Health Financ	ial Systems	ST. FRANCIS H&	I-MOORESVILLE		In Lie	u of Form CM5-	2552-10
This report i	s required by law (42 USC 1395g; 42 C	FR 413.20(b)).	Failure to rep	ort can result	in all interi	m FORM APPROVE	)
	since the beginning of the cost repo HOSPITAL HEALTH CARE COMPLEX COST REP T SUMMARY			CCN: 150057 Pe	riod: om 01/01/2014	Date/Time Pro	epared:
	DEDODT STATUS					5/26/2015 5:	30 pm
Provider	REPORT STATUS 1.[ X ]Electronically filed cost re	port		<del>m</del>	Date: 5/26/20	)15 Time:	5:30 pm
use only	<ol> <li>Manually submitted cost repo</li> <li>[ 0 ]If this is an amended report</li> <li>[ F ]Medicare Utilization. Enter</li> </ol>	rt	er of times th "L" for low.	e provider resu	bmitted this	cost report	
Contractor use only	(1) As Submitted 7. Contr (2) Settled without Audit 8. [ N ]	Received: actor No. Initial Report Final Report fo	for this Prov or this provid	ider CCN12.[ 0	ractor's Vend ]If line 5, c	or Code: olumn 1 is 4: mes reopened =	4 Enter 0-9.
PART II - CER	TIFICATION						
ADMINISTRATIV PROVIDED OR P	TION OR FALSIFICATION OF ANY INFORMAT E ACTION, FINE AND/OR IMPRISONMENT UN ROCURED THROUGH THE PAYMENT DIRECTLY ( E ACTION, FINES AND/OR IMPRISONMENT M	DER FEDERAL LAW OR INDIRECTLY O	. FURTHERMORE	, IF SERVICES I	DENTIFIED IN	THIS REPORT WE	RE
	CERTIFICATION BY OFFICER OR ADMINI	STRATOR OF PROV	/IDER(S)				
elect Expen and e compl excep healt laws ECR: hMDnc VeKdC <u>::CU1</u> PI: DIFEp SdZcb	EBY CERTIFY that I have read the abov ronically filed or manually submitted ses prepared by ST. FRANCIS H&H-MOORE nding 12/31/2014 and to the best of m ete and prepared from the books and r t as noted. I further certify that I h care services, and that the service and regulations. ption Information Date: 5/26/2015 Time: 5:30 pm sar0:Toe9HqOBeAdcalk8XoQ0 ODPo1JiZCK9M4xccJCl:uBgGS b.H2LOshF6p Date: 5/26/2015 Time: 5:30 pm p8c7XSJ4Dkul51H8qZ1EUgr:0 OC10EHWgw8kuPFJjvgCwe7oyM tSua2OPCQYZ	cost report an SVILLE ( 150057 y knowledge and ecords of the p am familiar wi	d the Balance ) for the cos belief, this rovider in acc th the laws ar this cost rep ed) offic Re Title Date	sheet and state t reporting per report and stat ordance with ap d regulations r ort were provid ) $\leq face$ er or Administra gional C / 2 P/U	ment of Reven iod beginning ement are tru plicable inst egarding the ed in complia	ue and 01/01/2014 e, correct, ructions, provision of nce with such	1
		Title V	Title Part A	AVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	· · ·
PART II	I - SETTLEMENT SUMMARY	,					
3.00 Subprov 5.00 Swing b	rider – IPF rider – IRF Jed – SNF Jed – NF		16,420 0 0 0	40,885 0 0 0	112,018	0 0 0 0 0	2.00 3.00 5.00 6.00
200.00 Total		0	16,420	40,885	112,018		200.00
According to i displays a va required to co instructions, have any commu 7500 Security Please do not Reports Clears under the asso	unts represent "due to" or "due from" the Paperwork Reduction Act of 1995, r lid OMB control number. The valid OM omplete and review the information co search existing resources, gather the ents concerning the accuracy of the ti Boulevard, Attn: PRA Report Clearance send applications, claims, payments, ance Office. Please note that any co occiated OMB control number listed on t egarding where to submit your document	the applicable to persons are a control number llection is esti- e data needed, a ime estimate(s) e Officer, Mail medical records respondence no- this form will	program for t required to re r for this inf imated 673 hou and complete a or suggestion Stop C4-26-05 s or any docum t pertaining t not be reviewe	he element of the spond to a collect ormation collect rs per response nd review the in s for improving , Baltimore, Man ents containing o the information d, forwarded, o	ection of inf tion is 0938- , including t nformation co the form, pl ryland 21244- sensitive in on collection	ormation unles 2050. The tim he time to rev llection. If ease write to: 1850. formation to t burden approv	e iew you CMS, he PRA ed

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX I		<u>CIS H&amp;H-MC</u> TA		der CCN:	: 150057	Period: From 01/		Worksh	eet S-2	<u>2552-10</u> ?
								31/2014	Date/T	ime Pre 015 3:5	
	1.00		00		3.00		1	4.00	0/20/2	515 5.5	
1.00	Hospital and Hospital Health Care Co Street: 1201 HADLEY ROAD	mplex Address: PO Box:									1.00
2.00	City: MOORESVILLE	State: I			: 46158-		nty: MORGA				2.00
		Component Na		CCN umber	CBSA Number	Provi de Type	r Date Certifi		ient Sys <sup>.</sup> T, O, or		
								V	XVIII	XIX	-
	Hospital and Hospital-Based Componen	1.00 t Identification:		2.00	3.00	4.00	5.00	6.0	0 7.00	8.00	
3.00	Hospi tal	ST. FRANCIS		50057	26900	1	07/01/1	996 N	Р	Р	3.00
4.00	Subprovider - IPF	H&H-MOORESVI LLE									4.00
5.00	Subprovider - IRF										5.00
6.00 7.00	Subprovider – (Other) Swing Beds – SNF										6.00
8.00	Swing Beds - NF										8.00
9.00 10.00	Hospital-Based SNF Hospital-Based NF										9.00
	Hospital-Based OLTC										11.00
	Hospital-Based HHA										12.00
	Separately Certified ASC Hospital-Based Hospice										13.00
	Hospital -Based Health Clinic - RHC										15.00
	Hospital-Based Health Clinic - FQHC Hospital-Based (CMHC) I										16.00
	Hospital-Based (CORF) I										17.00
	Renal Dialysis										18.00
19.00	Uther						Fr	om:	Тс	): ):	19.00
							1	00	2.	00	
	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions) Inpatient PPS Information						01/0	1/2014	12/31	/2014	20.00 21.00
22.00	Does this facility qualify and is it							N	1	N	22.00
	share hospital adjustment, in accord for yes or "N" for no. Is this facil										
	amendment hospital?) In column 2, en	ter "Y" for yes o	or "N" for	no.	. ,						
22.01	Did this hospital receive interim un period? Enter in column 1, "Y" for y						9	N	1	N	22.01
	reporting period occurring prior to										
	for no for the portion of the cost r	eporting period o	occurri ng	on or a	fter Oct	tober 1.					
22.02	(see instructions) Is this a newly merged hospital that	requires final ι	uncompensa	ited car	e paymer	nts to be	e	N	r	N	22.02
	determined at cost report settlement					-					
	or "N" for no, for the portion of th in column 2, "Y" for yes or "N" for										
	or after October 1.					5 1					
22.03	Did this hospital receive a geograph of the OMB standards for delineating							N	1	N	22.03
	in column 1, "Y" for yes or "N" for						51				
	prior to October 1. Enter in column cost reporting period occurring on o						the				
	hospital contain at least 100 but no	t more than 499 k	beds (as c				th				
22.00	42 CFR 412.105)? Enter in column 3,			-1 /	h a l avvQ	1					
23.00	Which method is used to determine Me 1, enter 1 if date of admission, 2 i									N	23.00
	method of identifying the days in th	is cost reporting	g period d	li fferen	t from t	the metho	bd				
	used in the prior cost reporting per	<u>IOA? IN COLUMN 2</u>	In-State			ut-of	o. Out-of	Medi c	aid C	)ther	
			Medi cai d	Medi c	aid S	State	State	HMO d	ays 🛛 Me	di cai d	
			paid days	eligi unpa		edicaid id days	Medicaid eligible			days	
		_		day		l'u'uujo	unpai d				
24 00	If this provider is an LDDS been tal	optor the	1.00	2.0	0	3.00	4.00	5.0	0	6.00	24.00
∠4.UU	If this provider is an IPPS hospital in-state Medicaid paid days in colum		(			0	(			0	24.00
	Medicaid eligible unpaid days in col	umn 2,									
	out-of-state Medicaid paid days in c out-of-state Medicaid eligible unpai										
	4, Medicaid HMO paid and eligible bu	t unpaid days in									
25 00	column 5, and other Medicaid days in If this provider is an IRF, enter th		(		0	0	(		0		25.00
∠J. UU	Medicaid paid days in column 1, the		(			0	(	ĺ			20.00
				1	1			1	1		1
	Medicaid eligible unpaid days in col										
	Medicaid eligible unpaid days in col out-of-state Medicaid days in column Medicaid eligible unpaid days in col	3, out-of-state									

Health Fina	ancial Systems ST. FRAN	CIS H&H	I-MOORESVI LLE		١r	n Lie	u of Form	n CMS-2	2552-10
HOSPI TAL A	ND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ATA	Provi der (		eriod: rom 01/01/ p 12/31/		Workshe Part I Date/Ti 5/26/20	me Pre	pared:
					Urban/Rur 1.00		Date of 2.0		
	er your standard geographic classification (not wa			ginning of the		1		-	26.00
27.00 Enter	t reporting period. Enter "1" for urban or "2" for er your standard geographic classification (not wa prting period. Enter in column 1, "1" for urban of	age) st r "2" f	atus at the end or rural. If a			1			27.00
35.00 If t	er the effective date of the geographic reclassifi this is a sole community hospital (SCH), enter the ect in the cost reporting period.			CH status in		0			35.00
					Begi nni 1.00	<u> </u>	Endi r 2. 0		
	er applicable beginning and ending dates of SCH s periods in excess of one and enter subsequent date		Subscript line	36 for number				-	36.00
37.00 If t	of the state of the second of		umber of period	ds MDH status		0			37.00
	er applicable beginning and ending dates of MDH s periods in excess of one and enter subsequent date		Subscript line	38 for number					38.00
					Y/N		1\Y		
	s this facility qualify for the inpatient hospital				1.00 N		2.0 N		39.00
or " CFR	bitals in accordance with 42 CFR §412.101(b)(2)(ii N" for no. Does the facility meet the mileage rea 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes	quireme or "N"	nts in accorda for no. (see i	nce with 42 instructions)					
" N"	this hospital subject to the HAC program reduction for no in column 1, for discharges prior to Octol n column 2, for discharges on or after October 1.	ber 1.	Enter "Y" for		N		N		40.00
		•				V 1.00	XVIII 2.00	XI X 3.00	
	spective Payment System (PPS)-Capital								
wi th	s this facility qualify and receive Capital paymen n 42 CFR Section §412.320? (see instructions) this facility eligible for additional payment exce					N N	N	N N	45.00 46.00
purs Pt.	suant to 42 CFR §412.348(f)? If yes, complete Wks III.	t. L, Р	t. III and Wks <sup>.</sup>	t. L-1, Pt. I	through				
48.00 Is t	this a new hospital under 42 CFR §412.300 PPS capi the facility electing full federal capital paymen ching Hospitals					N N	N N	N N	47.00 48.00
56.00 Is t	this a hospital involved in training residents in	approv	ed GME programs	s? Enter "Y"	for yes	Y			56.00
57.00  f  GME is" for	'N" for no. ine 56 is yes, is this the first cost reporting programs trained at this facility? Enter "Y" for 'Y" did residents start training in the first mon yes or "N" for no in column 2. If column 2 is "Y complete Wkst. D, Parts III & IV and D-2, Pt. II	r yes o th of t Y", com	r "N" for no in his cost repor plete Workshee	n column 1. lf ting period?	column 1 Enter "Y"	N			57.00
58.00 If I	ine 56 is yes, did this facility elect cost reim ned in CMS Pub. 15-1, § 2148? If yes, complete W	ourseme	nt for physicia	ans' services	as	N			58.00
	costs claimed on line 100 of Worksheet A? If yes you claiming nursing school and/or allied health					N N			59.00 60.00
	/ider-operated criteria under §413.85? Enter "Y"	for ye	s or "N" for n	o. (see instru	ctions)			0115	
		Y/N	IME	Direct GME	IME		Di rect	GIVIE	
sect	your hospital receive FTE slots under ACA tion 5503? Enter "Y" for yes or "N" for no in	1.00 N	2.00	3.00	4.00	0.00	5.0		61.00
61.01 Ente FTEs	Jmn 1. (see instructions) er the average number of unweighted primary care s from the hospital's 3 most recent cost reports ng and submitted before March 23, 2010. (see		0. 00	0.00					61.01
inst 61.02 Ente	er the current year total unweighted primary care count (excluding OB/GYN, general surgery FTEs,		0.00	0.00					61.02
ACA) 61.03 Ente	primary care FTEs added under section 5503 of (see instructions) er the base line FTE count for primary care		0.00	0.00					61.03
dete i nst	Yor general surgery residents, which is used for ermining compliance with the 75% test. (see tructions) er the number of unweighted primary care/or		0.00	0.00					61.04
surg	gery allopathic and/or osteopathic FTEs in the rent cost reporting period. (see instructions).		0.00	0.00	1				01.04
61.05 Ente and/ prim	er the difference between the baseline primary /or general surgery FTEs and the current year's nary care and/or general surgery FTE counts (line		0.00	0.00					61.05
61.06 Ente	04 minus line 61.03). (see instructions) er the amount of ACA §5503 award that is being d for cap relief and/or FTEs that are nonprimary e or general surgery. (see instructions)		0. 00	0.00					61.06

SPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENIIFICATION DA	ATA	Provi der		eriod: com 01/01/2014 o 12/31/2014	Worksheet S-2 Part I Date/Time Pre 5/26/2015 3:5	pared
		Program		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1. C	0	2.00	3.00	4.00	
<ul> <li>.10 Of the FTEs in line 61.05, special y, if any, and the number for each new program. (see instruction column 1, the program name, enter program code, enter in column 3, the unweighted count and enter in colum FTE unweighted count.</li> <li>.20 Of the FTEs in line 61.05, specify program special ty, if any, and the residents for each expanded program instructions) Enter in column 1, the enter in column 2, the program code, and the trend of the FTE unweighted count and enter in column 4, direct GME FTE unweighted count</li> </ul>	of FTE residents tions) Enter in in column 2, the he IME FTE mmn 4, direct GME reach expanded number of FTE m. (see he program name, le, enter in column d enter in column				0.00		61.
T, arrest sine the animorgined sound		I		1			
				(1)= =		1.00	
ACA Provisions Affecting the Healt . 00 Enter the number of FTE residents					iod for which	0.00	62.0
your hospital received HRSA PCRE f			1113 0031	reporting per	rou for which	0.00	02.1
.01 Enter the number of FTE residents during in this cost reporting peri Teaching Hospitals that Claim Resi	od of HRSA THC prog	gram. (see i			your hospital	0.00	62.0
.00 Has your facility trained resident "Y" for yes or "N" for no in colum	s in nonprovider se	ettings duri		instructions)		Ν	63.
				Unweighted FTEs	Unweighted FTEs in	Ratio (col. 1/ (col. 1 +	
				Nonprovider Site	Hospi tal	col . 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year period that begins on or after Jul				This base year	is your cost	reporting	
.00 Enter in column 1, if line 63 is y in the base year period, the number resident FTEs attributable to rota settings. Enter in column 2 the r resident FTEs that trained in your of (column 1 divided by (column 1	es, or your facili r of unweighted nor tions occurring in umber of unweighted hospital. Enter in	ty trained n n-primary ca all nonprov d non-priman n column 3 1	residents are vider rycare theratio as)	0.00 Unweighted FTEs	Unweighted FTEs in	0.000000 Ratio (col. 3/ (col. 3 +	64.(
				Nonprovider Site	Hospi tal	col. 4))	
	1.00	2.0	0	3.00	4.00	5.00	
.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column				0.00	0.00	0. 000000	65.0

	Financial Systems		ICIS H&H-MOORESVILLE		In Li	eu of Form	n CMS-2	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE COMP	LEX IDENTIFICATION D	ATA Provi der	F	Period: rom 01/01/2014 o 12/31/2014		me Pre	pared:
			I	Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital	Rati o 1/ (col col. 3.0	(col. . 1 + 2))	
	Section 5504 of the ACA Current		n Nonprovider Settir					
	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	unweighted non-prima occurring in all nonp unweighted non-prima cal. Enter in column - column 2)). (see in	rovider settings. ry care resident 3 the ratio of structions)	0.00				66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio 3/ (col col.	. 3 +	
	1	1.00	2.00	3.00	4.00	5.0		
	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.0	0 0.	000000	67.00
					1. (	0 2.00	3.00	
71. 00 75. 00	Inpatient Psychiatric Facility F Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no If line 70 yes: Column 1: Did th recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Co program in accordance with 42 CF Column 3: If column 2 is Y, enter reporting period covers the begi or subsequent academic years of instructions) For cost reporting period covers the begi teaching program in existence, e Inpatient Rehabilitation Facilit Is this facility an Inpatient Re subprovider? Enter "Y" for yes If line 75 yes: Column 1: Did th recent cost reporting period endo no. Column 2: Did this facility CFR 412.424 (d)(1)(iii)(D)? Enter	sychiatric Facility ( b. he facility have an a pefore November 15, 2 olumn 2: Did this fac FR 412.424 (d)(1)(iii er 1, 2, or 3, in col nning of the fourth the new teaching pro g periods beginning o nning of the sixth o enter 6 in column 3. ty PPS shabilitation Facilit and "N" for no. he facility have an a ding on or before Nov train residents in a	pproved GME teaching 004? Enter "Y" for ility train resident )(D)? Enter "Y" for umn 3. (see instruct year, enter 4 in col gram in existence, e n or after October 1 r any subsequent aca (see instructions) y (IRF), or does it pproved GME teaching rember 15, 2004? Enter new teaching progra	program in the yes or "N" for 's in a new teac yes or "N" for ions) If this of umn 3, or if th onter 5. (see , 2012, if this demic year of the contain an IRF program in the r"Y" for yes of m in accordance	e most no. (see ching no. cost ne fifth s cost che new Ne most or "N" for e with 42		0	70.00 71.00 75.00 76.00
80.00	1, 2, or 3, in column 3. (see in of the fourth year, enter 4 in of teaching program in existence, e on or after October 1, 2012, if any subsequent academic year of instructions) Long Term Care Hospital PPS Is this a long term care hospita Is this a LTCH co-located within "Y" for yes and "N" for no. TEFRA Providers	column 3, or if the f enter 5. (see instruct this cost reporting the new teaching pro	ifth or subsequent a tions) For cost repo period covers the be gram in existence, e for yes and "N" for	academic years of prting periods b ginning of the enter 6 in colum	of the new beginning sixth or nn 3. (see	1. C	0	80.00 81.00
86.00	Is this a new hospital under 42 Did this facility establish a ne §413.40(f)(1)(ii)? Enter "Y" fc	w Other subprovider	(excluded unit) unde			N		85.00 86.00

Health Financial Systems ST. FRANCIS H&H	I-MOORESVILLE		In L	ieu of Form CMS	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der		eriod: rom 01/01/20 o 12/31/20	14 Date/Time Pr	repared:
			V	5/26/2015 3: XI X	59 pili
			1.00	2.00	
90.00 Does this facility have title V and/or XIX inpatient hospit	al services? E	Enter "Y" for	N	Y	90.00
yes or "N" for no in the applicable column. 91.00 Is this hospital reimbursed for title V and/or XIX through			N	Y	91.00
full or in part? Enter "Y" for yes or "N" for no in the app 92.00 Are title XIX NF patients occupying title XVIII SNF beds (d instructions) Enter "Y" for yes or "N" for no in the applic	lual certificat			Ν	92.00
93.00 Does this facility operate an ICF/MR facility for purposes "Y" for yes or "N" for no in the applicable column.		d XIX? Enter	N	Ν	93.00
94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, applicable column.	and "N" for r	no in the	N	Ν	94.00
95.00 If line 94 is "Y", enter the reduction percentage in the ap 96.00 Does title V or XIX reduce operating cost? Enter "Y" for ye			0. N	00 0. 0 N	00 95.00 96.00
applicable column. 97.00 If line 96 is "Y", enter the reduction percentage in the ap	plicable colum	nn.	0.	00 0.0	97.00
Rural Providers 105.00 Does this hospital qualify as a Critical Access Hospital (C 106.00 If this facility qualifies as a CAH, has it elected the all		thod of payment	N		105.00
for outpatient services? (see instructions) 107.00 Column 1: If this facility qualifies as a CAH, is it eligi	ble for cost r	reimbursement	N		107.00
for I &R training programs? Enter "Y" for yes or "N" for n instructions) If yes, the GME elimination would not be on W the program would be cost reimbursed. If yes complete Wkst. this facility is a CAH, do I&Rs in an approved medical educ CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or instructions)	/kst. B, Pt. I, D-2, Pt. II. ation program	col. 25 and Column 2: If train in the			
108.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00
	Physi cal	Occupational	Speech	Respiratory	/
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	1.00 N	2.00 N	3.00 N	4.00 N	109.00
	·		•	1.00	
110.00 Did this hospital participate in the Rural Community Hospit the current cost reporting period? Enter "Y" for yes or "N"		on project (41	OA Demo)for	1.00 N	110.00
			1	. 00 2. 00 3. 00	)
Miscellaneous Cost Reporting Information				N	115 00
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes of 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 provide Pub. 15-1, §2208.1.	2. If column 2 ent for long te	is "E", enter erm care (inclu	in column des	N O	115.00
116.00Is this facility classified as a referral center? Enter "Y" $117.00Is$ this facility legally-required to carry malpractice insu				N N	116. 00 117. 00
no. 118.00 Is the mal practice insurance a claims-made or occurrence po	olicy? Enter 1	if the policy	is	2	118.00
claim-made. Enter 2 if the policy is occurrence.		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01 List amounts of malpractice premiums and paid losses:			)	0	0118.01
			1.00	2.00	-
118.02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sche and amounts contained therein.			N		118.02
119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hol §3121 and applicable amendments? (see instructions) Enter i "N" for no. Is this a rural hospital with < 100 beds that q Hold Harmless provision in ACA §3121 and applicable amendmen	n column 1, "\ ualifies for t	(" for yes or the Outpatient	N	Ν	119.00 120.00
Enter in column 2, "Y" for yes or "N" for no. 121.00Did this facility incur and report costs for high cost impl patients? Enter "Y" for yes or "N" for no.	antable device	es charged to	Y		121.00
Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" f	or yes and "N"	for no. If	N		125.00
yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, e		fication date			126. 00
in column 1 and termination date, if applicable, in column 127.00 If this is a Medicare certified heart transplant center, en in column 1 and termination date, if applicable, in column	nter the certif	fication date			127.00

	I-MOORESVILLE		-		In Lieu	u of Form CMS	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der	CCN: 150057			/01/2014 /31/2014	Date/Time P	repared
						5/26/2015 3	:59 pm
				1	. 00	2.00	
28.00  f this is a Medicare certified liver transplant center, en in column 1 and termination date, if applicable, in column		ication dat	te				128.0
29.00 If this is a Medicare certified lung transplant center, ent column 1 and termination date, if applicable, in column 2.	er the certifi		ein				129.0
30.00  f this is a Medicare certified pancreas transplant center, date in column 1 and termination date, if applicable, in co		ti fi cati on					130. C
31.00 If this is a Medicare certified intestinal transplant cente date in column 1 and termination date, if applicable, in co	r, enter the c lumn 2.						131. (
32.00 If this is a Medicare certified islet transplant center, en in column 1 and termination date, if applicable, in column	2.						132. (
33.00 If this is a Medicare certified other transplant center, en in column 1 and termination date, if applicable, in column		ïcation dat	te				133. (
34.00 If this is an organ procurement organization (OPO), enter t and termination date, if applicable, in column 2. All Providers	he OPO number	in column 1					134. (
40.00 Are there any related organization or home office costs as					Y	158014	140. 0
chapter 10? Enter "Y" for yes or "N" for no in column 1. If are claimed, enter in column 2 the home office chain number			sts				
1.00         2.0           If this facility is part of a chain organization, enter on		ugh 142 th	0 0000	0 000	3.00	of the home	_
office and enter the home office contractor name and contra	actor number.						
41.00 Name: FRANCISCAN ALLIANCE, INC. AND Contractor's Name: WI AFFILI S	SCONSIN PHYSIC SERVICE	IAN Contrac	ctor's	s Num	ber: 0810	1	141.
12.00         Street: 1515 W DRAGOON TRL         PO Box:         12           13.00         City:         MI SHAWAKA         State:         IN	90	Zip Coo	de:		4654	4	142. 143.
		<u></u>					_
44.00 Are provider based physicians' costs included in Worksheet	A?					1.00 Y	144. (
45.00 If costs for renal services are claimed on Worksheet A, lin only? Enter "Y" for yes or "N" for no.		costs for i	npati	ents	servi ces		145. (
			-				
16.00Has the cost allocation methodology changed from the previo				1	00	2 00	
Enter "Y" for yes or "N" for no in column 1. (See CMS Pub.	usly filed cos 15-2, § 4020)	t report? If yes, ent	ter	1	<u>. 00</u> N	2.00	146.
Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. the approval date (mm/dd/yyyy) in column 2.	15-2, § 4020)	If yes, ent	ter	1	N	2.00	
Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. the approval date (mm/dd/yyyy) in column 2. 47.00 Was there a change in the statistical basis? Enter "Y" for	15-2, § 4020) yes or "N" for	lf yes, ent no.	ter	1		2.00	147.
Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. the approval date (mm/dd/yyyy) in column 2. 47.00Was there a change in the statistical basis? Enter "Y" for 48.00Was there a change in the order of allocation? Enter "Y" fo 49.00Was there a change to the simplified cost finding method? E	15-2, § 4020) yes or "N" for r yes or "N" f	If yes, ent no. `or no.		1	N	2.00	147. ( 148. (
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Health Financial Systems	ST. FRANCIS H&H-MOC	DRESVI LLE	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDEN	TIFICATION DATA	Provider CCN: 150057	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Pre 5/26/2015 3:5	epared:
				1.00	_
Health Information Technology (HIT) ince					
167.00 Is this provider a meaningful user under				Y	167.00
168.00 If this provider is a CAH (line 105 is " reasonable cost incurred for the HIT ass		user (line 167 is "Y"	), enter the		0168.00
169.00 If this provider is a meaningful user (I transition factor. (see instructions)	ine 167 is "Y") and is	not a CAH (line 105 is	s "N"), enter the	0. 2	5169.00
			Begi nni ng	Endi ng	
			1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR beginni period respectively (mm/dd/yyyy)	ng date and ending date	e for the reporting	07/01/2014	09/30/2014	170.00
				1.00	
171.00 If line 167 is "Y", does this provider h Medicare cost plans reported on Wkst. S- (see instructions)				N	171.00

	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	ESTI ONNAI RE Pro	ovi der	F	eriod: rom 01/01/2014 o 12/31/2014		epared
					Y/N	Date	
	General Instruction: Enter Y for all YES res mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS Provider Organization and Operation	ponses. Enter N for all	I NO re	esponses. Ente	1.00 r all dates in	2.00 the	
. 00	Has the provider changed ownership immediate reporting period? If yes, enter the date of			instructions)	N		1.0
				Y/N	Date	V/I	
. 00	Has the provider terminated participation in	the Medicare Program?	lf	1.00 N	2.00	3.00	2.0
	yes, enter in column 2 the date of terminativoluntary or "I" for involuntary.	on and in column 3, "V	" for				
. 00	Is the provider involved in business transac contracts, with individuals or entities (e.g or medical supply companies) that are relate officers, medical staff, management personne of directors through ownership, control, or relationships? (see instructions)	I., chain home offices, d to the provider or in I, or members of the basis	drug ts oard	Y			3.0
				Y/N	Type	Date	
	Financial Data and Reports			1.00	2.00	3.00	
. 00	Column 1: Were the financial statements pre Accountant? Column 2: If yes, enter "A" for or "R" for Reviewed. Submit complete copy or column 3. (see instructions) If no, see inst	Audited, "C" for Comp enter date available	iled,	Y	A		4.0
. 00	Are the cost report total expenses and total those on the filed financial statements? If	revenues different fr		Ν			5.0
					Y/N	Legal Oper.	
	Approved Educational Activities				1.00	2.00	
. 00	Approved Educational Activities Column 1: Are costs claimed for nursing sch the legal operator of the program?	ool? Column 2: If yes	, is tl	he provider is	N		6.0
00 00	Are costs claimed for Allied Health Programs Were nursing school and/or allied health pro cost reporting period? If yes, see instructi	grams approved and/or		d during the	N N		7. 0 8. 0
. 00	Are costs claimed for Intern-Resident progra yes, see instructions.	ms claimed on the curr			Ν		9.0
0.00	Was an Intern-Resident program been initiate period? If yes, see instructions.				Y		10.0
1.00	Are GME cost directly assigned to cost cente Teaching Program on Worksheet A? If yes, see		an Ap	proved	N		11.0
	Treatening trogram on worksheet A: Tr yes, see	Thistractrons.				Y/N	
						1.00	
	Bad Debts					1.00	
2.00	Bad Debts Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy.				st reporting		
2.00 3.00 4.00	Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy. If line 12 is yes, were patient deductibles Bed Complement	bt collection policy cl and/or co-payments wai	hange ( ved? It	during this co fyes, see ins	tructions.	1.00 Y	13.0
2.00 3.00 4.00	Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy. If line 12 is yes, were patient deductibles	bt collection policy cl and/or co-payments wai	hange ( ved? It	during this co f yes, see ins yes, see inst	tructions.	1.00 Y N N	13. C
2.00 3.00 4.00	Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy. If line 12 is yes, were patient deductibles Bed Complement	bt collection policy cl and/or co-payments wai or cost reporting perio	hange ( ved? It	during this co f yes, see ins yes, see inst Par	tructions.	1.00 Y N N Part B	13. C
2.00 3.00 4.00	Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy. If line 12 is yes, were patient deductibles Bed Complement	bt collection policy cl and/or co-payments wai	hange ( ved? It	during this co f yes, see ins yes, see inst	tructions.	1.00 Y N N	12. C 13. C 14. C 15. C
2.00 3.00 4.00 5.00	Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy. If line 12 is yes, were patient deductibles Bed Complement Did total beds available change from the pri-	bt collection policy cl and/or co-payments wai or cost reporting perio Description	hange ( ved? It	during this co f yes, see ins yes, see inst Par Y/N 1.00	tructions. ructions. t A Date	1.00 Y N N Part B Y/N 3.00	13. 0 14. 0 15. 0
2.00 3.00 4.00 5.00	Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy. If line 12 is yes, were patient deductibles Bed Complement Did total beds available change from the pri PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 . (see	bt collection policy cl and/or co-payments wai or cost reporting perio Description	hange ( ved? It	during this co f yes, see ins yes, see inst Par Y/N	tructions. ructions. t A Date	1.00 Y N N Part B Y/N	13. ( 14. ( 15. (
2. 00 3. 00 4. 00 5. 00 5. 00	Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy. If line 12 is yes, were patient deductibles Bed Complement Did total beds available change from the pri PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 . (see 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	bt collection policy cl and/or co-payments wai or cost reporting perio Description 0	hange ( ved? It	during this co f yes, see ins yes, see inst Par Y/N 1.00	tructions. ructions. t A Date	1.00 Y N N Part B Y/N 3.00	13. ( 14. ( 15. ( 16. (
2.00 3.00 4.00	Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy. If line 12 is yes, were patient deductibles Bed Complement Did total beds available change from the pri PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 . (see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional	bt collection policy cl and/or co-payments wai or cost reporting perio Description 0	hange ( ved? It	during this co f yes, see ins yes, see inst Par Y/N 1.00 N	tructions.	1.00 Y N N Part B Y/N 3.00	13. C
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Is the provider seeking reimbursement for ba If line 12 is yes, did the provider's bad de period? If yes, submit copy. If line 12 is yes, were patient deductibles Bed Complement Did total beds available change from the pri- Did total beds available change from the pri- PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments	bt collection policy cl and/or co-payments wai or cost reporting perio Description 0	hange ( ved? It	during this co f yes, see ins yes, see inst Par Y/N 1.00 N	tructions.	1.00 Y N Part B Y/N 3.00 N	13. ( 14. ( 15. ( 16. ( 17. (

Heal th	Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-	2552-10
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE			CCN: 150057 P	eriod:	Worksheet S-2	
					rom 01/01/2014	Part II	norod.
				1	o 12/31/2014	Date/Time Pre 5/26/2015 3:5	59 pm
				Par	t A	Part B	
		Descri	iption	Y/N	Date	Y/N	
			0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the			N		N	21.00
	provider's records? If yes, see						
	instructions.						
						1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPI	TALS ONLY (EXC	EPT CHI LDRENS	HOSPI TALS)		1100	
	Capital Related Cost						
22.00	Have assets been relifed for Medicare purpos	es?lfyes, se	e instructions			Ν	22.00
23.00	Have changes occurred in the Medicare deprec	iation expense	e due to apprai	sals made duri	ng the cost	N	23.00
24.00	reporting period? If yes, see instructions.			46:		N	24.00
24.00	Were new leases and/or amendments to existin	g reases enter	ed into during	this cost rep	pring period?	N	24.00
25.00	If yes, see instructions Have there been new capitalized leases enter	ed into durina	the cost reno	rting period?	If ves see	N	25.00
20.00	instructions.	eu mite during		ring period.	, yes, see		20.00
26.00	Were assets subject to Sec. 2314 of DEFRA acq	uired during t	he cost report	ing period? If	yes, see	Ν	26.00
	instructions.	-			-		
27.00	Has the provider's capitalization policy cha	nged during th	e cost reporti	ng period? If	yes, submit	N	27.00
	copy.						-
28.00	Interest Expense Were new Loans, mortgage agreements or lette	rs of crodit o	ntorod into du	ring the cost	roporting	N	28.00
20.00	period? If yes, see instructions.	is of cleart e		The cost	eportring	IN	20.00
29.00	Did the provider have a funded depreciation	account and/or	bond funds (D	ebt Service Re	serve Fund)	N	29.00
	treated as a funded depreciation account? If	yes, see inst	ructions				
30.00	Has existing debt been replaced prior to its			debt? If yes,	see	N	30.00
	instructions.		_				
31.00	Has debt been recalled before scheduled matu	rity without i	ssuance of new	debt? If yes,	see	N	31.00
	instructions. Purchased Services						-
32.00	Have changes or new agreements occurred in p	atient care se	rvices furnish	ed through con	tractual	N	32.00
02.00	arrangements with suppliers of services? If			ou thi ough oon			02.00
33.00	If line 32 is yes, were the requirements of	Sec. 2135.2 ap	plied pertaini	ng to competit	ive bidding? If		33.00
	no, see instructions.						
	Provi der-Based Physi ci ans						
34.00	Are services furnished at the provider facil	ity under an a	irrangement wit	h provider-bas	ed physicians?	Y	34.00
35.00	If yes, see instructions. If line 34 is yes, were there new agreements	or amondod ov	isting agreeme	nts with the n	rovi der-based	N	35.00
55.00	physicians during the cost reporting period?			into with the p	ovider-based	IN IN	33.00
					Y/N	Date	
					1.00	2.00	
	Home Office Costs						
	Were home office costs claimed on the cost r				Y		36.00
37.00	If line 36 is yes, has a home office cost st	atement been p	repared by the	home office?	Y		37.00
38.00	If yes, see instructions. If line 36 is yes , was the fiscal year end	of the home of	fice different	from that of	N		38.00
50.00	the provider? If yes, enter in column 2 the				IN		30.00
39.00	If line 36 is yes, did the provider render s				Y		39.00
	see instructions.						
40.00	If line 36 is yes, did the provider render s	ervices to the	home office?	lf yes, see	Y		40.00
	instructions.						
			1	00	2	00	_
	Cost Report Preparer Contact Information		I. I.	00	Ζ.	00	
	Enter the first name, last name and the title	e/position	ВКД		ВКД		41.00
	held by the cost report preparer in columns	•					
	respecti vel y.						
42.00	Enter the employer/company name of the cost	report	BKD, LLP				42.00
	preparer.				L VOODTREESTE		
	Enter the telephone number and email address		502-581-0435		LVCOSTREPORTS@	BKD. COM	43.00
	report preparer in columns 1 and 2, respecti	very.	1		I		11

OSPI T	Financial Systems SAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	ST. FRANCIS H&H- STIONNAIRE	Provi der	CCN: 150057		Worksheet S-2	<u>2552-1</u> 2
					From 01/01/2014 To 12/31/2014	Part II Date/Time Pre 5/26/2015 3:5	
		Part B	<b>I</b>		- I .	0/20/2010 010	
		Date					
		4.00					
	PS&R Data						
6.00	Was the cost report prepared using the PS&R						16.0
	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						
7.00	instructions)	04/02/2015					17
7.00	Was the cost report prepared using the PS&R Report for totals and the provider's records	04/02/2015					17.(
	for allocation? If either column 1 or 3 is						
	yes, enter the paid-through date in columns						
	2 and 4. (see instructions)						
8 00	If line 16 or 17 is yes, were adjustments						18.
0.00	made to PS&R Report data for additional						10.
	claims that have been billed but are not						
	included on the PS&R Report used to file						
	this cost report? If yes, see instructions.						
9 00	If line 16 or 17 is yes, were adjustments						19.
7.00	made to PS&R Report data for corrections of						' '
	other PS&R Report information? If yes, see						
	instructions.						
0.00	If line 16 or 17 is yes, were adjustments						20.
	made to PS&R Report data for Other? Describe						
	the other adjustments:						
1.00	Was the cost report prepared only using the						21.
	provider's records? If yes, see						
	instructions.						
		-	3.	00			
	Cost Report Preparer Contact Information						
1.00	Enter the first name, last name and the titl	e/position B	KD				41.
	held by the cost report preparer in columns	1, 2, and 3,					
	respectively.						
2.00	Enter the employer/company name of the cost	report					42.
	preparer.						
3.00	Enter the telephone number and email address	of the cost					43.

OSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	CAL DATA	Provi de	r CCN: 150057	Period: From 01/01/201 To 12/31/201	4 Date/Time Pre	epared
						5/26/2015 3:5 I/P Days / O/P Visits / Trips	59 pm
	Component	Worksheet A Line Number	No. of Beds	Avai I abl e	)	Title V	
		1.00	2.00	3.00	4.00	5.00	
. 00 . 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)	30.00		38 32,	120 0. 0	0 0	1. 2.
. 00 . 00	HMO IPF Subprovider HMO IRF Subprovider						3. 4.
. 00	Hospital Adults & Peds. Swing Bed SNF					0	5.
. 00	Hospital Adults & Peds. Swing Bed NF					0	
00	Total Adults and Peds. (exclude observation beds) (see instructions)			38 32,	120 0.0	0 0	
00 00	I NTENSI VE CARE UNI T CORONARY CARE UNI T						8.
0.00	BURN I NTENSI VE CARE UNI T						10
. 00	SURGI CAL I NTENSI VE CARE UNI T	34.00		10 3.	650 0. 0	0 0	
2.00	OTHER SPECIAL CARE (SPECIFY)	01.00		0,	0.0		12
3.00	NURSERY	43.00				0	
1.00	Total (see instructions)			98 35,	770 0. 0	0 0	
5.00	CAH visits					0	15
5.00	SUBPROVIDER - IPF						16
. 00	SUBPROVIDER - IRF						17
. 00	SUBPROVI DER						18
. 00	SKILLED NURSING FACILITY						19
0. 00	NURSING FACILITY						20
. 00	OTHER LONG TERM CARE						21
2.00	HOME HEALTH AGENCY						22
3.00	AMBULATORY SURGICAL CENTER (D. P. )						23
1.00	HOSPI CE	20.00					24
1. 10 5. 00	HOSPICE (non-distinct part)	30.00					24
5. 10	CMHC – CMHC CMHC – CORF	99.10				0	
5.00	RURAL HEALTH CLINIC	99.10				0	25
b. 25	FEDERALLY QUALIFIED HEALTH CENTER						26
. 00	Total (sum of lines 14-26)			98			27
. 00	Observation Bed Days					0	
. 00	Ambulance Trips						29
). 00	Employee discount days (see instruction)			1			30
I. 00	Employee discount days - IRF						31
2.00	Labor & delivery days (see instructions)			0	0		32
2. 01	Total ancillary labor & delivery room outpatient days (see instructions)						32.
3 00	LTCH non-covered days						33

OSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der		eriod: rom 01/01/2014 o 12/31/2014		pare
		I/P Days	/ O/P Visits	/ Trips	Full Time E	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4, 632	241	7, 714			1.
. 00	HMO and other (see instructions)	1, 234	812				2.
. 00	HMO I PF Subprovi der	0	0				3.
00	HMO I RF Subprovi der	0	0				4.
00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.
00	Hospital Adults & Peds. Swing Bed NF		0	0			6.
00 00	Total Adults and Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT	4, 632	241	7, 714			7. 8.
00	CORONARY CARE UNIT						9
. 00	BURN INTENSIVE CARE UNIT						10
. 00	SURGICAL INTENSIVE CARE UNIT	659	31	970			11
. 00	OTHER SPECIAL CARE (SPECIFY)						12
. 00	NURSERY		20	639			13
. 00	Total (see instructions)	5, 291	292	9, 323	0.38	352.86	14
. 00	CAH visits	0	0	0			15
. 00	SUBPROVIDER - IPF						16
. 00	SUBPROVIDER - IRF						17
. 00	SUBPROVI DER						18
. 00	SKILLED NURSING FACILITY						19
00	NURSING FACILITY						20
00	OTHER LONG TERM CARE						21
00	HOME HEALTH AGENCY						22
. 00	AMBULATORY SURGICAL CENTER (D. P. )						23
. 00	HOSPI CE						24
10	HOSPICE (non-distinct part)	0	0	0			24
00	CMHC - CMHC	Ĭ	0	0			25
. 10	CMHC - CORF	0	0	0	0.00	0.00	
. 00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26
. 25	FEDERALLY QUALIFIED HEALTH CENTER						26
. 00	Total (sum of lines 14-26)				0. 38	352.86	
. 00	Observation Bed Days		57	535	0.30	552.00	28
. 00	Ambulance Trips	0	57	000			20
. 00	Employee discount days (see instruction)	0		0			30
. 00				0			30
	Employee discount days - IRF	0	2.2	-			31
. 00	Labor & delivery days (see instructions)	0	32	61			
. 01	Total ancillary labor & delivery room			0			32
3.00	outpatient days (see instructions) LTCH non-covered days	o					33.

HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	CCN: 150057	Peri od: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part I Date/Time Pre 5/26/2015 3:5	pared:
		Full Time Equivalents		Di s	charges		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00         2.00         3.00         4.00         5.00         6.00         7.00         8.00         9.00         10.00         11.00         12.00         13.00         14.00         15.00         16.00         17.00         18.00         20.00         21.00         22.00         24.00         25.00         25.10         26.25         27.00         28.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) NURSERY Total (see instructions) CAH visits SUBPROVIDER - IPF SUBPROVIDER - IPF SUBPROVIDER SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC CMHC - CORF RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days		0	1, 30	58 0	2, 941	$\begin{array}{c} 1.00\\ 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 13.00\\ 14.00\\ 15.00\\ 14.00\\ 20.00\\ 21.00\\ 20.00\\ 21.00\\ 22.00\\ 23.00\\ 24.00\\ 24.00\\ 24.10\\ 25.00\\ 24.00\\ 24.00\\ 24.00\\ 24.00\\ 25.00\\ 24.00\\ 24.00\\ 24.00\\ 24.00\\ 25.00\\ 24.00\\ 24.00\\ 24.00\\ 25.00\\ 24.00\\ 24.00\\ 24.00\\ 24.00\\ 25.00\\ 24.00\\ 24.00\\ 24.00\\ 25.00\\ 24.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 25.00\\ 25.00\\ 24.00\\ 25.00\\ 24.00\\ 25.0$
29.00 30.00 31.00 32.00	Ambulance Trips Employee discount days (see instruction) Employee discount days – IRF Labor & delivery days (see instructions)						29.0 30.0 31.0 32.0
32. 01	Total ancillary labor & delivery room outpatient days (see instructions) LTCH non-covered days						32. C

HOSPI TA	Financial Systems AL WAGE INDEX INFORMATION		ST. FRANCIS H&I			eriod: rom 01/01/2014	u of Form CMS-2 Worksheet S-3 Part II Date/Time Pre 5/26/2015 3:5	epared:
		Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adj usted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							_
1.00	SALARIES Total salaries (see	200.00	19, 935, 756	0	19, 935, 756	733, 956. 87	27.16	1.00
2.00	instructions) Non-physician anesthetist Part	200.00	0	-			0.00	
	A		0	_				
3.00	Non-physician anesthetist Part B		-	-	_		0.00	
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	-	-		0.00	
5.00	Physician-Part B Non-physician-Part B		0	0	0	01.00	0.00	
6.00 7.00	Interns & residents (in an	21.00	0			0.00 0.00	0. 00 0. 00	
7.00	approved program)	21.00	0	0	0	0.00	0.00	/ /.00
7.01	Contracted interns and residents (in an approved programs)		0	O	0	0.00	0.00	7.01
	Home office personnel		0	C	-		0.00	
9.00	SNF	44.00	0 495, 698	0	-	0.00	0.00	
10.00	Excluded area salaries (see instructions)		495, 698	0	495, 698	18, 967. 26	26. 13	10.00
	OTHER WAGES & RELATED COSTS Contract Labor: Direct Patient		408, 129	0	408, 129	12, 938. 57	31.54	11.00
10.00	Care		0			0.00	0.00	10.00
12.00	Contract Labor: Top Level management and other management and administrative		0	0	0	0.00	0.00	12.00
13.00	services Contract Labor: Physician-Part		95, 677	O	95, 677	601. 71	159.01	13.00
14.00	A - Administrative Home office salaries &		6, 979, 684	C	6, 979, 684	174, 612. 31	39.97	14.00
15.00	wage-related costs Home office: Physician Part A		0	C	0	0.00	0.00	15.00
	- Administrative Home office and Contract		0	C	0	0.00		16.00
	Physicians Part A - Teaching WAGE-RELATED COSTS				-			
	Wage-related costs (core) (see		5, 534, 611	0	5, 534, 611			17.00
18.00	instructions) Wage-related costs (other)		0	O	0			18.00
19.00	(see instructions) Excluded areas		141, 331	C	141, 331			19.00
20.00	Non-physician anesthetist Part		0	0				20.00
21.00	Non-physician anesthetist Part B		0	C	0			21.00
22.00	Physician Part A – Administrative		0	C	0			22.00
22. 01	Physician Part A - Teaching		0	O	0			22.01
	Physician Part B		0	0	0			23.00
	Wage-related costs (RHC/FQHC)		0					24.00
25.00	Interns & residents (in an approved program) OVERHEAD COSTS - DIRECT SALARII	ES	0	0	0			25.00
	Employee Benefits Department	4.00	0	0			0.00	26.00
27.00 28.00	Administrative & General Administrative & General under contract (see inst.)	5.00	2, 640, 420 260, 253				35. 16 72. 56	27.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1, 135, 486				23. 20	
o 1 00 1	Laundry & Linen Service	8.00	29, 985		29, 985			
31.00	Housekeepi ng	9.00	893, 726 0					32.00 33.00
31.00 32.00 33.00	Housekeeping under contract							
32.00 33.00	(see instructions)	10.00	400 500	000 075	104 457	0 400 10	40 75	24 00
32.00 33.00 34.00	(see instructions) Dietary Dietary under contract (see	10. 00	409, 522 0	-288, 365 0	121, 157 0	9, 499. 48 0. 00		34.00 35.00
32.00 33.00 34.00 35.00 36.00	(see instructions) Dietary	10. 00 11. 00 12. 00	409, 522 0 0	-288, 365 0 288, 365	0	0.00	0. 00 12. 75	

Health Financial Systems	S	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provi der		Period:	Worksheet S-3	
					From 01/01/2014 To 12/31/2014	Part II Date/Time Pre	pared:
						5/26/2015 3:5	9 pm
	Worksheet A	Amount	Recl assi fi cat	Adj usted	Paid Hours	Average	
	Line Number	Reported	ion of	Sal ari es	Related to	Hourly Wage	
			Sal ari es	(col.2 ± col.	Salaries in	(col. 4 ÷	
			(from	3)	col. 4	col. 5)	
			Worksheet				
			A-6)				
	1.00	2.00	3.00	4.00	5.00	6.00	
39.00 Central Services and Supply	14.00	71, 978	0	71, 97	8 4, 884. 36	14.74	39.00
40.00 Pharmacy	15.00	752, 305	0	752, 30	5 19, 627. 59	38.33	40.00
41.00 Medical Records & Medical	16.00	0	0		0.00	0.00	41.00
Records Library							
42.00 Social Service	17.00	0	0		0.00	0.00	42.00
43.00 Other General Service	18.00	0	0		0.00	0.00	43.00

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10	
HOSPITAL WAGE INDEX INFORMATION			Provi der		Period: From 01/01/2014	Worksheet S-3 Part III	
			_		To 12/31/2014	Date/Time Pre 5/26/2015 3:5	
	Worksheet A	Amount	Recl assi fi cat	Adj usted	Paid Hours	Average	
	Line Number	Reported	ion of	Sal ari es	Related to	Hourly Wage	
			Sal ari es	(col.2 ± col.	Salaries in	(col. 4 ÷	
			(from	3)	col. 4	col. 5)	
			Worksheet				
			A-6)				
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00 Net salaries (see		20, 196, 009	0	20, 196, 00	9 737, 543. 36	27.38	1.00
instructions)							
2.00 Excluded area salaries (see		495, 698	0	495, 69	8 18, 967. 26	26. 13	2.00
instructions)							
3.00 Subtotal salaries (line 1		19, 700, 311	0	19, 700, 31	1 718, 576. 10	27.42	3.00
minus line 2)							
4.00 Subtotal other wages & related	1	7, 483, 490	0	7, 483, 49	0 188, 152. 59	39.77	4.00
costs (see inst.)		F F04 (11		F F04 (1	1 0.00	20,00	F 00
5.00 Subtotal wage-related costs		5, 534, 611	0	5, 534, 61	1 0.00	28.09	5.00
(see inst.) 6.00 Total (sum of lines 3 thru 5)		22 710 412	0	22 710 41	2 906, 728. 69	24 00	6.00
		32, 718, 412		32, 718, 41			
7.00 Total overhead cost (see		6, 254, 462	0	6, 254, 46	2 259, 190. 17	24. 13	7.00
instructions)	1 1		I	I			

)SPI T	AL WAGE RELATED COSTS	Provider CCN:	150057	Peri od:	Worksheet S-3	2552
				From 01/01/2014	Part IV	
				To 12/31/2014		
	· · · · · · · · · · · · · · · · · · ·				5/26/2015 3:5 Amount	9 pm
					Reported	
					1.00	
	PART IV - WAGE RELATED COSTS				1100	
	Part A - Core List					
	RETIREMENT COST					
00	401K Employer Contributions				0	1 1.
00	Tax Sheltered Annuity (TSA) Employer Contribution				-5, 216	2.
00	Nonqualified Defined Benefit Plan Cost (see instructions)				1, 265, 473	3.
00	Qualified Defined Benefit Plan Cost (see instructions)				0	4.
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)					
00	401K/TSA Plan Administration fees				0	5.
00	Legal/Accounting/Management Fees-Pension Plan				0	6
00	Employee Managed Care Program Administration Fees				0	7
	HEALTH AND INSURANCE COST					
00	Health Insurance (Purchased or Self Funded)				2, 502, 264	8
00	Prescription Drug Plan				0	9
. 00	Dental, Hearing and Vision Plan				145, 426	
	Life Insurance (If employee is owner or beneficiary)				0	1
	Accident Insurance (If employee is owner or beneficiary)				0	1
	Disability Insurance (If employee is owner or beneficiary)				68, 919	
	Long-Term Care Insurance (If employee is owner or beneficiary	)			0	
. 00	'Workers' Compensation Insurance				192, 701	
. 00	Retirement Health Care Cost (Only current year, not the extra	ordi nary accrual	requi re	ed by FASB 106.	0	16
	Non cumulative portion)					1
	TAXES					
	FICA-Employers Portion Only				1, 480, 251	
	Medicare Taxes - Employers Portion Only				0	
	Unemployment Insurance				26, 124	
. 00	State or Federal Unemployment Taxes OTHER				0	20
~~			1 +	unh A shavus (sa	0	1 21
. 00	Executive Deferred Compensation (Other Than Retirement Cost R	eported on Times	i throu	ugn 4 above. (see	0	21
00	instructions)) Day Care Cost and Allowances				0	22
	Tuition Reimbursement				0	
	Total Wage Related cost (Sum of Lines 1 -23)				5, 675, 942	
F. UU	Part B - Other than Core Related Cost				5, 675, 942	24
	OTHER WAGE RELATED COSTS (SPECIFY)				0	25

Heal th	Financial Systems ST. FRANCIS H&H-M	IOORESVI LLE	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150057	Peri od:	Worksheet S-3	
			From 01/01/2014 To 12/31/2014		narod
			10 12/31/2014	5/26/2015 3:5	9 pm
	Cost Center Description		Contract	Benefit Cost	
			Labor		
			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		1.00
2.00	Hospi tal		0	0	2.00
3.00	Subprovider - IPF				3.00
4.00	Subprovider - IRF				4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
	Hospital-Based SNF			 	8.00
9.00	Hospital-Based NF			 	9.00
	Hospital-Based OLTC			 	10.00
	Hospital-Based HHA			 	11.00
	Separately Certified ASC			 	12.00
	Hospital-Based Hospice			 	13.00
	Hospital-Based Health Clinic RHC				14.00
	Hospital-Based Health Clinic FQHC			 	15.00
	Hospi tal -Based-CMHC				16.00
16.10	Hospital-Based-CMHC 10		0	0	16.10
	Renal Di al ysi s			1	17.00
18.00	Other		0	0	18.00

Heal th	Financial Systems ST. FRANCIS H&H-MOORE	SVI LLE		In Lie	u of Form CMS-2	2552-10
H0SPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	rovider CC		eriod:	Worksheet S-1	0
				rom 01/01/2014		
			T	o 12/31/2014		
					5/26/2015 3:5	9 pili
					1.00	
	Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divid	ded by line	202 column	8)	0. 263079	1.00
	Medicaid (see instructions for each line)			,		
2.00	Net revenue from Medicaid				8, 179, 094	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental p	payments fr	om Medicaid	?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from M	<i>l</i> edi cai d			0	5.00
6.00	Medi cai d charges				32, 824, 725	6.00
7.00	Medicaid cost (line 1 times line 6)				8, 635, 496	7.00
8.00	Difference between net revenue and costs for Medicaid program (li	ne 7 minus	sum of lin	es 2 and 5; if	456, 402	8.00
	< zero then enter zero)					
	State Children's Health Insurance Program (SCHIP) (see instructio	ons for eac	h line)			
9.00	Net revenue from stand-alone SCHIP				0	9.00
10.00	Stand-alone SCHIP charges				0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)				0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (I	ine 11 min	us line 9;	if < zero then	0	12.00
	enter zero)					
	Other state or local government indigent care program (see instru					
13.00	Net revenue from state or local indigent care program (Not includ				0	13.00
14.00	Charges for patients covered under state or local indigent care p	program (No	t included	in lines 6 or	0	14.00
45 00						45 00
15.00	State or local indigent care program cost (line 1 times line 14)			45	0	15.00
16.00	Difference between net revenue and costs for state or local indig	gent care p	rogram (lin	e 15 minus line	0	16.00
	13; if < zero then enter zero) Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to fund	ling charit	V caro		0	17.00
18.00	Government grants, appropriations or transfers for support of hos					17.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local			s (sum of lines	-	
19.00	8, 12 and 16)	rnurgent c			430,402	19.00
			Uni nsured	Insured	Total (col. 1	
			patients	pati ents	+ col. 2)	
			1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (a		19, 486, 941	0	19, 486, 941	20.00
	charges excluding non-reimbursable cost centers) for the entire f					
21.00	Cost of initial obligation of patients approved for charity care	(line 1	5, 126, 605	0	5, 126, 605	21.00
	times line 20)					
	Partial payment by patients approved for charity care		214, 356			
23.00	Cost of charity care (line 21 minus line 22)		4, 912, 249	0	4, 912, 249	23.00
					1.00	
24.00	Does the amount in line 20 column 2 include charges for patient d		a length o	f stay limit	N	24.00
05 00	imposed on patients covered by Medicaid or other indigent care pr				_	25 22
25.00	If line 24 is "yes," charges for patient days beyond an indigent		ram's rengt	n or stay rimit		25.00
26.00	Total bad debt expense for the entire hospital complex (see instruction of the second debts for the entire base its complex (see instruction)				4, 055, 917	
27.00 28.00	Medicare bad debts for the entire hospital complex (see instructi	,	1100 27)		162, 287	27.00
28.00 29.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line			20)	3, 893, 630	
29.00 30.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expen Cost of uncompensated care (line 23 column 3 plus line 29)	ise (i i ne l	times iine	20)	1, 024, 332 5, 936, 581	
	Total unreimbursed and uncompensated care cost (line 19 plus line	30)			6, 392, 983	
51.00	rotar an ermoursed and uncompensated care cost (The 17 plus The				0, 372, 703	51.00

	Financial Systems SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	ST. FRANCIS H&H-		CCN: 150057 Pe	In Lie eriod:	u of Form CMS-2 Worksheet A	2552-10
RECEA	STITUTION AND ADJUSTMENTS OF TREAL DREAMOLE C		TTOVICE		rom 01/01/2014	Date/Time Pre	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	5/26/2015 3:5 Recl assi fi ed Tri al Bal ance (col. 3 +- col. 4)	9 pm
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS				7 004 (40	7 004 (40	1 4 99
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		0 5 107 000		7, 331, 613	7, 331, 613	1.00
2.00 4.00	00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	0	5, 187, 092	5, 187, 092	-2, 835, 519 4, 754, 448	2, 351, 573	2.00 4.00
4.00 5.01	00570 ADMITTING	706, 985	186, 192	893, 177	4, 754, 448 -175, 678	4, 754, 448 717, 499	5.01
5.02	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	/00, 905	100, 172	075, 177	-175,070	0	5.02
5.03	00590 OTHER ADMIN & GENERAL	1, 933, 435	15, 420, 102	17, 353, 537	-419, 027	16, 934, 510	5.03
7.00	00700 OPERATION OF PLANT	1, 135, 486	1, 951, 808		-271, 362	2, 815, 932	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	29, 985	174, 340		-8,004	196, 321	8.00
9.00	00900 HOUSEKEEPI NG	893, 726	408, 745	1, 302, 471	-219, 636	1, 082, 835	9.00
10.00	01000 DI ETARY	409, 522	322, 869	732, 391	-565, 196	167, 195	10.00
11.00	01100 CAFETERI A	0	0	0	453, 460	453, 460	
13.00	01300 NURSI NG ADMI NI STRATI ON	60, 787	15, 844		-14, 456	62, 175	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	71, 978	37, 646		-34, 255	75, 369	14.00
15.00		752, 305	2, 623, 520	3, 375, 825	-2, 474, 032	901, 793	
16.00 21.00	01600 MEDICAL RECORDS & LIBRARY 02100 I & SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	16.00 21.00
21.00	02200 I &R SERVICES-SALART & FRINGES APPRVD	0	0	0	0	0	
22.00	INPATIENT ROUTINE SERVICE COST CENTERS	0	0	0	0	0	22.00
30.00	03000 ADULTS & PEDIATRICS	3, 962, 802	2, 404, 879	6, 367, 681	-2, 348, 593	4, 019, 088	30.00
34.00	03400 SURGI CAL I NTENSI VE CARE UNI T	1,083,356	295, 790		-287, 253	1, 091, 893	
43.00	04300 NURSERY	0	0		377, 645	377, 645	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1, 760, 855	20, 653, 329		-15, 245, 182	7, 169, 002	
52.00	05200 DELIVERY ROOM & LABOR ROOM	231	85		854, 088	854, 404	
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 277, 994	694, 162		-424, 167	1, 547, 989	
54.01	05401 ULTRA SOUND	202, 022	53, 924		-51, 856	204,090	
55.00 60.00	05500 RADI OLOGY-THERAPEUTI C 06000 LABORATORY	325, 183 0	2, 304, 484 2, 420, 324		-79, 439 -95, 284	2, 550, 228 2, 325, 040	55.00 60.00
60.00	06001 BLOOD LABORATORY	0	2, 420, 324	2, 420, 324	-95, 264	2, 323, 040	60.00
64.00	06400 I NTRAVENOUS THERAPY	13, 325	1, 662, 225	1, 675, 550	-1, 350, 257	325, 293	64.00
65.00	06500 RESPI RATORY THERAPY	762, 182	348, 283		-388,070	722, 395	
66.00	06600 PHYSI CAL THERAPY	1, 187, 549	329, 945		-305, 430	1, 212, 064	
67.00	06700 OCCUPATI ONAL THERAPY	132, 856	47, 212	180, 068	-42, 153	137, 915	67.00
68.00	06800 SPEECH PATHOLOGY	2, 814	743	3, 557	-743	2, 814	68.00
69.00	06900 ELECTROCARDI OLOGY	63, 694	316, 643		-68, 572	311, 765	
70.00	07000 ELECTROENCEPHALOGRAPHY	108, 263	52, 619		-47, 292	113, 590	
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4, 238, 229	4, 238, 229	
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS	0	0	0	11, 569, 429		
73.00	OUTPATIENT SERVICE COST CENTERS	0	0	0	3, 322, 489	3, 322, 489	/3.00
90.00	09000 CLINIC	386, 836	133, 597	520, 433	-135, 154	385, 279	90,00
90.01	09001 WOUND CARE INSTITUTE	23, 311	7, 163		-6, 920	23, 554	
90.02	09002 OP NUTRI TI ONAL COUNSELI NG	21, 570	5, 240		-5, 240	21, 570	
90.03	09003 BARIATRIC MEDICINE	0	0	0	0	0	90.03
90.04	04950 MARKETI NG & PLANNI NG	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	2, 131, 006	825, 712	2, 956, 718	-658, 252	2, 298, 466	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
00.10	OTHER REIMBURSABLE COST CENTERS		0		0	0	00.10
99.10	09910 CORF SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	99.10
113 00	11300 INTEREST EXPENSE		4, 225, 474	4, 225, 474	-4, 225, 474	0	113.00
118.00		19, 440, 058	63, 109, 991		118, 905		
110.00	NONREI MBURSABLE COST CENTERS	17, 170, 000	00,107,771	02,000,047	110, 703	02,000,704	
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	38, 182	87, 529	125, 711	-9, 159	116, 552	190.00
	19200 PHYSI CLANS' PRI VATE OFFI CES	101, 859	111, 347		-24, 564	188, 642	
	07950 COMMUNITY RELATIONS & MARKETING	79, 961	80, 831		-18, 411	142, 381	
	07951 PLAINFIELD RADIOLOGY & PHYSICAL THER	275, 558	505, 067		-66, 742	713, 883	
	07952 JV MV ENDOSCOPY	0	3, 445, 700		0	3, 445, 700	
	07953 SOUTHWEST CENTER FOR WOMENS HEALTH	0	0	-	0		194.03
	07954 OTHER NRCC	138	29		-29		194.04
200.00	TOTAL (SUM OF LINES 118-199)	19, 935, 756	67, 340, 494	87, 276, 250	0	87, 276, 250	l∠00.00

	<u>Financial Systems</u> SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE (	ST. FRANCIS H&H OF EXPENSES	H-MOO		CCN: 150057	Peri od:	u of Form CMS- Worksheet A	-2552-10
						From 01/01/2014 To 12/31/2014	Date/Time Pr 5/26/2015 3:	epared:
	Cost Center Description	Adjustments	Net	Expenses			572072015 3.	59 pili
		(See A-8)		For				
		6.00	ALI	ocation 7.00				
	GENERAL SERVICE COST CENTERS	0.00		7.00	I			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-3, 426, 457		3, 905, 156				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0		2, 351, 573				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	224, 661		4, 979, 109				4.00
5.01	00570 ADMI TTI NG	458, 582		1, 176, 081				5.01
5.02	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	1, 425, 931		1, 425, 931				5.02
5.03 7.00	00590 OTHER ADMIN & GENERAL 00700 OPERATION OF PLANT	11, 592, 793 -3, 600		8, 527, 303 2, 812, 332				5.03
8.00	00800 LAUNDRY & LINEN SERVICE	-14, 501		181, 820				8.00
9.00	00900 HOUSEKEEPI NG	-21,000		1,061,835				9.00
10.00	01000 DI ETARY	-286, 060		-118, 865				10.00
11.00	01100 CAFETERI A	0		453, 460				11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	0		62, 175				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0		75, 369				14.00
15.00	01500 PHARMACY	-106, 593		795, 200				15.00
16.00 21.00	01600 MEDICAL RECORDS & LIBRARY 02100 I&R SERVICES-SALARY & FRINGES APPRVD	267, 219		267, 219 32, 433				16.00
21.00	02200 I &R SERVICES-SALART & FRINGES APPRVD	32, 433 29, 971		32, 433 29, 971				21.00
22.00	INPATIENT ROUTINE SERVICE COST CENTERS	27,771		27,771				22.00
30.00	03000 ADULTS & PEDI ATRI CS	-3, 038		4,016,050				30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		1,091,893				34.00
43.00	04300 NURSERY	0		377, 645				43.00
	ANCI LLARY SERVICE COST CENTERS				1			
50.00	05000 OPERATING ROOM	-1, 302, 783		5,866,219				50.00
52.00 54.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	0 -23, 931		854, 404 1, 524, 058				52.00 54.00
54.00	05400 RADIOLOGI - DI AGNOSTI C	-23, 931		204, 090				54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	-716, 154		1,834,074				55.00
60.00	06000 LABORATORY	-1, 781, 946		543, 094				60.00
60.01	06001 BLOOD LABORATORY	0		0				60.01
64.00	06400 I NTRAVENOUS THERAPY	-4, 073		321, 220				64.00
65.00	06500 RESPI RATORY THERAPY	-11, 663		710, 732				65.00
66.00	06600 PHYSI CAL THERAPY	-9, 501		1, 202, 563				66.00
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0		137, 915 2, 814				67.00 68.00
69.00	06900 ELECTROCARDI OLOGY	0		311, 765				69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		113, 590				70.00
71.00		0		4, 238, 229				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1	1, 569, 429				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0		3, 322, 489				73.00
~~ ~~	OUTPATIENT SERVICE COST CENTERS							
90.00 90.01	09000 CLINIC 09001 WOUND CARE INSTITUTE	0		385, 279				90.00
	09001 WOUND CARE INSTITUTE 09002 OP NUTRITIONAL COUNSELING	0		23, 554 21, 570				90.01 90.02
90.02		0		21, 370	1			90.03
90.04	04950 MARKETING & PLANNING	0		0				90.04
91.00	09100 EMERGENCY	0		2, 298, 466				91.00
92.00								92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0				99.10
112 0	SPECIAL PURPOSE COST CENTERS	0		0				113.00
113.00		6, 320, 290		0 8, 989, 244				113.00
110.00	NONREIMBURSABLE COST CENTERS	0, 320, 290		.5, 707, 244	I			
190. 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		116, 552				190.00
	19200 PHYSI CI ANS' PRI VATE OFFI CES	0		188, 642				192.00
	07950 COMMUNITY RELATIONS & MARKETING	1, 009, 065		1, 151, 446				194.00
				713, 883				194.01
194.0	07951 PLAINFIELD RADIOLOGY & PHYSICAL THER	0						
194. 0 194. 0	207952 JV MV ENDOSCOPY	0		3, 445, 700				194.02
194. 0 194. 0 194. 0	207952 JV MV ENDOSCOPY 307953 SOUTHWEST CENTER FOR WOMENS HEALTH	0 0 224, 457		3, 445, 700 224, 457				194.03
194. 0 194. 0 194. 0	207952 JV MV ENDOSCOPY 307953 SOUTHWEST CENTER FOR WOMENS HEALTH 407954 OTHER NRCC	0 0 224, 457 0 7, 553, 812		3, 445, 700				

# Health Financial Systems ST. FRANCIS H&H-MOORESVILLE RECLASSIFICATIONS Provider

					From 01/01/2014 To 12/31/2014	Date/Time Prepared: 5/26/2015 3:59 pm
	Cont Conton	Increases	Calara	Others		
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00		
	A - MEDICAL SUPPLIES	3.00	4.00	3.00		
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	4, 238, 229		1.00
2 00	PATIENTS	70.00	0	11 5(0, 400		2.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11, 569, 429		2.00
3.00		0.00	О	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00 7.00		0.00 0.00	0	0		6.00 7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11. 00 12. 00		0. 00 0. 00	0	0 0		11.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16. 00 17. 00		0.00 0.00	0	0 0		16.00
17.00		0.00	0	0		18.00
19.00		0.00	Ő	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22. 00 23. 00		0.00 0.00	0	0		22.00 23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS B - DRUG		0	15, 807, 658		
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3, 322, 489		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00 5.00		0.00 0.00	0	0		4.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9. 00 10. 00		0.00 0.00	0	0		9.00 10.00
10.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	TOTALS C - EQUI PMENT LEASE		0	3, 322, 489		
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	192, 196		1.00
	EQUI P					
2.00 3.00		0.00 0.00	0	0		2.00
3.00 4.00		0.00	0	0		3.00 4.00
5.00		0.00	0	Ő		5.00
6.00		0.00	0	0		6.00
7.00	TOTALS	0.00	— — — o	102.106		7.00
	D - DEPRECIATION		0	192, 196		
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	3, 106, 139		1.00
0.65	FLXT					
2.00	TOTALS		— — — o	<u>3, 106, 139</u>		2.00
	E - INTEREST		0	3, 100, 134		
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	4, 225, 474		1.00
	FIXT					
	TOTALS F - EMPLOYEE BENEFITS		0	4, 225, 474		
1.00	EMPLOYEE BENEFITS	4.00	0	4, 754, 448		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00 6.00		0.00 0.00	0	0		5.00 6.00
			0	0		7.00
		0.001	UI	UI		1 7.00
7.00 8.00 9.00		0.00 0.00 0.00	0	0		8.00 9.00

### ST. FRANCIS H&H-MOORESVILLE

In Lieu of Form CMS-2552-10 Worksheet A-6

Hearth	Financial Systems		SI. FRANCIS H&H	-MOURESVILLE		In Lieu	J OF FORM CMS-	-2552-10
RECLASS	SI FI CATI ONS			Provi der	CCN: 150057	Peri od:	Worksheet A-	6
						From 01/01/2014		
						To 12/31/2014	Date/Time Pr	epared:
							5/26/2015 3:	<u>59 pm</u>
		Increases						
	Cost Center	Line #	Sal ary	Other				
	2.00	3.00	4.00	5.00				
10.00		0.00	0	0				10.00
11.00		0.00	0	0				11.00
12.00		0.00	0	0				12.00
13.00		0.00	0	0				13.00
14.00		0.00	0	0				14.00
15.00		0.00	o	0				15.00
16.00		0.00	o	0				16.00
17.00		0.00	0	0				17.00
18.00		0.00	0	0				18.00
19.00		0.00	0	0				19.00
20.00		0.00	0	0				20.00
20.00		0.00	0	0				21.00
21.00		0.00	0	0				21.00
22.00		0.00	0	0				22.00
23.00		0.00	0	0				23.00
				0				
25.00		0.00	0	0				25.00
26.00		0.00	0	0				26.00
27.00		0.00	0	0				27.00
28.00		0.00	0	0				28.00
29.00		0.00	0	0				29.00
30.00		0.00	0	0				30.00
31.00		0.00	0	0				31.00
32.00		0.00	0	0				32.00
	TOTALS		0	4, 754, 448				
	G – CAFETERIA							
1.00	CAFETERI A	11.00	288, 365	165, 095				1.00
	TOTALS		288, 365	165, 095				
	H - NURSERY	· · · · · ·						1
	NURSERY	43.00	374, 745	2,900				1.00
	DELIVERY ROOM & LABOR ROOM	52.00	847, 599	6, 558				2.00
			1, 222, 344	9,458				
	Grand Total: Increases		1, 510, 709	31, 582, 957				500.00
555.50		I I	1,010,107	51,002,707	ļ.			1000.00

#### ST. FRANCIS H&H-MOORESVILLE

In Lieu of Form CMS-2552-10

Provi der CCN: 150057 P

 Peri od:
 Worksheet A-6

 From 01/01/2014
 Date/Time Prepared:

 To
 12/31/2014
 Date/Time Prepared:

						5/26/2015 3:	59 pm
		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00 A - MEDICAL SUPPLIES	7.00	8.00	9.00	10.00		-
1.00	ADMI TTI NG	5. 01	0	6, 156	0		1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	1, 921	0		2.00
3.00	OPERATION OF PLANT	7.00	0	147			3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	708			4.00
5.00	HOUSEKEEPI NG	9.00	0	3, 793	0		5.00
6.00 7.00	DI ETARY NURSI NG ADMI NI STRATI ON	10. 00 13. 00	0	4, 472 562	0		6.00 7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	16, 843			8.00
9.00	PHARMACY	15.00	0	161, 052			9.00
10.00	ADULTS & PEDIATRICS	30.00	0	158, 944			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	28, 099			11.00
12.00	OPERATING ROOM	50.00	0	14, 801, 611	0		12.00
13.00 14.00	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52.00 54.00	0	11 116, 400			13.00 14.00
15.00	ULTRA SOUND	54.00	0	3, 455			15.00
	RADI OLOGY-THERAPEUTI C	55.00	0	836			16.00
17.00	LABORATORY	60.00	0	16, 860	0		17.00
	RESPI RATORY THERAPY	65.00	0	63, 688			18.00
19.00	RESPI RATORY THERAPY	65.00	0	139, 496			19.00
20.00 21.00	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	66. 00 67. 00	0	17, 645			20.00 21.00
21.00	ELECTROCARDI OLOGY	69.00	0	10, 110 50, 004			21.00
	ELECTROENCEPHALOGRAPHY	70.00	0	20, 372	0		23.00
	CLINIC	90.00	0	41,087	0		24.00
25.00	WOUND CARE INSTITUTE	90. 01	0	1, 261	0		25.00
26.00	EMERGENCY	<u>91.</u> 00	0	<u>142, 1</u> 25			26.00
	TOTALS		0	15, 807, 658			-
1.00	B - DRUG CENTRAL SERVICES & SUPPLY	14.00	0	244	0		1.00
2.00	PHARMACY	14.00	0	1, 960, 999			2.00
3.00	ADULTS & PEDIATRICS	30.00	0	247			3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	14			4.00
5.00	OPERATING ROOM	50.00	0	11, 490	0		5.00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	0	212			6.00
7.00	RADI OLOGY - THERAPEUTI C	55.00	0	110			7.00
8.00 9.00	INTRAVENOUS THERAPY	64.00	0	1, 347, 009	0		8.00
9.00 10.00	RESPI RATORY THERAPY PHYSI CAL THERAPY	65.00 66.00	0	351 1, 288			9.00 10.00
11.00	OCCUPATI ONAL THERAPY	67.00	0	92			11.00
12.00	ELECTROCARDI OLOGY	69.00	0	295			12.00
13.00	EMERGENCY	91.00	0	138	0		13.00
	TOTALS		0	3, 322, 489			
4 00	C - EQUIPMENT LEASE	10.00		0.740	10		1 00
1.00 2.00	DI ETARY PHARMACY	10. 00 15. 00	0	9, 742 171, 458			1.00
3.00	ADULTS & PEDIATRICS	30.00	0	127			3.00
	SURGICAL INTENSIVE CARE UNIT	34.00	0	127			4.00
5.00	OPERATI NG ROOM	50.00	0	9, 963			5.00
6.00	RESPI RATORY THERAPY	65.00	0	90	0		6.00
7.00	ELECTROENCEPHALOGRAPHY		<u>0</u>				7.00
			0	192, 196			-
1.00	D - DEPRECIATION NEW CAP REL COSTS-MVBLE	2.00	0	3, 027, 715	9		1.00
1.00	EQUI P	2.00	0	5,027,715	7		1.00
2.00	LABORATORY	60.00	0	78, 424	0		2.00
	TOTALS		0	3, 106, 139			
	E - INTEREST		-				
1.00	INTEREST EXPENSE	1 <u>13.</u> 00	0	4, 225, 474			1.00
	TOTALS F - EMPLOYEE BENEFITS		0	4, 225, 474			-
1.00	ADMI TTI NG	5. 01	0	169, 522	0		1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	417, 106			2.00
3.00	OPERATION OF PLANT	7.00	0	271, 215			3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	7, 296			4.00
5.00	HOUSEKEEPING	9.00	0	215, 843			5.00
6.00		10.00	0	97, 522			6.00
7.00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13.00 14.00	0	13, 894			7.00 8.00
8.00 9.00	PHARMACY	14.00 15.00	0	17, 168 180, 523			8.00 9.00
10.00	ADULTS & PEDIATRICS	30.00	0	957, 473			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	259, 031			11.00
12.00	OPERATING ROOM	50.00	0	422, 118	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	58	0		13.00

## Health Financial Systems RECLASSIFICATIONS

## ST. FRANCIS H&H-MOORESVILLE In Lieu of Form CMS-2552-10 Provider CCN: 150057 Period: From 01/01/2014 Worksheet A-6

						rom 01/01/2014 o 12/31/2014	Date/Time Pr 5/26/2015 3:	epared: 59 pm
		Decreases						
	Cost Center	Line #	Sal ary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
14.00	RADI OLOGY-DI AGNOSTI C	54.00	0	307, 555	0			14.00
15.00	ULTRA SOUND	54.01	0	48, 401	0			15.00
16.00	RADI OLOGY-THERAPEUTI C	55.00	0	78, 493	0			16.00
17.00	INTRAVENOUS THERAPY	64.00	0	3, 248	0			17.00
18.00	RESPI RATORY THERAPY	65.00	0	184, 445	0			18.00
19.00	PHYSI CAL THERAPY	66.00	0	286, 497	0			19.00
20.00	OCCUPATI ONAL THERAPY	67.00	0	31, 951	0			20.00
21.00	SPEECH PATHOLOGY	68.00	0	743	0			21.00
22.00	ELECTROCARDI OLOGY	69.00	0	18, 273	0			22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	26, 213	0			23.00
24.00	CLINIC	90.00	0	94, 067	0			24.00
25.00	WOUND CARE INSTITUTE	90.01	0	5,659	0			25.00
26.00	OP NUTRITIONAL COUNSELING	90. 02	0	5, 240	0			26.00
27.00	EMERGENCY	91.00	0	515, 989	0			27.00
28.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	9, 159	0			28.00
	CANTEEN							
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	24, 564	0			29.00
30.00	COMMUNITY RELATIONS &	194.00	0	18, 411	0			30.00
	MARKETI NG							
31.00	PLAINFIELD RADIOLOGY &	194.01	0	66, 742	0			31.00
	PHYSI CAL THER							
32.00	OTHER NRCC	194.04	0	29	0			32.00
	TOTALS		0	4, 754, 448				1
	G - CAFETERIA							1
1.00	DI ETARY	10.00	288, 365	165, 095	0			1.00
	TOTALS		288, 365	165,095				1
	H - NURSERY	· · · ·						1
1.00	ADULTS & PEDIATRICS	30.00	1, 222, 344	9, 458	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		1, 222, 344	9, 458				
500.00	Grand Total: Decreases		1, 510, 709	31, 582, 957				500.00
		· · · · ·						

Heal th	Financial Systems	ST. FRANCIS H&F	I-MOORESVILLE			In Lie	u of Form CMS-2	2552-10
RECONO	ILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150057		riod: om 01/01/2014 12/31/2014		pared:
				Acquisition	IS			
		Begi nni ng	Purchases	Donati on		Total	Disposals and	
		Bal ances					Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	F BALANCES		r				
1.00	Land	0	0		0	0	0	1.00
2.00	Land Improvements	1, 434, 719			0	39, 092		2.00
3.00	Buildings and Fixtures	55, 967, 448	1, 407, 597		0	1, 407, 597		3.00
4.00	Building Improvements	1, 323, 774	0		0	0	261, 190	4.00
5.00	Fixed Equipment	25, 007, 540	1, 694, 905		0	1, 694, 905		5.00
6.00	Movable Equipment	22, 652, 825	0		0	0	1, 346, 941	6.00
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	106, 386, 306	3, 141, 594		0	3, 141, 594	1, 608, 131	8.00
9.00	Reconciling Items	0	0		0	0	Ű	9.00
10.00	Total (line 8 minus line 9)	106, 386, 306			0	3, 141, 594	1, 608, 131	10.00
		Endi ng	Fully					
		Bal ance	Depreci ated					
			Assets					
		6.00	7.00					
1 00	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE							1 00
1.00	Land	0	-					1.00
2.00	Land Improvements	1, 473, 811	712, 104					2.00
3.00	Buildings and Fixtures	57, 375, 045	1,024,594					3.00
4.00	Building Improvements	1,062,584	431, 819					4.00
5.00	Fixed Equipment	26, 702, 445						5.00
6.00	Movable Equipment	21, 305, 884		1				6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	107, 919, 769	13, 299, 304					8.00
9.00	Reconciling Items		12 200 201					9.00
10.00	Total (line 8 minus line 9)	107, 919, 769	13, 299, 304					10.00

Heal th	Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	eu of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150057	Period: From 01/01/2014 To 12/31/2014		
					10 12/31/2014	5/26/2015 3:5	9 pm
			SL	IMMARY OF CAP	ITAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance	Taxes (see	
					(see instructions)	instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLU	WN 2, LINES 1 a	and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		0 0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5, 187, 092	0		0 0	0	2.00
3.00	Total (sum of lines 1-2)	5, 187, 092			0 0	0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1)				
		Capital-Relat					
		ed Costs (see	9 through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLU	WN 2, LINES 1 a	and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5, 187, 092				2.00
3.00	Total (sum of lines 1-2)	0	5, 187, 092				3.00

Health Financial Systems	ST. FRANCIS H&				u of Form CMS-2	
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der		Period: From 01/01/2014 To 12/31/2014		pared:
	COMF	PUTATION OF RA	FI OS	ALLOCATION OF	OTHER CAPI TAL	
Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets		Insurance	
		Leases	for Ratio (col. 1 - col. 2)	instructions)		
	1.00	2.00	3.00	4,00	5.00	
PART III - RECONCILIATION OF CAPITAL CO						
1.00 NEW CAP REL COSTS-BLDG & FIXT	86, 613, 885	0	86, 613, 88	5 0. 802577	0	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	21, 305, 884		21, 305, 88		0	2.00
3.00 Total (sum of lines 1-2)	107, 919, 769		107, 919, 76		0	3.00
	ALLOCAT	TION OF OTHER (	CAPI TAL	SUMMARY O	F CAPI TAL	
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capital-Relat ed Costs	cols.5 through 7)			
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL CO	STS CENTERS					
. OO NEW CAP REL COSTS-BLDG & FIXT	0	0		0 3, 106, 139	0	1.0
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	0		0 2, 159, 377	192, 196	2.00
3.00 Total (sum of lines 1-2)	0	0		0 5, 265, 516	192, 196	3.00
		SL	IMMARY OF CAPI	TAL		
Cost Center Description	Interest	Insurance	Taxes (see	Other	Total (2)	
		(see	instructions)	Capi tal -Rel at		
		instructions)		ed Costs (see instructions)	9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL CO	STS CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT	799, 017	0		0 0	3, 905, 156	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	0		0 0	2, 351, 573	2.00
3.00 Total (sum of lines 1-2)	799, 017	0		0 0	6, 256, 729	3.00

In Lieu of Form CMS-2552-10

	MENTS TO EXPENSES			Provider CCN: 150057 F	Period:	Worksheet A-8	
					From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 3:5	
				Expense Classification on To/From Which the Amount is			
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
00	Invoctment income NEW CAD	1.00 B	2.00	3.00 NEW CAP REL COSTS-BLDG &	4.00	<u>5.00</u> 11	1. C
. 00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	В	-110	FIXT	1.00	11	1.0
. 00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.0
00	Investment income - other (chapter 2)		0		0.00	0	3. (
00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	
. 00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	
. 00 . 00	Rental of provider space by suppliers (chapter 8) Telephone services (pay	В	-113 547	OTHER ADMIN & GENERAL	0. 00 5. 03	0	
00	stations excluded) (chapter 21)	D	-115, 547		5.05	0	7.5
. 00	Television and radio service (chapter 21)		0		0.00	0	8.
00 ). 00	Parking lot (chapter 21) Provider-based physician	A-8-2	0 -3, 131, 488		0.00	0 0	
. 00	adjustment Sale of scrap, waste, etc. (abantan 22)		C		0.00	0	11.
2. 00	(chapter 23) Related organization transactions (chapter 10)	A-8-1	12, 693, 041			0	12.
3.00 1.00	Laundry and linen service Cafeteria-employees and guests	В	0 -236, 652	DI ETARY	0.00 10.00	0	13. 14.
5. 00	Rental of quarters to employee and others		0		0.00	0	
. 00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.
. 00	Sale of drugs to other than patients		0		0.00	0	17.
. 00			0		0.00	0	18.
	Nursing school (tuition, fees, books, etc.)	_	0		0.00		19.
. 00 . 00	Vending machines Income from imposition of interest, finance or penalty	В	-8, 162 0	DI ETARY	10. 00 0. 00	0 0	
. 00	charges (chapter 21) Interest expense on Medicare overpayments and borrowings to		0		0. 00	0	22.
. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	C	RESPI RATORY THERAPY	65.00		23.
. 00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	C	PHYSI CAL THERAPY	66.00		24.
. 00	limitation (chapter 14) Utilization review - physicians' compensation		C	*** Cost Center Deleted ***	114.00		25.
. 00	(chapter 21) Depreciation - NEW CAP REL		C	NEW CAP REL COSTS-BLDG &	1.00	0	26.
00	COSTS-BLDG & FIXT Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	FIXT NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.
. 00	Non-physician Anesthetist Physicians' assistant		0	*** Cost Center Deleted ***	19. 00 0. 00	0	28. 29.
. 00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATI ONAL THERAPY	67.00	0	30.
). 99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.

