 00	Net revenue from state or local indigent care program (Not inclu					13. 00		
14. 00	Charges for patients covered under state or local indigent care 10)	program (Not included	in lines 6 or	0	14. 00		
15.00	State or local indigent care program cost (line 1 times line 14)				0	15. 00		
16. 00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)							
	Uncompensated care (see instructions for each line)							
17. 00	Private grants, donations, or endowment income restricted to fun	9	,			17. 00		
18. 00	Government grants, appropriations or transfers for support of hos				0	18. 00		
19. 00	Total unreimbursed cost for Medicaid , SCHIP and state and local 8, 12 and 16)	i ndi gent	care progra	ms (sum of lines	9, 862, 221	19. 00		
			Uni nsured	Insured	Total (col. 1			
			patients	pati ents	+ col . 2)			
00.00		1 6 11	1.00	2.00	3. 00	00.00		
20. 00	Total initial obligation of patients approved for charity care (charges excluding non-reimbursable cost centers) for the entire		14, 096, 7	4, 602, 600	18, 699, 300	20.00		
21. 00	Cost of initial obligation of patients approved for charity care times line 20)	(line 1	4, 219, 4	1, 377, 650	5, 597, 074	21. 00		
22. 00	Partial payment by patients approved for charity care		427, 1	00 473, 100	900, 200	22. 00		
23. 00	Cost of charity care (line 21 minus line 22)		3, 792, 3		4, 696, 874			
23.00	journal of charty care (fine 21 millios fine 22)		3, 172, 3	24 704, 330		23.00		
24. 00	Does the amount in line 20 column 2 include charges for patient	dave hevo	nd a Length	of stay limit	1. 00	24. 00		
24.00	imposed on patients covered by Medicaid or other indigent care p		na a rengtii	or stay rimit		24.00		
25. 00	If line 24 is "yes," charges for patient days beyond an indigen		ogram's Leng	th of stav limit	0	25. 00		
26. 00			. J 3 . 5119		8, 355, 934			
27. 00	Medicare bad debts for the entire hospital complex (see instruct				424, 287			
28. 00	Non-Medicare and non-reimbursable Medicare bad debt expense (line		s line 27)		7, 931, 647			
29. 00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense			e 28)	2, 374, 101			
30. 00		(/	7, 070, 975			
	Total unreimbursed and uncompensated care cost (line 19 plus line	e 30)			16, 933, 196			
	, , , , , , , , , , , , , , , , , , ,	/						

Cost Center Description		•	NCISCAN SI ANTHU				U OF FORM CMS	2332-10
Cost Centure Description Selection Cost Centure Description Cost Cen	RECLA	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der			Worksheet A	
Cost Center Description								
Col. 2 Col. 3 Col. 3 Col. 4 Col. 2 Col. 3 Col. 4 Col. 3 Col. 4 Col. 3 Col. 4 Col. 5 Col. 4 Col. 5 C		Cost Contor Description	Calarias	Othor	Total (col 1	Dool assi fi sati		01 pm
		cost center bescription	Sararres	other				
California Scale					1 001. 2)	0113 (300 71 0)		
Figure Service Service 1								
0.00 0.000 CAP NEL COSIS-SHUBG & FIXT 1,4 477, 265 4, 277, 257 10, 244 688 4.00 0.000 0.			1.00	2.00	3.00	4. 00		
2.00 DOZDOC CAP BEL COSIS - MURIL EDUIP 0								
0.000 DOUGNETOWER BENEFITS DEPARTMENT 530, 788 14, 605, 674 15, 134, 357 -615, 303 14, 521, 004 -6.00 DOUGNAMI STRATIVE & CEREBAL 5, 116, 862 7, 20, 868 5, 598 30 - 7, 586, 803 - 7, 586, 801 - 7, 586,								1.00
5.00 0.0000 ADMINISTRATIVE & CENERAL 5,315,862 47,280,966 52,596,830 -7,580,822 45,016,386 1,700				-				2. 00
DOCODIO IN RITEMBRICE & REPAIL ISS								4.00
0.000 OPTION OPERATION OF PLANT FP								5. 00 6. 00
0.0076 OPERATION OF PLANT - FP			1					7. 00
0.00 0.00		· ·	1					7. 00
9.00 0.0900 0.0900			-					8. 00
1.00 01000 DITARY			1, 411, 496					9. 00
11.00 01100 CAFETERIA			1 1		151, 141	895		9. 01
13.00 0 3100 MURSI NG ADMINISTRATION 1.553, 330 176, 661 1.729, 901 12.001 1.741, 902 1.150 1.500	10.00	01000 DI ETARY	1, 238, 077	901, 204	2, 139, 281	-1, 334, 564	804, 717	10.00
14.00 0 1400 CENTRAL SERVICES & SUPPLY 729, 574 967, 305 1, 669, 699 -45, 354 1, 651, 615 1 15.00 0 1500 PHASMACY 1, 741, 497 1, 741, 497 1, 741, 497 1, 741, 497 1, 741, 497 1, 741, 497 1, 741, 497 1, 741, 497 1, 741, 497 1, 741, 497 1, 741, 497 1, 741, 741, 741, 741, 741, 741, 741,	11. 00		0	0	(1, 349, 002	1, 349, 002	11. 00
15.00 01500 PHARMARCY 1,741,497 4,872,828 6,14,329 3,921,739 2,692,886 11,000 0170								1
16.00 0 10600 MEDICAL RECORDS & LIBRARY 1, 223, 542			1 ' 1					1
17.00 01700 SOCIAL SERVICE 1.206, 293 346, 635 1.552, 888 1.080 1.563, 968 1.200 02100 18R SERVICES-SALARY & FRINCES APPRVD 0			1					1
21. 00 02100 LAR SERVICES-SALARY & FRINCES APPRVD 0 0 0 0 0 24,603 246,603 223 00 02300 DARRABIOL SERVICES 123,002 93,750 0 201,6752 177 216,769 22 223,000 02000 DARRABIOL SERVICES 123,002 93,750 120,107 216,769 22 233,000 02000 DARRABIOL SERVICES 124,003 1,220 48,650 230,000 2								
22.00 02200 RAS ESRVI CES-OTHER PROM COSTS APPRVD 0 0 0 0 0 0 0 0 0			1, 200, 255	340, 033 0	1, 332, 666	11,000		21. 00
23.0 02300 PARAMEDIC SERVICES 121, 029, 029 216, 752 216, 752 217 218, 909 221, 021 218, 909 221, 021 218, 909 221, 021 218, 909 221, 021 218, 909 221, 021, 021, 021, 021, 021, 021, 021,			0	0		204 603		
23.0 02301 ECHOCARDI OLOY EDUCATION PROGRAW 44, 513 2, 817 47, 330 1, 320 48, 650 2:			123, 002	93. 750	216, 752			
INPART ENT ROUTINE SERVICE COST CENTERS 13,476,841 1,922,642 15,399,483 -1,303,924 14,095,559 31 00 03000 ADULTS & PEDIO LATRICS 13,476,841 1,922,642 15,399,483 -1,303,924 14,095,559 31 00 03000 INTERSIVE CARE UNIT 2,263,773 386,363 2,650,136 -64,504 2,188,437 34 10 00 04100 SUBPROVIDER - IRF 1,101,738 787,564 1,889,302 6,950 1,211,835 1,211,83			1					
33 00 0 03000 INTERSIVE CARE UNIT		-		, -		, , , ,		
35. 00 02060 REDMATAL INTENSIVE CARE UNIT 1,609,282 603,695 2,212,977 -24,540 2,188,437 43. 00 04300 SUBPROVIDED - I FIF 1,101,738 787,564 1,889,02 6,950 1,866,522 43. 00 04300 NURSERY 0 0 0 1,211,835	30.00	03000 ADULTS & PEDIATRICS	13, 476, 841	1, 922, 642	15, 399, 483	-1, 303, 924	14, 095, 559	30.00
44.0.0 04100 SUBPROVI DER - I RF 1, 101, 738 787, 564 1, 889, 302 6, 950 1, 896, 252 4* **ARCI LLARY SERVICE COST CENTERS** **ARCI LLARY SERVICE COST CENTERS** **ARCI LLARY SERVICE COST CENTERS** **SERVICE	31.00	03100 INTENSIVE CARE UNIT	2, 263, 773	386, 363	2, 650, 136	-64, 504	2, 585, 632	31.00
ABOOL MARCHARY SERVICE COST CENTERS								
ANCIL LARY SERVICE COST CENTERS 1,091,407 12,758,232 16,849,639 -5,852,283 10,997,356 51,00 05100 OFCATING ROOM 1,286,681 144,384 1,431,065 -49,887 1,381,178 57,520 05200 OFCATING ROOM 1,286,681 144,384 1,431,065 -49,887 1,381,178 57,530 0,05300 OFLI LYREY ROOM & LABOR ROOM 132,376 8,297 1,533,572 -102,451 1,431,121 57,530 0,05300 ANISTHESI OLOGY 0,1533,572 1,533,572 -102,451 1,431,121 57,540 0,5400 ANISTHESI OLOGY 1,455 3,486,602 476,203 844,805 -93,647 6,988,321 54,540 0,540 ANISTHESI OLOGY 1,455 348,608 476,203 844,805 -93,647 6,988,321 54,540 0,540 ANISTHESI OLOGY 39,544 21,783 61,347 0 61,347 55,540 0,5500 ANISTHESI OLOGY 39,544 21,783 61,347 0 61,347 55,540 0,5500 ANISTHESI OLOGY 292,599 53,550 0,550 ANISTHESI OLOGY 292,599 53,550 0,550 ANISTHESI OLOGY 292,599 53,550 0,550 ANISTHESI OLOGY 292,599 53,500 ANISTHESI OLOGY 290,599 30,500 4,5								
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Sacro OSSOO AMESTHESI OLOGY 0 1,533,572 1,533,572 1,533,572 1,634 1,645 1,634,593			1					
Section Sect								
54.01 05401 RADI OLOGY - 1 - 65 348, 802 476, 203 844, 805 585 845, 390 554 520 5402 ADIOLOGY DI ACNOSTIC - SJ 48, 048 11, 428 59, 476 365 59, 841 55, 50 05500 RADI OLOGY - THERAPUTIC 0 0 0 0 0 0 0 0 0 55 55, 50 30 5050 RADI OLOGY - THERAPUTIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· ·	-					
54.03 05403 LOWELL RADIOLOCY 39,564 21,783 61,347 0 61,347 55.00 05500 RADIOLOCY-THERAPEUTIC 0 0 0 0 0 0 55.00 05500 RADIOLOCY-THERAPEUTIC 0 0 0 0 0 0 55.00 05500 RADIOLOCY-THERAPEUTIC 0 0 0 0 0 0 55.00 05500 RADIOLOCY-THERAPEUTIC 292,529 58,111 350,640 2,028 352,668 55.03 03450 NEURO-ID AGNOSTICS 196,995 262,954 459,949 -60 459,889 55.03 03450 NEURO-ID AGNOSTICS 196,995 262,954 459,949 -60 459,889 55.03 03450 NEURO-ID AGNOSTICS 0 0 0 0 0 0 0 0 0			1 1					
55. 00 05500 ABDI OLOCY-THERAPEUTI C 0 0 0 0 5 5 5 5 5 0 0	54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	48, 048	11, 428	59, 476	365	59, 841	54. 02
55.01 05501 CARDI AC CATHERI ZATON LAB 717, 845 2, 941, 654 3, 659, 499 -2, 638, 130 1, 021, 369 55 50.2 03140 CARDI OLOCY 292, 529 58, 111 350, 640 2, 028 352, 668 55 50.2 03140 CARDI OLOCY 292, 529 58, 111 350, 640 2, 028 352, 668 55 50.2 03140 CARDI OLOCY 7, 691, 167 -9, 600 459, 889 55 60.0 06000 LABORATORY 0 0 0 0 0 0 0 0 0 0 0 66 60.0 10 60001 BLOOD LABORATORY 9 0 0 0 0 0 0 0 0 0 0 66 60.0 10 6600 DHSJOCAL THERAPY 922, 792 253, 710 1, 176, 502 -8, 083 1, 168, 419 66 60.0 10 6600 PhySI CAL THERAPY 730, 444 52, 915 783, 359 -42, 666 740, 693 66 60.0 10 6600 PhySI CAL THERAPY 1-55 370, 299 9, 126 379, 425 660 349, 485 66 740, 693 66 60.0 10 6600 PhySI CAL THERAPY ST JOHN 26, 527 898 27, 425 -68 27, 357 66 67 10 67010 OCCUPATI ONAL THERAPY 1-55 93, 746 1, 911 95, 657 -220 95, 437 67 67 10 67010 OCCUPATI ONAL THERAPY 1-55 93, 746 1, 911 95, 657 -220 95, 437 67 68 10 06801 SPEECH PATHOLOGY 1-55 112, 308 16, 020 128, 328 1, 328 429 152, 567 68 10 06801 SPEECH PATHOLOGY 1-55 112, 308 16, 020 128, 328 1, 328 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 1, 328 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 1, 338 429 152, 567 68 10 06900 ELECTROCARDI OLOGY 1-55 112, 308 16, 020 128, 328 100 128, 328 100 128, 328 100 128, 328 100 128, 328 100 128, 328	54. 03	05403 LOWELL RADI OLOGY	39, 564	21, 783	61, 347	0	61, 347	54. 03
55. 02 03140 CARDIOLOGY 55. 03 03450 NEURO-DIAGNOSTICS 196. 995 262. 954 459, 949 -60 459, 889 51 60. 00 06000 LABORATORY 0 0 7, 691, 167 7, 691, 167 -9, 960 7, 681, 207 66 60. 01 06001 BLOOD LABORATORY 0 0 0 0 0 0 0 0 0 60. 00 06000 LABORATORY 0 0 0 0 0 0 0 0 0 0 60. 00 06000 PART RETORY THERAPY 1 922, 792 73, 710 1, 176, 502 -8, 083 1, 186, 1419 64 66. 00 06600 PHYSI CAL THERAPY 1-65 370, 299 9, 126 379, 425 60 379, 485 66 66. 01 06601 PHYSI CAL THERAPY 1-55 370, 299 9, 126 379, 425 60 379, 485 66 66. 02 06602 PHYSI CAL THERAPY ST JOHN 1 26, 527 898 27, 425 68 27, 357 67 67. 00 06700 OCCUPATI ON AL THERAPY 1-55 93, 746 1, 911 95, 657 -220 95, 437 67 67. 01 06701 OCCUPATI ON THERAPY 1-55 93, 746 1, 911 95, 657 -220 95, 437 67 68. 00 06800 SPEECH PATHOLOGY 1-65 112, 308 16, 020 128, 328 1-1, 326 127, 002 68 68. 01 06801 SPEECH PATHOLOGY 1-65 112, 308 16, 020 128, 328 1-1, 326 127, 002 68 68. 01 06801 SPEECH PATHOLOGY 1-65 112, 308 16, 020 128, 328 1-1, 326 127, 002 68 69. 00 06900 ELECTROCARDI OLOGY 354, 955 18, 359 373, 324 2, 541 375, 865 67 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 3, 699, 483 3, 699, 483 7, 720 0700 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 3, 935, 145 3, 935, 145 7, 200 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 5, 811, 723 7, 73 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 5, 811, 723 7, 73 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 5, 811, 723 7, 73 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 5, 811, 723 7, 73 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 5, 811, 723 7, 74 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 5, 811, 723 7, 74 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 5, 811, 723 7, 74 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 5, 811, 723 7, 74 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 5, 811, 723 7, 74 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 5, 811, 723 5, 811, 723 7, 74 10 07400 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0			1 -1	0				55. 00
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67. 02 06702 0CCUPATIONAL THERAPY ST. JOHN 21,888 507 22,395 0 22,395 668.00 06800 SPEECH PATHOLOGY 150,891 1,247 152,138 429 152,567 668.01 06801 SPECH PATHOLOGY 1-65 112,308 16,020 128,328 -1,326 127,002 668.02 06802 SPEECH THERAPY ST. JOHN 14,861 1,430 16,291 0 16,291 69.00 06900 ELECTROCARDI OLOGY 354,965 18,359 373,324 2,541 375,865 677.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 3,699,483 3,699,483 77.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 3,935,145 3,935,145 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 5,811,723 5,811,723 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 3,935,145 3,935,145 74.00 07400 RENAL DIALYSIS 0 233,509 233,509 0 233,509 76.00 00 07400 RADIATION ONCOLOGY 447,541 513,504 961,045 240 961,285 76.00 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	67. 00	06700 OCCUPATI ONAL THERAPY	327, 021	2, 341	329, 362	265		67.00
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74. 00			1 -1	0				
76. 00 03020 RADIATION ONCOLOGY 447, 541 513, 504 961, 045 240 961, 285 76 OUTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 562, 242 124, 441 686, 683 2, 424 689, 107 961, 285 76 90. 01 09001 DIABETES CLINIC 69, 844 3, 299 73, 143 720 73, 863 96 90. 02 09002 OUTPATIENT CLINICS 5, 465 67, 162 72, 627 -55, 992 16, 635 96 90. 03 09003 OCCUPATIONAL MEDICINE CLINIC 344, 682 218, 880 563, 562 -2, 635 560, 927 96 90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0 2 2 0 0 2 96 91. 00 09100 EMERGENCY 2, 791, 678 723, 832 3, 515, 510 -141, 662 3, 373, 848 97 91. 01 09101 EMERGENCY ROOM PHYSICANS 2, 209, 372 57, 437 2, 266, 809 4, 540 2, 271, 349 97 91. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 5PECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE 435, 720 5, 066, 803 5, 502, 523 113				233, 509	233, 509			
90. 00 09000 CLINIC 562, 242 124, 441 686, 683 2, 424 689, 107 90. 01 09001 DI ABETES CLINIC 69, 844 3, 299 73, 143 720 73, 863 90. 02 09002 0UTPATIENT CLINICS 5, 465 67, 162 72, 627 -55, 992 16, 635 90. 03 09003 0CCUPATIONAL MEDICINE CLINIC 344, 682 218, 880 563, 562 -2, 635 560, 927 90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0 2 2 0 2 90. 04 09100 EMERGENCY 2, 791, 678 723, 832 3, 515, 510 -141, 662 3, 373, 848 91. 01 09101 EMERGENCY ROOM PHYSICANS 2, 209, 372 57, 437 2, 266, 809 4, 540 2, 271, 349 97. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART) SPECIAL PURPOSE COST CENTERS 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 INTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 INTEREST EXPENSE	76. 00		447, 541	513, 504	961, 045	240	961, 285	76. 00
90. 01 09001 DI ABETES CLINIC 69, 844 3, 299 73, 143 720 73, 863 90 90. 02 09002 0UTPATI ENT CLINICS 5, 465 67, 162 72, 627 -55, 992 16, 635 90 90. 03 09003 0CCUPATI ONAL MEDI CINE CLINIC 344, 682 218, 880 563, 562 -2, 635 560, 927 90 91. 00 09100 MEGNATOLOGY CLINIC-FRANCI SCAN POINT 0 2 2 0 2 90 91. 00 09100 MEGNECY 2, 791, 678 723, 832 3, 515, 510 -141, 662 3, 373, 848 91. 01 09101 MEGNECY ROOM PHYSI CANS 2, 209, 372 57, 437 2, 266, 809 4, 540 2, 271, 349 91. 02 09102 EXPRESS CARE 09200 085ERVATI ON BEDS (NON-DI STINCT PART) 92. 00 09200 085ERVATI ON BEDS (NON-DI STINCT PART) 92. 01 09101 MERCEST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 113. 00			,					
90. 02 09002 0UTPATI ENT CLINICS 5, 465 67, 162 72, 627 -55, 992 16, 635 90 90 90 90 90 90 90 9			1 1					90.00
90. 03 09003 OCCUPATI ONAL MEDI CI NE CLI NI C 344, 682 218, 880 563, 562 -2, 635 560, 927 90 90. 04 09004 NEONATOLOGY CLI NI C-FRANCI SCAN POI NT 0 2 2 0 2 90 90. 04 90. 04 09100 EMERGENCY 2, 791, 678 723, 832 3, 515, 510 -141, 662 3, 373, 848 90. 09101 EMERGENCY ROOM PHYSI CANS 2, 209, 372 57, 437 2, 266, 809 4, 540 2, 271, 349 90. 09102 EXPRESS CARE 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 90. 09101 OBSERVATI ON BEDS (NON-DISTINCT PART) 90. 09102 EXPRESS CARE 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 90. 09102 EXPRESS CARE 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 90. 09102 EXPRESS CARE 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 90. 09102 EXPRESS CARE 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 90. 09102 EXPRESS CARE 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 90. 09102 OBSERVATI ON BEDS (NON-DISTINCT PART)		1	1					
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0 2 2 0 2 90 91.00 91.00 91.00 EMERGENCY 2,791,678 723,832 3,515,510 -141,662 3,373,848 97.01 91.01 O9101 EMERGENCY ROOM PHYSI CANS 2,209,372 57,437 2,266,809 4,540 2,271,349 97.01 91.02 EXPRESS CARE 455,319 75,642 530,961 -19,622 511,339 97.01 91.00 91.00 085ERVATI ON BEDS (NON-DISTINCT PART) 92.00 085ERVATI ON BEDS (NON-DISTINCT PART) 92.00 92.00 085ERVATI ON BEDS (NON-DISTINCT PART) 92.00 93.00		1	1 1					
91. 00 09100 EMERGENCY 2, 791, 678 723, 832 3, 515, 510 -141, 662 3, 373, 848 99 91. 01 09101 EMERGENCY ROOM PHYSI CANS 2, 209, 372 57, 437 2, 266, 809 4, 540 2, 271, 349 99 91. 02 09102 EXPRESS CARE 455, 319 75, 642 530, 961 -19, 622 511, 339 99 99 99 99 90 000		1		∠18,880 1	303, 562	-2, 035		90. 03 90. 04
91. 01 09101 EMERGENCY ROOM PHYSI CANS 2, 209, 372 57, 437 2, 266, 809 4, 540 2, 271, 349 97 100			-	7)2 Q2) 7)2 Q2)	3 515 510	141 662		
91. 02 09102 EXPRESS CARE 455, 319 75, 642 530, 961 -19, 622 511, 339 97, 642 64, 64, 64, 64, 64, 64, 64, 64, 64, 64,			1					
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 92. 00 SPECI AL PURPOSE COST CENTERS 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 I NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 5, 066, 803 5, 502, 523 113. 00 11300 1 NTEREST EXPENSE 435, 720 5, 066, 803 5, 502, 523 113. 00 11300			1					
SPECI AL PURPOSE COST CENTERS 435, 720 435, 720 5, 066, 803 5, 502, 523 113				-,			, =3,	92.00
440 00L LOUDTOTALO (CUM OF LINEO 4 447)								
118. UU	118.00	SUBTOTALS (SUM OF LINES 1-117)	56, 493, 074	126, 878, 081	183, 371, 155	-26, 138	183, 345, 017	118. 00

Health Financial Systems FRAI	NCISCAN ST ANTHO	ONY HEALTH-CR	PT	In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der		eri od:	Worksheet A	
				rom 01/01/2014 o 12/31/2014	Date/Time Pre 5/26/2015 11:	pared: 01 pm_
Cost Center Description	Sal ari es	0ther	Total (col. 1	Recl assi fi cati	Reclassi fied	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3. 00	4. 00	5. 00	
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	468, 139	26, 697	494, 836	25, 323	520, 159	192. 00
194. 00 07950 FHC	0	79	79	0	79	194. 00
194.02 07952 OTHER NON REIMB - BUILDINGS	0	1, 520, 909	1, 520, 909	0	1, 520, 909	194. 02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	213, 400	179, 970	393, 370	815	394, 185	194. 03
200.00 TOTAL (SUM OF LINES 118-199)	57, 174, 613	128, 605, 736	185, 780, 349	0	185, 780, 349	200. 00

 Heal th Financial
 Systems
 FRANCISCAN ST ANTHONY HEALTH-CR PT

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 Provider CCN: 150126

Peri od: From 01/01/2014 To 12/31/2014

Date/Time Prepared: 5/26/2015 11:01 pm

			5/26/2015 11:	01 pm
Cost Center Description	Adjustments	Net Expenses		
	(See A-8) 6.00	For Allocation 7.00		
GENERAL SERVICE COST CENTERS	0.00	7.00		
1.00 O0100 CAP REL COSTS-BLDG & FLXT	2, 126, 262	12, 375, 950		1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	-395	6, 763, 806		2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1, 309, 140	15, 830, 144		4. 00
5.00 00500 ADMINISTRATIVE & GENERAL	-12, 359, 579			5. 00
6. 00 00600 MAI NTENANCE & REPAI RS	-25			6. 00
7. 00 00700 OPERATION OF PLANT	-227, 427	4, 883, 287		7. 00
7. 01 00701 OPERATION OF PLANT - FP	0	636, 941		7. 01
8.00 00800 LAUNDRY & LI NEN SERVI CE 9.00 00900 HOUSEKEEPI NG	0 0	492, 032 1, 710, 030		8. 00 9. 00
9. 01 01851 ENVI RONMENTAL SERVI CES - FP	-12, 726	139, 310		9. 00
10. 00 01000 DI ETARY	-127, 276		•	10.00
11. 00 01100 CAFETERI A	-777, 151	571, 851		11.00
13. 00 01300 NURSING ADMINISTRATION	-5, 903		·	13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	-347, 783			14. 00
15. 00 01500 PHARMACY	-184, 675			15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY	-2, 107	1, 885, 958		16. 00
17.00 01700 SOCIAL SERVICE	-94, 198	1, 469, 770		17. 00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		21. 00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	204, 603	1	22. 00
23. 00 02300 PARAMEDI C SERVI CES	-525	216, 444	•	23. 00
23. 01 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	48, 650)	23. 01
30.00 O3000 ADULTS & PEDIATRICS	-1, 425, 757	12, 669, 802	,	30.00
31. 00 03100 NTENSIVE CARE UNIT	-1, 425, 757	2, 585, 632	l e e e e e e e e e e e e e e e e e e e	31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	0	2, 188, 437		35.00
41. 00 04100 SUBPROVI DER - RF	-172, 890			41. 00
43. 00 04300 NURSERY	0	1, 211, 835		43. 00
ANCILLARY SERVICE COST CENTERS		, , ,		
50. 00 05000 OPERATI NG ROOM	-454, 101	10, 543, 255		50. 00
51.00 05100 RECOVERY ROOM	0	1, 381, 178		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	141, 897		52. 00
53. 00 05300 ANESTHESI OLOGY	-1, 200, 000			53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	-96, 272	6, 892, 049		54.00
54. 01 05401 RADI OLOGY - I -65	0 244	845, 390		54. 01
54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ	-9, 346	50, 495		54. 02
54. 03 05403 LOWELL RADI OLOGY 55. 00 05500 RADI OLOGY-THERAPEUTI C	0	61, 347		54. 03 55. 00
55. 00 05500 RADI OLOGY - THERAPEUTI C 55. 01 05501 CARDI AC CATHERI ZATON LAB	-18, 707	1, 002, 662		55. 00
55. 02 03140 CARDI OLOGY	-12, 002	340, 666		55. 02
55. 03 03450 NEURO-DI AGNOSTI CS	-1, 667	458, 222		55. 03
60. 00 06000 LABORATORY	-23, 841	7, 657, 366		60.00
60. 01 06001 BLOOD LABORATORY	0	0		60. 01
65. 00 06500 RESPIRATORY THERAPY	-6, 088	1, 162, 331		65. 00
66. 00 06600 PHYSI CAL THERAPY	-300	740, 393		66. 00
66. 01 06601 PHYSI CAL THERAPY I -65	0	379, 485	•	66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN	0	27, 357		66. 02
67. 00 06700 0CCUPATI ONAL THERAPY	0		.1	67. 00
67. 01 06701 0CCUPATION THERAPY I -65	0	95, 437		67. 01
67. 02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	22, 395	i e	67. 02
68. 00 06800 SPEECH PATHOLOGY 68. 01 06801 SPEECH PATHOLOGY 1 -65	0	152, 567 127, 002		68. 00 68. 01
68. 02 06802 SPEECH THERAPY ST. JOHN	0	16, 291		68. 02
69. 00 06900 ELECTROCARDI OLOGY	-3, 737	372, 128		69.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0,707	3, 699, 483		71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5, 811, 723	•	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3, 935, 145		73. 00
74.00 07400 RENAL DIALYSIS	0	233, 509		74.00
76. 00 03020 RADIATION ONCOLOGY	0	961, 285		76. 00
OUTPATIENT SERVICE COST CENTERS				
90. 00 09000 CLI NI C	-31, 665	657, 442	l control of the cont	90.00
90. 01 09001 DI ABETES CLINIC	0	73, 863		90. 01
90. 02 09002 OUTPATIENT CLINICS	0	16, 635	·	90. 02
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC	-167, 794	393, 133		90. 03
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 91. 00 09100 EMERGENCY	4 211	2 240 427	·	90. 04 91. 00
91. 00 09100 EMERGENCY 91. 01 09101 EMERGENCY ROOM PHYSI CANS	-4, 211	3, 369, 637 1, 726, 100		91.00
91. 01 09101 EMERGENCY ROOM PHYSICANS 91. 02 09102 EXPRESS CARE	-4, 007, 537 0	-1, 736, 188 511, 339		91.01
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		311, 337		92.00
SPECIAL PURPOSE COST CENTERS			<u> </u>	1 00
113. 00 11300 NTEREST EXPENSE	-5, 502, 523	0		113. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-23, 842, 806			118. 00
NONREI MBURSABLE COST CENTERS				
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	520, 159		192. 00

Health Financial Systems	FRANCISCAN ST ANTHONY HEALTH			HEALTH-CR	PT		In Lieu of Form CMS-2552-10				52-10
RECLASSIFICATION AND ADJUSTMENTS OF	TRIAL BALANCE OF	EXPENSES		Provi der	CCN:	150126	Period From O	: 1/01/2014	Worksheet	Α	
									Date/Ti me 5/26/2015		
Cook Cook of Door of the cook		A -11	NI - ±	F							

			3/20/2013 11.0	Ji pili
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7. 00		
194. 00 07950 FHC	0	79		194. 00
194.02 07952 OTHER NON REIMB - BUILDINGS	0	1, 520, 909		194. 02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	394, 185		194. 03
200.00 TOTAL (SUM OF LINES 118-199)	-23, 842, 806	161, 937, 543		200.00

FRANCISCAN ST ANTHONY HEALTH-CR PT
Provi der CCN: 150126 Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm

	Cook Cooker	Increases	C-1	0+1	
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00	
	A - CAFETERIA				
1. 00	CAFETERI A	11.00	78 <u>0, 7</u> 15 780, 715	<u>568, 287</u> 568, 287	1.0
	B - CENTRAL SUPPLY				
1. 00	ADMI NI STRATI VE & GENERAL	5.00	1 <u>1, 4</u> 37 11, 437	2 <u>6, 5</u> 15 26, 515	1.0
	C - SECURI TY				
1. 00	PHYSICIANS' PRIVATE OFFICES	192. 00	2 <u>0, 1</u> 84 20, 184	<u>595</u> 595	1.0
	D - CAPITAL			<u>'</u>	
1. 00	CAP REL COSTS-MVBLE EQUIP		0	6, 692, 960 6, 692, 960	1.0
	E - CHARGEABLE SUPPLIES				
1. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	585	1.0
2.00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	53	2.0
3. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	o	200	3.0
4. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	0	22	4.0
	PATI ENTS			22	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	18, 154	5.0
6.00	CENTRAL SERVICES & SUPPLY	14.00	O	12	6. 0
7. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	151	7.0
8.00	MEDICAL SUPPLIES CHARGED TO	71. 00	O	190, 802	8.0
9. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	o	76, 771	9.0
10. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	0	33, 589	10.0
	PATI ENTS				
11. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	5, 493	11.0
12. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	2, 296, 699	12.0
13. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	О	67, 905	13.0
14. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	0	36	14.0
	PATI ENTS				
15. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	101, 366	15. 0
16. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	129, 657	16. 0
17. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	О	315	17. 0
18. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	0	85	18.0
19. 00	PATIENTS	71 00	0	459, 518	10.0
19.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00		459, 518	19. 0
20. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	412	20.0
21. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	О	60	21.0
22. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	О	9, 960	22. 0
23. 00	PATI ENTS		0		
	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00		15, 413	23. 0
24. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	45, 549	24.0
25. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	2, 970	25. 0
26. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	О	68	26. 0
27. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	0	1, 175	27. 0
	PATI ENTS				
28. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	940	28. 0
29. 00	SPEECH PATHOLOGY	68.00	O	429	29. 0
30. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	1, 322	30. 0
31. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	129	31.0
32. 00	PATIENTS MEDICAL SUPPLIES CHARGED TO	71. 00	О	4, 022	32.0
	PATI ENTS				

FRANCISCAN ST ANTHONY HEALTH-CR PT
Provi der CCN: 150126 Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm

		Increases			3/20/2013 11.01	рііі
	Cost Center	Li ne #	Sal ary	Other		
	2. 00	3.00	4.00	5. 00		
33.00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	4, 606	33	3. 00
24 00	PATIENTS	71 00		E4 000	24	4 00
34. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	56, 009	34	4. 00
35. 00	MEDICAL SUPPLIES CHARGED TO	71.00	o	2, 875	35	5. 00
00.00	PATI ENTS	, 00	٩	2,070		5. 00
36.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	149, 712	36	6. 00
	PATI ENTS					
37. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22, 860	37	7. 00
38. 00	MEDICAL SUPPLIES CHARGED TO	71.00	o	446	3,5	8. 00
30.00	PATI ENTS	71.00	٩	770		3. 00
	0 = = = =	+		3, 700, 370		
	F - PROPERTY INSURANCE					
1. 00	CAP REL COSTS-MVBLE EQUIP		0	7 <u>1, 2</u> 41		1. 00
	O LINTERNIC AND DECLIDENTS		0	71, 241		
1. 00	G - INTERNS AND RESIDENTS I&R SERVICES-OTHER PRGM	22.00	0	204, 603	1	1. 00
1.00	COSTS APPRVD	22.00	٩	204, 003	'	1.00
	0	+		204, 603		
	H - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	164, 309		1. 00
2. 00	ADMINISTRATIVE & GENERAL	5. 00	0	669, 034		2. 00
3. 00	ADMI NI STRATI VE & GENERAL		}	4 <u>2, 4</u> 7 <u>2</u>		3. 00
	U I - NURSERY		0	875, 815		
1. 00	NURSERY	43.00	1, 052, 510	159, 325	1	1. 00
	0		1, 052, 510	159, 325		00
	J - WELLNESS		<u> </u>	•		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	4, 258	0		1. 00
2. 00	ADMINISTRATIVE & GENERAL	5. 00	25, 340	0		2. 00
3.00	MAINTENANCE & REPAIRS	6.00	5, 998	0		3. 00
4. 00 5. 00	OPERATION OF PLANT HOUSEKEEPING	7. 00 9. 00	5, 580 24, 633	0		4. 00 5. 00
6. 00	ENVIRONMENTAL SERVICES - FP	9. 01	895	0		6. 00
7. 00	DI ETARY	10. 00	14, 438	0		7. 00
8.00	NURSING ADMINISTRATION	13.00	12, 023	0		8. 00
9. 00	CENTRAL SERVICES & SUPPLY	14.00	10, 860	0	G	9. 00
10.00	PHARMACY	15. 00	13, 418	0		0. 00
11.00	MEDICAL RECORDS & LIBRARY	16.00	4, 680	0		1.00
12. 00 13. 00	SOCIAL SERVICE PARAMEDIC SERVICES	17. 00 23. 00	11, 080	0		2. 00 3. 00
14. 00	ECHOCARDI OLOGY EDUCATI ON	23. 00	368 1, 320	0		4. 00
14.00	PROGRAM	25.01	1, 320	O	'`	4. 00
15.00	ADULTS & PEDIATRICS	30.00	111, 418	0	15	5. 00
16.00	INTENSIVE CARE UNIT	31.00	16, 635	0		6. 00
17. 00	NEONATAL INTENSIVE CARE UNIT	35. 00	10, 455	0		7. 00
18.00	SUBPROVI DER - I RF	41.00	12, 615	0		8. 00 9. 00
19. 00 20. 00	OPERATING ROOM RECOVERY ROOM	50. 00 51. 00	37, 438 18, 150	0		9. 00 0. 00
21. 00	DELIVERY ROOM & LABOR ROOM	52.00	1, 260	0		1. 00
22. 00	RADI OLOGY-DI AGNOSTI C	54.00	40, 043	0		2. 00
23. 00	RADI OLOGY - I -65	54. 01	900	0		3. 00
24.00	RADIOLOGY DIAGNOSTIC - SJ	54.02	450	0	24	4. 00
25. 00	CARDI AC CATHERI ZATON LAB	55. 01	6, 960	0		5. 00
26. 00	CARDI OLOGY	55. 02	2, 440	0		6. 00
27. 00	RESPIRATORY THERAPY	65.00	7, 330	0		7. 00 8. 00
28. 00 29. 00	PHYSICAL THERAPY PHYSICAL THERAPY I-65	66. 00 66. 01	2, 883 3, 030	0		8. 00 9. 00
30. 00	OCCUPATI ONAL THERAPY	67. 00	1, 440	0		0.00
31. 00	OCCUPATION THERAPY I -65	67. 01	720	0		1. 00
32. 00	ELECTROCARDI OLOGY	69.00	2, 670	0		2. 00
33.00	RADIATION ONCOLOGY	76. 00	4, 268	0		3. 00
34.00	CLINIC	90.00	7, 030	0		4. 00
35. 00	DI ABETES CLINIC	90. 01	720	0		5. 00
36.00	OCCUPATIONAL MEDICINE CLINIC	90. 03	240	0		6. 00
37. 00 38. 00	EMERGENCY EMERGENCY ROOM PHYSICANS	91. 00 91. 01	17, 148 4, 540	0		7. 00 8. 00
39. 00	EXPRESS CARE	91.01	3, 238	0		9. 00
40. 00	PHYSICIANS' PRIVATE OFFICES	192.00	4, 990	0		0. 00
41. 00	OTHR NON REIM-FHC BEHAVORIAL	194. 03	815	0		1. 00
	HEALTH		↓			
	0		454, 717	0		

Health Financial Systems RECLASSIFICATIONS Peri od: Worksheet A-6
From 01/01/2014
To 12/31/2014
Date/Time Prepared: 5/26/2015 11:01 pm Provi der CCN: 150126

					5/26/2015 11:01	pm_
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
	K - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73. 00	•	<u>3, 935, 1</u> 45	1	1.00
	0		0	3, 935, 145		
	L - IMPLANT RECLASS					
1. 00	IMPL. DEV. CHARGED TO	72. 00	0	120	1	1.00
	PATI ENTS	70.00		40 705		
2.00	IMPL. DEV. CHARGED TO	72. 00	0	12, 705	2	2. 00
	PATI ENTS	70.00				
3.00	IMPL. DEV. CHARGED TO	72. 00	O	4, 368	3	3. 00
4 00	PATI ENTS	70.00		1 40/		
4.00	IMPL. DEV. CHARGED TO	72. 00	٥	1, 406	4	1. 00
5. 00	PATIENTS IMPL. DEV. CHARGED TO	72. 00	0	170		: 00
5.00	PATIENTS	72.00	۷	172) o	5. 00
6. 00	IMPL. DEV. CHARGED TO	72. 00	0	3, 593, 022		5. 00
0.00	PATIENTS	72.00	٥	3, 393, 022	0). 00
7. 00	IMPL. DEV. CHARGED TO	72.00	0	132	7	7. 00
7.00	PATI ENTS	72.00		132	,	. 00
8. 00	IMPL. DEV. CHARGED TO	72.00	0	1, 085	8	3. 00
0.00	PATI ENTS	72.00	Ĭ	1, 000		. 00
9.00	IMPL. DEV. CHARGED TO	72. 00	o	4, 033	9	9. 00
	PATI ENTS			.,		
10.00	IMPL. DEV. CHARGED TO	72. 00	О	2, 185, 572	10	0. 00
	PATI ENTS					
11.00	IMPL. DEV. CHARGED TO	72.00	O	4	11	1.00
	PATI ENTS					
12.00	IMPL. DEV. CHARGED TO	72.00	0	6	12	2. 00
	PATI ENTS					
13.00	OUTPATIENT CLINICS	90. 02	0	17		3. 00
14.00	IMPL. DEV. CHARGED TO	72. 00	0	9, 098	14	1. 00
	PATI ENTS					
	0		0	5, 811, 740		
	M - INTEREST EXPENSE	1	1	T		
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2, 655, 142	· ·	1. 00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	•	428, 679	2	2. 00
	0		0	3, 083, 821		
	N - DEBT SERVICE ASSESSMENT					
1.00	INTEREST EXPENSE	11300	•	<u>8, 150, 6</u> 24	1	1.00
	TOTALS		0	8, 150, 624		
500.00	Grand Total: Increases		2, 319, 563	33, 281, 041	500	0. 00

Health Financial Systems RECLASSIFICATIONS Peri od: From 01/01/2014 To 12/31/2014 Worksheet A-6 Date/Time Prepared: 5/26/2015 11:01 pm Provi der CCN: 150126

						5/26/2015 11:01
		Decreases	6.1	011		
	Cost Center 6.00	Li ne #	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00	
	A - CAFETERIA	7.00	8.00	9.00	10.00	
00	DI ETARY	10.00	780, 715	568, 287	0	
	0		780, 715	568, 287		
	B - CENTRAL SUPPLY	<u>'</u>			· · · · · · · · · · · · · · · · · · ·	
00	CENTRAL SERVICES & SUPPLY	14. 00	11, 437	26, 515	0	
	0		11, 437	26, 515		
	C - SECURITY					
00	OPERATION OF PLANT	700	<u>20, 1</u> 84	<u>5</u> 95		
	0		20, 184	595		
	D - CAPITAL					
00	CAP REL COSTS-BLDG & FIXT	1.00	•	<u>6, 692, 960</u>		
	0		0	6, 692, 960		
	E - CHARGEABLE SUPPLIES	1	_1			
00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	585		
00	ADMI NI STRATI VE & GENERAL	5.00	0	53		-
00	OPERATION OF PLANT	7.00	0	200	l 1	,
00	NURSI NG ADMI NI STRATI ON	13.00	0	22	l .	
00	CENTRAL SERVICES & SUPPLY	14.00	0	18, 154	l 1	
00 00	PHARMACY DADAMEDIC SERVICES	15. 00	U	12 151	0	=
00 00	PARAMEDIC SERVICES ADULTS & PEDIATRICS	23. 00 30. 00	0	151 190, 802	0	-
)O	INTENSIVE CARE UNIT	30.00	0	76, 771	0	
00	NEONATAL INTENSIVE CARE UNIT	31.00 35.00	0	33, 589		10
00	SUBPROVIDER - IRF	41. 00	0	5, 493	1	11
00	OPERATING ROOM	50.00	0	2, 296, 699		1
00	RECOVERY ROOM	51.00		2, 290, 099 67, 905	0	13
00	DELIVERY ROOM & LABOR ROOM	52. 00	o	36	1	1,
00	ANESTHESI OLOGY	53.00	0	101, 366	l !	15
. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	129, 657	0	10
00	RADI OLOGY - I -65	54. 01	0	315	l !	1
00	RADIOLOGY DIAGNOSTIC - SJ	54. 02	Ö	85	1	18
00	CARDIAC CATHERIZATON LAB	55. 01	Ö	459, 518	l !	19
00	CARDI OLOGY	55. 02	0	412	l .	20
00	NEURO-DI AGNOSTI CS	55. 03	Ö	60	1	2.
. 00	LABORATORY	60.00	Ö	9, 960	l !	22
. 00	RESPI RATORY THERAPY	65. 00	o	15, 413	1	23
. 00	PHYSI CAL THERAPY	66.00	o	45, 549	l .	24
. 00	PHYSICAL THERAPY I-65	66. 01	o	2, 970	l 1	2!
. 00	PHYSICAL THERAPY ST JOHN	66. 02	o	68	l 1	20
. 00	OCCUPATI ONAL THERAPY	67. 00	o	1, 175	o	2
. 00	OCCUPATION THERAPY I-65	67. 01	o	940	l 1	28
. 00	MEDICAL SUPPLIES CHARGED TO	71.00	o	429	o	29
	PATI ENTS					
. 00	SPEECH PATHOLOGY I -65	68. 01	О	1, 322	o	30
00	ELECTROCARDI OLOGY	69. 00	o	129	0	3.
00	RADIATION ONCOLOGY	76. 00	0	4, 022	0	32
00	CLINIC	90.00	0	4, 606		33
00	OUTPATIENT CLINICS	90. 02	0	56, 009	0	34
00	OCCUPATIONAL MEDICINE CLINIC	90. 03	0	2, 875		3!
00	EMERGENCY	91. 00	0	149, 712	l 1	36
00	EXPRESS CARE	91. 02	0	22, 860	l 1	3
00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	•	446		38
	0		0	3, 700, 370		
	F - PROPERTY INSURANCE					
00	CAP REL COSTS-BLDG & FIXT			7 <u>1, 2</u> 41		
	U ATERNO AND DECLETION		0	71, 241		
20	G - INTERNS AND RESIDENTS	=1		00: ::		
00	ADMI NI STRATI VE & GENERAL			204, 603		
	U LNCUDANCE		0	204, 603		
00	H - INSURANCE	4 00	ما	1// 202	4.4	
0	EMPLOYEE BENEFITS DEPARTMENT	4.00	U	164, 309	l .	
0	CAP REL COSTS-BLDG & FIXT	1.00	0	669, 034		
00	CAP REL COSTS-BLDG & FIXT			4 <u>2,472</u>		;
	I - NURSERY		U	875, 815		
00		20 00	1 052 510	150 225		
00	ADULTS & PEDIATRICS	30.00	1, 052, 510 1, 053, 510	15 <u>9, 325</u>		
	J - WELLNESS		1, 052, 510	159, 325		
00	EMPLOYEE BENEFITS DEPARTMENT	4.00	ما	454, 717		
)O)O	LIVII LUTEL DENEFT 13 DEPARTMENT	0.00	0	404, /1/	0	
		0.00	U	0	1	1
00		0.00	U	0	1	
JU		0.00	0	0	I	,
00				U	. 01	

Peri od: From 01/01/2014 To 12/31/2014

Date/Time Prepared: 5/26/2015 11:01 pm

						5/26/2015 11:	UI pm
	0 1 0 1	Decreases	6.1	0.11			
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
7.00	6. 00	7.00	8. 00	9. 00	10.00		7 00
7. 00 8. 00		0. 00 0. 00	0	0	_		7. 00 8. 00
9. 00		0.00	0	0	0		9.00
10. 00		0.00	0	0	0		10.00
11. 00		0.00	0	0	0		11.00
12. 00		0.00	0	0	0		12.00
13. 00		0.00	0	0	0		13. 00
14. 00		0.00	0	0	0		14. 00
15. 00		0.00	0	0	0		15. 00
16. 00		0.00	0	0	0		16. 00
17. 00		0.00	0	0	0		17. 00
18. 00		0.00	0	0	0		18.00
19. 00		0.00	0	0	0		19. 00
20. 00		0.00	0	0	0		20.00
21. 00		0.00	0	0			21. 00
22. 00		0.00	0	0	0		22. 00
23. 00		0.00	0	0	0		23. 00
24. 00		0.00	0	0	0		24. 00
25. 00		0.00	0	0	0		25. 00
26. 00		0.00	0	0	0		26. 00
27. 00		0.00	0	0	0		27. 00
28. 00		0.00	0	0	_		28. 00
29. 00		0.00	0	0	0		29. 00
30.00		0.00	0	0			30.00
31. 00		0.00	0	0	0		31.00
32. 00		0.00	0	0	0		32.00
33. 00		0.00	0	0	0		33. 00
34. 00		0.00	0	0	0		34.00
35. 00		0.00	0	0	0		35. 00
36. 00		0.00	0	0	0		36.00
37. 00		0.00	0	0	0		37. 00
38. 00		0.00	0	0	0		38. 00
39. 00		0.00	0	0	0		39. 00
40. 00		0.00	0	0	0		40.00
41. 00		0.00	o	0	0		41. 00
41.00			— — — ö	454, 717			41.00
	K - PHARMACY		<u> </u>	757, 717			1
1. 00	PHARMACY	15. 00	0	3, 935, 145	0		1.00
1.00	0		— — ŏ				1.00
	L - IMPLANT RECLASS		<u> </u>	0, 700, 110			1
1. 00	CENTRAL SERVICES & SUPPLY	14. 00	0	120	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	o	12, 705			2. 00
3.00	INTENSIVE CARE UNIT	31.00	O	4, 368			3. 00
4. 00	NEONATAL INTENSIVE CARE UNIT	35.00	O	1, 406			4. 00
5.00	SUBPROVI DER - I RF	41. 00	Ö	172			5. 00
6.00	OPERATING ROOM	50.00	o	3, 593, 022	0		6. 00
7. 00	RECOVERY ROOM	51. 00	Ö	132	0		7. 00
8.00	ANESTHESI OLOGY	53.00	0	1, 085			8. 00
9. 00	RADI OLOGY-DI AGNOSTI C	54.00	o	4, 033			9. 00
10.00	CARDI AC CATHERI ZATON LAB	55. 01	O	2, 185, 572			10.00
11. 00	SPEECH PATHOLOGY I -65	68. 01	o	4	0		11. 00
12. 00	RADI ATI ON ONCOLOGY	76.00	Ö	. 6	0		12. 00
13. 00	MEDICAL SUPPLIES CHARGED TO	71.00	0	17			13. 00
13.00	PATI ENTS	71.00	Ĭ	17			13.00
14.00	EMERGENCY	91.00	0	9, 098	0		14.00
00	lo		$-$	5, 811, 740			
	M - INTEREST EXPENSE		٥	2,011,710			1
1.00	INTEREST EXPENSE	113. 00	0	2, 655, 142	11		1.00
2. 00	INTEREST EXPENSE	113.00	Ö	428, 679			2. 00
50	0		$-$	3, 083, 821			
	N - DEBT SERVICE ASSESSMENT		<u> </u>	3, 000, 021			1
1. 00	ADMINISTRATIVE & GENERAL	5. 00	0	8, 150, 624	0		1.00
1. 50	TOTALS		— — — ŏ	8, 150, 624			
500 00	Grand Total: Decreases		1, 864, 846				500.00
223.00	1	1	., 55 1, 540	55, 755, 750	1	ı	, 555. 55

9.00

Reconciling Items

10.00 Total (line 8 minus line 9)

9.00

10.00

RECONCILIATION OF CAPITAL COSTS CENTERS Provi der CCN: 150126 Peri od: Worksheet A-7 From 01/01/2014 Part I Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm Acqui si ti ons Begi nni ng Purchases Total Di sposal s and Donati on Bal ances Retirements 2.00 3.00 4. 00 5. 00 1 00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 12, 496, 378 1.00 0 1.00 13, 026, 897 0 466, 542 2.00 Land Improvements 466, 542 0 2.00 153, 700, 591 0 3. 00 3.00 Buildings and Fixtures 196, 480 196, 480 0 Building Improvements 0 4.00 796, 915 0 4.00 5.00 Fixed Equipment 119, 070, 407 7, 721, 099 0 7, 721, 099 0 5.00 0 6.00 Movable Equipment 0 6.00 0 7.00 HIT designated Assets 0 7.00 8.00 Subtotal (sum of lines 1-7) 299, 091, 188 8, 384, 121 8, 384, 121 0 8.00 9.00 Reconciling Items 0 0 9.00 Total (line 8 minus line 9) 299, 091, 188 8, 384, 121 8, 384, 121 10.00 10.00 0 0 Endi ng Bal ance Fully Depreci ated Assets 6.00 7.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 12, 496, 378 0 1.00 2.00 Land Improvements 13, 493, 439 0 2.00 153, 897, 071 3.00 Buildings and Fixtures 0 3.00 0) 4.00 Building Improvements 796, 915 4.00 5.00 Fi xed Equipment 126, 791, 506 0 5.00 Movable Equipment 0 6.00 6.00 7.00 HIT designated Assets 0 7.00 Subtotal (sum of lines 1-7) 8.00 307, 475, 309 0 8.00

307, 475, 309

0

Health Financial Systems FRAI	NCISCAN ST ANTH	IONY HEALTH-CR	PT	In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der		Peri od: From 01/01/2014	Worksheet A-7 Part II	
				To 12/31/2014	Date/Time Pre	
					5/26/2015 11:	01 pm
		Sl	JMMARY OF CAP	TAL		
Cost Center Description	Depreciation	Lease	Interest	Insurance (see	Taxes (see	
				instructions)	instructions)	
	9. 00	10.00	11.00	12.00	13. 00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00 CAP REL COSTS-BLDG & FLXT	13, 749, 408	C)	0 727, 857	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)	13, 749, 408	0		0 727, 857	0	3. 00
	SUMMARY 0	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				

1. 00 2. 00 3. 00

Heal th	Financial Systems FRAN	NCISCAN ST ANTH	HONY HEALTH-CR	PT	In Lie	u of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der		Period: From 01/01/2014	Worksheet A-7 Part III	
					To 12/31/2014		pared:
		COM	PUTATION OF RAT	TIOS	ALLOCATION OF		O I DIII
	Cook Cooks December	C A+-	l c:+-1:	I C	D-+: - (
	Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio	Ratio (see instructions)	Insurance	
			Louded	(col . 1 - col .			
				2)			
	DART 111 DECONOLULATION OF CARLEY COOTS OF	1.00	2.00	3. 00	4. 00	5. 00	
1. 00	PART III - RECONCILIATION OF CAPITAL COSTS CE	-NTERS		J.	1 000000	0	1.00
2.00	CAP REL COSTS-BLDG & FIXI	0	0		1. 000000 0. 000000	-	2.00
3.00	Total (sum of lines 1-2)	0			1. 000000		3. 00
	(ALLOCA [*]	TION OF OTHER (CAPI TAL		F CAPITAL	0.00
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
			Capi tal -Rel ate d Costs	cols. 5 through 7)			
		6. 00	7.00	8. 00	9. 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE		7.00	0.00	7.00	10.00	
1.00	CAP REL COSTS-BLDG & FIXT	0	0	(7, 056, 448	0	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	_)	6, 692, 960		2. 00
3.00	Total (sum of lines 1-2)	0		I (13, 749, 408	0	3. 00
			St	JMMARY OF CAPI	IAL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
			instructions)	instructions)			
					d Costs (see	through 14)	
		11.00	12.00	13.00	instructions)	15. 00	
	DADT III DECONCILIATION OF CADITAL COSTS OF		12.00	13.00	14.00	13.00	

2, 964, 103 71, 241 3, 035, 344

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS
CAP REL COSTS-BLDG & FIXT 2

CAP REL COSTS-MVBLE EQUIP Total (sum of lines 1-2)

727, 857

727, 857

0 0 0

1, 627, 542 -395 1, 627, 147

12, 375, 950 6, 763, 806 19, 139, 756

1.00

2. 00

1.00

2.00

Provider CCN: 150126

Peri od:

From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm Expense Classification on Worksheet A 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 1.00 Investment income - CAP REL -5, 969 CAP REL COSTS-BLDG & FLXT 1. 00 В 1.00 11 COSTS-BLDG & FIXT (chapter 2) 2.00 Investment income - CAP REL OCAP REL COSTS-MVBLE EQUIP 2.00 2.00 COSTS-MVBLE EQUIP (chapter 2) 3.00 Investment income - other 0.00 3.00 (chapter 2) Trade, quantity, and time 4 00 4 00 0 00 discounts (chapter 8) 5.00 Refunds and rebates of 0.00 5.00 expenses (chapter 8) Rental of provider space by 6.00 0.00 6.00 suppliers (chapter 8) Tel ephone servi ces (pay 7.00 0.00 7.00 stations excluded) (chapter 8.00 Tel evi si on and radio servi ce 0.00 8.00 (chapter 21) Parking lot (chapter 21) 9.00 0.00 9.00 Provider-based physician -7, 399, 015 A-8-2 10.00 10.00 adj ustment -2, 363 RADI OLOGY-DI AGNOSTI C 11.00 Sale of scrap, waste, etc. В 54.00 11.00 (chapter 23) Related organization 12.00 A-8-1 -1, 532, 632 12.00 transactions (chapter 10) 13 00 Laundry and linen service 0 00 13 00 14.00 Cafeteria-employees and guests В -744, 047 CAFETERI A 11.00 14.00 Rental of quarters to employee 15.00 15.00 0.00 and others 16.00 Sale of medical and surgical 0 0.00 16.00 supplies to other than pati ents 17.00 Sale of drugs to other than 0.00 17.00 pati ents 18.00 Sale of medical records and 0.00 18.00 abstracts Nursing school (tuition, fees, 19.00 19 00 0 00 books, etc.) 20.00 Vending machines В -3, 292 CAFETERI A 11.00 20.00 Income from imposition of 21.00 0.00 21.00 interest, finance or penalty charges (chapter 21) Interest expense on Medicare 0 00 22 00 22.00 0 overpayments and borrowings to repay Medicare overpayments Adjustment for respiratory ORESPIRATORY THERAPY 23.00 23.00 A - 8 - 365.00 therapy costs in excess of limitation (chapter 14) OPHYSICAL THERAPY 66.00 24 00 24.00 Adjustment for physical A-8-3 therapy costs in excess of limitation (chapter 14) 25.00 Utilization review 0 *** Cost Center Deleted *** 114.00 25.00 physicians' compensation (chapter 21) Depreciation - CAP REL OCAP REL COSTS-BLDG & FIXT 26.00 1.00 26.00 COSTS-BLDG & FLXT 27.00 Depreciation - CAP REL OCAP REL COSTS-MVBLE EQUIP 2.00 27.00 COSTS-MVBLE EQUIP 28.00 Non-physician Anesthetist 0 *** Cost Center Deleted *** 19.00 28.00 Physicians' assistant 29. 00 29 00 0.00 30.00 Adjustment for occupational A-8-3 O OCCUPATIONAL THERAPY 67.00 30.00 therapy costs in excess of limitation (chapter 14) OADULTS & PEDIATRICS 30. 99 Hospice (non-distinct) (see 30.00 30.99 instructions) 31.00 Adjustment for speech OSPEECH PATHOLOGY 68 00 31.00 A-8-3 pathology costs in excess of limitation (chapter 14) 32.00 CAH HIT Adjustment for 0.00 32.00 Depreciation and Interest DI ETARY REVENUE 33 00 В -29 812 CAFFTERIA 11 00 33 00 O 33. 01 PENSI ON EXPENSE 1, 338, 249 EMPLOYEE BENEFITS DEPARTMENT Α 4.00 0 33.01

Provi der CCN: 150126

Peri od:

From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted Basi s/Code (2) Cost Center Cost Center Description Line # Wkst. A-7 Ref. Amount 1.00 2.00 3.00 4.00 5.00 33. 02 ADVERTISING -752, 025 ADMI NI STRATI VE & GENERAL 33. 02 5.00 Α -3, 567, 313 I NTEREST EXPENSE 33.03 NON ALLOWABLE INTEREST EXP Α 113.00 0 33.03 33.04 UNCLAIMED PROPERTY RECEIPTS В -3, 994 ADMI NI STRATI VE & GENERAL 5.00 33.04 0 33.05 MI SCELLANEOUS - OTHER -34, 081 ADMINISTRATI VE & GENERAL 33.05 В 5.00 OPERATI NG CAPITAL CARRY-FORWARD -- OLD 33.06 -14, 913 CAP REL COSTS-MVBLE EQUIP Α 2.00 14 33.06 33.07 CAPITAL CARRY-FORWARD -- NEW Α 14, 518 CAP REL COSTS-MVBLE EQUIP 2.00 14 33.07 LOBBYING DUES 2, 976 ADMINI STRATI VE & GENERAL 33.08 Α 5.00 33.08 PATIENT/PHYSICIAN TELEPHONE -101, 119 ADMI NI STRATI VE & GENERAL 33.09 33.09 5.00 0 Α 33.10 PATIENT ACCOUNTING MISC. REV В -71, 950 ADMINISTRATIVE & GENERAL 5 00 O 33.10 HEALTH PROMOTION/WELLNES -1, 794 EMPLOYEE BENEFITS DEPARTMENT 33.11 33.11 В 4.00 REVENUE 33.13 EDUCATION MISC REV В -2, 620 ADMI NI STRATI VE & GENERAL 5.00 33.13 HUMAN RESOURCES MISC REV -23, 480 EMPLOYEE BENEFITS DEPARTMENT 33.14 R 4.00 0 33.14 33. 15 OTHER OPERATING REV -В -1,550 ADMINISTRATIVE & GENERAL 5.00 33.15 PHYSI CI AN REST HOME -- ULTILITIES -215, 590 OPERATION OF PLANT 33.16 В 7.00 33.16 MASSAGE THERAPY REV -5, 968 RADI OLOGY-DI AGNOSTI C 33.17 В 54.00 0 33.17 MISC INCOME -17, 794 ADMINISTRATIVE & GENERAL 33.18 В 5.00 33.18 33. 19 SPRITUAL CARE - MISC REV -13, 380 ADMI NI STRATI VE & GENERAL 5.00 33. 19 В SOCIAL ACCOUNTABILITY (DEPT. -14, 230 ADMI NI STRATI VE & GENERAL 33.20 Α 5.00 33 20 9910) -8, 710 ADULTS & PEDIATRICS 33, 21 CHILDBIRTH CLASS REVENUE R 30.00 0 33. 21 33. 22 SAFESITTER PROGRAM REVENUE В -2, 100 ADMINI STRATI VE & GENERAL 5.00 33. 22 -25 MAINTENANCE & REPAIRS 33. 23 MAI NTENANCE В 6.00 33. 23 -128, 419 ADMINI STRATI VE & GENERAL MAIL ROOM В 5.00 33. 24 33.24 -21, 355 CLI NI C CLINIC MISC REV 33, 25 В 90.00 33, 25 33. 26 OTHER NURSING REV В -3, 239 NURSING ADMINISTRATION 13.00 33.26 33. 27 OTHER REVENUE -- RADI OLOGY В -5, 850 RADI OLOGY-DI AGNOSTI C 54.00 33. 27 ADMIN PROPERTY TAXES -29, 536 ADMI NI STRATI VE & GENERAL 33 28 33 28 5 00 Α -6, 797 RADI OLOGY-DI AGNOSTI C 33.29 WINFIELD PROPERTY TAXES Α 54.00 0 33.29 33.30 ADJUST TO MEDICARE DEP Α -42,508 CAP REL COSTS-BLDG & FIXT 1.00 11 33.30 DONATIONS EXPENSE (SUB 714350) -7, 640 ADMINISTRATIVE & GENERAL 33.31 33.31 5.00 0 Α ST. JOHN DIAGNOSTIC PROPERTY -9, 346 RADI OLOGY DI AGNOSTI C - SJ ol 33.32 54.02 33.32 Α TAX CHERRY CREEK PHYSICAL THERAPY -300 PHYSI CAL THERAPY 33.33 33.33 Α 66.00 0 PR0PFR 33.34 ST. CLARE CLINIC PROPERTY Α -1, 535 CLINIC 90.00 33.34 TAXES 33 35 ENVIRONMENTAL SVCS - FP В -12, 726 ENVIRONMENTAL SERVICES - FP 9 01 ol 33 35 33.36 MEDICAL RECORDS В -2, 107 MEDI CAL RECORDS & LI BRARY 16.00 0 33.36 MI SCELLANEOUS - OTHER -63 EMPLOYEE BENEFITS DEPARTMENT 33.37 В 4.00 33.37 OPERATI NG MI SCELLANEOUS - OTHER -3, 772 EMPLOYEE BENEFITS DEPARTMENT 33.38 В 4.00 0 33.38 OPERATI NG DI SCOUNTS EARNED/REBATES 33.39 В -11,837 OPERATION OF PLANT 7.00 33.39 DI SCOUNTS EARNED/REBATES -94, 172 DI ETARY 10.00 33.40 33.40 В 33.41 DI SCOUNTS EARNED/REBATES -146, 924 CENTRAL SERVICES & SUPPLY 14.00 33.41 В DI SCOUNTS EARNED/REBATES -74, 960 CENTRAL SERVICES & SUPPLY 14.00 0 33 42 B 33 42 33.43 DI SCOUNTS EARNED/REBATES В -168, 210 PHARMACY 15.00 33.43 DI SCOUNTS EARNED/REBATES В -80, 393 ADULTS & PEDIATRICS 30.00 33.44 33. 45 DI SCOUNTS EARNED/REBATES В -104, 512 OPERATING ROOM 50.00 ol 33.45 DISCOUNTS EARNED/REBATES -3, 198 RESPIRATORY THERAPY 33.46 B 65.00 Ol 33.46 33. 47 DI SCOUNTS EARNED/REBATES В -1, 053 CARDI AC CATHERI ZATON LAB 55.01 0 33.47 MI SCELLANEOUS - OTHER -33, 104 DI ETARY 33.48 33.48 В 10.00 OPERATI NG GENERAL OPERATING INTEREST -6, 780 ADMINI STRATI VE & GENERAL 33.49 В 5.00 0 33.49 33.50 MI SCELLANEOUS - OTHER В -525 PARAMEDIC SERVICES 23.00 33.50 OPERATI NG 33.51 MI SCELLANEOUS - OTHER В -631 ADMINI STRATI VE & GENERAL 5.00 33.51 OPERATI NG MI SCELLANEOUS - OTHER 33. 52 33, 52 В -2,000 ADULTS & PEDIATRICS 30.00 0 OPERATI NG MI SCELLANEOUS - OTHER 33.53 В -4, 923 OPERATING ROOM 50.00 33.53 OPERATI NG APPLICATION PROCESSING FEES -4,850 ADMINISTRATIVE & GENERAL В 5.00 33.54 33. 55 DI SCOUNTS EARNED/REBATES -13, 805 LABORATORY 60.00 0 33, 55 В -71, 964 RADI OLOGY-DI AGNOSTI C DI SCOUNTS EARNED/REBATES 33.56 В 54.00 0 33.56 33. 57 HAF FEES -9, 521, 908 ADMI NI STRATI VE & GENERAL 5.00 0 33.57 Α 34.00 WORKSHOP/SPEAKER INCOME -800 ADMINISTRATIVE & GENERAL 5.00 34.00

Heal th	Financial Systems	FRANCISCAN ST ANTHONY HEALTH-CR PT			In Lieu of Form CMS-2552-10		2552-10
ADJUST	MENTS TO EXPENSES			Provi der CCN: 150126	Peri od:	Worksheet A-8	
					From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 11:	
				Expense Classification o	n Worksheet A		
				To/From Which the Amount i:	s to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
		1.00	2.00	3. 00	4. 00	5. 00	
34. 01	GOODWI LL	A	-7, 041	INTEREST EXPENSE	113. 00	0	34. 01
50.00	TOTAL (sum of lines 1 thru 49)		-23, 842, 806				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).

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

 B. Amount Received if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provi der CCN: 150126 Peri od: Worksheet A-8-1 From 01/01/2014 OFFICE COSTS 12/31/2014 Date/Time Prepared:

					5/26/2015 11:	01 pm_
	Li ne No.	Cost Center	Expense I tems	Amount of	Amount	
			·	Allowable Cost	Included in	ĺ
					Wks. A, column	
					5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OR	GANIZATIONS OR	CLAI MED	1
	HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2, 174, 739	0	1. 00
2.00	5. 00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	11, 851, 979	13, 488, 817	2. 00
3.00	14. 00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	0	125, 899	3. 00
4.00	15. 00	PHARMACY	COEP / PHARMACY	381, 761	398, 226	4. 00
4.01	113. 00	INTEREST EXPENSE	INTEREST	6, 222, 455	8, 150, 624	4. 01
5.00	TOTALS (sum of lines 1-4).			20, 630, 934	22, 163, 566	5. 00
	Transfer column 6, line 5 to					1
	Worksheet A-8, column 2,					1
	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

	to be the formal of the families of the families of the families of the formal of the families							
				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 RELAT	TED ORGANIZATION(S) AND/OR HO	ME 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 IIIDUI	School dide 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. Other (financial or				100.00
	non-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 organi zati on.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
 F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in

Health Financial Syste	ems		FRANCI SCAN	N ST	ANTHONY	HEALTH-CR	PT			In Lieu	u of Form (CMS-	2552-1
STATEMENT OF COSTS OF	SERVICES FROM	RELATED OF	RGANI ZATI ONS	AND	HOME	Provi der	CCN:	150126	Perio		Worksheet	A-8	-1
OFFICE COSTS									From	01/01/2014			
									To	12/31/2014	Date/Time	Pre	pared:
											5/26/2015	11:	01 pm
Net	Wkst. A-7 Ref.												
Adjustments													
(col. 4 minus													
col. 5)*													
6. 00	7. 00												
A. COSTS INCUR	RED AND ADJUSTN	MENTS REQUI	IRED AS A RE	SULT	OF TRANS	SACTIONS W	I TH I	RELATED C	RGANI	ZATIONS OR (CLAI MED		
HOME OFFICE CO	CTC.												

5.00 -1, 532, 632 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

1.00

2.00

3.00

4.00

4.01

5.00

1103 1101	been posted to worksheet A,	cordinate and or 2, the amount arrowable should be that cated in cordinate this part.	
	Related Organization(s)		
	and/or Home Office		
	Type of Business		
	3.		
	6. 00		
	B. INTERRELATIONSHIP TO RELAT	TED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

6. 00	6.00
6. 00 7. 00 8. 00	7.00
8. 00	8.00
9. 00	9.00
10. 00	10.00
9. 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.
- Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der

1.00

2.00

3.00

4.00

4.01

2, 174, 739

-1, 636, 838

-1, 928, 169

-125, 899

-16, 465

0

0

0

0

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT

Provi der CCN: 150126

							Date/lime Pre 5/26/2015 11:	
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professi onal Component	Provider Component		Physi ci an/Prov i der Component	o. p
	1. 00	2.00	3. 00	4. 00	F 00	6. 00	Hours 7.00	
1. 00		ADMI NI STRATI VE & GENERAL	25, 060	4.00	5. 00 25, 060	171, 400	179	1. 00
2.00		NURSING ADMINISTRATION	7, 938	0	· ·	171, 400	64	2. 00
3.00		SOCIAL SERVICE	108, 948	0	108, 948	171, 400	179	3. 00
4.00	1	ADULTS & PEDIATRICS	839, 878	573, 894		171, 400	1, 592	4. 00
5.00		ADULTS & PEDIATRICS	14, 331	14, 331	0	171, 400	0	5. 00
6. 00 7. 00	1	OPERATING ROOM ANESTHESIOLOGY	560, 666 1, 200, 000	344, 666 1, 200, 000		2, 041, 000 2, 003, 000	720 0	6. 00 7. 00
8. 00	1	RADI OLOGY-DI AGNOSTI C	810	390		2, 003, 000		8. 00
9. 00		CARDIAC CATHERIZATON LAB	45, 653	0	45, 653	231, 100	252	9. 00
10.00	55. 02	CARDI OLOGY	45, 000	0	45, 000	231, 100	297	10.00
11. 00		NEURO-DI AGNOSTI CS	15, 000	0	15, 000	231, 100	120	11. 00
12.00		LABORATORY	56, 700	0	56, 700	231, 100	420	12.00
13. 00 14. 00		RESPI RATORY THERAPY ELECTROCARDI OLOGY	25, 000 10, 000	0	25, 000 10, 000	231, 100 171, 400	199 76	13. 00 14. 00
15. 00		CLI NI C	10, 000	0	10, 000	171, 400	81	15. 00
16. 00	1	CLI NI C	15, 625	0	· ·	171, 400	125	16. 00
17.00	90. 03	OCCUPATIONAL MEDICINE CLINIC	10, 418	10, 418	0	171, 400	O	17. 00
18. 00		EMERGENCY	2, 000	0	2, 000	171, 400	16	18. 00
19.00		EMERGENCY POOM BUYELCANE	10, 369	1 277 207	10, 369	171, 400	83	19.00
20. 00 21. 00		EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS	1, 411, 284 601, 796	1, 377, 297 601, 796	· ·	171, 400 171, 400	226	20. 00 21. 00
22. 00	1	ADULTS & PEDIATRICS	318, 000	318, 000		171, 400		22. 00
23. 00	1	ADULTS & PEDIATRICS	293, 632	293, 632		171, 400	o o	23. 00
24.00	41. 00	SUBPROVIDER - IRF	172, 890	172, 890		171, 400	0	24.00
25. 00		RADI OLOGY-DI AGNOSTI C	2, 520	2, 520	0	171, 400	0	25. 00
26. 00		OCCUPATIONAL MEDICINE CLINIC	135, 298	135, 298		171, 400	0	26. 00
27. 00	1	OCCUPATIONAL MEDICINE CLINIC	22, 078	22, 078		171, 400	0	27. 00
28. 00 29. 00		EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS	601, 796 1, 411, 284	601, 796 1, 411, 284		171, 400 171, 400	0	28. 00 29. 00
200.00	71.01	EMERGENCI ROOM TITTSI CANS	7, 974, 099	7, 080, 290		171,400	4, 629	
200.00	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	200.00
		I denti fi er	Limit	Unadjusted RCE			of Malpractice	
				Limit	Continuing	Share of col.	Insurance	
	1. 00	2.00	8. 00	9. 00	Education 12.00	12 13. 00	14.00	
1.00		ADMINISTRATIVE & GENERAL	14, 750	738		0	0	4 00
	5.00	ADMINISTRATIVE & GENERAL	14, 730	/38	U	U	l U	1.00
2.00	13. 00	NURSING ADMINISTRATION	5, 274	264	0	0	O	2. 00
3.00	13. 00 17. 00	NURSING ADMINISTRATION SOCIAL SERVICE	5, 274 14, 750	264 738	0		0	2. 00 3. 00
3. 00 4. 00	13. 00 17. 00 30. 00	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS	5, 274 14, 750 131, 187	264	0 0 0	0	0	2. 00 3. 00 4. 00
3. 00 4. 00 5. 00	13. 00 17. 00 30. 00 30. 00	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS	5, 274 14, 750 131, 187 0	264 738 6, 559 0	0 0 0 0	0	0 0 0	2. 00 3. 00 4. 00 5. 00
3. 00 4. 00 5. 00 6. 00	13. 00 17. 00 30. 00 30. 00 50. 00	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM	5, 274 14, 750 131, 187	264 738	0 0 0 0	0	0	2. 00 3. 00 4. 00 5. 00 6. 00
3. 00 4. 00 5. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS	5, 274 14, 750 131, 187 0 706, 500	264 738 6, 559 0 35, 325	0 0 0 0	0	0 0 0 0	2. 00 3. 00 4. 00 5. 00
3. 00 4. 00 5. 00 6. 00 7. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB	5, 274 14, 750 131, 187 0 706, 500 0 27, 999	264 738 6, 559 0 35, 325	0 0 0 0 0 0	0	0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998	264 738 6, 559 0 35, 325 0 1, 400 1, 650	0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333	264 738 6, 559 0 35, 325 0 1, 400 1, 650 667	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00	NURSI NG ADMINI STRATION SOCI AL SERVI CE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESI OLOGY RADIOLOGY-DI AGNOSTIC CARDIAC CATHERIZATON LAB CARDI OLOGY NEURO-DI AGNOSTICS LABORATORY	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664	264 738 6, 559 0 35, 325 0 1, 400 1, 650 667 2, 333	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 65. 00	NURSI NG ADMI NI STRATI ON SOCI AL SERVI CE ADULTS & PEDI ATRI CS ADULTS & PEDI ATRI CS OPERATI NG ROOM ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C CARDI AC CATHERI ZATON LAB CARDI OLOGY NEURO-DI AGNOSTI CS LABORATORY RESPI RATORY THERAPY	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110	264 738 6, 559 0 35, 325 0 1, 400 1, 650 667 2, 333 1, 106	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00	NURSI NG ADMINI STRATION SOCI AL SERVI CE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESI OLOGY RADIOLOGY-DI AGNOSTIC CARDIAC CATHERIZATON LAB CARDI OLOGY NEURO-DI AGNOSTICS LABORATORY	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664	264 738 6, 559 0 35, 325 0 1, 400 1, 650 667 2, 333	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00	13. 00 17. 00 30. 00 30. 00 50. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 00	NURSI NG ADMI NI STRATI ON SOCI AL SERVI CE ADULTS & PEDI ATRI CS ADULTS & PEDI ATRI CS OPERATI NG ROOM ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C CARDI AC CATHERI ZATON LAB CARDI OLOGY NEURO-DI AGNOSTI CS LABORATORY RESPI RATORY THERAPY ELECTROCARDI OLOGY CLI NI C CLI NI C	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334	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	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
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	13. 00 17. 00 30. 00 30. 00 50. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 00	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CCUPATIONAL MEDICINE CLINIC	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300	264 738 6, 559 0 35, 325 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515	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	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 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	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 00 90. 00 90. 03	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318	264 738 6, 559 0 35, 325 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66	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	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 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	13. 00 17. 00 30. 00 30. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 65. 00 69. 00 90. 00 90. 03 91. 00	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESI OLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CLINIC EMERGENCY EMERGENCY	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318 6, 840	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66	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	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 00 90. 00 90. 03 91. 00 91. 01	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CCLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY EMERGENCY ROOM PHYSICANS	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318 6, 840 18, 623	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66 342 931	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00 21. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 00 90. 00 90. 03 91. 00 91. 01	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CCLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY EMERGENCY EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318 6, 840	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66	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	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00 21. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 00 90. 03 91. 00 91. 00 91. 01	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CCLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY EMERGENCY ROOM PHYSICANS	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318 6, 840 18, 623	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66 342 931	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 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 20. 00 21. 00 22. 00 23. 00 24. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 00 90. 03 91. 00 91. 01 91. 01 30. 00 30. 00 41. 00	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CCLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY EMERGENCY EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS ADULTS & PEDIATRICS SUBPROVIDER - IRF	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318 6, 840 18, 623	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66 342 931	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00	13. 00 17. 00 30. 00 30. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 65. 00 69. 00 90. 00 90. 03 91. 00 91. 01 91. 01 30. 00 31. 00 41. 00	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESI OLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CLINIC CLINIC CLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY EMERGENCY EMERGENCY EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS ADULTS & PEDIATRICS SUBPROVIDER - IRF RADIOLOGY-DIAGNOSTIC	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318 6, 840 18, 623	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66 342 931	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 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 20. 00 21. 00 22. 00 24. 00 25. 00 26. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 03 91. 00 91. 01 91. 01 30. 00 41. 00 54. 00 90. 03	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CLINIC CCLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY EMERGENCY EMERGENCY EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS ADULTS & PEDIATRICS ADULTS & PEDIATRICS SUBPROVIDER - IRF RADIOLOGY-DIAGNOSTIC OCCUPATIONAL MEDICINE CLINIC	5, 274 14, 750 131, 187 0 706, 500 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318 6, 840 18, 623	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66 342 931	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 26. 00
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3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 00 91. 00 91. 01 91. 01 30. 00 30. 00 41. 00 90. 03 90. 03 90. 03 91. 01 91. 01 91. 01	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESI OLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY EMERGENCY EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS ADULTS & PEDIATRICS SUBPROVIDER - IRF RADIOLOGY-DIAGNOSTIC OCCUPATIONAL MEDICINE CLINIC OCCUPATIONAL MEDICINE CLINIC OCCUPATIONAL MEDICINE CLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS SUBPROVIDER - IRF RADIOLOGY-DIAGNOSTIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS	5, 274 14, 750 131, 187 0 706, 500 0 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318 6, 840 18, 623 0 0 0 0 0 0 0 1, 065, 584 Provi der Component Share of col.	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66 342 931 0 0 0 0 0 0 53, 281 Adjusted RCE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 29. 00
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3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00	13. 00 17. 00 30. 00 30. 00 50. 00 53. 00 54. 00 55. 01 55. 02 55. 03 60. 00 69. 00 90. 00 90. 03 91. 00 91. 01 91. 01 30. 00 30. 00 41. 00 54. 00 90. 03 91. 01 Wkst. A Line #	NURSING ADMINISTRATION SOCIAL SERVICE ADULTS & PEDIATRICS ADULTS & PEDIATRICS OPERATING ROOM ANESTHESI OLOGY RADIOLOGY-DIAGNOSTIC CARDIAC CATHERIZATON LAB CARDIOLOGY NEURO-DIAGNOSTICS LABORATORY RESPIRATORY THERAPY ELECTROCARDIOLOGY CLINIC CLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY EMERGENCY EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS ADULTS & PEDIATRICS SUBPROVIDER - IRF RADIOLOGY-DIAGNOSTIC OCCUPATIONAL MEDICINE CLINIC OCCUPATIONAL MEDICINE CLINIC OCCUPATIONAL MEDICINE CLINIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS SUBPROVIDER - IRF RADIOLOGY-DIAGNOSTIC OCCUPATIONAL MEDICINE CLINIC EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS EMERGENCY ROOM PHYSICANS	5, 274 14, 750 131, 187 0 706, 500 0 0 27, 999 32, 998 13, 333 46, 664 22, 110 6, 263 6, 675 10, 300 0 1, 318 6, 840 18, 623 0 0 0 0 0 0 0 1, 065, 584 Provi der Component Share of col.	264 738 6, 559 0 35, 325 0 0 1, 400 1, 650 667 2, 333 1, 106 313 334 515 0 66 342 931 0 0 0 0 0 53, 281 Adj usted RCE Li mi t	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 28. 00 29. 00
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						0 12/31/2014	5/26/2015 11	
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
			14					
	1. 00	2. 00	15. 00	16. 00	17. 00	18. 00		
4.00		ADULTS & PEDIATRICS	0	131, 187	134, 797	708, 691		4. 00
5.00	1	ADULTS & PEDIATRICS	0	0	0	14, 331		5. 00
6.00		OPERATING ROOM	0	706, 500	0	344, 666		6. 00
7. 00		ANESTHESI OLOGY	0	0	0	1, 200, 000		7. 00
8. 00	•	RADI OLOGY-DI AGNOSTI C	0	0	0	810		8. 00
9. 00	•	CARDI AC CATHERI ZATON LAB	0	27, 999	•	17, 654		9. 00
10. 00		CARDI OLOGY	0	32, 998	12, 002	12, 002		10. 00
11. 00	•	NEURO-DI AGNOSTI CS	0	13, 333	•	1, 667		11. 00
12. 00		LABORATORY	0	46, 664				12. 00
13. 00	1	RESPI RATORY THERAPY	0	22, 110				13. 00
14. 00		ELECTROCARDI OLOGY	0	6, 263		3, 737		14. 00
15. 00		CLI NI C	0	6, 675	•			15. 00
16. 00	•	CLI NI C	0	10, 300	5, 325	5, 325		16. 00
17. 00	90. 03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	10, 418		17. 00
18. 00	91.00	EMERGENCY	0	1, 318		682		18. 00
19. 00	91.00	EMERGENCY	0	6, 840	3, 529	3, 529		19. 00
20.00	91. 01	EMERGENCY ROOM PHYSICANS	0	18, 623	15, 364	1, 392, 661		20. 00
21. 00	91. 01	EMERGENCY ROOM PHYSICANS	0	0	0	601, 796		21. 00
22. 00	30.00	ADULTS & PEDIATRICS	0	0	0	318, 000		22. 00
23.00	30.00	ADULTS & PEDIATRICS	0	0	0	293, 632		23. 00
24.00	41.00	SUBPROVIDER - IRF	0	0	0	172, 890		24. 00
25.00	54.00	RADI OLOGY-DI AGNOSTI C	0	0	0	2, 520		25. 00
26.00	90. 03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	135, 298		26. 00
27.00	90. 03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	22, 078		27. 00
28. 00	91. 01	EMERGENCY ROOM PHYSICANS	0	0	0	601, 796		28. 00
29. 00	91. 01	EMERGENCY ROOM PHYSICANS	0	0	0	1, 411, 284		29. 00
200.00			0	1, 065, 584	318, 305	7, 399, 015		200.00
					•			

COST ALLOCATION - GENERAL SERVICE COSTS

Peri od:

Provider CCN: 150126 From 01/01/2014 Part I Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm CAPITAL RELATED COSTS Cost Center Description Net Expenses BLDG & FIXT MVBLE EQUIP **EMPLOYEE** Subtotal for Cost **BENEFITS** DEPARTMENT Allocation (from Wkst A col. 7) 1.00 2.00 4. 00 4A GENERAL SERVICE COST CENTERS 1 00 12, 375, 950 00100 CAP REL COSTS-BLDG & FLXT 12, 375, 950 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 6, 763, 806 6, 763, 806 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 15, 830, 144 115, 638 4,083 15, 949, 865 4.00 00500 ADMINISTRATIVE & GENERAL 772, 347 1, 495, 313 5 00 32, 656, 769 2, 820, 145 37, 744, 574 5 00 6.00 00600 MAINTENANCE & REPAIRS 2,054,656 24, 175 17, 401 273, 123 2, 369, 355 6.00 7.00 00700 OPERATION OF PLANT 4, 883, 287 2, 033, 807 56, 632 290, 883 7, 264, 609 7.00 00701 OPERATION OF PLANT - FP 636, 941 636, 941 7.01 7.01 C 00800 LAUNDRY & LINEN SERVICE 5, 959 639, 246 141, 255 8 00 492.032 8 00 9.00 00900 HOUSEKEEPI NG 1, 710, 030 63, 147 4, 614 401, 197 2, 178, 988 9.00 01851 ENVIRONMENTAL SERVICES - FP 33, 445 172, 755 9.01 139, 310 9.01 01000 DI ETARY 677, 441 383, 792 131, 802 1, 219, 182 10.00 26, 147 10.00 789, 952 11.00 01100 CAFETERI A 571,851 218, 101 11.00 13.00 01300 NURSING ADMINISTRATION 1, 736, 089 55, 353 350, 831 437, 297 2, 579, 570 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 1, 303, 832 353, 428 221, 392 203, 653 2, 082, 305 14.00 3, 089, 397 01500 PHARMACY 2, 213 2, 507, 911 89, 020 490, 253 15.00 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 1, 885, 958 178, 738 574 343, 116 2, 408, 386 16.00 17.00 01700 SOCIAL SERVICE 1, 469, 770 328, 765 340, 074 2, 138, 841 17.00 232 21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 0 0 21.00 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 204,603 204, 603 22.00 0 0 02300 PARAMEDIC SERVICES 23.00 216, 444 Ω 13, 672 34, 465 264, 581 23.00 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM 23.01 48,650 12,804 61, 454 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 12, 669, 802 3, 501, 988 18, 018, 032 30.00 1.684.986 161, 256 31.00 03100 INTENSIVE CARE UNIT 2, 585, 632 236, 883 136, 826 637, 055 3, 596, 396 31.00 02060 NEONATAL INTENSIVE CARE UNIT 452, 490 2, 799, 959 35.00 2, 188, 437 159, 032 35.00 2, 313, 455 41.00 04100 SUBPROVIDER - IRF 1, 723, 362 274, 087 4,700 311, 306 41.00 04300 NURSERY 43.00 1, 211, 835 294, 029 1, 505, 864 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 10, 543, 255 485, 586 2, 375, 390 1, 153, 434 14, 557, 665 50.00 1, 996, 489 05100 RECOVERY ROOM 209.637 41, 156 364, 518 51 00 1, 381, 178 51 00 52.00 05200 DELIVERY ROOM & LABOR ROOM 141, 897 142, 209 122 37, 333 321, 561 52.00 05300 ANESTHESI OLOGY 15, 559 53.00 231, 121 29, 573 276, 253 53.00 05400 RADI OLOGY-DI AGNOSTI C 6, 892, 049 899, 382 1, 014, 431 54.00 647, 502 9, 453, 364 54.00 05401 RADIOLOGY - I-65 845, 390 325, 430 1, 274, 044 54.01 C 103, 224 54.01 54.02 05402 RADIOLOGY DIAGNOSTIC - SJ 50, 495 C 13,886 13, 548 77, 929 54.02 54.03 05403 LOWELL RADIOLOGY 61, 347 11,053 72, 400 54.03 05500 RADI OLOGY-THERAPEUTI C 55 00 O 0 55 00 05501 CARDI AC CATHERI ZATON LAB 55.01 1, 002, 662 133, 321 323, 026 202, 482 1, 661, 491 55.01 55.02 03140 CARDI OLOGY 340, 666 65, 218 17, 587 82, 403 505, 874 55.02 55.03 03450 NEURO-DI AGNOSTI CS 458, 222 38, 973 33, 196 55, 033 585, 424 55.03 06000 LABORATORY 60 00 7, 657, 366 196, 259 718 7, 854, 343 60 00 60.01 06001 BLOOD LABORATORY C 0 60.01 06500 RESPIRATORY THERAPY 1, 162, 331 26, 943 47, 551 259, 839 1, 496, 664 65.00 65.00 78, 294 66.00 06600 PHYSI CAL THERAPY 740, 393 1, 951 204, 862 1,025,500 66, 00 06601 PHYSI CAL THERAPY I -65 66.01 379, 485 C 1, 115 104, 293 484, 893 66 01 66.02 06602 PHYSI CAL THERAPY ST JOHN 27, 357 7, 411 34, 768 66.02 C 06700 OCCUPATIONAL THERAPY 329, 627 91, 759 67.00 2, 373 423, 759 67.00 06701 OCCUPATION THERAPY I-65 95, 437 26, 390 124, 011 67.01 2, 184 67.01 0 06702 OCCUPATIONAL THERAPY ST. JOHN 67.02 22, 395 Ω 0 6, 115 28, 510 67.02 68.00 06800 SPEECH PATHOLOGY 152, 567 0 42, 153 194, 720 68.00 06801 SPEECH PATHOLOGY I -65 68.01 127,002 0 31, 374 158, 376 68 01 06802 SPEECH THERAPY ST. JOHN 68 02 16, 291 0 4. 152 20, 443 68 02 69.00 06900 ELECTROCARDI OLOGY 372, 128 86, 438 8, 405 99, 909 566, 880 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 3, 699, 483 71.00 3, 699, 483 0 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 5, 811, 723 72.00 5.811.723 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 3, 935, 145 0 3, 935, 145 73.00 74.00 07400 RENAL DIALYSIS 233, 509 12,006 245, 515 74.00 03020 RADIATION ONCOLOGY 76.00 961, 285 185, 439 456, 419 126, 217 1, 729, 360 76.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 657, 442 12, 294 159,032 828, 768 90 00 09001 DIABETES CLINIC 73,863 2, 792 19, 713 90.01 96, 368 90.01 90.02 09002 OUTPATIENT CLINICS 16, 635 217, 153 7, 529 1, 527 242, 844 90.02 09003 OCCUPATIONAL MEDICINE CLINIC 90.03 393, 133 19, 265 5, 807 96, 357 514, 562 90.03 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT C 90.04 91.00 09100 EMERGENCY 3, 369, 637 396, 449 59,093 784, 674 4, 609, 853 91.00 09101 EMERGENCY ROOM PHYSICANS -1, 736, 188 618, 478 -1, 095, 025 91.01 91.01 22, 685 09102 EXPRESS CARE 91.02 511, 339 641, 028 91 02 1,587 128, 102 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 92.00

Health Financial Systems FF	RANCISCAN ST ANTH	ONY HEALTH-CR	PT	In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 01/01/2014	Worksheet B Part I	
				To 12/31/2014		
		CAPI TAL REI	LATED COSTS			
Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Subtotal	
	for Cost			BENEFI TS		
	Allocation			DEPARTMENT		
	(from Wkst A					
	col . 7)	1, 00	2.00	4. 00	4A	
SPECIAL PURPOSE COST CENTERS	0	1.00	2.00	4.00	4/1	
113. 00 11300 I NTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	159, 502, 211	11, 781, 334	6, 587, 29	8 15, 752, 210	158, 533, 432	
NONREI MBURSABLE COST CENTERS				<u> </u>		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	520, 159	80, 016	1, 97	1 137, 812	739, 958	192. 00
194. 00 07950 FHC	79	0		0 0	79	194. 00
194.02 07952 OTHER NON REIMB - BUILDINGS	1, 520, 909	480, 002	174, 53	7 0	2, 175, 448	194. 02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	394, 185	34, 598		0 59, 843	488, 626	194. 03
200.00 Cross Foot Adjustments					0	200. 00
201.00 Negative Cost Centers		0		0 0	0	201. 00
202.00 TOTAL (sum lines 118-201)	161, 937, 543	12, 375, 950	6, 763, 80	6 15, 949, 865	161, 937, 543	202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provi der CCN: 150126

| Period: | Worksheet B | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 | 11: 01 pm