Cost Center Description         Basis/Code (2)         Amount (2)         Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted         West. A-7 Ref.           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         0         2.00         3.00         4.00         5.00         31.00           23.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         0         5.00         31.00           32.00         MH TA djustment for Depreciation and Interest         0         0         0         0         0         0         0         31.00           33.00         MSC REVENUE - LINEN B         B         -217, 4680THER ADMIN & GENERAL 5.03         0         32.00         34.00         33.00         35.00         35.00         35.00         35.00         36.00         33.00         36.00         37.00         34.00         35.00         36.00         35.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         37.00         38.00         37.00         38.00         37.0	ADJUST	MENTS TO EXPENSES			Provider CCN: 150057	Peri od:	Worksheet A-8	
Cost Center Description         Basi s/Code (2)         Amount         Cost Center         Line #         Wkst. A-7 Ref.           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         AH HIT Adjustment for perceiation and Interest         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           33.00         MiSc REVENUE - A&G         B         -217,4680THER ADMIN & CENERAL         5.03         0         32.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         34.00         34.00         34.00         35.00         0.00         0.00         0.00         0.35.00         35.00         35.00         0.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>From 01/01/2014 To 12/31/2014</td><td></td><td></td></td<>						From 01/01/2014 To 12/31/2014		
Cost Center Description         Basis/Code (2)         Amount         Cost Center         Line #         Wkst. A-7 Ref.           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         CAH HIT Adjustment for pepreciation and Interest         0         0         0         0         0         0         0         32.00         4.00         5.00         31.00           33.00         CAH HIT Adjustment for Depreciation and Interest         0         0         0         0         0         0         0         32.00         0         33.00					Expense Classification	on Worksheet A		
(2)         (2)         Ref.           1.00         2.00         3.00         4.00         5.00           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         CAH HI 7 Adjustment for Depreciation and Interest         0         0         0.00         0         32.00         33.00         33.00         33.00         33.00         32.00         33.00         33.00         33.00         33.00         33.00         33.00         32.00         0.00         0         0         0.00         0         32.00           34.00         MISC REVENUE - A&G         B         -217,4680THER ADMIN & GENERAL         5.03         0         33.00         33.00         34.00           35.00         MISC REVENUE - LINEN         B         -14,501LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - DIETARY         B         -41,246         IETARY         10.00         0         38.00           39.00         MISC REVENUE - OPERATING         B         -139,782         PHARMACY         15.00         0         38.00           39.00         MISC REVENUE - OPERAT				-	To/From Which the Amount i	s to be Adjusted		
(2)         (2)         Ref.           1.00         2.00         3.00         4.00         5.00           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         CAH HIT Adjustment for Depreciation and Interest         0         0         0.00         0         32.00         33.00         33.00         33.00         33.00           33.00         MISC REVENUE - A&G         B         -217,4680THER ADMIN & GENERAL         5.03         0         33.00           34.00         MISC REVENUE - ENGINEERING         B         -3,600OPERATION OF PLANT         7.00         0         34.00           35.00         MISC REVENUE - LINEN         B         -14,501LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - DI ETARY         B         -41,2460IETARY         10.00         0         37.00         38.00           39.00         MISC REVENUE - PHARMACY         B         -139,732PHARMACY         15.00         0         38.00           39.00         MISC REVENUE - ADPERATING         B         -5,322RADILTS & PEDIATRICS         30.00         0         39.00								
(2)         (2)         Ref.           1.00         2.00         3.00         4.00         5.00           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         CAH HI 7 Adjustment for Depreciation and Interest         0         0         0.00         0         32.00         33.00         33.00         33.00         33.00         32.00         33.00         33.00         33.00         33.00         33.00         33.00         32.00         0.00         0         0         0.00         0         32.00           34.00         MISC REVENUE - A&G         B         -217,4680THER ADMIN & GENERAL         5.03         0         33.00         33.00         34.00           35.00         MISC REVENUE - LINEN         B         -14,501LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - DIETARY         B         -41,246         IETARY         10.00         0         38.00           39.00         MISC REVENUE - OPERATING         B         -139,782         PHARMACY         15.00         0         38.00           39.00         MISC REVENUE - OPERAT								
(2)         (2)         Ref.           1.00         2.00         3.00         4.00         5.00           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         CAH HI 7 Adjustment for Depreciation and Interest         0         0         0.00         0         32.00         33.00         33.00         33.00         33.00         32.00         33.00         33.00         33.00         33.00         33.00         33.00         32.00         0.00         0         0         0.00         0         32.00           34.00         MISC REVENUE - A&G         B         -217,4680THER ADMIN & GENERAL         5.03         0         33.00         33.00         34.00           35.00         MISC REVENUE - LINEN         B         -14,501LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - DIETARY         B         -41,246         IETARY         10.00         0         38.00           39.00         MISC REVENUE - OPERATING         B         -139,782         PHARMACY         15.00         0         38.00           39.00         MISC REVENUE - OPERAT								
(2)         (2)         Ref.           1.00         2.00         3.00         4.00         5.00           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         CAH HI 7 Adjustment for Depreciation and Interest         0         0         0.00         0         32.00         33.00         33.00         33.00         33.00         32.00         33.00         33.00         33.00         33.00         33.00         33.00         32.00         0.00         0         0         0.00         0         32.00           34.00         MISC REVENUE - A&G         B         -217,4680THER ADMIN & GENERAL         5.03         0         33.00         33.00         34.00           35.00         MISC REVENUE - LINEN         B         -14,501LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - DIETARY         B         -41,246         IETARY         10.00         0         38.00           39.00         MISC REVENUE - OPERATING         B         -139,782         PHARMACY         15.00         0         38.00           39.00         MISC REVENUE - OPERAT								
(2)         (2)         Ref.           1.00         2.00         3.00         4.00         5.00           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         CAH HI 7 Adjustment for Depreciation and Interest         0         0         0.00         0         32.00         33.00         33.00         33.00         33.00         32.00         33.00         33.00         33.00         33.00         33.00         33.00         32.00         0.00         0         0         0.00         0         32.00           34.00         MISC REVENUE - A&G         B         -217,4680THER ADMIN & GENERAL         5.03         0         33.00         33.00         34.00           35.00         MISC REVENUE - LINEN         B         -14,501LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - DIETARY         B         -41,246         IETARY         10.00         0         38.00           39.00         MISC REVENUE - OPERATING         B         -139,782         PHARMACY         15.00         0         38.00           39.00         MISC REVENUE - OPERAT								
(2)         (2)         Ref.           1.00         2.00         3.00         4.00         5.00           31.00         Adjustment for speech pathology costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         CAH HI 7 Adjustment for Depreciation and Interest         0         0         0.00         0         32.00         33.00         33.00         33.00         33.00         32.00         33.00         33.00         33.00         33.00         33.00         33.00         32.00         0.00         0         0         0.00         0         32.00           34.00         MISC REVENUE - A&G         B         -217,4680THER ADMIN & GENERAL         5.03         0         33.00         33.00         34.00           35.00         MISC REVENUE - LINEN         B         -14,501LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - DIETARY         B         -41,246         IETARY         10.00         0         38.00           39.00         MISC REVENUE - OPERATING         B         -139,782         PHARMACY         15.00         0         38.00           39.00         MISC REVENUE - OPERAT		Cost Center Description	Basis/Code	Amount	Cost Center	line #	Wkst A-7	
1.00         2.00         3.00         4.00         5.00           31.00         Adj ustment for speech pathol ogy costs in excess of limitation (chapter 14)         A-8-3         0         SPEECH PATHOLOGY         68.00         31.00           32.00         CAH HIT Adj ustment for Depreciation and Interest         0         0         0.00         0.00         32.00           33.00         MISC REVENUE - ENGINEERING         B         -217,468         0THER ADMIN & GENERAL         5.03         0         33.00           34.00         MISC REVENUE - ENGINEERING         B         -3600         PERATION OF PLANT         7.00         0.34.00           35.00         MISC REVENUE - LINEN         B         -14,501         LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - DIETARY         B         -139,782         PHARMACY         10.00         0         37.00           38.00         MISC REVENUE - OPERATING         B         -3038,ADULTS & PEDIATRICS         30.00         30.00         38.00           39.00         MISC REVENUE - OPERATING         B         -5,322,RADIOLOGY-DIAGNOSTIC         54.00         04.00           41.00         MISC REVENUE - RADIOLOGY         B         -716,154         RADIOLOGY-DI				, and diffe		21110 #		
pathology costs in excess of limitation (chapter 14)         0         0         0.00         32.00           32.00         CAH HIT Adj ustment for Depreciation and Interest         0         0.00         0.00         32.00           33.00         MISC REVENUE - A&G         B         -217,468 OTHER ADMIN & GENERAL         5.03         0         33.00           34.00         MISC REVENUE - ENGINEERING         B         -3.600 OPERATION OF PLANT         7.00         0         34.00           35.00         MISC REVENUE - ENGINEERING         B         -14,501 LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - ENVIRONMENTAL         B         -21,000 HOUSEKEEPING         9.00         0         36.00           37.00         MISC REVENUE - DIETARY         B         -41,246 DIETARY         10.00         0         37.00           38.00         MISC REVENUE - OPERATING         B         -3,038 ADULTS & PEDIATRICS         30.00         0         39.00           39.00         MISC REVENUE - OPERATING         B         -58,232 RADI OLOGY-DIAGNOSTIC         54.00         0         41.00           41.00         MISC REVENUE - RADI ATION         B         -716,154 RADI OLOGY-THERAPEUTIC         55.00         0         42.00<				2.00	3.00	4.00		
1 imi tation (chapter 14)       32.00       0.00       0.00       0.00       0.00       0.00         33.00       MISC REVENUE - A&G       B       -217,468 0THER ADMIN & GENERAL       5.03       0.32.00         34.00       MISC REVENUE - A&G       B       -217,468 0THER ADMIN & GENERAL       5.03       0.33.00         34.00       MISC REVENUE - ENGINEERING       B       -3,600 0FERATION OF PLANT       7.00       0.34.00         35.00       MISC REVENUE - LINEN       B       -14,501 LAUNDRY & LINEN SERVICE       8.00       0.35.00         36.00       MISC REVENUE - ENVIRONMENTAL       B       -21,000 HOUSEKEEPING       9.00       0.36.00         37.00       MISC REVENUE - DI ETARY       B       -141,246 DI ETARY       10.00       0.37.00         38.00       MISC REVENUE - A&P       B       -139,782 PHARMACY       15.00       0.38.00         39.00       MISC REVENUE - AAP       B       -3,038 ADULTS & PEDIATRICS       30.00       0.9.90         40.00       MISC REVENUE - AAP       B       -5,232 RADI OLOGY - DI AGNOSTIC       54.00       0       41.00         41.00       MISC REVENUE - RADI ATION       B       -716, 154 RADI OLOGY - THERAPEUTIC       55.00       0       42.00         42.00 </td <td>31.00</td> <td>Adjustment for speech</td> <td>A-8-3</td> <td>0</td> <td>SPEECH PATHOLOGY</td> <td>68.00</td> <td></td> <td>31.00</td>	31.00	Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00       CAH HIT Adjustment for Depreciation and Interest       0       0       0       32.00         33.00       MISC REVENUE - A&G       B       -217,4680THER ADMIN & GENERAL       5.03       0       33.00         34.00       MISC REVENUE - A&G       B       -3,600       OPERATION OF PLANT       7.00       0       34.00         35.00       MISC REVENUE - LINEN       B       -14,501       LAUNDRY & LINEN SERVICE       8.00       0       35.00         36.00       MISC REVENUE - DIETARY       B       -14,246       DIETARY       9.00       0       36.00         37.00       MISC REVENUE - DIETARY       B       -41,246       DIETARY       10.00       0       37.00         39.00       MISC REVENUE - A&P       B       -319,782       PHARMACY       15.00       0       38.00         39.00       MISC REVENUE - A&P       B       -3,038       ADULTS & PEDIATRICS       30.00       0       39.00       0       39.00       0       39.00       0       39.00       0       39.00       0       40.00       0       31.00       0       39.00       0       39.00       0       0       39.00       0       0       30.00       0       39.00								
Depreciation and Interest         -217,468         OTHER ADMIN & GENERAL         5.03         0         33.00           33.00         MISC REVENUE - A&G         B         -217,468         OTHER ADMIN & GENERAL         5.03         0         34.00           34.00         MISC REVENUE - ENGINEERING         B         -14,501         LAUNDRY & LINEN SERVICE         8.00         0         35.00           35.00         MISC REVENUE - LINEN         B         -14,501         LAUNDRY & LINEN SERVICE         8.00         0         35.00           36.00         MISC REVENUE - DIETARY         B         -21,000         HOUSEKEEPING         9.00         0         36.00           37.00         MISC REVENUE - DIETARY         B         -141,246DIETARY         10.00         0         37.00           38.00         MISC REVENUE - PHARMACY         B         -139,782         PHARMACY         15.00         38.00           39.00         MISC REVENUE - A&P         B         -3,038         ADULTS & PEDIATRICS         30.00         39.00           40.00         MISC REVENUE - PHARMACY         B         -5,232         RADIOLOGY-DIAGNOSTIC         54.00         0         41.00           42.00         MISC REVENUE - RADIOLOGY         B         -716,1								
33.00       MI SC REVENUE - A&G       B       -217,468       OTHER ADMIN & GENERAL       5.03       0       33.00         34.00       MI SC REVENUE - ENGINEERING       B       -3,600       OPERATION OF PLANT       7.00       0       34.00         35.00       MI SC REVENUE - LINEN       B       -14,501       LAUNDRY & LINEN SERVICE       8.00       0       35.00         36.00       MI SC REVENUE - ENVIRONMENTAL       B       -21,000       HOUSEKEEPING       9.00       0       36.00         37.00       MI SC REVENUE - DI ETARY       B       -41,246       DI ETARY       10.00       0       37.00         38.00       MI SC REVENUE - PHARMACY       B       -139,782       PHARMACY       15.00       0       38.00         39.00       MI SC REVENUE - OPERATING       B       -3,038       ADULTS & PEDI ATRICS       30.00       0       99.00         40.00       MI SC REVENUE - RADI OLOGY       B       -5,232       RADI OLOGY-DI AGNOSTIC       54.00       0       41.00         42.00       MI SC REVENUE - RADI ATI ON       B       -716,154       RADI OLOGY-THERAPEUTIC       55.00       0       42.00         43.00       MI SC REVENUE - RESPI RATORY       B       -4,073 I NTRAVENOUS TH	32.00			0		0.00	0	32.00
34.00       MI SC REVENUE - ENGINEERING       B       -3,600       OPERATION OF PLANT       7.00       0       34.00         35.00       MI SC REVENUE - LINEN       B       -14,501       LAUNDRY & LINEN SERVICE       8.00       0       35.00         36.00       MI SC REVENUE - ENVI RONMENTAL       B       -21,000       HOUSEKEEPING       9.00       0       36.00         37.00       MI SC REVENUE - DI ETARY       B       -41,246       DI ETARY       10.00       0       37.00         38.00       MI SC REVENUE - PHARMACY       B       -139,782       PHARMACY       15.00       0       38.00         39.00       MI SC REVENUE - A&P       B       -3,038       ADULTS & PEDIATRICS       30.00       0       39.00         40.00       MI SC REVENUE - AAP       B       -58,812       OPERATION GROM       50.00       0       41.00         41.00       MI SC REVENUE - RADI OLOGY       B       -52,32       RADI OLOGY-THERAPEUTIC       55.00       0       42.00         42.00       MI SC REVENUE - IV THERAPY       B       -40,073       INTRAVENOUS THERAPY       65.00       0       44.00         44.00       MI SC REVENUE - PHYSI CAL       B       -9,501       PHYSI CAL THERAPY <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td>_</td> <td></td>			_				_	
35.00       MI SC REVENUE - LI NEN       B       -14,501       LAUNDRY & LI NEN SERVI CE       8.00       0       35.00         36.00       MI SC REVENUE - ENVI RONMENTAL       B       -21,000       HOUSEKEEPI NG       9.00       0       36.00         37.00       MI SC REVENUE - DI ETARY       B       -41,246       DI ETARY       10.00       0       37.00         38.00       MI SC REVENUE - PHARMACY       B       -41,246       DI ETARY       10.00       0       37.00         39.00       MI SC REVENUE - A&P       B       -43,782       PHARMACY       15.00       0       38.00         39.00       MI SC REVENUE - OPERATI NG       B       -58,812       OPERATI NG ROOM       50.00       0       40.00         41.00       MI SC REVENUE - RADI OLOGY       B       -52,232       RADI OLOGY-DI AGNOSTI C       54.00       0       41.00         42.00       MI SC REVENUE - RADI ATI ON       B       -716,154       RADI OLOGY-THERAPEUTI C       55.00       0       42.00         43.00       MI SC REVENUE - I V THERAPY       B       -4,073 I NTRAVENOUS THERAPY       64.00       0       43.00         44.00       MI SC REVENUE - PHYSI CAL       B       -9,501       PHYSI CAL THERAPY							-	
36.00       MI SC REVENUE - ENVI RONMENTAL       B       -21,000 HOUSEKEEPING       9.00       0       36.00         37.00       MI SC REVENUE - DI ETARY       B       -41,246 DI ETARY       10.00       0       37.00         38.00       MI SC REVENUE - PHARMACY       B       -139,782 PHARMACY       15.00       0       38.00         39.00       MI SC REVENUE - A&P       B       -3,038 ADULTS & PEDI ATRI CS       30.00       0       39.00         40.00       MI SC REVENUE - OPERATI NG       B       -58,812 OPERATI NG ROOM       50.00       0       40.00         41.00       MI SC REVENUE - RADI OLOGY       B       -57,232 RADI OLOGY-DI AGNOSTI C       54.00       0       41.00         42.00       MI SC REVENUE - RADI ATI ON       B       -716,154 RADI OLOGY-THERAPEUTI C       55.00       0       42.00         43.00       MI SC REVENUE - I V THERAPY       B       -4,073I INTRAVENOUS THERAPY       64.00       0       43.00         44.00       MI SC REVENUE - PHYSI CAL       B       -9,501 PHYSI CAL THERAPY       66.00       0       44.00         45.00       MI SC REVENUE - PHYSI CAL       B       -9,501 PHYSI CAL THERAPY       66.00       0       45.00         46.00       ADMI N - DONATI ONS							0	
SVCS       37.00       MI SC REVENUE - DI ETARY       B       -41,246 DI ETARY       10.00       0       37.00         38.00       MI SC REVENUE - PHARMACY       B       -139,782 PHARMACY       15.00       0       38.00         39.00       MI SC REVENUE - A&P       B       -3,038 ADULTS & PEDI ATRICS       30.00       0       39.00         40.00       MI SC REVENUE - OPERATI NG       B       -58,812 OPERATI NG ROOM       50.00       0       40.00         41.00       MI SC REVENUE - RADI OLOGY       B       -52,232 RADI OLOGY-DI AGNOSTI C       54.00       0       41.00         42.00       MI SC REVENUE - IV THERAPY       B       -716,154 RADI OLOGY-THERAPEUTI C       55.00       0       42.00         43.00       MI SC REVENUE - IV THERAPY       B       -4,073 I NTRAVENOUS THERAPY       64.00       0       43.00         44.00       MI SC REVENUE - PHYSI CAL       B       -748 RESPI RATORY THERAPY       66.00       0       45.00         45.00       ADIMI N - DONATI ONS EXPENSE       A       -660 OTHER ADMI N & GENERAL       5.03       0       46.00         46.00       ADMI N - DONATI ONS EXPENSE       A       -660 OTHER ADMI N & GENERAL       5.03       0       46.00       11       47.00							0	
37.00       MISC REVENUE - DIETARY       B       -41,246 DIETARY       10.00       0       37.00         38.00       MISC REVENUE - PHARMACY       B       -139,782 PHARMACY       15.00       0       38.00         39.00       MISC REVENUE - A&P       B       -3,038 ADULTS & PEDIATRICS       30.00       0       39.00         40.00       MISC REVENUE - OPERATING       B       -58,812 OPERATING ROOM       50.00       0       40.00         41.00       MISC REVENUE - RADIOLOGY       B       -5232 RADIOLOGY-DIAGNOSTIC       54.00       0       41.00         42.00       MISC REVENUE - IV THERAPY       B       -716,154 RADIOLOGY-THERAPEUTIC       55.00       0       42.00         43.00       MISC REVENUE - IV THERAPY       B       -40,073 INTRAVENOUS THERAPY       64.00       0       43.00         44.00       MISC REVENUE - PHYSICAL       B       -748 RESPIRATORY THERAPY       66.00       0       45.00         45.00       MISC REVENUE - PHYSICAL       B       -9,501 PHYSICAL THERAPY       66.00       0       45.00         46.00       ADMIN - DONATIONS EXPENSE       A       -660 OTHER ADMIN & GENERAL       5.03       0       46.00         47.00       NONALLOWABLE INTEREST       A	36.00		В	-21,000	HOUSEKEEPING	9.00	0	36.00
38.00       MISC REVENUE - PHARMACY       B       -139,782 PHARMACY       15.00       0       38.00         39.00       MISC REVENUE - A&P       B       -3,038 ADULTS & PEDIATRICS       30.00       0       39.00         40.00       MISC REVENUE - OPERATING       B       -58,812 OPERATING ROOM       50.00       0       40.00         41.00       MISC REVENUE - RADIOLOGY       B       -52,232 RADIOLOGY-DIAGNOSTIC       54.00       0       41.00         42.00       MISC REVENUE - RADIATION       B       -716,154 RADIOLOGY-THERAPEUTIC       55.00       0       42.00         43.00       MISC REVENUE - IV THERAPY       B       -40,073 INTRAVENOUS THERAPY       64.00       0       43.00         44.00       MISC REVENUE - PHYSICAL       B       -748 RESPIRATORY THERAPY       66.00       0       44.00         45.00       MISC REVENUE - PHYSICAL       B       -9,501 PHYSICAL THERAPY       66.00       0       45.00         46.00       ADMIN - DONATIONS EXPENSE       A       -660 OTHER ADMIN & GENERAL       5.03       0       46.00         47.00       NONALLOWABLE INTEREST       A       -413,455 NEW CAP REL COSTS-BLDG &       1.00       11       47.00 <td>37 00</td> <td></td> <td>в</td> <td>_11 216</td> <td>ΠΙΕΤΛΡΥ</td> <td>10.00</td> <td>0</td> <td>37 00</td>	37 00		в	_11 216	ΠΙΕΤΛΡΥ	10.00	0	37 00
39.00       MISC REVENUE - A&P       B       -3,038 ADULTS & PEDIATRICS       30.00       0       39.00         40.00       MISC REVENUE - OPERATING       B       -58,812 OPERATING ROOM       50.00       0       40.00         41.00       MISC REVENUE - RADIOLOGY       B       -52.32 RADIOLOGY-DIAGNOSTIC       54.00       0       41.00         42.00       MISC REVENUE - RADIATION       B       -716,154 RADIOLOGY-THERAPEUTIC       55.00       0       42.00         43.00       MISC REVENUE - IV THERAPY       B       -4,073 INTRAVENOUS THERAPY       64.00       0       43.00         44.00       MISC REVENUE - PHYSICAL       B       -748 RESPIRATORY THERAPY       66.00       0       44.00         45.00       MISC REVENUE - PHYSICAL       B       -9,501 PHYSICAL THERAPY       66.00       0       45.00         46.00       ADMIN - DONATIONS EXPENSE       A       -660 OTHER ADMIN & GENERAL       5.03       0       46.00         47.00       NONALLOWABLE INTEREST       A       -413,455 NEW CAP REL COSTS-BLDG &       1.00       11       47.00							0	
40.00       MISC REVENUE - OPERATING       B       -58,812       OPERATING ROOM       50.00       0       40.00         41.00       MISC REVENUE - RADIOLOGY       B       -5,232       RADIOLOGY-DIAGNOSTIC       54.00       0       41.00         42.00       MISC REVENUE - RADIATION       B       -716,154       RADIOLOGY-THERAPEUTIC       55.00       0       42.00         43.00       MISC REVENUE - IV THERAPY       B       -4,073       INTRAVENOUS THERAPY       64.00       0       43.00         44.00       MISC REVENUE - RESPIRATORY       B       -748       RESPIRATORY THERAPY       65.00       0       44.00         45.00       MISC REVENUE - PHYSICAL       B       -9,501       PHYSICAL THERAPY       66.00       0       45.00         46.00       ADMIN - DONATIONS EXPENSE       A       -660       OTHER ADMIN & GENERAL       5.03       0       46.00         47.00       NONALLOWABLE INTEREST       A       -413,455       NEW CAP REL COSTS-BLDG &       1.00       11       47.00			-				0	
41.00MI SC REVENUE - RADI OLOGYB-5,232 -5,232 RADI OLOGY - DI AGNOSTI C54.00041.0042.00MI SC REVENUE - RADI ATI ON THERAPYB-716,154 RADI OLOGY - THERAPEUTI C55.00042.0043.00MI SC REVENUE - I V THERAPYB-4,073 -748 RESPI RATORY THERAPY64.00043.0044.00MI SC REVENUE - RESPI RATORYB-748 -748 RESPI RATORY THERAPY65.00044.0045.00MI SC REVENUE - PHYSI CAL THERAPYB-9,501 -9,501PHYSI CAL THERAPY66.00045.0046.00ADMI N - DONATI ONS EXPENSEA-660 -413,455 NEW CAP REL COSTS-BLDG &5.03046.0047.00NONALLOWABLE I NTERESTA-413,455 NEW CAP REL COSTS-BLDG &1147.00							-	
42.00       MI SC REVENUE - RADIATION THERAPY       B       -716, 154       RADIOLOGY-THERAPEUTIC       55.00       0       42.00         43.00       MI SC REVENUE - IV THERAPY       B       -4,073       INTRAVENOUS THERAPY       64.00       0       43.00         44.00       MI SC REVENUE - RESPIRATORY       B       -748       RESPIRATORY THERAPY       65.00       0       44.00         45.00       MI SC REVENUE - PHYSICAL THERAPY       B       -9,501       PHYSICAL THERAPY       66.00       0       45.00         46.00       ADMI N - DONATIONS EXPENSE       A       -660       OTHER ADMI N & GENERAL       5.03       0       46.00         47.00       NONALLOWABLE INTEREST       A       -413,455       NEW CAP REL COSTS-BLDG &       1.00       11       47.00							0	
43.00MI SC REVENUE - I V THERAPYB-4,073 I NTRAVENOUS THERAPY64.00043.0044.00MI SC REVENUE - RESPI RATORYB-748 RESPI RATORY THERAPY65.00044.0045.00MI SC REVENUE - PHYSI CALB-9,501 PHYSI CAL THERAPY66.00045.0046.00ADMI N - DONATI ONS EXPENSEA-660 OTHER ADMI N & GENERAL5.03046.0047.00NONALLOWABLE I NTERESTA-413,455 NEW CAP REL COSTS-BLDG &1.001147.00			В				0	
44. 00MI SC REVENUE - RESPIRATORY CAREB-748RESPIRATORY THERAPY65. 0044. 0045. 00MI SC REVENUE - PHYSI CAL THERAPYB-9, 501PHYSI CAL THERAPY66. 00045. 0046. 00ADMI N - DONATI ONS EXPENSEA-660OTHER ADMI N & GENERAL5. 03046. 0047. 00NONALLOWABLE I NTERESTA-413, 455NEW CAP REL COSTS-BLDG &1. 001147. 00		THERAPY						
CARE MI SC REVENUE - PHYSI CAL THERAPYB-9,501PHYSI CAL THERAPY66.00045.0046.00ADMI N - DONATI ONS EXPENSEA-660OTHER ADMI N & GENERAL5.03046.0047.00NONALLOWABLE I NTERESTA-413,455NEW CAP REL COSTS-BLDG &1.001147.00	43.00		В				0	43.00
45.00       MI SC REVENUE - PHYSI CAL THERAPY       B       -9,501       PHYSI CAL THERAPY       66.00       45.00         46.00       ADMI N - DONATI ONS EXPENSE       A       -660       OTHER ADMI N & GENERAL       5.03       0       46.00         47.00       NONALLOWABLE I NTEREST       A       -413,455       NEW CAP REL COSTS-BLDG &       1.00       11       47.00	44.00		В	-748	RESPI RATORY THERAPY	65.00	0	44.00
THERAPY         A         -660 OTHER ADMIN & GENERAL         5.03         0         46.00           46.00         ADMIN - DONATIONS EXPENSE         A         -660 OTHER ADMIN & GENERAL         5.03         0         46.00           47.00         NONALLOWABLE INTEREST         A         -413,455 NEW CAP REL COSTS-BLDG &         1.00         11         47.00	45 00		5	0 501				45.00
46.00         ADMIN - DONATIONS EXPENSE         A         -660         OTHER ADMIN & GENERAL         5.03         0         46.00           47.00         NONALLOWABLE INTEREST         A         -413,455         NEW CAP REL COSTS-BLDG &         1.00         11         47.00	45.00		В	-9, 501	PHYSICAL THERAPY	66.00	0	45.00
47.00 NONALLOWABLE INTEREST A -413,455 NEW CAP REL COSTS-BLDG & 1.00 11 47.00	16 00		٨	_440	OTHER ADMIN & CENERAL	5 02	0	16 00
							-	
	÷7.00	NOWNELOWADEL THTEREST	n			1.00		-7.00
50.00 TOTAL (sum of lines 1 thru 49) 7,553,812 50.00	50.00	TOTAL (sum of lines 1 thru 49)						50.00
(Transfer to Worksheet A,				, ,				
column 6, line 200.)		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.

Heal th	Health Financial Systems ST. FRANCIS H&H-MOORESVILLE In Lieu of Form CMS-2552-					
	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HO	ME Provider CCN: 150057	Period:	Worksheet A-8	-1
OFFICE	COSTS			From 01/01/2014 To 12/31/2014		nared
				10 12/01/2011	5/26/2015 3:5	9 pm
	Line No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost		
					Wks. A, column	
	1.00	2.00	2.00	4.00	5	
	1.00	2.00 MENTS REQUIRED AS A RESULT OF	3.00	4.00 ORGANI ZATI ONS OR	5.00	
	OFFICE COSTS:	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED	UKGANIZATI UNS UK	CLATIVED HOWE	
1.00		EMPLOYEE BENEFITS DEPARTMENT	SHARED SERVICE ALLOCATION	224, 661	0	1.00
2.00			SHARED SERVICE ALLOCATION	458, 582	0	2.00
3.00	5. 02	CASHI ERI NG/ACCOUNTS RECEI VAB	SHARED SERVICE ALLOCATION	1, 425, 931	0	3.00
4.00	5. 03	OTHER ADMIN & GENERAL	SHARED SERVICE ALLOCATION	6, 102, 685	0	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	SHARED SERVICE ALLOCATION	267, 219	0	4.01
4.02	194.00	COMMUNITY RELATIONS & MARKET	SHARED SERVICE ALLOCATION	1, 009, 065	0	4.02
4.03			SHARED SERVICE ALLOCATION	224, 457	0	4.03
4.04			FRANCISCAN HOME OFFICE	912, 617	0	4.04
4.06		NEW CAP REL COSTS-BLDG & FIX		665, 561	3, 678, 453	4.06
4.07			FRANCISCAN HOME OFFICE	4, 941, 102	0	4.07
4.08			FRANCISCAN HOME OFFICE	128, 201	83, 530	4.08
4.09		I&R SERVICES-SALARY & FRINGE		32, 433	0	4.09
4.10		I&R SERVICES-OTHER PRGM COST		29, 971	0	4.10
4.11	60.00	LABORATORY	APHL LAB	2, 188, 102		4.11
5.00	0		0	18, 610, 587	5, 917, 546	5.00

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

				Related Organization(s) and/	or Home Office		
	Symbol (1)	Name	Dorcontago of	Name	Percentage of		
	Symbol (1)	Name	Percentage of Ownership	Nallie	Ownershi p		
	1.00	2.00	3.00	4.00	5.00		

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.

rermbur	Schone under trette Avirr.				
6.00	A	HOME OFFICE	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 organization.

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

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

Health Financial Systems	ST. FRANCIS H&H-MOOF	ST. FRANCIS H&H-MOORESVILLE		
STATEMENT OF COSTS OF SERVICES FROM RE	ELATED ORGANIZATIONS AND HOME	Provider CCN: 150057	Period:	Worksheet A-8-1

From 01/01/2014

OFFICE COSTS

			То	12/31/2014   Date/Time Prepared: 5/26/2015 3:59 pm
	Net	Wkst. A-7 Ref.		
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUSTN	ENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGAN	ZATIONS OR CLAIMED HOME
	OFFICE COSTS:			
1.00	224, 661			1.00
2.00	458, 582	0		2.00
3.00	1, 425, 931			3.00
4.00	6, 102, 685	0		4.00
4.01	267, 219	0		4. 01
4.02	1, 009, 065	0		4. 02
4.03	224, 457	0		4.03
4.04	912, 617	0		4.04
4.06	-3, 012, 892	11		4.06
4.07	4, 941, 102	0		4.07
4.08	44, 671	0		4.08
4.09	32, 433			4.09
4.10	29, 971			4. 10
4.11	32, 539	0		4. 11
5.00	12, 693, 041			5.00

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

nus not been posted to norksheet A,			
Related Organization(s)			
and/or Home Office			
Type of Business			
6.00			
0.00			
B. INTERRELATIONSHIP TO RELA	ED ORGANIZATION(S) AND/OR HOME OFF	LCF:	

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 eimbursement under title XVIII

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

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

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

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

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

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

Health Financial Systems

### ST. FRANCIS H&H-MOORESVILLE

In Lieu of Form CMS-2552-10

Hearth	FINANCIAL SYSTE	enis	SI. FRANCIS H	M-MOURESVILLE			eu or Form CMS-	2002-10
PROVI DE	ER BASED PHYSIC	I AN ADJUSTMENT		Provi de		Period: From 01/01/2014		
						To 12/31/2014	4 Date/Time Pre 5/26/2015 3:5	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		Identifier	Remunerati on	Component	Component		ider Component	
				-			Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		OTHER ADMIN & GENERAL	52, 608					
2.00		PHARMACY	17, 417					
3.00		OPERATING ROOM	1, 244, 771	1, 243, 45				
4.00		RADI OLOGY-DI AGNOSTI C	22, 500			5 138, 700		4.00
5.00		LABORATORY	1, 814, 485			0 0	0 0	
6.00		RESPI RATORY THERAPY	19, 850		0 19,850	138, 700		
7.00	0.00		0		0 0	0	0	
8.00	0.00		0		0 (	0	0	
9.00	0.00		0		0 (	0	0	9.00
10.00	0.00		0		0 (	0	0	
200.00			3, 171, 631				602	
	Wkst. A Line #	5	Unadjusted RCE			Provi der	Physician Cost	
		Identifier	Limit		E Memberships &		of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
	1.00	2.00	8.00	9.00	Education 12.00	12 13.00	14.00	
1.00		OTHER ADMIN & GENERAL	20, 672					1.00
2.00		PHARMACY	5, 935				0	
3.00		OPERATING ROOM	800			-	0	
4.00		RADI OLOGY-DI AGNOSTI C	3, 801	19			0	
5.00		LABORATORY	0,001		0 0		0 0	
6.00		RESPI RATORY THERAPY	8, 935		-		0 0	
7.00	0.00		0, 700				0 0	
8.00	0.00		0				0 0	
9.00	0.00		0				0	1
10.00	0,00		0				0 0	
200.00	0100		40, 143	2,00	8 (		0	
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted 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		
1.00		OTHER ADMIN & GENERAL	0					1.00
2.00		PHARMACY	0	-,				2.00
3.00		OPERATING ROOM	0					3.00
4.00		RADI OLOGY-DI AGNOSTI C	0	3, 80	1 16, 824		•	4.00
5.00		LABORATORY	0		0 0	.,		5.00
6.00		RESPI RATORY THERAPY	0	8, 93	5 10, 915	5 10, 915		6.00
7.00	0.00		0		0 0	0 0		7.00
8.00	0.00		0		0 0	0 0		8.00
9.00	0.00		0		0 0	0 0		9.00
10.00	0.00		0		0 0	0		10.00
200.00			0	40, 14	3 55, 534	488 3, 131, 488		200.00