		1			12/31/2014	5/26/2015 11:	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
		5. 00	6. 00	7.00	7. 01	8.00	
	GENERAL SERVICE COST CENTERS	1				T	
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00	00500 ADMINISTRATIVE & GENERAL	37, 744, 574					5. 00
6.00	00600 MAINTENANCE & REPAIRS	713, 797	3, 083, 152	2			6. 00
7. 00	00700 OPERATION OF PLANT	2, 188, 551	665, 945				7. 00
7. 01	00701 OPERATION OF PLANT - FP	191, 886	47.253	1	0-0,0-0		7. 01
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	192, 581 656, 446	46, 252 20, 677			1,0,1,00	8. 00 9. 00
9. 01	01851 ENVI RONMENTAL SERVI CES - FP	52, 045	20,077	00, 337			9. 01
10.00	01000 DI ETARY	367, 293	125, 668	526, 082		12, 899	10.00
11. 00	01100 CAFETERI A	237, 983	O	0	0	0	11. 00
13. 00	01300 NURSING ADMINISTRATION	777, 126	18, 125	1	0	0	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	627, 319	115, 726	1	0	3, 112	14.00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	930, 718 725, 555	29, 149 58, 526	1		0	15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	644, 352	107, 650	1		0	17. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	Ō	21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	61, 639	O	0	0	0	22. 00
23. 00	02300 PARAMEDIC SERVICES	79, 708	0	0	0	0	23. 00
23. 01	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	18, 514	C	0	0	0	23. 01
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	5, 428, 211	551, 728	2, 309, 688	0	541, 239	30.00
31. 00	03100 NTENSI VE CARE UNI T	1, 083, 457	77, 564		Ö		31.00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	843, 521	0	1			35. 00
41.00	04100 SUBPROVI DER – I RF	696, 956	89, 747	375, 704	0	26, 632	41. 00
43. 00	04300 NURSERY	453, 660	0	0	0	11, 149	43. 00
FO 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	4 205 471	150,000	// / / / / / / / / / / / / / / / / / / /	0	117 1/0	50.00
50. 00 51. 00	05100 RECOVERY ROOM	4, 385, 671 601, 466	158, 999 68, 643	1		117, 160 0	50.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	96, 874	46, 565	1			52.00
53. 00	05300 ANESTHESI OLOGY	83, 225	9, 683		Ö	ő	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 847, 939	212, 017	887, 561	0	26, 911	54.00
54. 01	05401 RADI OLOGY - I -65	383, 821	0	0	199, 333		54. 01
54. 02	05402 RADIOLOGY DIAGNOSTIC - SJ	23, 477	0	0	0	189	54. 02
54. 03	05403 LOWELL RADI OLOGY	21, 811	0	0	0	0	54. 03
55. 00 55. 01	05500 RADI OLOGY-THERAPEUTI C 05501 CARDI AC CATHERI ZATON LAB	0 500, 544	43, 654	182, 749	0	0 9, 385	55. 00 55. 01
55. 02	03140 CARDI OLOGY	152, 401	21, 355	1		9, 365	55. 01
55. 03	03450 NEURO-DI AGNOSTI CS	176, 366	12, 761			8, 585	55. 02
60.00	06000 LABORATORY	2, 366, 215	64, 262	1	0	1, 235	60.00
60. 01	06001 BLOOD LABORATORY	0	O	0	_	0	60. 01
65. 00	06500 RESPI RATORY THERAPY	450, 888	8, 822		0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	308, 944	25, 636	107, 321	0	4, 649	66.00
66. 01	06601 PHYSI CAL THERAPY I -65	146, 080	0	0	217, 857	l .	66. 01
66. 02 67. 00		10, 474 127, 662	777	3, 253	0	0	66. 02 67. 00
67. 01	06701 OCCUPATION THERAPY I -65	37, 360	,,,	0, 233			67. 01
67. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	8, 589	Ö	ol o		ő	67. 02
68. 00	06800 SPEECH PATHOLOGY	58, 662	O	0	0	0	68. 00
68. 01	06801 SPEECH PATHOLOGY I -65	47, 713	0	0	47, 527	0	68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	6, 159	0	0	0	0	68. 02
69. 00	06900 ELECTROCARDI OLOGY	170, 779	28, 303	118, 484	0	6, 373	69.00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	1, 114, 514 1, 750, 851	0		0	0	71. 00 72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	1, 750, 651	0		0	0	73.00
74. 00	07400 RENAL DIALYSIS	73, 964	3, 931	16, 457	Ö	o o	74.00
76. 00	03020 RADI ATI ON ONCOLOGY	520, 990	60, 720		0		76. 00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	249, 676	0	0	0	647	90.00
90. 01	09001 DI ABETES CLINI C	29, 032	914	1	0	5, 730	90. 01
90. 02 90. 03	09002 OUTPATIENT CLINICS 09003 OCCUPATIONAL MEDICINE CLINIC	73, 160 155, 018	71, 104 6, 308	1	0	30, 130 0	90. 02 90. 03
90. 03	09003 OCCOPATIONAL MEDICINE CLINIC 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	133,018	0, 308) 20, 408) 0	0	0	90.03
91. 00	09100 EMERGENCY	1, 388, 774	129, 813	543, 432	Ö	76, 415	91.00
91. 01	09101 EMERGENCY ROOM PHYSI CANS	0	7, 428		0	0	91. 01
91. 02	09102 EXPRESS CARE	193, 117	0	0	0	0	91. 02
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
110 0	SPECIAL PURPOSE COST CENTERS						112 00
113. 00 118. 00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117)	36, 719, 045	2, 888, 452	9, 304, 038	828, 827	1, 071, 704	113.00
110.00	NONREI MBURSABLE COST CENTERS	30, 717, 043	2,000,402	- 7, 304, 030	020, 027	1, 071, 704	1110.00
192.00	19200 PHYSI CI ANS' PRI VATE OFFI CES	222, 921	26, 200	109, 681	0	0	192. 00
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| Peri od: | Worksheet B | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 11:01 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS FRANCISCAN ST ANTHONY HEALTH-CR PT Provi der CCN: 150126

		_				5/26/2015 11:	UI PM
	Cost Center Description	ADMI NI STRATI VE	MAINTENANCE &	OPERATION OF	OPERATION OF	LAUNDRY &	
		& GENERAL	REPAI RS	PLANT	PLANT - FP	LINEN SERVICE	
		5. 00	6. 00	7. 00	7. 01	8. 00	
194. 00 07950	FHC	24	0	0	0	0	194. 00
194. 02 07952	OTHER NON REIMB - BUILDINGS	655, 380	157, 171	657, 961	0	0	194. 02
194. 03 07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	147, 204	11, 329	47, 425	0	0	194. 03
200. 00	Cross Foot Adjustments						200.00
201. 00	Negative Cost Centers	0	0	0	0	0	201. 00
202.00	TOTAL (sum lines 118-201)	37, 744, 574	3, 083, 152	10, 119, 105	828, 827	1, 071, 704	202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 | 11: 01 pm | CASESTED | A | Prepared | Prepare

Cost Center Description	HOUSEKEEPI NG	-	DI ETARY	CAFETERI A	5/26/2015 11: NURSI NG	01 pm
	9.00	SERVICES - FP 9. 01	10.00	11. 00	ADMI NI STRATI ON 13. 00	
GENERAL SERVICE COST CENTERS	7.00	7.01	10.00	11.00	10.00	
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 00 00500 ADMINISTRATIVE & GENERAL						5. 00
6.00 00600 MAINTENANCE & REPAIRS						6. 00
7.00 00700 OPERATION OF PLANT						7. 00
7. 01 00701 OPERATION OF PLANT - FP						7. 01
8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG	3, 222, 193					8. 00 9. 00
9. 01 01851 ENVI RONMENTAL SERVI CES - FP	3, 222, 193	377, 727				9. 00
10. 00 01000 DI ETARY	172, 289	0	2, 423, 413			10.00
11. 00 01100 CAFETERI A	0	0	0	1, 027, 935		11. 00
13. 00 01300 NURSING ADMINISTRATION	24, 848	0	0	22, 988		13. 00
14. 00 01400 CENTRAL SERVI CES & SUPPLY	158, 658	0	0	34, 147		14.00
15. 00 O1500 PHARMACY 16. 00 O1600 MEDI CAL RECORDS & LI BRARY	39, 962 80, 238	0	0	41, 413 32, 304		15. 00 16. 00
17. 00 01700 SOCIAL SERVICE	147, 587	o	0	21, 365		17. 00
21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22. 00
23. 00 02300 PARAMEDI C SERVI CES	0	0	0	10, 038		23. 00
23. 01 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	0	0	924	0	23. 01
30.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 O3000 ADULTS & PEDIATRICS	756, 412	0	2, 065, 215	325, 394	1, 627, 032	30.00
31. 00 03100 I NTENSI VE CARE UNI T	106, 340	Ö	220, 118	47, 033		31. 00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	31, 234	222, 745	35. 00
41. 00 04100 SUBPROVI DER - RF	123, 041	0	138, 080	25, 500		41.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	0	43. 00
50. 00 05000 OPERATING ROOM	217, 985	0	0	50, 956	366, 319	50. 00
51. 00 05100 RECOVERY ROOM	94, 109	Ö	0	27, 566		51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	63, 839	0	0	3, 995	17, 187	52. 00
53. 00 05300 ANESTHESI OLOGY	13, 275	0	0	0	0	53. 00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	290, 671	152 100	0	118, 409		54. 00 54. 01
54. 01 05401 RADI OLOGY - I - 65 54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ	0	153, 188 0	0	0	0	54. 01
54. 03 05403 LOWELL RADI OLOGY	0	o	0	0	0	54. 03
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
55. 01 05501 CARDI AC CATHERI ZATON LAB	59, 849	0	0	12, 330		55. 01
55. 02 03140 CARDI OLOGY	29, 277	0	0	6, 593		55. 02
55. 03 03450 NEURO-DI AGNOSTI CS 60. 00 06000 LABORATORY	17, 495 88, 103		0	4, 853	0	55. 03 60. 00
60. 01 06001 BLOOD LABORATORY	00, 103	o	ő	0	0	60. 01
65. 00 06500 RESPIRATORY THERAPY	12, 095	0	0	21, 619	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	35, 147	0	0	25, 976		66. 00
66. 01 06601 PHYSI CAL THERAPY 1-65	0	167, 424	0	0	0	66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN 67. 00 06700 OCCUPATI ONAL THERAPY	1, 065		0	5, 321	0	66. 02 67. 00
67. 01 06701 OCCUPATION THERAPY I -65	1,003	20, 591	0	3, 321	0	67. 01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67. 02
68.00 06800 SPEECH PATHOLOGY	0	0	0	4, 318		68. 00
68. 01 06801 SPEECH PATHOLOGY 1-65	0	36, 524	0	0	0	68. 01
68. 02 06802 SPEECH THERAPY ST. JOHN 69. 00 06900 ELECTROCARDI OLOGY	38, 803	0	0	6, 778	0 25, 888	68. 02 69. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	30, 803	0	0	0, 770	25, 666	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
74. 00 07400 RENAL DI ALYSI S	5, 390	1	0	0	0	74.00
76. 00 03020 RADI ATI ON ONCOLOGY OUTPATI ENT SERVI CE COST CENTERS	83, 246	0	0	10, 216	11, 442	76. 00
90. 00 09000 CLINIC	0	0	0	14, 058	33, 732	90.00
90. 01 09001 DI ABETES CLINIC	1, 253	o	0	1, 197		90. 01
90.02 09002 OUTPATIENT CLINICS	97, 482	0	0	8, 147	1, 106	90. 02
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC	8, 648	0	0	6, 864		90. 03
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 91. 00 09100 EMERGENCY	0 177, 971		0	E0 000	0 252 424	90. 04 91. 00
91.00 09100 EMERGENCY 91.01 09101 EMERGENCY ROOM PHYSI CANS	10, 184		0	58, 809 26, 432		91.00
91. 02 09102 EXPRESS CARE	10, 184		0	21, 158		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
SPECIAL PURPOSE COST CENTERS	,					
113. 00 11300 I NTEREST EXPENSE	2.055.040	077 707	2 422 442	1 007 005	2 400 504	113.00
118. 00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	2, 955, 262	377, 727	2, 423, 413	1, 027, 935	3, 498, 531	1 1 8. UU
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	35, 920	0	0	0	0	192. 00
		- 1	- 1			

Health Financial Systems	FRANCISCAN ST ANTHONY I	HEALTH-CR PT		In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN:	150126	Peri od: From 01/01/2014	Worksheet B Part I
				To 12/31/2014	Date/Time Prepared:

						5/26/2015 11:	
Cost	Center Description	HOUSEKEEPI NG	ENVI RONMENTAL	DI ETARY	CAFETERI A	NURSI NG	
			SERVICES - FP			ADMI NI STRATI ON	
		9. 00	9. 01	10.00	11.00	13.00	
194.00 07950 FHC		0	0		0	0	194. 00
194. 02 07952 OTHE	R NON REIMB - BUILDINGS	215, 479	0)	0	0	194. 02
194. 03 07953 OTHR	NON REIM-FHC BEHAVORIAL HEALTH	15, 532	0)	0	0	194. 03
200.00 Cros	s Foot Adjustments						200. 00
201. 00 Nega	tive Cost Centers	0	0)	0	0	201. 00
202. 00 TOTA	L (sum lines 118-201)	3, 222, 193	377, 727	2, 423, 41	3 1, 027, 935	3, 498, 531	202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 150126

				'	0 12/31/2014	5/26/2015 11:	
				<u> </u>		INTERNS &	
						RESI DENTS	
	Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE		
		SERVICES & SUPPLY		RECORDS & LI BRARY		Y & FRINGES	
		14.00	15. 00	16. 00	17. 00	21. 00	
	GENERAL SERVICE COST CENTERS	111.00	10.00	10.00	17.00	21100	
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL						5. 00
6.00	00600 MAINTENANCE & REPAIRS						6. 00
7.00	00700 OPERATION OF PLANT						7. 00
7. 01	00701 OPERATION OF PLANT - FP						7. 01
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00	00900 HOUSEKEEPI NG						9. 00
9. 01	01851 ENVIRONMENTAL SERVICES - FP						9. 01
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A						11.00
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON	2 505 720					13. 00 14. 00
15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	3, 505, 728 7, 742	4, 260, 405				15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	7,742	4, 200, 405	3, 589, 940			16. 00
17. 00	01700 SOCIAL SERVICE		0	3, 369, 940			17. 00
21. 00			0	C		0	•
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	C	-	0	22. 00
23. 00	02300 PARAMEDIC SERVICES	2, 221	o	C	-	0	1
23. 01	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	Ö	C	_	0	1
	INPATIENT ROUTINE SERVICE COST CENTERS	,	-,		'		
30.00	03000 ADULTS & PEDI ATRI CS	134, 570	232	241, 728	243, 280	0	30.00
31.00	03100 INTENSIVE CARE UNIT	27, 079	875	48, 415	48, 726	0	31.00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	16, 401	0	66, 781	67, 210	0	35. 00
41.00	04100 SUBPROVI DER - I RF	4, 438	0	15, 733		0	41. 00
43. 00	04300 NURSERY	0	0	22, 958	23, 105	0	43. 00
	ANCILLARY SERVICE COST CENTERS	T					
50.00	05000 OPERATING ROOM	808, 247	8, 112	378, 393		0	
51.00	05100 RECOVERY ROOM	7, 402	0	43, 226		0	
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	30 10, 916	150, 032	37, 374 96, 724		0	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	17, 333	82	662, 006		0	54.00
54. 00	05401 RADI 0LOGY - I -65	2, 137	0	102, 797		0	54. 00
54. 02	05402 RADI OLOGY DI AGNOSTI C - SJ	89	0	1, 568		0	54. 02
54. 03	05403 LOWELL RADI OLOGY	0	0	1, 975		0	1
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	o	.,		0	ı
55. 01	05501 CARDI AC CATHERI ZATON LAB	5, 409	o	165, 514	166, 577	0	1
55. 02	03140 CARDI OLOGY	1, 213	o	48, 918	49, 232	0	55. 02
55. 03	03450 NEURO-DI AGNOSTI CS	3, 947	0	33, 413	33, 627	0	55. 03
60.00	06000 LABORATORY	1, 054	0	437, 885	440, 697	0	60.00
60. 01	06001 BLOOD LABORATORY	0	0	C	0	0	60. 01
	06500 RESPI RATORY THERAPY	41, 622	272	73, 265		0	65. 00
	06600 PHYSI CAL THERAPY	925	0	29, 424		0	
66. 01	06601 PHYSI CAL THERAPY I -65	467	0	20, 360		0	
66. 02	06602 PHYSI CAL THERAPY ST JOHN	139	U	1, 561		0	66. 02
67. 00 67. 01	06700 OCCUPATI ONAL THERAPY 06701 OCCUPATI ON THERAPY I -65	196	0	14, 481 4, 663		0	67. 00 67. 01
67. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	62	0	935		0	67. 02
68. 00	06800 SPEECH PATHOLOGY	0	0	5, 581	1	0	68.00
68. 01	06801 SPEECH PATHOLOGY I -65	313	ol	4, 603		0	68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	320	o	680		0	68. 02
69.00	06900 ELECTROCARDI OLOGY	1, 041	o	35, 015	l l	0	ı
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	922, 089	o	140, 073	140, 972	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	o	94, 033	94, 637	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	1, 384, 765	4, 024, 967	377, 110	379, 531	0	73. 00
74.00	07400 RENAL DI ALYSI S	315	0	5, 482		0	
76. 00	03020 RADI ATI ON ONCOLOGY	2, 123	0	80, 556	81, 074	0	76. 00
	OUTPATIENT SERVICE COST CENTERS		00.040				
90. 00 90. 01	09000 CLINIC	5, 996	22, 242	6, 374		0	
90.01	09001 DI ABETES CLINIC 09002 OUTPATIENT CLINICS	42 711	915	481		0	
90. 02	09003 OCCUPATIONAL MEDICINE CLINIC	3, 828	39, 938	3, 476 7, 340		0	
90.03	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	3, 626	37, 730 N	7, 340		0	1
91. 00	09100 EMERGENCY	83, 426	n	279, 039	-	0	1
91. 01	09101 EMERGENCY ROOM PHYSICANS	16	o o	2.7,307	0	0	1
91. 02	09102 EXPRESS CARE	7, 104	12, 738	Č	o	0	91. 02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS	,					
113.00	11300 INTEREST EXPENSE						113. 00

TOTAL (sum lines 118-201)

202.00

0 202. 00

COST ALLOCATION - GENERAL SERVICE COSTS Worksheet B Provi der CCN: 150126 Peri od: From 01/01/2014 To 12/31/2014 Part I Date/Time Prepared: 5/26/2015 11:01 pm INTERNS & **RESI DENTS** CENTRAL PHARMACY MEDI CAL SOCIAL SERVICE SERVICES-SALAR Cost Center Description SERVICES & RECORDS & Y & FRINGES LI BRARY SUPPLY 15.00 21.00 17.00 14.00 16.00 118.00 SUBTOTALS (SUM OF LINES 1-117)
NONREI MBURSABLE COST CENTERS
192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 3, 505, 728 4, 260, 405 3, 589, 940 3, 612, 631 0 118. 00 0 192. 00 0 0 0 194. 00 07950 FHC 0 194. 00 194.02 07952 OTHER NON REIMB - BUILDINGS 194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH 0 0 0 0 0 194. 02 0 0 0 194. 03 200.00 0 200.00 Cross Foot Adjustments 201.00 Negative Cost Centers 0 201.00

4, 260, 405

3, 589, 940

3, 612, 631

3, 505, 728

Provider CCN: 150126

Peri od:

COST ALLOCATION - GENERAL SERVICE COSTS

From 01/01/2014 Part I Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm INTERNS & **RESI DENTS** Cost Center Description SERVI CES-OTHER PARAMEDI C ECHOCARDI OLOGY Subtotal Intern & Residents Cost PRGM COSTS SFRVI CFS **FDUCATION PROGRAM** & Post Stepdown Adjustments 22.00 23. 00 23. 01 24. 00 25. 00 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2 00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00500 ADMINISTRATIVE & GENERAL 5 00 5 00 6.00 00600 MAINTENANCE & REPAIRS 6.00 7.00 00700 OPERATION OF PLANT 7.00 7.01 00701 OPERATION OF PLANT - FP 7.01 00800 LAUNDRY & LINEN SERVICE 8 00 8 00 9.00 00900 HOUSEKEEPI NG 9.00 01851 ENVIRONMENTAL SERVICES - FP 9.01 9.01 01000 DI ETARY 10.00 10.00 11.00 01100 CAFETERI A 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15.00 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16 00 01700 SOCIAL SERVICE 17.00 17.00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 22.00 266, 242 02300 PARAMEDIC SERVICES 23.00 357, 285 23.00 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM 23.01 0 0 80, 892 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 30.00 266 32, 243, 027 -266 31.00 03100 INTENSIVE CARE UNIT 0 C 0 5, 935, 107 31.00 0 02060 NEONATAL INTENSIVE CARE UNIT 0 35.00 0 0 4, 073, 284 0 35.00 0 41.00 04100 SUBPROVIDER - IRF 0 0 3, 940, 202 0 41.00 04300 NURSERY 43.00 0 0 0 2, 016, 736 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 0 0 22, 095, 945 0 50.00 0 3, 329, 491 05100 RECOVERY ROOM 0 51 00 C 0 51.00 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 819, 971 0 52.00 05300 ANESTHESI OLOGY 0 53.00 0000000000000000000000000000 0 777, 990 0 53.00 05400 RADI OLOGY-DI AGNOSTI C 0 0 15, 197, 375 54.00 54.00 0 05401 RADI OLOGY - 1-65 0 54.01 2, 245, 236 0 54.01 54.02 05402 RADIOLOGY DIAGNOSTIC - SJ 0 0 104,830 0 54.02 54.03 05403 LOWELL RADIOLOGY 98, 173 54.03 05500 RADI OLOGY-THERAPEUTI C 0 0 55 00 0 55 00 05501 CARDI AC CATHERI ZATON LAB 0 55.01 0 2, 851, 266 0 55.01 55.02 03140 CARDI OLOGY 907, 641 0 55.02 55.03 03450 NEURO-DI AGNOSTI CS 0 0 929, 892 0 55.03 0 06000 LABORATORY 60 00 0 11, 522, 815 60 00 0 60.01 06001 BLOOD LABORATORY 0 0 60.01 06500 RESPIRATORY THERAPY 2, 215, 915 65.00 65.00 66.00 06600 PHYSI CAL THERAPY 0 1, 593, 135 66, 00 0 0 06601 PHYSICAL THERAPY I-65 66.01 0 1, 057, 572 0 66.01 66.02 06602 PHYSI CAL THERAPY ST JOHN 0 0 48, 513 0 66.02 06700 OCCUPATIONAL THERAPY 590, 892 67.00 67.00 06701 OCCUPATION THERAPY I-65 0 0 218, 308 67.01 67.01 0 06702 OCCUPATIONAL THERAPY ST. JOHN 0 67.02 0 39, 037 0 67 02 68.00 06800 SPEECH PATHOLOGY 268, 898 0 68.00 06801 SPEECH PATHOLOGY I -65 68 01 0 299, 688 68 01 06802 SPEECH THERAPY ST. JOHN 28, 286 68 02 0 0 68 02 69.00 06900 ELECTROCARDI OLOGY 80, 892 1, 114, 476 -50, 391 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 0 6, 017, 131 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 0 0 7. 751. 244 0 72.00 0 07300 DRUGS CHARGED TO PATIENTS 0 73.00 11, 287, 028 0 73.00 74.00 07400 RENAL DIALYSIS 0 0 0 356, 571 0 74.00 03020 RADIATION ONCOLOGY 0 76.00 0 0 2, 839, 314 0 76.00 OUTPATIENT SERVICE COST CENTERS 90 00 90 00 09000 CLI NI C 0 Ω 0 1, 167, 908 0 09001 DIABETES CLINIC 0 148, 118 0 90.01 90.01 0 0 90.02 09002 OUTPATIENT CLINICS Ω 830, 235 90.02 0 09003 OCCUPATIONAL MEDICINE CLINIC 90.03 0 776, 301 0 90.03 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT Λ 90.04 91.00 09100 EMERGENCY 265, 976 357, 285 0 8, 604, 058 -380, 746 91.00 09101 EMERGENCY ROOM PHYSICANS 0 -1, 015, 767 91.01 91.01 0 09102 EXPRESS CARE 0 91. 02 905, 360 91 02 0 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 92.00

Health Financial Systems	FRANCISCAN ST ANTHO	NY HEALTH-CR	PT	In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Peri od:	Worksheet B
				From 01/01/2014 To 12/31/2014	Part Date/Time Prepared:
					5/26/2015 11:01 pm
	I NTERNS & RESI DENTS				
Cost Center Description	SERVI CES-OTHER		ECHOCARDI OLOG		Intern &
	PRGM COSTS	SERVI CES	EDUCATI ON		Residents Cost
			PROGRAM		& Post
					Stepdown
					Adjustments
	22.00	23. 00	23. 01	24. 00	25. 00
SPECIAL PURPOSE COST CENTERS					
113. 00 11300 I NTEREST EXPENSE	1				113. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	266, 242	357, 285	80, 89	2 156, 231, 205	<u>-431, 403</u> 118. 00
NONREI MBURSABLE COST CENTERS					
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0)	0 1, 134, 680	
194. 00 07950 FHC	0	0)	0 103	0 194. 00
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0)	0 3, 861, 439	0 194. 02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	1 0	0)	0 710, 116	0 194. 03
200.00 Cross Foot Adjustments	0	0)	0 0	0 200. 00
201.00 Negative Cost Centers	0	0)	0	0 201. 00
202.00 TOTAL (sum lines 118-201)	266, 242	357, 285	80, 89	2 161, 937, 543	-431, 403 202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2014 | Part I | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 11: 01 pm

		5/26/2015 11:0	01 pm
Cost Center Description	Total		
	26. 00		
GENERAL SERVICE COST CENTERS			
1.00 O0100 CAP REL COSTS-BLDG & FLXT			1.00
2.00 O0200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4. 00
5. 00 00500 ADMINISTRATIVE & GENERAL	1		5. 00
6.00 00600 MAI NTENANCE & REPAI RS	İ		6. 00
7. 00 00700 OPERATION OF PLANT	1		7. 00
7. 01 00701 OPERATION OF PLANT - FP			7. 01
			8. 00
9. 00 00900 HOUSEKEEPI NG			9. 00
9. 01 01851 ENVIRONMENTAL SERVICES - FP			9. 01
10. 00 01000 DI ETARY			10. 00
11. 00 01100 CAFETERI A			11. 00
13.00 01300 NURSI NG ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15. 00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17. 00 01700 SOCIAL SERVICE			17. 00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1		21. 00
22.00 02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	1		22. 00
23. 00 02300 PARAMEDI C SERVI CES			23. 00
23. 01 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM			23. 01
I NPATI ENT ROUTI NE SERVI CE COST CENTERS			25.01
	32, 242, 761		20.00
30. 00 03000 ADULTS & PEDIATRICS	1 1		30.00
31. 00 03100 I NTENSI VE CARE UNI T	5, 935, 107		31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	4, 073, 284		35. 00
41. 00 04100 SUBPROVI DER - I RF	3, 940, 202		41. 00
43. 00 04300 NURSERY	2, 016, 736		43. 00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	22, 095, 945		50.00
51.00 05100 RECOVERY ROOM	3, 329, 491		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	819, 971		52.00
53. 00 05300 ANESTHESI OLOGY	777, 990		53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	15, 197, 375		54. 00
54. 01 05401 RADI OLOGY - I - 65	2, 245, 236		54. 01
54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ	104, 830		54. 02
	1		
54. 03 05403 LOWELL RADI OLOGY	98, 173		54. 03
55. 00 05500 RADI OLOGY-THERAPEUTI C	0		55. 00
55. 01 05501 CARDI AC CATHERI ZATON LAB	2, 851, 266		55. 01
55. 02 03140 CARDI OLOGY	907, 641		55. 02
55. 03 03450 NEURO-DI AGNOSTI CS	929, 892		55. 03
60. 00 06000 LABORATORY	11, 522, 815		60.00
60. 01 06001 BL00D LABORATORY	0		60. 01
65. 00 06500 RESPIRATORY THERAPY	2, 215, 915		65.00
66. 00 06600 PHYSI CAL THERAPY	1, 593, 135		66.00
66. 01 06601 PHYSI CAL THERAPY 1-65	1, 057, 572		66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN	48, 513		66. 02
67. 00 06700 OCCUPATI ONAL THERAPY	590, 892		67. 00
67. 01 06701 OCCUPATION THERAPY I-65	218, 308		67. 01
67. 02 06702 OCCUPATI ONAL THERAPY ST. JOHN	39, 037		67. 02
68. 00 06800 SPEECH PATHOLOGY	268, 898		68. 00
	299, 688		
68. 01 06801 SPEECH PATHOLOGY I -65 68. 02 06802 SPEECH THERAPY ST. JOHN			68. 01
	28, 286		68. 02
69. 00 06900 ELECTROCARDI OLOGY	1, 064, 085		69.00
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	6, 017, 131		71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	7, 751, 244		72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	11, 287, 028		73. 00
74. 00 07400 RENAL DI ALYSI S	356, 571		74. 00
76. 00 03020 RADIATION ONCOLOGY	2, 839, 314		76. 00
OUTPATIENT SERVICE COST CENTERS			
90. 00 09000 CLI NI C	1, 167, 908		90.00
90. 01 09001 DI ABETES CLINIC	148, 118		90. 01
90. 02 09002 OUTPATIENT CLINICS	830, 235		90. 02
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC	776, 301		90. 03
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	3		90. 04
91. 00 09100 EMERGENCY	8, 223, 312		91. 00
91. 01 09101 EMERGENCY ROOM PHYSI CANS	-1, 015, 767		91.00
91. 02 09102 EXPRESS CARE	905, 360		91. 02
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92. 00
SPECIAL PURPOSE COST CENTERS			
113.00 11300 I NTEREST EXPENSE			113. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	155, 799, 802		118. 00
NONREI MBURSABLE COST CENTERS			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1, 134, 680		192. 00
194. 00 07950 FHC	103		194. 00
· · · · · · · · · · · · · · · · · · ·			

Health Finar	cial Systems FF	RANCISCAN ST ANT	HONY H	IEALTH-CR	PT		In Lie	u of Form CMS-	2552-10
COST ALLOCA	FION - GENERAL SERVICE COSTS			Provi der	CCN:	150126	Peri od: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Pre 5/26/2015 11:	
	Cost Center Description	Total							
		26. 00							
194. 02 07952	OTHER NON REIMB - BUILDINGS	3, 861, 439	9						194. 02
194. 03 07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	710, 110	6						194. 03
200.00	Cross Foot Adjustments		0						200. 00
201.00	Negative Cost Centers		0						201. 00
202. 00	TOTAL (sum lines 118-201)	161, 506, 140	o						202. 00

Provider CCN: 150126

Peri od:

ALLOCATION OF CAPITAL RELATED COSTS

From 01/01/2014 Part II Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm CAPITAL RELATED COSTS Directly BLDG & FIXT MVBLE EQUIP Subtotal **EMPLOYEE** Cost Center Description Assigned New **BENEFITS** DEPARTMENT Capi tal Related Costs 1.00 2.00 2A 4.00 0 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FLXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 115, 638 4,083 119, 721 119, 721 4.00 5.00 00500 ADMINISTRATIVE & GENERAL 0 0 0 2, 820, 145 772, 347 3, 592, 492 11, 224 5.00 2, 050 6 00 00600 MAINTENANCE & REPAIRS 24, 175 17 401 41 576 6 00 00700 OPERATION OF PLANT 7.00 2, 033, 807 56, 632 2, 090, 439 2, 183 7.00 7.01 00701 OPERATION OF PLANT - FP 7.01 00800 LAUNDRY & LINEN SERVICE 0 0 5. 959 8 00 141 255 147 214 0 8 00 9.00 00900 HOUSEKEEPI NG 63, 147 4,614 67, 761 3, 012 9.00 9.01 01851 ENVIRONMENTAL SERVICES - FP 251 9.01 01000 DI ETARY 0 0 383, 792 26, 147 409, 939 989 10.00 10.00 01100 CAFFTERIA 11 00 1,637 11 00 01300 NURSING ADMINISTRATION 13.00 55, 353 350, 831 406, 184 3, 283 13.00 01400 CENTRAL SERVICES & SUPPLY 0000 353, 428 221, 392 574, 820 14.00 1.529 14.00 01500 PHARMACY 89, 020 91, 233 15.00 2.213 3.680 15.00 179, 312 01600 MEDICAL RECORDS & LIBRARY 2, 576 16.00 178, 738 574 16.00 17.00 01700 SOCIAL SERVICE 328, 765 232 328, 997 2,553 17.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 0 02200 & SERVICES-OTHER PRGM COSTS APPRVD 22.00 0 0 22.00 \cap 02300 PARAMEDIC SERVICES 23.00 Ω 13,672 13, 672 259 23.00 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM 96 23.01 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 26, 281 30.00 03000 ADULTS & PEDIATRICS 0 1.684.986 161, 256 1, 846, 242 30.00 03100 INTENSIVE CARE UNIT 0 31.00 236, 883 136, 826 373.709 4, 782 31 00 02060 NEONATAL INTENSIVE CARE UNIT 0 159, 032 159, 032 3, 397 35.00 35.00 04100 SUBPROVI DER - I RF 0 41.00 274, 087 4,700 278, 787 2, 337 41.00 04300 NURSERY 0 2, 207 43.00 0 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 2, 375, 390 50.00 0 485, 586 2, 860, 976 8.658 50.00 51.00 05100 RECOVERY ROOM 0 0 209, 637 41, 156 250, 793 2, 736 51.00 05200 DELIVERY ROOM & LABOR ROOM 142, 209 52 00 122 142.331 280 52 00 53.00 05300 ANESTHESI OLOGY 29, 573 15, 559 45, 132 0 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 00000000000000000000 647, 502 899, 382 1, 546, 884 7, 615 54.00 05401 RADI OLOGY - I -65 54.01 325, 430 325, 430 775 54.01 05402 RADIOLOGY DIAGNOSTIC - SJ 54.02 13,886 13, 886 102 54.02 54.03 05403 LOWELL RADIOLOGY C 83 54.03 05500 RADI OLOGY-THERAPEUTI C 55.00 55.00 0 05501 CARDIAC CATHERIZATON LAB 323, 026 55.01 133, 321 456, 347 1,520 55.01 55.02 03140 CARDI OLOGY 65, 218 17, 587 82,805 619 55.02 55.03 03450 NEURO-DI AGNOSTI CS 38, 973 33, 196 72, 169 413 55.03 06000 LABORATORY 196, 977 60.00 196, 259 718 60.00 0 06001 BLOOD LABORATORY 60.01 C Λ 60.01 65.00 06500 RESPIRATORY THERAPY 26, 943 47, 551 74, 494 1, 950 65.00 66.00 06600 PHYSI CAL THERAPY 78, 294 1, 951 80, 245 1,538 66.00 06601 PHYSI CAL THERAPY I-65 66 01 783 66 01 1, 115 1, 115 66.02 06602 PHYSI CAL THERAPY ST JOHN C 56 66.02 06700 OCCUPATIONAL THERAPY 2, 373 2, 373 689 67.00 67.00 C 67.01 06701 OCCUPATION THERAPY I-65 198 67.01 2, 184 2, 184 06702 OCCUPATIONAL THERAPY ST. JOHN 67 02 Ω 0 0 46 67 02 68.00 06800 SPEECH PATHOLOGY C 0 0 316 68.00 06801 SPEECH PATHOLOGY I -65 0 68.01 0 236 68.01 68.02 06802 SPEECH THERAPY ST. JOHN 0 0 31 68.02 \cap 06900 ELECTROCARDI OLOGY 69 00 86, 438 8, 405 94, 843 750 69 00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS C 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72.00 0 0 0 72.00 0 07300 DRUGS CHARGED TO PATIENTS 73.00 0 0 0 73.00 07400 RENAL DIALYSIS 12, 006 74.00 12,006 0 74 00 03020 RADIATION ONCOLOGY 947 76.00 185, 439 456, 419 641, 858 76.00 OUTPATIENT SERVICE COST CENTERS 1, 194 90 00 09000 CLI NI C 90 00 0 12, 294 12, 294 90.01 09001 DIABETES CLINIC 0 2, 792 2, 792 148 90.01 09002 OUTPATIENT CLINICS 0 90.02 217, 153 7.529 224, 682 11 90.02 0 90.03 09003 OCCUPATIONAL MEDICINE CLINIC 5, 807 25, 072 90.03 19, 265 723 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 90 04 Ω 90.04 91.00 09100 EMERGENCY 0 396, 449 59,093 455, 542 5,890 91.00 91 01 09101 EMERGENCY ROOM PHYSICANS 0 22, 685 22, 685 4,643 91.01 09102 EXPRESS CARE 962 91.02 91.02 1,587 1, 587 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00

Health Financial Systems FF	RANCISCAN ST ANTH	ONY HEALTH-CR	PT	In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Period: From 01/01/2014	Worksheet B Part II	
				To 12/31/2014		
		CAPI TAL REI	LATED COSTS			
Cost Center Description	Di rectly	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
	Assigned New				BENEFI TS	
	Capi tal				DEPARTMENT	
	Related Costs					
	0	1. 00	2. 00	2A	4. 00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 I NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	11, 781, 334	6, 587, 29	8 18, 368, 632	118, 238	118. 00
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	80, 016	1, 97	1 81, 987	1, 034	192. 00
194. 00 07950 FHC	0	0		0	0	194. 00
194.02 07952 OTHER NON REIMB - BUILDINGS	0	480, 002	174, 53	7 654, 539	0	194. 02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	34, 598		0 34, 598	449	194. 03
200.00 Cross Foot Adjustments				0		200. 00
201.00 Negative Cost Centers		0		ol o	0	201. 00
202.00 TOTAL (sum lines 118-201)	0	12, 375, 950	6, 763, 80	6 19, 139, 756		

FRANCISCAN ST ANTHONY HEALTH-CR PT In Lieu of Form CMS-2552-10

Provider CCN: 150126 | Period: | Worksheet B | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: 5/26/2015 11: 01 pm |

ADMINISTRATIVE MAINTENANCE & OPERATION OF OPERATION OF LAUNDRY & Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Cost Center Description

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
		5. 00	6.00	7. 00	7. 01	8. 00	
1 00	GENERAL SERVI CE COST CENTERS	T	T	T			1 00
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP		•				1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL	3, 603, 716	,				5. 00
6.00	00600 MAINTENANCE & REPAIRS	68, 150					6. 00
7.00	00700 OPERATION OF PLANT	208, 952	1				7. 00
7. 01	00701 OPERATION OF PLANT - FP 00800 LAUNDRY & LINEN SERVICE	18, 320	1	1	,	l	7. 01 8. 00
8. 00 9. 00	00900 HOUSEKEEPING	18, 387 62, 674	1			211, 780 0	9.00
9. 01	01851 ENVIRONMENTAL SERVICES - FP	4, 969	1		1, 277	18, 799	9. 01
10.00	01000 DI ETARY	35, 067	1	120, 911		l	10. 00
11. 00	01100 CAFETERI A	22, 721	1	0	0	0	11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON	74, 196				0	13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	59, 893 88, 860	1			615	14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	69, 272	1			0	16.00
17. 00	01700 SOCIAL SERVICE	61, 519	1			0	17. 00
21. 00		C	1	0	0	0	21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	5, 885	1	0	0	0	22. 00
23. 00 23. 01	02300 PARAMEDI C SERVI CES 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	7,610	lt .	0	0	0	23. 00
23.01	INPATIENT ROUTINE SERVICE COST CENTERS	1, 768	<u> </u>	0	0	0	23. 01
30. 00	03000 ADULTS & PEDIATRICS	518, 315	20, 002	530, 841	0	106, 955	30.00
31.00	03100 INTENSIVE CARE UNIT	103, 443	1	74, 629	0	7, 280	31. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	80, 535			_	-,	35. 00
41.00	04100 SUBPROVI DER – I RF	66, 542	1				41.00
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	43, 313	0	0	0	2, 203	43. 00
50. 00		418, 722	5, 764	152, 981	0	23, 152	50.00
51.00	05100 RECOVERY ROOM	57, 425	1		0	l	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	9, 249	1				52. 00
53. 00	05300 ANESTHESI OLOGY	7, 946	1			0	53.00
54. 00 54. 01	05400 RADI OLOGY - DI AGNOSTI C 05401 RADI OLOGY - I -65	271, 907 36, 645	•	203, 992	4, 406	5, 318 5, 229	54. 00 54. 01
54. 01	05401 RADIOLOGY - 1-85 05402 RADIOLOGY DIAGNOSTIC - SJ	2, 241	1	0	4, 406	3, 229	54. 01
54. 03	05403 LOWELL RADI OLOGY	2, 082	1	Ö	o o	0	54. 03
55.00	05500 RADI OLOGY-THERAPEUTI C	C	l .	0	0	0	55. 00
55. 01	05501 CARDI AC CATHERI ZATON LAB	47, 789	1			1, 855	
55. 02	03140 CARDI OLOGY	14, 550	1			-	55. 02
55. 03 60. 00	03450 NEURO-DI AGNOSTI CS 06000 LABORATORY	16, 839 225, 914				1, 696 244	55. 03 60. 00
60. 01	06001 BLOOD LABORATORY	223, 714	1			0	60.00
65. 00	06500 RESPI RATORY THERAPY	43, 049	320	8, 488	0	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	29, 496	1			919	66. 00
66. 01	06601 PHYSI CAL THERAPY I -65	13, 947	1		4, 815	l e	66. 01
66. 02 67. 00	06602 PHYSI CAL THERAPY ST JOHN 06700 OCCUPATI ONAL THERAPY	1, 000 12, 189	l t	-	0	0	66. 02 67. 00
67. 00	1 1	3, 567	1			l	67. 01
67. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	820	l .	Ō		0	67. 02
68. 00	06800 SPEECH PATHOLOGY	5, 601		0	0	0	68. 00
68. 01	06801 SPEECH PATHOLOGY I -65	4, 555	1	0	1, 051	0	68. 01
68. 02 69. 00	1	588	l .	0	0	1 250	68. 02
71. 00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	16, 305 106, 408		27, 232	0	1, 259 0	69. 00 71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	167, 163	l .	Ö	0	Ö	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	113, 187		0	0	0	73. 00
74. 00	07400 RENAL DI ALYSI S	7, 062	1	1		0	74. 00
76. 00	03020 RADI ATI ON ONCOLOGY	49, 742	2, 201	58, 422	0	1, 067	76. 00
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	23, 838		0	0	128	90.00
90. 01	09001 DI ABETES CLINI C	23, 030	1		_	1, 132	90.00
90. 02	09002 OUTPATIENT CLINICS	6, 985	1			5, 954	
90. 03	09003 OCCUPATIONAL MEDICINE CLINIC	14, 800	229	6, 069	0	0	90. 03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	122 502	1	124 000	0	0	90.04
91. 00 91. 01	09100 EMERGENCY 09101 EMERGENCY ROOM PHYSI CANS	132, 593	4, 706 269		0	15, 100 0	91. 00 91. 01
91. 01	09102 EXPRESS CARE	18, 438	l	7, 147	0	0	91.01
92. 00	1 1	13, 130		l			92.00
	SPECIAL PURPOSE COST CENTERS						
	11300 I NTEREST EXPENSE						113.00
118. 00	,	3, 505, 805	104, 717	2, 138, 384	18, 320	211, 780	118.00
192 0	NONREI MBURSABLE COST CENTERS 19200 PHYSI CI ANS' PRI VATE OFFI CES	21, 283	950	25, 209	0	n	192. 00
.,,	.,	1 21,200	, , , , ,				50

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS FRANCISCAN ST ANTHONY HEALTH-CR PT Provi der CCN: 150126

| Period: | Worksheet B | From 01/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 11:01 pm

					3/20/2013 11.	O I PIII
t Center Description	ADMI NI STRATI VE	MAINTENANCE &	OPERATION OF	OPERATION OF	LAUNDRY &	
	& GENERAL	REPAI RS	PLANT	PLANT - FP	LINEN SERVICE	
	5. 00	6. 00	7.00	7. 01	8. 00	
,	2	0	0	0	0	194. 00
IER NON REIMB - BUILDINGS	62, 572	5, 698	151, 222	0	0	194. 02
IR NON REIM-FHC BEHAVORIAL HEALTH	14, 054	411	10, 900	0	0	194. 03
ss Foot Adjustments						200. 00
ative Cost Centers	0	0	0	0	0	201. 00
AL (sum lines 118-201)	3, 603, 716	111, 776	2, 325, 715	18, 320	211, 780	202. 00
	ER NON REIMB - BUILDINGS R NON REIM-FHC BEHAVORIAL HEALTH ss Foot Adjustments ative Cost Centers	& GENERAL 5.00 2 ER NON REIMB - BUILDINGS 62,572 R NON REIM-FHC BEHAVORIAL HEALTH 14,054 ss Foot Adjustments ative Cost Centers 0	& GENERAL REPAIRS 5.00 6.00 2 0 ER NON REIMB - BUILDINGS 62,572 5,698 R NON REIM-FHC BEHAVORIAL HEALTH 14,054 411 ss Foot Adjustments 0 0 ative Cost Centers 0 0	& GENERAL REPAIRS PLANT 5.00 6.00 7.00 2 0 0 62,572 5,698 151,222 R NON REIM-FHC BEHAVORIAL HEALTH 14,054 411 10,900 ss Foot Adjustments 0 0 0 ative Cost Centers 0 0 0	& GENERAL REPAIRS PLANT PLANT - FP 5.00 6.00 7.00 7.01 2 0 0 0 0 62,572 5,698 151,222 0 8 R NON REIM-FHC BEHAVORIAL HEALTH SEFOND SEFOND ADJUSTMENTS 14,054 411 10,900 0 8 S FOOT Adjustments ative Cost Centers 0 0 0 0 0	ADMINISTRATIVE MAINTENANCE & OPERATION OF PLANT PLANT FP LINEN SERVICE

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS FRANCISCAN ST ANTHONY HEALTH-CR PT Provi der CCN: 150126

					7 12/31/2014	5/26/2015 11:	
	Cost Center Description	HOUSEKEEPI NG	ENVI RONMENTAL	DI ETARY	CAFETERI A	NURSI NG	
		9. 00	SERVICES - FP	10.00	11. 00	ADMI NI STRATI ON 13. 00	
	GENERAL SERVICE COST CENTERS	9.00	9. 01	10.00	11.00	13.00	
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5. 00
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7. 00
7.01	00701 OPERATION OF PLANT - FP						7. 01
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9.00	00900 HOUSEKEEPI NG	160, 270					9. 00
9. 01	01851 ENVIRONMENTAL SERVICES - FP	0	25, 296				9. 01
10.00	01000 DI ETARY	8, 570	0	582, 581			10. 00
11. 00	01100 CAFETERI A	0	0	0	24, 358		11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	1, 236	0	0	545	503, 540	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	7, 892	0	0	809	0	14. 00
15. 00	01500 PHARMACY	1, 988	0	0	981	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	3, 991	0	0	765	5, 746	16.00
17. 00	01700 SOCIAL SERVICE	7, 341	0	0	506	14, 707	17.00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23. 00 23. 01	02300 PARAMEDI C SERVI CES 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	0	0	238 22	106 0	23. 00 23. 01
23.01	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	U	U	<u> </u>		0	23.01
30. 00	03000 ADULTS & PEDIATRICS	37, 622	0	496, 471	7, 713	234, 179	30.00
31. 00	03100 NTENSI VE CARE UNI T	5, 289	0	52, 916	1, 114	45, 705	31.00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	0, 207	0	32, 710	740	32, 059	35. 00
41. 00	04100 SUBPROVIDER - I RF	6, 120	o	33, 194	604	16, 564	41. 00
43. 00	04300 NURSERY	0, 120	ő	00, 171	001	0	43. 00
10.00	ANCI LLARY SERVI CE COST CENTERS		٥,	<u> </u>			10.00
50.00	05000 OPERATI NG ROOM	10, 842	0	0	1, 207	52, 724	50.00
51.00	05100 RECOVERY ROOM	4, 681	o	0	653	22, 989	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3, 175	0	0	95	2, 474	52. 00
53.00	05300 ANESTHESI OLOGY	660	0	0	0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	14, 458	0	0	2, 806	2, 185	54.00
54. 01	05401 RADI OLOGY - I -65	0	10, 259	0	0	0	54. 01
54. 02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54. 02
54. 03	05403 LOWELL RADI OLOGY	0	0	0	0	0	54. 03
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
55. 01	05501 CARDI AC CATHERI ZATON LAB	2, 977	0	0	292	6, 299	55. 01
55. 02	03140 CARDI OLOGY	1, 456	0	0	156	487	55. 02
55. 03	03450 NEURO-DI AGNOSTI CS	870	0	0	115	0	55. 03
60. 00	06000 LABORATORY	4, 382	0	0	0	0	60.00
60. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
65. 00	06500 RESPI RATORY THERAPY	602	0	0	512	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	1, 748	0	0	616	0	66. 00
66. 01	06601 PHYSI CAL THERAPY I -65	0	11, 212	0	0	0	66. 01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	0	0	0	0	0	66. 02
	06700 OCCUPATIONAL THERAPY	53	1 270	0	126		67.00
67. 01 67. 02	06701 OCCUPATION THERAPY I -65	0	1, 379	0	0	0	67. 01 67. 02
68. 00	06702 OCCUPATIONAL THERAPY ST. JOHN 06800 SPEECH PATHOLOGY	0	0	0	102	0	68.00
68. 01	06801 SPEECH PATHOLOGY I -65	0	2, 446	0	102	0	68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	0	2, 440	0	0	0	68. 02
69. 00	06900 ELECTROCARDI OLOGY	1, 930	0	0	161	3, 726	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 750	0	0	0	0,720	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	ő	73. 00
74. 00	07400 RENAL DIALYSIS	268	0	o	0	Ō	74. 00
76. 00	03020 RADI ATI ON ONCOLOGY	4, 141	0	0	242	1, 647	76. 00
	OUTPATIENT SERVICE COST CENTERS			-		, , ,	
90.00	09000 CLI NI C	0	0	0	333	4, 855	90.00
90. 01	09001 DI ABETES CLINIC	62	o	0	28	1, 265	90. 01
90. 02	09002 OUTPATIENT CLINICS	4, 849	o	0	193	159	90. 02
90. 03	09003 OCCUPATIONAL MEDICINE CLINIC	430	o	0	163	0	90. 03
90. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	O	0	0	0	90. 04
91. 00	09100 EMERGENCY	8, 852	0	0	1, 394	50, 725	91. 00
91. 01	09101 EMERGENCY ROOM PHYSI CANS	507	0	0	626	590	91. 01
91. 02	09102 EXPRESS CARE	0	0	0	501	4, 349	91. 02
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS			,			
	11300 INTEREST EXPENSE						113.00
118.00		146, 992	25, 296	582, 581	24, 358	503, 540	J118. 00
100 5	NONREI MBURSABLE COST CENTERS				-	-	100.00
192.00	19200 PHYSI CLANS' PRI VATE OFFI CES	1, 787	0	0	0	0	192. 00

Health Financial Systems FRANCISCAN ST ANTHONY HEALTH-CR PT In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150126 Period: Worksheet B From 01/01/2014 Part II

			-	To 12/31/2014	Date/Time Pre 5/26/2015 11:	
Cost Contor Doscription	HOUSEKEEDI NG ENV	I DOMMENTAL	DIETADV	CAFETEDIA	MIIDST NC	

	Cost Center Description	HOUSEKEEPI NG	ENVI RONMENTAL	DI ETARY	CAFETERI A	NURSI NG	
			SERVICES - FP			ADMI NI STRATI ON	
		9. 00	9. 01	10.00	11. 00	13.00	
194. 00 0795	O FHC	0	0	0	0	0	194. 00
194. 02 0795	2 OTHER NON REIMB - BUILDINGS	10, 718	0	0	0	0	194. 02
194. 03 0795	3 OTHR NON REIM-FHC BEHAVORIAL HEALTH	773	0	0	0	0	194. 03
200. 00	Cross Foot Adjustments						200.00
201. 00	Negative Cost Centers	0	0	0	0	0	201.00
202. 00	TOTAL (sum lines 118-201)	160, 270	25, 296	582, 581	24, 358	503, 540	202.00

| Period: | Worksheet B | From 01/01/2014 | Part II | Date/Time Prepared: | 5/26/2015 | 11: 01 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150126

				12/31/2014	5/26/2015 11:	
					I NTERNS & RESI DENTS	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE		
	SERVICES &		RECORDS &		Y & FRINGES	
	SUPPLY 14.00	15. 00	16. 00	17. 00	21. 00	
GENERAL SERVICE COST CENTERS	14.00	13.00	10.00	17.00	21.00	
1.00 O0100 CAP REL COSTS-BLDG & FIXT						1. 00
2. 00 00200 CAP REL COSTS - MVBLE EQUI P						2.00
4.00 O0400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00 00500 ADMINI STRATI VE & GENERAL 6. 00 00600 MAI NTENANCE & REPAI RS						5. 00 6. 00
7. 00 00700 OPERATION OF PLANT						7. 00
7.01 00701 OPERATION OF PLANT - FP						7. 01
8.00 00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00 00900 HOUSEKEEPING						9. 00
9. 01 01851 ENVI RONMENTAL SERVI CES - FP 10. 00 01000 DI ETARY						9. 01 10. 00
11. 00 01100 CAFETERI A						11. 00
13.00 01300 NURSING ADMINISTRATION						13.00
14. 00 01400 CENTRAL SERVI CES & SUPPLY	761, 100					14.00
15. 00 01500 PHARMACY	1, 681	217, 525	220 005			15.00
16. 00 01600 MEDI CAL RECORDS & LI BRARY 17. 00 01700 SOCI AL SERVI CE	0	0	320, 095 0			16. 00 17. 00
21. 00 02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	o	o	Ö		0	21. 00
22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	o	0	C	0		22. 00
23. 00 02300 PARAMEDIC SERVICES	482	0	C	-		23. 00
23. 01 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	0	C	0		23. 01
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	29, 215	12	21, 555	35, 208		30. 00
31. 00 03100 NTENSIVE CARE UNIT	5, 879	45	4, 317			31. 00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	3, 561	0	5, 955			35. 00
41. 00 O4100 SUBPROVI DER - I RF	963	0	1, 403			41. 00
43. 00 04300 NURSERY	0	0	2, 047	3, 344		43. 00
ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM	175, 472	414	33, 742	55, 113		50. 00
51. 00 05100 RECOVERY ROOM	1, 607	0	3, 854			51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7	0	3, 333			52.00
53. 00 05300 ANESTHESI OLOGY	2, 370	7, 660	8, 625			53. 00
54. 00 05400 RADI OLOGY - DI AGNOSTI C 54. 01 05401 RADI OLOGY - I -65	3, 763 464	4	59, 010			54. 00 54. 01
54. 01 05401 RADI OLOGY - 1-05 54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ	19	0	9, 166 140			54. 01
54. 03 05403 LOWELL RADI OLOGY	Ó	Ö	176			54. 03
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	C	T .		55. 00
55. 01 05501 CARDI AC CATHERI ZATON LAB	1, 174	0	14, 759			55. 01
55. 02 03140 CARDI OLOGY 55. 03 03450 NEURO-DI AGNOSTI CS	263 857	0	4, 362 2, 979			55. 02 55. 03
60. 00 06000 LABORATORY	229	0	2, 979 39, 047			60.00
60. 01 06001 BLOOD LABORATORY	0	Ö	07,017	0		60. 01
65. 00 06500 RESPIRATORY THERAPY	9, 036	14	6, 533	10, 671		65. 00
66. 00 06600 PHYSI CAL THERAPY	201	0	2, 624			66.00
66. 01 06601 PHYSI CAL THERAPY I -65 66. 02 06602 PHYSI CAL THERAPY ST JOHN	101	0	1, 816 139			66. 01 66. 02
67. 00 06700 OCCUPATIONAL THERAPY	30	0	1, 291			67. 00
67. 01 06701 OCCUPATION THERAPY I -65	42	o	416			67. 01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	14	O	83			67. 02
68. 00 06800 SPEECH PATHOLOGY	0	0	498			68. 00
68. 01 06801 SPEECH PATHOLOGY 1-65 68. 02 06802 SPEECH THERAPY ST. JOHN	68 69	0	410 61	1		68. 01 68. 02
69. 00 06900 ELECTROCARDI OLOGY	226	0	3, 122			69. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	200, 187	Ö	12, 490	l		71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	O	8, 385	13, 696		72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	300, 637	205, 504	33, 627			73.00
74. 00 07400 RENAL DIALYSIS 76. 00 03020 RADIATION ONCOLOGY	68 461	0	489 7, 183			74. 00 76. 00
OUTPATIENT SERVICE COST CENTERS	401	<u> </u>	7, 103	11, 733		70.00
90. 00 09000 CLI NI C	1, 302	1, 136	568	928		90. 00
90. 01 09001 DIABETES CLINIC	9	0	43			90. 01
90. 02 09002 OUTPATIENT CLINICS	154	47	310			90. 02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	831	2, 039	655 0			90. 03 90. 04
91. 00 09100 EMERGENCY	18, 112	n	24, 882	٦		91.00
91. 01 09101 EMERGENCY ROOM PHYSI CANS	4	ő	, soz	0		91. 01
91. 02 09102 EXPRESS CARE	1, 542	650	C	o		91. 02
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE						113. 00
110.00 11000 1111ERE01 ENLENDE	ı	<u> </u>		<u> </u>		113.00

ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150126 Worksheet B Peri od: From 01/01/2014 To 12/31/2014 Part II Date/Time Prepared: 5/26/2015 11:01 pm INTERNS & **RESI DENTS** Cost Center Description CENTRAL PHARMACY MEDI CAL SOCIAL SERVICE SERVICES-SALAR SERVICES & RECORDS & Y & FRINGES LI BRARY SUPPLY 15.00 17.00 21.00 14.00 16.00 118.00 SUBTOTALS (SUM OF LINES 1-117)
NONREI MBURSABLE COST CENTERS
192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 761, 100 217, 525 320, 095 523, 102 0 118. 00 0 0 0 192. 00 194. 00 07950 FHC 194. 00 194.02 07952 OTHER NON REIMB - BUILDINGS 194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH 0 0 0 0 194. 02 0 0 194. 03 200.00 Cross Foot Adjustments 0 200.00 201.00 Negative Cost Centers 0 0 201.00 202.00 TOTAL (sum lines 118-201) 761, 100 217, 525 320, 095 523, 102 0 202. 00

Provider CCN: 150126

Peri od:

ALLOCATION OF CAPITAL RELATED COSTS

From 01/01/2014 Part II Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm INTERNS & **RESI DENTS** Cost Center Description SERVI CES-OTHER PARAMEDI C ECHOCARDI OLOGY Subtotal Intern & Residents Cost PRGM COSTS SFRVI CFS **FDUCATION PROGRAM** & Post Stepdown Adjustments 22.00 23.00 23. 01 24. 00 25. 00 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2 00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00500 ADMINISTRATIVE & GENERAL 5 00 5 00 6.00 00600 MAINTENANCE & REPAIRS 6.00 7.00 00700 OPERATION OF PLANT 7.00 7.01 00701 OPERATION OF PLANT - FP 7.01 00800 LAUNDRY & LINEN SERVICE 8 00 8 00 9.00 00900 HOUSEKEEPI NG 9.00 01851 ENVIRONMENTAL SERVICES - FP 9.01 9.01 01000 DI ETARY 10.00 10.00 01100 CAFETERI A 11.00 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15.00 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16 00 17.00 01700 SOCIAL SERVICE 17.00 21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 5.885 22.00 02300 PARAMEDIC SERVICES 23.00 22, 367 23.00 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM 1,886 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 3, 910, 611 30.00 0 31.00 03100 INTENSIVE CARE UNIT 688, 972 0 31.00 02060 NEONATAL INTENSIVE CARE UNIT 300, 032 35.00 0 35.00 41.00 04100 SUBPROVIDER - IRF 503.672 0 41.00 04300 NURSERY 43.00 53, 114 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 3, 799, 767 0 50.00 05100 RECOVERY ROOM 51.00 419, 568 51.00 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 212, 878 0 52.00 05300 ANESTHESI OLOGY 53.00 53.00 96, 149 0 05400 RADI OLOGY-DI AGNOSTI C 2, 222, 277 54.00 54.00 0 05401 RADI OLOGY - I -65 54.01 54.01 407, 346 0 54.02 05402 RADIOLOGY DIAGNOSTIC - SJ 16,653 0 54.02 54.03 05403 LOWELL RADIOLOGY 2,629 0 54.03 05500 RADI OLOGY-THERAPEUTI C 55 00 0 55 00 05501 CARDI AC CATHERI ZATON LAB 55.01 600, 704 0 55.01 55.02 03140 CARDI OLOGY 133, 144 0 55.02 03450 NEURO-DI AGNOSTI CS 55.03 113, 546 0 55.03 06000 LABORATORY 60 00 594, 731 0 60 00 60.01 06001 BLOOD LABORATORY 0 60.01 06500 RESPIRATORY THERAPY 0 65.00 65.00 155, 669 66.00 06600 PHYSI CAL THERAPY 147, 268 0 66, 00 66.01 06601 PHYSI CAL THERAPY I-65 36, 754 0 66.01 66.02 06602 PHYSI CAL THERAPY ST JOHN 1, 452 0 66.02 06700 OCCUPATIONAL THERAPY 67.00 19,606 67.00 06701 OCCUPATION THERAPY I-65 9,057 67.01 0 67.01 06702 OCCUPATIONAL THERAPY ST. JOHN 67.02 1.099 0 67.02 68.00 06800 SPEECH PATHOLOGY 7, 330 0 68.00 06801 SPEECH PATHOLOGY I -65 68.01 9, 436 0 68 01 06802 SPEECH THERAPY ST. JOHN 68 02 68 02 848 0 69.00 06900 ELECTROCARDI OLOGY 155, 680 0 69.00 339, 487 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 189, 244 72.00 72.00 0 07300 DRUGS CHARGED TO PATIENTS 73.00 707.881 0 73.00 74.00 07400 RENAL DIALYSIS 24, 616 0 74.00 03020 RADIATION ONCOLOGY 76.00 779, 644 0 76.00 OUTPATIENT SERVICE COST CENTERS 90 00 90 00 09000 CLI NI C 46, 576 0 09001 DIABETES CLINIC 0 90.01 90.01 9, 234 90.02 09002 OUTPATIENT CLINICS 314, 841 0 90.02 09003 OCCUPATIONAL MEDICINE CLINIC 90.03 52, 080 0 90.03 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0 90.04 91.00 09100 EMERGENCY 883, 337 0 91.00 09101 EMERGENCY ROOM PHYSICANS 91.01 91.01 36, 471 0 09102 EXPRESS CARE 91. 02 0 91.02 28, 029 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 92.00

Health Financial Systems	FRANCISCAN ST ANTHO	ONY HEALTH-CR	PT	In Lie	u of Form CMS-255	2-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Peri od: From 01/01/2014	Worksheet B Part II	
				To 12/31/2014	Date/Time Prepar	
					5/26/2015 11:01	pm
	I NTERNS & RESI DENTS					
Cost Center Description	SERVI CES-OTHER	PARAMEDI C	ECHOCARDI OLOG	Y Subtotal	Intern &	
· ·	PRGM COSTS	SERVI CES	EDUCATI ON		Residents Cost	
			PROGRAM		& Post	
					Stepdown	
					Adjustments	
	22. 00	23. 00	23. 01	24. 00	25. 00	
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE						3. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)		C)	0 18, 031, 432	0 118	8. 00
NONREI MBURSABLE COST CENTERS			1			
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES				132, 250	0 192	
194. 00 07950 FHC				2	0 194	
194.02 07952 OTHER NON REIMB - BUILDINGS				884, 749	0 194	
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH				61, 185		
200.00 Cross Foot Adjustments	5, 885	22, 367	1, 88	6 30, 138	l	
201.00 Negative Cost Centers	0	C		0	0 201	
202.00 TOTAL (sum lines 118-201)	5, 885	22, 367	7 1, 88	19, 139, 756	0 202	2. 00

In Lieu of Form CMS-2552-10 Health Financial Systems FRANCISCAN ST ANTHONY HEALTH-CR PT ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150126 Peri od: Worksheet B From 01/01/2014 Part II Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm Cost Center Description Total 26. 00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5 00 6.00 00600 MAINTENANCE & REPAIRS 6.00 00700 OPERATION OF PLANT 7.00 7.00 00701 OPERATION OF PLANT - FP 7.01 7.01 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPI NG 9.00 9.01 01851 ENVIRONMENTAL SERVICES - FP 9.01 10 00 01000 DI ETARY 10 00 11.00 01100 CAFETERI A 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 01500 PHARMACY 15 00 15 00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 17.00 01700 SOCIAL SERVICE 17.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 23.00 02300 PARAMEDIC SERVICES 23.00 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM 23.01 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 3, 910, 611 30.00 03100 INTENSIVE CARE UNIT 688, 972 31.00 31.00 35. 00 02060 NEONATAL INTENSIVE CARE UNIT 300, 032 35.00 04100 SUBPROVIDER - IRF 41.00 503, 672 41 00 43.00 04300 NURSERY 53, 114 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 3, 799, 767 50.00 50.00 51 00 05100 RECOVERY ROOM 419, 568 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 212, 878 52.00 53 00 05300 ANESTHESI OLOGY 96, 149 53.00 05400 RADI OLOGY-DI AGNOSTI C 2, 222, 277 54.00 54.00 54.01 05401 RADI OLOGY - I -65 407.346 54.01 05402 RADIOLOGY DIAGNOSTIC - SJ 16,653 54.02 54.02 54. 03 05403 LOWELL RADI OLOGY 2,629 54.03 55.00 05500 RADI OLOGY-THERAPEUTI C 55.00 55. 01 05501 CARDI AC CATHERI ZATON LAB 600, 704 55.01 55. 02 03140 CARDI OLOGY 133, 144 55.02 55.03 03450 NEURO-DI AGNOSTI CS 113, 546 55.03 06000 LABORATORY 60. nn 594, 731 60.00 60.01 06001 BLOOD LABORATORY 60.01 06500 RESPIRATORY THERAPY 155, 669 65.00 65.00 06600 PHYSI CAL THERAPY 66.00 147, 268 66.00 06601 PHYSI CAL THERAPY I-65 66.01 36, 754 66.01 66.02 06602 PHYSI CAL THERAPY ST JOHN 1, 452 66.02 67.00 06700 OCCUPATIONAL THERAPY 19,606 67.00 06701 OCCUPATION THERAPY I-65 9.057 67.01 67.01 67.02 06702 OCCUPATIONAL THERAPY ST. JOHN 1,099 67.02 68.00 06800 SPEECH PATHOLOGY 7,330 68.00 06801 SPEECH PATHOLOGY I -65 68 01 9, 436 68 01 06802 SPEECH THERAPY ST. JOHN 68.02 848 68.02 69.00 06900 ELECTROCARDI OLOGY 155, 680 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 339, 487 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 72 00 189 244 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 707,881 73.00 07400 RENAL DIALYSIS 74.00 74.00 24, 616 03020 RADIATION ONCOLOGY 76.00 76.00 779.644 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 46, 576 90.00 09001 DIABETES CLINIC 9, 234 90.01 90.01 09002 OUTPATIENT CLINICS 314, 841 90.02 90.02 09003 OCCUPATIONAL MEDICINE CLINIC 52, 080 90.03 90.03 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 90.04 883, 337 91.00 09100 EMERGENCY 91.00 09101 EMERGENCY ROOM PHYSICANS 91.01 36, 471 91.01 91 02 09102 EXPRESS CARE 28.029 91 02 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 SPECIAL PURPOSE COST CENTERS

18, 031, 432

132, 250

113.00

118.00

192.00

194. 00

194. 00 07950 FHC

118.00

113. 00 11300 I NTEREST EXPENSE

SUBTOTALS (SUM OF LINES 1-117)

NONREI MBURSABLE COST CENTERS

192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES

		NY HEALTH-CR	FI		In Lieu	」of Form CMS−2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	CCN: 1	50126		Worksheet B	
							arad.
					10 12/31/2014	5/26/2015 11:0	01 pm_
Cost Center Description	Total						
	26. 00						
194. 02 07952 OTHER NON REIMB - BUILDINGS	884, 749						194. 02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	61, 185						194. 03
200.00 Cross Foot Adjustments	30, 138						200. 00
201.00 Negative Cost Centers	0						201. 00
202.00 TOTAL (sum lines 118-201)	19, 139, 756						202. 00

Provi der CCN: 150126

					rom 01/01/2014 o 12/31/2014		
		CAPITAL REI	LATED COSTS			5/26/2015 11:0	01 pm
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
	cost center bescription		(DOLLAR VALUE)	BENEFITS	inceconer i i a ci on	& GENERAL	
				DEPARTMENT (GROSS		(ACCUM. COST)	
		1.00	0.00	SALARI ES)	5.4	F 00	
	GENERAL SERVICE COST CENTERS	1. 00	2.00	4.00	5A	5. 00	
1.00	00100 CAP REL COSTS-BLDG & FIXT	531, 906					1. 00
2. 00 4. 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	4, 970	6, 676, 618 4, 030				2. 00 4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL	121, 207	762, 391			125, 287, 994	5. 00
6. 00 7. 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	1, 039 87, 411	17, 177 55, 902			,	6. 00 7. 00
7. 00	00701 OPERATION OF PLANT - FP	07,411	0 33, 402			636, 941	7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	6, 071	5, 882			639, 246	8. 00
9. 00 9. 01	O0900 HOUSEKEEPI NG O1851 ENVI RONMENTAL SERVI CES - FP	2, 714	4, 555 0			2, 178, 988 172, 755	9. 00 9. 01
10.00	01000 DI ETARY	16, 495		471, 800	0	1, 219, 182	10.00
11. 00 13. 00	01100 CAFETERIA 01300 NURSING ADMINISTRATION	2, 379	0 346, 309				11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	15, 190	218, 538	728, 997	0	2, 082, 305	14. 00
15. 00 16. 00	O1500 PHARMACY O1600 MEDI CAL RECORDS & LI BRARY	3, 826 7, 682	2, 184 567			3, 089, 397 2, 408, 386	15. 00 16. 00
17. 00	01700 SOCI AL SERVI CE	14, 130	l e			2, 138, 841	17. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	_		_	21. 00
22. 00 23. 00	02200 1&R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMEDIC SERVICES		0 13, 496	0 123, 370		,,	22. 00 23. 00
23. 01	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	0	45, 833	0	61, 454	23. 01
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	72, 419	159, 177	12, 535, 749	0	18, 018, 032	30. 00
31. 00	03100 INTENSIVE CARE UNIT	10, 181	135, 062	2, 280, 408	0	3, 596, 396	31. 00
35. 00 41. 00	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	11, 780					35. 00 41. 00
43. 00	04300 NURSERY	0					43.00
FO 00	ANCILLARY SERVICE COST CENTERS	20.070	2 244 772	4 120 045		14 557 //5	F0 00
50. 00 51. 00	O5000 OPERATI NG ROOM O5100 RECOVERY ROOM	20, 870 9, 010					50. 00 51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6, 112	120	133, 636	0	321, 561	52. 00
53. 00 54. 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY - DI AGNOSTI C	1, 271 27, 829	15, 358 887, 788		_	276, 253 9, 453, 364	53. 00 54. 00
54. 01	05401 RADI OLOGY - I -65	0	321, 235	369, 502	0	1, 274, 044	54. 01
54. 02 54. 03	05402 RADI OLOGY DI AGNOSTI C - SJ 05403 LOWELL RADI OLOGY	0	13, 707 0			77, 929 72, 400	54. 02 54. 03
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	ő				55. 00
55. 01 55. 02	O5501 CARDI AC CATHERI ZATON LAB O3140 CARDI OLOGY	5, 730					55. 01 55. 02
55. 02	03450 NEURO-DI AGNOSTI CS	2, 803 1, 675	17, 360 32, 768			505, 874 585, 424	55. 02
	06000 LABORATORY	8, 435				,	
60. 01 65. 00	06001 BLOOD LABORATORY 06500 RESPIRATORY THERAPY	1, 158	0 46, 938	0 930, 122			60. 01 65. 00
66. 00	06600 PHYSI CAL THERAPY	3, 365	1, 926	733, 327	0	1, 025, 500	66. 00
66. 01 66. 02	06601 PHYSI CAL THERAPY I -65 06602 PHYSI CAL THERAPY ST JOHN	0	1, 101 0			484, 893 34, 768	66. 01 66. 02
67. 00	06700 OCCUPATI ONAL THERAPY	102	ő	328, 461		423, 759	67. 00
67. 01 67. 02	06701 OCCUPATION THERAPY I -65 06702 OCCUPATIONAL THERAPY ST. JOHN	0	2, 156	94, 466 21, 888		124, 011 28, 510	67. 01 67. 02
68. 00	06800 SPEECH PATHOLOGY	0	0	150, 891		194, 720	68. 00
68. 01	06801 SPEECH PATHOLOGY I -65	0	0	112, 308		158, 376	68. 01
68. 02 69. 00	06802 SPEECH THERAPY ST. JOHN 06900 ELECTROCARDI OLOGY	3, 715	0 8, 297	14, 861 357, 635		20, 443 566, 880	68. 02 69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	_	3, 699, 483	71. 00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	5, 811, 723 3, 935, 145	
74. 00	07400 RENAL DI ALYSI S	516	0	0	0	245, 515	74. 00
76. 00	03020 RADI ATI ON ONCOLOGY	7, 970	450, 535	451, 809	0	1, 729, 360	76. 00
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	0	12, 136	569, 272	0	828, 768	90. 00
90. 01	09001 DI ABETES CLINIC	120	0	70, 564	0	96, 368	90. 01
90. 02 90. 03	09002 OUTPATIENT CLINICS 09003 OCCUPATIONAL MEDICINE CLINIC	9, 333 828				242, 844 514, 562	90. 02 90. 03
90. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	2	90. 04
91. 00 91. 01	O9100 EMERGENCY O9101 EMERGENCY ROOM PHYSI CANS	17, 039 975		2, 808, 826 2, 213, 912		4, 609, 853 0	91. 00 91. 01
91.01	09102 EXPRESS CARE	0	1, 567				91.01
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1					92. 00

Health Fina	ncial Systems FRAI	NCISCAN ST ANTH	IONY HEALTH-OR I	PΤ	In lie	eu of Form CMS-2	2552_10
	TION - STATISTICAL BASIS	NOTSOAN ST ANTI			Peri od:	Worksheet B-1	2332 10
COST ALLOCA	TION - STATISTICAL BASIS		Trovidei		From 01/01/2014		
					Γo 12/31/2014	Date/Time Pre	pared:
						5/26/2015 11:	01 pm
		CAPITAL REI	LATED COSTS				
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation		
		(SQUARE FEET)	(DOLLAR VALUE)			& GENERAL	
				DEPARTMENT		(ACCUM. COST)	
				(GROSS			
		1. 00	2.00	SALARI ES) 4. 00	5A	5. 00	
SDECI	AL PURPOSE COST CENTERS	1.00	2.00	4.00) AC	3.00	
	INTEREST EXPENSE						113. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	506, 350	6, 502, 385	56, 386, 76°	-36, 649, 549	l	
	IMBURSABLE COST CENTERS	300, 330	0, 302, 363	30, 360, 70	1 -30, 049, 349	121,000,000	1110.00
	PHYSICIANS' PRIVATE OFFICES	3, 439	1, 946	493, 313		739, 958	102.00
194. 00 07950		3, 439	1, 940	493, 31,			194. 00
	PITHO 2 OTHER NON REIMB - BUILDINGS	20 (20	172 207)		2, 175, 448	
	OTHER NON REIMB - BUILDINGS OTHR NON REIM-FHC BEHAVORIAL HEALTH	20, 630 1, 487		214, 21!		488, 626	1
200. 00		1,487	U	214, 213			200. 00
4	Cross Foot Adjustments						
201.00	Negative Cost Centers	12 275 050	/ 7/2 00/	15 040 071	-		201. 00
202. 00	Cost to be allocated (per Wkst. B, Part I)	12, 375, 950	6, 763, 806	15, 949, 86!		37, 744, 574	202.00
203. 00	Unit cost multiplier (Wkst. B, Part I)	23. 267175	1. 013059	0. 279360		0. 301262	202 00
204. 00	Cost to be allocated (per Wkst. B,	23. 20/1/3	1.013059	119, 72		3, 603, 716	1
204.00	Dart II)			119,72		3, 603, 716	204.00

0.002097

0. 028763 205. 00

205.00

Part II)

Unit cost multiplier (Wkst. B, Part

Provider CCN: 150126

Peri od:

COST ALLOCATION - STATISTICAL BASIS

From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm Cost Center Description MAINTENANCE & OPERATION OF OPERATION OF LAUNDRY & HOUSEKEEPI NG LINEN SERVICE **REPALRS** PLANT PLANT - FP (SOUARE FEET) (SQUARE FEET) (SQUARE FEET) (ASSI GNED (POUNDS OF TIME) LAUNDRY) 6.00 7.00 9.00 7.01 8.00 GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 1.00 1.00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4 00 5.00 00500 ADMINISTRATIVE & GENERAL 5.00 00600 MAINTENANCE & REPAIRS 6.00 404, 690 6.00 00700 OPERATION OF PLANT 317, 279 7.00 7.00 87, 411 00701 OPERATION OF PLANT - FP 7.01 70, 158 7.01 8.00 00800 LAUNDRY & LINEN SERVICE 6,071 6,071 866, 758 8.00 9.00 00900 HOUSEKEEPI NG 2,714 23, 661 308, 494 2, 714 9.00 01851 ENVIRONMENTAL SERVICES - FP 4, 892 76 941 9.01 Λ 9 01 10.00 01000 DI ETARY 16, 495 16, 495 0 10, 432 16, 495 10.00 11.00 01100 CAFETERI A 11.00 01300 NURSING ADMINISTRATION 2, 379 2, 379 0 2, 379 13.00 13.00 15, 190 01400 CENTRAL SERVICES & SUPPLY 14.00 15, 190 15, 190 0 2, 517 14.00 15.00 01500 PHARMACY 3,826 3, 826 3,826 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 7,682 7, 682 С 0 7, 682 16.00 01700 SOCIAL SERVICE 0 17 00 14, 130 14, 130 0 14.130 17 00 21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 0 C 0 0 0 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 0 0 0 22.00 22.00 C 23.00 02300 PARAMEDIC SERVICES 0 0 23.00 0 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM 0 23.01 0 23 01 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 72, 419 72, 419 437, 737 72, 419 30.00 10, 181 31 00 03100 INTENSIVE CARE UNIT 10, 181 0 29 796 31 00 10, 181 0 35.00 02060 NEONATAL INTENSIVE CARE UNIT 20, 569 0 35.00 41.00 04100 SUBPROVIDER - IRF 11, 780 0 21, 539 11, 780 41.00 11, 780 04300 NURSERY 43.00 0 9,017 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 20.870 20,870 0 94, 755 20,870 50.00 05100 RECOVERY ROOM 9,010 9, 010 0 9, 010 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 6, 112 6, 112 0 0 6, 112 52.00 53.00 1, 271 1, 271 0 1, 271 05300 ANESTHESI OLOGY 53 00 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 27, 829 27, 829 0 21, 765 27, 829 54.00 05401 RADI OLOGY - I -65 54.01 16,873 21, 399 54.01 54.02 05402 RADIOLOGY DIAGNOSTIC - SJ 0 C 0 153 54.02 0 05403 LOWELL RADIOLOGY 0 54.03 0 C 0 0 54.03 55.00 05500 RADI OLOGY-THERAPEUTI C 55.00 0 55 01 05501 CARDI AC CATHERI ZATON LAB 5,730 5, 730 0 7, 590 5,730 55 01 03140 CARDI OLOGY 2, 803 2, 803 0 55.02 2,803 55.02 03450 NEURO-DI AGNOSTI CS 0 6, 943 55.03 1,675 1, 675 1, 675 55.03 60.00 06000 LABORATORY 8,435 8, 435 0 999 8, 435 60.00 60.01 06001 BLOOD LABORATORY 0 60.01 0 06500 RESPIRATORY THERAPY 65.00 1, 158 1, 158 0 0 1, 158 65.00 66.00 06600 PHYSI CAL THERAPY 3, 365 3, 365 0 3, 760 3, 365 66.00 66, 01 06601 PHYSI CAL THERAPY I -65 18, 441 66.01 06602 PHYSI CAL THERAPY ST JOHN 0 0 66.02 C 0 66.02 06700 OCCUPATIONAL THERAPY 0 67.00 102 102 0 102 67.00 06701 OCCUPATION THERAPY I-65 67.01 2, 268 0 67.01 o 67.02 06702 OCCUPATIONAL THERAPY ST. JOHN 0 0 0 67.02 0 06800 SPEECH PATHOLOGY 68.00 0 C 0 0 0 68.00 68.01 06801 SPEECH PATHOLOGY I -65 0 C 4, 023 0 0 68.01 68.02 06802 SPEECH THERAPY ST. JOHN 0 68.02 06900 ELECTROCARDI OLOGY 3, 715 3, 715 69.00 3.715 0 5. 154 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 0 C 0 0 Ω 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 C 0 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 0 0 0 0 73.00 07400 RENAL DIALYSIS 0 74.00 516 516 516 74.00 03020 RADIATION ONCOLOGY 7, 970 76.00 7,970 7,970 0 4, 365 76.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 0 90.00 523 90 01 09001 DIABETES CLINIC 120 120 0 4 634 120 90 01 0 90.02 09002 OUTPATIENT CLINICS 9, 333 9, 333 24, 368 9, 333 90.02 09003 OCCUPATIONAL MEDICINE CLINIC 828 828 0 828 90.03 90.03 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0 0 90.04 91 00 09100 EMERGENCY 17 039 17 039 0 61, 802 91 00 17.039 91.01 09101 EMERGENCY ROOM PHYSICANS 975 975 0 975 91.01 09102 EXPRESS CARE 91.02 91.02 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 379.134 291, 723 70. 158 866, 758 282, 938 118. 00 Unit cost multiplier (Wkst. B, Part

0. 519524 205. 00

COST ALLOCATION - STATISTICAL BASIS Provi der CCN: 150126 Peri od: Worksheet B-1 From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm Cost Center Description MAINTENANCE & OPERATION OF OPERATION OF LAUNDRY & HOUSEKEEPI NG **REPAI RS** PLANT PLANT - FP LINEN SERVICE (SQUARE FEET) (ASSI GNED (SQUARE FEET) (SQUARE FEET) (POUNDS OF TIME) LAUNDRY) 6.00 7.00 9. 00 7.01 8.00 NONREIMBURSABLE COST CENTERS 3, 439 192. 00 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 3, 439 3, 439 0 194.00 0 0 194. 00 07950 FHC 0 194. 02 07952 OTHER NON REIMB - BUILDINGS 20,630 20, 630 0 20, 630 194. 02 0 194. 03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH 1, 487 1, 487 0 1, 487 194. 03 200.00 Cross Foot Adjustments 200. 00 Negative Cost Centers 201.00 201.00 202.00 3, 083, 152 828, 827 1, 071, 704 3, 222, 193 202. 00 Cost to be allocated (per Wkst. B, 10, 119, 105 Part I) 10. 444913 203. 00 203.00 Unit cost multiplier (Wkst. B, Part I) 7. 618552 31. 893397 11.813720 1. 236451 111, 776 204.00 Cost to be allocated (per Wkst. B, 2, 325, 715 211, 780 160, 270 204. 00 18, 320 Part II)

0. 276202

7. 330189

0.261125

0. 244336

205.00

11)

		INCISCAN SI ANTHUN				Warkshaat D 1	
COST	ALLOCATION - STATISTICAL BASIS		Provider	F	Period: From 01/01/2014	Worksheet B-1	
				Т	o 12/31/2014	Date/Time Pre 5/26/2015 11:	
	Cost Center Description	ENVI RONMENTAL	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	, p
		SERVICES - FP	(PATIENT	(FTE' S)	ADMI NI STRATI ON	SERVICES &	
		(ASSIGNED TIME)	MEALS)		(DI RECT NURS.	SUPPLY (COSTED	
		· · · ···=/			HRS.)	REQUIS.)	
	JOSUS DE LA CONTROL DE LA CONT	9. 01	10. 00	11. 00	13. 00	14. 00	
1. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2. 00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS						5.00
6. 00 7. 00	00700 OPERATION OF PLANT						6. 00 7. 00
7. 01	00701 OPERATION OF PLANT - FP						7. 01
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9.00	00900 HOUSEKEEPI NG	41 (05					9.00
9. 01 10. 00	01851 ENVI RONMENTAL SERVI CES - FP 01000 DI ETARY	41, 605	264, 385				9. 01 10. 00
11. 00	01100 CAFETERI A	0	204, 303	1, 602, 908	3		11. 00
13.00	01300 NURSING ADMINISTRATION	0	O	35, 84 <i>6</i>	436, 639		13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	53, 247		14, 713, 181	1
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0	0	64, 578 50, 373		32, 491 2	15. 00 16. 00
17. 00	01700 SOCIAL SERVICE		o	33, 315		0	17. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	О	. (0	21. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	(0	0	22. 00
23. 00 23. 01	02300 PARAMEDIC SERVICES 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	15, 652 1, 441	I	9, 323 0	23. 00 23. 01
23.01	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	<u> </u>	<u>U</u>	1, 441	·	0	23.01
30. 00	03000 ADULTS & PEDIATRICS	0	225, 307	507, 404	203, 064	564, 779	30.00
31.00	03100 I NTENSI VE CARE UNI T	0	24, 014	73, 341		113, 647	31.00
35. 00 41. 00	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	0 0	0 15, 064	48, 705 39, 764		68, 832 18, 624	35. 00 41. 00
43.00	04300 NURSERY		15, 004	37, 704		18, 024	43.00
	ANCILLARY SERVICE COST CENTERS				- 1		
50.00	05000 OPERATING ROOM	0	0	79, 458		3, 392, 132	50.00
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0	0	42, 985 6, 230		31, 065 127	51. 00 52. 00
53. 00	05300 ANESTHESI OLOGY		o	0, 230	2, 143	45, 812	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	O	184, 640	1, 895	72, 743	54.00
54. 01	05401 RADI OLOGY - I -65	16, 873	0	(0	8, 968	54. 01
54. 02 54. 03	05402 RADI OLOGY DI AGNOSTI C - SJ 05403 LOWELL RADI OLOGY	0	0	(372 0	54. 02 54. 03
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	ő		ól ől	0	55. 00
55. 01	05501 CARDI AC CATHERI ZATON LAB	0	0	19, 226	5, 462	22, 699	55. 01
55. 02	03140 CARDI OLOGY	0	0	10, 280		5, 089	55. 02
55. 03 60. 00	03450 NEURO-DI AGNOSTI CS 06000 LABORATORY	0	0	7, 568 0		16, 564 4, 424	1
	06001 BLOOD LABORATORY		o			4, 424	60.01
65.00	06500 RESPI RATORY THERAPY	0	o	33, 712		174, 685	
66.00	06600 PHYSI CAL THERAPY	0	0	40, 506	1	3, 883	66. 00
66. 01 66. 02	06601 PHYSI CAL THERAPY I -65 06602 PHYSI CAL THERAPY ST JOHN	18, 441	0	(1, 962 583	66. 01 66. 02
67. 00	06700 OCCUPATI ONAL THERAPY		o	8, 297		0	67. 00
67. 01	06701 OCCUPATION THERAPY I -65	2, 268	o	. (o	821	67. 01
67. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	(262	67. 02
68. 00 68. 01	06800 SPEECH PATHOLOGY 06801 SPEECH PATHOLOGY I -65	4, 023	0	6, 733		2 1, 313	68. 00 68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	4,023	ol		ól ől	1, 313	1
69. 00	06900 ELECTROCARDI OLOGY	j o	o	10, 569	3, 231	4, 371	69. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	(0	3, 869, 916	
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	(0 5, 811, 706	72. 00 73. 00
74.00	07400 RENAL DIALYSIS		o			1, 323	74.00
	03020 RADI ATI ON ONCOLOGY	0	Ō	15, 931	1, 428	8, 911	
	OUTPATIENT SERVICE COST CENTERS		ما	0.1.00.1		25.47.	
90. 00 90. 01	09000 CLINIC 09001 DI ABETES CLINIC	0	0	21, 921 1, 867		25, 164 176	90. 00 90. 01
90. 01	09001 DIABETES CLINIC	0	ol	12, 704		2, 986	90.01
90. 03	09003 OCCUPATIONAL MEDICINE CLINIC	0	o	10, 703		16, 067	90. 03
90. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	O	(ή – – –	2	90. 04
91. 00 91. 01	09100 EMERGENCY 09101 EMERGENCY ROOM PHYSI CANS	0	0	91, 703 41, 214		350, 130 60	91. 00 91. 01
91.01	09101 EMERGENCY ROOM PHYSICANS		ol Ol	41, 21 <i>6</i> 32, 993		69 29, 813	•
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			02,770	5, . , ,	27,010	92.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE	<u> </u>					113. 00

Heal th F	inancial Systems	FRANCISCAN ST ANTHO	NY HEALTH-CR	PT	In Lie	u of Form CMS-2	2552-10
COST ALI	LOCATION - STATISTICAL BASIS		Provi der	CCN: 150126	Peri od:	Worksheet B-1	
					From 01/01/2014		
					To 12/31/2014	Date/Time Pre	pared:
						5/26/2015 11:	01 pm
	Cost Center Description	ENVI RONMENTAL	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	

			1	0 12/31/2014	5/26/2015 11:	
Cost Center Description	ENVI RONMENTAL SERVI CES - FP (ASSI GNED TI ME)	DI ETARY (PATI ENT MEALS)	CAFETERI A (FTE' S)	NURSI NG ADMI NI STRATI ON (DI RECT NURS. HRS.)	CENTRAL	O I pili
	9. 01	10.00	11. 00	13. 00	14.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	41, 605	264, 385	1, 602, 908	436, 639	14, 713, 181	118. 00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	0	0	192. 00
194. 00 07950 FHC	0	0	0	0	0	194. 00
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194. 02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	0	0	0	194. 03
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	377, 727	2, 423, 413	1, 027, 935	3, 498, 531	3, 505, 728	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	9. 078885	9. 166227	0.641294	8. 012411	0. 238271	203. 00
204.00 Cost to be allocated (per Wkst. B,	25, 296	582, 581	24, 358	503, 540	761, 100	204. 00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	0. 608004	2. 203533	0. 015196	1. 153218	0. 051729	205. 00
11)						

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 FRANCISCAN ST ANTHONY HEALTH-CR PT Peri od: From 01/01/2014 To 12/31/2014 Date/Ti me Prepared: 5/26/2015 11:01 pm Provi der CCN: 150126

						LNTEDNO	5/26/2015 11: (01 pm
						INTERNS &	RESIDENTS	
		Cost Center Description	PHARMACY	MEDI CAL	SOCIAL SERVICE	SERVI CES-SALAR	SERVI CES-OTHER	
			(COSTED	RECORDS &		Y & FRINGES	PRGM COSTS	
			REQUIS.)	LI BRARY	(GROSS	(ASSI GNED	(ASSI GNED	
				(GROSS CHARGES)	CHARGES)	TIME)	TI ME)	
			15.00	16. 00	17. 00	21.00	22. 00	
		AL SERVICE COST CENTERS						
1.00	1	CAP REL COSTS BLDG & FIXT						1. 00
2.00 4.00	1	CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 00		ADMINISTRATIVE & GENERAL						5. 00
6.00		MAINTENANCE & REPAIRS						6. 00
7.00	1	OPERATION OF PLANT						7. 00
7. 01 8. 00	1	OPERATION OF PLANT - FP LAUNDRY & LINEN SERVICE						7. 01 8. 00
9. 00	1	HOUSEKEEPI NG						9. 00
9. 01		ENVIRONMENTAL SERVICES - FP						9. 01
10.00		DIETARY						10.00
11. 00 13. 00		CAFETERIA NURSI NG ADMINI STRATI ON						11. 00 13. 00
14. 00		CENTRAL SERVICES & SUPPLY						14. 00
15. 00	1	PHARMACY	4, 006, 973					15. 00
16.00		MEDICAL RECORDS & LIBRARY	0	523, 906, 935				16.00
17. 00 21. 00		SOCIAL SERVICE I&R SERVICES-SALARY & FRINGES APPRVD	0	0		1, 002		17. 00 21. 00
22. 00		I&R SERVICES-SALARI & TRINGES AFFRVD	0	0		1, 002	1, 002	22. 00
23. 00		PARAMEDIC SERVICES	o	0			.,	23. 00
23. 01		ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0			23. 01
30. 00		I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	218	35, 278, 468	35, 278, 468	1	1	30. 00
31. 00	1	INTENSIVE CARE UNIT	823	7, 065, 860		Ö	0	31. 00
35. 00	1	NEONATAL INTENSIVE CARE UNIT	0	9, 746, 276		o	0	35. 00
41.00	1	SUBPROVIDER - IRF	0	2, 296, 060		0	0	41.00
43. 00		NURSERY LARY SERVICE COST CENTERS	0	3, 350, 510	3, 350, 510	0	0	43. 00
50. 00		OPERATING ROOM	7, 629	55, 223, 769	55, 223, 769	ol	0	50. 00
51.00	05100	RECOVERY ROOM	o	6, 308, 500		О	0	51.00
52.00		DELIVERY ROOM & LABOR ROOM	0	5, 454, 409		0	0	52. 00
53. 00 54. 00	1	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	141, 107 77	14, 116, 190 96, 596, 404		0	0	53. 00 54. 00
54. 01	1	RADI OLOGY - I -65	, ,	15, 002, 419		o	0	54. 01
54. 02	1	RADIOLOGY DIAGNOSTIC - SJ	O	228, 791	228, 791	o	0	54. 02
54. 03 55. 00		LOWELL RADI OLOGY RADI OLOGY-THERAPEUTI C	0	288, 184	1	0	0	54. 03
55. 00 55. 01		CARDI AC CATHERI ZATON LAB	0	0 24, 155, 594	1	0	0	55. 00 55. 01
55. 02	1	CARDI OLOGY	Ö	7, 139, 203		o	0	55. 02
55. 03	1	NEURO-DI AGNOSTI CS	0	4, 876, 355		0	0	55. 03
60. 00 60. 01		LABORATORY BLOOD LABORATORY	0	63, 906, 186 0		0 0	0	60. 00 60. 01
65. 00	1	RESPIRATORY THERAPY	256	10, 692, 442		0	0	65. 00
66. 00		PHYSI CAL THERAPY	0	4, 294, 181		ō	0	66. 00
66. 01	1	PHYSI CAL THERAPY I -65	0	2, 971, 399		0	0	66. 01
66. 02 67. 00	1	PHYSICAL THERAPY ST JOHN OCCUPATIONAL THERAPY	0	227, 752 2, 113, 392		0	0	66. 02 67. 00
67. 01		OCCUPATION THERAPY 1-65	o	680, 506		o	0	67. 01
67. 02	1	OCCUPATIONAL THERAPY ST. JOHN	0	136, 521		o	0	67. 02
68.00		SPEECH PATHOLOGY	0	814, 527		0	0	68. 00
68. 01 68. 02	1	SPEECH PATHOLOGY I -65 SPEECH THERAPY ST. JOHN	0	671, 729 99, 216		0	0	68. 01 68. 02
69. 00		ELECTROCARDI OLOGY		5, 110, 167		o	0	69. 00
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	O	20, 442, 598		o	0	71. 00
72.00		IMPL. DEV. CHARGED TO PATIENTS	0	13, 723, 454		0	0	72.00
73. 00 74. 00		DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	3, 785, 541	55, 036, 419 800, 019		O O	0	73. 00 74. 00
76. 00		RADI ATI ON ONCOLOGY	0	11, 756, 637		0	0	76. 00
2. 00	OUTPA	TIENT SERVICE COST CENTERS				<u> </u>		2. 30
90.00	1	CLINIC	20, 919	930, 297		0	0	90.00
90. 01 90. 02		DIABETES CLINIC OUTPATIENT CLINICS	0 861	70, 147 507, 345		0	0	90. 01 90. 02
90. 02	1	OCCUPATIONAL MEDICINE CLINIC	37, 562	1, 071, 228	1	ol	0	90. 02
90. 04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	ō	0	90. 04
91.00		EMERGENCY POOM PHYSI CANS	0	40, 723, 781	40, 723, 781	1, 001	1, 001	91.00
91. 01 91. 02	1	EMERGENCY ROOM PHYSICANS EXPRESS CARE	11, 980	0	0	0	0	91. 01 91. 02
		OBSERVATION BEDS (NON-DISTINCT PART)	11, 730	O		Ĭ		92.00
		·			'	'	•	