COST ALLOCATI	ON - GENERAL SERVICE COSTS		Provi der	CCN-150057 D			
				F	veriod: rom 01/01/2014 o 12/31/2014	Worksheet B Part I Date/Time Pre	pared:
				_ATED COSTS		5/26/2015 3:5	9 pm
			CAPITAL KLI	LATED COSTS			
C	Cost Center Description	Net Expenses	NEW BLDG &	NEW MVBLE	EMPLOYEE	ADMI TTI NG	
		for Cost Allocation	FLXT	EQUI P	BENEFI TS DEPARTMENT		
		(from Wkst A					
		col. 7) 0	1.00	2.00	4.00	5.01	
GENERAI	_ SERVICE COST CENTERS	0	1.00	2.00	4.00	5.01	
1.00 00100 N	IEW CAP REL COSTS-BLDG & FIXT	3, 905, 156	3, 905, 156				1.00
	NEW CAP REL COSTS-MVBLE EQUIP	2, 351, 573	10 505	2, 351, 573			2.00
	EMPLOYEE BENEFITS DEPARTMENT	4, 979, 109 1, 176, 081	13, 595 45, 864			1, 426, 910	4.00 5.01
	CASHI ERI NG/ACCOUNTS RECEI VABLE	1, 425, 931	0			0	5.02
	OTHER ADMIN & GENERAL	28, 527, 303	106, 093			0	5.03
	DERATION OF PLANT	2, 812, 332	131, 891	79, 421		0	7.00 8.00
	AUNDRY & LINEN SERVICE IOUSEKEEPING	181, 820 1, 061, 835	6, 303 26, 502			0	9.00
10.00 01000 D		-118, 865	99, 874			0	10.00
	CAFETERIA	453, 460	0			0	11.00
	IURSI NG ADMI NI STRATI ON XENTRAL SERVI CES & SUPPLY	62, 175 75, 369	0	0	15, 248 18, 056	0	13.00 14.00
	PHARMACY	795, 200	0			0	15.00
	IEDI CAL RECORDS & LI BRARY	267, 219	32, 788	19, 744		0	16.00
	&R SERVICES-SALARY & FRINGES APPRVD	32, 433	0	0	-	0	21.00
	&R SERVICES-OTHER PRGM COSTS APPRVD ENT ROUTINE SERVICE COST CENTERS	29, 971	0	0	0	0	22.00
	ADULTS & PEDIATRICS	4, 016, 050	927, 764	558, 675	687, 448	146, 468	30.00
	SURGICAL INTENSIVE CARE UNIT	1, 091, 893	90, 772			27, 460	34.00
43.00 04300 N		377, 645	0	0	94, 005	13, 723	43.00
	ARY SERVICE COST CENTERS	5, 866, 219	554, 151	333, 694	441, 710	232, 387	50.00
1 1	DELIVERY ROOM & LABOR ROOM	854, 404	0			30, 704	52.00
54.00 05400 R	RADI OLOGY-DI AGNOSTI C	1, 524, 058	187, 226	112, 742		38, 399	54.00
	JLTRA SOUND	204,090	5, 699			3, 283	54.01
	ADI OLOGY-THERAPEUTI C LABORATORY	1, 834, 074 543, 094	143, 156 68, 125			694 71, 351	55.00 60.00
	BLOOD LABORATORY	0	00, 123			0	60.00
1 1	NTRAVENOUS THERAPY	321, 220	0	0	-,	3, 455	64.00
		710, 732	22, 714			38, 525	65.00
	PHYSICAL THERAPY CCUPATIONAL THERAPY	1, 202, 563 137, 915	87, 771 0	52, 853 0		32, 136 4, 472	66.00 67.00
	SPEECH PATHOLOGY	2, 814	0	0		1, 517	68.00
	ELECTROCARDI OLOGY	311, 765	45, 076			5, 810	69.00
	ELECTROENCEPHALOGRAPHY IEDICAL SUPPLIES CHARGED TO PATIENTS	113, 590	60, 883			0	70.00
	MPL. DEV. CHARGED TO PATIENTS	4, 238, 229 11, 569, 429	20, 518 0			210, 431 365, 870	
73.00 07300 D	DRUGS CHARGED TO PATIENTS	3, 322, 489	43, 114	25, 962	0	136, 564	73.00
	ENT SERVICE COST CENTERS	205 270			07.020		00.00
90.00 09000 C 90.01 09001 W	VOUND CARE INSTITUTE	385, 279 23, 554	0			58 43	90.00 90.01
	OP NUTRITIONAL COUNSELING	21, 570	0	-	-,	45	90.02
	BARIATRIC MEDICINE	0	0	0	0	0	90.03
	MARKETING & PLANNING	0	0	0	0 524 542	0	90.04
	EMERGENCY DBSERVATION BEDS (NON-DISTINCT PART)	2, 298, 466	246, 315	148, 324	534, 563	63, 560	91.00 92.00
	REIMBURSABLE COST CENTERS			I			,2.00
99.10 09910 C		0	0	0	0	0	99.10
	_ PURPOSE COST CENTERS NTEREST EXPENSE	1					113.00
118.00 S	SUBTOTALS (SUM OF LINES 1-117)	88, 989, 244	2, 966, 194	1, 786, 157	4, 876, 544	1, 426, 910	
	MBURSABLE COST CENTERS	11/ 550	^		0 570		100.00
	GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES	116, 552 188, 642	0 855, 365				190.00 192.00
	COMMUNITY RELATIONS & MARKETING	1, 151, 446	033, 303	-			194.00
194.0107951 P	PLAINFIELD RADIOLOGY & PHYSICAL THER	713, 883	0	0	69, 124	0	194.01
	IV MV ENDOSCOPY	3, 445, 700	83, 597	50, 340	0		194.02
194. 03 07953 S 194. 04 07954 C	SOUTHWEST CENTER FOR WOMENS HEALTH	224, 457 138	0		35		194.03 194.04
	Cross Foot Adjustments	130	0	ĺ	55		200.00
		1 1	0	0	l ol	0	201.00
201.00 N	legative Cost Centers TOTAL (sum lines 118-201)	94, 830, 062	3, 905, 156	2, 351, 573	5, 000, 890	1, 426, 910	000

	inancial Systems _OCATION - GENERAL SERVICE COSTS	ST. FRANCIS H&H-		CCN: 150057	In Lie Period:	u of Form CMS-: Worksheet B	2552-10
CUST ALL	LUCATION - GENERAL SERVICE COSTS		FIOVICE	CCN. 150057	From 01/01/2014 To 12/31/2014	Part I Date/Time Pre	
	Cost Center Description	CASHI ERI NG/AC COUNTS RECEI VABLE	Subtotal	OTHER ADMI N GENERAL	& OPERATION OF PLANT	LAUNDRY & LAUNDRY & LINEN SERVICE	
		5.02	5A. 02	5.03	7.00	8.00	
	ENERAL SERVICE COST CENTERS			I			
	0100 NEW CAP REL COSTS-BLDG & FIXT						1.00
	0200 NEW CAP REL COSTS-MVBLE EQUIP 0400 EMPLOYEE BENEFITS DEPARTMENT						2.00
	0400 EMPLOYEE BENEFITS DEPARTMENT 0570 ADMITTING						5.01
	0580 CASHI ERI NG/ACCOUNTS RECEI VABLE	1, 425, 931					5.02
	0590 OTHER ADMIN & GENERAL	0	29, 182, 284	29, 182, 28	34		5.03
7.00 0	0700 OPERATION OF PLANT	0	3, 308, 481				7.00
	0800 LAUNDRY & LINEN SERVICE	0	199, 440	88, 65	57 8, 350	296, 447	8.00
	0900 HOUSEKEEPI NG	0	1, 328, 487				1
	1000 DI ETARY	0	71, 542			0	1
		0	525, 796			-	
	1300 NURSI NG ADMI NI STRATI ON 1400 CENTRAL SERVI CES & SUPPLY	0	77, 423 93, 425			0	
	1500 PHARMACY	0	983, 916			0	
	1600 MEDI CAL RECORDS & LI BRARY	0	319, 751				
	2100 I &R SERVICES-SALARY & FRINGES APPRVD	0	32, 433				
	2200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	29, 971	13, 32	23 0	0	22.00
	NPATIENT ROUTINE SERVICE COST CENTERS						
	3000 ADULTS & PEDIATRICS	54, 859	6, 391, 264				1
	3400 SURGICAL INTENSIVE CARE UNIT	9, 678	1, 546, 223				
	4300 NURSERY NCI LLARY SERVI CE COST CENTERS	4, 837	490, 210	217, 91	2 0	0	43.00
	5000 OPERATING ROOM	121, 875	7, 550, 036	3, 356, 20	734, 092	53, 010	50.00
	5200 DELIVERY ROOM & LABOR ROOM	10, 936	1, 108, 722				1
	5400 RADI OLOGY-DI AGNOSTI C	217, 685	2, 400, 695			27, 553	
	5401 ULTRA SOUND	20, 428	287, 609			0	1
55.00 0	5500 RADI OLOGY-THERAPEUTI C	40, 337	2, 186, 037	971, 75	55 189, 641	3, 768	55.00
	6000 LABORATORY	126, 332	849, 925	377, 81	5 90, 246	0	
	6001 BLOOD LABORATORY	0	0		0 0	0	
	6400 I NTRAVENOUS THERAPY	10, 264	338, 282				
	6500 RESPI RATORY THERAPY 6600 PHYSI CAL THERAPY	19, 628 40, 477	996, 470 1, 713, 697			0 5, 750	1
	6700 OCCUPATI ONAL THERAPY	40, 477	1, 713, 897				
	6800 SPEECH PATHOLOGY	546	5, 583				1
	6900 ELECTROCARDI OLOGY	32, 811	438, 583			0	1
70.00 0	7000 ELECTROENCEPHALOGRAPHY	12, 659	250, 952			1, 790	70.00
71.00 0	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	103, 747	4, 585, 280	2, 038, 28	35 27, 180	0	71.00
	7200 IMPL. DEV. CHARGED TO PATIENT	141, 276	12, 076, 575				
	7300 DRUGS CHARGED TO PATIENTS	158, 927	3, 687, 056	1, 639, 00	0 57, 114	0	73.00
	UTPATIENT SERVICE COST CENTERS	14 570	404 045	220.00	× 0	1 026	90.00
	9000 CLINIC 9001 WOUND CARE INSTITUTE	14, 570 891	496, 945 30, 336				90.00
	9001 WOUND CARE INSTITUTE 9002 OP NUTRITIONAL COUNSELING	304	27, 285			42	
	9003 BARI ATRI C MEDI CI NE	0	27,203		0 0	0	
	4950 MARKETING & PLANNING	0	0		0 0	0	
	9100 EMERGENCY	278, 501	3, 569, 729	1, 586, 84	4 326, 298	57, 420	91.00
-	9200 OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
	THER REIMBURSABLE COST CENTERS	1		1			
	9910 CORF	0	0		0 0	0	99.10
	PECIAL PURPOSE COST CENTERS			1			112 00
113.001	1300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117)	1, 425, 931	87, 360, 520	25, 861, 86	3, 535, 336	281, 143	113.00
	ONREI MBURSABLE COST CENTERS	1,423,731	07, 300, 320	23,001,00	5, 555, 550	201, 143	1110.00
	9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	126, 130	56, 06	0 8	0	190.00
	9200 PHYSI CLANS' PRI VATE OFFI CES	0	1, 584, 634				192.00
	7950 COMMUNITY RELATIONS & MARKETING	0	1, 171, 504		6 0	0	194.00
	7951 PLAINFIELD RADIOLOGY & PHYSICAL THER	0	783, 007				194.01
	7952 JV MV ENDOSCOPY	0	3, 579, 637				194.02
	7953 SOUTHWEST CENTER FOR WOMENS HEALTH	0	224, 457				194.03
194.040 200.00	7954 OTHER NRCC Cross Foot Adjustments	0	173 0		7 0	0	194.04 200.00
200.00	Negative Cost Centers		0		0 0	Λ	200.00
201.00	TOTAL (sum lines 118-201)	1, 425, 931	94, 830, 062	29, 182, 28			
		., .20, .01	, 566, 502		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Health Financial Systems	ST. FRANCIS H&H	-MOORESVI LLE		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Pre 5/26/2015 3:5	epared:
Cost Center Description	HOUSEKEEPI NG	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI O N	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS	1					1 1 00
1.00       00100       NEW CAP REL COSTS-BLDG & FIXT         2.00       00200       NEW CAP REL COSTS-MVBLE EQUIP         4.00       00400       EMPLOYEE BENEFITS DEPARTMENT         5.01       00570       ADMITTING         5.02       00580       CASHI ERI NG/ACCOUNTS RECEIVABLE         5.03       00590       OTHER ADMIN & GENERAL         7.00       00700       OPERATION OF PLANT         8.00       00800       LAUNDRY & LINEN SERVICE         9.00       00900       HOUSEKEEPING         10.00       01000       DI ETARY         11.00       01100       CAFETERIA         13.00       01300       NURSING ADMINISTRATION	1, 954, 145 54, 594 0 0	290, 242 0 0	759, 52 3, 71	8 115, 558		$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ $
14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY	0	0	7, 34 29, 50		142, 296 96	1
16.00 01600 MEDICAL RECORDS & LIBRARY	17, 923	0		0 0	90	1
21. 00 02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0		0 0	0	1
22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0 0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS	F07 140	240 151	02.0/	0 04 000	100	1 20 00
30. 00 03000 ADULTS & PEDI ATRI CS 34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T	507, 143 49, 618	240, 151 30, 198			192 30	1
43. 00 04300 NURSERY	0	19, 893			0	1
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATING ROOM	302, 914	0			661	1
52. 00 05200 DELIVERY ROOM & LABOR ROOM 54. 00 05400 RADI 0LOGY-DI AGNOSTI C	0 102, 343	0	71, 18 76, 89		0 151	
54. 01 05401 ULTRA SOUND	3, 115	0	7, 91		0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	78, 253	0	17, 71		388	1
60. 00 06000 LABORATORY	37, 239	0		0 0	0	60.00
60. 01 06001 BLOOD LABORATORY	0	0		0 0	0	
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	0 12, 416	0	47 38, 45		45 13	1
66. 00 06600 PHYSI CAL THERAPY	47, 978	0	62, 04		76	1
67.00 06700 OCCUPATI ONAL THERAPY	0	0	9, 03		31	1
68.00 06800 SPEECH PATHOLOGY	0	0	11		0	1
69. 00 06900 ELECTROCARDI OLOGY	24, 640	0	2, 27		444	1
70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33, 280 11, 216	0	5, 19	0 0	21 37, 279	1
72. 00 07200 I MPL. DEV. CHARGED TO PATIENT	0	0		0 0	101, 760	
73.00 07300 DRUGS CHARGED TO PATIENTS	23, 568	0		0 0	0	73.00
OUTPATIENT SERVICE COST CENTERS	-	-		-		
90. 00 09000 CLINIC 90. 01 09001 WOUND CARE INSTITUTE	0	0	21, 09 1, 17		24	90.00 90.01
90. 02 09002 OP NUTRI TI ONAL COUNSELI NG	0	0	1, 09	4 0	0	
90. 03 09003 BARIATRIC MEDICINE	0	0		0 0	0	90.03
90. 04 04950 MARKETING & PLANNING	0	0		0 0	0	
91. 00  09100   EMERGENCY 92. 00  09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)	134, 643	0	105, 46	8 27, 267	208	91.00 92.00
OTHER REIMBURSABLE COST CENTERS						92.00
99. 10 09910 CORF	0	0		0 0	0	99.10
SPECIAL PURPOSE COST CENTERS	1 1			1		
113.00 11300 INTEREST EXPENSE 118.00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	1, 440, 883	290, 242	731, 01	8 115, 558	141, 419	113.00 118.00
190. 00 19000 GLFT, FLOWER, COFFEE SHOP & CANTEEN 192. 00 19200 PHYSLCLANS' PRI VATE OFFLCES 194. 00 07950 COMMUNI TY RELATIONS & MARKETLING	0 467, 566 0	0 0 0	5, 32 6, 87 3, 66	8 0 6 0	125 2	190. 00 192. 00 194. 00
194. 01 07951 PLAI NFI ELD RADI OLOGY & PHYSI CAL THER	0	0	12, 62	7 0		194.01
194. 02 07952 JV MV ENDOSCOPY	45, 696	0		0 0		194.02
194.03 07953 SOUTHWEST CENTER FOR WOMENS HEALTH 194.04 07954 OTHER NRCC	0	0		0 0 4 0		194.03 194.04
200.00 Cross Foot Adjustments	0	0			0	200.00
201.00 Negative Cost Centers	0	0		0 0		201.00
202.00   TOTAL (sum lines 118-201)	1, 954, 145	290, 242	759, 52	115, 558	142, 296	202.00

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COCT ALLOCATION		CEDI

Health Fina	ancial Systems	ST. FRANCIS H&H	I-MOORESVI LLE		In Lieu	u of Form CMS-	2552-10
	ATION - GENERAL SERVICE COSTS			F	Period: From 01/01/2014 Fo 12/31/2014	Worksheet B Part I Date/Time Pre 5/26/2015 3:5	epared:
				INTERNS &	RESIDENTS	572072015 3.5	pili
	Cost Center Description	PHARMACY	MEDI CAL RECORDS &	SERVI CES-SALA RY & FRI NGES	SERVICES-OTHE R PRGM COSTS	Subtotal	
		15.00	LI BRARY 16. 00	21.00	22.00	24.00	
GENE	ERAL SERVICE COST CENTERS	10.00	10.00	21.00	22.00	21.00	
	DO NEW CAP REL COSTS-BLDG & FIXT						1.00
	DO NEW CAP REL COSTS-MVBLE EQUIP DO EMPLOYEE BENEFITS DEPARTMENT						2.00
	70 ADMITTING						4.00 5.01
	30 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.02
	PO OTHER ADMIN & GENERAL						5.03
7.00 0070	OO OPERATION OF PLANT						7.00
	DO LAUNDRY & LINEN SERVICE						8.00
	DO HOUSEKEEPI NG						9.00
							10.00
	DO CAFETERIA DO NURSING ADMINISTRATION						11.00
	DO CENTRAL SERVICES & SUPPLY						14.00
	DO PHARMACY	1, 450, 891					15.00
	DO MEDICAL RECORDS & LIBRARY	0	523, 24	7			16.00
21.00 0210	00 I&R SERVICES-SALARY & FRINGES APPRVD	0	(	46, 850			21.00
	00 I &R SERVICES-OTHER PRGM COSTS APPRVD	0		0 0	43, 294		22.00
	ATIENT ROUTINE SERVICE COST CENTERS				10.001		
	DO ADULTS & PEDIATRICS DO SURGICAL INTENSIVE CARE UNIT	0	20, 132			11, 482, 170	
	DO NURSERY	0	3, 552 1, 775			2, 579, 633 769, 392	
	LLARY SERVICE COST CENTERS	V	1,77		<u>и</u> и	707, 372	45.00
	DO OPERATING ROOM	0	44, 720	6 (	0 0	12, 164, 224	50.00
52.00 0520	DO DELIVERY ROOM & LABOR ROOM	0	4, 013	3 0	0 0	1, 695, 185	52.00
	DO RADI OLOGY-DI AGNOSTI C	0	79, 886		-	4,002,720	
	D1 ULTRA SOUND	0	7,49			441, 540	
	00 RADI OLOGY-THERAPEUTI C	0	14, 803			3, 462, 364	
	DO LABORATORY DI BLOOD LABORATORY	0	46, 36			1, 401, 586 0	
	DO I NTRAVENOUS THERAPY	0	3, 76		-	492, 949	
	DO RESPIRATORY THERAPY	0	7, 203			1, 527, 603	
	DO PHYSI CAL THERAPY	0	14, 854		0 0	2, 722, 453	
	00 OCCUPATI ONAL THERAPY	0	1, 601		-	273, 241	
	DO SPEECH PATHOLOGY	0	200		-	8, 381	
		0	12, 04			732, 652	
	00 ELECTROENCEPHALOGRAPHY 00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4, 640 38, 073		-	488, 087 6, 737, 313	
	DO IMPL. DEV. CHARGED TO PATIENT	0	51, 846			17, 598, 569	
	DO DRUGS CHARGED TO PATIENTS	1, 450, 891	58, 323			6, 915, 952	
	PATIENT SERVICE COST CENTERS						
	DO CLINIC	0	5, 34		0 0	746, 250	
	01 WOUND CARE INSTITUTE	0	32			45, 368	
	02 OP NUTRITIONAL COUNSELING 03 BARIATRIC MEDICINE	0	112		-	40, 620 0	1
	50 MARKETING & PLANNING	0			-	0	1
	DO EMERGENCY	0	102, 162	-	-	5, 910, 039	
92.00 0920	OO OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	R REIMBURSABLE COST CENTERS	- İ İ		1	1 1		
99.10 0991		0	(	0 (	0 0	0	99.10
	CLAL PURPOSE COST CENTERS				1		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1, 450, 891	523, 24	7 46, 850	43, 294	82, 238, 291	
	REIMBURSABLE COST CENTERS	1, 100, 071	020,21	10,000	10,271	02,200,271	110.00
	OO GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	(	) (	0 0	188, 200	190.00
	DO PHYSICIANS' PRIVATE OFFICES	0	(	o c		3, 896, 953	
	50 COMMUNITY RELATIONS & MARKETING	0	(		-	1, 695, 938	
	51 PLAINFIELD RADIOLOGY & PHYSICAL THER	0	(			1, 143, 775	
	52 JV MV ENDOSCOPY 53 SOUTHWEST CENTER FOR WOMENS HEALTH	0	(			5, 342, 407 324, 234	101 02
	54 OTHER NRCC	0	(				194.03
200.00	Cross Foot Adjustments		(				200.00
201.00	Negative Cost Centers	0	(		o o	0	201.00
202.00	TOTAL (sum lines 118-201)	1, 450, 891	523, 24	7 46, 850	43, 294	94, 830, 062	202.00

COST A	Financial Systems LLOCATION - GENERAL SERVICE COSTS	ST. FRANCIS H&H-		CCN: 150057	Peri od:	u of Form CMS-2 Worksheet B	
					From 01/01/2014 To 12/31/2014	Date/Time Prep	
	Cost Center Description	Intern & Residents Cost & Post	Total		<u> </u>	5/26/2015 3: 59	<u>9 pm</u>
		Stepdown Adjustments 25.00	26.00				
	GENERAL SERVICE COST CENTERS	20.00	20.00				
1.00 2.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00200 NEW CAP REL COSTS-MVBLE EQUIP						1.0 2.0
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.0
5.01	00570 ADMI TTI NG						5.0
5.02 5.03	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMIN & GENERAL						5.0 5.0
7.00	00700 OPERATION OF PLANT						7.0
8.00	00800 LAUNDRY & LINEN SERVICE						8.0
9.00	00900 HOUSEKEEPI NG						9.0
	01000 DI ETARY 01100 CAFETERI A						10.0 11.0
	01300 NURSI NG ADMI NI STRATI ON						13.0
14.00	01400 CENTRAL SERVICES & SUPPLY						14.0
	01500 PHARMACY						15.0
	01600 MEDICAL RECORDS & LIBRARY 02100 I&R SERVICES-SALARY & FRINGES APPRVD						16.0 21.0
	02200 I&R SERVICES-SALARY & FRINGES APPRVD						21.0
	INPATIENT ROUTINE SERVICE COST CENTERS		1				
	03000 ADULTS & PEDIATRICS	-90, 144	11, 392, 026				30.0
	03400 SURGI CAL I NTENSI VE CARE UNI T 04300 NURSERY	0	2, 579, 633 769, 392				34.0 43.0
+3.00	ANCI LLARY SERVICE COST CENTERS	0	107, 372				45.0
	05000 OPERATING ROOM	0	12, 164, 224				50. C
	05200 DELIVERY ROOM & LABOR ROOM	0	1, 695, 185				52.0
	05400 RADI OLOGY-DI AGNOSTI C 05401 ULTRA SOUND	0	4, 002, 720 441, 540				54.C
	05500 RADI OLOGY-THERAPEUTI C	0	3, 462, 364				55.0
	06000 LABORATORY	0	1, 401, 586				60.0
	06001 BLOOD LABORATORY	0	0				60.0
	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0	492, 949 1, 527, 603				64.0 65.0
	06600 PHYSI CAL THERAPY	0	2, 722, 453				66. C
	06700 OCCUPATI ONAL THERAPY	0	273, 241				67.C
	06800 SPEECH PATHOLOGY	0	8, 381				68.0
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0	732, 652 488, 087				69.0 70.0
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6, 737, 313				71.0
	07200 IMPL. DEV. CHARGED TO PATIENT	0	17, 598, 569				72. C
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6, 915, 952				73.0
90.00	OUTPATIENT SERVICE COST CENTERS	0	746, 250				90.0
	09001 WOUND CARE INSTITUTE	0	45, 368				90.0
	09002 OP NUTRI TI ONAL COUNSELI NG	0	40, 620				90.0
	09003 BARIATRIC MEDICINE 04950 MARKETING & PLANNING	0	0				90. 0 90. 0
	09100 EMERGENCY	0	5, 910, 039				90.0
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0,,,0,00,				92.0
	OTHER REIMBURSABLE COST CENTERS	1	-				
99.10	09910 CORF SPECIAL PURPOSE COST CENTERS	0	0				99. 1
113.00	11300 INTEREST EXPENSE						113. C
118.00	SUBTOTALS (SUM OF LINES 1-117)	-90, 144	82, 148, 147			1	118. C
	NONREI MBURSABLE COST CENTERS		100 000				100 0
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0	188, 200 3, 896, 953			1	190. C 192. C
	07950 COMMUNITY RELATIONS & MARKETING	0	1, 695, 938				192. C
94.01	07951 PLAINFIELD RADIOLOGY & PHYSICAL THER	0	1, 143, 775				194.0
	07952 JV MV ENDOSCOPY	0	5, 342, 407				194.0
	07953 SOUTHWEST CENTER FOR WOMENS HEALTH 07954 OTHER NRCC	0	324, 234 264				194. ( 194. (
194. 04 200. 00		0	264				194. U 200. C
201.00		0	0				201.0
202.00	TOTAL (sum lines 118-201)	-90, 144	94, 739, 918				202.0

	Financial Systems TION OF CAPITAL RELATED COSTS	ST. FRANCIS H&H		CCN: 150057 F	In Lie Period:	u of Form CMS-: Worksheet B	2552-10
ALLOUP	TTON OF CAPITAL RELATED COSTS		FIOVICEI	F	rom 01/01/2014	Part II	
					To 12/31/2014	Date/Time Pre 5/26/2015 3:5	
			CAPI TAL REI	_ATED COSTS			
	Cost Center Description	Directly Assigned New Capital	NEW BLDG & FIXT	NEW MVBLE EQUI P	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
		Related Costs	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS	0	1.00	2.00	20	1.00	-
1.00 2.00 4.00 5.01 5.02 5.03 7.00 8.00 9.00 10.00 11.00	00100 NEW CAP REL COSTS-BLDG & FIXT 00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMIN & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA	0 0 0 912, 617 0 0 0	13, 595 45, 864 0 106, 093 131, 891 6, 303 26, 502 99, 874 0	27, 618 63, 886 79, 421 3, 795 15, 959	73, 482           0           169, 979           1, 123, 929           10, 098           42, 461           160, 015	21, 781 773 0 2, 113 1, 241 33 977 132 315	5.02 5.03 7.00 8.00 9.00 10.00
13.00 14.00 15.00 16.00 21.00 22.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 02100 I &R SERVICES-SALARY & FRINGES APPRVD 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD		0 0 32, 788 0 0	( ( ( 19, 744 ( (	0 4 52, 532 0 0	66 79 822 0 0 0 0	13.00 14.00 15.00 16.00 21.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 34.00 43.00	03000 ADULTS & PEDIATRICS 03400 SURGICAL INTENSIVE CARE UNIT 04300 NURSERY	0	927, 764 90, 772 0	54, 660	145, 432	2, 987 1, 184 410	34.00
	ANCILLARY SERVICE COST CENTERS						
50.00 52.00	05000 OPERATING ROOM 05200 DELIVERY ROOM & LABOR ROOM	0	554, 151 0	333, 694		1, 925 927	50.00 52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	187, 226	-	-	1, 397	
54.01	05401 ULTRA SOUND	0	5, 699			221	54.01
55.00	05500 RADI OLOGY-THERAPEUTI C	0	143, 156			355	
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	0	68, 125 0	41, 023		0	
64.00	06400 I NTRAVENOUS THERAPY	0	0			15	1
65.00	06500 RESPI RATORY THERAPY	0	22, 714			833	65.00
66.00	06600 PHYSI CAL THERAPY	0	87, 771	52, 853		1, 298	
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0			145 3	1
69.00	06900 ELECTROCARDI OLOGY	0	45, 076		-	70	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	60, 883			118	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20, 518			0	
	07200 I MPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS	0	0 43, 114	( 25, 962		0	
73.00	OUTPATIENT SERVICE COST CENTERS	0	43, 114	25, 902	2 09,070	0	_ /3.00
90.00	09000 CLINIC	0	0	(	0 0	423	90.00
	09001 WOUND CARE INSTITUTE	0	0	(	0	25	
	09002 OP NUTRI TI ONAL COUNSELI NG 09003 BARI ATRI C MEDI CI NE	0	0		0	24	
90. 03 90. 04	04950 MARKETING & PLANNING	0	0			0	
	09100 EMERGENCY	0	246, 315	148, 324	394, 639	2, 329	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS				0		92.00
	09910 CORF SPECI AL PURPOSE COST CENTERS 11300 I NTEREST EXPENSE	0	0	(	0	0	99.10
118.00		912, 617	2, 966, 194	1, 786, 157	5, 664, 968	21, 240	118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(		42	190.00
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	855, 365				192.00
	07950 COMMUNITY RELATIONS & MARKETING	0	0				194.00
	07951 PLAINFIELD RADIOLOGY & PHYSICAL THER 07952 JV MV ENDOSCOPY	0	0 83, 597	50, 340	0 133, 937		194.01 194.02
	07953 SOUTHWEST CENTER FOR WOMENS HEALTH	0	03, 347		) 133, 737		194.02
	07954 OTHER NRCC	0	0		o o		194.04
200.00					0		200.00
201.00	5	010 (17					201.00
202.00	TOTAL (sum lines 118-201)	912, 617	3, 905, 156	2, 351, 573	7, 169, 346	21, 781	202.00

1.00     0       2.00     0       4.00     0       5.01     0       5.02     0	Cost Center Description	ADMI TTI NG	CASHI ERI NG/AC		From 01/01/2014 To 12/31/2014	Date/Time Pre	pared:
1.00       0         2.00       0         4.00       0         5.01       0         5.02       0		ADMI TTI NG	CASHI ERI NG/AC			5/26/2015 3:5	59 mm
1.00       0         2.00       0         4.00       0         5.01       0         5.02       0			COUNTS RECEI VABLE	OTHER ADMIN GENERAL	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
1.00       0         2.00       0         4.00       0         5.01       0         5.02       0		5. 01	5.02	5.03	7.00	8.00	<u> </u>
2.00 0 4.00 0 5.01 0 5.02 0	ENERAL SERVICE COST CENTERS			1			1.00
5.01 0 5.02 0	0200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
5.02 0	0400 EMPLOYEE BENEFITS DEPARTMENT						4.00
		74, 255					5.01
5.03 0	0580 CASHI ERI NG/ACCOUNTS RECEI VABLE 0590 OTHER ADMIN & GENERAL	0	-		92		5.02 5.03
	0700 OPERATION OF PLANT	0	0				7.00
	0800 LAUNDRY & LINEN SERVICE	0	0		23 1, 981		
	0900 HOUSEKEEPI NG	0	0				
	11000 DI ETARY 11100 CAFETERI A	0			88 31,389 78 0		
	1300 NURSI NG ADMI NI STRATI ON	0	0		03 0		
	1400 CENTRAL SERVICES & SUPPLY	0	0		45 0	0	14.00
	1500 PHARMACY	0	0	2,5		-	
	11600 MEDI CAL RECORDS & LI BRARY 12100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	-	-	38 10, 305		
	2200 I &R SERVICES-SALARY & FRINGES APPRVD	0	-		85 0 79 0		
	NPATIENT ROUTINE SERVICE COST CENTERS				,,,		
	3000 ADULTS & PEDIATRICS	7, 618	0	16, 7	52 291, 580	1, 967	30.00
	3400 SURGI CAL I NTENSI VE CARE UNI T	1, 428					
	14300 NURSERY NCI LLARY SERVI CE COST CENTERS	714	0	1, 2	85 0	0	43.00
	15000 OPERATING ROOM	12, 087	0	19, 7	89 174, 160	2, 259	50.00
	5200 DELIVERY ROOM & LABOR ROOM	1, 597	0				
	5400 RADI OLOGY-DI AGNOSTI C	1, 997	0	6, 2	92 58, 842	1, 174	54.00
	5401 ULTRA SOUND	171	0		54 1, 791		
	05500 RADI OLOGY-THERAPEUTI C 06000 LABORATORY	36 3, 711	0			161 0	
	6001 BLOOD LABORATORY	3,711	-		28 21,410 0 0		
	6400 I NTRAVENOUS THERAPY	180	-		87 0	-	
	6500 RESPI RATORY THERAPY	2,004					
		1, 672					
	6700 OCCUPATI ONAL THERAPY 6800 SPEECH PATHOLOGY	233			72 0 15 0		
	6900 ELECTROCARDI OLOGY	302				-	
70.00 0	7000 ELECTROENCEPHALOGRAPHY	0	0		58 19, 135		70.00
	7100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	10, 945					
	7200 I MPL. DEV. CHARGED TO PATIENT	19,067	0			-	
	17300 DRUGS CHARGED TO PATIENTS UTPATIENT SERVICE COST CENTERS	7, 103	0	9,6	64 13, 550	0	73.00
90.00 0	9000 CLI NI C	3	0	1, 3	02 0	83	90.00
	9001 WOUND CARE INSTITUTE	2	0		80 0		90.01
	9002 OP NUTRI TI ONAL COUNSELI NG	0	0		72 0	0	
	99003 BARIATRIC MEDICINE 14950 MARKETING & PLANNING	0			0 0	0	
	19100 EMERGENCY	3, 306	0	9,3	-		
	9200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	THER REIMBURSABLE COST CENTERS			1			
	19910 CORF	0	0		0 0	0	99.10
	PECIAL PURPOSE COST CENTERS 1300 INTEREST EXPENSE			1			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	74, 255	О	152, 5	15 838, 743	11, 983	118.00
	ONREIMBURSABLE COST CENTERS			-		1	
	9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			31 0		190.00
	9200 PHYSICIANS' PRIVATE OFFICES 17950 COMMUNITY RELATIONS & MARKETING	0	-	4, 1 3, 0			192.00
	17950 COMMONITY RELATIONS & MARKETING 17951 PLAINFIELD RADIOLOGY & PHYSICAL THER	0		3, 0 2, 0			194.00
	17952 JV MV ENDOSCOPY	0	0				194.02
194.030	7953 SOUTHWEST CENTER FOR WOMENS HEALTH	0	0		88 0	0	194.03
	17954 OTHER NRCC	0	0		0 0	0	194.04
200.00	Cross Foot Adjustments Negative Cost Centers		0		0		200.00
201.00	Inegative cost centers	74, 255		T	0	12, 635	1201.00

Health Financial Systems		ST. FRANCIS H&H-	-MOORESVI LLE		In Lieu	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATE	D COSTS		Provi der	CCN: 150057 P F T	eriod: rom 01/01/2014	Worksheet B Part II Date/Time Pre	pared:
Cost Center Desc	rintion	HOUSEKEEPING	DI ETARY	CAFETERI A	NURSI NG	5/26/2015 3:5 CENTRAL	9 pm
COST CENTER DESC	i i pti on	HOUSEKEEPTING	DILIARI	CALETERIA	ADMI NI STRATI O N	SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST C		1			<b>I</b>		1 00
1.00 00100 NEW CAP REL COST 2.00 00200 NEW CAP REL COST							1.00 2.00
4.00 00400 EMPLOYEE BENEFIT							4.00
5. 01 00570 ADMI TTI NG							5.01
5. 02 00580 CASHI ERI NG/ACCOU	NTS RECEIVABLE						5.02
5.03 00590 OTHER ADMIN & GE							5.03
7.00 00700 OPERATION OF PLA							7.00
8.00 00800 LAUNDRY & LI NEN	SERVI CE	55 040					8.00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY		55, 249	127 114				9.00
11. 00 01100 CAFETERIA		1, 544	137, 114 0	1, 693			10.00 11.00
13. 00 01300 NURSI NG ADMI NI ST	RATION	0	0	1,075			13.00
14.00 01400 CENTRAL SERVICES		0	0	16		340	
15.00 01500 PHARMACY		0	0	66	0	0	15.00
16.00 01600 MEDICAL RECORDS		507	0	0	0	0	16.00
21.00 02100 I &R SERVICES-SAL		0	0	0	0	0	21.00
22. 00 02200 I &R SERVICES-OTH		0	0	0	0	0	22.00
30.00 03000 ADULTS & PEDIATR		14 220	113, 450	207	EO	0	20.00
30.00 03000 ADULTS & PEDIATR 34.00 03400 SURGICAL INTENSI		14, 338 1, 403	113, 450			0	30.00 34.00
43. 00 04300 NURSERY		0	9, 398			0	43.00
ANCI LLARY SERVICE COST	CENTERS		,,,,,,		•••		10100
50.00 05000 OPERATING ROOM		8, 564	0	217	60	2	50.00
52.00 05200 DELIVERY ROOM &		0	0	159		0	52.00
54. 00 05400 RADI OLOGY-DI AGNO	STIC	2, 894	0	171	0	0	54.00
54. 01 05401 ULTRA SOUND		88	0	18	0	0	54.01
55. 00 05500 RADI OLOGY-THERAP 60. 00 06000 LABORATORY	EUTIC	2, 212 1, 053	0	39 0	0	1 0	55.00 60.00
60. 01 06001 BLOOD LABORATORY		1,033	0	0	0	0	60.00
64.00 06400 I NTRAVENOUS THER		0	0	1	0	0	64.00
65.00 06500 RESPI RATORY THER		351	0	86	0	0	65.00
66.00 06600 PHYSI CAL THERAPY		1, 356	0	138	0	0	66.00
67.00 06700 OCCUPATI ONAL THE		0	0	20	0	0	67.00
68.00 06800 SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00 06900 ELECTROCARDI OLOG 70.00 07000 ELECTROENCEPHALO		697 941	0	5	0	1 0	69.00 70.00
71. 00 07100 MEDI CAL SUPPLIES		317	0	12 0		89	70.00
72.00 07200 I MPL. DEV. CHARG		0	0	0	-	245	
73.00 07300 DRUGS CHARGED TO		666	0	0	0	0	
OUTPATIENT SERVICE COS	ST CENTERS						
90. 00 09000 CLINIC		0	0			0	
90. 01 09001 WOUND CARE INSTI		0	0	3	0	0	
90. 02 09002 OP NUTRI TI ONAL C 90. 03 09003 BARI ATRI C MEDI CI		0	0	2	0	0	
90. 04 04950 MARKETING & PLAN		0	0	0	0	0	•
91.00 09100 EMERGENCY		3, 807	0	237	66	0	
92.00 09200 OBSERVATION BEDS	(NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COS	ST CENTERS	1 1			1		
99.10 09910 CORF		0	0	0	0	0	99.10
SPECIAL PURPOSE COST C 113.00 11300 INTEREST EXPENSE							112 00
118.00 SUBTOTALS (SUM 0		40, 738	137, 114	1, 630	277	338	113.00 118.00
NONREI MBURSABLE COST C		40,730	137, 114	1,000	211	550	110.00
190.00 19000 GIFT, FLOWER, CO		0	0	12	0	2	190.00
192.00 19200 PHYSI CLANS' PRI V.		13, 219	0	15	0		192.00
194.0007950 COMMUNITY RELATI		0	0	8			194.00
194. 01 07951 PLAI NFI ELD RADI 0	LOGY & PHYSICAL THER	0	0	28			194.01
194.0207952 JV MV ENDOSCOPY	EOD WOMENS HEALTH	1, 292	0	0	0		194.02
194. 03 07953 SOUTHWEST CENTER 194. 04 07954 OTHER NRCC	I UK WUWENS HEALTH	0	0		0		194.03 194.04
200.00 Cross Foot Adjus	tments		0	0	0	0	200.00
201.00 Negative Cost Ce		0	56, 154	0	о	0	201.00
202.00 TOTAL (sum lines		55, 249	193, 268		277	340	202.00

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ALL 00A	TLON	0 - 0	ADLTAL	DEI	ATED	

In Lieu of Form CMS-2552-10

Health Financial Systems	ST. FRANCIS H&H	1-MOORESVILLE		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	F	Period: From 01/01/2014 To 12/31/2014		
			INTERNS &	RESI DENTS		
	BUARAAN		05534050 0414			
Cost Center Description	PHARMACY	MEDI CAL		SERVI CES-OTHE	Subtotal	
		RECORDS & LI BRARY	RY & FRINGES	R PRGM COSTS		
	15.00	16.00	21.00	22.00	24.00	
GENERAL SERVICE COST CENTERS	10.00	10.00	21.00	22.00	21.00	
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 00570 ADMI TTI NG						5.01
5. 02 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5.02
5. 03 00590 OTHER ADMIN & GENERAL						5.03
7.00 00700 OPERATION OF PLANT						7.00
8. 00 00800 LAUNDRY & LI NEN SERVI CE						8.00
9. 00 00900 HOUSEKEEPI NG						9.00
10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A						10.00
13. 00 01300 NURSING ADMINI STRATI ON						13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY						14.00
15. 00 01500 PHARMACY	3, 467					15.00
16. 00 01600 MEDICAL RECORDS & LIBRARY	0,107	64, 182				16.00
21. 00 02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	01,102	85			21.00
22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0		79		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0	2, 474			1, 937, 870	30.00
34.00 03400 SURGI CAL I NTENSI VE CARE UNI T	0	437			200, 333	34.00
43.00 04300 NURSERY	0	218			12, 114	43.00
ANCI LLARY SERVICE COST CENTERS			1	1		
50.00 05000 OPERATING ROOM	0	5, 497			1, 112, 405	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	493			6, 126	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	9, 819			382, 554	54.00
54. 01 05401 ULTRA SOUND	0	921	1		13,095	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C 60. 00 06000 LABORATORY	0	1,819			284, 704	55.00
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	0	5, 698			143, 248	60.00 60.01
64. 00 06400 I NTRAVENOUS THERAPY	0	463			1, 546	•
65. 00 06500 RESPI RATORY THERAPY	0	885			50, 302	65.00
66. 00 06600 PHYSI CAL THERAPY	0	1, 826			179, 236	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	197			1, 172	67.00
68.00 06800 SPEECH PATHOLOGY	0	25			122	68.00
69.00 06900 ELECTROCARDI OLOGY	0	1, 480			90, 091	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	571			119, 056	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,680			67, 370	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	6, 372			57, 360	1
73. 00 07300 DRUGS CHARGED TO PATIENTS	3, 467	7, 169	1		110, 695	73.00
00 OUTPATIENT SERVICE COST CENTERS		/ 57	1		0.515	
90. 00 09000 CLINIC 90. 01 09001 WOUND CARE INSTITUTE	0					90.00 90.01
90. 01 09001 WOUND CARE TRISTITUTE 90. 02 09002 OP NUTRITIONAL COUNSELING	0	40 14			152	
90. 03 09003 BARI ATRI C MEDI CI NE	0	14			0	90.02
90. 04 04950 MARKETI NG & PLANNI NG	0	0			0	90.04
91. 00 09100 EMERGENCY	0	12, 427			506, 027	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		,				92.00
OTHER REIMBURSABLE COST CENTERS						1
99. 10 09910 CORF	0	0			0	99.10
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3, 467	64, 182	C	0 0	5, 278, 205	118.00
NONREI MBURSABLE COST CENTERS			1			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0			1, 656, 774	•
194. 00 07950 COMMUNITY RELATIONS & MARKETING	0	0				194.00
194. 01 07951 PLAINFIELD RADIOLOGY & PHYSICAL THER 194. 02 07952 JV MV ENDOSCOPY	0	0				194.01
194. 03 07953 SOUTHWEST CENTER FOR WOMENS HEALTH	0	0			171, 527	194.02
194. 04 07954 OTHER NRCC	0	0				194.03
200.00 Cross Foot Adjustments	0	0	85	5 79		200.00
201.00 Negative Cost Centers	0	n	00			200.00
202.00 TOTAL (sum lines 118-201)	3, 467	64, 182		-		
	-, .01	2., 102		1	,,	