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provi der CCN: 150126

				10	0 12/31/2014	5/26/2015 11:	
			<u> </u>		INTERNS &	RESI DENTS	J.
	Cost Center Description	PHARMACY		SOCIAL SERVICE			
		(COSTED	RECORDS &	(00000	Y & FRINGES	PRGM COSTS	
		REQUIS.)	LI BRARY	(GROSS	(ASSI GNED	(ASSI GNED	
			(GROSS CHARGES)	CHARGES)	TIME)	TIME)	
		15. 00	16. 00	17. 00	21.00	22. 00	
SPECI	AL PURPOSE COST CENTERS						
113. 00 11300	INTEREST EXPENSE						113. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	4, 006, 973	523, 906, 935	523, 906, 935	1, 002	1, 002	118. 00
	IMBURSABLE COST CENTERS						
	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192. 00
194. 00 07950		0	0	0	0		194. 00
	OTHER NON REIMB - BUILDINGS	0	0	0	0		194. 02
•	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	0	0	0	194. 03
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers						201. 00
202. 00	Cost to be allocated (per Wkst. B, Part I)	4, 260, 405	3, 589, 940	3, 612, 631	0	266, 242	202. 00
203. 00	Unit cost multiplier (Wkst. B, Part I)	1. 063248	0. 006852	0. 006896	0.000000	265. 710579	203. 00
204.00	Cost to be allocated (per Wkst. B,	217, 525	320, 095	523, 102	0	5, 885	204. 00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part	0. 054287	0. 000611	0. 000998	0. 000000	5. 873253	205. 00
	11)						

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS FRANCISCAN ST ANTHONY HEALTH-CR PT In Lieu of Form CMS-2552-10 Provi der CCN: 150126 Peri od: From 01/01/2014 To 12/31/2014 Worksheet B-1 Date/Time Prepared: 5/26/2015 11:01 pm Cost Center Description PARAMEDI C ECHOCARDI OLOGY

	oost denter bescription	SERVI CES	EDUCATI ON	
		(ASSIGNED TIME)	PROGRAM (ASSIGNED	
		IIWE)	TIME)	
	T	23. 00	23. 01	
1. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT			1. 00
2.00	00200 CAP REL COSTS-MVBLE EQUIP			2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4. 00
5.00	00500 ADMINISTRATIVE & GENERAL			5. 00
6. 00 7. 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT			6. 00 7. 00
7. 01	00701 OPERATION OF PLANT - FP			7. 01
8.00	00800 LAUNDRY & LINEN SERVICE			8. 00
9. 00 9. 01	00900 HOUSEKEEPI NG 01851 ENVI RONMENTAL SERVI CES - FP			9. 00 9. 01
10.00	01000 DI ETARY			10.00
11. 00	01100 CAFETERI A			11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON			13.00
14. 00 15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY			14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY			16. 00
17. 00	01700 SOCIAL SERVICE			17. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD			21. 00
22. 00 23. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMEDIC SERVICES	1, 001		22. 00 23. 00
23. 01	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	1, 001	23. 01
	INPATIENT ROUTINE SERVICE COST CENTERS			
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	0	0	30.00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	0	0	31. 00 35. 00
41. 00	04100 SUBPROVI DER - I RF	0	O	41. 00
43. 00	04300 NURSERY	0	0	43. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0	0	50.00
51. 00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0	53.00
54. 00 54. 01	O5400 RADI OLOGY - DI AGNOSTI C O5401 RADI OLOGY - I -65	0	0	54. 00 54. 01
54. 02	05402 RADIOLOGY DIAGNOSTIC - SJ	Ö	Ö	54. 02
54. 03	05403 LOWELL RADI OLOGY	0	0	54. 03
55. 00 55. 01	O5500 RADI OLOGY-THERAPEUTI C O5501 CARDI AC CATHERI ZATON LAB	0	0	55. 00 55. 01
55. 01	03140 CARDI OLOGY	0	0	55. 02
55. 03	03450 NEURO-DI AGNOSTI CS	0	0	55. 03
60.00	06000 LABORATORY	0	0	60.00
60. 01 65. 00	06001 BLOOD LABORATORY 06500 RESPI RATORY THERAPY	0	0	60. 01 65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0	66.00
	06601 PHYSI CAL THERAPY I -65	0	0	66. 01
	06602 PHYSI CAL THERAPY ST JOHN	0	0	66. 02
67. 00	06700 OCCUPATI ONAL THERAPY 06701 OCCUPATI ON THERAPY 1 -65	0	0	67. 00 67. 01
67. 02	06702 OCCUPATI ONAL THERAPY ST. JOHN	Ö	Ö	67. 02
68. 00	06800 SPEECH PATHOLOGY	0	0	68. 00
68. 01 68. 02	06801 SPEECH PATHOLOGY I -65 06802 SPEECH THERAPY ST. JOHN	0	0	68. 01
69. 00	06900 ELECTROCARDI OLOGY	0	1, 001	68. 02 69. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72. 00
73. 00 74. 00	l i	0	0	73. 00 74. 00
76. 00			0	76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	0	90.00
	09001 DI ABETES CLINIC 09002 OUTPATIENT CLINICS		0	90. 01 90. 02
	09003 OCCUPATIONAL MEDICINE CLINIC		Ö	90. 03
90. 04		0	0	90. 04
91.00		1, 001	0	91.00
91. 01 91. 02	09101 EMERGENCY ROOM PHYSICANS 09102 EXPRESS CARE		0	91. 01 91. 02
	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92. 00
440 5	SPECIAL PURPOSE COST CENTERS			 110 00
113.00	11300 INTEREST EXPENSE			113. 00

				5/26/2015 11	
	Cost Center Description	PARAMEDI C SERVI CES (ASSI GNED TI ME)	ECHOCARDI OLOGY EDUCATI ON PROGRAM (ASSI GNED TI ME) 23, 01		
118. 00	SUBTOTALS (SUM OF LINES 1-117)	1, 001			118. 00
NONRI	EI MBURSABLE COST CENTERS				
192. 00 1920	O PHYSICIANS' PRIVATE OFFICES	0	0		192. 00
194. 00 0795	D FHC	0	0		194. 00
194. 02 0795	2 OTHER NON REIMB - BUILDINGS	0	0		194. 02
194. 03 0795	3 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0		194. 03
200. 00	Cross Foot Adjustments				200. 00
201. 00	Negative Cost Centers				201. 00
202. 00	Cost to be allocated (per Wkst. B, Part I)	357, 285	80, 892		202. 00
203. 00	Unit cost multiplier (Wkst. B, Part I)	356. 928072	80. 811189		203. 00
204. 00	Cost to be allocated (per Wkst. B, Part II)	22, 367	1, 886		204. 00
205. 00	Unit cost multiplier (Wkst. B, Part	22. 344655	1. 884116		205. 00

Health Financial Systems
POST STEPDOWN ADJUSTMENTS

FRANCISCAN ST ANTHONY HEALTH-CR PT

In Lieu of Form CMS-2552-10

Provi der CCN: 150126

Period: Worksnee: 2 From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 11: 01 pm

				0, 20, 20.0	
		Works	sheet		
	Description	Part	Li ne No.	Amount	
	1.00	2. 00	3. 00	4. 00	
1.00	ADJ FOR EPO COSTS IN RENAL	1	74. 00	0	1. 00
	DIALYSIS				
2.00	ADJ FOR EPO COSTS IN HOME	1	94.00	0	2. 00
	PROGRAM				
3.00	ADJ FOR ARANESP COSTS IN	1	74.00	0	3. 00
	RENAL DIALYSIS				
4.00	ADJ FOR ARANESP COSTS IN	1	94.00	0	4. 00
	HOME PROGRAM				
5.00	ADJ FOR ESA COSTS IN RENAL	1	74.00	0	5. 00
	DIALYSIS				
6.00	ADJ FOR ESA COSTS IN HOME	1	94.00	0	6. 00
	PROGRAM				
7.00	EKG ALLIED HEALTH PROGRAM	1	69.00	-50, 391	7. 00
	FEES				
8.00	ER ALLIED HEALTH PROGRAM	1	91.00	-114, 770	8. 00
	FEES				

Provider CCN: 150126

Peri od:

From 01/01/2014

COMPUTATION OF RATIO OF COSTS TO CHARGES

Part I

Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm Title XVIII Hospi tal PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 32, 242, 761 32, 242, 761 134, 797 32, 377, 558 30.00 5, 935, 107 03100 INTENSIVE CARE UNIT 5, 935, 107 5, 935, 107 31.00 31.00 02060 NEONATAL INTENSIVE CARE UNIT o 35.00 4, 073, 284 4, 073, 284 4, 073, 284 35.00 04100 SUBPROVI DER - I RF 41.00 3.940.202 3, 940, 202 0 3, 940, 202 41.00 04300 NURSERY 43.00 2, 016, 736 2, 016, 736 2, 016, 736 43.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 22, 095, 945 22, 095, 945 22, 095, 945 50.00 05100 RECOVERY ROOM 3, 329, 491 3, 329, 491 0 3, 329, 491 51 00 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 819, 971 819, 971 0 819, 971 52.00 53.00 05300 ANESTHESI OLOGY 777, 990 777, 990 0 777, 990 53.00 0 05400 RADI OLOGY-DI AGNOSTI C 15, 197, 375 15, 197, 375 15, 197, 375 54.00 54.00 05401 RADIOLOGY - I-65 54.01 2, 245, 236 2, 245, 236 2, 245, 236 54.01 54.02 05402 RADIOLOGY DIAGNOSTIC - SJ 104,830 104, 830 0 104, 830 54.02 0 54.03 05403 LOWELL RADIOLOGY 98, 173 98, 173 98, 173 54.03 05500 RADI OLOGY-THERAPEUTI C 55 00 0 55 00 C 0 2, 851, 266 55.01 05501 CARDI AC CATHERI ZATON LAB 2, 851, 266 17,654 2, 868, 920 55.01 03140 CARDI OLOGY 907, 641 907, 641 12,002 919, 643 55.02 55.02 03450 NEURO-DI AGNOSTI CS 55.03 929, 892 929, 892 931, 559 55.03 1,667 06000 LABORATORY 60 00 60 00 11, 522, 815 11, 522, 815 10.036 11, 532, 851 60.01 06001 BLOOD LABORATORY 0 60.01 65.00 06500 RESPIRATORY THERAPY 2, 215, 915 2, 215, 915 2, 890 2, 218, 805 65.00 06600 PHYSI CAL THERAPY 1, 593, 135 1 593 135 0 1, 593, 135 66 00 66 00 0 66.01 06601 PHYSI CAL THERAPY I -65 1,057,572 0 1,057,572 0 1, 057, 572 66.01 06602 PHYSI CAL THERAPY ST JOHN 48, 513 48, 513 0 48, 513 66.02 66.02 06700 OCCUPATIONAL THERAPY 0 67.00 590, 892 0 590, 892 590, 892 67.00 O 06701 OCCUPATION THERAPY I-65 67 01 218 308 218 308 218, 308 67 01 67.02 06702 OCCUPATIONAL THERAPY ST. JOHN 39, 037 39, 037 0 39, 037 67.02 06800 SPEECH PATHOLOGY 268, 898 268, 898 0 68.00 268.898 68.00 68.01 06801 SPEECH PATHOLOGY I -65 299, 688 299, 688 0 299, 688 68.01 06802 SPEECH THERAPY ST. JOHN 28, 286 28, 286 28, 286 0 68.02 68 02 69.00 06900 ELECTROCARDI OLOGY 1,064,085 1,064,085 3, 737 1,067,822 69.00 6, 017, 131 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 6,017,131 6, 017, 131 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 7.751.244 7, 751, 244 0 7, 751, 244 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 11, 287, 028 11, 287, 028 0 11, 287, 028 73.00 74.00 07400 RENAL DIALYSIS 356, 571 356, 571 356, 571 74.00 76.00 03020 RADIATION ONCOLOGY 2, 839, 314 2, 839, 314 2, 839, 314 76 00 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLI NI C 1, 167, 908 1, 167, 908 8.775 1, 176, 683 90 00 148, 118 90.01 09001 DIABETES CLINIC 148, 118 148, 118 90.01 90.02 09002 OUTPATIENT CLINICS 830, 235 830, 235 0 830, 235 90.02 09003 OCCUPATIONAL MEDICINE CLINIC 776, 301 90.03 776, 301 0 776, 301 90.03 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0 90.04 91.00 09100 EMERGENCY 8, 223, 312 8, 223, 312 4.211 8, 227, 523 91.00 09101 EMERGENCY ROOM PHYSICANS 91.01 91.01 15.364 15.364 09102 EXPRESS CARE 91.02 905.360 905, 360 905.360 91 02 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 4, 271, 532 4, 271, 532 4, 271, 532 92.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 161, 087, 101 0 161, 087, 101 211, 133 161, 298, 234 200. 00 201.00 Less Observation Beds 4, 271, 532 4, 271, 532 4, 271, 532 201. 00 202.00 157, 026, 702 202. 00 Total (see instructions) 156, 815, 569 156, 815, 569 211, 133l

Provi der CCN: 150126

Peri od:

COMPUTATION OF RATIO OF COSTS TO CHARGES

Part I

From 01/01/2014 Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm Title XVIII Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other **TFFRA** + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 30, 549, 141 30, 549, 141 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 7, 065, 860 7, 065, 860 31.00 02060 NEONATAL INTENSIVE CARE UNIT 35.00 9, 746, 276 9, 746, 276 35.00 04100 SUBPROVIDER - IRF 41.00 2, 296, 060 2, 296, 060 41.00 04300 NURSERY 43.00 3, 350, 510 3, 350, 510 43.00 ANCILLARY SERVICE COST CENTERS 18, 941, 006 50 00 05000 OPERATING ROOM 36, 282, 763 55, 223, 769 0 400117 0.000000 50.00 05100 RECOVERY ROOM 3, 955, 453 2.353.047 6, 308, 500 0.527779 0.000000 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 52 00 5, 382, 663 71, 746 5, 454, 409 0.150332 0.000000 52 00 53.00 05300 ANESTHESI OLOGY 5, 683, 308 8, 432, 882 14, 116, 190 0.055113 0.000000 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 26, 121, 130 70, 475, 274 96, 596, 404 0.157329 0.000000 54.00 92, 948 05401 RADI OLOGY - 1-65 14, 909, 471 15, 002, 419 54.01 0.149658 0.000000 54.01 54.02 05402 RADIOLOGY DIAGNOSTIC - SJ 279 228, 512 228, 791 0.458191 0.000000 54.02 54.03 0.340661 0.000000 05403 LOWELL RADI OLOGY 6,539 281, 645 288, 184 54.03 55.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 0.000000 55.00 05501 CARDI AC CATHERI ZATON LAB 10, 294, 323 13, 861, 271 24, 155, 594 55 01 0.118038 0.000000 55 01 55.02 03140 CARDI OLOGY 3, 624, 862 3, 514, 341 7, 139, 203 0. 127135 0.000000 55.02 03450 NEURO-DI AGNOSTI CS 4, 876, 355 55.03 1, 271, 108 3, 605, 247 0.190694 0.000000 55.03 06000 LABORATORY 63, 906, 186 0. 180308 60.00 25, 027, 047 38, 879, 139 0.000000 60.00 0.000000 60.01 06001 BLOOD LABORATORY 0.000000 60.01 65.00 06500 RESPIRATORY THERAPY 9, 410, 846 1, 281, 596 10, 692, 442 0.207241 0.000000 65.00 66.00 66.00 06600 PHYSI CAL THERAPY 3, 338, 833 955, 348 4, 294, 181 0.370999 0.000000 2, 970, 787 2, 971, 399 06601 PHYSI CAL THERAPY I -65 0.355917 0 000000 66 01 612 66 01 06602 PHYSI CAL THERAPY ST JOHN 66.02 404 227, 348 227, 752 0.213008 0.000000 66.02 06700 OCCUPATIONAL THERAPY 2,083,581 29, 811 2, 113, 392 0.279594 0.000000 67.00 67.00 67.01 06701 OCCUPATION THERAPY I-65 680, 506 680, 506 0.320802 0.000000 67.01 0 06702 OCCUPATIONAL THERAPY ST. JOHN 67.02 0 136, 521 136, 521 0.285941 0.000000 67.02 68.00 06800 SPEECH PATHOLOGY 761, 370 53, 157 814, 527 0. 330128 0.000000 68.00 68.01 06801 SPEECH PATHOLOGY I -65 47, 330 624, 399 671, 729 0.446144 0.000000 68.01 68 02 06802 SPEECH THERAPY ST. JOHN 99 216 99 216 0. 285095 0 000000 68 02 06900 ELECTROCARDI OLOGY 69.00 1, 771, 284 3, 338, 883 5, 110, 167 0.208229 0.000000 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 11, 287, 809 9, 154, 789 20, 442, 598 0. 294343 0.000000 71.00 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 8, 584, 939 5, 138, 515 13, 723, 454 0.564817 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 44, 944, 082 10, 092, 337 0.205083 73 00 55, 036, 419 0.000000 73 00 74.00 07400 RENAL DIALYSIS 772, 492 27, 527 800.019 0.445703 0.000000 74.00 03020 RADIATION ONCOLOGY 244, 459 11, 512, 178 0. 241507 0.000000 76.00 11, 756, 637 76.00 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLINIC 929, 122 930, 297 1.255414 0.000000 90.00 1, 175 90.01 09001 DIABETES CLINIC 70, 147 70, 147 2. 111537 0.000000 90.01 90.02 09002 OUTPATIENT CLINICS 507, 345 507, 345 1.636431 0.000000 90.02 09003 OCCUPATIONAL MEDICINE CLINIC 90.03 1,071,228 0.724683 0.000000 90.03 1, 071, 228 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0.000000 0.000000 90.04 91.00 09100 EMERGENCY 12, 342, 968 28, 380, 813 40, 723, 781 0. 201929 0.000000 91.00 91. 01 09101 EMERGENCY ROOM PHYSI CANS 0.000000 0.000000 91.01 09102 EXPRESS CARE 0.000000 0.000000 91.02 91.02 C 09200 OBSERVATION BEDS (NON-DISTINCT PART) 1, 088, 032 4, 729, 327 92.00 3, 641, 295 0.903201 0.000000 92.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113. 00 200.00 Subtotal (see instructions) 248, 993, 668 274, 913, 267 523, 906, 935 200. 00 201.00 Less Observation Beds 201. 00 202.00 Total (see instructions) 248, 993, 668 274, 913, 267 523, 906, 935 202.00

Peri od: Worksheet C
From 01/01/2014 Part I
To 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm

		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient	THE XVIII	nospi tui	113	
3001 30001 ptron	Ratio				
	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS	<u>'</u>				
30. 00 03000 ADULTS & PEDI ATRI CS				30.0	00
31.00 03100 INTENSIVE CARE UNIT				31. (00
35.00 02060 NEONATAL INTENSIVE CARE UNIT				35.0	00
41. 00 04100 SUBPROVI DER - RF				41.0	00
43. 00 04300 NURSERY				43.0	00
ANCILLARY SERVICE COST CENTERS	'				
50. 00 05000 OPERATI NG ROOM	0. 400117			50. (00
51.00 05100 RECOVERY ROOM	0. 527779			51. (00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 150332			52. (00
53. 00 05300 ANESTHESI OLOGY	0. 055113			53.0	00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 157329			54.0	00
54. 01 05401 RADI OLOGY - I -65	0. 149658			54.0	01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0. 458191			54.0	
54. 03 05403 LOWELL RADI OLOGY	0. 340661			54.0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			55. (
55. 01 05501 CARDI AC CATHERI ZATON LAB	0. 118768			55. (
55. 02 03140 CARDI OLOGY	0. 128816			55. (
55. 03 03450 NEURO-DI AGNOSTI CS	0. 191036			55. (
60. 00 06000 LABORATORY	0. 180465			60. (
60. 01 06001 BLOOD LABORATORY	0. 000000			60. (
65. 00 06500 RESPI RATORY THERAPY	0. 207512			65. (
66. 00 06600 PHYSI CAL THERAPY	0. 370999			66. (
66. 01 06601 PHYSI CAL THERAPY I -65	0. 355917			66.	
66. 02 06602 PHYSI CAL THERAPY ST JOHN	0. 213008			66.0	02
67. 00 06700 OCCUPATI ONAL THERAPY	0. 279594			67. (00
67. 01 06701 OCCUPATION THERAPY I -65	0. 320802			67. (01
67. 02 06702 OCCUPATI ONAL THERAPY ST. JOHN	0. 285941			67. (02
68. 00 06800 SPEECH PATHOLOGY	0. 330128			68. (00
68. 01 06801 SPEECH PATHOLOGY I -65	0. 446144			68. (01
68.02 06802 SPEECH THERAPY ST. JOHN	0. 285095			68.0	02
69. 00 06900 ELECTROCARDI OLOGY	0. 208960			69. (00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 294343			71. (00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 564817			72. (00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 205083			73. (00
74. 00 07400 RENAL DI ALYSI S	0. 445703			74. (00
76. 00 03020 RADIATION ONCOLOGY	0. 241507			76. (00
OUTPATIENT SERVICE COST CENTERS					
90. 00 09000 CLINIC	1. 264847			90. (
90. 01 09001 DI ABETES CLINI C	2. 111537			90. (
90. 02 09002 OUTPATIENT CLINICS	1. 636431			90. (
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0. 724683			90. (
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0. 000000			90. (
91. 00 09100 EMERGENCY	0. 202032			91. (
91. 01 09101 EMERGENCY ROOM PHYSI CANS	0. 000000			91. (
91. 02 09102 EXPRESS CARE	0. 000000			91. (
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 903201			92. (00
SPECIAL PURPOSE COST CENTERS					
113. 00 11300 INTEREST EXPENSE				113. (
200.00 Subtotal (see instructions)				200. (
201.00 Less Observation Beds				201. (
202.00 Total (see instructions)				202.	UU

Provider CCN: 150126

Peri od:

From 01/01/2014

COMPUTATION OF RATIO OF COSTS TO CHARGES

Part I

Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm Title XIX Hospi tal Cost Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 32, 242, 761 32, 242, 761 134, 797 32, 377, 558 30.00 5, 935, 107 03100 INTENSIVE CARE UNIT 5, 935, 107 5, 935, 107 31.00 31.00 02060 NEONATAL INTENSIVE CARE UNIT o 35.00 4, 073, 284 4, 073, 284 4, 073, 284 35.00 04100 SUBPROVI DER - I RF 41.00 3.940.202 3, 940, 202 0 3, 940, 202 41.00 04300 NURSERY 43.00 2, 016, 736 2, 016, 736 2, 016, 736 43.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 22, 095, 945 22, 095, 945 22, 095, 945 50.00 05100 RECOVERY ROOM 3, 329, 491 3, 329, 491 0 3, 329, 491 51 00 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 819, 971 819, 971 0 819, 971 52.00 53.00 05300 ANESTHESI OLOGY 777, 990 777, 990 0 777, 990 53.00 0 05400 RADI OLOGY-DI AGNOSTI C 15, 197, 375 15, 197, 375 15, 197, 375 54.00 54.00 05401 RADIOLOGY - I-65 54.01 2, 245, 236 2, 245, 236 2, 245, 236 54.01 54.02 05402 RADIOLOGY DIAGNOSTIC - SJ 104,830 104, 830 0 104, 830 54.02 0 54.03 05403 LOWELL RADIOLOGY 98, 173 98, 173 98, 173 54.03 05500 RADI OLOGY-THERAPEUTI C 55 00 0 55 00 C 0 2, 851, 266 55.01 05501 CARDI AC CATHERI ZATON LAB 2, 851, 266 17,654 2, 868, 920 55.01 03140 CARDI OLOGY 907, 641 907, 641 12,002 919, 643 55.02 55.02 03450 NEURO-DI AGNOSTI CS 55.03 929, 892 929, 892 931, 559 55.03 1,667 06000 LABORATORY 60 00 60 00 11, 522, 815 11, 522, 815 10.036 11, 532, 851 60.01 06001 BLOOD LABORATORY 0 60.01 65.00 06500 RESPIRATORY THERAPY 2, 215, 915 2, 215, 915 2, 890 2, 218, 805 65.00 06600 PHYSI CAL THERAPY 1, 593, 135 1 593 135 0 1, 593, 135 66 00 66 00 0 66.01 06601 PHYSI CAL THERAPY I -65 1,057,572 0 1,057,572 0 1, 057, 572 66.01 06602 PHYSI CAL THERAPY ST JOHN 48, 513 48, 513 0 48, 513 66.02 66.02 06700 OCCUPATIONAL THERAPY 0 67.00 590, 892 0 590, 892 590, 892 67.00 O 06701 OCCUPATION THERAPY I-65 67 01 218 308 218 308 218, 308 67 01 67.02 06702 OCCUPATIONAL THERAPY ST. JOHN 39, 037 39, 037 0 39, 037 67.02 06800 SPEECH PATHOLOGY 268, 898 268, 898 0 68.00 268.898 68.00 68.01 06801 SPEECH PATHOLOGY I -65 299, 688 299, 688 0 299, 688 68.01 06802 SPEECH THERAPY ST. JOHN 28, 286 28, 286 28, 286 0 68.02 68 02 69.00 06900 ELECTROCARDI OLOGY 1,064,085 1,064,085 3, 737 1, 067, 822 69.00 6, 017, 131 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 6,017,131 6, 017, 131 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 7.751.244 7, 751, 244 0 7, 751, 244 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 11, 287, 028 11, 287, 028 0 11, 287, 028 73.00 74.00 07400 RENAL DIALYSIS 356, 571 356, 571 356, 571 74.00 76.00 03020 RADIATION ONCOLOGY 2, 839, 314 2, 839, 314 2, 839, 314 76 00 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLI NI C 1, 167, 908 1, 167, 908 8.775 1, 176, 683 90 00 148, 118 90.01 09001 DIABETES CLINIC 148, 118 148, 118 90.01 90.02 09002 OUTPATIENT CLINICS 830, 235 830, 235 0 830, 235 90.02 09003 OCCUPATIONAL MEDICINE CLINIC 776, 301 90.03 776, 301 0 776, 301 90.03 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0 90.04 91.00 09100 EMERGENCY 8, 223, 312 8, 223, 312 4.211 8, 227, 523 91.00 09101 EMERGENCY ROOM PHYSICANS 91.01 91.01 15.364 15.364 09102 EXPRESS CARE 91.02 905.360 905, 360 905.360 91 02 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 4, 271, 532 4, 271, 532 4, 271, 532 92.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 161, 087, 101 0 161, 087, 101 211, 133 161, 298, 234 200. 00 201.00 Less Observation Beds 4, 271, 532 4, 271, 532 4, 271, 532 201. 00 202.00 157, 026, 702 202. 00 Total (see instructions) 156, 815, 569 156, 815, 569 211, 133l

Provider CCN: 150126

Peri od:

COMPUTATION OF RATIO OF COSTS TO CHARGES

Part I

From 01/01/2014 Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm Title XIX Hospi tal Cost Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other **TFFRA** + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 30, 549, 141 30, 549, 141 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 7, 065, 860 7, 065, 860 31.00 02060 NEONATAL INTENSIVE CARE UNIT 35.00 9, 746, 276 9, 746, 276 35.00 04100 SUBPROVIDER - IRF 41.00 2, 296, 060 2, 296, 060 41.00 04300 NURSERY 43.00 3, 350, 510 3, 350, 510 43.00 ANCILLARY SERVICE COST CENTERS 18, 941, 006 50 00 05000 OPERATING ROOM 36, 282, 763 55, 223, 769 0 400117 0 400117 50.00 05100 RECOVERY ROOM 3, 955, 453 2.353.047 6, 308, 500 0.527779 51.00 0.527779 51.00 05200 DELIVERY ROOM & LABOR ROOM 52 00 5, 382, 663 71, 746 5, 454, 409 0.150332 0 150332 52 00 53.00 05300 ANESTHESI OLOGY 5, 683, 308 8, 432, 882 14, 116, 190 0.055113 0.055113 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 26, 121, 130 70, 475, 274 96, 596, 404 0.157329 0.157329 54.00 92, 948 14, 909, 471 05401 RADI OLOGY - 1-65 15, 002, 419 54.01 0.149658 0.149658 54.01 54.02 05402 RADIOLOGY DIAGNOSTIC - SJ 279 228, 512 228, 791 0.458191 0.458191 54.02 54.03 0.340661 0.340661 05403 LOWELL RADI OLOGY 6,539 281, 645 288, 184 54.03 55.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 0.000000 55.00 05501 CARDIAC CATHERIZATON LAB 10, 294, 323 13, 861, 271 24, 155, 594 0.118038 55 01 0.118038 55 01 55.02 03140 CARDI OLOGY 3, 624, 862 3, 514, 341 7, 139, 203 0. 127135 0.127135 55.02 03450 NEURO-DI AGNOSTI CS 4, 876, 355 55.03 1, 271, 108 3, 605, 247 0.190694 0.190694 55.03 06000 LABORATORY 63, 906, 186 0. 180308 0.180308 60.00 25, 027, 047 38, 879, 139 60.00 0.000000 60.01 06001 BLOOD LABORATORY 0.000000 60.01 65.00 06500 RESPIRATORY THERAPY 9, 410, 846 1, 281, 596 10, 692, 442 0.207241 0.207241 65.00 66.00 66.00 06600 PHYSI CAL THERAPY 3, 338, 833 955, 348 4, 294, 181 0.370999 0.370999 2, 970, 787 2, 971, 399 06601 PHYSI CAL THERAPY I -65 0.355917 0.355917 66 01 612 66 01 06602 PHYSI CAL THERAPY ST JOHN 66.02 404 227, 348 227, 752 0.213008 0.213008 66.02 06700 OCCUPATIONAL THERAPY 2,083,581 29, 811 2, 113, 392 0.279594 0.279594 67.00 67.00 67.01 06701 OCCUPATION THERAPY I-65 680, 506 680, 506 0.320802 0.320802 67.01 0 06702 OCCUPATIONAL THERAPY ST. JOHN 67.02 0 136, 521 136, 521 0.285941 0.285941 67.02 68.00 06800 SPEECH PATHOLOGY 761, 370 53, 157 814, 527 0. 330128 0.330128 68.00 68.01 06801 SPEECH PATHOLOGY I -65 47, 330 624, 399 671, 729 0.446144 0.446144 68.01 68 02 06802 SPEECH THERAPY ST. JOHN 99 216 99 216 0. 285095 0 285095 68 02 69.00 06900 ELECTROCARDI OLOGY 1, 771, 284 3, 338, 883 5, 110, 167 0.208229 0.208229 69.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 11, 287, 809 9, 154, 789 20, 442, 598 0.294343 0.294343 71.00 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 8, 584, 939 5, 138, 515 13, 723, 454 0.564817 0.564817 72.00 07300 DRUGS CHARGED TO PATIENTS 44, 944, 082 10, 092, 337 0.205083 0 205083 73 00 55, 036, 419 73 00 0.445703 74.00 07400 RENAL DIALYSIS 772, 492 27, 527 800.019 0.445703 74.00 03020 RADIATION ONCOLOGY 244, 459 11, 512, 178 0. 241507 0.241507 76.00 11, 756, 637 76.00 OUTPATIENT SERVICE COST CENTERS 90 00 09000 CLINIC 929, 122 930, 297 1.255414 1.255414 90 00 1, 175 90.01 09001 DIABETES CLINIC 70, 147 70, 147 2. 111537 2.111537 90.01 90.02 09002 OUTPATIENT CLINICS 507.345 507, 345 1.636431 1.636431 90.02 09003 OCCUPATIONAL MEDICINE CLINIC 90.03 1,071,228 0.724683 0.724683 90.03 1, 071, 228 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0.000000 0.000000 90.04 91.00 09100 EMERGENCY 12, 342, 968 28, 380, 813 40, 723, 781 0. 201929 0.201929 91.00 91. 01 09101 EMERGENCY ROOM PHYSICANS 0.000000 0.000000 91.01 09102 EXPRESS CARE 0.000000 0.000000 91.02 91.02 C 09200 OBSERVATION BEDS (NON-DISTINCT PART) 1, 088, 032 4, 729, 327 92.00 3, 641, 295 0.903201 0.903201 92.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113. 00 200.00 Subtotal (see instructions) 248, 993, 668 274, 913, 267 523, 906, 935 200. 00 201.00 Less Observation Beds 201.00 202.00 Total (see instructions) 248, 993, 668 274, 913, 267 523, 906, 935 202.00

Peri od: Worksheet C From 01/01/2014 Part I To 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm

			Title XIX	Hospi tal	Cost
Cost Co	enter Description	PPS Inpatient			
		Ratio			
		11.00			
	UTINE SERVICE COST CENTERS				
	& PEDI ATRI CS				30.00
31. 00 03100 I NTENSI	VE CARE UNIT				31.00
	AL INTENSIVE CARE UNIT				35. 00
41. 00 04100 SUBPRO					41.00
43. 00 04300 NURSER					43. 00
	RVI CE COST CENTERS				
50. 00 05000 OPERATI		0. 000000			50.00
51. 00 05100 RECOVER		0. 000000			51.00
	RY ROOM & LABOR ROOM	0. 000000			52.00
53. 00 05300 ANESTHI 54. 00 05400 RADI OLO		0.000000			53. 00 54. 00
54. 01 05400 RADI OLO	OGY L 45	0. 000000 0. 000000			54.00
	DGY DIAGNOSTIC - SJ	0. 000000			54. 02
54. 03 05403 LOWELL		0. 000000			54. 03
	DGY-THERAPEUTI C	0. 000000			55. 00
	C CATHERIZATON LAB	0. 000000			55. 01
55. 02 03140 CARDI OI		0. 000000			55. 02
55. 03 03450 NEURO-I		0. 000000			55. 03
60. 00 06000 LABORA		0. 000000			60.00
60. 01 06001 BL00D I		0. 000000			60. 01
	ATORY THERAPY	0. 000000			65. 00
66. 00 06600 PHYSI CA		0. 000000			66. 00
66. 01 06601 PHYSI CA	AL THERAPY I-65	0. 000000			66. 01
66. 02 06602 PHYSI CA	AL THERAPY ST JOHN	0. 000000			66. 02
	ΓΙ ONAL THERAPY	0. 000000			67. 00
	FION THERAPY I-65	0. 000000			67. 01
	FIONAL THERAPY ST. JOHN	0. 000000			67. 02
68. 00 06800 SPEECH		0. 000000			68. 00
	PATHOLOGY I -65	0. 000000			68. 01
	THERAPY ST. JOHN	0. 000000			68. 02
69. 00 06900 ELECTRO		0. 000000			69.00
	_ SUPPLIES CHARGED TO PATIENTS	0.000000			71. 00 72. 00
	DEV. CHARGED TO PATIENTS CHARGED TO PATIENTS	0. 000000 0. 000000			73. 00
74. 00 07400 RENAL I		0. 000000			74.00
76. 00 03020 RADI ATI		0. 000000			76.00
	ERVICE COST CENTERS	0.000000			76.00
90. 00 09000 CLI NI C	ENVIOL GOOT GENTERG	0. 000000			90.00
90. 01 09001 DI ABETI	ES CLINIC	0. 000000			90. 01
90. 02 09002 OUTPATI		0. 000000			90. 02
90. 03 09003 0CCUPA	FIONAL MEDICINE CLINIC	0. 000000			90. 03
	DLOGY CLINIC-FRANCISCAN POINT	0. 000000			90. 04
91. 00 09100 EMERGE		0. 000000			91. 00
	NCY ROOM PHYSICANS	0. 000000			91. 01
91. 02 09102 EXPRESS		0. 000000			91. 02
	ATION BEDS (NON-DISTINCT PART)	0. 000000			92. 00
	OSE COST CENTERS				
113. 00 11300 I NTERES					113.00
	al (see instructions)				200. 00
	oservation Beds (see instructions)				201. 00 202. 00
202.00 10181	(SEE THISTI WELLOUIS)				J202. 00

Health Financial Systems	FRANCISCAN ST ANTH	IONY HEALTH-CR	PT	In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAP	PLTAL COSTS	Provi der		Period: From 01/01/2014 To 12/31/2014		
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col . 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col . 1 - col			
	26)		2)			
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	3, 910, 611	0	3, 910, 61	1 36, 535	107. 04	
31.00 INTENSIVE CARE UNIT	688, 972		688, 97	2 3, 668	187. 83	31. 00
35.00 NEONATAL INTENSIVE CARE UNIT	300, 032		300, 03	2, 701	111. 08	35. 00
41. 00 SUBPROVI DER - I RF	503, 672	0	503, 67	2, 301	218. 89	41.00
43. 00 NURSERY	53, 114		53, 11	4 2, 809	18. 91	43.00
200.00 Total (lines 30-199)	5, 456, 401		5, 456, 40	1 48, 014		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						
30. 00 ADULTS & PEDIATRICS	16, 626					30.00
31.00 INTENSIVE CARE UNIT	1, 896	356, 126				31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	1	1			35. 00
41. 00 SUBPROVI DER - I RF	1, 560	341, 468	3			41. 00
43. 00 NURSERY	0	0)			43. 00
200.00 Total (lines 30-199)	20, 082	2, 477, 241				200. 00

Health Financial Systems FRAI	NCISCAN ST ANTH	IONY HEALTH-CR	PT	In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provi der	CCN: 150126	Peri od:	Worksheet D	
				From 01/01/2014	Part II	
				To 12/31/2014	Date/Time Pre	pared:
		T' 1	1 2071.1.1		5/26/2015 11:	O1 pm
	0 111		le XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal		Ratio of Cos		Capital Costs	
	Related Cost			Program	(column 3 x	
	(from Wkst. B,		(col . 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)	0.00				
ANGULLARY OFFICE OF COST OFFITERS	1.00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	0.700.747	FF 000 7/	0 0,000	0 507 747	F07.070	F0 00
50. 00 05000 OPERATI NG ROOM	3, 799, 767		1		587, 379	
51. 00 05100 RECOVERY ROOM	419, 568					
52.00 05200 DELIVERY ROOM & LABOR ROOM	212, 878					
53. 00 05300 ANESTHESI OLOGY	96, 149				16, 496	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 222, 277				323, 645	54. 00
54. 01 05401 RADI OLOGY - I -65	407, 346				0	54. 01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	16, 653				0	54. 02
54. 03 05403 LOWELL RADI OLOGY	2, 629	288, 18	4 0. 00912	23 0	0	54. 03
55. 00 05500 RADI OLOGY-THERAPEUTI C	0		0. 00000	00	0	55. 00
55. 01 05501 CARDI AC CATHERI ZATON LAB	600, 704	24, 155, 59	4 0. 02486	5, 908, 614	146, 935	55. 01
55. 02 03140 CARDI OLOGY	133, 144	7, 139, 20	3 0. 0186	2, 060, 685	38, 432	55. 02
55. 03 03450 NEURO-DI AGNOSTI CS	113, 546	4, 876, 35	5 0. 02328	771, 403	17, 962	55. 03
60. 00 06000 LABORATORY	594, 731	63, 906, 18	6 0.00930	12, 800, 807	119, 124	60.00
60. 01 06001 BLOOD LABORATORY	0		0. 00000	00	0	60. 01
65. 00 06500 RESPIRATORY THERAPY	155, 669	10, 692, 44			80, 918	65. 00
66. 00 06600 PHYSI CAL THERAPY	147, 268					1
66. 01 06601 PHYSI CAL THERAPY 1 - 65	36, 754				0	66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN	1, 452				l o	66. 02
67. 00 06700 OCCUPATI ONAL THERAPY	19, 606					
67. 01 06701 OCCUPATION THERAPY I -65	9, 057				0, 100	67. 01
67. 02 06702 OCCUPATI ONAL THERAPY ST. JOHN	1, 099				0	67. 02
68. 00 06800 SPEECH PATHOLOGY	7, 330				2, 213	
68. 01 06801 SPEECH PATHOLOGY 1 -65	9, 436				0	68. 01
68. 02 06802 SPEECH THERAPY ST. JOHN	848				0	68. 02
69. 00 06900 ELECTROCARDI OLOGY	155, 680				33, 197	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	339, 487				91, 034	71.00
72. 00 07100 MEDICAL SUPPLIES CHARGED TO PATTENTS	189, 244					
						73.00
	707, 881	55, 036, 41			299, 847	
74. 00 07400 RENAL DIALYSIS	24, 616		•	·		74.00
76. 00 03020 RADI ATI ON ONCOLOGY	779, 644	11, 756, 63	7 0. 0663	15 134, 133	8, 895	76. 00
OUTPATIENT SERVICE COST CENTERS	1/ 57/	000.00	7 0 0500		1 47	
90. 00 09000 CLINIC	46, 576					90.00
90. 01 09001 DI ABETES CLI NI C	9, 234				0	90. 01
90. 02 09002 OUTPATIENT CLINICS	314, 841	507, 34				90. 02
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC	52, 080	1, 071, 22			0	90. 03
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0		0.0000		0	
91. 00 09100 EMERGENCY	883, 337					
91.01 09101 EMERGENCY ROOM PHYSICANS	36, 471		0. 00000		0	
91. 02 09102 EXPRESS CARE	28, 029		0. 00000		0	91. 02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	515, 924				0	
200.00 Total (lines 50-199)	13, 090, 955	470, 899, 08	8	96, 720, 693	2, 277, 835	200. 00

Health Financial Systems FRAI	NCISCAN ST ANTE	HONY HEALTH-CR	PT	In lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA			CCN: 150126 I	Peri od:	Worksheet D	
				From 01/01/2014		
				To 12/31/2014	Date/Time Pre 5/26/2015 11:	pared:
		Ti +I	e XVIII	Hospi tal	972672013 11.	o i pili
Cost Center Description	Nursing School	Allied Health		Swi ng-Bed	Total Costs	
oost content boson per on	indi si ng seneor	Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos		1 through 3,	
					minus col. 4)	
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		•	•			
30. 00 03000 ADULTS & PEDIATRICS	C	0)	0 0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	C	0)	O	0	31. 00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	C	0)	O	0	35. 00
41. 00 04100 SUBPROVI DER - I RF	C	0)	0	0	41. 00
43. 00 04300 NURSERY	C) 0)	O	0	43. 00
200.00 Total (lines 30-199)	C	0	(0	0	200. 00
Cost Center Description		Per Diem (col.		Inpati ent		
	Days	5 ÷ col. 6)	Program Days			
				Pass-Through		
				Cost (col. 7 x		
	6.00	7.00	8.00	col. 8) 9.00	-	
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	9.00		
30. 00 03000 ADULTS & PEDIATRICS	36, 535	0.00	16, 62	6 0	1	30.00
31. 00 03100 NTENSI VE CARE UNI T	3, 668	l .			,	31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	2, 701				,	35. 00
41. 00 04100 SUBPROVI DER - RF	2, 301	l .			,	41. 00
43. 00 04300 NURSERY	2, 809				,	43.00
200.00 Total (lines 30-199)	48, 014	1	20, 08	2 0	,	200.00
	1 10/01.	.1	20,000	-1	1	,

MCRI F32 - 7. 2. 157. 2

Health Financial Systems FRANCISCAN ST ANTHONY HEALTH-CR PT APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCM Provi der CCN: 150126 THROUGH COSTS

						5/26/2015 11:	01 pm
				e XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursing School	Allied Health	All Other	Total Cost	
		Anesthetist			Medi cal	(sum of col 1	
		Cost			Education Cost	through col.	
						4)	
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	0	C	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	C	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	C	0	0	52.00
53.00	05300 ANESTHESI OLOGY	0	0	C	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	o	0	l c	0	0	54.00
54.01	05401 RADI OLOGY - I -65	o	0	l c	0	0	54. 01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	o	0		0	0	54. 02
54.03	05403 LOWELL RADI OLOGY	o	0	l c	0	0	54. 03
55. 00	05500 RADI OLOGY-THERAPEUTI C	o	0		0	0	55. 00
55. 01	05501 CARDI AC CATHERI ZATON LAB	0	0	0	0	0	55. 01
55. 02	03140 CARDI OLOGY	0	0		0	0	55. 02
55. 03	03450 NEURO-DI AGNOSTI CS	0	0		0	Ö	55. 03
60. 00	06000 LABORATORY		0	١	0	0	60.00
60. 01	06001 BLOOD LABORATORY		0		Ô	0	60. 01
65. 00	06500 RESPIRATORY THERAPY		0		0	0	65.00
66. 00	06600 PHYSI CAL THERAPY		0		0	0	66.00
66. 01	06601 PHYSI CAL THERAPY I -65	0	0		0	0	66. 01
66. 02	06602 PHYSICAL THERAPY ST JOHN	0	0		0	0	66. 02
67. 00	06700 OCCUPATI ONAL THERAPY	0	0		0	0	67. 00
67. 01	06701 OCCUPATION THERAPY I -65		0		0	0	67. 00
67. 01	06702 OCCUPATION THERAPY ST. JOHN	0	0		0	0	67. 01
68. 00		0	0		0	0	
68. 00	06800 SPEECH PATHOLOGY	0	0		0	0	68. 00
	06801 SPEECH PATHOLOGY I -65	0	0		0	_	68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	0	0	20 501	_	0	68. 02
69. 00	06900 ELECTROCARDI OLOGY	0	0	30, 501	0	30, 501	69.00
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0		0	0	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
74.00	07400 RENAL DI ALYSI S	0	0		0	0	74.00
76. 00	03020 RADI ATI ON ONCOLOGY	0	0	C	0	0	76. 00
	OUTPATIENT SERVICE COST CENTERS	1			1		
90. 00	09000 CLI NI C	0	0	1	0	0	90. 00
90. 01	09001 DI ABETES CLINIC	0	0	0	0	0	90. 01
90. 02	09002 OUTPATIENT CLINICS	0	0	C	0	0	90. 02
90. 03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	C	0	0	90. 03
90. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90. 04
91. 00	09100 EMERGENCY	0	0	242, 515	0	242, 515	ı
91. 01	09101 EMERGENCY ROOM PHYSI CANS	0	0	0	0	0	91. 01
91. 02	09102 EXPRESS CARE	0	0	0	0	0	91. 02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	92. 00
200.00	Total (lines 50-199)	0	0	273, 016	0	273, 016	200. 00

						0 12/31/2014	5/26/2015 11:	
				Ti tl	e XVIII	Hospi tal	PPS	<u>от р</u>
	Cost Center Description	Total	Total		Ratio of Cost		Inpati ent	
	'	Outpati ent		Wkst. C,		Ratio of Cost	Program	
		Cost (sum of	Part	I, col.	(col. 5 ÷ col.	to Charges	Charges	
		col . 2, 3 and	8	8)	7)	(col. 6 ÷ col.	, and the second	
		4)				7)		
		6. 00	7.	. 00	8. 00	9. 00	10.00	
	ANCI LLARY SERVI CE COST CENTERS	1						
50.00	05000 OPERATI NG ROOM	0		, 223, 769			8, 536, 617	50. 00
51. 00	05100 RECOVERY ROOM	0		, 308, 500			1, 092, 765	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		, 454, 409			5, 340	
53.00	05300 ANESTHESI OLOGY	0	1	, 116, 190			2, 421, 977	53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0		, 596, 404			14, 067, 852	54.00
54. 01	05401 RADI OLOGY - I -65	0	15,	, 002, 419			0	54. 01
54. 02	05402 RADIOLOGY DIAGNOSTIC - SJ	0		228, 791			0	54. 02
54. 03	05403 LOWELL RADI OLOGY	0	2	288, 184			0	54. 03
55. 00	05500 RADI OLOGY-THERAPEUTI C	0)	0	0.000000		0	55. 00
55. 01	05501 CARDI AC CATHERI ZATON LAB	0		, 155, 594	0.000000		5, 908, 614	55. 01
55. 02	03140 CARDI OLOGY	0		, 139, 203			2, 060, 685	55. 02
55. 03	03450 NEURO-DI AGNOSTI CS	0		, 876, 355			771, 403	55. 03
60.00	06000 LABORATORY	0	63,	, 906, 186			12, 800, 807	60.00
60. 01	06001 BLOOD LABORATORY	0) 10	0	0.000000		0	60. 01
65.00	06500 RESPI RATORY THERAPY	0		, 692, 442			5, 557, 939	65. 00
66.00	06600 PHYSI CAL THERAPY	0		, 294, 181	0.000000		1, 343, 044	66.00
66. 01	06601 PHYSI CAL THERAPY I -65	0] 2,	, 971, 399			0	66. 01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	0	1	227, 752			0	66. 02
67.00	06700 OCCUPATIONAL THERAPY	0	2	, 113, 392			555, 184	67.00
67. 01	06701 OCCUPATION THERAPY I -65	0	()	680, 506			0	67. 01
67. 02 68. 00	06702 OCCUPATIONAL THERAPY ST. JOHN 06800 SPEECH PATHOLOGY	0	()	136, 521	0. 000000 0. 000000		0 245, 963	67. 02 68. 00
68. 00	06800 SPEECH PATHOLOGY I -65	0	()	814, 527 671, 729			245, 963	68. 00
68. 02	06802 SPEECH THERAPY ST. JOHN	0	()	99, 216			0	68. 01
69. 00	06900 ELECTROCARDI OLOGY	30, 501	1 -	, 110, 167	0.005969		1, 089, 681	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	30, 301		, 110, 107 , 442, 598			5, 481, 685	
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS			, 442, 346 , 723, 454			4, 631, 283	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS			, 723, 434 , 036, 419			23, 312, 622	73.00
74. 00	07400 RENAL DIALYSIS		33,	800, 019			500, 850	74.00
76. 00	03020 RADI ATI ON ONCOLOGY		11	, 756, 637			134, 133	76.00
70.00	OUTPATIENT SERVICE COST CENTERS	0	/	, 730, 037	0.000000	0.00000	134, 133	70.00
90. 00	09000 CLINI C	1 0	J	930, 297	0. 000000	0.000000	938	90.00
90. 01	09001 DI ABETES CLINIC		á	70, 147			0	90. 01
90. 02	09002 OUTPATIENT CLINICS		á	507, 345			290, 255	90. 02
90. 03	09003 OCCUPATIONAL MEDICINE CLINIC		1	, 071, 228			0	90. 03
90. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	i	, 071, 220 0			0	90.04
91. 00	09100 EMERGENCY	242, 515	40	, 723, 781	0. 005955		5, 911, 056	
91. 01	09101 EMERGENCY ROOM PHYSICANS	212,313		, ,23, ,01	0. 000000		0, 711, 030	91. 01
91. 02	09102 EXPRESS CARE	1		0			0	91. 02
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1	, 729, 327	0. 000000		0	92.00
200.00	,	273, 016		, 899, 088		0.00000	96, 720, 693	
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			, , 200	ļ	Į.		