Health Financial Systems	ST. FRANCIS H&H	-MOORESVI LLE		In Lie	u of Form CMS-2	552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der (	CCN: 150057	Period: From 01/01/2014	Worksheet B Part II	
				To 12/31/2014	Date/Time Prep 5/26/2015 3:59	
Cost Center Description	Intern & Residents Cost & Post Stepdown	Total				
	Adjustments 25.00	26.00				
GENERAL SERVICE COST CENTERS	23.00	20.00				
1.00 00100 NEW CAP REL COSTS-BLDG & FLXT 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						1.00 2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 00570 ADMITTING						4.00 5.01
5. 02 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5. 03 00590 OTHER ADMIN & GENERAL						5.02 5.03
7.00 00700 OPERATION OF PLANT						7.00
9. 00 00900 HOUSEKEEPI NG						8.00 9.00
10. 00  01000 DI ETARY 11. 00  01100 CAFETERI A						10. 00 11. 00
13. 00 01300 NURSING ADMINISTRATION 14. 00 01400 CENTRAL SERVICES & SUPPLY						13.00 14.00
15. 00 01500 PHARMACY						15.00
16.00  01600   MEDICAL RECORDS & LIBRARY 21.00  02100   I&R SERVICES-SALARY & FRINGES APPRVD						16. 00 21. 00
22. 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD INPATIENT ROUTINE SERVICE COST CENTERS						22.00
30. 00 03000 ADULTS & PEDIATRICS 34. 00 03400 SURGICAL INTENSIVE CARE UNIT	0	1, 937, 870 200, 333				30.00 34.00
43. 00 04300 NURSERY	0	200, 333				43.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0	1, 112, 405				50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6, 126				52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	382, 554				54.00
54. 01 05401 ULTRA SOUND 55. 00 05500 RADI OLOGY-THERAPEUTI C	0	13, 095 284, 704				54.01 55.00
60. 00 06000 LABORATORY	0	143, 248				60.00
60. 01 06001 BLOOD LABORATORY	0	0				60.01
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	0	1, 546 50, 302				64.00 65.00
66. 00 06600 PHYSI CAL THERAPY	0	179, 236				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	1, 172				67.00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	122 90, 091				68.00 69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	119, 056				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67, 370				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT 73.00 07300 DRUGS CHARGED TO PATIENTS	0	57, 360				72.00
OUTPATIENT SERVICE COST CENTERS	<u> </u>	110, 695				73.00
90. 00 09000 CLINIC	0	2, 515				90.00
90. 01 09001 WOUND CARE INSTITUTE	0	152				90.01
90. 02 09002 0P NUTRI TI ONAL COUNSELI NG 90. 03 09003 BARI ATRI C MEDI CI NE	0	112 0				90. 02 90. 03
90. 04 04950 MARKETING & PLANNING	0	0				90.04
91.00 09100 EMERGENCY	0	506, 027				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0					92.00
99. 10 09910 CORF	0	0				99. 10
SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE					11	13.00
118.00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	0	5, 278, 205			1	18.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	387			1	90.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	1, 656, 774				92.00
194.00 07950 COMMUNITY RELATIONS & MARKETING	0	3, 166				94.00
194. 01 07951 PLAINFIELD RADIOLOGY & PHYSICAL THER	0	2, 381				94.01
194.02 07952 JV MV ENDOSCOPY 194.03 07953 SOUTHWEST CENTER FOR WOMENS HEALTH		171, 527 588				94.02 94.03
194. 04 07954 OTHER NRCC	0	0				94.03
200.00 Cross Foot Adjustments	0	164			2	200.00
201.00 Negative Cost Centers	0	56, 154				201.00
202.00  TOTAL (sum lines 118-201)	ı U	7, 169, 346			-	202.00

Health Financial Systems COST ALLOCATION - STATISTIC		T. FRANCIS H&H			eriod:	u of Form CMS-2 Worksheet B-1	
				Fr	rom 01/01/2014 0 12/31/2014	Date/Time Pre 5/26/2015 3:5	
		CAPI TAL REL	ATED COSTS			572072013 3. 3	<sup>y</sup> piii
Cost Center Des	cription	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUI P (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMI TTI NG (I NPATI ENT CHARGES)	CASHI ERI NG/AC COUNTS RECEI VABLE (GROSS CHARGES)	
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST		222 042					1 00
1.00         00100         NEW CAP REL COS           2.00         00200         NEW CAP REL COS           4.00         00400         EMPLOYEE BENEFI           5.01         00570         ADMI TTI NG           5.02         00580         CASHI ERI NG/ACCO           5.03         00590         OTHER ADMI N & G           7.00         00700         OPERATI ON OF PL           8.00         00800         LAUNDRY & LI NEN           9.00         00900         HOUSEKEEPI NG           10.00         01100         CAFETERI A           13.00         01300         NURSI NG ADMI NI S           14.00         01400         CENTRAL SERVICE           15.00         01500         PHARMACY	TS-MVBLE EQUI P TS DEPARTMENT UNTS RECEI VABLE ENERAL ANT I SERVI CE	232, 963 811 2, 736 0 6, 329 7, 868 376 1, 581 5, 958 0 0 0 0 0	232, 963 811 2, 736 0 6, 329 7, 868 376 1, 581 5, 958 0 0 0 0	19, 935, 756 706, 985 0 1, 933, 435 1, 135, 486 29, 985 893, 726 121, 157 288, 365 60, 787 71, 978 752, 305	110, 114, 383 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	312, 257, 058 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8.00
16.00 01600 MEDI CAL RECORDS	& LIBRARY	1, 956	1, 956	0	0	0	16.00
	LARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I &R SERVICES-0T	HER PRGM COSTS APPRVD	0	0	0	0	0	22.00
30. 00 03000 ADULTS & PEDI AT	RICS	55, 346	55, 346	2, 740, 458	11, 303, 289	12, 012, 076	
34. 00 03400 SURGI CAL I NTENS	IVE CARE UNIT	5, 415 0	5, 415 0	1,083,356	2, 119, 173	2, 119, 173	
43.00 04300 NURSERY ANCI LLARY SERVICE COS	ST CENTERS	U	0	374, 745	1, 059, 032	1, 059, 032	43.00
50.00 05000 OPERATING ROOM		33, 058	33, 058	1, 760, 855	17, 933, 835	26, 685, 951	50.00
52. 00 05200 DELIVERY ROOM &		0	0	847,830	2, 369, 479	2, 394, 467	52.00
54.00 05400 RADI OLOGY-DI AGN 54.01 05401 ULTRA SOUND	USTIC	11, 169 340	11, 169 340	1, 277, 994 202, 022	2, 963, 348 253, 339	47, 664, 719 4, 472, 859	
55. 00 05500 RADI OLOGY-THERA	PEUTIC	8, 540	8, 540	325, 183	53, 554	8, 832, 169	
60. 00 06000 LABORATORY		4, 064	4, 064	0	5, 506, 366	27, 661, 858	
60. 01 06001 BLOOD LABORATOR 64. 00 06400 I NTRAVENOUS THE		0	0	0 13, 325	0 266, 616	0 2, 247, 331	60.01 64.00
65. 00 06500 RESPIRATORY THE		1, 355	1, 355	762, 182	2, 973, 087	4, 297, 822	65.00
66.00 06600 PHYSI CAL THERAP		5, 236	5, 236	1, 187, 549	2, 480, 041	8, 862, 991	
67.00 06700 OCCUPATI ONAL TH 68.00 06800 SPEECH PATHOLOG		0	0	132, 856 2, 814	345, 148 117, 076	955, 260 119, 479	1
69. 00 06900 ELECTROCARDI OLO		2, 689	2, 689	63, 694	448, 337	7, 184, 271	1
70.00 07000 ELECTROENCEPHAL		3, 632	3, 632	108, 263	0	2, 771, 897	70.00
71.00 07100 MEDICAL SUPPLIE 72.00 07200 IMPL. DEV. CHAR		1, 224 0	1, 224 0	0	16, 239, 480 28, 231, 380	22, 716, 674 30, 934, 194	
73. 00 07300 DRUGS CHARGED T		2, 572	2,572	0	10, 538, 976		1
OUTPATIENT SERVICE CO							]
90.00 09000 CLINIC 90.01 09001 WOUND CARE INST		0	0	386, 836 23, 311	4, 447 3, 320	3, 190, 256 195, 123	
90. 02 09002 OP NUTRI TI ONAL		0	0	23, 311	3, <u>52</u> 0 0	66, 577	
90. 03 09003 BARIATRIC MEDIC		О	0	0	0	0	
90.04 04950 MARKETING & PLA 91.00 09100 EMERGENCY	NNI NG	0 14, 694	0 14, 694	0 2, 131, 006	0 4, 905, 060	0 61, 013, 928	
92. 00 09200 OBSERVATION BED	S (NON-DISTINCT PART)	14, 074	14, 074	2, 131, 000	4, 705, 000	01, 013, 920	92.00
OTHER REIMBURSABLE CO	OST CENTERS						
99.10 09910 CORF SPECIAL PURPOSE COST	CENTEDS	0	0	0	0	0	99.10
113.00 11300 I NTEREST EXPENS							113.00
118.00 SUBTOTALS (SUM	OF LINES 1-117)	176, 949	176, 949	19, 440, 058	110, 114, 383	312, 257, 058	
NONREI MBURSABLE COST 190. 00 19000 GI FT, FLOWER, C		0	0	38, 182	0	0	190.00
192. 00 19200 PHYSI CI ANS' PRI		51, 027	51,027	101, 859	0		190.00
194.0007950 COMMUNI TY RELAT		0	0	79, 961	0		194.00
194.0107951 PLAINFIELD RADI 194.0207952 JV MV ENDOSCOPY		0 4, 987	0 4, 987	275, 558	0		194.01 194.02
194. 03 07953 SOUTHWEST CENTE		4, 707	4, 707	0	0		194.02
194.0407954 OTHER NRCC		0	0	138	0	0	194.04
200.00 Cross Foot Adju 201.00 Negative Cost C							200. 00 201. 00
	cated (per Wkst. B,	3, 905, 156	2, 351, 573	5, 000, 890	1, 426, 910	1, 425, 931	
Part I)							
	plier (Wkst. B, Part I) cated (per Wkst. B,	16. 762988	10. 094191	0. 250850 21, 781	0. 012958 74, 255	0. 004567 0	203. 00 204. 00

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		Period: From 01/01/2014	Worksheet B-1	
				To 12/31/2014		pared: 9 pm
	CAPI TAL REL	LATED COSTS				
Cost Center Description	NEW BLDG & FI XT (SQUARE FEET)	NEW MVBLE EQUI P (SQUARE FEET)	EMPLOYEE BENEFI TS DEPARTMENT (GROSS SALARI ES)	ADMI TTI NG (I NPATI ENT CHARGES)	CASHI ERI NG/AC COUNTS RECEI VABLE (GROSS CHARGES)	
	1.00	2.00	4.00	5. 01	5.02	
205.00 Unit cost multiplier (Wkst. B, Part			0. 001093	0. 000674	0. 000000	205.00

IST AI	LOCATION - STATISTICAL BASIS		Provi der	F	eriod: rom 01/01/2014 o 12/31/2014	Worksheet B-1 Date/Time Pre	
	Cost Center Description	Reconciliatio n	OTHER ADMIN & GENERAL (ACCUM.	OPERATION OF PLANT (SQUARE	LAUNDRY & LINEN SERVICE (POUNDS OF	5/26/2015 3:5 HOUSEKEEPI NG (SQUARE FEET)	9 pm
		5A. 03	COST) 5.03	FEET) 7.00	LAUNDRY) 8.00	9.00	
	GENERAL SERVICE COST CENTERS	0/1.00	0.00	7.00	0.00	7.00	
00 00 01 02 03 00 00 00 00 00 00 00 00 00 00 00 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00200 NEW CAP REL COSTS-BLDG & FIXT 00500 EMPLOYEE BENEFITS DEPARTMENT 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMIN & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	-29, 182, 284 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65, 647, 778 3, 308, 481 199, 440 1, 328, 487 71, 542 525, 796 77, 423 983, 916 319, 751	215, 219 376 1, 581 5, 958 0 0 0		213, 262 5, 958 0 0 0 1, 956	11.0 13.0 14.0 15.0
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	32, 433		0	0	21.0
. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	29, 971	0	0	0	22.0
	INPATIENT ROUTINE SERVICE COST CENTERS		( 201 2/4	FF 044	(0.570	FF 244	
	03000 ADULTS & PEDIATRICS 03400 SURGICAL INTENSIVE CARE UNIT	0			69, 570 122, 537	55, 346 5, 415	
	04300 NURSERY	0		0,110	0	0	
	ANCILLARY SERVICE COST CENTERS	-					
	05000 OPERATING ROOM 05200 DELIVERY ROOM & LABOR ROOM	0	7, 550, 036 1, 108, 722	33, 058 0	79, 921	33, 058 0	50.0 52.0
	05200 RADI OLOGY-DI AGNOSTI C	0	2, 400, 695	11, 169	0	11, 169	
	05401 ULTRA SOUND	0	287, 609	340	0	340	
	05500 RADI OLOGY-THERAPEUTI C	0	2, 186, 037	8, 540	5, 681	8, 540	
		0	849, 925	4, 064	0	4,064	60.
	06001 BLOOD LABORATORY 06400 I NTRAVENOUS THERAPY		338, 282	0	0	0	60. 64.
	06500 RESPI RATORY THERAPY	0	996, 470	1, 355	0	1,355	
	06600 PHYSI CAL THERAPY	0	1, 713, 697	5, 236	8, 669	5, 236	66.
	06700 OCCUPATI ONAL THERAPY	0	180, 077	0	3, 698 0	0	67.
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY		5, 583 438, 583	-	-	2, 689	68. 69.
	07000 ELECTROENCEPHALOGRAPHY	0	250, 952	3, 632	2, 699	3, 632	
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	4, 585, 280		0	1, 224	
	07200 IMPL. DEV. CHARGED TO PATIENT	0	12,076,575		0	0	72.
	07300 DRUGS CHARGED TO PATIENTS OUTPATIENT SERVICE COST CENTERS	0	3, 687, 056	2, 572	0	2, 572	73.
	09000 CLINIC	0	496, 945	0	2, 919	0	90.
	09001 WOUND CARE INSTITUTE	0	30, 336		63	0	90.
	09002 OP NUTRI TI ONAL COUNSELI NG	0	27, 285	0	0	0	90.
	09003 BARIATRIC MEDICINE 04950 MARKETING & PLANNING		0		0	0	90. 90.
	09100 EMERGENCY	0	3, 569, 729	14, 694	86, 569		
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.
+	OTHER REIMBURSABLE COST CENTERS 09910 CORF	0	0	0	0	0	99.
	SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	99.
	11300 INTEREST EXPENSE						113.
8.00	SUBTOTALS (SUM OF LINES 1-117)	-29, 182, 284	58, 178, 236	159, 205	423, 866	157, 248	118.
	NONREIMBURSABLE COST CENTERS		124 120	0	0	0	1100
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0	126, 130 1, 584, 634		333		190. 192
4.00	07950 COMMUNITY RELATIONS & MARKETING	0	1, 171, 504		0		194.
	07951 PLAINFIELD RADIOLOGY & PHYSICAL THER	0	783, 007		0		194.
	07952 JV MV ENDOSCOPY 07953 SOUTHWEST CENTER FOR WOMENS HEALTH	0	3, 579, 637		22, 740	4, 987	
	07953 SOUTHWEST CENTER FOR WOMENS HEALTH		224, 457 173		0		194. 194.
0.00	Cross Foot Adjustments		1/3		0		200.
1.00	Negative Cost Centers						201.
2.00	Cost to be allocated (per Wkst. B,		29, 182, 284	4, 779, 193	296, 447	1, 954, 145	202.
3. 00	Part I) Unit cost multiplier (Wkst. B, Part I)		0. 444528	22. 206185	0. 663283	9. 163119	203
4.00	Cost to be allocated (per Wkst. B,		172, 092				
		1		., .55, 542	.2, 000	00,277	L
1.00	Part II)						

	Financial Systems LLOCATION - STATISTICAL BASIS	ST. FRANCIS H&H		CCN: 150057 F	In Lie Period:	u of Form CMS-: Worksheet B-1	
0001 A			TTOWIGET	F	From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 3:5	epared:
	Cost Center Description	DI ETARY (TOTAL PATI ENT DAYS)	CAFETERI A (FTE' S)	NURSI NG ADMI NI STRATI O N (DI RECT NURSI NG HR)	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUIS.)	
	GENERAL SERVICE COST CENTERS	10.00	11.00	13.00	14.00	15.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00 5. 01 5. 02 5. 03 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 21. 00 22. 00	00200 NEW CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00570 ADMITTING 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMIN & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 02100 I & SERVICES-SALARY & FRINGES APPRVD 02200 I & SERVICES-OTHER PRGM COSTS APPRVD	9, 323 0 0 0 0 0 0 0 0 0 0	505, 338 2, 474 4, 884 19, 628 0 0 0	297, 393 C C C	0 16, 177, 698 0 10, 914 0 0 0 0	100 0 0 0	2.00 4.00 5.07 5.02 5.03 7.00 8.00 9.00 11.00 13.00 14.00 15.00 16.00 21.00
30.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	7, 714	61, 789	61, 789	21, 808	0	30.00
34.00	03400 SURGI CAL I NTENSI VE CARE UNI T	970	32, 328	32, 328	3, 421	0	34.00
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	639	20, 936	20, 936	0	0	43.00
50.00	05000 OPERATI NG ROOM	0	64, 805	64, 805	5 75, 097	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	47, 364			0	
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 05401 ULTRA SOUND	0	51, 161 5, 269			0	
55.00	05500 RADI OLOGY-THERAPEUTI C	0	11, 789		44, 069	0	
60.00		0	0			0	
60. 01 64. 00	06001 BLOOD LABORATORY 06400 I NTRAVENOUS THERAPY	0	0 319			0	
65.00	06500 RESPI RATORY THERAPY	0	25, 584	1		0	
66.00	06600 PHYSI CAL THERAPY	0	41, 277			0	
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	6, 008 77			0	
69.00	06900 ELECTROCARDI OLOGY	0	1, 510			0	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3, 453	C		0	
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0			0	
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS	0	0			0 100	
	OUTPATIENT SERVICE COST CENTERS				·		10100
90.00		0	14, 033			0	
90. 01 90. 02	09001 WOUND CARE INSTITUTE 09002 OP NUTRITIONAL COUNSELING	0	784 728		33	0	
90.03	09003 BARI ATRI C MEDI CI NE	0	0		0	0	1
90.04	04950 MARKETING & PLANNING	0	0	-	0 0	0	
91.00 92.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	70, 171	70, 171	23, 596	0	91.00 92.00
72.00	OTHER REIMBURSABLE COST CENTERS						/2.0
99.10	09910 CORF	0	0	C	0 0	0	99.10
113 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE			1			113.00
118.00		9, 323	486, 371	297, 393	3 16, 077, 908	100	118.00
400 07	NONREIMBURSABLE COST CENTERS						100 5
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0	3, 542 4, 576				190. 0 192. 0
	07950 COMMUNITY RELATIONS & MARKETING	0	2, 439				194.00
	07951 PLAINFIELD RADIOLOGY & PHYSICAL THER	0	8, 401	( c	8, 142		194. 0 <sup>-</sup>
	07952 JV MV ENDOSCOPY 07953 SOUTHWEST CENTER FOR WOMENS HEALTH	0	0				194.02 194.03
	07954 OTHER NRCC	0	9				194.0
200.00	Cross Foot Adjustments					-	200.00
201.00	5	200, 242		115 550	142.204	1 450 001	201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	290, 242	759, 527	115, 558	3 142, 296	1, 450, 891	202.00
203.00 204.00	Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B,	31. 131825 193, 268	1. 503008 1, 693				203.00 204.00
	Part II)						1
205.00		14. 707069	0. 003350	0. 000931	0. 000021	34.670000	DOF OF

Health Financial Systems S COST ALLOCATION - STATISTICAL BASIS	ST. FRANCIS H&		CCN: 150057 F	In Lieu Period:	u of Form CMS-2552-10 Worksheet B-1	0
Soft ALLOWITON STATISTICAL DASIS		11 OVI del	F	From 01/01/2014	Date/Time Prepared:	
		INTERNS &	RESI DENTS		5/26/2015 3:59 pm	-
Cost Center Description	MEDI CAL RECORDS & LI BRARY (GROSS CHARGES)		SERVI CES-OTHE R PRGM COSTS (ASSI GNED TI ME)	_		
	16.00	21.00	22.00			
GENERAL         SERVI CE         COST         CENTERS           1. 00         00100         NEW         CAP         REL         COSTS-BLDG & FIXT           2. 00         00200         NEW         CAP         REL         COSTS-MVBLE         EQUI P           4. 00         00400         EMPLOYEE         BENEFITS         DEPARTMENT           5. 01         00570         ADMI TTI NG         5.         2         00580         CASHI ERI NG/ACCOUNTS         RECEI VABLE           5. 02         00580         CASHI ERI NG/ACCOUNTS         RECEI VABLE         5.         03         00590         OTHER         ADMI N & GENERAL           7. 00         00700         OPERATI ON OF         PLANT         8.         00         00800         LAUNDRY & LI NEN         SERVI CE         9.         00         00900         HOUSEKEEPI NG         10.00         01000         DI ETARY         11.00         01100         CAFETERI A         13.00         01300         NURSI NG         ADMI NI STRATI ON         14.00         01400         CENTRAL         SERVI CES & SUPPLY					1.00 2.00 4.00 5.01 5.02 5.03 7.00 8.00 9.00 10.00 11.00 13.00 14.00	D D D D D D D D D D D D D D D D
15.00         01500         PHARMACY           16.00         01600         MEDI CAL         RECORDS & LI BRARY           21.00         02100         I &R         SERVI CES-SALARY & FRI NGES         APPRVD           22.00         02200         I &R         SERVI CES-OTHER         PRGM         COSTS         APPRVD           I NPATI ENT         ROUTI NE         SERVI CE         COST         CENTERS	312, 257, 058 0 0	100	100		15. 00 16. 00 21. 00 22. 00	с С
30. 00 03000 ADULTS & PEDI ATRI CS	12, 012, 076				30.00	
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T 43. 00 04300 NURSERY	2, 119, 173 1, 059, 032	0			34.00 43.00	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	26, 685, 951	0			50.00	า
52.00         05200         DELIVERY         ROOM & LABOR         ROOM           54.00         05400         RADI OLOGY-DI AGNOSTI C         0	26, 685, 951 2, 394, 467 47, 664, 719 4, 472, 859 8, 832, 169 27, 661, 858	0 0 0 0			52.00 54.00 54.01 55.00 60.00	2 2 1 2 2
60. 01       06001       BLOOD       LABORATORY         64. 00       06400       INTRAVENOUS       THERAPY         65. 00       06500       RESPI RATORY       THERAPY         66. 00       06600       PHYSI CAL       THERAPY         67. 00       06700       OCCUPATI ONAL       THERAPY         68. 00       06800       SPEECH       PATHOLOGY	0 2, 247, 331 4, 297, 822 8, 862, 991 955, 260 119, 479	0 0 0 0 0 0			60. 01 64. 00 65. 00 66. 00 67. 00 68. 00	2 2 2 2
69.00         06900         ELECTROCARDI OLOGY           70.00         07000         ELECTROENCEPHALOGRAPHY           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENTS           72.00         07200         IMPL. DEV. CHARGED TO PATI ENT           73.00         07000         DRUGS CHARGED TO PATI ENTS           001700         DUTPATI ENT SERVICE COST CENTERS	7, 184, 271 2, 771, 897 22, 716, 674 30, 934, 194 34, 798, 951	0 0 0 0			69.00 70.00 71.00 72.00 73.00	) ) )
90. 00 09000 CLI NI C	3, 190, 256				90.00	
90. 01         09001         WOUND         CARE         I NSTI TUTE           90. 02         09002         OP         NUTRI TI ONAL         COUNSELI NG           90. 03         09003         BARI ATRI C         MEDI CI NE           90. 04         04950         MARKETI NG         & PLANNI NG           91. 02         09100         ENERGENCY	195, 123 66, 577 0 (1, 012, 029	000000000000000000000000000000000000000			90. 01 90. 02 90. 03 90. 04	2 3 4
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	61, 013, 928	0	C	,	91.00 92.00	
OTHER REIMBURSABLE COST CENTERS 99. 10 09910 CORF	0	0				)
SPECIAL PURPOSE COST CENTERS		-	1 -			
113.00 11300 I NTEREST EXPENSE 118.00 SUBTOTALS (SUM OF LINES 1-117)	312, 257, 058	100	100	)	113. 00 118. 00	
NONREI MBURSABLE COST CENTERS 190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	C	)	190.00	C
192.00 19200 PHYSICIANS' PRIVATE OFFICES 194.00 07950 COMMUNITY RELATIONS & MARKETING	0	0			192.00 194.00	
194. 01 07951 PLAI NFI ELD RADI OLOGY & PHYSI CAL THER	0	0	C C		194.01	1
194.02 07952 JV MV ENDOSCOPY 194.03 07953 SOUTHWEST CENTER FOR WOMENS HEALTH	0	0			194. 02 194. 03	
194.04 07954 OTHER NRCC 200.00 Cross Foot Adjustments	0	0	C		194. 04 200. 00	
201.00 Negative Cost Centers					201.00	C
202.00 Cost to be allocated (per Wkst. B, Part I)	523, 247	46, 850	43, 294	1	202.00	)
203.00Unit cost multiplier (Wkst. B, Part I)204.00Cost to be allocated (per Wkst. B, Part II)	0. 001676 64, 182				203. 00 204. 00	

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CM	S-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		Period: From 01/01/2014	Worksheet B	8-1
				To 12/31/2014	Date/Time P 5/26/2015 3	repared: :59 pm
		INTERNS &	RESI DENTS			
Cost Center Description	MEDI CAL RECORDS & LI BRARY (GROSS CHARGES)	SERVI CES-SALA RY & FRI NGES (ASSI GNED TI ME)	R PRGM COSTS (ASSIGNED TIME)			
	16.00	21.00	22.00			
205.00 Unit cost multiplier (Wkst. B, Part	0. 000206	0. 850000	0. 79000	0		205.00

Heal th Financi		ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-	2552-10
COMPUTATION OF	F RATIO OF COSTS TO CHARGES		Provi der	CCN: 150057	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Pre 5/26/2015 3:5	epared: 59 pm
			Ti tl	e XVIII	Hospi tal	PPS	
					Costs		
Co	ost Center Description	Total Cost	Therapy Limit	Total Costs		Total Costs	
		(from Wkst.	Adj .		Di sal I owance		
		B, Part I, col. 26)					
		1.00	2.00	3.00	4.00	5.00	
	NT ROUTINE SERVICE COST CENTERS	1.00	2.00	5.00	4.00	5.00	
	DULTS & PEDIATRICS	11, 392, 026		11, 392, 02	26 0	11, 392, 026	30.00
	URGICAL INTENSIVE CARE UNIT	2, 579, 633		2, 579, 63		2, 579, 633	
43.00 04300 NI		769, 392		769, 39		769, 392	
	RY SERVICE COST CENTERS	107, 372		107, 3	72 U	107, 372	45.00
	PERATING ROOM	12, 164, 224		12, 164, 22	24 520	12, 164, 744	50.00
	ELIVERY ROOM & LABOR ROOM	1, 695, 185		1, 695, 18		1, 695, 185	
	ADI OLOGY-DI AGNOSTI C	4, 002, 720		4, 002, 72		4, 019, 544	
	LTRA SOUND	441, 540		441, 54		441, 540	
	ADI OLOGY-THERAPEUTI C	3, 462, 364		3, 462, 36		3, 462, 364	
	ABORATORY	1, 401, 586		1, 401, 58		1, 401, 586	
	LOOD LABORATORY	0		1, 101, 00	0 0	0	1
	NTRAVENOUS THERAPY	492, 949		492, 94	19 0	492, 949	
4	ESPI RATORY THERAPY	1, 527, 603				1, 538, 518	
	HYSI CAL THERAPY	2, 722, 453				2, 722, 453	
	CCUPATI ONAL THERAPY	273, 241	0	273, 24		273, 241	
	PEECH PATHOLOGY	8, 381	0	8, 38		8, 381	
	LECTROCARDI OLOGY	732, 652		732, 65		732, 652	
70.00 07000 EI	LECTROENCEPHALOGRAPHY	488, 087		488, 08		488, 087	
71.00 07100 ME	EDICAL SUPPLIES CHARGED TO PATIENTS	6, 737, 313		6, 737, 3		6, 737, 313	
72.00 07200 11	MPL. DEV. CHARGED TO PATIENT	17, 598, 569		17, 598, 56	59 0	17, 598, 569	72.00
73.00 07300 DF	RUGS CHARGED TO PATIENTS	6, 915, 952		6, 915, 95	52 0	6, 915, 952	73.00
	ENT SERVICE COST CENTERS						
90.00 09000 CI	LINIC	746, 250		746, 25	50 0	746, 250	90.00
90.01 09001 W	OUND CARE INSTITUTE	45, 368		45, 36	58 0	45, 368	90.01
90.02 09002 0	P NUTRITIONAL COUNSELING	40, 620		40, 62	20 0	40, 620	90.02
	ARIATRIC MEDICINE	0			0 0	0	90.03
90.04 04950 M/	ARKETING & PLANNING	0			0 0	0	90.04
91.00 09100 EM	MERGENCY	5, 910, 039		5, 910, 03	39 0	5, 910, 039	91.00
92.00 09200 08	BSERVATION BEDS (NON-DISTINCT PART)	738, 846		738, 84	46	738, 846	92.00
	EIMBURSABLE COST CENTERS						
99.10 09910 C		0			0	0	99.10
	. PURPOSE COST CENTERS	-					
	NTEREST EXPENSE						113.00
4	ubtotal (see instructions)	82, 886, 993					
201.00 Le	ess Observation Beds	738, 846		738, 84	16	738, 846	201.00
	otal (see instructions)	82, 148, 147	l o	82, 148, 14	47 28, 259	82, 176, 406	

	ST. FRANCIS H&H	I-MOORESVI LLE		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der	CCN: 150057	Period: From 01/01/2014	Worksheet C	
				To 12/31/2014		epared:
					5/26/2015 3:5	
			e XVIII	Hospi tal	PPS	
		Charges				
Cost Center Description	I npati ent	Outpati ent		6 Cost or Other	TEFRA	
			+ col. 7)	Ratio	Inpatient	
	6.00	7.00	8.00	9.00	Rati o 10. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	8.00	9.00	10.00	
30. 00 03000 ADULTS & PEDI ATRI CS	11,043,151		11, 043, 15	51		30.00
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T	2, 119, 173		2, 119, 1			34.00
43. 00 04300 NURSERY	1,059,032		1, 059, 03			43.00
ANCI LLARY SERVI CE COST CENTERS	1,007,002		1,007,00			
50. 00 05000 OPERATING ROOM	17, 933, 835	8, 752, 116	26, 685, 9	0. 455829	0. 000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2, 369, 479	24, 988	2, 394, 40	0. 707959	0. 000000	52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	2, 963, 348	44, 701, 371	47, 664, 7		0. 000000	54.00
54.01 05401 ULTRA SOUND	253, 339	4, 219, 520	4, 472, 8	0. 098715	0. 000000	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	53, 554	8, 778, 615			0. 000000	55.00
60. 00 06000 LABORATORY	5, 506, 366	22, 155, 492	27, 661, 8	0. 050669	0. 000000	60.00
60. 01 06001 BLOOD LABORATORY	0	0		0 0.000000	0. 000000	60.01
64.00 06400 INTRAVENOUS THERAPY	266, 616	1, 980, 715	2, 247, 33	0. 219349	0. 000000	64.00
65. 00 06500 RESPI RATORY THERAPY	2, 973, 087	1, 324, 735	4, 297, 82	0. 355437	0. 000000	65.00
66. 00 06600 PHYSI CAL THERAPY	2, 480, 041	6, 382, 950			0. 000000	
67.00 06700 OCCUPATI ONAL THERAPY	345, 148	610, 112			0. 000000	67.00
68.00 06800 SPEECH PATHOLOGY	117, 076	2, 403			0. 000000	
69. 00 06900 ELECTROCARDI OLOGY	448, 337	6, 735, 934			0. 000000	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2, 771, 897			0.00000	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16, 239, 480	6, 477, 194			0. 000000	
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	28, 231, 380	2, 702, 814			0.00000	
73.00 07300 DRUGS CHARGED TO PATIENTS	10, 538, 976	24, 259, 975	34, 798, 95	0. 198740	0.00000	73.00
OUTPATIENT SERVICE COST CENTERS		0.405.000	0.400.01			
90. 00 09000 CLINIC	4, 447	3, 185, 809				
90. 01 09001 WOUND CARE INSTITUTE	3, 320	191, 803				
90. 02 09002 OP NUTRITIONAL COUNSELING	0	66, 577	66, 5		0.00000	
90. 03 09003 BARI ATRI C MEDI CI NE	0	0		0 0.000000		
90. 04 04950 MARKETI NG & PLANNI NG 91. 00 09100 EMERGENCY	0	0 E( 100 0(0	(1 012 0	0 0.00000		
	4, 905, 060	56, 108, 868				
92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) OTHER REIMBURSABLE COST CENTERS	260, 138	708, 787	968, 92	0. 762542	0. 000000	92.00
99. 10 09910 CORF	0	0		0		99.10
SPECIAL PURPOSE COST CENTERS	0	0				77.10
113. 00 11300 I NTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	110, 114, 383	202, 142, 675	312, 257, 0	58		200.00
201.00 Less Observation Beds	110, 111, 000	202, 112, 075	512,207,00			200.00
202.00 Total (see instructions)	110, 114, 383	202, 142, 675	312, 257, 0	58		202.00
				(	I	1