Provi der CCN: 150126 THROUGH COSTS

						5/26/2015 11:01 pm
				e XVIII	Hospi tal	PPS
	Cost Center Description	I npati ent	Outpati ent	Outpati ent		
		Program	Program	Program		
		Pass-Through	Charges	Pass-Through	1	
		Costs (col. 8		Costs (col.	9	
		x col. 10)		x col. 12)		
		11. 00	12. 00	13. 00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATI NG ROOM	0	9, 098, 276		0	50.00
51.00	05100 RECOVERY ROOM	0	1, 653, 852		0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0	52. 00
53.00	05300 ANESTHESI OLOGY	0	2, 332, 134		0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	25, 119, 747		0	54.00
54.01	05401 RADI OLOGY - I -65	0	0		0	54. 01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		0	54. 02
54.03	05403 LOWELL RADI OLOGY	0	0		0	54. 03
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0	55.00
55. 01	05501 CARDI AC CATHERI ZATON LAB	0	7, 686, 029		0	55. 01
55. 02	03140 CARDI OLOGY	0	1, 221, 712		0	55. 02
55. 03	03450 NEURO-DI AGNOSTI CS	0	792, 889		0	55. 03
60.00	06000 LABORATORY	0	4, 406, 150		0	60.00
60. 01	06001 BLOOD LABORATORY	0	0		0	60. 01
65.00	06500 RESPIRATORY THERAPY	0	406, 809		0	65. 00
66, 00	06600 PHYSI CAL THERAPY	o	. 0		0	66.00
66, 01	06601 PHYSI CAL THERAPY I -65	o	0		0	66. 01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	0	0		0	66. 02
67. 00	06700 OCCUPATI ONAL THERAPY	0	0		0	67. 00
67. 01	06701 OCCUPATION THERAPY I -65	0	0		0	67. 01
67. 02	06702 OCCUPATI ONAL THERAPY ST. JOHN	0	0		0	67. 02
68. 00	06800 SPEECH PATHOLOGY	0	0		o	68. 00
68. 01	06801 SPEECH PATHOLOGY I -65	0	0		Ö	68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	0	0		Ö	68. 02
69. 00	06900 ELECTROCARDI OLOGY	6, 504	1, 331, 384	7, 94	-	69.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0,001	2, 848, 516		Ó	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2, 117, 662	1	o	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	4, 357, 509	1	o	73. 00
74. 00	07400 RENAL DIALYSIS	0	18, 042	1	Ö	74.00
76. 00	03020 RADI ATI ON ONCOLOGY		6, 458, 371		0	76.00
70.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	0, 430, 371	1	0	70.00
90.00	09000 CLINI C	l ol	267, 880		0	90.00
90. 01	09001 DI ABETES CLINIC		336	•	0	90. 01
90. 02	09002 OUTPATIENT CLINICS		1, 928		0	90. 02
90. 02	09003 OCCUPATIONAL MEDICINE CLINIC		1, 720		0	90. 02
90. 03	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0		0	90. 03
91.00	09100 EMERGENCY	35, 200	4, 945, 826	29, 45	-1	91.00
91.00	09101 EMERGENCY ROOM PHYSI CANS	35, 200	4, 740, 020		0	91.00
91.01	09101 EMERGENCY ROOM PHYSICANS		0		0	91. 01
91.02			1 101 044		0	91. 02
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	41 704	1, 101, 964		-	
200.00	Total (lines 50-199)	41, 704	76, 167, 016	37, 39	77	200. 00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provi der CCN: 150126 Peri od: Worksheet D From 01/01/2014 Part V Date/Time Prepared: 12/31/2014 5/26/2015 11:01 pm Title XVIII Hospi tal **PPS** Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Ratio From Services (see Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Part I, col. Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1.00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 400117 9, 098, 276 3, 640, 375 50.00 51.00 05100 RECOVERY ROOM 0. 527779 1, 653, 852 0 0 51.00 872, 868 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 0 150332 52 00 0 0 0 53.00 05300 ANESTHESI OLOGY 0.055113 2, 332, 134 128, 531 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0. 157329 25, 119, 747 0 3, 952, 065 54.00 54.01 05401 RADI OLOGY - 1-65 0.149658 0 0 Ω Ω 54 01 05402 RADIOLOGY DIAGNOSTIC - SJ 0 54.02 0.458191 C 0 54.02 54.03 05403 LOWELL RADIOLOGY 0.340661 0 54.03 55.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 0 0 55.00 0 907, 243 05501 CARDI AC CATHERI ZATON LAB 7, 686, 029 0 55 01 0 118038 55 01 55.02 03140 CARDI OLOGY 0. 127135 1, 221, 712 0 155, 322 55.02 03450 NEURO-DI AGNOSTI CS 0. 190694 792, 889 0 0 151, 199 55.03 55.03 0 4, 406, 150 06000 LABORATORY 0.180308 60.00 4.280 794, 464 60.00 60.01 06001 BLOOD LABORATORY 0.000000 0 0 60 01 65.00 06500 RESPIRATORY THERAPY 0. 207241 406, 809 0 0 84, 308 65.00 06600 PHYSI CAL THERAPY 66.00 0.370999 0 66.00 06601 PHYSICAL THERAPY I-65 0. 355917 0 66, 01 0 0 0 0 0 0 0 66.01 06602 PHYSI CAL THERAPY ST JOHN 0 66.02 0.213008 0 0 66.02 67.00 06700 OCCUPATIONAL THERAPY 0. 279594 0 67.00 06701 OCCUPATION THERAPY I-65 0 67.01 0.320802 67.01 06702 OCCUPATIONAL THERAPY ST. JOHN 67.02 0.285941 0 0 67.02 0 06800 SPEECH PATHOLOGY 0 68.00 0.330128 0 68 00 06801 SPEECH PATHOLOGY I -65 0.446144 0 68.01 68.01 0 0 06802 SPEECH THERAPY ST. JOHN 68.02 0. 285095 68.02 06900 ELECTROCARDI OLOGY 0.208229 1.331,384 0 277, 233 69.00 69.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.294343 2, 848, 516 0 838, 441 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.564817 2, 117, 662 1, 196, 091 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 205083 4, 357, 509 0 44, 167 893, 651 73.00 07400 RENAL DIALYSIS 0 74 00 0 445703 18.042 8,041 74 00 76.00 03020 RADIATION ONCOLOGY 0. 241507 6, 458, 371 1, 559, 742 76.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 1.255414 267, 880 0 336, 300 90.00 0 09001 DIABETES CLINIC 90.01 2. 111537 336 0 709 90.01 90.02 09002 OUTPATIENT CLINICS 1.636431 1, 928 0 0 3, 155 90.02 0 09003 OCCUPATIONAL MEDICINE CLINIC 0.724683 0 90.03 90.03 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0.000000 0 90 04 90 04 Λ 91.00 09100 EMERGENCY 0.201929 4, 945, 826 0 0 998, 706 91.00 91.01 09101 EMERGENCY ROOM PHYSICANS 0.000000 0 0 0 91.01 o 09102 EXPRESS CARE 0 91.02 91.02 0.000000 0 09200 OBSERVATION BEDS (NON-DISTINCT PART) 995, 295 92.00 0.903201 1, 101, 964 Ω 92.00 200.00 Subtotal (see instructions) 76, 167, 016 4, 280 44, 167 17, 793, 739 200. 00 201.00 Less PBP Clinic Lab. Services-Program 201.00 Only Charges Net Charges (line 200 +/- line 201) 202.00 4. 280 17, 793, 739 202. 00 76, 167, 016 44, 167

Health Financial Systems FRANCISCAN ST ANTHONY HEALTH-CR PT
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCI Provi der CCN: 150126

						5/26/2015 11:01	1 pm_
			Ti tl	e XVIII	Hospi tal	PPS	
		Cos	ts				
	Cost Center Description	Cost	Cost				
		Rei mbursed	Rei mbursed				
		Servi ces	Servi ces Not				
		Subject To	Subject To				
		,					
			Ded. & Coins.				
		(see inst.)	(see inst.)				
To an		6. 00	7. 00				
	CILLARY SERVICE COST CENTERS						
50.00 05	000 OPERATING ROOM	0	0			!	50.00
51.00 05	100 RECOVERY ROOM	0	0			!	51.00
52. 00 05	200 DELIVERY ROOM & LABOR ROOM	o	0			1	52.00
	300 ANESTHESI OLOGY	0	0				53.00
	400 RADI OLOGY-DI AGNOSTI C	0	0				54. 00
	401 RADI OLOGY - I -65	0	0				54. 01
	402 RADI OLOGY DI AGNOSTI C - SJ	0	0			I	54. 02
	•	0					
	403 LOWELL RADI OLOGY	0	0			I	54. 03
	500 RADI OLOGY-THERAPEUTI C	0	0				55. 00
	501 CARDI AC CATHERI ZATON LAB	0	0				55. 01
	140 CARDI OLOGY	0	0			!	55. 02
55. 03 03	450 NEURO-DI AGNOSTI CS	0	0			!	55.03
60.00 06	000 LABORATORY	772	0			1.0	60.00
60. 01 06	001 BLOOD LABORATORY	o	0				60. 01
65. 00 06	500 RESPI RATORY THERAPY	0	0			,	65.00
	600 PHYSI CAL THERAPY	0	0			1	66. 00
1	601 PHYSI CAL THERAPY I -65	0	0			•	66. 01
	602 PHYSI CAL THERAPY ST JOHN		0				66. 02
	700 OCCUPATIONAL THERAPY		0			•	67. 00
		0	-			1	
	701 OCCUPATION THERAPY I -65	0	0				67. 01
	702 OCCUPATIONAL THERAPY ST. JOHN	0	0			•	67. 02
	800 SPEECH PATHOLOGY	0	0			1	68. 00
	801 SPEECH PATHOLOGY I-65	0	0			•	68. 01
	802 SPEECH THERAPY ST. JOHN	0	0				68. 02
	900 ELECTROCARDI OLOGY	0	0			'	69.00
71.00 07	100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			-	71.00
72. 00 07	200 IMPL. DEV. CHARGED TO PATIENTS	0	0			-	72.00
73.00 07	300 DRUGS CHARGED TO PATIENTS	0	9, 058			-	73.00
74. 00 07	400 RENAL DIALYSIS	o	0			-	74.00
76. 00 03	020 RADIATION ONCOLOGY	o	0			-	76.00
	TPATIENT SERVICE COST CENTERS	-1					
	000 CLI NI C	0	0				90. 00
	001 DIABETES CLINIC		0			I	90. 01
	002 OUTPATIENT CLINICS	0	0			I	90. 01
		0				I	
	003 OCCUPATIONAL MEDICINE CLINIC	0	0			•	90. 03
	004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0			I	90. 04
	100 EMERGENCY	0	0			•	91. 00
	101 EMERGENCY ROOM PHYSICANS	0	0				91. 01
91. 02 09	102 EXPRESS CARE	0	0			(91. 02
92. 00 09	200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			'	92.00
200.00	Subtotal (see instructions)	772	9, 058			20	200.00
201. 00	Less PBP Clinic Lab. Services-Program	o				20	01.00
	Only Charges						
202.00	Net Charges (line 200 +/- line 201)	772	9, 058			20	202.00
	3.2 (2.2.)	=1		1		ļ=	

APPORT	TIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS			Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Pre 5/26/2015 11:	pared: 01 pm
			Ti tl	e XVIII	Subprovider -	PPS	
	Cost Center Description	Capi tal	Total Charges		Inpati ent	Capital Costs	
			(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,	· ·	(col. 1 ÷ col	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
		1. 00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						1
50.00	05000 OPERATING ROOM	3, 799, 767		l		145	
51. 00	05100 RECOVERY ROOM	419, 568		•		l	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	212, 878		1		1	52.00
53. 00	05300 ANESTHESI OLOGY	96, 149		•		0	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	2, 222, 277		•		2, 674	
54. 01	05401 RADI OLOGY - I -65	407, 346	15, 002, 419			0	
54. 02	05402 RADI OLOGY DI AGNOSTI C - SJ	16, 653	228, 791	0. 07278	7 0	0	54. 02
54. 03	05403 LOWELL RADI OLOGY	2, 629	288, 184	•		0	54. 03
55.00	05500 RADI OLOGY-THERAPEUTI C	0	_	1 0.0000		ı	00.00
55. 01	05501 CARDI AC CATHERI ZATON LAB	600, 704				1	
55. 02	03140 CARDI OLOGY	133, 144				0	
55. 03	03450 NEURO-DI AGNOSTI CS	113, 546				0	55. 03
60.00	06000 LABORATORY	594, 731				1, 718	
60. 01	06001 BLOOD LABORATORY	0		1 0.0000		1	
65. 00	06500 RESPI RATORY THERAPY	155, 669					
66. 00	06600 PHYSI CAL THERAPY	147, 268				l	
66. 01	06601 PHYSI CAL THERAPY I -65	36, 754					
66. 02	06602 PHYSI CAL THERAPY ST JOHN	1, 452				0	
67. 00	06700 OCCUPATI ONAL THERAPY	19, 606				l	
67. 01	06701 OCCUPATION THERAPY I -65	9, 057				0	0,.0
67. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	1, 099				0	67. 02
68.00	06800 SPEECH PATHOLOGY	7, 330				2, 262	
68. 01	06801 SPEECH PATHOLOGY I -65	9, 436				l	
68. 02	06802 SPEECH THERAPY ST. JOHN	848				0	68. 02
69. 00	06900 ELECTROCARDI OLOGY	155, 680					
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	339, 487					
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	189, 244				l	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	707, 881				7, 290	•
74.00	07400 RENAL DI ALYSI S	24, 616					
76. 00	03020 RADI ATI ON ONCOLOGY	779, 644	11, 756, 637	0. 06631	5 0	0	76.00
00 00	OUTPATIENT SERVICE COST CENTERS	4/ 57/	020 203	0.05004	4	_	00.00
90. 00 90. 01	09000 CLINIC 09001 DIABETES CLINIC	46, 576 9, 234		•			
	09001 DI ABETES CLINIC			1			
	00002 OCCUPATIONAL MEDICINE CLINIC	314, 841					

52,080

883, 337 36, 471

28, 029

12, 575, 031

1,071,228

40, 723, 781

4, 729, 327 470, 899, 088 0.048617

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3, 138, 763

90.03

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0 92.00 57,940 200.00

90. 03 09003 OCCUPATIONAL MEDICINE CLINIC

91. 01 09101 EMERGENCY ROOM PHYSI CANS

91. 00 09100 EMERGENCY

91. 02 09102 EXPRESS CARE

90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT

92. 00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) 200. 00 | Total (lines 50-199)

Health Financial Systems	FRANCISCAN ST ANTHONY F	HEALTH-CR PT	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 150126	Peri od:	Worksheet D
THROUGH COSTS			From 01/01/2014	
		Component CCN: 15T126	To 12/31/2014	
				5/26/2015 11:01 pm
		Title XVIII	Subprovi der -	PPS
			I RF	
Cost Center Description	Non Physician Nursi	ng School Allied Healt	h All Other	Total Cost

			Ti tl	e XVIII	Subprovi der - I RF	PPS	
	Cost Center Description	Non Physician	Nursi na School	Allied Health		Total Cost	
	, and the second	Anesthetist	3		Medi cal	(sum of col 1	
		Cost			Education Cost	through col.	
						4)	
		1. 00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50. 00	05000 OPERATI NG ROOM	0	0	•	0		50. 00
51. 00	05100 RECOVERY ROOM	0	0		0	0	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0		0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0	0	54.00
54. 01	05401 RADI OLOGY - I -65	0	0		0	0	54. 01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		0	0	54. 02
54.03	05403 LOWELL RADI OLOGY	0	0		0	0	54. 03
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0	0	55. 00
55. 01	05501 CARDI AC CATHERI ZATON LAB	0	0		o	0	55. 01
55. 02	03140 CARDI OLOGY	0	0		o o	0	55. 02
55. 03	03450 NEURO-DI AGNOSTI CS	0	0		o	0	55. 03
60.00	06000 LABORATORY	0	0		o	0	60. 00
60. 01	06001 BLOOD LABORATORY	o	0		0	0	60. 01
65. 00	06500 RESPIRATORY THERAPY	o	0		0	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0		o o	0	66. 00
66. 01	06601 PHYSI CAL THERAPY I -65	0	0	•	0	0	66. 01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	0	0		o o	0	66. 02
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	1	0	0	67. 00
67. 01	06701 OCCUPATION THERAPY I -65	0	0		0	0	67. 01
67. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0			0	67. 02
68. 00	06800 SPEECH PATHOLOGY	0	0		0	0	68. 00
68. 01	06801 SPEECH PATHOLOGY I -65	0	0		o o	0	68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	0	0	•	o o	Ö	68. 02
69. 00	06900 ELECTROCARDI OLOGY	0	0	80, 89		80, 892	69. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1	0	0	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0			Ö	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0			Ö	73. 00
74. 00	07400 RENAL DIALYSIS	0	0		o o	Ö	74. 00
76. 00	03020 RADIATION ONCOLOGY	0	0		o o	_	76.00
70.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>			,		70.00
90.00	09000 CLI NI C	0	0		0	0	90.00
90. 01	09001 DI ABETES CLINIC	0	0		o o	Ö	90. 01
90. 02	09002 OUTPATIENT CLINICS		0	•		0	90. 02
90. 03	09003 OCCUPATIONAL MEDICINE CLINIC		0		o o	Ö	90. 03
90. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0	•		0	90. 04
91. 00	09100 EMERGENCY		0	357, 28		357, 285	91. 00
91. 00	09101 EMERGENCY ROOM PHYSICANS		0			337, 283	91.00
91.01	09101 EMERGENCT ROOM FITTST CANS		0]		-	91. 01
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0			_	92.00
200.00			0	438, 17			
200.00	10tai (111163 30-177)	١	0	1 430, 17	0	1 430, 177	1200.00

Heal th	Financial Systems FRA	NCISCAN ST ANTH	HONY HEALTH-CR	PT	In Lie	u of Form CMS-:	2552-10
	FIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF SH COSTS	RVICE OTHER PAS			Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Pre	pared:
			Ti tl	e XVIII	Subprovi der - I RF	5/26/2015 11: PPS	01 pm
	Cost Center Description	Total	Total Charges	Ratio of Cos		I npati ent	
		Outpati ent	(from Wkst. C,	to Charges	Ratio of Cost	Program	
		Cost (sum of	Part I, col.			Charges	
		col . 2, 3 and	8)	7)	(col . 6 ÷ col .		
		4)			7)		
	ANOLILIARY OFFICE OF COST OFFITTERS	6. 00	7. 00	8. 00	9. 00	10. 00	
F0 00	ANCILLARY SERVICE COST CENTERS		FE 000 7/4	0.0000	0 000000	0.444	F0 00
50.00	05000 OPERATI NG ROOM	C				2, 111	1
51.00	05100 RECOVERY ROOM	C				620	1
52. 00	05200 DELIVERY ROOM & LABOR ROOM	C		1		0	
53.00	05300 ANESTHESI OLOGY	C	1	1		11/ 240	53.00
54.00	05400 RADI OLOGY - DI AGNOSTI C 05401 RADI OLOGY - I -65	C				116, 249 0	
54. 01 54. 02	05401 RADI OLOGY - 1-65 05402 RADI OLOGY DI AGNOSTI C - SJ		1 .0,002,	1		0	
54. 02	05402 RADI OLOGY DI AGNOSTI C - SJ		1 220,	1		0	54. 02
55. 00	05500 RADI OLOGY-THERAPEUTI C		1	1		0	1
55. 00	05501 CARDI AC CATHERI ZATON LAB		1	1		0	55. 01
55. 02	03140 CARDI OLOGY		, ,			0	1
55. 02	03450 NEURO-DI AGNOSTI CS					0	55. 03
60.00	06000 LABORATORY					184, 647	60.00
60. 01	06001 BLOOD LABORATORY			0.00000		0.0.7	60. 01
65. 00	06500 RESPI RATORY THERAPY	i c	10, 692, 442			78, 045	
66. 00	06600 PHYSI CAL THERAPY	i c	4, 294, 18			921, 333	
66. 01	06601 PHYSI CAL THERAPY I -65	C				0	66. 01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	C			0. 000000	0	66. 02
67.00	06700 OCCUPATI ONAL THERAPY	C	2, 113, 392	0.00000	0. 000000	831, 323	67. 00
67. 01	06701 OCCUPATION THERAPY I-65	C	680, 506	0.00000	0. 000000	0	67. 01
67. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	C	136, 52	0. 00000	0. 000000	0	67. 02
68. 00	06800 SPEECH PATHOLOGY	C	814, 527	0.00000	0. 000000	251, 382	68. 00
68. 01	06801 SPEECH PATHOLOGY I -65	C	0,.,,_			29, 276	
68. 02	06802 SPEECH THERAPY ST. JOHN	C	1 ///=			0	68. 02
69. 00	06900 ELECTROCARDI OLOGY	80, 892		1		7, 938	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	C	1 20, 2, 0 / .	1		131, 600	1
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	C	1 ,			540	1
73. 00	07300 DRUGS CHARGED TO PATIENTS	C	1,,	1		566, 794	1
74.00	07400 RENAL DIALYSIS	C	1,	1		16, 905	1
76. 00	03020 RADI ATI ON ONCOLOGY	C	11, 756, 637	0.00000	0. 000000	0	76. 00
00.00	OUTPATIENT SERVICE COST CENTERS		020.20	0 00000	0 000000		00.00
90. 00 90. 01	09000 CLINIC 09001 DIABETES CLINIC	C				0	
	09001 DI ABETES CLINIC		1	1		0	
	09002 OCCUPATIONAL MEDICINE CLINIC			1		0	

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438, 177

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3, 138, 763 200. 00

09003 OCCUPATIONAL MEDICINE CLINIC

91. 01 09101 EMERGENCY ROOM PHYSI CANS

90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT

92. 00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) 200. 00 | Total (lines 50-199)

90.03

91. 00 09100 EMERGENCY

91. 02 09102 EXPRESS CARE

Health Financial Systems	FRANCISCAN ST ANTHONY I	HEALTH-CR PT	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provi der CCN: 150126	Peri od: From 01/01/2014	Worksheet D
THROUGH COSTS		Component CCN: 15T126		
		Title XVIII	Subprovi der -	PPS

		Ti tl	e XVIII	Subprovi der -	PPS	
Cost Contor Dosgrintion	Inpati ent	Outpati ent	Outpati ent	I RF		
Cost Center Description	Program	Program	Program			
	Pass-Through	Charges	Pass-Through			
	Costs (col. 8	chai ges	Costs (col.			
	x col . 10)		x col . 12)	7		
	11.00	12. 00	13.00	_		
ANCILLARY SERVICE COST CENTERS	11.00	12.00	10.00			
50. 00 05000 OPERATING ROOM	0	C		0		50.00
51. 00 05100 RECOVERY ROOM	o	C		0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0		52.00
53. 00 05300 ANESTHESI OLOGY	0	Ċ		0		53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	Ċ		0		54.00
54. 01 05401 RADI OLOGY - I - 65	0	Ċ		0		54. 01
54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ	0	Č		n		54. 02
54. 03 05403 LOWELL RADI OLOGY	0	Č		0		54. 03
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C		0		55. 00
55. 01 05501 CARDI AC CATHERI ZATON LAB	0	C	1	0		55. 01
55. 02 03140 CARDI OLOGY	0		1	0		55. 02
55. 03 03450 NEURO-DI AGNOSTI CS	0	C	1	0		55. 03
60. 00 06000 LABORATORY	0	C	1	0		60.00
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	0	C	1	0		60.00
65. 00 06500 RESPIRATORY THERAPY	0			0		65. 00
66. 00 06600 PHYSI CAL THERAPY	0	C		0		66.00
	0	C	1	0		
		-	1	0		66. 01
	0	C	1	0		66. 02
67. 00 06700 OCCUPATI ONAL THERAPY	0	C	1	0		67. 00
67. 01 06701 0CCUPATION THERAPY I -65	0	C		0		67. 01
67. 02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	C		0		67. 02
68. 00 06800 SPEECH PATHOLOGY	0	C		0		68. 00
68. 01 06801 SPEECH PATHOLOGY 1-65	0	C		0		68. 01
68. 02 06802 SPEECH THERAPY ST. JOHN	0	C	2	0		68. 02
69. 00 06900 ELECTROCARDI OLOGY	126	C	2	0		69. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C)	0		71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	C)	0		72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	C)	0		73. 00
74. 00 07400 RENAL DI ALYSI S	0	C	1	0		74. 00
76. 00 03020 RADI ATI ON ONCOLOGY	0	C)	0		76. 00
OUTPATIENT SERVICE COST CENTERS			,			
90. 00 09000 CLI NI C	0	C	1	0		90.00
90. 01 09001 DI ABETES CLI NI C	0	C		0		90. 01
90. 02 09002 0UTPATI ENT CLINI CS	0	C	2	0		90. 02
90. 03 09003 OCCUPATI ONAL MEDI CI NE CLI NI C	0	C	2	0		90. 03
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	C]	U		90.04
91. 00 09100 EMERGENCY	0	C	<u>'</u>	0		91.00
91. 01 09101 EMERGENCY ROOM PHYSI CANS	0	C	2	U		91. 01
91. 02 09102 EXPRESS CARE	0	C	2	0		91. 02
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	C	2	0		92.00
200.00 Total (lines 50-199)	126	C	ין	0		200. 00

Heal th	Financial Systems FRA	NCISCAN ST ANTH	IONY HEALTH-CR	PT	In Lie	u of Form CMS-:	2552-10
	TIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Component	CCN: 150126 t CCN: 15T126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Pre 5/26/2015 11:	pared: 01 pm
			Ti t	le XIX	Subprovi der - I RF	Tefra	
	Cost Center Description	(from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	to Charges (col. 1 ÷ col 2)	Program . Charges	Capital Costs (column 3 x column 4)	
	ANOLUL ADV. OFD.W.OF. COOT. OFFITTED	1.00	2.00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS		55.000.7/0		,l		
50.00	05000 OPERATI NG ROOM	3, 799, 767		1		0	
51.00	O5100 RECOVERY ROOM O5200 DELIVERY ROOM & LABOR ROOM	419, 568 212, 878				0	51. 00 52. 00
52. 00 53. 00	05300 ANESTHESI OLOGY	96, 149		1		0	52.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	2, 222, 277		1		0	54.00
54. 01	05401 RADI OLOGY - I -65	407, 346				0	54. 01
54. 02	05402 RADI OLOGY DI AGNOSTI C - SJ	16, 653				0	54. 02
54. 03	05403 LOWELL RADIOLOGY	2, 629				0	54. 03
55. 00	05500 RADI OLOGY-THERAPEUTI C	0		0.00000		0	55. 00
55. 01	05501 CARDI AC CATHERI ZATON LAB	600, 704				0	55. 01
55. 02	03140 CARDI OLOGY	133, 144				0	55. 02
55. 03	03450 NEURO-DI AGNOSTI CS	113, 546		1		0	55. 03
60.00	06000 LABORATORY	594, 731	63, 906, 186	0.00930	06	0	60.00
60. 01	06001 BLOOD LABORATORY	0	0	0.00000	0 0	0	60. 01
65.00	06500 RESPI RATORY THERAPY	155, 669	10, 692, 442	0. 01455	59 0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	147, 268	4, 294, 181			0	66. 00
66. 01	06601 PHYSI CAL THERAPY I -65	36, 754				0	66. 01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	1, 452		1		0	66. 02
67. 00	06700 OCCUPATI ONAL THERAPY	19, 606				0	67. 00
67. 01	06701 OCCUPATION THERAPY I -65	9, 057		1		0	67. 01
67. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	1, 099				0	67. 02
68.00	06800 SPEECH PATHOLOGY	7, 330				0	68. 00
68. 01	06801 SPEECH PATHOLOGY I -65	9, 436				6	68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	848				0	68. 02
69. 00 71. 00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	155, 680 339, 487				0	69. 00 71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	189, 244				_	
72. 00 73. 00	07300 DRUGS CHARGED TO PATIENTS	707, 881				0	72. 00 73. 00
74. 00	07400 RENAL DIALYSIS	24, 616				0	74.00
76. 00	03020 RADI ATI ON ONCOLOGY	779, 644				0	
, 0. 00	OUTPATIENT SERVICE COST CENTERS	777,044	11,730,037	0.0003	0		1 70.00
90 00	09000 CLINIC	46 576	930 297	0.05006	56	0	90 00

46, 576

9, 234

314, 841

52,080

883, 337

36, 471

28, 029

12, 575, 031

930, 297

70, 147 507, 345

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40, 723, 781

4, 729, 327 470, 899, 088 0.050066

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09000 CLI NI C

91. 00 09100 EMERGENCY

91. 02 09102 EXPRESS CARE

09001 DIABETES CLINIC 09002 OUTPATIENT CLINICS

09003 OCCUPATIONAL MEDICINE CLINIC

92. 00 | 09200 | 0985ERVATION BEDS (NON-DISTINCT PART) 200. 00 | Total (lines 50-199)

09101 EMERGENCY ROOM PHYSI CANS

09004 NEONATOLOGY CLINIC-FRANCISCAN POINT

Health Financial Systems	FRANCISCAN ST ANTHONY	HEALTH-CR PT	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 150126	Period: From 01/01/2014	Worksheet D Part IV
Tilloodii 00313		Component CCN: 15T126	To 12/31/2014	Date/Time Prepared: 5/26/2015 11:01 pm
		Title XIX	Subprovi der -	Tefra

								5/26/2015 11:1	o i pili
				Ti t	le XIX		Subprovi der - I RF	Tefra	
	Cost Center Description	Non Physician	Nursir	na School	Allied He	al th	All Other	Total Cost	
		Anesthetist		.9			Medi cal	(sum of col 1	
		Cost					Education Cost		
								4)	
		1.00	1	2. 00	3.00		4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0)	0		0	0	0	50. 00
51.00	05100 RECOVERY ROOM	0		0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0		0	0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0		0		0	0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0		0		0	0	0	54.00
54. 01	05401 RADI OLOGY - I -65	0		0		0	0	0	54. 01
54. 02	05402 RADIOLOGY DIAGNOSTIC - SJ	0		0		0	0	0	54. 02
54. 03	05403 LOWELL RADI OLOGY	0		0		0	0	0	54. 03
55.00	05500 RADI OLOGY-THERAPEUTI C	0		0		0	0	0	55. 00
55. 01	05501 CARDI AC CATHERI ZATON LAB	0		0		0	0	0	55. 01
55. 02	03140 CARDI OLOGY	0		0		0	0	0	55. 02
55. 03	03450 NEURO-DI AGNOSTI CS	0		0		0	0	0	55. 03
60.00	06000 LABORATORY	0		0		0	0	0	60.00
60. 01	06001 BLOOD LABORATORY	0		0		0	0	0	60. 01
65.00	06500 RESPI RATORY THERAPY	0		0		0	0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0		0		0	0	0	66. 00
66. 01	06601 PHYSI CAL THERAPY I -65	0		0		0	0	0	66. 01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	0		0		0	0	0	66. 02
67.00	06700 OCCUPATI ONAL THERAPY	0		0		0	0	0	67. 00
67. 01	06701 OCCUPATION THERAPY I -65	0		0		0	0	0	67. 01
67. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	0		0		0	0	0	67. 02
68. 00	06800 SPEECH PATHOLOGY	0		0		0	0	0	68. 00
68. 01	06801 SPEECH PATHOLOGY I -65	0		0		0	0	0	68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	0		0		0	0	0	68. 02
69. 00	06900 ELECTROCARDI OLOGY	0		0	80), 892	0	80, 892	69. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0		0	0	0	71. 00
72. 00	07200 I MPL. 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
	07400 RENAL DIALYSIS	0		0		0	0	0	74. 00
76. 00	03020 RADI ATI ON ONCOLOGY	0		0		0	0	0	76. 00
	OUTPATIENT SERVICE COST CENTERS								
90. 00	09000 CLI NI C	0		0		0	_	0	90. 00
90. 01	09001 DI ABETES CLINIC	0		0		0	0	0	90. 01
	09002 OUTPATIENT CLINICS	0		0		0	0	0	90. 02
90. 03	09003 OCCUPATIONAL MEDICINE CLINIC	0		0		0	0	0	90. 03
90. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0		0		0	0	0	90. 04
91. 00	09100 EMERGENCY	0)	0	357	, 285	0	357, 285	
91. 01	09101 EMERGENCY ROOM PHYSI CANS	0)	0		0	0	0	91. 01
91. 02	09102 EXPRESS CARE	0)	0		0	0	0	91. 02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	0	0	92.00
200.00	Total (lines 50-199)	0	기	0	438	3, 177	0	438, 177	200.00

	NCISCAN ST ANTH				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF THROUGH COSTS	RVICE OTHER PAS:			Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Pre 5/26/2015 11:	pared: 01 pm
		Ti t	Te XIX	Subprovi der - I RF	Tefra	- F.::
Cost Center Description	Total		Ratio of Cost	Outpati ent	I npati ent	
	Outpati ent	(from Wkst. C,		Ratio of Cost	Program	
	Cost (sum of		(col. 5 ÷ col.		Charges	
	col . 2, 3 and	8)	7)	(col. 6 ÷ col.		
	4)			7)		
	6. 00	7.00	8. 00	9. 00	10. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0		II.	1	0	50. 00
51. 00 05100 RECOVERY ROOM	0	-,,			0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5, 454, 409	1		0	52. 00
53. 00 05300 ANESTHESI OLOGY	0		1	1	0	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0		•		0	54. 00
54. 01 05401 RADI OLOGY - I -65	0				0	54. 01
54. 02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	228, 791	•	1	0	54. 02
54. 03 05403 LOWELL RADI OLOGY	0		1		0	54. 03
55. 00 05500 RADI OLOGY-THERAPEUTI C	0		1 0.0000		0	55. 00
55. 01 05501 CARDI AC CATHERI ZATON LAB	0			I	0	55. 01
55. 02 03140 CARDI OLOGY	0	7, 139, 203		I	0	55. 02
55. 03 03450 NEURO-DI AGNOSTI CS	0	4, 876, 355	1		0	55. 03
60. 00 06000 LABORATORY	0		1	1	0	60.00
60. 01 06001 BL00D LABORATORY	0	[C	0. 00000		0	60. 01
65. 00 06500 RESPIRATORY THERAPY	0				0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	4, 294, 181	0.00000	0. 000000	0	66. 00
66. 01 06601 PHYSI CAL THERAPY I -65	0	2, 971, 399	0. 000000		0	66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN	0	227, 752			0	66. 02
67. 00 06700 OCCUPATI ONAL THERAPY	0	_,,			0	67.00
67. 01 06701 0CCUPATI ON THERAPY I -65	0	680, 506			0	67. 01
67. 02 06702 OCCUPATI ONAL THERAPY ST. JOHN	0	136, 521			0	67. 02
68. 00 06800 SPEECH PATHOLOGY	0	814, 527	0. 00000	0. 000000	0	68. 00
68. 01 06801 SPEECH PATHOLOGY I -65	0	671, 729		0. 000000	409	68. 01
68. 02 06802 SPEECH THERAPY ST. JOHN	0	99, 216			0	68. 02
69. 00 06900 ELECTROCARDI OLOGY	80, 892	5, 110, 167	0. 015830	0. 015830	0	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20, 442, 598			0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0				0	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	55, 036, 419	0.00000	0. 000000	0	73. 00
74. 00 07400 RENAL DI ALYSI S	0				0	74. 00
76. 00 03020 RADI ATI ON ONCOLOGY	0	11, 756, 637	0. 00000	0. 000000	0	76. 00
OUTPATIENT SERVICE COST CENTERS						
90 00 09000 CLINIC	0	930 297	0 00000	n nonnon	0	90 00

0

0

357, 285

438, 177

930, 297

70, 147

507, 345

1,071,228

40, 723, 781

4, 729, 327 470, 899, 088 0.000000

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0 92.00

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91. 01

09000 CLI NI C

91. 00 09100 EMERGENCY

91. 02 09102 EXPRESS CARE

09001 DIABETES CLINIC 09002 OUTPATIENT CLINICS

09003 OCCUPATIONAL MEDICINE CLINIC

92. 00 | 09200 | 0985ERVATION BEDS (NON-DISTINCT PART) 200. 00 | Total (lines 50-199)

09101 EMERGENCY ROOM PHYSI CANS

09004 NEONATOLOGY CLINIC-FRANCISCAN POINT

Health Financial Systems	FRANCISCAN ST ANTHONY H	HEALTH-CR PT	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 150126	Peri od: From 01/01/2014	Worksheet D
THROUGH CUSTS		Component CCN: 15T126		
		Title XIX	Subprovi der -	Tefra

		Ti 1	tle XIX	Subprovi der -	Tefra	
Cost Contan Decemention	Inpati ent	Outpati ent	Outpotiont	I RF		
Cost Center Description	Program	Program	Outpatient Program			
	Pass-Through	Charges	Pass-Through			
	Costs (col. 8	criai ges	Costs (col.			
	x col . 10)		x col. 12)	7		
	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS	111.00	12.00	10.00			
50. 00 05000 OPERATING ROOM	0	(0		50.00
51. 00 05100 RECOVERY ROOM	o	(0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	(0		52. 00
53. 00 05300 ANESTHESI OLOGY	0	(0		53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	(0		54. 00
54. 01 05401 RADI OLOGY - I - 65	0	(0		54. 01
54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ	0	Č	ก	0		54. 02
54. 03 05403 LOWELL RADI OLOGY	0	Č	ก	0		54. 03
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	(ol .	0		55.00
55. 01 05501 CARDI AC CATHERI ZATON LAB		-	ol .	0		55. 01
55. 02 03140 CARDI OLOGY	0	-		0		55. 02
55. 03 03450 NEURO-DI AGNOSTI CS		•		0		55. 02
60. 00 06000 LABORATORY	0			0		60.00
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY		-		0		60.00
65. 00 06500 RESPIRATORY THERAPY		(0		65. 00
66. 00 06600 PHYSI CAL THERAPY	1	(٦		66.00
	0	-	0	0		
	1	-	-	0		66. 01
	0	-		0		66. 02
67. 00 06700 OCCUPATI ONAL THERAPY 67. 01 06701 OCCUPATI ON THERAPY 1-65		`	1			67.00
		(0		67. 01
67. 02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	(0		67. 02
68. 00 06800 SPEECH PATHOLOGY	0	(0		68. 00
68. 01 06801 SPEECH PATHOLOGY 1-65	0	(0		68. 01
68. 02 06802 SPEECH THERAPY ST. JOHN	0	(0		68. 02
69. 00 06900 ELECTROCARDI OLOGY	0	(0		69.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	(0		73. 00
74. 00 07400 RENAL DI ALYSI S	0	(-	0		74.00
76. 00 03020 RADI ATI ON ONCOLOGY	0	(0	0		76. 00
OUTPATIENT SERVICE COST CENTERS			7			00 00
90. 00 09000 CLI NI C	0	(-	0		90.00
90. 01 09001 DI ABETES CLINI C	0	(0		90. 01
90. 02 09002 OUTPATIENT CLINICS	0	(0		90. 02
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC	0	(U		90. 03
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	(U		90.04
91. 00 09100 EMERGENCY	0	(0		91.00
91. 01 09101 EMERGENCY ROOM PHYSI CANS	0	(ال	U		91. 01
91. 02 09102 EXPRESS CARE	0	(ار	0		91. 02
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	(ال	0		92.00
200.00 Total (lines 50-199)	0	(기	0		200. 00

Health Financial Systems	ealth Financial Systems FRANCISCAN ST ANTHONY HEALTH-CR PT				
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 150126	Peri od: From 01/01/2014	Worksheet D-1		
		To 12/31/2014	Date/Time Pre 5/26/2015 11:		
	Title XVIII	Hospi tal	PPS		
Cost Center Description					
·			1 00		

		Title XVIII	Hospi tal	PPS	эт рііі
	Cost Center Description				
				1. 00	
	PART I - ALL PROVIDER COMPONENTS				
1. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days,	excluding newborn)		36, 535	1. 00
2.00	Inpatient days (including private room days, excluding swing-bed			36, 535	2. 00
3. 00	Private room days (excluding swing-bed and observation bed days)		ivate room days,	0	3. 00
	do not complete this line.	3 .			
4.00	Semi-private room days (excluding swing-bed and observation bed			31, 715	4. 00
5.00	Total swing-bed SNF type inpatient days (including private room	days) through December	r 31 of the cost	0	5. 00
6. 00	reporting period Total swing-bed SNF type inpatient days (including private room	days) after December	31 of the cost	0	6. 00
0.00	reporting period (if calendar year, enter 0 on this line)	days) at tel becember	31 of the cost	O	0.00
7.00	Total swing-bed NF type inpatient days (including private room of	days) through December	31 of the cost	0	7. 00
	reporting period				
8. 00	Total swing-bed NF type inpatient days (including private room of	days) after December 3	1 of the cost	0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	the Drogram (eveluding	cwing had and	16, 626	9. 00
9.00	newborn days)	the Program (excluding	Swifig-bed and	10, 020	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only	(including private r	oom days)	0	10.00
	through December 31 of the cost reporting period (see instruction	ons)			
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII only		oom days) after	0	11. 00
12 00	December 31 of the cost reporting period (if calendar year, enters bed NE type impatient days applied to the title of Very VIV.		a raam daya)	0	12. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX of through December 31 of the cost reporting period	only (including private	e room days)	U	12.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX of	only (including private	e room davs)	0	13. 00
	after December 31 of the cost reporting period (if calendar year				
14. 00	Medically necessary private room days applicable to the Program	(excluding swing-bed	days)	0	14. 00
15.00	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	15.00
16. 00	SWING BED ADJUSTMENT			U	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to services	through December 31 o	f the cost	0.00	17. 00
	reporting period	3			
18. 00	Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0. 00	18.00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services 1	through Docombor 21 of	the cost	0.00	19. 00
19.00	reporting period	ini dugir becember 31 di	the cost	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services a	after December 31 of t	he cost	0.00	20.00
	reporting period				
21. 00 22. 00	Total general inpatient routine service cost (see instructions) Swing-bed cost applicable to SNF type services through December	21 of the cost report	ing ported (line	32, 377, 558 0	21.00
22.00	5 x line 17)	31 of the cost report	ing period (ine	U	22.00
23. 00	Swing-bed cost applicable to SNF type services after December 3	l of the cost reporting	g period (line 6	0	23.00
	x line 18)				
24. 00	Swing-bed cost applicable to NF type services through December 3	31 of the cost reporti	ng period (line	0	24. 00
25. 00	7 x line 19) Swing-bed cost applicable to NF type services after December 31	of the cost reporting	neriod (line 8	0	25. 00
20.00	x line 20)	or the cost reporting	perrod (Trile o	G	20.00
26. 00	Total swing-bed cost (see instructions)			0	
27. 00	General inpatient routine service cost net of swing-bed cost (li	ne 21 minus line 26)		32, 377, 558	27. 00
28. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed a	and observation had sh	orgos)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)	and observation bed ch	ai ges)	0	
30. 00	Semi -pri vate room charges (excluding swing bed charges)			0	
31. 00	General inpatient routine service cost/charge ratio (line 27 ÷ 1	ine 28)		0. 000000	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34. 00	Average per diem private room charge differential (line 32 minus		tions)	0. 00	
35. 00	Average per diem private room cost differential (line 34 x line	31)		0. 00	
36.00	Private room cost differential adjustment (line 3 x line 35)	I privato room cost di	fforontial (lina	22 277 559	36.00
37. 00	General inpatient routine service cost net of swing-bed cost and 27 minus line 36)	a private room cost di	rierential (IINe	32, 377, 558	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST	MENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see in		\neg	886. 21	
39. 00	Program general inpatient routine service cost (line 9 x line 38	,		14, 734, 127	
40. 00 41. 00	Medically necessary private room cost applicable to the Program Total Program general inpatient routine service cost (line 39 +	,		0 14, 734, 127	40. 00 41. 00
- 1. 00	Trocal Trogram general impactions foutine service cost (fille 37 +	11110 40)	1	17, 734, 127	+1.00