COMPUTATION OF RATIO OF COSTS TO CHARGES         Provider CCN: 150057         Period From 01/01/2014 To 12/31/2014         Worksheet C Bart I Date Time Propared: Date Time Propared: Date Time Date Time Propared: Date Time Propared: Date Time Propared: Date Time Date Time Propared: Date Time Prop	Health Financial Systems	ST. FRANCIS H&H-MO	ORESVI LLE	In Lieu	u of Form CMS-	2552-10
Cost Center Description         PPS Inpatient Ratio         PPS Inpatient Ratio         PPS Inpatient Ratio           30.00         03000(ADULTS & PEDIATRICS         30.00           34.00         03400(SURGICAL INTENSIVE CARE UNIT         34.00           35.00         05000(ADULTS & PEDIATRICS         34.00           ANCOLLLARY SERVICE COST CENTERS         34.00           ANCOLLLARY SERVICE COST CENTERS         50.00           50.00         05200 (DELIVERY ROM & LABOR ROOM         0.707959           52.00         05200 (DRIDUTER)         0.084330           54.00         05400 (RADUCOCY-THERAPEUTIC         0.084330           55.00         05500 RADULORY-THERAPEUTIC         0.392017           60.00         06000 LABORATORY         0.000000           60.01         06000 RESPIRATORY THERAPY         0.3157976           61.00         0.4000 INTRAVENUS THERAPY         0.357976           61.00         0.6000 RESPIRATORY THERAPY         0.216038           66.00         0.6000 PERSITIATORY THERAPY         0.307171           61.00         0.6000 RESPIRATORY THERAPY         0.317171           62.00         0.6000 RESPIRATORY THERAPY         0.326038           63.00         0.6000 DELECTROCARDIOLOGY         0.107046           63.00 </td <td>COMPUTATION OF RATIO OF COSTS TO CHARGES</td> <td></td> <td></td> <td>From 01/01/2014</td> <td>Part I Date/Time Pre 5/26/2015 3:5</td> <td>epared: 59 pm</td>	COMPUTATION OF RATIO OF COSTS TO CHARGES			From 01/01/2014	Part I Date/Time Pre 5/26/2015 3:5	epared: 59 pm
Ratio         100           INPATIENT RUITINE SERVICE COST CENTERS         11.00           30.00         30.00         30.00         30.00         30.00         30.00         30.00         34.00         35.00         35.00         35.00         35.00         35.00         35.00         35.00         35.00         35.00         35.00         35.00 <td< td=""><td></td><td></td><td>Title XVIII</td><td>Hospi tal</td><td>PPS</td><td></td></td<>			Title XVIII	Hospi tal	PPS	
11.00         11.00           INPATIENT ROUTINE SERVICE COST CENTERS         30.00           34.00         03000 ADULTS & PEDIATRICS         34.00           34.00         03400 NURSERY         34.00           ARCILLARY SERVICE COST CENTERS         50.00           50.00         05000 OPERATINE ROOM         0.455848           50.00         05000 OPERATINE ROOM         0.707959           51.00         05000 RADICLARY THERAPEUTIC         0.084330           52.00         05200 RADICLORY THERAPEUTIC         0.3920171           55.00         05500 RADICLORY THERAPEUTIC         0.3920171           56.00         06000 RADARATORY         0.000000           66.00         06400 INTRAVENUS THERAPEUTIC         0.357976           66.00         066000 RESPIRATORY THERAPY         0.317171           67.00         066000 RESPIRATORY THERAPY         0.317171           67.00         066000 RESPIRATORY THERAPY         0.317171           67.00         066000 RESPIRATORY THERAPY         0.317976           68.00         06800 SPEECH PATHOLOGY         0.070146           69.00         0.00000         68.00           69.00         07000 CLUPATINE COST CENTERS         70.00           70.00         00000 CLECTROCARA	Cost Center Description					
INPATIENT ROUTINE SERVICE COST CENTERS         30.00           30.00         003000 ADULTS & PEDIATRICS         34.00           43.00         043000 NURSERY         34.00           AKOLLARY SERVICE COST CENTERS         50.00         05000 DELICERY ROM & LABOR ROM         0.455848           50.00         05000 DELICERY ROM & LABOR ROM         0.707959         52.00           51.00         05000 DELICERY ROM & LABOR ROM         0.098715         54.01           54.01         05000 LABORATORY         0.008715         55.00           050.00         05000 LABORATORY         0.050669         60.00           060.01         ILDOD LABORATORY         0.050669         60.00           06000 PHYSI CAL THERAPY         0.219349         65.00           061.00         06500 RESPI RATORY THERAPY         0.35776         65.00           66.00         066000 PHYSI CAL THERAPY         0.357776         65.00           66.00         066000 PHYSI CAL THERAPY         0.286038         67.00           69.00         00000 OCLECTROENCEPHALOGRAPHY         0.176084         71.00           70.00         0000 OCLECTROENCEPHALOGRAPHY         0.176084         71.00           71.00         07300 DELICETROENCEPHALOGRAPHY         0.196740         73.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
30.00       03000       AULTS & PEDI ATRICS       30.00         43.00       04300       SURGICAL INTENSIVE CARE UNIT       34.00         43.00       AMCILLARY SERVICE COST CENTERS       43.00         ANCILLARY SERVICE COST CENTERS       50.00         50.00       DS000 OPERATING ROOM       0.455848       50.00         50.00       DS000 ADDILOCY-DI AGNOSTIC       0.684330       54.00         51.00       DS000 RADIOLOCY-THERAPEUTIC       0.392017       55.00         60.00       DG000 LABORATORY       0.050669       60.00         60.01       DG000 LABORATORY       0.050669       60.00         60.00       DODOL INTRAVENOUS THERAPY       0.219349       64.00         61.00       D6000 LNBORATORY THERAPY       0.357776       65.00         60.00       D6000 OPHYSICAL THERAPY       0.357776       65.00         60.00       D6000 OPHYSICAL THERAPY       0.377171       66.00         60.00       D6000 OPHYSICAL THERAPY       0.37771       67.00         61.00       D6000 SPECEL PATHOLOGY       0.011980       67.00         62.00       D6000 SPECEL PATHOLOGY       0.101980       73.00         70.00       D7000 CLUPATIONAL THERAPY       0.2337171       66.00						
34.00       03400       SURGI CAL INTENSIVE CARE UNIT       34.00         43.00       ANCILLARY SERVICE COST CENTERS       43.00         ANCILLARY SERVICE COST CENTERS       50.00         50.00       05000 DELIVERY ROOM & LABOR ROOM       0.455848         50.00       05200 DELIVERY ROOM & LABOR ROOM       0.707959       52.00         54.01       05400 RADIOLOCY-DI AGNOSTI C       0.084330       54.01         55.00       05500 RADIOLOCY-THERAPEUTI C       0.392017       55.00         00.00       06000 LABORATORY       0.050669       60.00         01.00       06001 REJORUNUS THERAPEUTI C       0.357976       65.00         05.00       06500 RESPI RATORY THERAPY       0.219349       64.00         061.00       06400 INTRAVENUUS THERAPY       0.357976       65.00         063.00       06600 SEECH PATHORY THERAPY       0.286038       67.00         061.00       06000 SEECH CARDIDLOGY       0.101980       69.00         07.00       07000 ELECTROCARDIDLOGY       0.101980       70.00         07.00       07000 SEECH PATHORY THENAPY       0.233915       70.00         07.00       0.000000       0.00000       68.00       70.00         070.00       07000 RELOCRCARALOGRAPHY		S				
43.00         04300         MUSERY         43.00           ANCI LARY SERVICE COST CENTERS         50.00         05000         OPERATI NG ROOM         0.455848         50.00           50.00         05000         OPERATI NG ROOM         0.707959         52.00         52.00           51.00         05000         PARTI NG ROOM         0.098715         55.00         55.00           50.00         05000 RADI CLOCY-THERAPEUTI C         0.392017         55.00           60.01         06000         LABORATORY         0.000000         60.01           61.00         06400         INTRAVENOUS THERAPY         0.219349         64.00           61.00         06400         PHOLOGY         0.307171         66.00           60.00         06600         PHOLOGY         0.07146         68.00           61.00         06600 SPECH PHOLOGY         0.07146         68.00           62.00         06600 SPECH PHOLOGY         0.07146         69.00           63.00         06000 SPECH PHOLOGY         0.07146         69.00           64.00         07100         ELCTROCARDI LOGY         0.71046         72.00           71.00         72.00         07000         SPECH PAHOLOGY         0.7040         72.00						
ANCLILLARY SERVICE COST CENTERS           50.00         05000 OPERATING ROOM         0.455848         50.00           52.00         05200 DELIVERY ROOM & LABOR ROOM         0.707959         52.00           54.00         05400 RADIOLOGY-DIAGNOSTIC         0.084330         54.00           54.01         05400 RADIOLOGY-DIAGNOSTIC         0.098715         54.01           55.00         05500 RADIOLOGY-THERAPEUTIC         0.392017         55.00           60.01         06000 LABORATORY         0.000000         60.01           60.01         06001 BLOOD LABORATORY         0.307976         66.00           61.00         06000 RESPI RATORY THERAPY         0.377976         65.00           65.00         06500 RESPI RATORY THERAPY         0.307171         66.00           64.00         06400 INTRAVENUS THERAPY         0.307171         66.00           65.00         06600 RESPI RATORY THERAPY         0.307171         66.00           67.00         006700 OCUPATIONAL THERAPY         0.307171         67.00           68.00         06800 SPEECH PATHOLOGY         0.011980         67.00           70.00         00000 LEUCTORONCEPHALOGRAPHY         0.1176084         77.00           70.00         07000 LEUCTORONCEPHALOGRAPHY         0.2965803 <td>34.00 03400 SURGICAL INTENSIVE CARE UNIT</td> <td></td> <td></td> <td></td> <td></td> <td>34.00</td>	34.00 03400 SURGICAL INTENSIVE CARE UNIT					34.00
50. 00     05000     0PERATING R00M     0.455848     50.00       52. 00     05200     DELIVERY R00M & LABOR R00M     0.707959     52.00       54. 01     05400     RADIOLOGY-DI AGNOSTIC     0.084330     54.00       55. 00     05500     RADIOLOGY-DI AGNOSTIC     0.098715     55.00       55. 00     0500     RADIOLOGY-THERAPEUTIC     0.392017     55.00       60. 00     06000     LABORATORY     0.050669     60.00       60. 01     06000     BLOOD LABORATORY     0.050669     60.00       61. 00     06400     INTRAVENOUS THERAPY     0.219349     64.00       65. 00     06500     RESPI RATORY THERAPY     0.357976     65.00       66. 00     06600     PHYSI CAL THERAPY     0.236038     67.00       67. 00     06700     0CCUPATIONAL THERAPY     0.286038     67.00       68. 00     06900     ELECTROCARDI OLOGY     0.101980     68.00       69. 00     06900     ELECTROCARDI OLOGY     0.101980     71.00       71. 00     0100     MEDI CAL SUPPLIES CHARGED TO PATIENTS     0.286893     71.00       72. 00     07300     IPUL. DEV. CHARGED TO PATIENTS     0.236915     71.00       73. 00     00000000     IPUL. DEV. CHARGED TO PATIENTS     0.	43.00 04300 NURSERY					43.00
52.00     D5200     DELIVERY ROOM & LABOR ROOM     0.707959     52.00       54.00     05400     RADIOLOGY-DIAGNOSTIC     0.084330     54.01       054.01     05401     HUTRA SOUND     0.098715     54.01       05.00     RADIOLOGY-THERAPEUTIC     0.392017     55.00       06.00     LOGOOL LABORATORY     0.050669     60.00       60.01     LOGOOL LABORATORY     0.050069     60.01       64.00     OKOOD LABORATORY     0.219349     64.00       65.00     06500     RESPI RATORY THERAPY     0.357976     65.00       66.00     06500     RESPI RATORY THERAPY     0.307171     66.00       67.00     OCCUPATIONAL THERAPY     0.236038     67.00       68.00     06600     PHYSI CAL THERAPY     0.17980     69.00       69.00     06900     ELECTROCARDIOLOGY     0.101980     72.00       70.00     OTAL     SUPECH PATHOLOGY     0.17980     72.00       71.00     OTAL     SUPCARDIOLOGY     0.198703     72.00       72.00     TOZO     INFL     0.233915     90.00       72.00     OPOOL ELECTROCARDIOLOGY     0.198704     90.01       73.00     OPOOL PATLENT SUVICE COST CENTERS     90.02       90.01     90000     CLI	ANCI LLARY SERVICE COST CENTERS					
54.00     05400     RADI OLOGY-DI AGNOSTI C     0.084330     54.01       54.01     05401     ULTRA SOUND     0.098715     55.00       60.00     05500     RADI OLOGY-THERAPEUTI C     0.392017     55.00       60.00     06000     LABORATORY     0.055069     60.01       60.01     D60001     BLODO LABORATORY     0.000000     60.01       64.00     D6400     INTRAVENOUS THERAPY     0.219349     64.00       65.00     D6500     RESPI RATORY THERAPY     0.357976     65.00       60.00     06500     CUCUPATI ONAL THERAPY     0.367071     66.00       64.00     06700     OCCUPATI ONAL THERAPY     0.367071     66.00       65.00     06500     PESCIEAL PATHOLOGY     0.011980     67.00       67.00     06700     CUCUPATI ONAL THERAPY     0.101980     69.00       70.00     07000     ELECTROCARDI OLOGY - DATI ENTS     0.296580     71.00       70.00     07000     DELCARDENALOGRAPHY     0.101980     72.00       70.00     DOJODI MULD DEV. CHARGED TO PATI ENTS     0.296580     71.00       70.00     DOLOGUES CHARGED TO PATI ENTS     0.296580     71.00       70.00     DOJODI MULD DEV. CHARGED TO PATI ENTS     0.233915     90.01       90.	50.00 05000 OPERATING ROOM	0. 455848				50.00
54. 01       05401       ULTRA SOUND       0.098715       54. 01         55. 00       05500       RADI OLGY-THERAPEUTI C       0.392017       55. 00         00. 00       06000       LABORATORY       0.00000       60. 01         64. 01       06401       INTRAVENOUS THERAPY       0.219349       60. 01         65. 00       06500       RESPI RATORY THERAPY       0.357976       65. 00         66. 00       06600       PHYSI CAL THERAPY       0.307171       66. 00         67. 00       06600       SPEECH PATHOLOGY       0.070146       68. 00         69. 00       06800       SPEECH PATHOLOGY       0.101980       69. 00         69. 00       06900       ELECTROCARDI OLOGY       0.101980       71. 00         71. 00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0.296580       71. 00         72. 00       07200 I IMPL. DEV. CHARGED TO PATI ENTS       0.233915       90. 00       90. 00         90. 00       090001 WOUND CARE I INSTI TUTE       0.232915       90. 00       90. 01         90. 01       090010 WOUND CARE I INSTI TUTE       0.232510       90. 03       90. 03       90. 03         90. 02       090020       NORTATI C MEDI CI NE       0.000000	52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 707959				52.00
55.00     05500     RADIOLOGY-THERAPEUTIC     0.392017     55.00       60.00     06000     LABORATORY     0.050669     60.00       60.00     06001     BLOOD LABORATORY     0.000000     60.01       64.00     06400     INTRAVENOUS THERAPY     0.219349     64.00       65.00     06500     RESPIRATORY THERAPY     0.337171     66.00       66.00     06600     PHYSI CAL THERAPY     0.307171     66.00       67.00     06700     0CCUPATI ONAL THERAPY     0.286038     67.00       68.00     06800     SPEECH PATHOLOGY     0.070146     68.00       69.00     06900     ELECTROCARDI OLOGY     0.1176084     71.00       70.00     07100     KEICAL SUPPLIES CHARGED TO PATIENTS     0.296580     71.00       71.00     07300     DRUGO CHARGED TO PATIENTS     0.198740     72.00       73.00     07300     DRUGO CHARCED TO PATIENTS     0.232510     90.01       90.01     00010     CARE INSTITUTE     0.232510     90.01       90.02     09001     WOUND CARE INSTITUTE     0.232510     90.02       90.02     09001     WOUND CARE INSTITUTE     0.232510     90.03       90.02     09001     WOUND CARE INSTITUTE     0.232510     90.03	54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 084330				54.00
60.00     06000     LABORATORY     0.050669     60.01       60.01     06001     BLOOD LABORATORY     0.00000     60.01       61.00     06000     RESPI RATORY THERAPY     0.219349     61.00       65.00     06500     RESPI RATORY THERAPY     0.357976     65.00       66.00     06500     RESPI RATORY THERAPY     0.367171     66.00       67.00     06700     0CCUPATI ONAL THERAPY     0.286038     67.00       68.00     06800     SPEECH PATHOLOGY     0.0101980     68.00       69.00     06000     ELECTROCARDIOLOGY     0.101980     69.00       70.00     07000     RELOTROENCEPHALOGRAPHY     0.176084     70.00       71.00     07100     MEDI CAL     SUPPLIES CHARGED TO PATI ENTS     0.2868903     72.00       72.00     07200     IMPL. DEV. CHARGED TO PATI ENTS     0.233915     72.00       72.00     07000     REGE TO PATI ENTS     0.233915     72.00       70.00     07000     IN C     0.233915     72.00       70.00     09001     WOUND CARE I INSTI TUTE     0.233915     90.00       90.01     90001     WOUND CARE INSTI TUTE     0.233915     90.00       90.02     09003     BARI ATI C MEDI CI INE     0.2000000     90	54.01 05401 ULTRA SOUND	0. 098715				54.01
60.00     06000     LABORATORY     0.050669     60.01       60.01     06001     BLOOD LABORATORY     0.00000     60.01       61.00     06000     RESPI RATORY THERAPY     0.219349     61.00       65.00     06500     RESPI RATORY THERAPY     0.357976     65.00       66.00     06500     RESPI RATORY THERAPY     0.367171     66.00       67.00     06700     0CCUPATI ONAL THERAPY     0.286038     67.00       68.00     06800     SPEECH PATHOLOGY     0.0101980     68.00       69.00     06000     ELECTROCARDIOLOGY     0.101980     69.00       70.00     07000     RELOTROENCEPHALOGRAPHY     0.176084     70.00       71.00     07100     MEDI CAL     SUPPLIES CHARGED TO PATI ENTS     0.2868903     72.00       72.00     07200     IMPL. DEV. CHARGED TO PATI ENTS     0.233915     72.00       72.00     07000     REGE TO PATI ENTS     0.233915     72.00       70.00     07000     IN C     0.233915     72.00       70.00     09001     WOUND CARE I INSTI TUTE     0.233915     90.00       90.01     90001     WOUND CARE INSTI TUTE     0.233915     90.00       90.02     09003     BARI ATI C MEDI CI INE     0.2000000     90	55. 00 05500 RADI OLOGY-THERAPEUTI C					55.00
60.01       06001       BLOOD LABORATORY       0.000000       60.01         64.00       06400       INTRAVENOUS THERAPY       0.219349       64.00         65.00       05500       RESPIRATORY THERAPY       0.357976       65.00         66.00       06600       PHYSI CAL THERAPY       0.307171       66.00         67.00       06700       0CCUPATI ONAL THERAPY       0.286038       67.00         68.00       06800       SPEECH PATHOLOGY       0.070146       68.00         69.00       06900       ELECTROCARDIOLOGY       0.101980       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.176084       70.00         71.00       MDI CAL SUPPLIES CHARGED TO PATIENTS       0.296580       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.198740       72.00         73.00       07300       DUPATIENT SERVICE COST CENTERS       90.01       90.01       90010       COUTPATIENT SERVICE COST CENTERS       90.02         90.02       0P NUTRITIONAL COUNSELING       0.198740       90.02       90.03       90.02         90.02       09003       BARIATRIC MEDICINE       0.232510       90.01       90.02         90.02       0P NUTRITIONAL						1
64.00     06400     INTRAVENOUS THERAPY     0.219349     64.00       65.00     06500     RESPI RATORY THERAPY     0.357976     65.00       66.00     06600     PHYSI CAL THERAPY     0.307171     66.00       67.00     06700     0CCUPATI ONAL THERAPY     0.286038     67.00       68.00     06800     SPECH PATHOLOGY     0.070146     68.00       69.00     64.00 LCETROCARDI OLOGY     0.101980     69.00       70.00     07000     ELECTROCARDI OLOGY     0.176084       71.00     07100     MEDI CAL SUPPLIES CHARGED TO PATI ENTS     0.296580     71.00       72.00     07200 I INPL     DEV. CHARGED TO PATI ENTS     0.296580     72.00       73.00     07300     DRUGS CHARGED TO PATI ENTS     0.198740     73.00       0.010     09000     CLI NI C     0.233915     90.01       90.01     09001     OPOND CLINIC     0.232510     90.01       90.02     09002     OP NUTRITI ONAL COUNSELING     0.000000     90.02       90.01     09002     OPONOLINIC     0.006864     90.02       90.02     OPONOLINIC     0.006864     90.02     90.04       91.00     OPONOLINIC REINS EXPLANSE     99.10     0.762542       91.00     OPONOLINIC REST EXP						1
65.00       06500       RESPI RATORY THERAPY       0.357976       65.00         66.00       06600       PHYSI CAL THERAPY       0.307171       66.00         67.00       0C000 CURATI ONAL THERAPY       0.286038       67.00         68.00       06900       ELECTROCARDI OLOGY       0.070146       68.00         69.00       06900       ELECTROCARDI OLOGY       0.101980       69.00         70.00       OTOOD       ELECTROCARDI OLOGY       0.101980       69.00         71.00       OTOOD       ELECTROCARDI OLOGY       0.101980       70.00         70.00       OTOOD       ELECTROCARDI PLALOGRAPHY       0.176084       71.00         71.00       OT100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0.198740       72.00         73.00       OT300       DRUGS CHARGED TO PATI ENTS       0.198740       72.00         73.00       OT000       LECTNERS       90.00       90001       WOUND CARE INSTITUTE       0.233915       90.01         90.01       09002       P NUTRI TI ONAL COUNSELING       0.410121       90.02       90.02         90.02       09003       BARI ATRI C MEDI CI NE       0.000000       90.03       90.02       90.02       90.02       90.02       90.02 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
66.00       06600       PHYSI CAL THERAPY       0.307171       66.00         67.00       06700       OCCUPATI ONAL THERAPY       0.286038       67.00         68.00       06800       SPEECH PATHOLOGY       0.070146       68.00         69.00       06900       ELECTROCARDIOLOGY       0.101980       69.00         70.00       07000       ELECTROCREPHALOGRAPHY       0.176084       70.00         71.00       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0.296580       71.00         72.00       07200       IPML. DEV. CHARGED TO PATI ENTS       0.198740       73.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.198740       73.00         00.01       09000       CLI NI C       0.233915       90.00         00.02       09000       CLI NI C       0.232510       90.01         90.01       09000       CLI NI C       0.232915       90.02         90.02       09002       OP NUTRI TI ONAL COUNSELI NG       0.610121       90.02         90.03       09003       BARI ATRI C MEDI CI NE       0.0906864       90.03         90.04       04950       MARKETI NG & PLANNI NG       0.096864       91.00         91.00       09200       OB						1
67.00       06700       OCCUPATIONAL THERAPY       0.286038       67.00         68.00       06800       SPEECH PATHOLOGY       0.070146       68.00         69.00       06900       ELECTROCARDIOLOGY       0.101980       69.00         70.00       FLECTROCARDIOLOGY       0.176084       70.00         71.00       07000       ELECTROENCEPHALOGRAPHY       0.176084       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.296580       71.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.198740       73.00         00179200       IMPL. DEV. CHARGED TO PATIENTS       0.198740       73.00         00000       CLINIC       0.233915       90.00         90.00       09001       WOUND CARE INSTITUTE       0.233915       90.01         90.01       09001 WOUND CARE INSTITUTE       0.233915       90.02         90.02       OP NUTRITIONAL COUNSELING       0.610121       90.02         90.02       OPOOL WOUND CARE INSTITUTE       0.232510       90.03         90.03       09003       BARIATRIC MEDICINE       0.000000       90.03         91.00       OPHERGENCY       0.096864       91.00         92.00						
68.00       06800       SPEECH PATHOLOGY       0.070146       68.00         69.00       06900       ELECTROCARDIOLOGY       0.101980       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.176084       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0.296580       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENT       0.568903       72.00         73.00       DUTPATIENT SERVICE COST CENTERS       0.198740       73.00         00.00       09000       CLINIC       0.233915       90.01         90.01       09001       WUND CARE INSTITUTE       0.232510       90.01         90.02       09002 CDINIC       0.00000       90.02       90.03       9ARIATRIC MEDICINE       90.00         90.04       04950       MARKETING & PLANNING       0.000000       90.03       90.03       90.04         91.00       09100       EMERGENCY       0.096864       91.00       90.04       91.00         92.00       OSECNATION BEDS (NON-DISTINCT PART)       0.762542       92.00       92.00       92.00       92.00       99.10       99.10         99.10       09910       CORF       13.00       1300						1
69.00       06900       ELECTROCARDI OLOGY       0.101980       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.176084       70.00         71.00       O7100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0.296580       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENT       0.568903       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.198740       73.00         0017PATIENT SERVICE COST CENTERS       0.233915       90.00         90.01       09001       WUND CARE INSTITUTE       0.232510       90.01         90.02       09002       DV UTRATI ONAL COUNSELING       0.610121       90.02         90.03       09003       BARIATRIC MEDICINE       0.000000       90.04         91.00       09100       EMERGENCY       0.096864       91.00         92.00       092200       OBSERVATION BEDS (NON-DI STINCT PART)       0.762542       92.00         92.00       0910       CORF       113.00       11300       113.00         113.00       11300       INTEREST EXPENSE       200.00       201.00						1
70.00       07000       ELECTROENCEPHALOGRAPHY       0.176084       70.00         71.00       VOTOO       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.296580       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.568903       72.00         73.00       OT300       DUUSS CHARGED TO PATI ENTS       0.198740       72.00         000       OUTPATI ENT SERVICE COST CENTERS       90.00       90.00       90.00       90.00         90.00       09000       CLI NI C       0.233915       90.00       90.00         90.01       09001       WOUND CARE INSTITUTE       0.233915       90.01         90.02       OP NUTRI TI ONAL COUNSELI NG       0.610121       90.02         90.03       BARI ATRI C MEDI CI NE       0.000000       90.03         90.04       04950       MARKETI NG & PLANNI NG       0.000000       90.04         91.00       OP2000       OBSERVATI ON BEDS (NON-DI STI NCT PART)       0.762542       92.00         074       09910       CORF       99.10       792.00       792.00       70.00         91.100       INTEREST EXPENSE       113.00       11300       1130.00       113.00       200.00         200.00       Subtotal (see inst						
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0.296580       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENT       0.568903       72.00         73.00       DUTGS CHARGED TO PATIENTS       0.198740       73.00         001794TIENT SERVICE COST CENTERS       0.233915       90.00         90.00       09000       CLINIC       0.232510       90.00         90.01       09001       WOUND CARE INSTITUTE       0.232510       90.02         90.02       09003       BARIATRI C MEDICINE       0.000000       90.02         90.03       09003       BARIATRI C MEDICINE       0.000000       90.03         90.04       04950       MARKETING & PLANNING       0.000000       90.04         91.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       0.762542       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       0.762542       91.00         92.00       09910       CORF       99.10       99.10         SPECIAL PURPOSE COST CENTERS         91.300       I11300       INTEREST EXPENSE       113.00         113.00       Less Observation Beds       200.00       201.00						1
72.00       07200       IMPL. DEV. CHARGED TO PATIENT       0.568903       72.00         73.00       07300 DRUGS CHARGED TO PATIENTS       0.198740       73.00         000       0000 CLINIC       0.233915       90.00         90.00       09000 CLINIC       0.232510       90.01         90.02       09002 OP NUTRITIONAL COUNSELING       0.610121       90.02         90.03       09003 BARIATRIC MEDICINE       0.000000       90.03         90.04       04950 MARKETING & PLANNING       0.000000       90.04         91.00       09200 OBSERVATION BEDS (NON-DISTINCT PART)       0.762542       91.00         09100 CORF       99.10       99.10       99.10       99.10         91.13.00       11300 INTERST EXPENSE       99.10       113.00       200.00         201.00       Less Observation Beds       201.00       201.00						
73.00       07300       DRUGS CHARGED TO PATIENTS       0.198740       73.00         0000       0UTPATIENT SERVICE COST CENTERS       90.00       90.00       90.00       90.00         90.00       09000       CLINIC       0.233915       90.00         90.01       09001       WOUND CARE INSTITUTE       0.232510       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       0.610121       90.02         90.03       09003       BARIATRIC MEDICINE       0.000000       90.03         90.04       04950       MARKETING & PLANNING       0.000000       90.04         91.00       09100       EMERGENCY       0.096864       91.00         92.00       OBSERVATION BEDS (NON-DISTINCT PART)       0.762542       92.00         09200       OBSERVATION BEDS (NON-DISTINCT PART)       0.762542       92.00         97.10       09910       CORF       99.10         SPECIAL PURPOSE COST CENTERS         913.00       INTERST EXPENSE       113.00         113.00       Subtotal (see instructions)       200.00         201.00       Less Observation Beds       201.00						1
OUTPATI ENT SERVICE COST CENTERS         90.00           90.00         09000         CLINIC         0.233915         90.00           90.01         09001         WOUND CARE INSTITUTE         0.232510         90.01           90.02         09002         OP NUTRITIONAL COUNSELING         0.610121         90.02           90.03         09003         BARIATRIC MEDICINE         0.000000         90.03           90.04         04950         MARKETING & PLANNING         0.000000         90.04           91.00         09100         EMERGENCY         0.096864         91.00           92.00         OBSERVATION BEDS (NON-DISTINCT PART)         0.762542         92.00           09200         OBSERVATION BEDS (NON-DISTINCT PART)         0.762542         99.10           09910         CORF         99.10         99.10           SPECIAL PURPOSE COST CENTERS         99.10         99.10           113.00         INTERST EXPENSE         113.00         113.00           200.00         Subtotal (see instructions)         200.00         200.00           201.00         Less Observation Beds         201.00         201.00						
90.00       09000       CLINIC       0.233915       90.00         90.01       09001       WOUND CARE INSTITUTE       0.232510       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       0.610121       90.02         90.03       09003       BARI ATRI C MEDI CINE       0.000000       90.03         90.04       04950       MARKETING & PLANNING       0.000000       90.04         91.00       O9100       EMERGENCY       0.096864       90.04         92.00       OBSERVATION BEDS (NON-DI STINCT PART)       0.762542       92.00         09101       COFF       99.10       99.10         SPECIAL PURPOSE COST CENTERS         99.10       Subtotal (see instructions)       113.00         200.00       Subtotal (see instructions)       200.00         201.00       Less Observation Beds       201.00		0. 198740				/3.00
90.01       09001       WOUND CARE INSTITUTE       0.232510       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       0.610121       90.02         90.03       09003       BARIATRIC MEDICINE       0.000000       90.03         90.04       04950       MARKETING & PLANNING       0.000000       90.04         91.00       09100       EMERGENCY       0.096864       91.00         92.00       0BSERVATION BEDS (NON-DISTINCT PART)       0.762542       92.00         0THER       REIMBURSABLE COST CENTERS       99.10         99.10       OOFF       113.00       11300         113.00       INTEREST EXPENSE       113.00       200.00         200.00       Subtotal (see instructions)       200.00       201.00         201.00       Less Observation Beds       201.00						1
90.02       09002       0P NUTRITIONAL COUNSELING       0.610121       90.02         90.03       09003       BARIATRIC MEDICINE       0.000000       90.03         90.04       04950       MARKETING & PLANNING       0.000000       90.04         91.00       09100       EMERGENCY       0.096864       91.00         92.00       09SERVATION BEDS (NON-DISTINCT PART)       0.762542       92.00         01HER       REIMBURSABLE COST CENTERS       99.10         99.10       09910       CORF       99.10         SPECIAL PURPOSE COST CENTERS       113.00       11300       INTEREST EXPENSE       113.00         200.00       Subtotal (see instructions)       200.00       201.00       201.00       201.00						1
90.03       09003       BARI ATRI C MEDI CI NE       0.000000       90.03         90.04       04950       MARKETI NG & PLANNI NG       0.000000       90.04         91.00       09100       EMERGENCY       0.096864       91.00         92.00       09200       0BSERVATION BEDS (NON-DI STI NCT PART)       0.762542       92.00         0910       CORF       99.10       99.10         SPECIAL PURPOSE COST CENTERS         113.00       11300       INTEREST EXPENSE       113.00         200.00       Subtotal (see instructions)       200.00       201.00       201.00						1
90. 04       04950       MARKETING & PLANNING       0.000000       90.04         91. 00       09100       EMERGENCY       0.096864       91.00         92. 00       09200       0BSERVATION BEDS (NON-DISTINCT PART)       0.762542       92.00         OTHER REIMBURSABLE COST CENTERS         99. 10       09910       CORF       99.10         SPECIAL PURPOSE COST CENTERS         113. 00       11300       INTERST EXPENSE       113.00         200. 00       Subtotal (see instructions)       200.00       201.00         201.00       Less Observation Beds       201.00       201.00						
91.00         09100         EMERGENCY         0.096864         91.00         92.00						
92.00         O9200         OBSERVATION BEDS (NON-DISTINCT PART)         0.762542         92.00           OTHER REIMBURSABLE COST CENTERS         09910         CORF         99.10         99.10           SPECIAL PURPOSE COST CENTERS         113.00         11300         INTERST EXPENSE         113.00           200.00         Subtotal (see instructions)         200.00         201.00         201.00						
OTHER REI MBURSABLE COST CENTERS       99.10         09910       CORF       99.10         SPECI AL PURPOSE COST CENTERS       113.00         113.00       INTEREST EXPENSE       113.00         200.00       Subtotal (see instructions)       200.00         201.00       Less Observation Beds       201.00						91.00
99. 10         09910   CORF         99. 10           SPECI AL PURPOSE COST CENTERS         113. 00           113. 00         11300   INTEREST EXPENSE         113. 00           200. 00         Subtotal (see instructions)         200. 00           201. 00         Less Observation Beds         201. 00		PART) 0. 762542				92.00
SPECIAL PURPOSE COST CENTERS         113.00         113.00         200.00         Subtotal (see instructions)         201.00         Less Observation Beds	OTHER REIMBURSABLE COST CENTERS					
113.00       INTEREST EXPENSE       113.00         200.00       Subtotal (see instructions)       200.00         201.00       Less Observation Beds       201.00	99. 10 09910 CORF					99.10
200.00         Subtotal (see instructions)         200.00         200.00         201.00         201.00	SPECIAL PURPOSE COST CENTERS					
201.00 Less Observation Beds 201.00	113.00 11300 INTEREST EXPENSE					113.00
201.00 Less Observation Beds 201.00	200.00 Subtotal (see instructions)					200.00
	201.00 Less Observation Beds					201.00
	202.00 Total (see instructions)					202.00

Cost Center Description     Total Cost (from Wkst. B, Part I, col. 26)     Total Cost Adj.     Total Costs Total Costs     Total Costs RCE Disal Iowance     Total Costs RCE	lorksheet C lart I late/Time Prepar /26/2015 3:59 p PPS Total Costs 5.00	pm
Cost Center DescriptionTotal Cost (from Wkst. B, Part I, col. 26)Total Cost Adj.CostsCostsCostsCostsDisal I owance	Total Costs	
Cost Center DescriptionTotal Cost (from Wkst. B, Part I, col. 26)Therapy Limit Adj.Total CostsRCETo		
(from Wkst. Adj. Disal I owance B, Part I, col. 26)		
	5.00	
1.00 2.00 3.00 4.00		
INPATIENT ROUTINE SERVICE COST CENTERS		
30. 00         03000         ADULTS & PEDIATRICS         11, 392, 026         0		30.00
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T 2, 579, 633 2, 579, 633 0		34.00
43. 00 04300 NURSERY 769, 392 769, 392 0	769, 392 43	43.00
ANCI LLARY SERVICE COST CENTERS		
50.00         05000         OPERATING ROOM         12, 164, 224         12, 164, 224         520		50.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 1, 695, 185 1, 695, 185 0		52.00
54. 00         05400         RADI OLOGY-DI AGNOSTI C         4, 002, 720         4, 002, 720         16, 824		54.00
54. 01 05401 ULTRA SOUND 441, 540 0		54.01
55. 00         05500         RADI OLOGY-THERAPEUTI C         3, 462, 364         3, 462, 364         0		55.00
60. 00         06000         LABORATORY         1, 401, 586         1, 401, 586         0		60.00
60. 01 06001 BLOOD LABORATORY 0 0 0		60. 01
64. 00         06400         I NTRAVENOUS THERAPY         492, 949         0		64.00
65. 00 06500 RESPI RATORY THERAPY 1, 527, 603 0 1, 527, 603 10, 915		65.00
66. 00         06600         PHYSI CAL         THERAPY         2, 722, 453         0         2, 722, 453         0	, ,	66.00
67. 00         06700         OCCUPATI ONAL THERAPY         273, 241         0         273, 241         0		67.00
68. 00 06800 SPEECH PATHOLOGY 8, 381 0 8, 381 0		68.00
69. 00         06900         ELECTROCARDI OLOGY         732, 652         732, 652         0		69.00
70. 00         07000         ELECTROENCEPHALOGRAPHY         488, 087         488, 087         0		70.00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 6, 737, 313 6, 737, 313 0		71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT 17, 598, 569 17, 598, 569 0		72.00
73. 00 07300 DRUGS CHARGED TO PATI ENTS 6, 915, 952 6, 915, 952 0	6, 915, 952 73	73.00
OUTPATIENT SERVICE COST CENTERS		
90. 00 09000 CLINIC 746, 250 746, 250 0		90.00
90. 01 09001 WOUND CARE INSTITUTE 45, 368 45, 368 0		90. 01
90. 02 09002 OP NUTRI TI ONAL COUNSELI NG 40, 620 40, 620 0		90. 02
90. 03 09003 BARI ATRI C MEDI CI NE 0 0 0	0 90	90.03
90. 04 04950 MARKETING & PLANNING 0 0 0	0 90	90.04
91. 00 09100 EMERGENCY 5, 910, 039 5, 910, 039 0	5, 910, 039 9	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 738, 846 738, 846	738, 846 92	92.00
OTHER REIMBURSABLE COST CENTERS		
99.10 09910 CORF 0 0	0 99	99.10
SPECIAL PURPOSE COST CENTERS		
113.00 11300 I NTEREST EXPENSE	11:	13.00
200.00         Subtotal (see instructions)         82,886,993         0         82,886,993         28,259	82, 915, 252 200	00.00
201.00         Less Observation Beds         738, 846         738, 846	738, 846 20 <sup>-</sup>	
202.00         Total (see instructions)         82, 148, 147         0         82, 148, 147         28, 259	82, 176, 406 202	02.00

Heal th	Financial Systems	ST. FRANCIS H&H	-MOORESVI LLE		In Lie	u of Form CMS-	2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provi der	CCN: 150057	Peri od:	Worksheet C	
					From 01/01/2014	Part I	
					To 12/31/2014	Date/Time Pre 5/26/2015 3:5	
			Ti t	le XIX	Hospi tal	PPS	
			Charges		nospi tui	110	
	Cost Center Description	I npati ent	Outpati ent	Total (col	6 Cost or Other	TEFRA	
		inpatront	outputtont	+ col. 7)	Ratio	Inpatient	
						Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	11,043,151		11, 043, 1	51		30.00
34.00	03400 SURGI CAL I NTENSI VE CARE UNI T	2, 119, 173		2, 119, 1	73		34.00
43.00	04300 NURSERY	1,059,032		1,059,0			43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	17, 933, 835	8, 752, 116	26, 685, 9	0. 455829	0.00000	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 369, 479	24, 988	2, 394, 4	0. 707959	0. 000000	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 963, 348	44, 701, 371	47, 664, 7	0. 083977	0. 000000	54.00
54.01	05401 ULTRA SOUND	253, 339	4, 219, 520	4, 472, 8	0. 098715	0. 000000	54.01
55.00	05500 RADI OLOGY-THERAPEUTI C	53, 554	8, 778, 615	8, 832, 10		0. 000000	55.00
60.00	06000 LABORATORY	5, 506, 366	22, 155, 492	27, 661, 8		0. 000000	60.00
60.01	06001 BLOOD LABORATORY	0	0		0 0.000000	0. 000000	60.01
64.00	06400 INTRAVENOUS THERAPY	266, 616	1, 980, 715	2, 247, 3	0. 219349	0. 000000	64.00
65.00	06500 RESPI RATORY THERAPY	2,973,087	1, 324, 735	4, 297, 8		0. 000000	65.00
66.00	06600 PHYSI CAL THERAPY	2, 480, 041	6, 382, 950	8, 862, 9	0. 307171	0. 000000	66.00
67.00	06700 OCCUPATI ONAL THERAPY	345, 148	610, 112	955, 20		0. 000000	67.00
68.00	06800 SPEECH PATHOLOGY	117,076	2, 403	119, 4	0. 070146	0. 000000	68.00
69.00	06900 ELECTROCARDI OLOGY	448, 337	6, 735, 934	7, 184, 2	0. 101980	0. 000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2, 771, 897	2, 771, 8		0. 000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16, 239, 480	6, 477, 194	22, 716, 6	0. 296580	0. 000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	28, 231, 380	2, 702, 814	30, 934, 19	0. 568903	0. 000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10, 538, 976	24, 259, 975	34, 798, 9	0. 198740	0. 000000	73.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	4, 447	3, 185, 809	3, 190, 2	o. 233915	0.00000	90.00
90.01	09001 WOUND CARE INSTITUTE	3, 320	191, 803	195, 12	0. 232510	0. 000000	90.01
90.02	09002 OP NUTRI TI ONAL COUNSELI NG	0	66, 577	66, 5	0. 610121	0. 000000	90.02
90.03	09003 BARIATRIC MEDICINE	0	0		0 0.000000	0. 000000	90.03
90.04	04950 MARKETING & PLANNING	0	0		0 0.000000	0. 000000	90.04
91.00	09100 EMERGENCY	4, 905, 060	56, 108, 868	61, 013, 93	0. 096864	0. 000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	260, 138	708, 787	968, 93	0. 762542	0. 000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0		0		99.10
	SPECIAL PURPOSE COST CENTERS						1
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	110, 114, 383	202, 142, 675	312, 257, 0	58		200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	110, 114, 383	202, 142, 675	312, 257, 0	58		202.00
						•	•

	Financial Systems	ST. FRANCIS H&H-M	OORESVI LLE	In Lieu	of Form CMS-2552
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150057	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepare 5/26/2015 3:59 pm
			Title XIX	Hospi tal	PPS
	Cost Center Description	PPS Inpatient			
		Ratio			
		11.00			
~~ ~~	INPATIENT ROUTINE SERVICE COST CENTERS	1			
	03000 ADULTS & PEDIATRICS				30.
	03400 SURGICAL INTENSIVE CARE UNIT				34.
43.00	04300 NURSERY				43.
	ANCI LLARY SERVICE COST CENTERS	0 455040			
50.00	05000 OPERATING ROOM	0. 455848			50.
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 707959			52.
54.00	05400 RADI OLOGY-DI AGNOSTI C	0.084330			54.
54.01	05401 ULTRA SOUND	0.098715			54.
55.00	05500 RADI OLOGY-THERAPEUTI C	0.392017			55.
	06000 LABORATORY	0.050669			60.
60.01	06001 BLOOD LABORATORY	0.000000			60.
	06400 I NTRAVENOUS THERAPY	0. 219349			64.
65.00		0. 357976			65.
66.00	06600 PHYSI CAL THERAPY	0. 307171			66.
	06700 OCCUPATI ONAL THERAPY	0. 286038			67.
	06800 SPEECH PATHOLOGY	0.070146			68.
	06900 ELECTROCARDI OLOGY	0. 101980			69.
	07000 ELECTROENCEPHALOGRAPHY	0. 176084			70.
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 296580			71.
	07200 I MPL. DEV. CHARGED TO PATIENT	0. 568903			72. 73.
/3.00	07300 DRUGS CHARGED TO PATIENTS OUTPATIENT SERVICE COST CENTERS	0. 198740			/3.
90.00	09000 CLINIC	0. 233915			90.
<i>7</i> 0.00	09001 WOUND CARE INSTITUTE	0. 233915			90. 90.
	09002 OP NUTRITIONAL COUNSELING	0. 232510			90. 90.
90.02 90.03	09003 BARI ATRI C MEDI CI NE	0.000000			90. 90.
	04950 MARKETI NG & PLANNI NG	0.000000			90.
	09100 EMERGENCY	0. 096864			90.
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 762542			92.
72.00	OTHER REIMBURSABLE COST CENTERS	0.702342			92.
99 10	09910 CORF				99.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SPECIAL PURPOSE COST CENTERS				
113 00	11300 I NTEREST EXPENSE				113.
200.00					200.
200.00 201.00					200. 201.
201.00 202.00					201. 202.

ealth Financial Systems	ST. FRANCIS H&		001 450057		u of Form CMS-	2552-1
CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE R REDUCTIONS FOR MEDICAID ONLY	ATTUS NET UF	Provi der	CCN: 150057	Period: From 01/01/2014	Worksheet C Part II	
REDUCTIONS FOR MEDICALD ONLY				To 12/31/2014	Date/Time Pre	epared:
					5/26/2015 3:5	59 pm
			le XIX	Hospi tal	PPS	
Cost Center Description	Total Cost	Capital Cost		Capi tal	Operati ng	
	(Wkst. B,	(Wkst. B,	Cost Net of		Cost	
	Part I, col.	Part II col.	Capital Cos	t	Reduction	
	26)	26)	(col. 1 -		Amount	
	1.00	0.00	col . 2)		5.00	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	40.4(4.004	1 110 105	44.054.0	10 0		-
50. 00 05000 OPERATING ROOM	12, 164, 224					
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 695, 185					
54. 00 05400 RADI OLOGY-DI AGNOSTI C	4,002,720				0	
54. 01 05401 ULTRA SOUND	441, 540				0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	3, 462, 364				0	
50. 00 06000 LABORATORY	1, 401, 586				0	
0. 01 06001 BLOOD LABORATORY	0	-		0 0	0	
4.00 06400 INTRAVENOUS THERAPY	492, 949				0	1
5.00 06500 RESPIRATORY THERAPY	1, 527, 603				0	
6.00 06600 PHYSI CAL THERAPY	2, 722, 453				0	
57.00 06700 OCCUPATI ONAL THERAPY	273, 241	1, 172			0	
8.00 06800 SPEECH PATHOLOGY	8, 381	122			0	
9.00 06900 ELECTROCARDI OLOGY	732, 652				0	
0.00 07000 ELECTROENCEPHALOGRAPHY	488, 087				0	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6, 737, 313				0	
2.00 07200 IMPL. DEV. CHARGED TO PATIENT	17, 598, 569				0	
73.00 07300 DRUGS CHARGED TO PATIENTS	6, 915, 952	110, 695	6, 805, 2	57 0	0	73. C
OUTPATIENT SERVICE COST CENTERS				- 1		ł
20. 00 09000 CLINIC	746, 250				0	
0.01 09001 WOUND CARE INSTITUTE	45, 368				0	
0. 02 09002 OP NUTRI TI ONAL COUNSELI NG	40, 620				0	
0. 03 09003 BARI ATRI C MEDI CI NE	0	-		0 0	0	1
0. 04 04950 MARKETI NG & PLANNI NG	0	0		0 0	0	
21.00 09100 EMERGENCY	5, 910, 039				0	1
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	738, 846	125, 684	613, 1	62 0	0	92. C
OTHER REIMBURSABLE COST CENTERS			1			ł
9.10 09910 CORF	0	0		0 0	0	99.1
SPECIAL PURPOSE COST CENTERS			1			
13.00 11300 INTEREST EXPENSE						113.0
200.00 Subtotal (sum of lines 50 thru 199)	68, 145, 942					200.0
201.00 Less Observation Beds	738, 846					201.0
202.00 Total (line 200 minus line 201)	67, 407, 096	3, 127, 888	64, 279, 2	08 0	0	202.0

ealth Financial Systems ALCULATION OF OUTPATIENT SERVICE COST TO CHARGE R EDUCTIONS FOR MEDICAID ONLY	ST. FRANCIS H&H ATIOS NET OF		CCN: 150057	Peri od: From 01/01/2014 To 12/31/2014	u of Form CMS- Worksheet C Part II Date/Time Pro 5/26/2015 3:	epared
		Tit	le XIX	Hospi tal	PPS	57 pili
Cost Center Description	Cost Net of	Total Charges	Outpati ent	licopritar		
	Capital and	(Worksheet C,				
	Operating	Part I,	Charge Ratio	b		
	Cost	column 8)	(col. 6 /			
	Reducti on		col. 7)			
	6.00	7.00	8.00			
ANCI LLARY SERVI CE COST CENTERS	1					
0.00 05000 OPERATING ROOM	12, 164, 224					50. C
2.00 05200 DELIVERY ROOM & LABOR ROOM	1, 695, 185					52.0
4. 00 05400 RADI OLOGY-DI AGNOSTI C	4,002,720					54.0
4.01 05401 ULTRA SOUND	441, 540					54.0
5. 00 05500 RADI OLOGY-THERAPEUTI C	3, 462, 364					55.0
0. 00 06000 LABORATORY	1, 401, 586	27, 661, 858				60.0
D. 01 06001 BLOOD LABORATORY	0	-				60.
4.00 06400 INTRAVENOUS THERAPY	492, 949	2, 247, 331				64.
5. 00 06500 RESPI RATORY THERAPY	1, 527, 603	4, 297, 822		-		65.
6. 00 06600 PHYSI CAL THERAPY	2, 722, 453					66.0
7.00 06700 OCCUPATI ONAL THERAPY	273, 241	955, 260				67.0
8.00 06800 SPEECH PATHOLOGY	8, 381	119, 479				68.0
9. 00 06900 ELECTROCARDI OLOGY	732, 652			30		69.
0. 00 07000 ELECTROENCEPHALOGRAPHY	488, 087	2, 771, 897				70.
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6, 737, 313					71.
2.00 07200 IMPL. DEV. CHARGED TO PATIENT	17, 598, 569	30, 934, 194	0. 56890	03		72.
3.00 07300 DRUGS CHARGED TO PATIENTS	6, 915, 952	34, 798, 951	0. 19874	40		73.0
OUTPATIENT SERVICE COST CENTERS	-					
0. 00 09000 CLINIC	746, 250					90.0
D. 01 09001 WOUND CARE INSTITUTE	45, 368					90.
D. 02 09002 OP NUTRI TI ONAL COUNSELI NG	40, 620	66, 577				90.
0. 03 09003 BARIATRIC MEDICINE	0	0	0100000			90.
0. 04 04950 MARKETING & PLANNING	0	0	0100000			90.
1.00 09100 EMERGENCY	5, 910, 039					91.0
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	738, 846	968, 925	0. 76254	42		92.0
OTHER REIMBURSABLE COST CENTERS	-					
9. 10 09910 CORF	0	0	0.0000	00		99. <sup>-</sup>
SPECIAL PURPOSE COST CENTERS	1					
13.00 11300 INTEREST EXPENSE						113. (
00.00 Subtotal (sum of lines 50 thru 199)	68, 145, 942					200. (
01.00 Less Observation Beds	738, 846					201. (
02.00 Total (line 200 minus line 201)	67, 407, 096	298, 035, 702				202.0

Health Financial Systems	ST. FRANCIS H&H-MOORESVILLE In Lieu of Form CMS-2					2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der		Period:	Worksheet D	
				From 01/01/2014		
				To 12/31/2014	Date/Time Pre 5/26/2015 3:5	epared:
		Ti †I	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem	
	Related Cost	Adjustment	Capi tal	Days	(col. 3 /	
	(from Wkst.		Related Cost		col. 4)	
	B, Part II,		(col. 1 -			
	col. 26)		col. 2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	1, 937, 870	0	1, 937, 87	0 8, 249	234. 92	30.00
34.00 SURGICAL INTENSIVE CARE UNIT	200, 333		200, 33	3 970	206.53	34.00
43.00 NURSERY	12, 114		12, 11	4 639	18.96	43.00
200.00 Total (lines 30-199)	2, 150, 317		2, 150, 31	7 9, 858		200.00
Cost Center Description	I npati ent	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x				
		col. 6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS		1	1			
30. 00 ADULTS & PEDIATRICS	4, 632					30.00
34.00 SURGI CAL I NTENSI VE CARE UNI T	659		1			34.00
43.00 NURSERY	0	-				43.00
200.00 Total (lines 30-199)	5, 291	1, 224, 252				200.00