MPUT	Financial Systems FRAM ATION OF INPATIENT OPERATING COST	ICISCAN ST ANTH		CCN: 150126	Period: From 01/01/2014	worksheet D-1	
					To 12/31/2014		
				e XVIII	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 col. 2)	9	Program Cost (col. 3 x col. 4)	
		1.00	2. 00	3. 00	4. 00	5. 00	
2. 00	NURSERY (title V & XIX only)	0	0	0. (00 C	0	42.
3. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	5, 935, 107	3, 668	1, 618.	08 1, 896	3, 067, 880	43.
. 00	CORONARY CARE UNIT	3, 733, 107	3, 000	1,010.	1,070	3,007,000	44.
5. 00	BURN INTENSIVE CARE UNIT						45.
. 00	SURGICAL INTENSIVE CARE UNIT						46.
. 00	NEONATAL INTENSIVE CARE UNIT	4, 073, 284	2, 701	1, 508.	07 C	0	47.
	Cost Center Description					1.00	
3. 00	Program inpatient ancillary service cost (Wks	st D_3 col 3	line 200)			1. 00 22, 816, 708	48.
0.00	Total Program inpatient costs (sum of lines 4			ns)		40, 618, 715	
	PASS THROUGH COST ADJUSTMENTS	··· ··· ··· ··· ··· ··· ··· ·· · · · ·		,		1575.57.15	1
0. 00	Pass through costs applicable to Program inpa	atient routine	services (from	Wkst. D, sur	m of Parts I and	2, 135, 773	50.
					6.5		
. 00	Pass through costs applicable to Program inpa	atient ancillar	y services (fr	om Wkst. D, s	sum of Parts II	2, 319, 539	51.
2. 00	and IV) Total Program excludable cost (sum of lines !	50 and 51)				4, 455, 312	52.
3. 00	Total Program inpatient operating cost exclude		lated, non-phy	sician anestl	netist, and	36, 163, 403	
	medical education costs (line 49 minus line 5	52)					
	TARGET AMOUNT AND LIMIT COMPUTATION					1	١
. 00	Program discharges Target amount per discharge					0.00	54
. 00	Target amount (line 54 x line 55)					0.00	1
. 00	Difference between adjusted inpatient operati	ng cost and ta	rget amount (I	ine 56 minus	line 53)	Ö	
. 00	Bonus payment (see instructions)	3	,		,	0	58
. 00	Lesser of lines 53/54 or 55 from the cost rep	porting period	endi ng 1996, ι	pdated and co	ompounded by the	0.00	59
	market basket					0.00	1,0
. 00	Lesser of lines 53/54 or 55 from prior year of line 53/54 is less than the lower of lines				the amount by	0.00	
. 00	which operating costs (line 53) are less than						"
	amount (line 56), otherwise enter zero (see i		- (,,	g		
2. 00	Relief payment (see instructions)					0	
8. 00	0 Allowable Inpatient cost plus incentive payment (see instructions) PROGRAM INPATIENT ROUTINE SWING BED COST						63
. 00	Medicare swing-bed SNF inpatient routine cost	ts through Daca	mber 31 of the	cost reporti	ing period (See	1 0	64
. 00	instructions)(title XVIII only)	is through bece	mber or or the	. cost reporti	ing period (see		"
. 00	Medicare swing-bed SNF inpatient routine cost	ts after Decemb	er 31 of the c	ost reporting	g period (See	0	65
	instructions)(title XVIII only)			=> (١
. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line 6	5)(title XVI	II only). For	0	66
. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routine	e costs through	December 31 c	of the cost re	enorting period	0	67
	(line 12 x line 19)	Ü] "
3. 00	Title V or XIX swing-bed NF inpatient routing	e costs after D	ecember 31 of	the cost repo	orting period	0	68.
	(line 13 x line 20)			>		_	1
0.00	Total title V or XIX swing-bed NF inpatient I PART III - SKILLED NURSING FACILITY, OTHER NU] 0	69
0. 00	Skilled nursing facility/other nursing facili		•				70
. 00	Adjusted general inpatient routine service of	•		, ,			71
. 00	Program routine service cost (line 9 x line)						72
. 00	Medically necessary private room cost applica	9	•	,			73
. 00	Total Program general inpatient routine servi	•	,		Part II column		74
. 00	Capital-related cost allocated to inpatient (26, line 45)	outine Service	COSIS (ILLOW M	iorksneet B, I	-artif, COLUMN		75
. 00	Per diem capital-related costs (line 75 ÷ line	ne 2)					76
. 00	Program capital-related costs (line 9 x line	76)					77
. 00	Inpatient routine service cost (line 74 minus						78
00	Aggregate charges to beneficiaries for excess				aus lino 70)		79
. 00	Total Program routine service costs for compa Inpatient routine service cost per diem limit		ost iimi tätior	i (iiile /8 MH	ius IIIIe /4)		80
. 00	Inpatient routine service cost per drem rimi)				82
. 00	Reasonable inpatient routine service costs (s		•				83
. 00	Program inpatient ancillary services (see ins						84
	Utilization review - physician compensation						85
. 00	Total Program inpatient operating costs (sum		rough 85)				86
	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions)					4, 820	87
(1(1	proces observation bed days (see Histiactions,	,				1 4, 020	10/
7. 00 8. 00	Adjusted general inpatient routine cost per of	diem (line 27 ÷	line 2)			886. 21	88

Health Financial Systems FRA	NCISCAN ST ANTH	ONY HEALTH-CR	PT	In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 01/01/2014 To 12/31/2014		
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(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	3, 910, 611	32, 377, 558	0. 12078:	2 4, 271, 532	515, 924	90.00
91.00 Nursing School cost	0	32, 377, 558	0. 000000	9 4, 271, 532	0	91.00
92.00 Allied health cost	0	32, 377, 558	0. 000000	4, 271, 532	0	92. 00
93.00 All other Medical Education	0	32, 377, 558	0. 000000	4, 271, 532	0	93. 00

Health Financial Systems	FRANCISCAN ST ANTHONY HI	EALTH-CR PT	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126	Peri od: From 01/01/2014	Worksheet D-1
		Component CCN: 15T126	To 12/31/2014	Date/Time Prepared: 5/26/2015 11:01 pm
		Title XVIII	Subprovi der -	PPS

Impattent days (including private room days, excluding swing-bed and newborn days) 2, 301 2, 300 3, 300 2, 300			II the Aviii	I RF	FF3	
BRATT - ALL PROVIDER COMPONENTS		Cost Center Description			1.00	
INVARIENT DAYS		PART I - ALL PROVIDER COMPONENTS			1.00	
Inpatient days (including private room days, excluding swing-bed and newborn days) 1.7 you have not your vate room days. (see cluding swing-bed and observation bed days.) 1.7 you have not you have reported this line. 2.301 4.00 3.00 4.00 5.						
Drivate room days (excluding sking-bed and observation bed days). If you have only private room days. Drivate room days (excluding sking-bed and observation bed days) Semi-private room days (excluding sking-bed and observation bed days) To complete this line. Semi-private room days (excluding sking-bed and observation bed days) To complete this private room days (excluding private room days) through December 31 of the cost reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire days)) Drivate of the cost reporting period (fire clashed reporting period (fire days)) Drivate of the cost reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire clashed reporting period (fire alond reporting period (fir						1. 00
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COMPLIT	FINANCIAL Systems FRANCATION OF INPATIENT OPERATING COST	NCISCAN ST ANTHO			In Lie Period:	u of Form CMS-2 Worksheet D-1	
00mi 01	ATTOM OF THE ATTOM OF EACH TIME SOOT				From 01/01/2014	Date/Time Pre	pared:
			Ti tl	e XVIII	Subprovi der -	5/26/2015 11: PPS	01 pm
	Cost Center Description	Total	Total	Average Per	IRF Program Days	Program Cost	
	5550 550.150	Inpatient Cost				(col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5. 00	42. 00
42.00	Intensive Care Type Inpatient Hospital Units	<u> </u>	0	0.00	<u> </u>	0	J 42. 00
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44. 00 45. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT						44.00
46. 00	SURGICAL INTENSIVE CARE UNIT						46. 00
47. 00	NEONATAL INTENSIVE CARE UNIT Cost Center Description	0	0	0.00	0	0	47. 00
	·					1. 00	
48. 00 49. 00	Program inpatient ancillary service cost (Wks Total Program inpatient costs (sum of lines			ne)		903, 749 3, 575, 077	
47.00	PASS THROUGH COST ADJUSTMENTS	+1 till ough 40) (see mstructru	115)		3, 373, 077	1 49.00
50. 00	Pass through costs applicable to Program inpa	atient routine	services (from	Wkst. D, sum	of Parts I and	341, 468	50.00
51. 00	III) Pass through costs applicable to Program inpa	atient ancillar	y services (fr	om Wkst. D, sı	um of Parts II	58, 066	51.00
	and IV)		3				
52. 00 53. 00	Total Program excludable cost (sum of lines ! Total Program inpatient operating cost exclud		lated non-phy	sician anesth	etist, and	399, 534 3, 175, 543	
20.00	medical education costs (line 49 minus line 5		. 2004, Horr priy			3, 1, 3, 343] 55. 50
54. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0] 54. 00
55. 00	Target amount per discharge					_	55. 00
56.00	Target amount (line 54 x line 55)	ng cost and to	mast smallet (1	ino E/ minuo I	ino E2)	0	
57. 00 58. 00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ng cost and ta	rget alliount (i	The 56 minus i	THE 53)	0	
59. 00	Lesser of lines 53/54 or 55 from the cost rep	porting period	endi ng 1996, u	pdated and cor	mpounded by the	0.00	59. 0
60. 00	market basket Lesser of lines 53/54 or 55 from prior year of	cost report, up	dated by the m	arket basket		0.00	60.0
61. 00	If line 53/54 is less than the lower of lines	s 55, 59 or 60	enter the less	er of 50% of		0	61. 0
	which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i		s (lines 54 x	60), or 1% of	the target		
62. 00	Relief payment (see instructions)						62.00
63. 00	Allowable Inpatient cost plus incentive payme PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instru	ctions)			0	63.00
64. 00	Medicare swing-bed SNF inpatient routine cost	ts through Dece	mber 31 of the	cost reportin	ng period (See	0	64.00
65. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre>	ts after Decemb	er 31 of the c	ost reporting	period (See	0	65.00
	instructions)(title XVIII only)						
66. 00	Total Medicare swing-bed SNF inpatient routing CAH (see instructions)	ne costs (line	64 plus line 6	5)(title XVIII	only). For	0	66.00
67. 00	Title V or XIX swing-bed NF inpatient routine	e costs through	December 31 d	f the cost rep	oorting period	0	67.00
68. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routine	e costs after D	ecember 31 of	the cost repoi	rting period	0	68.00
40.00	(line 13 x line 20)	couting costs (lino 47 : lino		0.	0	40.00
U7. UU	Total title V or XIX swing-bed NF inpatient i PART III - SKILLED NURSING FACILITY, OTHER NU						69.00
70.00	Skilled nursing facility/other nursing facili						70.00
71. 00 72. 00	Adjusted general inpatient routine service co Program routine service cost (line 9 x line 3		ine /U ÷ IINe	۷)			71.00
73. 00	Medically necessary private room cost applica		•	ne 35)			73.00
74. 00 75. 00	Total Program general inpatient routine servi Capital-related cost allocated to inpatient i	•		orksheet B, Pa	art II, column		74.00
	26, line 45)		,		,		
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ line Program capital-related costs (line 9 x line						76.00
78. 00	Inpatient routine service cost (line 74 minus	s line 77)		`			78.00
79. 00 80. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa				ıs line 79)		79. 00
81. 00	Inpatient routine service cost per diem limit	tati on		75 min	, , , ,		81.00
82. 00 83. 00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (s		* .				82. 00 83. 00
84. 00	Program inpatient ancillary services (see ins		3)				84.00
85. 00	Utilization review - physician compensation	(see instructio					85. 00
86. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		rougn 85)				86.00
00. 00							
87. 00 88. 00	Total observation bed days (see instructions) Adjusted general inpatient routine cost per of					0	87. 00 88. 00

Health Financial Systems FRAI	NCISCAN ST ANTH	ONY HEALTH-CR	PT	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
		Component	CCN: 15T126	From 01/01/2014 To 12/31/2014		nared·
		Component	OON. 101120	12/01/2011	5/26/2015 11:	
		Ti tl	e XVIII	Subprovi der -	PPS	
				I RF		
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	503, 672	3, 940, 202	0. 12782	9 0	0	90.00
91.00 Nursing School cost	0	3, 940, 202	0.00000	0 0	0	91.00
92.00 Allied health cost	0	3, 940, 202	0.00000	0 0	0	92.00
93.00 All other Medical Education	0	3, 940, 202	0. 00000	0 0	0	93. 00

Health Financial Systems	FRANCISCAN ST ANTHONY HE	EALTH-CR PT	In Lieu	of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126	Peri od: From 01/01/2014	Worksheet D-1
	1	Component CCN: 15T126		Date/Time Prepared: 5/26/2015 11:01 pm
		Title XIX	Subprovider -	Tefra

		TI LIE XIX	I RF	Terra	
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days,			2, 301	1. 00
2.00	Inpatient days (including private room days, excluding swing-bed Private room days (excluding swing-bed and observation bed days			2, 301	2.00
3. 00	do not complete this line.	. IT you have only pri	vate room days,	0	3. 00
4. 00	Semi-private room days (excluding swing-bed and observation bed	davs)		2, 301	4. 00
5.00	Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	0	5. 00
	reporting period			_	
6. 00	Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after December 3	31 of the cost	0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private room o	lavs) through December	31 of the cost	0	7. 00
	reporting period	.,			
8.00	Total swing-bed NF type inpatient days (including private room	lays) after December 3°	1 of the cost	0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	he Program (evoluding	swing-bed and	11	9. 00
7.00	newborn days)	The Frogram (excruding	swifig-bed and	, ''	7.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only		oom days)	0	10. 00
44.00	through December 31 of the cost reporting period (see instruction				44 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII only December 31 of the cost reporting period (if calendar year, ent		oom days) arter	0	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX of		e room days)	0	12. 00
	through December 31 of the cost reporting period	3 . 3 .	3 ,		
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX (0	13. 00
14. 00	after December 31 of the cost reporting period (if calendar year Medically necessary private room days applicable to the Program			0	14. 00
15. 00	Total nursery days (title V or XIX only)	(energaning eming bear	aayo,	2, 809	
16. 00	Nursery days (title V or XIX only)			858	16. 00
47.00	SWING BED ADJUSTMENT	11 1 0 1 01	6 11	2.00	47.00
17. 00	Medicare rate for swing-bed SNF services applicable to services reporting period	through December 31 of	r the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0.00	18. 00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	hrough December 31 of	the cost	0. 00	19. 00
20. 00	Medicald rate for swing-bed NF services applicable to services a	after December 31 of th	ne cost	0.00	20. 00
	reporting period				
21. 00	Total general inpatient routine service cost (see instructions)	21 -6		3, 940, 202	
22. 00	Swing-bed cost applicable to SNF type services through December 5×1 ine 17)	31 of the cost reporti	ing period (Tine	0	22. 00
23. 00	Swing-bed cost applicable to SNF type services after December 3	of the cost reporting	g period (line 6	0	23. 00
	x line 18)			_	
24. 00	Swing-bed cost applicable to NF type services through December $7 \times 1 = 19$	31 of the cost reportion	ng period (line	0	24. 00
25. 00	X Title 19) Swing-bed cost applicable to NF type services after December 31	of the cost reporting	period (line 8	0	25. 00
	x line 20)				
26. 00	Total swing-bed cost (see instructions)	04 ' '' 04		0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost (I) PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	ne 21 minus iine 26)		3, 940, 202	27. 00
28. 00	General inpatient routine service charges (excluding swing-bed	and observation bed cha	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)		3 ,	0	
30. 00	Semi-private room charges (excluding swing-bed charges)			0	30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27 ÷	ine 28)		0. 000000	
32. 00 33. 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	
34. 00	Average per diem private room charge differential (line 32 minus	: line 33)(see instruc	tions)	0.00	
35. 00	Average per diem private room cost differential (line 34 x line		5115)	0.00	1
36. 00	Private room cost differential adjustment (line 3 x line 35)	•		0	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost and	l private room cost di	fferential (line	3, 940, 202	37. 00
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST	MENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see i			1, 712. 39	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line 3			18, 836	
40.00	Medically necessary private room cost applicable to the Program	•		10 026	40.00
41. 00	Total Program general inpatient routine service cost (line 39 +	11110 40)		18, 836	41.00

COMPUT	Financial Systems FRAM ATION OF INPATIENT OPERATING COST	ICISCAN ST ANTHON		CCN: 150126	Peri od:	worksheet D-1	
			Component	CCN: 15T126	From 01/01/2014 To 12/31/2014	Date/Time Pre	
			Ti t	le XIX	Subprovi der -	5/26/2015 11:0 Tefra	OI pm
	Cost Center Description	Total	Total	Average Per	IRF Program Days	Program Cost	
	oost denter bescription	Inpatient Cost Ir		Diem (col. 1		(col. 3 x col.	
		1.00	2. 00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)	0	0				42.00
43. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	0	0	0.0	00 0	0	43.00
44.00	CORONARY CARE UNIT		_				44.00
45. 00 46. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	ŀ					45. 00 46. 00
	NEONATAL INTENSIVE CARE UNIT	0	0	0.0	00 0	0	47. 00
	Cost Center Description					1.00	
	Program inpatient ancillary service cost (Wks					182	48. 00
49. 00	Total Program inpatient costs (sum of lines A PASS THROUGH COST ADJUSTMENTS	11 through 48)(se	e instructio	ns)		19, 018	49. 00
50.00	Pass through costs applicable to Program inpa	atient routine se	ervices (from	Wkst. D, sur	n of Parts I and	0	50.00
51. 00		atient ancillary	services (fr	om Wkst. D. s	sum of Parts II	6	51.00
	and IV)	,		/ -			
52. 00 53. 00	Total Program excludable cost (sum of lines! Total Program inpatient operating cost exclud		ated, non-phy	sician anesth	netist, and	6 19, 012	
	medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION		1			, , ,	
54. 00	Program discharges					1	54.00
55. 00 56. 00	Target amount per discharge					0.00	55. 00 56. 00
57. 00	Target amount (line 54 x line 55) Difference between adjusted inpatient operati	ng cost and targ	get amount (I	ine 56 minus	line 53)	-19, 012	
58. 00 59. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	porting ported or	nding 1004 u	ndated and co	ampounded by the	0 00	58. 00 59. 00
39.00	market basket	on tring perrou er	idi ilg 1990, u	puateu anu co	onipourided by the	0.00	39.00
60. 00 61. 00	Lesser of lines 53/54 or 55 from prior year of line 53/54 is less than the lower of lines				the amount by	0.00	
01.00	which operating costs (line 53) are less than	expected costs					01.00
62. 00	amount (line 56), otherwise enter zero (see i Relief payment (see instructions)	nstructions)				0	62.00
63. 00	Allowable Inpatient cost plus incentive payme	ent (see instruct	tions)			1	63.00
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Decemb	per 31 of the	cost reporti	na period (See	0	64.00
/E 00	instructions)(title XVIII only)	•		·		0	/ F 00
65. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	is after becember	31 OF THE C	ost reportinç	g period (See		65.00
66. 00	Total Medicare swing-bed SNF inpatient routing CAH (see instructions)	ne costs (line 64	1 plus line 6	5)(title XVII	I only). For	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routing	e costs through [December 31 c	f the cost re	eporting period	0	67. 00
68. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routine	e costs after Dec	cember 31 of	the cost repo	orting period	0	68. 00
	(line 13 x line 20)			•	or tring porrou		
69. 00	Total title V or XIX swing-bed NF inpatient of PART III - SKILLED NURSING FACILITY, OTHER NU	•				0	69.00
70.00	Skilled nursing facility/other nursing facili	ty/ICF/MR routir	ne service co	st (line 37)			70.00
71. 00 72. 00	Adjusted general inpatient routine service co Program routine service cost (line 9 x line		ie /u ÷ line	۷)			71. 00 72. 00
73. 00	Medically necessary private room cost applica	able to Program (73.00
74. 00 75. 00	Total Program general inpatient routine servi Capital-related cost allocated to inpatient :				Part II, column		74. 00 75. 00
76. 00	26, line 45) Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00
77. 00	Program capital-related costs (line 9 x line	76)					77. 00
78. 00 79. 00	Inpatient routine service cost (line 74 minus Aggregate charges to beneficiaries for excess		ovi der record	s)			78. 00 79. 00
80.00	Total Program routine service costs for compa	arison to the cos			nus line 79)		80.00
81. 00 82. 00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (li						81. 00 82. 00
83. 00	Reasonable inpatient routine service costs (see instructions))				83.00
84. 00 85. 00	Program inpatient ancillary services (see insultilization review - physician compensation		s)				84. 00 85. 00
05.00	Total Program inpatient operating costs (sum						86. 00
86. 00	DADT LV COMPUTATION OF ODCIDIATION SET TIC	TUDOLICU COCT	_ ·				
	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions					0	87. 00

Heal th	Financial Systems FRA	NCISCAN ST A	NTHONY	HEALTH-CR	PT	In Lie	u of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST			Provi der		Peri od:	Worksheet D-1	
						From 01/01/2014		
				Component	CCN: 15T126	To 12/31/2014	Date/Time Prep 5/26/2015 11:0	
				Ti +	le XIX	Subprovi der -	Tefra	J I PIII
				1110	I C XIX	IRF	Terra	
	Cost Center Description	Cost	Ro	outine Cost	column 1 ÷	Total	Observation	
			(fr	om line 27)	column 2	Observati on	Bed Pass	
						Bed Cost (from	Through Cost	
						line 89)	(col. 3 x col.	
							4) (see	
							instructions)	
		1.00		2. 00	3.00	4. 00	5. 00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH	COST						
90.00	Capi tal -rel ated cost		0	3, 940, 202	0.00000	0 0	0	90.00
91.00	Nursing School cost		0	3, 940, 202	0.00000	0 0	0	91.00
92.00	Allied health cost		0	3, 940, 202	0.00000	0 0	0	92.00
93.00	All other Medical Education		0	3, 940, 202	0.00000	0	0	93.00

Health Financial Systems	FRANCISCAN ST ANTHONY HEALTH-CR	PT	In Lieu of Form CMS-2552-10
INDATIENT ANGLE ADV CEDULOE OCCT ADDODTION	MENT	00N 4E0404 D 1 1	W 1 1 1 D 0

Health Financial Systems FRANCISCAN ST ANTHONY	HEALTH-CR	PI	In Lie	eu of Form CMS-:	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150126	Peri od:	Worksheet D-3	
			From 01/01/2014		
			To 12/31/2014		
		207111		5/26/2015 11:	UI pm
	liti	e XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		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		•	<u> </u>		
30. 00 03000 ADULTS & PEDI ATRI CS			12, 975, 482		30.00
31. 00 03100 I NTENSI VE CARE UNIT			5, 895, 970	l .	31. 00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			0,070,770		35. 00
41. 00 04100 SUBPROVI DER - I RF			0		41.00
43. 00 04300 NURSERY					43.00
					43.00
ANCI LLARY SERVI CE COST CENTERS		0.4001	7 0 507 717	2 415 /4/	F0 00
50. 00 05000 OPERATI NG ROOM		0. 40011			1
51. 00 05100 RECOVERY ROOM		0. 52777		l .	1
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 15033		l .	1
53. 00 05300 ANESTHESI OLOGY		0. 05511			1
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 15732	14, 067, 852	2, 213, 281	54. 00
54. 01 05401 RADI OLOGY - I -65		0. 14965	0 8	0	54. 01
54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ		0. 45819	0 0	0	54. 02
54. 03 05403 LOWELL RADI OLOGY		0. 34066	0 0	0	54. 03
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.00000	0	0	55. 00
55. 01 05501 CARDI AC CATHERI ZATON LAB		0. 11876		701, 754	55. 01
55. 02 03140 CARDI OLOGY		0. 1288			1
55. 03 03450 NEURO-DI AGNOSTI CS		0. 19103			
60. 00 06000 LABORATORY		0. 18046		2, 310, 098	
		1		2, 310, 098	60.00
		0.00000			1
65. 00 06500 RESPI RATORY THERAPY		0. 2075			65. 00
66. 00 06600 PHYSI CAL THERAPY		0. 37099		1	1
66. 01 06601 PHYSI CAL THERAPY I -65		0. 35591			66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN		0. 21300		0	
67. 00 06700 OCCUPATI ONAL THERAPY		0. 27959		155, 226	1
67. 01 06701 0CCUPATION THERAPY I-65		0. 32080	0	0	67. 01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN		0. 28594	1 0	0	67. 02
68. 00 06800 SPEECH PATHOLOGY		0. 33012	245, 963	81, 199	68. 00
68. 01 06801 SPEECH PATHOLOGY I -65		0. 44614	4 0	0	68. 01
68. 02 06802 SPEECH THERAPY ST. JOHN		0. 28509	05	0	68. 02
69. 00 06900 ELECTROCARDI OLOGY		0. 20896	1, 089, 681	227, 700	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 29434	5, 481, 685	1, 613, 496	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 5648		l .	1
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 20508		1	
74. 00 07400 RENAL DI ALYSI S		0. 44570			1
76. 00 03020 RADI ATI ON ONCOLOGY		0. 24150			1
OUTPATIENT SERVICE COST CENTERS		0. 24130	77 134, 133	32, 374	70.00
90. 00 09000 CLI NI C		1. 26484	7 938	1, 186	90.00
		1		1, 180	1
90. 01 09001 DI ABETES CLI NI C		2. 11153		_	90. 01
90. 02 09002 OUTPATIENT CLINICS		1. 63643			
90. 03 09003 OCCUPATI ONAL MEDI CI NE CLI NI C		0. 72468			
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0.00000		_	
91. 00 09100 EMERGENCY		0. 20203			
91. 01 09101 EMERGENCY ROOM PHYSI CANS		0.00000		0	
91. 02 09102 EXPRESS CARE		0.00000	0 0	0	91. 02
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 90320	01 0	0	92. 00
200.00 Total (sum of lines 50-94 and 96-98)			96, 720, 693	22, 816, 708	200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0		201. 00
202.00 Net Charges (line 200 minus line 201)	ĺ		96, 720, 693		202. 00
		•	•	•	•

Health Financial Systems FRANCISCAN S' INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	T ANTHONY HEALTH-CR Provi der		Peri od:	w of Form CMS-2 Worksheet D-3	
	Componen	Component CCN: 15T126		Date/Time Prepare 5/26/2015 11:01 p	
	Ti tl	e XVIII	Subprovi der - I RF	PPS	
Cost Center Description		Ratio of Cos To Charges	Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
LNDATI ENT. DOUTLING CERVI OF COCT. CENTERS		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			0		30.0
B1.00 03100 INTENSIVE CARE UNIT B5.00 02060 NEONATAL INTENSIVE CARE UNIT			0		31. 0 35. 0
11. 00 04100 SUBPROVI DER - RF			1, 557, 999		41. 0
13. 00 04100 30BPROVI DER - 1 RF			1, 557, 999		43.0
ANCI LLARY SERVI CE COST CENTERS					43.0
50. 00 05000 OPERATING ROOM		0. 40011	7 2, 111	845	50.0
51. 00 05100 RECOVERY ROOM		0. 52777		327	51.0
2. 00 05200 DELI VERY ROOM & LABOR ROOM		0. 15033		0	52. 0
3. 00 05300 ANESTHESI OLOGY		0. 05511		Ō	53.0
4. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 15732		18, 289	
4. 01 05401 RADI OLOGY - I -65		0. 14965		0	54.0
4. 02 05402 RADI OLOGY DI AGNOSTI C - SJ		0. 45819	0	0	54.0
4. 03 05403 LOWELL RADI OLOGY		0. 34066	0	0	54.0
5. 00 05500 RADI OLOGY-THERAPEUTI C		0.00000	0 0	0	55. C
5. 01 05501 CARDI AC CATHERI ZATON LAB		0. 11876		0	55.0
55. 02 03140 CARDI OLOGY		0. 12881		0	55.0
55. 03 03450 NEURO-DI AGNOSTI CS		0. 19103		0	55.0
50. 00 06000 LABORATORY		0. 18046		33, 322	60.0
00. 01 06001 BL00D LABORATORY		0.00000		0	60.0
55. 00 06500 RESPIRATORY THERAPY		0. 20751		16, 195	
66. 00 06600 PHYSI CAL THERAPY		0. 37099		341, 814	
66. 01 06601 PHYSI CAL THERAPY I -65		0. 35591		0	66.0
66. 02 06602 PHYSI CAL THERAPY ST JOHN 67. 00 06700 OCCUPATI ONAL THERAPY		0. 21300			66. 0 67. 0
57. 00 06700 0CCUPATI ONAL THERAPY 57. 01 06701 0CCUPATI ON THERAPY 1-65		0. 27959 0. 32080		232, 433 0	67.0
57. 02 06702 OCCUPATIONAL THERAPY ST. JOHN		0. 32080		0	67.0
18. 00 06800 SPEECH PATHOLOGY		0. 33012		82, 988	
8. 01 06801 SPEECH PATHOLOGY I -65		0. 44614		13, 061	
8. 02 06802 SPEECH THERAPY ST. JOHN		0. 28509		13,001	68.0
99. OO O6900 ELECTROCARDI OLOGY		0. 20896			1
11.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 29434		38, 736	
22.00 07200 I MPL. DEV. CHARGED TO PATIENTS		0. 56481		305	
3. 00 07300 DRUGS CHARGED TO PATIENTS		0. 20508		116, 240	
74. 00 07400 RENAL DIALYSIS		0. 44570		7, 535	1
76.00 03020 RADIATION ONCOLOGY		0. 24150		0	76. 0
OUTPATIENT SERVICE COST CENTERS]
00. 00 09000 CLI NI C		1. 26484	7 0	0	90.0
ON OI OOOOIDLARETES CLINIC		2 11152	77	۸ ا	

2. 111537

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3, 138, 763

3, 138, 763

90.01

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91. 02

92.00

201.00

202. 00

0 90. 03

0 91.01

0

0

903, 749 200. 00

09001 DIABETES CLINIC

09100 EMERGENCY

91. 02 09102 EXPRESS CARE

09002 OUTPATIENT CLINICS

09101 EMERGENCY ROOM PHYSICANS

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)

09003 OCCUPATIONAL MEDICINE CLINIC 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT

Total (sum of lines 50-94 and 96-98)

Less PBP Clinic Laboratory Services-Program only charges (line 61) Net Charges (line 200 minus line 201)

90. 01 90. 02

90.03

90.04

91.00

91. 01

200.00

201.00

202. 00

Health Financial Systems	FRANCISCAN ST ANTHONY I	HEALTH-CR PT	In Lie	u of Form CMS-2552-10

Health Financial Systems FRANCISCAN ST ANTHONY HEALTH-CR PT In Lieu of Form CMS-2552-10					2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150126	Peri od:	Worksheet D-3	
			From 01/01/2014		
			To 12/31/2014		
	T: +	la VIV	Hooni tal	5/26/2015 11:	UT PIII
Coot Contar Decemintion	111	le XIX	Hospi tal	Cost	
Cost Center Description		Ratio of Cos	t Inpatient Program	Inpatient	
		To Charges	3	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2.00	2)	
LADATIENT DOUTLAG CEDAL OF COCT CENTEDO		1.00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS			4 450 240		20.00
30. 00 03000 ADULTS & PEDI ATRI CS			4, 459, 349		30.00
31. 00 03100 INTENSIVE CARE UNIT			403, 371		31. 00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			3, 769, 579		35. 00
41. 00 04100 SUBPROVI DER - I RF			0		41.00
43. 00 04300 NURSERY			0		43. 00
ANCI LLARY SERVI CE COST CENTERS					
50. 00 05000 OPERATI NG ROOM		0. 40011		l	50. 00
51. 00 05100 RECOVERY ROOM		0. 5277		51, 447	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 15033		0	52. 00
53. 00 05300 ANESTHESI OLOGY		0. 05511	383, 018	21, 109	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 15732	1, 454, 847	228, 890	54.00
54. 01 05401 RADI OLOGY - I -65		0. 1496	0 8	0	54. 01
54. 02 05402 RADIOLOGY DIAGNOSTIC - SJ		0. 45819	0	0	54. 02
54. 03 05403 LOWELL RADI OLOGY		0. 34066	0	0	54. 03
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.00000		0	55. 00
55. 01 05501 CARDI AC CATHERI ZATON LAB		0. 11803		65, 400	55. 01
55. 02 03140 CARDI OLOGY		0. 12713		26, 405	55. 02
55. 03 03450 NEURO-DI AGNOSTI CS		0. 19069		15, 941	55. 03
60. 00 06000 LABORATORY		0. 18030			60.00
60. 01 06000 EABORATORY		0. 00000		0	60. 01
65. 00 06500 RESPI RATORY THERAPY		•			65. 00
		0. 20724		115, 119	
66. 00 06600 PHYSI CAL THERAPY		0. 37099	· ·	21, 256	66. 00
66. 01 06601 PHYSI CAL THERAPY 1-65		0. 35591		0	66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN		0. 21300		0	66. 02
67. 00 06700 0CCUPATI ONAL THERAPY		0. 27959		l	•
67. 01 06701 OCCUPATION THERAPY I -65		0. 32080		0	67. 01
67. 02 06702 OCCUPATIONAL THERAPY ST. JOHN		0. 28594		0	67. 02
68. 00 06800 SPEECH PATHOLOGY		0. 33012		8, 995	68. 00
68. 01 06801 SPEECH PATHOLOGY I -65		0. 44614		0	68. 01
68.02 O6802 SPEECH THERAPY ST. JOHN		0. 2850	95 0	0	68. 02
69. 00 06900 ELECTROCARDI OLOGY		0. 20822	79, 153	16, 482	69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 29434	360, 284	106, 047	71.00
72.00 07200 MPL. DEV. CHARGED TO PATIENTS		0. 5648	130, 311	73, 602	72.00
73.00 O7300 DRUGS CHARGED TO PATIENTS		0. 20508	4, 146, 486	850, 374	73. 00
74. 00 07400 RENAL DI ALYSI S		0. 44570	32, 809	14, 623	74.00
76. 00 03020 RADIATION ONCOLOGY		0. 24150	50, 249	12, 135	76. 00
OUTPATIENT SERVICE COST CENTERS					
90. 00 09000 CLI NI C		1. 2554	4 0	0	90. 00
90. 01 09001 DIABETES CLINIC		2. 11153	37 O	0	90. 01
90. 02 09002 OUTPATIENT CLINICS		1. 63643		45, 774	90. 02
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC		0. 72468		0	
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0.00000		0	
91. 00 09100 EMERGENCY		0. 20192		98, 853	
91. 01 09101 EMERGENCY ROOM PHYSI CANS		0. 00000		0	91. 00
91. 02 09102 EXPRESS CARE		0.00000		0	91. 02
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 90320		0	92.00
		0. 90320			
200.00 Total (sum of lines 50-94 and 96-98)	(1) no (1)		11, 813, 464	2, 550, 734	1
201.00 Less PBP Clinic Laboratory Services-Program only charges ((1111e 61)		11 012 4/4		201. 00
202.00 Net Charges (line 200 minus line 201)		I	11, 813, 464	I	202. 00

I NPATI EN	T ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150126	Peri od: From 01/01/2014	Worksheet D-3	
		Component	t CCN: 15T126	To 12/31/2014	Date/Time Pre 5/26/2015 11:	pared: 01 pm
		Ti t	le XIX	Subprovi der - I RF	Tefra	or piii
	Cost Center Description		Ratio of Cos To Charges	t Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
LN	PATIENT ROUTINE SERVICE COST CENTERS		1.00	2. 00	3. 00	
	BOOO ADULTS & PEDIATRICS			0		30.00
	100 INTENSIVE CARE UNIT			0		31.00
	2060 NEONATAL INTENSIVE CARE UNIT			0		35. 00
	1100 SUBPROVI DER - I RF			27, 447		41.00
	300 NURSERY			0		43.00
	CILLARY SERVICE COST CENTERS					
	OOO OPERATING ROOM		0. 40011		0	
	100 RECOVERY ROOM		0. 52777		0	
	5200 DELIVERY ROOM & LABOR ROOM		0. 15033		0	
	3300 ANESTHESI OLOGY		0.05511		0	
	400 RADI OLOGY - DI AGNOSTI C 401 RADI OLOGY - I -65		0. 15732		0	
	402 RADI OLOGY - 1-05 402 RADI OLOGY DI AGNOSTI C - SJ		0. 14965 0. 45819		0	
	6403 LOWELL RADIOLOGY		0. 34066		0	
	5500 RADI OLOGY-THERAPEUTI C		0. 00000		0	
	5501 CARDI AC CATHERI ZATON LAB		0. 11803		ő	
	8140 CARDI OLOGY		0. 12713		0	
55. 03 03	NEURO-DI AGNOSTI CS		0. 19069		0	55. 03
60.00 06	0000 LABORATORY		0. 18030	0 8	0	60.00
60. 01 06	001 BLOOD LABORATORY		0.00000	00	0	60. 01
	500 RESPI RATORY THERAPY		0. 20724	41 0	0	65.00
	600 PHYSI CAL THERAPY		0. 37099		0	
	601 PHYSI CAL THERAPY I -65		0. 35591		0	
	602 PHYSI CAL THERAPY ST JOHN		0. 21300		0	
	0700 OCCUPATI ONAL THERAPY		0. 27959		0	
	701 OCCUPATION THERAPY I -65		0. 32080		0	
	5702 OCCUPATIONAL THERAPY ST. JOHN 5800 SPEECH PATHOLOGY		0. 28594 0. 33012		0	
	800 SPEECH PATHOLOGY 1-65		0. 33012		182	
	802 SPEECH THERAPY ST. JOHN		0. 28509		0	
	900 ELECTROCARDI OLOGY		0. 20822		o o	
	100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 29434		Ö	
	200 IMPL. DEV. CHARGED TO PATIENTS		0. 5648		0	
	2300 DRUGS CHARGED TO PATIENTS		0. 20508		0	
	7400 RENAL DIALYSIS		0. 44570		0	
76. 00 03	RADIATION ONCOLOGY		0. 24150		0	76. 00
	TPATIENT SERVICE COST CENTERS					
	2000 CLINIC		1. 25541		0	
	2001 DI ABETES CLI NI C		2. 11153		0	
				11 0		

0 90. 03 90.04

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0 91.00

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409

409

90. 02

91. 02 0

92.00

201.00

202. 00

182 200. 00

1.636431

0. 724683 0. 000000

0.201929

0.000000

0. 000000

0. 903201

90. 02

90. 03

90.04

91.01

200.00

201.00

202. 00

91. 00 09100 EMERGENCY

91. 02 09102 EXPRESS CARE

09002 OUTPATIENT CLINICS

09101 EMERGENCY ROOM PHYSICANS

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)

09003 OCCUPATIONAL MEDICINE CLINIC
09004 NEONATOLOGY CLINIC-FRANCISCAN POINT

Total (sum of lines 50-94 and 96-98)

Less PBP Clinic Laboratory Services-Program only charges (line 61) Net Charges (line 200 minus line 201)