Health Financial Systems	ST. FRANCIS H&I	H-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT.	AL COSTS			Period: From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 3:5	
			e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
	(from Wkst.	C, Part I,	(col. 1 ÷	Charges	column 4)	
	B, Part II,	col. 8)	col. 2)			
	col. 26)					
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS	<b>1</b>		-			
50.00 05000 OPERATING ROOM	1, 112, 405				350, 561	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 126	2, 394, 467			0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	382, 554				11, 972	
54.01 05401 ULTRA SOUND	13, 095				300	
55. 00 05500 RADI OLOGY-THERAPEUTI C	284, 704	8, 832, 169	0. 03223			55.00
60. 00 06000 LABORATORY	143, 248	27, 661, 858	0.00517	2, 528, 333	13, 094	60.00
60. 01 06001 BLOOD LABORATORY	0	0	0.0000	0 0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	1, 546	2, 247, 331	0.00068	152, 201	105	64.00
65. 00 06500 RESPI RATORY THERAPY	50, 302	4, 297, 822	0. 01170	1, 616, 367	18, 918	65.00
66.00 06600 PHYSI CAL THERAPY	179, 236	8, 862, 991	0. 02022	1, 900, 876	38, 441	66.00
67.00 06700 OCCUPATI ONAL THERAPY	1, 172	955, 260	0.00122	184, 488	226	67.00
68.00 06800 SPEECH PATHOLOGY	122	119, 479	0.00102	30, 099	31	68.00
69.00 06900 ELECTROCARDI OLOGY	90, 091	7, 184, 271	0. 01254	10 275, 001	3, 449	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	119,056			51 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	67, 370			7, 596, 040	22, 530	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	57, 360	30, 934, 194	0.00185	13, 833, 829	25, 648	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	110, 695	34, 798, 951	0.00318	5, 080, 757	16, 162	73.00
OUTPATIENT SERVICE COST CENTERS	1	, ., .				
90, 00 09000 CLINIC	2, 515	3, 190, 256	0.00078	38 616	0	90.00
90.01 09001 WOUND CARE INSTITUTE	152				1	90.01
90. 02 09002 OP NUTRI TI ONAL COUNSELI NG	112				0	90.02
90. 03 09003 BARI ATRI C MEDI CI NE	0	0			0	90.03
90. 04 04950 MARKETING & PLANNING	0	0	0.00000		0	90.04
91. 00 09100 EMERGENCY	506, 027	61, 013, 928				
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	125, 684					
200.00 Total (lines 50-199)	3, 253, 572			45, 667, 938		
	0,200,072		1	1 .0,007,700		

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COS	STS Provi der		Period: From 01/01/2014	Worksheet D Part III	
				To 12/31/2014		
		Titl	e XVIII	Hospi tal	PPS	7 pm
Cost Center Description	Nursi ng	Allied Health	All Other	Swi ng-Bed	Total Costs	
	School	Cost	Medi cal	Adjustment	(sum of cols.	
			Educati on	Amount (see	1 through 3,	
			Cost		minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS		•		-	-	
30. 00 03000 ADULTS & PEDI ATRI CS	0	0		0 0	0	30.00
34.00 03400 SURGI CAL I NTENSI VE CARE UNI T	0	0		0	0	34.00
43. 00 04300 NURSERY	0	0		0	0	1 101 00
200.00 Total (lines 30-199)	0	0		0	0	200.00
Cost Center Description	Total Patient		I npati ent	I npati ent		
	Days	(col. 5 ÷	Program Days			
		col. 6)		Pass-Through		
				Cost (col. 7		
				x col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS	T	1		- 1	1	
30. 00 03000 ADULTS & PEDI ATRI CS	8, 249				1	30.00
34.00 03400 SURGI CAL I NTENSI VE CARE UNI T	970			9 0	1	34.00
43. 00 04300 NURSERY	639			0 0	1	43.00
200.00  Total (lines 30-199)	9, 858		5, 29	1 0	1	200.00

Health Financial Systems	ST. FRANCIS H&H-	-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PASS	Provi der	CCN: 150057	Period: From 01/01/2014 To 12/31/2014		
		Titl	e XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursi ng School	Allied Healt	Medi cal	Total Cost (sum of col 1	
	COST			Education Cost	through col. 4)	
	1.00	2.00	3.00	4, 00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
50.00 05000 OPERATING ROOM	0	C		0 0	0	50.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	C		0 0	0	54.00
54.01 05401 ULTRA SOUND	0	C		0 0	0	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C		0 0	0	55.00
60. 00 06000 LABORATORY	0	C		0 0	0	60.00
60.01 06001 BLOOD LABORATORY	0	C		0 0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0	C		0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0	C		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	C		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	C		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	C		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	C		0 0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	C		0 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	C		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C	)	0 0	0	73.00
OUTPATIENT SERVICE COST CENTERS	-			-	-	
90. 00 09000 CLINIC	0	C		0 0	0	90.00
90. 01 09001 WOUND CARE INSTITUTE	0	C	)	0 0	0	90.01
90. 02 09002 OP NUTRI TI ONAL COUNSELI NG	0	C	)	0 0	0	90.02
90. 03 09003 BARI ATRI C MEDI CI NE	0	C	)	0 0	0	90.03
90. 04 04950 MARKETING & PLANNING	0	Ĺ		0 0	0	90.04
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	C C		0 0	0	91.00 92.00
	0			0 0	-	
200.00   Total (lines 50-199)	0	C	1	0 0	0	200.00

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PAS	S Provi der		Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2014		
				To 12/31/2014	Date/Time Pre 5/26/2015 3:5	pared:
		Titl	e XVIII	Hospi tal	PPS	7 pili
Cost Center Description	Total	Total Charges			Inpatient	
	Outpati ent	(from Wkst.	to Charges	Ratio of Cost	Program	
	Cost (sum of	C, Part I,	(col. 5 ÷	to Charges	Charges	
	col. 2, 3 and	col. 8)	col. 7)	(col. 6 ÷	Ũ	
	4)	,		col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	26, 685, 951				
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2, 394, 467			0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	47, 664, 719	0. 00000	0 0.000000	1, 491, 676	54.00
54.01 05401 ULTRA SOUND	0	4, 472, 859	0.00000	0 0.000000	102, 549	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	8, 832, 169			21, 266	55.00
60. 00 06000 LABORATORY	0	27, 661, 858	0. 00000	0.000000	2, 528, 333	60.00
60.01 06001 BLOOD LABORATORY	0	0	0. 00000	0.000000	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0			0 0. 000000	152, 201	64.00
65. 00 06500 RESPI RATORY THERAPY	0	4, 297, 822			1, 616, 367	65.00
66. 00 06600 PHYSI CAL THERAPY	0	8, 862, 991	0.00000	0 0. 000000	1, 900, 876	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	955, 260			184, 488	67.00
68.00 06800 SPEECH PATHOLOGY	0	119, 479		0 0. 000000	30, 099	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	7, 184, 271	0.00000	0 0. 000000	275, 001	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2, 771, 897	0. 00000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22, 716, 674	0. 00000	0.000000	7, 596, 040	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	30, 934, 194	0. 00000	0.000000	13, 833, 829	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	34, 798, 951	0.00000	0.000000	5, 080, 757	73.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	3, 190, 256	0. 00000	0 0.000000	616	90.00
90.01 09001 WOUND CARE INSTITUTE	0	195, 123	0.00000	0 0.000000	1, 889	90.01
90. 02 09002 OP NUTRITIONAL COUNSELING	0	66, 577	0.00000	0 0.000000	0	90.02
90. 03 09003 BARI ATRI C MEDI CI NE	0	0	0.00000	0 0.000000	0	90.03
90. 04 04950 MARKETI NG & PLANNI NG	0	0	0.00000	0 0.000000	0	90.04
91.00 09100 EMERGENCY	0	61, 013, 928	0.00000	0 0.000000	2, 297, 753	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	968, 925	0.00000	0 0.000000	144, 445	92.00
200.00 Total (lines 50-199)	0	298, 035, 702			45, 667, 938	200.00
					• • • •	•

Health Financial Systems	ST. FRANCIS H&H	I-MOORESVI LLE		In Lie	u of Form CMS-	-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PAS		CCN: 150057	Period: From 01/01/2014 To 12/31/2014	Date/Time Pr 5/26/2015 3:	
			e XVIII	Hospi tal	PPS	
Cost Center Description	I npati ent	Outpati ent	Outpati ent			
	Program	Program	Program			
	Pass-Through	Charges	Pass-Through			
	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 OPERATING ROOM	0	2, 171, 876		0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0		52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	17, 457, 007		0		54.00
54.01 05401 ULTRA SOUND	0	1, 461, 697		0		54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	4, 134, 496		0		55.00
60. 00 06000 LABORATORY	0	2, 966, 667		0		60.00
60. 01 06001 BLOOD LABORATORY	0	0	)	0		60.01
64.00 06400 INTRAVENOUS THERAPY	0	545, 911		0		64.00
65. 00 06500 RESPI RATORY THERAPY	0	494, 032		0		65.00
66. 00 06600 PHYSI CAL THERAPY	0	0	)	0		66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0		68.00
69. 00 06900 ELECTROCARDI OLOGY	0	3, 000, 759		0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	595, 756		0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1, 637, 455		0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	1, 363, 942		0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	16, 312, 367		0		73.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0	1, 641, 257	r	0		90.00
90.01 09001 WOUND CARE INSTITUTE	0	131, 346		0		90.01
90. 02 09002 OP NUTRI TI ONAL COUNSELI NG	0	0		0		90.02
90. 03 09003 BARI ATRI C MEDI CI NE	0	0		0		90.03
90. 04 04950 MARKETING & PLANNING	0	0		0		90.04
91.00 09100 EMERGENCY	0	10, 721, 260		0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	192, 919		0		92.00
200.00 Total (lines 50-199)	0	64, 828, 747		0		200.00
200.00  10tal (11165 50-199)	I U	04, 828, 747	I	U		∠00. 00

	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der		Peri od:	Worksheet D	
				From 01/01/2014 To 12/31/2014	Part V Date/Time Pre	norod.
				10 12/31/2014	5/26/2015 3:5	
		Titl	e XVIII	Hospi tal	PPS	
			Charges		Costs	
Cost Center Description	Cost to	PPS	Cost	Cost	PPS Services	
	Charge Ratio	Reimbursed	Reimbursed	Reimbursed	(see inst.)	
	From	Services (see	Servi ces	Services Not		
	Worksheet C,	inst.)	Subject To	Subject To		
	Part I, col.		Ded. & Coins			
	9		(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS		1				
50.00 05000 OPERATING ROOM	0. 455829			0 0	990, 004	•
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 707959			0 0	0	
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 083977			0 0	1, 465, 987	
54.01 05401 ULTRA SOUND	0. 098715			0 0	144, 291	•
55.00 05500 RADI OLOGY-THERAPEUTI C	0. 392017			0 0	1, 620, 793	
60. 00 06000 LABORATORY	0. 050669			0 0	150, 318	
60. 01 06001 BLOOD LABORATORY	0. 000000			0 0	0	
64.00 06400 INTRAVENOUS THERAPY	0. 219349			0 0	119, 745	
65.00 06500 RESPI RATORY THERAPY	0. 355437			0 0	175, 597	
66. 00 06600 PHYSI CAL THERAPY	0. 307171			0 0	0	
67.00 06700 OCCUPATI ONAL THERAPY	0. 286038			0 0	0	
68.00 06800 SPEECH PATHOLOGY	0. 070146			0 0	0	
69. 00 06900 ELECTROCARDI OLOGY	0. 101980			0 0	306, 017	•
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 176084			0 0	104, 903	•
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 296580				485, 636	
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0. 568903			0 0	775, 951	•
73.00 O7300 DRUGS CHARGED TO PATIENTS	0. 198740	16, 312, 367	9, 33	1 0	3, 241, 920	73.00
OUTPATIENT SERVICE COST CENTERS	0.000045	4 ( 44 057			000.015	
90. 00 09000 CLINIC	0. 233915			0 0	383, 915	
90. 01 09001 WOUND CARE INSTITUTE	0. 232510			0 0	30, 539	
90. 02 09002 OP NUTRI TI ONAL COUNSELI NG	0. 610121			0 0	0	
90. 03 09003 BARI ATRI C MEDI CI NE	0.00000			0 0	0	
90. 04 04950 MARKETING & PLANNING	0.00000			0 0	0	
91.00 09100 EMERGENCY	0.096864			0 0	1, 038, 504	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 762542			0 0	147, 109	
200.00 Subtotal (see instructions)		64, 828, 747	12, 52	9 0	11, 181, 229	
201.00 Less PBP Clinic Lab. Services-Program				0		201.00
0nl y Charges 202.00 Net Charges (line 200 +/- line 201)		64, 828, 747	12, 52	9 0	11, 181, 229	202 00
	I	04,020,747	1 12, 52	1 0	11, 101, 229	202.00

APPORTLONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST         Provider CCN: 150057         Priod: From 01/01/2014         Worksheet D From 0	Health Financial Systems	ST. FRANCIS H&H	-MOORESVI LLE		In Lieu	u of Form CMS-	2552-10
ANCILLARY SERVICE COST CENTERS         O         O         So. 00	APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der	CCN: 150057			
ANCI LLARY SERVICE COST CENTERS         Cost         Cost Subject To Ded & Cost         Reimbursed         Services         Services           50.00         05000 PELVERY NOOM & LABOR ROOM         0         0         0         52.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         55.00         60.00         60.01         6					From $01/01/2014$ To $12/31/2014$		nared
Cost Center Description         Cost Reimbursed Subject To Services Subject To Subject Subject To Subject To Subject Subj						5/26/2015 3:5	59 pm
Cost Center Description         Cost Reimbursed Services Subject To Ded. & Coins.         Cost Reimbursed Subject To Subject To Ded. & Coins.           ANCILLARY SERVICE COST CENTERS         0         0         0         0           50.00         05000 (PERATING ROOM         0         0         0         50.00           50.00         05000 (PERATING ROOM         0         0         0         50.00           50.00         05000 RPERATING ROOM         0         0         0         50.00           50.00         05000 RADIOLOGY-HERAPEUTIC         0         0         0         54.01           50.00         05000 RADIOLOGY-HERAPEUTIC         0         0         0         55.00           60.00         10000 LABORATORY         0         0         0         66.00           60.01         10000 LABORATORY         0         0         66.00         66.00           60.00         0000 LABORATORY         0         0         66.00         66.00           60.00         10000 LABORATORY         0         0         66.00         66.00           60.00         0000 LABORATORY         0         0         66.00         66.00           60.00 OSOO READIOLOGON         0         0				e XVIII	Hospi tal	PPS	
ANCI LLARY SERVICE COST CENTERS         Reimbursed Subject To Ded. & Colins. (see inst.)         Reimbursed Services Not Subject To Subject To Subject To Ded. & Colins. (see inst.)         Reimbursed Services Not Subject To Subject To S				-			
Services Subject To Ded. & Coins. (see inst.)         Services Subject To Ded. & Coins. (see inst.)           6.00         7.00           50.00         05000 DPERATING ROM         0         0         50.00           50.00         05000 DPERATING ROM         0         0         50.00           50.00         05000 APERATING ROM         0         0         50.00           50.00         05000 APERATING ROM         0         0         52.00           50.00         05000 RADIOLOCY-DLAGNOSTIC         0         0         54.00           50.00         05000 RADIOLOCY-THERAPEUTIC         0         0         66.00           60.00         LBORD LABORATORY         0         0         66.00           60.00         Dedot LABORATORY         0         0         66.00           60.00         DEGOD LABORATORY         0         0         66.00           60.00         DEGOD LABORATORY         0         0         66.00           60.00         DEGOD PHYSICAL THERAPY         0         0         66.00           60.00         DEGOD PHYSICAL THERAPY         0         0         66.00           60.00         DEGOD SPECH PHADLOGY         0         0         71.00 <t< td=""><td>Cost Center Description</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Cost Center Description						
Subject To Ded & Colins (see inst.)         Subject To Ded & Colins (see inst.)         Subject To Ded & Colins (see inst.)           ANCILLARY SERVICE COST CENTERS         6.00         7.00           50.00         05000 (PERATING ROOM         0         0           52.00         052000 (DICLINERY ROOM & LABOR ROOM         0         0           54.00         05400 (RADIOLOCY-DIAGNOSTIC         0         0           54.01         05400 (RADIOLOCY-THERAPEUTIC         0         0           55.00         05500 (RADIOLOCY-THERAPEUTIC         0         0           60.01         06001 BLODE LABORATORY         0         0           61.01         06001 BLODE LABORATORY         0         0           65.00         06500 RESPI RATORY THERAPY         0         0           66.00         06600 PHYSICAL THERAPY         0         0           66.00         06600 SPEECH PATHOLOGY         64.00           67.00         000 OCUPATIONAL THERAPY         0         0           68.00         06600 SPEECH PATHOLOGY         0         0           68.00         06600 SPEECH PATHOLOGY         0         0           69.00         07000 CULPATIONAL THERAPY         0         0           71.00         07100 MEDI							
Ded. & Coins. (see inst.)         Ded. & Coins. (see inst.)         Ded. & Coins. (see inst.)           ANCILLARY SERVICE COST CENTERS         6.00         7.00         7.00           ANCILLARY SERVICE COST CENTERS         0         0         0         50.00           50.00         05000 (PERATING ROOM         0         0         50.00         52.00           54.00         05401 (ULTRA SOUND         0         0         0         54.01           54.01         05401 (ULTRA SOUND         0         0         0         54.01           55.00         05000 (ABRORTORY         0         0         0         60.01           60.00         106001 INROVENUS THERAPEUTIC         0         0         60.01         66.00           61.00         06001 NTRAVENUS THERAPY         0         0         66.00         65.00         66.00         67.00         66.00         67.00         66.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         70.00         71.00         72.00         70.00         71.00         72.00         70.00         71.00         72.00         70.00         71.00							
ANCILLARY SERVICE COST CENTERS           50.00         05000 (PERATING ROM         0         0         50.00           50.00         05000 (PERATING ROM         0         0         52.00           54.00         05000 (RADICOV) & LABOR ROM         0         0         54.00           54.00         05000 (RADICOV) & LABORSTIC         0         0         54.01           55.00         05500 (RADICOV) - DI AGNOSTIC         0         0         55.00           60.01         05000 (RADICOV) - DI AGNOSTIC         0         0         55.00           60.01         05000 (RADICOV) - DI AGNOSTIC         0         0         66.00           60.01         05000 (RADICOV) - DI AGNOSTIC         0         0         66.00           60.01         05000 (ADICOV) - THERAPEUTIC         0         0         66.00           60.01         06000 INTRAVENUS THERAPY         0         0         66.00           61.00         06000 INTRAVENUS THERAPY         0         0         66.00           67.00         06700 OCCUPATIONAL THERAPY         0         0         67.00           68.00         06600 ELECTROCARDIDLOGY         0         0         67.00           69.00         07200 IMPL <td< td=""><td></td><td>Ded. &amp; Coins.</td><td></td><td></td><td></td><td></td><td></td></td<>		Ded. & Coins.					
ANCILLARY SERVICE COST CENTERS         50.00         05000         OPERATING ROOM         0         50.00         50.00         50.00         50.00         52.00         50.00         52.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         55.00         55.00         55.00         55.00         55.00         55.00         56.00         55.00         56.00         55.00         60.00         56.00         66.00							
50.00         05000         0PERATI NG ROOM         0         0         50.00           52.00         05200         DELI VERY ROOM & LABOR ROOM         0         0         52.00           54.00         05400         RADI OLOGY-DI AGNOSTI C         0         0         0           54.01         05401         ULTRA SOUND         0         0         0         54.00           55.00         RADI OLOGY-THERAPEUTI C         0         0         0         0         0           60.01         06000         LABORATORY         0<		6.00	7.00		· · · · · · · · · · · · · · · · · · ·		
52.00         05200         DELIVERY ROOM & LABOR ROOM         0         0           54.00         05400         RADIOLOGY-DIAGNOSTIC         0         0         54.00           54.01         05400         RADIOLOGY-DIAGNOSTIC         0         0         54.00           55.00         05500         RADIOLOGY-DIAGNOSTIC         0         0         55.00           60.00         CABORATORY         0         0         60.00         60.00           60.01         D6001         LABORATORY         0         0         60.00           61.00         06000         LABORATORY         0         0         64.00           65.00         06500         RESPIRATORY THERAPY         0         0         64.00           65.00         06500         PLYRITORY THERAPY         0         0         66.00           67.00         06600         PLYSICAL THERAPY         0         0         67.00           68.00         06800 SPECH PATHORY THERAPY         0         0         67.00         68.00           69.00         071.00         OT100         ELCTROCARDIOLOGY         0         0         71.00           71.00         07100         MEDICAL SUPPLIES CHARGED TO PATIENT </td <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td>				1			
54.00       05400       RADI OLOGY-DI AGNOSTI C       0       0         54.01       05401       05400       S4.01         55.00       05500       RADI OLOGY-THERAPEUTI C       0       0         60.00       06000       LABORATORY       0       0         61.01       06000       LABORATORY       0       0         62.00       06400       INTRAVENOUS THERAPY       0       0         63.00       06500       RESPI RATORY THERAPY       0       0         64.00       06500       0600       PHYSI CAL THERAPY       0       0         66.00       06600       PHYSI CAL THERAPY       0       0       66.00         67.00       06700       0CUPATI ONAL THERAPY       0       0       67.00         68.00       06800       SPEECH PATHOLOGY       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       69.00         70.00       07100       RELCTROENCEPHALOGRAPHY       0       0       71.00         71.00       07100       DEV CHARGED TO PATI ENTS       9.48       0       71.00         72.00       07200       DRUES CHARGED TO PATI ENTS       <		0	-	1			
54.01       05401       ULTRA SOUND       0       0       54.01         55.00       05500       RADI OLGGY-THERAPEUTI C       0       0       60.00         60.00       L6000       L6000       L6000       60.00       60.00       60.00         61.01       06001       BLOOD LABORATORY       0       0       60.01         64.00       06400       INTRAVENUS THERAPY       0       0       64.00         65.00       06500       RESPIRATORY THERAPY       0       0       66.00         65.00       06600       PHYSI CAL THERAPY       0       0       66.00         66.00       067.00       0CUPATI ONAL THERAPY       0       0       66.00         67.00       06000       ELECTROCARDI OLOGY       0       0       68.00       69.00         68.00       069000       ELECTROENCEPHALOGRAPHY       0       0       0       70.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       72.00       73.00         73.00       073000       DRUGS CHARGED TO PATI ENTS       948       0       72.00       73.00         73.00       073000       DRUSS CHARGED TO PATI ENTS       1.854		0					
55.00       05500       RADI OLOGY-THERAPEUTI C       0       0       55.00         60.00       06000       LABORATORY       0       0       60.00         60.01       BLOOD LABORATORY       0       0       60.01         64.00       06400       INTRAVENOUS THERAPY       0       0         64.00       06400       INTRAVENOUS THERAPY       0       0         65.00       06500       RESPI RATORY THERAPY       0       0         66.00       06000       PHYSI CAL THERAPY       0       0         67.00       06700       0CCUPATI ONAL THERAPY       0       0         68.00       06800       SPECH PATHOLOGY       0       0         69.00       0SPECCH PATHOLOGY       0       0       68.00         69.00       0SPECCH PATHOLOGY       0       0       68.00         70.00       07000       ELECTROCARDI OLOGY       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       948       0       71.00         72.00       07200 IMPL       DEV. CHARGED TO PATI ENTS       1,854       0       72.00         00.00       09000 CLINIC       OT PATI ENT SERVICE C		0					
60.00       06000       LABORATORY       0       0       60.00         60.01       06001       BLODD       LABORATORY       0       0         64.00       OKADO       INTAVENOUS THERAPY       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0       0       65.00       66.00         66.00       06600       PHYSI CAL THERAPY       0       0       66.00       67.00       66.00       67.00       66.00       67.00       68.00       0600       SPECH PATHOLOGY       0       0       68.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       70.00       ELECTROCARDI OLOGY       0       0       69.00       70.00       71.00       69.00       71.00       72.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       00       90.01       90.01       90.01       90.02       90.02       90.02       90.02       90.02       90.02       90.03       90.02       90.03       90.04       90.03       90.04       90.03       90.04       90.04       90.04       90.02       90.02       90.02		0	C				
64.00       06400       INTRAVENOUS THERAPY       0       0         65.00       06500       RESPIRATORY THERAPY       0       0         66.00       06600       PHYSI CAL THERAPY       0       0         67.00       06700       OCCUPATI ONAL THERAPY       0       0         68.00       06700       OCCUPATI ONAL THERAPY       0       0         68.00       06700       SPEECH PATHOLOGY       0       0         70.00       O7000       ELECTROCARDI OLOGY       0       0         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       948       0       71.00         73.00       07200       IMEQS CHARGED TO PATI ENTS       1, 854       0       72.00         73.00       07300       PUROS CHARGED TO PATI ENTS       1, 854       0       72.00         70.01       MOUTPATI ENT SERVICE COST CENTERS       90.00       90.01       90.01       90.01         90.02       OP NUTRI TI ONAL COUNSELI NG       0       0       90.02       90.03       90.03       90.03       9003 BARI ATRI C MEDI CI NE       90.01       90.02       90.03       90.03	60. 00 06000 LABORATORY	0	C				60.00
65.00       06500       RESPI RATORY THERAPY       0       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       0       66.00         67.00       06700       0CCUPATI ONAL THERAPY       0       0       67.00         68.00       06800       SPECH PATHOLOGY       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       68.00         70.00       07000       ELECTROCARDI OLOGY       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       948       0       71.00         72.00       07200 I MPL.       DEV. CHARGED TO PATI ENT       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       1,854       0       73.00         00.00       OP0000 CLI NI C       0       0       90.00       90.01         90.01       09001 WOUND CARE I NSTI TUTE       0       0       90.02       90.02       90.01       90.02         90.02       OP NUTRI TI ONAL COUNSELI NG       0       0       90.02       90.02       90.02       90.02       90.03       90.02       90.04       90.02       9	60.01 06001 BLOOD LABORATORY	0	C				60.01
66.00       06600       PHYSI CAL THERAPY       0       0       66.00       67.00       66.00       67.00       68.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       70.00       00       00       00       70.00       70.00       00       70.00       00       70.00       70.00       70.00       70.00       70.00       71.00       72.00       72.00       72.00       72.00       72.00       72.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       90.00       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.02       90.02       0P NUTRI TI NAL COUNSELI NG       0       0       90.03       90.03       90.03       90.03       90.03		0	C				
67.00       06700       0CCUPATIONAL THERAPY       0       0       67.00       67.00         68.00       06800       SPEECH PATHOLOGY       0       0       68.00       68.00         69.00       06900       ELECTROCARDIOLOGY       0       0       69.00       69.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       71.00       72.00       72.00       72.00       72.00       72.00       72.00       72.00       72.00       72.00       72.00       72.00       73.00       72.00       72.00       73.00       72.00       72.00       73.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.02       90.02       90.01       90.02       90.02       90.01       90.02       90.02       90.02       90.01       90.02       90.02       90.02       90.02       90.02       90.03       90.03       90.03		0	C				•
68.00       06800       SPEECH PATHOLOGY       0       0       68.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       70.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       79.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00		0	C				
69.00       06900       ELECTROCARDIOLOGY       0       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       70.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       948       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENT       0       0       72.00       73.00         73.00       07300       DRUGS CHARGED TO PATIENTS       1,854       0       73.00         0000       00000       CLINIC       0       0       90.00         90.00       09000       CLINIC       0       0       90.00         90.01       09001       WOUND CARE INSTITUTE       0       0       90.02         90.02       09002 OP NUTRITIONAL COUNSELING       0       0       90.02         90.03       09003       BARIATRIC MEDICINE       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       0       90.04         91.00       09100       EMERGENCY       0       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DI STINCT PART)       0       0       92.00         200.00		0	C				
70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       70.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       948       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENT       0       0       72.00         07300       DRUGS CHARGED TO PATIENTS       1,854       0       72.00         00100       DUTPATIENT SERVICE COST CENTERS       1,854       0       73.00         90.00       09000       CLINIC       0       0       90.01         90.01       09001       WOUND CARE INSTITUTE       0       0       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       0       0       90.02         90.04       04950       MARKETING & PLANNING       0       0       90.04         91.00       09100       EMERGENCY       0       0       90.04         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       0       0       90.04         92.00       Subtotal (see instructions)       2,802       0       200.00       200.00         201.00       Less PBP Clinic Lab. Services-Program       0       0       201.00       201.00 <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0					
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       948       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENT       0       0       72.00         73.00       07300 DRUGS CHARGED TO PATI ENTS       1,854       0       73.00         0UTPATI ENT SERVICE COST CENTERS       1,854       0       73.00         90.00       09000 CLI NI C       0       0         90.01       09001 WOUND CARE INSTITUTE       0       0         90.02       09002 OP NUTRI TI ONAL COUNSELI NG       0       90.00         90.03       09003 BARI ATRI C MEDI CI NE       0       0         90.04       04950       MARKETI NG & PLANNI NG       0       90.04         91.00       092000       OBSERVATI ON BEDS (NON-DI STINCT PART)       0       0       91.00         92.00       092000       OBSERVATI ON SEDS (NON-DI STINCT PART)       0       0       92.00         200.00       Subtotal (see instructions)       2, 802       0       200.00       201.00         201.00       Onl y Charges       0       0       0       201.00       201.00		0					
72.00       07200       IMPL. DEV. CHARGED TO PATIENT       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       1,854       0       73.00         00TPATIENT SERVICE COST CENTERS       0       0       90.00       90.00       90.00         90.00       09000       CLINIC       0       0       90.00       90.01         90.01       09001       WOUND CARE INSTITUTE       0       0       90.02       90.02         90.03       09003       BARIATRIC MEDICINE       0       0       90.03       90.03         90.04       04950       MARKETING & PLANNING       0       0       90.04       90.04         91.00       09100       EMERGENCY       0       0       90.04       91.00         920.00       09200 OBSERVATION BEDS (NON-DISTINCT PART)       0       0       92.00       92.00         200.00       Subtotal (see instructions)       2,802       0       200.00       200.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00		948	C				
OUTPATIENT SERVICE COST CENTERS           90.00         09000 CLINIC         0         0         90.00           90.01         09001 WOUND CARE INSTITUTE         0         0         90.01         90.01           90.02         09002 OP NUTRITIONAL COUNSELING         0         0         90.02         90.02         90.02         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.04         90.03         90.04         9			C				
90.00       09000       CLINIC       0       0       90.00         90.01       09001       WOUND CARE INSTITUTE       0       0       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       0       0       90.02         90.03       09003       BARIATRIC MEDICINE       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       0       90.04         91.00       09100       EMERGENCY       0       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       0       0       92.00         200.00       Subtotal (see instructions)       2,802       0       200.00       201.00         201.00       Less PBP Clinic Lab. Services-Program       0       0       201.00       201.00	73.00 07300 DRUGS CHARGED TO PATIENTS	1, 854	C				73.00
90.01       09001       WOUND CARE INSTITUTE       0       0       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       0       0       90.02         90.03       09003       BARIATRIC MEDICINE       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       0       90.04         91.00       09100       EMERGENCY       0       0       91.00         92.00       09200       DBSERVATION BEDS (NON-DISTINCT PART)       0       0       92.00         200.00       Subtotal (see instructions)       2,802       0       200.00       201.00         201.00       Less PBP Clinic Lab. Services-Program Only Charges       0       0       201.00       201.00		1		1			
90.02         09002         0P NUTRITIONAL COUNSELING         0         90.02           90.03         09003         BARIATRIC MEDICINE         0         0         90.03           90.04         04950         MARKETING & PLANNING         0         90.04         90.04           91.00         09100         EMERGENCY         0         0         91.00         92.00           92.00         09200         DBSERVATION BEDS (NON-DISTINCT PART)         0         0         92.00         92.00           200.00         Subtotal (see instructions)         2,802         0         200.00         201.00         <		0		•			
90.03       09003       BARI ATRI C MEDI CI NE       0       0       90.03         90.04       04950       MARKETI NG & PLANNI NG       0       0       90.04         91.00       09100       EMERGENCY       0       0       91.00         92.00       09200       DBSERVATI ON BEDS (NON-DI STI NCT PART)       0       0       92.00         200.00       Subtotal (see instructions)       2,802       0       200.00       201.00         201.00       Less PBP Clinic Lab. Services-Program Only Charges       0       201.00       201.00		0	C				
90. 04         04950         MARKETING & PLANNING         0         0           91. 00         09100         EMERGENCY         0         0           92. 00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         0         0           200. 00         Subtotal (see instructions)         2,802         0         200.00         200.00           201. 00         Less PBP Clinic Lab. Services-Program Only Charges         0         0         201.00		0	C				
91.00         09100         EMERGENCY         0         0         91.00           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         0         0         92.00           200.00         Subtotal (see instructions)         2,802         0         200.00         200.00           201.00         Less PBP Clinic Lab. Services-Program Only Charges         0         0         201.00		0					
92. 00 200. 000BSERVATION BEDS (NON-DISTINCT PART)0092. 00200. 00 201. 00Subtotal (see instructions)2, 8020200. 00201. 00 0nl y Charges00201. 00201. 00		0					
200.00Subtotal (see instructions)2,8020200.00201.00Less PBP Clinic Lab. Services-Program00201.00Only Charges0000		0	0				
201.00     Less PBP Clinic Lab. Services-Program     0     201.00       Only Charges     0     0		2, 802	C				
Only Charges							201.00
202.00   Net Charges (line 200 +/- line 201)   2,802   0   202.00							
	202.00   Net Charges (line 200 +/- line 201)	2, 802	C				202.00

Health Financial Systems	ST. FRANCIS H&	H-MOORE	SVI LLE		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	P	rovi der	CCN: 150057	Peri od:	Worksheet D	
					From 01/01/2014	Part I	
					To 12/31/2014		pared:
			<b>T</b> ' 1		11	5/26/2015 3:5	9 pm
				le XIX	Hospi tal	PPS	
Cost Center Description	Capi tal		ig Bed	Reduced	Total Patient		
	Related Cost	Adj us	stment	Capi tal	Days	(col. 3 /	
	(from Wkst.			Related Cos	t	col. 4)	
	B, Part II,			(col. 1 -			
	col. 26)			col. 2)			
	1.00	2.	. 00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00 ADULTS & PEDIATRICS	1, 937, 870		0	1, 937, 8	70 8, 249	234.92	30.00
34.00 SURGICAL INTENSIVE CARE UNIT	200, 333			200, 33	33 970	206. 53	34.00
43.00 NURSERY	12, 114			12, 1	14 639	18.96	43.00
200.00 Total (lines 30-199)	2, 150, 317			2, 150, 3			200.00
Cost Center Description	Inpati ent	Inpa	tient			•	
·	Program days	Pro	gram				
			al Cost				
			. 5 x				
			. 6)				
	6,00		.00	1			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	241		56, 616				30.00
34.00 SURGI CAL I NTENSI VE CARE UNI T	31		6, 402				34.00
43. 00 NURSERY	20		379				43.00
200.00 Total (lines 30-199)	292		63, 397				200.00
	1 272	1	00,077	1			200.00

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT.	AL COSTS	Provi der	CCN: 150057	Period: From 01/01/2014 To 12/31/2014		pared: 9 pm
		Tit	le XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
	(from Wkst.	C, Part I,	(col. 1 ÷	Charges	column 4)	
	B, Part II,	col. 8)	col. 2)			
	col. 26)					
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1, 112, 405			673, 088	28, 058	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 126	2, 394, 467	0. 00255	58 1, 055, 726	2, 701	52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	382, 554	47, 664, 719	0. 00802	26 177, 614	1, 426	54.00
54.01 05401 ULTRA SOUND	13, 095	4, 472, 859	0. 00292	28 26, 324	77	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	284, 704	8, 832, 169	0. 03223	35 0	0	55.00
60. 00 06000 LABORATORY	143, 248	27, 661, 858	0.00517	471, 822	2, 444	60.00
60.01 06001 BLOOD LABORATORY	0	0	0. 00000		0	60.01
64.00 06400 I NTRAVENOUS THERAPY	1, 546	2, 247, 331	0. 00068	15, 237	10	64.00
65. 00 06500 RESPI RATORY THERAPY	50, 302	4, 297, 822	0. 01170	206, 751	2, 420	65.00
66.00 06600 PHYSI CAL THERAPY	179, 236	8, 862, 991	0. 02022	99, 672	2, 016	66.00
67.00 06700 OCCUPATI ONAL THERAPY	1, 172	955, 260	0.00122	10, 961	13	67.00
68.00 06800 SPEECH PATHOLOGY	122	119, 479	0.00102	21 726	1	68.00
69.00 06900 ELECTROCARDI OLOGY	90, 091	7, 184, 271	0. 01254	10 25, 788	323	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	119,056	2, 771, 897	0. 04295	51 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	67, 370	22, 716, 674	0.00296	746, 997	2, 216	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	57, 360	30, 934, 194	0.00185	691, 164	1, 281	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	110, 695	34, 798, 951	0. 00318	599, 378	1, 907	73.00
OUTPATIENT SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·	i	•		· · · · ·	
90, 00 09000 CLINIC	2, 515	3, 190, 256	0.00078	38 445	0	90.00
90. 01 09001 WOUND CARE INSTITUTE	152				0	90.01
90. 02 09002 OP NUTRI TI ONAL COUNSELI NG	112				0	90.02
90. 03 09003 BARI ATRI C MEDI CI NE	0	0			0	90.03
90. 04 04950 MARKETING & PLANNING	0	0	0.00000		0	90.04
91. 00 09100 EMERGENCY	506, 027	61, 013, 928				91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	125, 684					
200.00 Total (lines 50-199)	3, 253, 572			5, 070, 977		
					,	