Prof. 17/27/27/27/27/27/27/27/27/27/27/27/27/27		ATION OF REIMBURSEMENT SETTLEMENT		CCN: 150126	Peri od:	Worksheet E	2552-10
PART A - IMPATEBIT HOSPITAL SERVICES UNDER IPPS	CALCOL	ATTOM OF REFINIONSEMENT SETTEEMENT	Trovi dei	CON. 130120	From 01/01/2014	Part A Date/Time Pre	
No. PARE A - IMPAILED ROSPITAL SERVICES MORES PRIS.			Ti tl	e XVIII	Hospi tal		<u> </u>
1.00 NOR Amounts other than outilier payments for discharges occurring prior 2,3,330, 90 1.00				0	1. 00	2. 00	
1.01 IBIG amounts other than outlier payments for discharges occurring on or 1,777.960 1.02	1 00						1 00
1.02 1.02 1.02 1.03			ng prior		_		1.00
1.03 Ref To redord specific operating payment for Model 4 BPCI For 1.03 Ref To redord specific operating payment for Model 4 BPCI For 1.04	4 00	to October 1 (see instructions)					4 00
1.03 1865 For Tederal specific operating payment for Model 4 BPCI for all discharges occurring prior to October 1 (see Instructions) 1.04 1.05 1.0	1.02		ng on or		7, 777, 969		1.02
1.04 BBC For Federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions) 83.3 BBS 2.00	1.03	DRG for federal specific operating payment for Model 4 BPCI for	-		0		1. 03
2.00 Out ier payments For discharges. (see Instructions) 0.2.01	1. 04				0		1. 04
2.01 Outlier reconciliation amount 0 2.01	2 00				052 005		2.00
2.02 2.02 Out increase for Nodel 4 BPCI (see instructions) 0 2.02		, , ,			853, 885		
Bed days available divided by number of days in the cost reporting 213.07 4.00 6 6 6 6 6 6 6 6 6		, , ,	ons)		0		2. 02
period (See Instructions)			i ng				4.00
FTE count for all opathic and osteopathic programs for the most recent constructions 0.00 5.00		peri od (see i nstructi ons)					
Cost reporting period ending on or before 12/31/1996. (see Instructions) Cost Cenunt for all opathic and osteopathic programs which meet the	5. 00		recent		0.00		5.00
criteria for an add-on to the cap for new programs in accordance with 42 CR 443.79(e) 7.00 MMA Section 427 reduction amount to the IME cap as specified under 42 0.43 7.00 CRF \$421.05(f)(1)(i)(i)(0)(2) If the cost report straddles July 1. 2011 CRF \$421.05(f)(i)(i)(i)(0)(2) If the cost report straddles July 1. 2011 them see instructions control of them see instructions of excreases) to the FTE count for all lopathic and ostopathic programs for affiliated programs in accordance with 42 CRF 413.75(f)(i), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002). 8.01 The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions. 8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions) 9.03 Sum of lines 5 plus of minus ilnes (7 and 7.01) plus/minus Ilnes (8, 8, 01 2, 03 9, 00 10.00 TE count free instructions) 11.00 FTE count for residents in dental and podiatric programs. 10.00 Current year all owable FTE (see Instructions) 11.00 FTE count for residents in dental and podiatric programs. 10.00 Current year all owable FTE count for the prior year. 10.00 Total all owable FTE count for the prior year. 10.00 Total all owable FTE count for the penul timate year if that year ended on or after September 30, 1997, otherwise enter zero. 10.00 Adjustment for residents in initial years of the program 0.00 16.00 17.00 Adjustment for residents in initial years of the program 0.00 16.00 17.00 18		cost reporting period ending on or before 12/31/1996. (see instr	uctions)				
CRR 413.79(e) CRR 413.79(e) 7.00 MAS Section 422 reduction amount to the IME cap as specified under 42 0.43 7.00 7.01 ACA Section 5503 reduction amount to the IME cap as specified under 42 0.00 7.01 ACA Section 5503 reduction amount to the IME cap as specified under 42 0.00 7.01 ACA Section 5503 reduction amount to the IME cap as specified under 42 0.00 7.01 ACA Section 5503 reduction amount to the IME cap as specified under 42 0.00 7.01 ACA Section 5503 reduction amount of Increase for affiliated programs in accordance with 42 CFR Acquired 1.00 7.01 7	6.00				0.00		6.00
CFR \$412.105(f)(1)(iv)(B)(I) CRP \$412.105(f)(1)(iv)(B)(2) If the cost report straddle s July 1, 2011 then see instructions. 8.00 Adjustment (increase or decrease) to the FTE count for all opathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c) (2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069	7.00	CFR 413.79(e)			0.40		7.00
ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f7(1)(1)(w)(B)(2)) if the cost report straddles July 1, 2011 then see instructions.	7.00		ider 42		0. 43		7.00
then see Instructions. A) OA digustement (Increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)2(iv), 04 FR 26340 (May 12, 1998), and 67 FR 50006 (August 1, 2002). 8.01 The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see Instructions. 8.02 Instructions. 8.03 Inhamount of increase if the hospital was awarded FTE cap slots from a color decided teacing hospital under section 5506 of ACA. (See Instructions) 9.00 International structions of the ACA in the cost report straddles July 1, 2011, see Instructions and 8,02) (see Instructions) 10.00 FTE count for allopathic and osteopathic programs in the current year from your records from your records from your records from your records from your records from your records and 8,02) (see instructions) 10.00 FTE count for allopathic and osteopathic programs in the current year from your records from him you you you you you you you you you you	7. 01	ACA Section 5503 reduction amount to the IME cap as specified u			0.00		7. 01
Adjustment (Increase or decrease) to the FTE count for all lopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			1, 2011				
413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002). 8.01 The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions. 8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions) 2.03 9.00 9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8, 01 2.03 9.00 3nd 8, 02) (see instructions) 10.00 TE count for allopathic and osteopathic programs in the current year from your records 1.67 10.00 11.00 TE count for residents in dental and podiatric programs. 0.00 11.00 12.00 13.00 15.00 14.00 15.00	8. 00	Adjustment (increase or decrease) to the FTE count for allopath			2. 46		8. 00
(August 1, 2002).							
section 5503 of the ACA If the cost report straddles July 1, 2011, see Instructions	0.01	(August 1, 2002).			0.00		0.01
Section Sect	8.01	· ·			0.00		8.01
closed teaching hospital under section 5506 of ACA. (see instructions) 2.03 9.00 and 8.02) (see instructions) 1.67 10.00 10.00 11.00	0.00				0.00		0.00
and 8,02) (see instructions) 1.67 10.00 10.00 11.00	8.02				0.00		8.02
10.00 FTE count for all opathic and osteopathic programs in the current year from your records 11.00 FTE count for residents in dental and podiatric programs. 0.00 11.00 12.00 13.00 14.00 12.00 14.00 14.00 15.00	9. 00		8 (8, 8,01		2. 03		9. 00
11.00 FTE count for residents in dental and podiatric programs. 0.00 11.00 11.00 11.00 11.00 11.00 11.00 10.07 12.00 11.00 10.07 12.00 11.00 10.07 12.00 10.07 12.00 10.07 12.00 10.07 12.00 10.07 12.00 10.07 12.00 10.07 12.00 1	10. 00		nt year		1. 67		10.00
12.00	11 00				0.00		11 00
14.00 Total allowable FTE count for the penul timate year if that year ended on or after September 30, 1997, otherwise enter zero. 15.00 Sum of lines 12 through 14 divided by 3. 2.02 15.00 16.00 Adjustment for residents in initial years of the program 0.00 16.00 17.00 Adjustment for residents displaced by program or hospital closure 0.00 17.00 Adjusted rolling average FTE count 2.02 18.00 19.00 Current year resident to bed ratio (line 18 divided by line 4). 0.009480 19.00		, , , ,					12. 00
or after September 30, 1997, otherwise enter zero. Sum of lines 12 through 14 divided by 3. 15.00 Sum of lines 12 through 14 divided by 3. 2.02 15.00 Adjustment for residents in initial years of the program 0.00 17.00 Adjustment for residents displaced by program or hospital closure 0.00 Adjusted rolling average FTE count 0.00 Current year resident to bed ratio (line 18 divided by line 4). 0.009480 Prior year resident to bed ratio (see instructions) 10.00 Enter the lesser of lines 19 or 20 (see instructions) 10.00 Enter the lesser of lines 19 or 20 (see instructions) 10.00 Enter the lesser of lines 19 or 20 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 10.00 Enter the lesser of lines 19 or 10 (see instructions) 22.01 Enter the lesser of lines 19 or 10 (see instructions) 23.00 Enter the lesser of lines 19 or 10 (see instructions) 24.00 Enter the lesser of lines 19 or 10 (see instructions) 25.00 Enter the lesser of lines 24 (see instructions) 26.00 Enter the lesser of lines 24 (see instructions) 27.00 Enter the lesser of lines 20 (see instructions) 28.00 Enter the lesser of lines 20 (see instructions) 29.00 Enter the lesser of lines 20 (see instructions) 20.00 Enter the lesser of lines 20 (see instructions) 20.00 Enter the lesser of lines 20 (see instructions) 20.00 Enter the lesser of lines 20 (see instructions) 20.00 Enter the lesser of lines 20 (see instructions) 20.00 Enter the l			ondod on				13.00
16.00 Adjustment for residents in initial years of the program 0.00 16.00 17.00 Adjustment for residents displaced by program or hospital closure 0.00 17.00 17.00 17.00 17.00 18.00 17.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 18.00 19.00	14.00		ended on		2. 10		14.00
17. 00		,					15.00
19.00 Current year resident to bed ratio (line 18 divided by line 4). 0.009480 19.00 20.00 Prior year resident to bed ratio (see instructions) 0.009861 20.00			·e				17. 00
20. 00 Prior year resident to bed ratio (see instructions) 0.009861 20.00 21. 00 Enter the lesser of lines 19 or 20 (see instructions) 0.009480 21.00 22. 01 IME payment adjustment (see instructions) 181,910 22.00 22. 01 IME payment adjustment - Managed Care (see instructions) 0 22.01 Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 22.01 23. 00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C). 0 0 23.00 24. 00 IME FTE Resident Count Over Cap (see instructions) -0.36 24.00 25. 00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) 0.00 25.00 26. 00 Resident to bed ratio (divide line 25 by line 4) 0.000000 26.00 27. 00 IME payments adjustment factor. (see instructions) 0.000000 27.00 28. 01 IME add-on adjustment amount - Managed Care (see instructions) 0 28.00 29. 00 Total IME payment (sum of lines 22 and 28) 181,910 29.00 29. 01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) <td< td=""><td></td><td>, ,</td><td></td><td></td><td></td><td></td><td>18.00</td></td<>		, ,					18.00
21.00 Enter the lesser of lines 19 or 20 (see instructions) 0.009480 21.00 22.00 IME payment adjustment (see instructions) 181,910 22.00 1 IME payment adjustment - Managed Care (see instructions) 0 22.01 1 IME payment adjustment - Managed Care (see instructions) 0 22.01 1 IME payment adjustment for the Add-on for Section 422 of the MMA 23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(i)(i)(C). 24.00 IME FTE Resident Count Over Cap (see instructions) -0.36 24.00 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) -0.000 25.00 25.00 26.00 Resident to bed ratio (divide line 25 by line 4) 0.000000 26.00 27.00 IME payments adjustment factor. (see instructions) 0.000000 27.00 28.00 IME add-on adjustment amount (see instructions) 0.000000 28.00 1 IME add-on adjustment amount - Managed Care (see instructions) 0.28.01 29.01		,					1
22.00 IME payment adjustment (see instructions) 22.00 IME payment adjustment - Managed Care (see instructions) 22.01 Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		1					1
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C). 24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.00 IME add-on adjustment amount (see instructions) 29.00 IME add-on adjustment amount - Managed Care (see instructions) 29.01 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment 30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 31.00 Percentage of Medicaid patient days (see instructions) 32.00 Sum of lines 30 and 31 33.00 Allowable disproportionate share percentage (see instructions) 33.00 Allowable disproportionate share percentage (see instructions) 30.00 Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions)	22. 00						22. 00
23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C). 24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.01 IME add-on adjustment amount (see instructions) 29.00 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment (sum of lines 22 and 28) Total IME payment - Managed Care (see instructions) 30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 31.00 Percentage of Medicaid patient days (see instructions) 31.00 Sum of lines 30 and 31 32.00 Allowable disproportionate share percentage (see instructions) 32.00 Allowable disproportionate share percentage (see instructions) 33.00 Allowable disproportionate share percentage (see instructions) 33.00 Allowable disproportionate share percentage (see instructions)	22. 01				0		22. 01
slots under 42 Sec. 412.105 (f)(1)(iv)(C). 24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.00 IME add-on adjustment amount (see instructions) 28.01 IME add-on adjustment amount - Managed Care (see instructions) 29.00 Total IME payment (sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment 30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 31.00 Percentage of Medicaid patient days (see instructions) 32.00 Sum of lines 30 and 31 33.00 Allowable disproportionate share percentage (see instructions) 30.00 Sum of lines 30 and 31 31.00 Allowable disproportionate share percentage (see instructions) 32.00 Sum of lines 30 and 31 33.00 Allowable disproportionate share percentage (see instructions) 34.00 Sum of lines 30 and 31 35.00 Allowable disproportionate share percentage (see instructions)	23. 00			the MMA	0.00		23. 00
25. 00		slots under 42 Sec. 412.105 (f)(1)(iv)(C).					
Iine 23 or line 24 (see instructions)		1	ower of				1
27. 00 IME payments adjustment factor. (see instructions) 0.000000 27. 00 28. 00 IME add-on adjustment amount (see instructions) 0 28. 00 28. 01 IME add-on adjustment amount - Managed Care (see instructions) 0 28. 01 29. 00 Total IME payment (sum of lines 22 and 28) 181, 910 29. 00 29. 01 Disproportionate Share Adjustment 0 29. 01 30. 00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 1. 41 30. 00 31. 00 Percentage of Medicaid patient days (see instructions) 10. 79 31. 00 32. 00 Sum of lines 30 and 31 12. 20 32. 00 33. 00 Allowable disproportionate share percentage (see instructions) 0. 00 33. 00		line 23 or line 24 (see instructions)					
28. 00 IME add-on adjustment amount (see instructions) 28. 01 IME add-on adjustment amount - Managed Care (see instructions) 29. 00 Total IME payment (sum of lines 22 and 28) 29. 01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment 30. 00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 31. 00 Percentage of Medicaid patient days (see instructions) 32. 00 Sum of lines 30 and 31 33. 00 Allowable disproportionate share percentage (see instructions) 0 28. 00 28. 00 29. 01 29. 00 29. 01 20. 01 20.		1					
29.00 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment 30.00 Percentage of SI recipient patient days to Medicare Part A patient days (see instructions) 31.00 Percentage of Medicaid patient days (see instructions) 32.00 Sum of lines 30 and 31 33.00 Allowable disproportionate share percentage (see instructions) 29.00 29.01 29.01 29.00 29.01 30.00 31.00 31.00 31.00 32.00 33.00					0		28. 00
29. 01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 30. 00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 31. 00 Percentage of Medicaid patient days (see instructions) 32. 00 Sum of lines 30 and 31 33. 00 Allowable disproportionate share percentage (see instructions) 29. 01 30. 00 10. 79 31. 00 32. 00 33. 00 34. lowable disproportionate share percentage (see instructions) 35. 00 Allowable disproportionate share percentage (see instructions) 36. 00 37. 00 38. 00 39. 00 30. 00 30. 00 30. 00 30. 00 30. 00 31. 00					0		1
Disproportionate Share Adjustment 30.00 Percentage of SSI recipient patient days to Medicare Part A patient days 31.00 Percentage of Medicaid patient days (see instructions) 31.00 Sum of lines 30 and 31 32.00 Allowable disproportionate share percentage (see instructions) 31.00 Allowable disproportionate share percentage (see instructions) 32.00 Sum of lines 30 and 31 33.00 Allowable disproportionate share percentage (see instructions) 33.00 Sum of lines 30 and 31		, , ,			181, 910		•
(see instructions) 31.00 Percentage of Medicaid patient days (see instructions) 32.00 Sum of lines 30 and 31 32.00 Allowable disproportionate share percentage (see instructions) 31.00 Allowable disproportionate share percentage (see instructions) 32.00 33.00		Disproportionate Share Adjustment					
31.00 Percentage of Medicaid patient days (see instructions) 32.00 Sum of lines 30 and 31 33.00 Allowable disproportionate share percentage (see instructions) 31.00 O O O O O O O O O O O O O O O O O O	30. 00		ient days		1. 41		30.00
33.00 Allowable disproportionate share percentage (see instructions) 0.00 33.00	31. 00				10. 79		31. 00
							32.00
		, , , , , , , , , , , , , , , , , , , ,			0.00		33.00
				•		•	

CALCULA	ATION OF REIMBURSEMENT SETTLEMENT		Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Pre 5/26/2015 11:0	
		Title XVIII	Hospi tal	PPS	
			Prior to	On/After	
	-	0	0ctober 1 1.00	0ctober 1 2.00	
	Uncompensated Care Adjustment		1.00	2.00	
	Total uncompensated care amount (see instructions)		9, 046, 380, 143	7, 647, 644, 855	35. 00
	Factor 3 (see instructions)		0. 000130388	0. 000135235	
35. 02	Hospital uncompensated care payment (If line 34 is zero,		0	0	35. 02
25 02	enter zero on this line) (see instructions)			0	25 02
35. 03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		U	0	35. 03
36. 00	Total uncompensated care (sum of columns 1 and 2 on line		0		36. 00
	35. 03)				
	Additional payment for high percentage of ESRD beneficiary d	ischarges (lines 40 throug			
40. 00	Total Medicare discharges on Worksheet S-3, Part I		0		40. 00
	excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				
41. 00	Total ESRD Medicare discharges excluding MS-DRGs 652,		0		41.00
00	682, 683, 684 an 685. (see instructions)				
41. 01	Total ESRD Medicare covered and paid discharges excluding		0		41. 01
	MS-DRGs 652, 682, 683, 684 an 685. (see instructions)				
42. 00	Divide line 41 by line 40 (if less than 10%, you do not		0.00		42. 00
43. 00	qualify for adjustment) Total Medicare ESRD inpatient days excluding MS-DRGs 652,		0		43. 00
43.00	682, 683, 684 an 685. (see instructions)				43.00
44. 00	Ratio of average length of stay to one week (line 43		0. 000000		44. 00
	divided by line 41 divided by 7 days)				
45. 00	Average weekly cost for dialysis treatments (see		0. 00		45. 00
47 00	instructions)				47 00
46. 00	Total additional payment (line 45 times line 44 times line 41.01)		0		46. 00
47. 00	Subtotal (see instructions)		32, 147, 672		47. 00
	Hospital specific payments (to be completed by SCH and		0		48. 00
	MDH, small rural hospitals only. (see instructions)				
49. 00	Total payment for inpatient operating costs (see		32, 147, 672		49. 00
FO 00	instructions)		0 (04 400		F0 00
50. 00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2, 694, 130		50.00
51. 00	Exception payment for inpatient program capital (Wkst. L,		0		51.00
01.00	Pt. III, see instructions)				01.00
52. 00	Direct graduate medical education payment (from Wkst. E-4,		65, 377		52.00
	line 49 see instructions).				
	Nursing and Allied Health Managed Care payment		8, 159		53. 00 54. 00
	Special add-on payments for new technologies Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1,		0		55.00
33.00	line 69)				33.00
56. 00	Cost of physicians' services in a teaching hospital (see		0		56. 00
	intructions)				
57. 00	Routine service other pass through costs (from Wkst. D,		0		57. 00
50 00	Pt. III, column 9, lines 30 through 35). Ancillary service other pass through costs from Wkst. D,		41, 704		58. 00
36.00	Pt. IV, col. 11 line 200)		41, 704		36.00
59. 00	Total (sum of amounts on lines 49 through 58)		34, 957, 042		59. 00
	Primary payer payments		1, 702		60.00
61. 00	Total amount payable for program beneficiaries (line 59		34, 955, 340		61. 00
42.00	minus line 60)		2 205 244		42.00
	Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries		3, 205, 344 180, 880		62. 00 63. 00
	Allowable bad debts (see instructions)		279, 740		64.00
	Adjusted reimbursable bad debts (see instructions)		181, 831		65.00
	Allowable bad debts for dual eligible beneficiaries (see		26, 231		66. 00
	instructions)				
	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31, 750, 947		67.00
68. 00	Credits received from manufacturers for replaced devices		0		68. 00
69. 00	for applicable to MS-DRGs (see instructions) Outlier payments reconciliation (sum of lines 93, 95 and				69. 00
37.00	96). (For SCH see instructions)				07.00
70. 00	OTHER PSR		1, 421		70. 00
	RURAL DEMONSTRATION PROJECT		0		70. 50
70. 89	Pioneer ACO demonstration payment adjustment amount (see		0		70. 89
70.00	instructions)				70.00
70. 90	HSP bonus payment HVBP adjustment amount (see instructions)				70. 90
70. 91	HSP bonus payment HRR adjustment amount (see instructions)		n		70. 91
	Bundled Model 1 discount amount (see instructions)		Ö		70. 92
	HVBP payment adjustment amount (see instructions)		-106, 540		70. 93
	HRR adjustment amount (see instructions)		-59, 103		70. 94
	Recovery of accelerated depreciation		l ol	1	70. 95

	Financial Systems FRANCISCAN ST ANTH			eu of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150126	Period: From 01/01/2014 To 12/31/2014		epared:
		Title XVIII	Hospi tal	PPS	от рііі
		11 11 2 11 11	Prior to	On/After	
			October 1	October 1	
		0	1. 00	2.00	
70. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)		0 0		70. 96
70. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)		0 0		70. 97
70 98	Low Volume Payment-3		()	70. 98
	HAC adjustment amount (see instructions)		97, 203		70. 99
71. 00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		31, 489, 522	1	71. 00
71. 01	Sequestration adjustment (see instructions)		629, 790		71. 01
	Interim payments		30, 895, 475		72.00
73.00	Tentative settlement (for contractor use only)		C		73.00
	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		-35, 743		74. 00
75. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		62, 224		75. 00
	TO BE COMPLETED BY CONTRACTOR (Lines 90 through 96)			•	
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		C)	90. 00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		C		91.00
92. 00	Operating outlier reconciliation adjustment amount (see instructions)		C		92. 00
93. 00	Capital outlier reconciliation adjustment amount (see instructions)		C		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)		C		95. 00
96. 00	Time value of money for capital related expenses (see instructions)		C		96. 00
			Prior to 10/1	$\Omega_n/\Lambda fter 10/1$	

Thisti do ti ons)			l '	1
		Prior to 10/1	On/After 10/1	
		1. 00	2. 00	
HSP Bonus Payment Amount				
100.00 HSP bonus amount (see instructions)		0	0	100. 00
HVBP Adjustment for HSP Bonus Payment				
101.00 HVBP adjustment factor (see instructions)		0	0	101. 00
102.00 HVBP adjustment amount for HSP bonus payment (see instructi	ons)	0	0	102. 00
HRR Adjustment for HSP Bonus Payment				
103.00 HRR adjustment factor (see instructions)		0.0000	0.0000	103. 00
104.00 HRR adjustment amount for HSP bonus payment (see instruction	ons)	0	0	104. 00
101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see instructi HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions)	,	0.0000	0. 0000	102. 00 103. 00

Health Financial Systems	FRANCISCAN ST ANTHONY HEALTH-CR PT	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150126	From 01/01/2014	Worksheet E Part B Date/Time Prepared:

			To 12/31/2014	Date/Time Pre 5/26/2015 11:	
		Title XVIII	Hospi tal	PPS	<u> </u>
	DADT D. MEDICAL AND OTHER HEALTH CERVICES			1. 00	
1. 00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			9, 830	1. 00
2.00	Medical and other services (see mistractions) Medical and other services reimbursed under OPPS (see instructi	ons)		17, 756, 340	1
3. 00	PPS payments	,		15, 746, 820	•
4.00	Outlier payment (see instructions)			18, 131	4. 00
5.00	Enter the hospital specific payment to cost ratio (see instruct	i ons)		0. 000	•
6.00	Line 2 times line 5			0	6.00
7. 00 8. 00	Sum of line 3 plus line 4 divided by line 6 Transitional corridor payment (see instructions)			0.00	7. 00 8. 00
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV	col 13 line 200		37, 399	•
10. 00	Organ acqui si ti ons	, 5511 15, 11115 255		0	1
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			9, 830	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
12 00	Reasonable charges			40 447	1 1 2 00
12. 00 13. 00	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, co	1 4)		48, 447	12. 00 13. 00
14. 00	Total reasonable charges (sum of lines 12 and 13)	1. 4)		48, 447	•
	Customary charges			197	
15. 00	Aggregate amount actually collected from patients liable for pa	yment for services on	a charge basis	0	15. 00
16. 00	Amounts that would have been realized from patients liable for		on a chargebasis	0	16. 00
17 00	had such payment been made in accordance with 42 CFR §413.13(e)			0.000000	17 00
17. 00 18. 00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 48, 447	•
19. 00	Excess of customary charges over reasonable cost (complete only	if line 18 exceeds li	ne 11) (see	38, 617	ı
	instructions)		, (
20. 00	Excess of reasonable cost over customary charges (complete only	if line 11 exceeds li	ne 18) (see	0	20. 00
21. 00	<pre>instructions) Lesser of cost or charges (line 11 minus line 20) (for CAH see</pre>	instructions)		9, 830	21. 00
22. 00	Interns and residents (see instructions)	riisti ucti olis)		9, 030	ı
23. 00	Cost of physicians' services in a teaching hospital (see instru	ctions)		0	ł
24. 00	Total prospective payment (sum of lines 3, 4, 8 and 9)	·		15, 802, 350	24. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25. 00 26. 00	Deductibles and coinsurance (for CAH, see instructions) Deductibles and Coinsurance relating to amount on line 24 (for	CAU soo instructions	\	3, 511, 857 0	25. 00 26. 00
27. 00	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) pl			12, 300, 323	•
	CAH, see instructions)			,	
28. 00	Direct graduate medical education payments (from Wkst. E-4, lin	e 50)		26, 332	1
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)			12 224 455	
30. 00 31. 00	Subtotal (sum of lines 27 through 29) Primary payer payments			12, 326, 655 4, 651	ı
32. 00	Subtotal (line 30 minus line 31)			12, 322, 004	ı
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE	S)			
33. 00	Composite rate ESRD (from Wkst. I-5, line 11)			0	
34. 00	Allowable bad debts (see instructions)			373, 009	1
35. 00 36. 00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru	ctions)		242, 456 163, 644	1
37. 00	Subtotal (see instructions)	etrons)		12, 564, 460	
	MSP-LCC reconciliation amount from PS&R				38. 00
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39. 00
39. 50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39. 50
39. 98	Partial or full credits received from manufacturers for replace	d devices (see instru	ctions)	0	39. 98
39. 99	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			12 544 722	39. 99 40. 00
40. 00 40. 01	Sequestration adjustment (see instructions)			12, 564, 733 251, 295	1
41. 00	Interim payments			12, 285, 568	
42.00	Tentative settlement (for contractors use only)			0	1
43.00	Balance due provider/program (see instructions)			27, 870	43. 00
44. 00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub. 15-2,	chapter 1,	0	44. 00
	§115. 2 TO BE COMPLETED BY CONTRACTOR				
90. 00	Original outlier amount (see instructions)			0	90.00
91. 00	Outlier reconciliation adjustment amount (see instructions)			0	•
92. 00	The rate used to calculate the Time Value of Money				92. 00
93.00	Time Value of Money (see instructions)			0	•
94.00	Total (sum of lines 91 and 93)			0	94. 00

In Lieu of Form CMS-2552-10 Health Financial Systems FRANCISCAN ST ANTHONY HEALTH-CR PT ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 150126 Peri od: Worksheet E-1 From 01/01/2014 Part I 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm Title XVIII Hospi tal PPS Inpatient Part A Part B mm/dd/yyyy mm/dd/yyyy Amount Amount 1.00 2.00 3.00 4.00 1.00 Total interim payments paid to provider 30, 793, 075 12, 233, 368 1. 00 2.00 Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 ADJUSTMENTS TO PROVIDER 07/14/2014 44, 900 07/14/2014 52, 200 3.01 57, 500 3.02 12/17/2014 3.02 3.03 0 0 3.04 0 0 3.04 3.05 0 0 3.05 Provider to Program 3.50 ADJUSTMENTS TO PROGRAM 0 0 3.50 0 3.51 0 3.51 0 0 3.52 3.52 0 3.53 0 3.54 \cap Λ 3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 102, 400 52, 200 3.50-3.98) 30, 895, 475 12, 285, 568 4.00 Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropri ate) TO BE COMPLETED BY CONTRACTOR 5.00 List separately each tentative settlement payment after

Health Financial Systems FRANCISCAN ST ANTHONY HEALTH-CR PT ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN

		Ti tl	e XVIII	Subprovi der - I RF	PPS	
		Inpatien	t Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3. 00	4. 00	
1.00	Total interim payments paid to provider		2, 502, 668		0	1. 00
2.00	Interim payments payable on individual bills, either		C		0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
3. 00	write "NONE" or enter a zero List separately each retroactive lump sum adjustment					3. 00
3.00	amount based on subsequent revision of the interim rate					3.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
3. 01	ADJUSTMENTS TO PROVIDER		C		0	3. 01
3. 02			C		0	3. 02
3. 03 3. 04			0		0	3. 03 3. 04
3.04					0	3. 04
3.03	Provider to Program				0	3.03
3.50	ADJUSTMENTS TO PROGRAM		C		0	3. 50
3.51			C		0	3. 51
3.52			C		0	3. 52
3. 53			C		0	3. 53
3.54	Cubtatal (sum of lines 2 01 2 40 minus aug of lines				0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)				0	3. 99
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		2, 502, 668		0	4. 00
00	(transfer to Wkst. E or Wkst. E-3, line and column as		2,002,000		Ĭ	00
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR		Г	1		
5. 00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none,					5. 00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVIDER		C		0	5. 01
5.02			C		0	5. 02
5.03			C		0	5. 03
E E0	Provider to Program TENTATIVE TO PROGRAM				0	F F0
5. 50 5. 51	TENTATIVE TO PROGRAM		i d		0	5. 50 5. 51
5. 52			Ö		0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		C		o	5. 99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6. 00
/ 01	the cost report. (1) SETTLEMENT TO PROVIDER				0	6 01
6. 01 6. 02	SETTLEMENT TO PROGRAM		34, 585			6. 01 6. 02
7. 00	Total Medicare program liability (see instructions)		2, 468, 083		0	7. 00
	, , , , , , , , , , , , , , , , , , , ,			Contractor	NPR Date	
				Number	(Mo/Day/Yr)	
0.00		()	1. 00	2. 00	0.05
8.00	Name of Contractor					8. 00

<u>Heal th</u>	Financial Systems FRANCISCAN ST ANTHONY	HEALTH-CR PT	In Lie	u of Form CMS-2	<u> 2552-10</u>
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150126	Peri od:	Worksheet E-1	
			From 01/01/2014		
			To 12/31/2014		
		Title XVIII	Hospi tal	5/26/2015 11: 0 PPS	JI pili
		Title XVIII	поѕрітаі	PPS	
				1.00	
	TO DE COMPLETED BY CONTRACTOR FOR MON CTANDARD COST REPORTS			1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			0.000	
1. 00	Total hospital discharges as defined in AARA §4102 from Wkst. S		14	8, 090	1. 00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-	12		18, 522	2. 00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2, 474	
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-	12		38, 084	4. 00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			523, 906, 935	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 lin	ne 20		18, 699, 300	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of cer	rtified HIT technology	Wkst. S-2, Pt. I	0	7.00
	line 168	-			
8.00	Calculation of the HIT incentive payment (see instructions)			1, 452, 776	8.00
9.00	Sequestration adjustment amount (see instructions)			29, 056	9. 00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1, 423, 720	10.00
	I NPATI ENT HOSPI TAL SERVI CES UNDER PPS & CAH	,			
30.00	Initial/interim HIT payment adjustment (see instructions)			1, 594, 684	30.00
31.00	Other Adjustment (specify)			0	31. 00
22 00	Palance due provider (line 9 (or line 10) minus line 20 and line	ao 21) (soo instruction	c)	170 064	22 00

32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)

-170, 964 32. 00

Health Financial Systems	FRANCISCAN ST ANTHONY HEALTH-CR PT	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150126		Worksheet E-3
	Component CCN: 15T126	From 01/01/2014 To 12/31/2014	
	Title XVIII	Subprovi der -	PPS
		I RF	

	IRF		
		1. 00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	2, 025, 902	1. 00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	3, 039	3. 00
4.00	Outlier Payments	543, 497	4. 00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior	0. 00	5. 00
	to November 15, 2004 (see instructions)		
5. 01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by	0. 00	5. 01
	program or hospital closure, that would not be counted without a temporary cap adjustment under 42		
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		
6.00	New Teaching program adjustment. (see instructions)	0. 00	
7. 00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new	0. 00	7. 00
	teaching program" (see instructions)		
8. 00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new	0. 00	8. 00
0.00	teaching program" (see instructions)	0.00	0.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	
10.00	Average Daily Census (see instructions)	6. 304110	
11.00	Teaching Adjustment Factor (see instructions)	0. 000000	
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	2, 572, 438	
14. 00	Nursing and Allied Health Managed Care payments (see instruction)	0	14. 00
15. 00	Organ acquisition (DO NOT USE THIS LINE)		15. 00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	
17. 00	Subtotal (see instructions)	2, 572, 438	
18.00	Primary payer payments	0	
19.00	Subtotal (line 17 less line 18).	2, 572, 438	
20.00	Deductibles	7, 296	
21. 00	Subtotal (line 19 minus line 20)	2, 565, 142	
22. 00	Coinsurance	46, 816	
23. 00	Subtotal (line 21 minus line 22)	2, 518, 326	
24. 00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24. 00
25. 00	Adjusted reimbursable bad debts (see instructions)	0	
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	
27. 00	Subtotal (sum of lines 23 and 25)	2, 518, 326	
28. 00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28. 00
29. 00	Other pass through costs (see instructions)	126	
30.00	Outlier payments reconciliation	0	30. 00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	
31. 50	Pioneer ACO demonstration payment adjustment (see instructions)	0	
31. 99	Recovery of Accelerated Depreciation	0	
32.00	Total amount payable to the provider (see instructions)	2, 518, 452	
32. 01	Sequestration adjustment (see instructions)	50, 369	
33. 00	Interim payments	2, 502, 668	
34. 00	Tentative settlement (for contractor use only)	0	34. 00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-34, 585	
36. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,	0	36. 00
	§115. 2		
EO 00	TO BE COMPLETED BY CONTRACTOR	E 4 2 4 0 7	EO 00
50.00		543, 497 0	50. 00 51. 00
51.00	Outlier reconciliation adjustment amount (see instructions)		
52.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)	0.00	52. 00 53. 00
55.00	Time value of money (see Instituctions)	۷Į	33.00

	Financial Systems FRANCISCAN ST ANTHONY GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der (Peri od:	Worksheet E-4	2552-1
MEDI CA	L EDUCATION COSTS			From 01/01/2014 Fo 12/31/2014	Date/Time Pre	
		Title	XVIII	Hospi tal	5/26/2015 11: (PPS	UI pm
		11110	XVIII	nospi tai	113	
					1. 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT	roaromo for	anat manamtir	a nori odo	0.00	1 1 0
. 00	Unweighted resident FTE count for allopathic and osteopathic pending on or before December 31, 1996.	rograms ror	cost reportir	ig perious	0. 00	1.0
2. 00	Unweighted FTE resident cap add-on for new programs per 42 CFR	413.79(e)(1) (see instru	ıcti ons)	0.00	2.0
3. 00	Amount of reduction to Direct GME cap under section 422 of MMA				0.44	1
3. 01	Direct GME cap reduction amount under ACA §5503 in accordance instructions for cost reporting periods straddling 7/1/2011)	with 42 CFR	§413.79 (m).	(see	0. 00	3.0
1. 00	Adjustment (plus or minus) to the FTE cap for allopathic and o	steopathic r	rograms due 1	to a Medicare	2. 47	4.0
	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		9			
1. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods					4. C
1. 02	straddling 7/1/2011) ACA Section 5506 number of additional direct GME FTE cap slots	(see instr	nuctions for a	cost reporting	0. 00	4.0
. 02	periods straddling 7/1/2011)	(see mstr	uctions for c	ost reporting	0.00	4.0
5. 00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plu	s or minus I	ine 4 plus li	nes 4.01 and	2. 03	5.0
	4.02 plus applicable subscripts				4 (7	
o. 00	Unweighted resident FTE count for allopathic and osteopathic p records (see instructions)	rograms for	the current y	ear from your	1. 67	6.0
7. 00	Enter the lesser of line 5 or line 6				1. 67	7. C
			Primary Care		Total	
3. 00	Weighted FTE count for physicians in an allopathic and osteopa	thi c	1.00	2. 00	3. 00	8. 0
. 00	program for the current year.	till C	0.00	1.01	1.01	0.0
0.00	If line 6 is less than 5 enter the amount from line 8, otherwis		0.00	1. 61	1. 61	9. 0
	multiply line 8 times the result of line 5 divided by the amou	nt on line				
0. 00	6. Weighted dental and podiatric resident FTE count for the curre	nt vear		0.00		10.0
1. 00	Total weighted FTE count	ine year	0. 00			11. 0
2. 00	Total weighted resident FTE count for the prior cost reporting	year (see	0.00	2. 21		12.0
0.00	instructions)		0.00			40.0
3. 00	Total weighted resident FTE count for the penultimate cost repyear (see instructions)	orting	0.00	2. 18		13.0
4. 00	Rolling average FTE count (sum of lines 11 through 13 divided	by 3).	0. 00	2.00		14. C
	Adjustment for residents in initial years of new programs		0.00			15. C
	Adjustment for residents displaced by program or hospital clos	ure	0.00			16.0
7. 00 8. 00	Adjusted rolling average FTE count Per resident amount		0. 00 78, 868. 3			17. C
	Approved amount for resident costs			166, 045	166, 045	1
		<u>.</u>				
0.00	Additional committee and advantable disease ONE ET	E	! -+		1. 00	20.0
20. 00	Additional unweighted allopathic and osteopathic direct GME FT Sec. 413.79(c)(4)	E resident d	ap siots rece	eivea unaer 42	0.00	20.0
1. 00	Direct GME FTE unweighted resident count over cap (see instruc	tions)			0. 00	21. (
2. 00	Allowable additional direct GME FTE Resident Count (see instru	,				22. (
23. 00	Enter the locally adjustment national average per resident amo	unt (see ins	structions)			23.0
	Multiply line 22 time line 23 Total direct GME amount (sum of lines 19 and 24)				0 166, 045	
.0. 00	Total direct one amount (Sam of Times 17 and 21)	l	npatient Par	Managed care	100, 010	20.0
			. A			
	COMPUTATION OF PROGRAM PATIENT LOAD		1.00	2. 00	3. 00	
	Inpatient Days (see instructions)		20, 082	2, 589		26. 0
	Total Inpatient Days (see instructions)		40, 38!	,		27. 0
						1
26. 00 27. 00 28. 00	Ratio of inpatient days to total inpatient days		0. 49726			28. 0
26. 00 27. 00 28. 00			0. 497264 82, 568			28. 0 29. 0 30. 0

Heal th	Financial Systems FRANCISCAN ST ANTHONY	HEALTH-CR PT	In Lie	u of Form CMS-2	2552-10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der CCN: 150126	Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS		From 01/01/2014 To 12/31/2014	Date/Time Prep 5/26/2015 11:0	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE : EDUCATION COSTS)	•		CAL	
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt	. I, sum of col. 20 an	d 23, lines 74	0	32. 00
	and 94)				
33. 00				800, 019	
34. 00	Ratio of direct medical education costs to total charges (line	32 ÷ line 33)		0. 000000	
	Medicare outpatient ESRD charges (see instructions)			0	35. 00
36. 00	Medicare outpatient ESRD direct medical education costs (line 3			0	36. 00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII O	NLY			
07.00	Part A Reasonable Cost			44 400 700	07.00
37. 00	Reasonable cost (see instructions)			44, 193, 792	
38. 00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38. 00
39. 00	3 1 1	ctions)		0	39. 00
40. 00	1 3 1 3 1 1 3 1 1 1 1 1 1 1 1 1 1	1.1		1, 702	
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus	line 40)		44, 192, 090	41. 00
42.00	Part B Reasonable Cost Reasonable cost (see instructions)			17, 803, 569	12.00
42.00	,			4, 651	
44. 00	Total Part B reasonable cost (line 42 minus line 43)			4, 65 i 17, 798, 918	
	Total reasonable cost (sum of lines 41 and 44)			61, 991, 008	
46. 00	,	41 . Lino 4E)		0. 712879	
	Ratio of Part B reasonable cost to total reasonable cost (line			0. 712679	47.00
47.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART			0. 20/121	47.00
48 00	Total program GME payment (line 31)			91, 709	48 00
	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (eaa instructions)		65, 377	49.00
	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (26, 332	
30.00	Trait b mean care own payment (Trine 47 x 40) (tritle XVIII only) (300 man demona)		20, 332	30.00

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

Provi der CCN: 150126

Peri od: Worksheet G From 01/01/2014 To 12/31/2014 Date/Time Prepared:

			1	0 12/31/2014	5/26/2015 11:	
	· · · · · · · · · · · · · · · · · · ·	General Fund	Speci fi c	Endowment Fund		
		1.00	Purpose Fund	2.00	4.00	
	CURRENT ASSETS	1.00	2. 00	3. 00	4. 00	
1.00	Cash on hand in banks	32, 935, 328	3 0	0	0	1.00
2.00	Temporary investments	8, 871, 038	1	0	0	2. 00
3.00	Notes receivable	0	0	0	0	3. 00
4.00	Accounts receivable	27, 751, 068	8 0	0	0	4. 00
5.00	Other recei vable	0	0	0	0	5. 00
6.00	Allowances for uncollectible notes and accounts receivable	-11, 059, 416		0	0	6. 00
7.00	Inventory	1, 826, 818	3	0	0	7.00
8. 00 9. 00	Prepaid expenses Other current assets	2 665 666		0	0	8. 00 9. 00
10. 00	Due from other funds	3, 665, 666		0	0	10.00
11. 00	Total current assets (sum of lines 1-10)	63, 990, 502			0	11.00
11.00	FIXED ASSETS	00,770,002	-1	<u> </u>		11.00
12.00	Land	12, 496, 378	3 0	0	0	12.00
13.00	Land improvements	13, 493, 439	0	0	0	13. 00
14.00	Accumulated depreciation	0	0	0	0	14. 00
15. 00	Bui I di ngs	153, 897, 071	1	0	0	15. 00
16. 00	Accumulated depreciation	0	0	0	0	16. 00
17. 00	Leasehold improvements	7, 325, 011	1	0	0	17.00
18. 00 19. 00	Accumulated depreciation Fixed equipment	126, 791, 506	0	-	0	18. 00 19. 00
20. 00	Accumulated depreciation	-133, 173, 897	•	-	0	20.00
21. 00	Automobiles and trucks	133, 173, 077		0	0	21.00
22. 00	Accumulated depreciation		ol o	0	0	22. 00
23. 00	Major movable equipment	Ö	ol o	0	0	23. 00
24.00	Accumul ated depreciation	0	0	0	0	24. 00
25.00	Mi nor equipment depreciable	0	0	0	0	25. 00
26. 00	Accumulated depreciation	0	0	0	0	26. 00
27. 00	HIT designated Assets	0	0	0	0	27. 00
28. 00	Accumulated depreciation	0	0	0	0	28. 00
29. 00	Mi nor equi pment-nondepreci abl e	100 000 500	0	-	0	29. 00
30. 00	Total fixed assets (sum of lines 12-29) OTHER ASSETS	180, 829, 508	3 0	0	0	30. 00
31. 00	Investments	255, 035	5 0	0	0	31.00
32. 00	Deposits on Leases	0			0	32. 00
33.00	Due from owners/officers	i c	o	0	0	33. 00
34.00	Other assets	1, 672, 518	B 0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1, 927, 553	0	0	0	35. 00
36. 00	Total assets (sum of lines 11, 30, and 35)	246, 747, 563	8 0	0	0	36. 00
	CURRENT LI ABI LI TI ES	10.004.405				
37. 00	Accounts payable	10, 334, 685		0	0	37.00
38. 00 39. 00	Salaries, wages, and fees payable Payroll taxes payable	4, 903, 533	0	0	0	38. 00 39. 00
40. 00	Notes and Loans payable (short term)			0	0	40.00
41. 00	Deferred income			0	0	41.00
42. 00	Accel erated payments	ĺ			, , , , , , , , , , , , , , , , , , ,	42.00
43.00	Due to other funds	1, 985, 160	0	0	0	43.00
44.00	Other current liabilities	3, 675, 853	B 0	0	0	44. 00
45.00	Total current liabilities (sum of lines 37 thru 44)	20, 899, 231	0	0	0	45. 00
	LONG TERM LIABILITIES	T				
46. 00	Mortgage payable	0	0	-	0	46. 00
47. 00	Notes payable		0		0	47. 00
48. 00 49. 00	Unsecured Loans Other Long term Liabilities	-2, 546, 899	0		0	48. 00 49. 00
50.00	Total long term liabilities (sum of lines 46 thru 49	-2, 546, 899	1		0	50.00
51. 00	Total liabilites (sum of lines 45 and 50)	18, 352, 332			0	51.00
01100	CAPI TAL ACCOUNTS	10,002,002		<u> </u>		0 00
52.00	General fund balance	228, 395, 231				52. 00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54. 00
55.00	Donor created - endowment fund balance - unrestricted			0		55. 00
56. 00	Governing body created - endowment fund balance			0		56. 00
57. 00	Plant fund balance - invested in plant				0	57. 00
58. 00	Plant fund balance - reserve for plant improvement,				0	58. 00
59. 00	replacement, and expansion Total fund balances (sum of lines 52 thru 58)	228, 395, 231	0	0	0	59. 00
60. 00	Total liabilities and fund balances (sum of lines 51 and	246, 747, 563		n	0	60.00
	59)					
		•	•	. '		

STATEMENT OF CHANGES IN FUND BALANCES Provi der CCN: 150126 Peri od: Worksheet G-1 From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 11:01 pm General Fund Special Purpose Fund Endowment Fund 1.00 3.00 4. 00 5. 00 2 00 1.00 Fund balances at beginning of period 207, 473, 709 0 1.00 2.00 Net income (loss) (from Wkst. G-3, line 29) 23, 504, 167 2.00 3.00 Total (sum of line 1 and line 2) 230, 977, 876 0 3.00 4.00 0 Additions (credit adjustments) (specify) 0 4.00 0 0 0 0 5.00 0 5.00 6.00 6.00 0 7.00 0 7.00 0 8.00 0 8.00 9.00 9.00 10.00 Total additions (sum of line 4-9) 10.00 230, 977, 876 Subtotal (line 3 plus line 10) 0 11.00 11.00 12.00 Deductions (debit adjustments) (specify) 12.00 00000 13.00 13.00 14.00 14.00 0 15.00 0 15.00 16.00 16.00 17.00 17.00 18.00 Total deductions (sum of lines 12-17) 18.00 Fund balance at end of period per balance 230, 977, 876 19.00 19.00 sheet (line 11 minus line 18) Endowment Fund Plant Fund 7. 00 8.00 6. 00 1.00 Fund balances at beginning of period 0 0 1.00 Net income (loss) (from Wkst. G-3, line 29) 2.00 2.00 Total (sum of line 1 and line 2) 3.00 0 0 3.00 4.00 Additions (credit adjustments) (specify) 4.00 5.00 0 5.00 0 6.00 6.00 7.00 0 7 00 8.00 0 8.00 9.00 9.00 10.00 Total additions (sum of line 4-9) 0 10.00 0 11.00 Subtotal (line 3 plus line 10) 0 11.00 12.00 Deductions (debit adjustments) (specify) 12.00 13.00 13.00 14.00 0 14.00 0 15.00 15.00 16.00 16.00 17.00 17.00 Total deductions (sum of lines 12-17) 18.00 18.00 0 0 19.00 Fund balance at end of period per balance 19.00

sheet (line 11 minus line 18)

	Financial Systems FRANCISCAN ST ANTHONY			u of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 150126	Peri od: From 01/01/2014	Worksheet G-3	
			To 12/31/2014	Date/Time Pre	nared:
			10 12/31/2014	5/26/2015 11:0	
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line	28)		531, 594, 006	1. 00
2.00	Less contractual allowances and discounts on patients' accounts	;		319, 258, 528	2.00
3.00	Net patient revenues (line 1 minus line 2)			212, 335, 478	
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43	3)		185, 780, 349	4.00
5.00	Net income from service to patients (line 3 minus line 4)			26, 555, 129	5.00
	OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			0	7.00
8.00	Revenues from telephone and other miscellaneous communication s	servi 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	Parking lot receipts			0	12.00
13.00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			0	14.00
	Revenue from rental of living quarters			0	15. 00
16. 00	Revenue from sale of medical and surgical supplies to other that	ın patients		0	16.00
17. 00	Revenue from sale of drugs to other than patients			0	17.00
18. 00	Revenue from sale of medical records and abstracts			0	18. 00
19. 00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20. 00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
21. 00	Rental of vending machines			0	21.00
	Rental of hospital space			0	22.00
	Governmental appropriations			0	23.00
	MI SCELLANEOUS OTHER REVENUE			5, 304, 972	
25. 00	Total other income (sum of lines 6-24)			5, 304, 972	
26. 00	Total (line 5 plus line 25)			31, 860, 101	
27 00	PROVISION FOR DOUBTFUL ACCOUNTS			8 355 934	27 00

5, 304, 972 24. 00 5, 304, 972 25. 00 31, 860, 101 26. 00 8, 355, 934 27. 00 8, 355, 934 28. 00 23, 504, 167 29. 00

27. 00 PROVISION FOR DOUBTFUL ACCOUNTS

28.00 Total other expenses (sum of line 27 and subscripts)
29.00 Net income (or loss) for the period (line 26 minus line 28)

CALCULATION OF CAPITAL PAYMENT		Provi der CCN: 150126	Peri od: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Pre	naro
			10 12/31/2014	5/26/2015 11:0	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	PART I - FULLY PROSPECTIVE METHOD				
	CAPITAL FEDERAL AMOUNT				
00	Capital DRG other than outlier			2, 486, 623	
01	Model 4 BPCI Capital DRG other than outlier			0	
00	Capital DRG outlier payments			131, 665	
01	Model 4 BPCI Capital DRG outlier payments			0	
00	Total inpatient days divided by number of days in the cost re	eporting period (see inst	ructions)	104. 34	
00	Number of interns & residents (see instructions)			2. 02	
00	Indirect medical education percentage (see instructions)		`	0. 55	
00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01) Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line		13, 676		
00	30) (see instructions)	batient days (Worksheet E	., part A line	1. 41	7.
00	Percentage of Medicaid patient days to total days (see instru	ictions)		10. 79	8
00	Sum of lines 7 and 8	2011 0110)		12. 20	
. 00	Allowable disproportionate share percentage (see instructions	5)		2. 50	
. 00	Disproportionate share adjustment (line 10 times the sum of I			62, 166	
	Total prospective capital payments (sum of lines 1, 1.01, 2,			2, 694, 130	
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST			1.00	
00	Program inpatient routine capital cost (see instructions)			0	1
00	Program inpatient ancillary capital cost (see instructions)			0	2
00	Total inpatient program capital cost (line 1 plus line 2)			0	
00	Capital cost payment factor (see instructions)			0	
00	Total inpatient program capital cost (line 3 x line 4)			0	5
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS				
00	Program inpatient capital costs (see instructions)			0	
00	Program inpatient capital costs for extraordinary circumstance	ces (see instructions)		0	
OC	Net program inpatient capital costs (line 1 minus line 2)			0 0. 00	
	Applicable exception percentage (see instructions) Capital cost for comparison to payments (line 3 x line 4)			0.00	
	Percentage adjustment for extraordinary circumstances (see in	etructions)		0.00	-
00		ISTI UCTI OHS)			
00		circumstances (line 2 v	· lino 6)		
00 00 00	Adjustment to capital minimum payment level for extraordinary	y circumstances (line 2 x	(line 6)	0	
00 00 00 00	Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7)	,	(line 6)	0	
00 00 00 00 00	Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as appli	cabl e)	,	0	9
00 00 00 00 00 00	Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as applicurrent year comparison of capital minimum payment level to comparison.	cable) capital payments (line 8	less line 9)	0	10
00 00 00 00 00 00	Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as appli	cable) capital payments (line 8	less line 9)	0	9
00 00 00 00 00 00 . 00	Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as appli Current year comparison of capital minimum payment level to carryover of accumulated capital minimum payment level over constants.	cable) capital payments (line 8 capital payment (from pri	less line 9) or year	0	9 10 11
00 00 00 00 00 . 00 . 00	Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as appli Current year comparison of capital minimum payment level to carryover of accumulated capital minimum payment level over converse L, Part III, line 14)	cable) capital payments (line 8 capital payment (from pri ayments (line 10 plus lir	less line 9) or year ne 11)	0 0 0	10 11 11
00 00 00 00 00 . 00 . 00 . 00	Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as appli Current year comparison of capital minimum payment level to carryover of accumulated capital minimum payment level over comparison of capital minimum payment level over comparison of capital minimum payment level to capital pacurrent year exception payment (if line 12 is positive, enter Carryover of accumulated capital minimum payment level over comparison.	cable) capital payments (line 8 capital payment (from pri ayments (line 10 plus line the amount on this line	less line 9) or year ne 11)	0 0 0 0	9 10 11 12 13
00 00 00 00 00 . 00 . 00 . 00	Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as appli Current year comparison of capital minimum payment level to carryover of accumulated capital minimum payment level over of Worksheet L, Part III, line 14) Net comparison of capital minimum payment level to capital payment year exception payment (if line 12 is positive, enter Carryover of accumulated capital minimum payment level over of (if line 12 is negative, enter the amount on this line)	cable) capital payments (line 8 capital payment (from pri ayments (line 10 plus line the amount on this line capital payment for the f	less line 9) or year ne 11)	0 0 0 0 0	12 13 14
00 00 00 00 00 00 0. 00 . 00 2. 00 3. 00	Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as appli Current year comparison of capital minimum payment level to carryover of accumulated capital minimum payment level over comparison of capital minimum payment level over comparison of capital minimum payment level to capital pacurrent year exception payment (if line 12 is positive, enter Carryover of accumulated capital minimum payment level over comparison.	cable) capital payments (line 8 capital payment (from pri ayments (line 10 plus line the amount on this line capital payment for the f	less line 9) or year ne 11)	0 0 0 0	10 11 12 13 14