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COS	STS Provi der		Period: From 01/01/2014	Worksheet D Part III	
				To 12/31/2014		
		Tit	le XIX	Hospi tal	PPS	<u>, bui</u>
Cost Center Description	Nursi ng	Allied Health	All Other	Swi ng-Bed	Total Costs	
	School	Cost	Medi cal	Adjustment	(sum of cols.	
			Educati on	Amount (see	1 through 3,	
			Cost		minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS					-	
30. 00 03000 ADULTS & PEDI ATRI CS	C	0 0		0 0	0	30.00
34.00 03400 SURGI CAL I NTENSI VE CARE UNI T	C	0 0		0	0	34.00
43. 00 04300 NURSERY	C	0		0	0	1 101 00
200.00 Total (lines 30-199)	C	00		0	0	200.00
Cost Center Description	Total Patient		I npati ent	I npati ent		
	Days	(col. 5 ÷	Program Days			
		col. 6)		Pass-Through		
				Cost (col. 7		
				x col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS	T		1		1	
30. 00 03000 ADULTS & PEDI ATRI CS	8, 249				r	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	970				1	34.00
43.00 04300 NURSERY	639				1	43.00
200.00   Total (lines 30-199)	9, 858	3	29	2 0	r I	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS         Provider CCN: 150057         Period: Tom 01/01/2014 To 12/31/2014         Worksheet D Date/Time Prepared: 02/31/2014           Title XIX         Hospital         Period: Total 2/31/2014         Worksheet D Date/Time Prepared: 02/31/2014           Nursing School         Nursing School         All I ed Health All I det Health Cost         All I other Medical Education         Total Cost (sum of col 1 through col. 4).0           ANCILLARY SERVICE COST CENTERS           0	Health Financial Systems	ST. FRANCIS H&H-	MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
Cost Center Description         Non Physiclan Anesthetist Cost         Nursing School         Allied Health Leducation         Allied ther Medical Education         Total Cost (sum of col)           ANCILLARY SERVICE COST CENTERS         0		RVICE OTHER PASS	Provi der	CCN: 150057	From 01/01/2014	Part IV Date/Time Pre	
Anesthetist Cost         School         Medical Education         (sum of col 1 through col.           ANCILLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           50.00         05000 DELIVERY ROM & LABOR ROM         0         0         0         0         0         52.00           51.00         05000 DELIVERY ROM & LABOR ROM         0         0         0         0         0         52.00           52.00         05400 RADIOLOGY-DI AGNOSTIC         0         0         0         0         54.01           55.00         05500 RADIOLOGY-THERAPEUTIC         0         0         0         0         55.00           60.00         06000 LABORATORY         0         0         0         0         0         0         55.00           60.01         06400 INTRAVENOUS THERAPY         0			Tit	le XIX	Hospi tal	PPS	
ANCI LLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           65000         005000         0000         0	Cost Center Description	Anesthetist		Allied Healt	Medi cal Educati on	(sum of col 1 through col.	
ANCILLARY SERVICE COST CENTERS           50.00         OPERATING ROOM         0		1.00	2.00	3.00			
52.00       05200       DELI VERY ROOM & LABOR ROOM       0       0       0       0       52.00         54.00       05400       RADI OLOGY - DI AGNOSTI C       0       0       0       0       54.00         54.01       05401       RADI ASOUND       0       0       0       0       0       54.00         55.00       05500       RADI OLOGY - THERAPEUTI C       0	ANCILLARY SERVICE COST CENTERS						
54.00       05400       RADI OLOGY - DI AGNOSTI C       0       0       0       0       0       54.00         54.01       05401       ULTRA SOUND       0       0       0       0       54.01         55.00       RADI OLOGY - THERAPEUTI C       0       0       0       0       0       0       60.00         60.00       06000       LABORATORY       0       0       0       0       60.00         61.01       06001       BLOOD LABORATORY       0       0       0       0       60.01         64.00       064001       INTRAVENOUS THERAPY       0       0       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0       0       0       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       0       0       0       67.00         67.00       0CCUPATI ONAL THERAPY       0       0       0       0       68.00         68.00       06800       SPECH PATHOLOGY       0       0       0       0       70.00         71.00       00       0       0       0       0       0       71.00         72	50.00 05000 OPERATING ROOM	0	0	)	0 0	0	50.00
54.01       05401       ULTRA SOUND       0       0       0       0       0       55.00         55.00       05500       RADI OLOGY -THERAPEUTI C       0       0       0       0       0       55.00         60.00       LABORATORY       0       0       0       0       0       60.00         60.01       BLOOD LABORATORY       0       0       0       0       60.01         64.00       06400       INTRAVENOUS THERAPY       0       0       0       0       64.00         65.00       RESPI RATORY THERAPY       0       0       0       0       66.00         66.00       06500       RESPI RATORY THERAPY       0       0       0       0       66.00         67.00       06700       OCUPATI ONAL THERAPY       0       0       0       0       67.00         68.00       SPEECH PATHOLOGY       0       0       0       0       68.00       68.00         69.00       ELECTROCARDI OLOGY       0       0       0       0       0       70.00         70.00       OT200       IMEL_CTRARED TO PATI ENTS       0       0       0       71.00         73.00       OT	52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
55.00       05500       RADIOLOGY-THERAPEUTIC       0 <t< td=""><td>54.00 05400 RADI OLOGY-DI AGNOSTI C</td><td>0</td><td>0</td><td></td><td>0 0</td><td>0</td><td>54.00</td></t<>	54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
60.00       LABORATORY       0	54.01 05401 ULTRA SOUND	0	0		0 0	0	54.01
60.01       06001       BLOOD LABORATORY       0 </td <td>55. 00 05500 RADI OLOGY-THERAPEUTI C</td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>0</td> <td>55.00</td>	55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
64.00       06400       INTRAVENOUS THERAPY       0	60. 00 06000 LABORATORY	0	0		0 0	0	60.00
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         67.00       0CCUPATI ONAL THERAPY       0       0       0       0       67.00         68.00       SPEECH PATHOLOGY       0       0       0       0       67.00         69.00       06900       ELECTROCARDI OLOGY       0       0       0       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       0       71.00         72.00       07200 I MPL.       DEV. CHARGED TO PATI ENT       0       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0       0       0       0       90.00         90.01       09001       WOUND CARE I INSTI TUTE       0       0       0       0       90.01       90.02       90.02       90.01       90.02       90.02       90.02	60.01 06001 BLOOD LABORATORY	0	0		0 0	0	60.01
66.00         06600         PHYSI CAL THERAPY         0         0         0         0         0         0         66.00           67.00         06700         0CCUPATI ONAL THERAPY         0         0         0         0         0         67.00         67.00         68.00         0         0         0         0         0         67.00         68.00         0         0         0         0         0         67.00         68.00         0         0         0         0         0         0         0         0         68.00         68.00         68.00         0	64.00 06400 INTRAVENOUS THERAPY	0	0		0 0	0	64.00
67.00       06700       OCUPATIONAL THERAPY       0       0       0       0       67.00         68.00       06800       SPEECH PATHOLOGY       0       0       0       0       0       68.00         69.00       06900       ELECTROCARDIOLOGY       0       0       0       0       0       69.00         70.00       07000       ELECTROCARDIOLOGY       0       0       0       0       0       69.00         70.00       OTOOD       ELECTROCARDIOLOGY       0       0       0       0       0       69.00         70.00       OTOOD       ELECTROCARDIOLOGY       0       0       0       0       0       70.00         71.00       OTOOD       ELECTROCALASUPPLIES CHARGED TO PATIENTS       0       0       0       0       71.00         72.00       07300       DRUSS CHARGED TO PATIENTS       0       0       0       0       73.00         73.00       07300       DRUSS CHARGED TO PATIENTS       0       0       0       0       90.00         90.01       09000       CLINIC       0       0       0       0       0       90.01         90.02       09001       WOUND CARE IN	65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
68.00       06800       SPEECH PATHOLOGY       0       0       0       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       0       0       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       0       71.00         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0       0       0       0       72.00         07300       DRUSS CHARGED TO PATI ENTS       0       0       0       0       0       73.00         0000       09000       CLINIC       0       0       0       0       0       73.00         0100       09000       CLINIC       0       0       0       0       0       90.00         90.00       09000       CLINIC       0       0       0       0       90.01       90.01       90.01       90.01       90.02       90.02       90.03       90.04       90.04       90.04       90.02       90.02       90.04       90.04       90.0	66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
69.00       06900       ELECTROCARDI OLOGY       0	67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
70.00         07000         ELECTROENCEPHALOGRAPHY         0         0         0         0         0         70.00           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENTS         0         0         0         0         0         71.00           72.00         07200         IMPL.         DEV. CHARGED TO PATIENT         0         0         0         0         72.00           73.00         07300         DRUGS CHARGED TO PATIENTS         0         0         0         0         73.00           00         09000         CLINIC         0         0         0         0         0         73.00           90.00         09000         CLINIC         0         0         0         0         90.00           90.01         09001         WOUND CARE INSTITUTE         0         0         0         90.01         90.01           90.02         OP NUTRITIONAL COUNSELING         0         0         0         90.02         90.01         90.02           90.03         09003 BARIATRIC MEDICINE         0         0         0         0         90.03           90.04         0450         MARKETING & PLANNING         0         0         0	68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENTS         0         0         0         0         71.00           72.00         07200         IMPL. DEV. CHARGED TO PATIENT         0         0         0         0         72.00           73.00         07300         DRUGS CHARGED TO PATIENTS         0         0         0         0         73.00           OUTPATIENT SERVICE COST CENTERS           90.00         09000         CLINIC         0         0         0         0         90.00         90.00           90.01         09001         WOUND CARE INSTITUTE         0         0         0         0         0         90.00         90.01         90.01         90.02         90.01         90.01         90.02         90.01         90.02         90.01         90.01         90.02         90.01         90.02         90.01         90.02         90.01         90.02         90.01         90.02         90.03         90.03         90.03         90.03         90.03         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04         90.04	69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
72.00         07200         IMPL.         DEV.         CHARGED TO PATIENT         0         0         0         0         72.00         73.00           07300         DRUGS CHARGED TO PATIENTS         0         0         0         0         0         73.00           0UTPATIENT SERVICE COST CENTERS         0         0         0         0         0         0         0         73.00           90.00         OP000         CLINIC         0         0         0         0         0         90.00           90.01         09001         WOUND CARE INSTITUTE         0         0         0         0         90.01           90.02         09002         OP NUTRI TI ONAL COUNSELI NG         0         0         0         0         90.02           90.03         9903         BARIATRIC MEDICINE         0         0         0         0         90.02           90.04         04950         MARKETING & PLANNING         0         0         0         0         90.04           91.00         09100         EMERGENCY         0         0         0         0         91.00           92.00         0BSERVATION BEDS (NON-DI STINCT PART)         0         0         0	70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.00
73.00         DRUGS_CHARGED_TO_PATIENTS         0         0         0         0         0         73.00           OUTPATIENT_SERVICE_COST_CENTERS         O         O         O         O         0 <td>71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS</td> <td>0</td> <td>0</td> <td>)</td> <td>0 0</td> <td>0</td> <td>71.00</td>	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	)	0 0	0	71.00
OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC         0         0         0         0         90.00           90.01         09000         CLINIC         0         0         0         0         90.00           90.01         09001         WOUND CARE INSTITUTE         0         0         0         0         90.01           90.02         09002         OP NUTRI TI ONAL COUNSELING         0         0         0         90.02           90.03         BARI ATRI C MEDI CINE         0         0         0         0         90.03           90.04         04950         MARKETING & PLANNING         0         0         0         0         90.04           91.00         09100         EMERGENCY         0         0         0         0         91.00           92.00         09200         OBSERVATI ON BEDS (NON-DI STINCT PART)         0         0         0         0         92.00		0	0		0 0	0	72.00
90.00       09000       CLINIC       0       0       0       0       0       0       90.00         90.01       09001       WOUND CARE INSTITUTE       0       0       0       0       0       90.01         90.02       09002       OP NUTRI TI ONAL COUNSELING       0       0       0       0       0       90.02         90.03       09003       BRI ATRI C MEDI CINE       0       0       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       0       0       0       90.03         91.00       09100       EMERGENCY       0       0       0       0       91.00         92.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART)       0       0       0       0       92.00		0	0	)	0 0	0	73.00
90.01         09001         WOUND CARE INSTITUTE         0         0         0         0         90.01           90.02         09002         OP NUTRITIONAL COUNSELING         0         0         0         0         90.02           90.03         09003         BARI ATRI C MEDICINE         0         0         0         0         90.03           90.04         04950         MARKETING & PLANNING         0         0         0         0         90.04           91.00         09100         EMERGENCY         0         0         0         0         91.00           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         0         0         0         0         92.00					T		
90. 02         09002         OP NUTRI TI ONAL COUNSELING         0         0         0         0         90. 02           90. 03         09003         BARI ATRI C MEDI CINE         0         0         0         0         90. 03           90. 04         04950         MARKETING & PLANNING         0         0         0         0         90. 04           91. 00         09100         EMERGENCY         0         0         0         0         91. 00           92. 00         09200         OBSERVATI ON BEDS (NON-DI STINCT PART)         0         0         0         0         92. 00		0	0		0 0	0	
90. 03         09003         BARI ATRI C MEDI CINE         0         0         0         0         90. 03           90. 04         04950         MARKETI NG & PLANNI NG         0         0         0         0         90. 04           91. 00         09100         EMERGENCY         0         0         0         0         91. 00           92. 00         09200         OBSERVATI ON BEDS (NON-DI STI NCT PART)         0         0         0         0         92. 00		0	0		0 0	0	
90. 04         04950         MARKETI NG & PLANNI NG         0         0         0         0         90. 04           91. 00         09100         EMERGENCY         0         0         0         0         91. 00           92. 00         09200         OBSERVATI ON BEDS (NON-DI STINCT PART)         0         0         0         0         0         92. 00		0	0		0 0	0	
91.00         09100         EMERGENCY         0         0         0         0         91.00           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART)         0         0         0         0         0         92.00		0	0		0 0	0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 0 0 0 0 92. 00		0	0		0 0	-	
		0	0		0 0	-	
200.00   Total (lines 50-199)   0 0 0 0 0 0 0 0 0 0 200.00		0	0		0 0	-	
	200.00   Total (lines 50-199)	0	0	9	0 0	0	200.00

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PAS	S Provi der		Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2014		
				To 12/31/2014	Date/Time Pre 5/26/2015 3:5	pared:
		Tit	le XIX	Hospi tal	PPS	7 piii
Cost Center Description	Total	Total Charges			I npati ent	
	Outpati ent	(from Wkst.	to Charges	Ratio of Cost	Program	
	Cost (sum of	C, Part I,	(col. 5 ÷	to Charges	Charges	
	col. 2, 3 and	col. 8)	col. 7)	(col. 6 ÷	-	
	4)			col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS		1	1	- 1		
50.00 05000 OPERATING ROOM	0					
52.00 05200 DELIVERY ROOM & LABOR ROOM	0					
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	17,001,717			177, 614	
54.01 05401 ULTRA SOUND	0	4, 472, 859				
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	8, 832, 169				55.00
60. 00 06000 LABORATORY	0	27, 661, 858			471, 822	60.00
60. 01 06001 BLOOD LABORATORY	0	0	0.00000		0	60.01
64.00 06400 INTRAVENOUS THERAPY	0		0.00000		15, 237	64.00
65. 00 06500 RESPI RATORY THERAPY	0	4, 297, 822			206, 751	65.00
66. 00 06600 PHYSI CAL THERAPY	0	8, 862, 991			99, 672	
67.00 06700 OCCUPATI ONAL THERAPY	0	955, 260				
68.00 06800 SPEECH PATHOLOGY	0	119, 479				
69. 00 06900 ELECTROCARDI OLOGY	0	7, 184, 271	0.00000	0. 000000	25, 788	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2, 771, 897	0. 00000	0. 000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22, 716, 674	0. 00000	0. 000000	746, 997	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	30, 934, 194	0. 00000	0. 000000	691, 164	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	34, 798, 951	0.00000	0. 000000	599, 378	73.00
OUTPATIENT SERVICE COST CENTERS	-					
90. 00 09000 CLINIC	0				445	
90.01 09001 WOUND CARE INSTITUTE	0	1707120			0	90.01
90. 02 09002 OP NUTRITIONAL COUNSELING	0	66, 577	0. 00000	0. 000000	0	90.02
90. 03 09003 BARI ATRI C MEDI CI NE	0	0	0.00000	0. 000000	0	90.03
90. 04 04950 MARKETI NG & PLANNI NG	0	0	0.00000	0. 000000	0	90.04
91.00 09100 EMERGENCY	0	61, 013, 928	0.00000	0. 000000		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	968, 925	0.00000	0. 000000	9, 169	92.00
200.00 Total (lines 50-199)	0	298, 035, 702			5, 070, 977	200.00
			1	1	0,0,0,7,7	- 55. 50

Health Financial Systems	ST. FRANCIS H&H	-MOORESVI LLE		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PASS		CCN: 150057	Period: From 01/01/2014 To 12/31/2014	5/26/2015 3:	
			le XIX	Hospi tal	PPS	
Cost Center Description	Inpatient	Outpati ent	Outpati ent			
	Program	Program	Program			
	Pass-Through	Charges	Pass-Throug			
	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 OPERATING ROOM	0	C		0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0		52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	C		0		54.00
54.01 05401 ULTRA SOUND	0	C		0		54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C		0		55.00
60. 00 06000 LABORATORY	0	C		0		60.00
60.01 06001 BLOOD LABORATORY	0	C		0		60.01
64.00 06400 INTRAVENOUS THERAPY	0	C	)	0		64.00
65. 00 06500 RESPI RATORY THERAPY	0	C	)	0		65.00
66. 00 06600 PHYSI CAL THERAPY	0	C	)	0		66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	C	)	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	C		0		68.00
69. 00 06900 ELECTROCARDI OLOGY	0	C		0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	C		0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C		0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	C		0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C		0		73.00
OUTPATI ENT SERVI CE COST CENTERS						
90. 00 09000 CLI NI C	0	С	)	0		90.00
90.01 09001 WOUND CARE INSTITUTE	0	C		0		90.01
90. 02 09002 OP NUTRI TI ONAL COUNSELI NG	0	C		0		90.02
90. 03 09003 BARI ATRI C MEDI CI NE	0	C		0		90.03
90. 04 04950 MARKETI NG & PLANNI NG	0	C		0		90.04
91.00 09100 EMERGENCY	0	C		0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	C		0		92.00
200.00 Total (lines 50-199)	0	C		0		200.00
				·		

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der		Period:	Worksheet D	
				From 01/01/2014 To 12/31/2014	Part V Date/Time Pre	norod.
				10 12/31/2014	5/26/2015 3:5	9 nm
		Tit	le XIX	Hospi tal	PPS	<u>, bui</u>
			Charges		Costs	
Cost Center Description	Cost to	PPS	Cost	Cost	PPS Services	
	Charge Ratio	Reimbursed	Reimbursed	Reimbursed	(see inst.)	
	From	Services (see	Servi ces	Services Not		
	Worksheet C,	inst.)	Subject To	Subject To		
	Part I, col.		Ded. & Coins.			
	9		(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS		<b>I</b>				
50.00 O5000 OPERATING ROOM	0. 455829				0	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 707959				0	52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 083977		.,		0	54.00
54.01 05401 ULTRA SOUND	0. 098715		833, 93		0	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 392017		100/00		0	55.00
60. 00 06000 LABORATORY	0. 050669			8 0	0	60.00
60.01 06001 BLOOD LABORATORY	0. 000000			0 0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0. 219349		1, 84		0	64.00
65. 00 06500 RESPI RATORY THERAPY	0. 355437				0	65.00
66.00 06600 PHYSI CAL THERAPY	0. 307171		734, 10		0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 286038				0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 070146			0 0	0	68.00
69.00 06900 ELECTROCARDI OLOGY	0. 101980		462, 01		0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 176084		494, 84		0	70.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 296580				0	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0. 568903				0	72.00
73.00 O7300 DRUGS CHARGED TO PATIENTS	0. 198740	0	682, 23	4 0	0	73.00
OUTPATIENT SERVICE COST CENTERS	0.000015		100.70			
90. 00 09000 CLINIC	0. 233915				0	
90. 01 09001 WOUND CARE INSTITUTE	0. 232510		0, , ,		0	90.01
90. 02 09002 OP NUTRITIONAL COUNSELING	0. 610121	0			0	90.02
90. 03 09003 BARI ATRI C MEDI CI NE	0. 000000			0 0	0	90.03
90. 04 04950 MARKETING & PLANNING	0. 000000			0 0	0	90.04
91.00 09100 EMERGENCY	0. 096864				0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 762542				0	
200.00 Subtotal (see instructions)		0	20, /01,00		0	200.00
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges 202.00 Net Charges (line 200 +/- line 201)			25, 961, 88	7 0	_	202.00
202.00   INEL CHALGES (TTHE 200 +7 - TTHE 201)	I	0	20, 901, 88	/  U	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST         Provider CCN: 150057         Priod: From 01/01/2014 To 12/31/2014         Worksheet D priod: 5/26/215.359 pm           Cost Center Description         Cost: Reinbursed Subject To Ded. & Coins.         Title XIX         Hospital         PPS           ANCILLARY SERVICE COST CENTERS         Cost: Subject To Ded. & Coins.         Cost: Subject To Ded. & Coins.         Societ To Ded. & Coins.         Societ To Ded. & Coins.         Societ To Subject To Ded. & Coins.         Societ To Societ To Ded. & Coins.         Societ To Ded. & Coins.           Societ Contracting         Title XIX         Hospital         Societ To Societ To Ded. & Coins.         Societ To Ded. & Coins.         Societ To Societ To Ded. & Coins.         Societ To Ded. & Coins.           Societ Contracting         Title XIX         Hospital         Societ To Ded. & Coins.         Societ To Ded. & Coins.         Societ To Ded. & Coins.           Socin Coct Contracting         Title XIX	Health Financial Systems	ST. FRANCIS H&H	-MOORESVI LLE		In Lieu	u of Form CMS-	2552-10
Cost Center Description         Cost Cost Reimbursed Subject To Ded. & Coins. (See Inst.)         Cost Reimbursed Subject To Subject Cost Centers To Subject To Subject		D VACCINE COST	Provi der	CCN: 150057	Period: From 01/01/2014	Worksheet D Part V Date/Time Pro	epared:
Cost Center Description         Cost Reimbursed Services Subject To Ded. & Coins.         Cost Reimbursed Services Subject To Ded. & Coins.           ANCILLARY SERVICE COST CENTERS         0         50.00         50.00         50.00           50.00         DS000 PERATING ROOM         185,532         0         50.00           50.00         DS000 RAD DLOGY-HERAPEUTIC         399,191         0         52.00           50.00         DS000 RAD DLOGY-HERAPEUTIC         399,191         0         54.00           50.00         DS000 RAD DLOGY-HERAPEUTIC         70.722         0         55.00           60.00         RO000 LABORATORY         133,256         0         60.01           60.00         DS000 ILBUDO LABORATORY         0         0         66.00           60.00         DS000 INTRAVENDUS THERAPY         62.987         0         66.00           60.00         DS000 OPHYSICAL THERAPY         225,497         0         66.00           60.00         DS000 SPECEH PATHOLOGY         70.00         66.00         66.00           60.00         DS000 SPECEH PATHOLOGY         71.16         77.00         77.00           71.00         DT200 IMPL, DEV. CHARGED TO PATIENTS         135,550         0         77.00           70.00			Tit	le XIX	Hospi tal	PPS	
Anci ILLARY SERVICE COST CENTERS         Rei mbursed Subject To Ded. & Coins. (see inst.)         Rei mbursed Services Not subject To Ded. & Coins. (see inst.)         Soudie Coins. (see inst.)           ANCI ILLARY SERVICE COST CENTERS         6.00         7.00         50.00         50.00           50.00         05000 DELIVERY ROM & LABOR ROM         119,5532         0         50.00         52.00           52.00         05000 DELIVERY ROM & LABOR ROM         119,997         0         54.01         55.00           54.01         05500 RADI OLGY-THERAPEUTIC         73,722         0         55.00         54.01           55.00         05500 RADI OLGY-THERAPEUTIC         73,722         0         66.00         66.01         66.01         66.01         66.01         66.01         66.01         66.01         66.01         66.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00		Cos	ts		· · · · · ·		
Services Subject To Ded. & Coins. (see inst.)         Services Subject To Ded. & Coins. (see inst.)         Services Ded. & Coins. (see inst.)           ANCI LLARY SERVICE COST CENTERS         6.00         7.00           50.00         05000 OPERATING ROM         185,532         0           50.00         05000 ADD RADIOLOGY-DI AGNOSTIC         399,191         0           50.00         06000 LABORATORY         82,322         0           50.00         06000 LABORATORY         133,256         0           60.01         0.00         0000 LABORATORY         60.01           61.00         06000 LABORATORY         0         0           66.00         06000 LABORATORY         60.01         66.00           66.00         06000 LABORATORY         66.01         66.00           66.00         06000 LABORATORY         66.00         66.00           66.00         06000 LNERVENUS THERAPY         404         0           66.00         06000 PHYSICAL HERAPY         225,497         0           67.00         0         0         0         66.00           68.00         06900 ELECTROCARDI OLOGY         47,116         0         70.00           71.00         71.00         71.00         71.00         71.00	Cost Center Description	Cost	Cost	1			
ANCILLARY SERVICE COST CENTERS         Subject To Ded, & Coin s. (see inst.)         Source		Reimbursed	Reimbursed				
Ded. & Coins. (see inst.)         Ded. & Coins. (see inst.)         Core         Core           ANCILLARY SERVICE COST CENTERS         6.00         7.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         52.00         54.01         54.01         54.01         54.01         54.01         54.01         54.01         54.01         54.01         54.01         54.01         54.01         54.01         54.01         54.01         54.01         56.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.01         60.01         60.01         60.01         60.01         60.01         64.00         64.00         66.00         67.00         65.00         66.00         67.00         66.00         67.00         67.00         67.00         66.00         67.00         66.00         67.00         68.00         68.00         68.00         68.00         69.00         69.00         69.00         69.00         69.00         69.00         71.00         72.00         72.00		Servi ces	Services Not				
Image: Ancited and the set of th							
ANCI LLARY SERVICE COST CENTERS           50.00         05000 DPERATI NG ROOM         185, 532         0           50.00         05000 DELIVERY ROOM & LABOR ROOM         11, 987         0           54.00         05400 RAD LOGY-DI AGNOSTI C         399, 191         0           54.00         05400 RAD LOGY-DI AGNOSTI C         399, 191         0           54.01         05401 ULTRA SOUND         82, 322         0           55.00         05500 RAD LOGY-THERAPEUTI C         73, 722         0           60.01         06000 LABORATORY         0         60.01           61.00         06000 LABORATORY         0         0           64.00         06000 INTRAVENUS THERAPY         404         0           65.00         06500 RESPI RATORY THERAPY         225, 497         0           66.00         06600 PHYSI CAL THERAPY         218, 386         0           67.00         06700 ELECTROCARDI OLOGY         47, 116         0           69.00         00000 ELECTROCARDI OLOGY         47, 116         0           72.00         07300 DRUGS CHARGED TO PATI ENTS         155, 587         0           73.00         07300 DRUGS CHARGED TO PATI ENTS         155, 587         0           72.00         07200 DRU		Ded. & Coins.	Ded. & Coins.				
ANCILLARY SERVICE COST CENTERS           50.00         05000 OPERATING ROOM         185,532         0           50.00         05200 DELIVERY ROOM & LABOR ROOM         11,987         0           54.00         05400 RADIOLOGY-DIAGNOSTIC         399,191         0           54.01         05400 RADIOLOGY-DIAGNOSTIC         399,191         0           54.00         05400 RADIOLOGY-THERAPEUTIC         73,722         0         54.01           55.00         05500 RADIOLOGY-THERAPEUTIC         73,722         0         60.01         60.01           60.01         06000 LABORATORY         0         0         0         66.00         60.01           60.01         06000 RESPI RATORY THERAPY         404         0         66.00         65.00           65.00         06500 RESPI RATORY THERAPY         22,5497         0         66.00         67.00           67.00         06700 OCCUPATIONAL THERAPY         21.836         0         67.00         67.00         67.00         67.00           68.00         06900 ELECTROCARDIOLOGY         0         0         68.00         69.00         71.00         72.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00							
50.00       OPERATI NG ROOM       185,532       0       50.00         52.00       DELIVERY ROOM & LABOR ROOM       11,987       0       52.00         54.00       OS400 RADI OLOGY-DI AGNOSTI C       399,191       0       54.00         54.01       O5400 ILTRA SOUND       82,322       0       54.01         55.00       OS500 RADI OLOGY-THERAPEUTI C       73,722       0       60.00         0.00       LABORATORY       0       0       60.00         60.01       D6400 INTRAVENUUS THERAPY       404       0       60.01         61.00       O6500 RESPI RATORY THERAPY       62,987       0       66.00         61.00       O6500 RESPI RATORY THERAPY       225,497       0       66.00         61.00       O6600 PHYSI CAL THERAPY       21,836       0       67.00         62.00       O6600 SPEECH PATHOLOGY       47,116       70.00       69.00         71.00       O7100 REDICAL SUPPLIES CHARGED TO PATI ENTS       158,550       0       71.00         72.00       O7300 IDRL. DEV, CHARGED TO PATI ENTS       158,587       0       73.00         07300 IDRL CAL SUPPLIES CHARGED TO PATI ENTS       155,587       0       73.00         07300 IDRL CAL SUPPLIES CHARGED TO PATI		6.00	7.00				
52.00       05200       DELIVERY ROOM & LABOR ROOM       11,987       0         54.00       05400       RADIOLOGY-DLAGNOSTIC       399,191       0         55.00       05500       RADIOLOGY-DLAGNOSTIC       73,722       0         60.00       06000       LABORATORY       133,256       0       000         60.01       06001       BLODD LABORATORY       0       0       0         64.00       06400       INTRAVENOUS THERAPEY       404       0       66.00         65.00       06500       RESPIRATORY THERAPY       404       0       66.00         65.00       06500       RESPIRATORY THERAPY       225,497       0       66.00         66.00       06600       SPEECH PATHOLOGY       0       0       68.00         66.00       06600       SPEECH PATHOLOGY       0       0       69.00         70.00       07100       IELCTROCARDIOLOGY       47,116       0       71.00       71.00         71.00       07100       IELCTROCARDIOLOGY       47,116       0       72.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
54.00       05400       RADIOLOGY-DIAGNOSTI C       399, 191       0       54.00       54.00         54.01       05500       05500       RADIOLOGY-THERAPEUTI C       73, 722       0       55.00         60.00       06000       LABORATORY       133, 256       0       60.00         64.00       06400       LABORATORY       0       0       64.00         64.00       06400       INTRAVENOUS THERAPY       404       0       64.00         65.00       06500       RESPI RATORY THERAPY       62,987       0       66.00         66.00       06600       PHYSI CAL THERAPY       21,836       0       67.00         66.00       06600       SPEECH PATHOLOGY       0       0       68.00         68.00       06600       ELECTROCARDIOLOGY       47,116       0       69.00         70.00       07000       ELECTROCARDIOLOGY       71,34       0       71.00         71.00       07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS       135,587       0       71.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       135,587       0       73.00         70.01       09001 WOUND CARE I NSTI TUTE       910       0       90.01							
54.01       05401       ULTRA SOUND       82,322       0       54.01         55.00       05500       RADI OLGGY-THERAPEUTI C       73,722       0       60.00         60.00       06000       LABORATORY       0       0       60.01         64.00       06001       INTRAVENOUS THERAPY       0       0       60.01         64.00       06400       INTRAVENOUS THERAPY       404       0       66.00         65.00       06500       RESPIRATORY THERAPY       225,497       0       66.00         66.00       06400       CCUPATI ONAL THERAPY       21,836       0       67.00       68.00         68.00       06900       ELECTROCARDI OLOGY       47,116       0       68.00       69.00         70.00       07000       ELECTROCARDEPHALOGRAPHY       87,134       0       70.00       70.00         71.00       07300       DRUS CHARGED TO PATI ENTS       135,587       0       73.00       73.00         70.00       09001       CLI NI C       46,485       0       90.01       90.01       90.02         90.00       09002       OP NUTRI TI ONAL COUNSELING       68.81       0       90.02       90.02       90.02       90.02			0				
55.00       05500       RADI OLOGY-THERAPEUTI C       73,722       0       55.00         60.00       06000       LABORATORY       133,256       0       60.01         60.01       BLOOD LABORATORY       0       0       60.01       60.01       60.01         64.00       06400       INTRAVENOUS THERAPY       404       0       64.00       65.00         65.00       06500       RESPI RATORY THERAPY       62,987       0       66.00         66.00       OCCUPATI ONAL THERAPY       21,836       0       66.00         67.00       06700       OCCUPATI ONAL THERAPY       21,836       0       68.00         69.00       06900       ELECTROCARDI OLOGY       47,116       0       69.00       69.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       158,550       0       71.00       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       135,587       0       73.00       73.00         0.01       09001       CLTINC       46,485       0       90.01       90.01         90.02       OPN UTRI TI ONAL COUNSELING       6,831       0       90.02       90.02         90.03       09003 B		399, 191	0				
60.00       06000       LABORATORY       133, 256       0       60.00       60.00         60.01       06001       BLOD LABORATORY       0       0       60.01         64.00       064001       INTRAVENOUS THERAPY       404       0       65.00       65.00         65.00       06500       RESPI RATORY THERAPY       62,987       0       65.00       66.00         66.00       06000       PHYSI CAL THERAPY       225,497       0       66.00       67.00         67.00       0CCUPATI ONAL THERAPY       218,386       0       0       68.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       71.00       70.00       ELECTROCARDI OLOGY       47,116       0       71.00       70.00       71.00       70.00       72.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       70.01       MEDI CAL SUPPLIES CHARGED TO PATI ENT       135,587       0       73.00       90.01       90.01       90.01       90.01       90.01       90.01       90.02       90.02       90.01       90.01       90.01       90.02       90.02<	54.01 05401 ULTRA SOUND	82, 322	0				54.01
60.01       06001       BLOOD LABORATORY       0       0         64.00       06400       INTRAVENOUS THERAPY       404       0         65.00       RESPI RATORY THERAPY       62,987       0       65.00         66.00       06600       PHYSI CAL THERAPY       225,497       0       66.00         67.00       06700       0CCUPATI ONAL THERAPY       21,836       0       68.00         68.00       06800       SPEECH PATHOLOGY       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       47,116       0       69.00         70.00       07000       RELECTROCARDI OLOGY       47,134       0       71.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       158,550       0       71.00         72.00       07200 I MPL. DEV. CHARGED TO PATI ENTS       135,587       0       72.00       72.00         73.00       070001       KUND CARE I NSTI TUTE       910       0       90.01       90.01         90.01       09001       CLIND CARE I NSTI INTE       910       0       90.02       90.03       90.04       90.04       90.03       90.04       90.04       90.04       90.04       90.04	55. 00 05500 RADI OLOGY-THERAPEUTI C	73, 722	0				55.00
64.00       06400       INTRAVENOUS THERAPY       404       0       64.00         65.00       06500       RESPIRATORY THERAPY       62,987       0       65.00         66.00       06700       0CCUPATIONAL THERAPY       225,497       0       66.00         67.00       06700       0CCUPATIONAL THERAPY       21,836       0       67.00         68.00       06800       SPEECH PATHOLOGY       0       0       68.00         69.00       OFOOD       ELECTROENCEPHALOGRAPHY       87,134       0       70.00         70.00       O7200       ILECTROENCEPHALOGRAPHY       87,134       0       71.00         73.00       07300       DRUGS CHARGED TO PATIENT       84,978       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENT       135,587       0       70.00         00.01       WOUND CARE INSTITUTE       910       0       90.01       90.01         90.01       WOUND CARE INSTITUTE       0       0       90.02       90.02         90.02       OP NUTRITIONAL COUNSELING       6,831       0       90.03         90.03       09003       BARIATRIC MEDICINE       0       0       90.03         90.04<	60. 00 06000 LABORATORY	133, 256	0				60.00
65.00       06500       RESPI RATORY THERAPY       62,987       0       65.00       66.00         66.00       06600       PHYSI CAL THERAPY       225,497       0       66.00       67.00         67.00       0CCUPATI ONAL THERAPY       21,836       0       67.00       68.00       68.00         68.00       06800       SPEECH PATHOLOGY       0       0       68.00       68.00         69.00       06900       ELECTROCARDI OLOGY       47,116       0       69.00       69.00         70.00       07000       ELECTROCREPHALOGRAPHY       87,134       0       70.00       70.00         71.00       MEDI CAL SUPPLIES CHARGED TO PATIENTS       158,550       0       71.00       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       135,587       0       73.00       73.00         00.01       09000       CLINIC       46,485       0       90.01       90.02         90.01       09001       CUNNEL INSTITUTE       910       0       90.02       90.02       90.02       90.01       90.02       90.02       90.02       90.02       90.03       90.02       90.04       90.04       90.04       90.04       90.02       90.04	60. 01 06001 BLOOD LABORATORY	0	0				60.01
66.00       06600       PHYSI CAL THERAPY       225, 497       0       66.00       67.00       66.00       67.00       66.00       67.00       66.00       67.00       68.00       67.00       68.00       67.00       68.00       68.00       67.00       68.00       67.00       68.00       67.00       68.00       69.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       71.00       72.00       72.00       72.00       72.00       72.00       73.00       72.00       73.00       72.00       73.00       72.00       73.00       72.00       73.00       90.00       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.01       90.02       90.02       0P NUTR TI ENT SERVICE COST CENTERS       90.00       90.03       90.03       90.03       90.03       90.03	64.00 06400 INTRAVENOUS THERAPY	404	0				64.00
67.00       06700       0CCUPATIONAL THERAPY       21,836       0       67.00       68.00         68.00       06800       SPEECH PATHOLOGY       0       0       68.00       68.00         69.00       06900       ELECTROCARDIOLOGY       47,116       0       69.00       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       87,134       0       70.00       70.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       158,550       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       135,587       0       72.00         73.00       DUTPATIENT SERVICE COST CENTERS       135,587       0       73.00         90.00       O9000       CLINIC       46,485       0       90.01         90.01       09001       WOUND CARE INSTITUTE       910       0       90.01         90.02       09002 OP NUTRITIONAL COUNSELING       6,831       0       90.02       90.02         90.03       09003       BARIATRIC MEDICINE       0       0       90.02       90.04       90.04         91.00       O9100       EMERGENCY       1,309,136       0       92.00       92.00       92.00	65. 00 06500 RESPI RATORY THERAPY	62, 987	0				65.00
68.00       06800       SPEECH PATHOLOGY       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       47, 116       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       87, 134       0       70.00         71.00       O7100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       158, 550       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENT       84, 978       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       135, 587       0       73.00         0017PATI ENT SERVICE COST CENTERS       46, 485       0       90.01       90.01         90.01       09001       WOUND CARE I NSTI TUTE       910       0       90.01         90.02       OP NUTRI TI ONAL COUNSELI NG       6, 831       0       90.02         90.03       OP303       BARI ATRIC MEDI CI NE       0       0       90.03         90.04       04950       MARKETI NG & PLANNI NG       0       0       90.04         91.00       O92000       DESERVATION BEDS (NON-DI STI NCT PART)       69, 259       0       92.00         200.00       Subtotal (see instructions)       3, 142, 720       0       <	66. 00 06600 PHYSI CAL THERAPY	225, 497	0				66.00
69.00       06900       ELECTROCARDIOLOGY       47, 116       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       87, 134       0       70.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       158, 550       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENT       84, 978       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENT       84, 978       0       73.00         0000       OUTPATIENT SERVICE COST CENTERS       0       73.00       73.00       73.00         90.00       09000       CLINIC       46, 485       0       90.00         90.01       09001       WOUND CARE INSTITUTE       910       0       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       6, 831       0       90.03         90.03       09003       BARIATRIC MEDICINE       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       90.04       90.04         91.00       09100       EMERGENCY       1, 309, 136       0       91.00         92.00       OSESERVATION BEDS (NON-DI STINCT PART)       69, 259       0 <t< td=""><td>67.00 06700 OCCUPATI ONAL THERAPY</td><td>21, 836</td><td>0</td><td></td><td></td><td></td><td>67.00</td></t<>	67.00 06700 OCCUPATI ONAL THERAPY	21, 836	0				67.00
70.00       07000       ELECTROENCEPHALOGRAPHY       87, 134       0       70.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       158, 550       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENT       84, 978       0       72.00         73.00       07000       DRUGS CHARGED TO PATIENT       84, 978       0       73.00         0UTPATIENT SERVICE COST CENTERS       135, 587       0       73.00         90.00       09000       CLINIC       46, 485       0       90.01         90.01       09001       WOUND CARE INSTITUTE       910       0       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       6, 831       0       90.02         90.04       04950       MARKETING & PLANNING       0       90.04       90.04         91.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       69, 259       0       92.00         90.00       OUSCOU       Subtotal (see instructions)       3, 142, 720       0       200.00         201.00       Less PBP Clinic Lab. Services-Program       0       0       201.00       201.00	68.00 06800 SPEECH PATHOLOGY	0	0				68.00
71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       158,550       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENT       84,978       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       135,587       0       73.00         0UTPATIENT SERVICE COST CENTERS       135,587       0       73.00       90.00         90.00       09000       CLINIC       46,485       0       90.01         90.01       09001       WOUND CARE INSTITUTE       910       0       90.02         90.02       09002       OP NUTRITIONAL COUNSELING       6,831       0       90.02         90.04       04950       MARKETING & PLANNING       0       0       90.04         91.00       09100       EMERGENCY       1,309,136       0       90.04         91.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       69,259       0       92.00         920.00       OSUBARIA (see instructions)       3,142,720       0       200.00       200.00         201.00       Less PBP Clinic Lab. Services-Program       0       0       201.00       201.00	69. 00 06900 ELECTROCARDI OLOGY	47, 116	0				69.00
72.00       07200       IMPL. DEV. CHARGED TO PATIENT       84,978       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       135,587       0       73.00         001       09000       CLINIC       46,485       0       90.00       90.01         90.00       09001       WOUND CARE INSTITUTE       910       0       90.01       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       6,831       0       90.02         90.03       09003       BARIATRIC MEDICINE       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       90.04         91.00       09100       EMERGENCY       1,309,136       0         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       69,259       0       92.00         200.00       Subtotal (see instructions)       3,142,720       0       200.00       200.00       201.00       Less PBP Clinic Lab. Services-Program       0       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00<	70.00 07000 ELECTROENCEPHALOGRAPHY	87, 134	0				70.00
73.00       07300       DRUGS CHARGED TO PATIENTS       135,587       0       73.00         0UTPATIENT SERVICE COST CENTERS       90.00       09000       CLINIC       90.00       90.00         90.01       09001       WOUND CARE INSTITUTE       910       0       90.01       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       6,831       0       90.02         90.03       09003       BARIATRIC MEDICINE       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       0       90.04         91.00       09100       EMERGENCY       1,309,136       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       69,259       0       92.00         200.00       Subtotal (see instructions)       3,142,720       0       200.00       200.00         201.00       Less PBP Clinic Lab. Services-Program       0       0       201.00       201.00       201.00	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	158, 550	0				71.00
OUTPATIENT SERVICE COST CENTERS         90.00         0000 CLINIC         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.01         90.00         90.01         90.01         90.01         90.01         90.01         90.01         90.01         90.01         90.01         90.01         90.02         90.02         90.02         90.02         90.02         90.02         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.03         90.04         90.03         90.04         90.03         90.03         90.04         90.03         90.04         90.03         90.04         90.03         90.04         90.03         90.04         90.03         90.04	72.00 07200 IMPL. DEV. CHARGED TO PATIENT	84, 978	0				72.00
90.00       09000       CLINIC       46,485       0       90.00         90.01       09001       WOUND CARE INSTITUTE       910       0       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       6,831       0       90.02         90.03       09003       BARIATRIC MEDICINE       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       0       90.04         91.00       09100       EMERGENCY       1,309,136       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       69,259       0       92.00         200.00       Subtotal (see instructions)       3,142,720       0       200.00       200.00         201.00       Less PBP Clinic Lab. Services-Program       0       0       201.00       201.00	73.00 07300 DRUGS CHARGED TO PATIENTS	135, 587	0				73.00
90.01       09001       WOUND CARE INSTITUTE       910       0       90.01         90.02       09002       OP NUTRITIONAL COUNSELING       6,831       0       90.02         90.03       09003       BARIATRIC MEDICINE       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       0       90.04         91.00       09100       EMERGENCY       1,309,136       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART)       69,259       0       92.00         200.00       Subtotal (see instructions)       3,142,720       0       200.00       201.00         201.00       Less PBP Clinic Lab. Services-Program Only Charges       0       201.00 <td>OUTPATIENT SERVICE COST CENTERS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	OUTPATIENT SERVICE COST CENTERS						
90.02         09002         0P NUTRITIONAL COUNSELING         6,831         0         90.02           90.03         09003         BARIATRIC MEDICINE         0         0         90.03           90.04         04950         MARKETING & PLANNING         0         90.04           91.00         09100         EMERGENCY         1, 309, 136         0         91.00           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         69, 259         0         92.00           200.00         Subtotal (see instructions)         3, 142, 720         0         200.00         201.00         201.00         201.00         01 y Charges         0         201.00         201.00         0         201.00         0 <td>90. 00 09000 CLINIC</td> <td>46, 485</td> <td>0</td> <td>)</td> <td></td> <td></td> <td>90.00</td>	90. 00 09000 CLINIC	46, 485	0	)			90.00
90.03       09003       BARI ATRI C MEDICINE       0       0       90.03         90.04       04950       MARKETING & PLANNING       0       0       90.04         91.00       09100       EMERGENCY       1, 309, 136       0       91.00         92.00       09200       DBSERVATION BEDS (NON-DISTINCT PART)       69, 259       0       92.00         200.00       Subtotal (see instructions)       3, 142, 720       0       200.00       200.00         201.00       Less PBP Clinic Lab. Services-Program Only Charges       0       201.00       201.00       201.00	90.01 09001 WOUND CARE INSTITUTE	910	0				90.01
90. 04         04950         MARKETING & PLANNING         0         90. 04           91. 00         09100         EMERGENCY         1, 309, 136         0           92. 00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         69, 259         0           200. 00         Subtotal (see instructions)         3, 142, 720         0         200. 00           201. 00         Less PBP Clinic Lab. Services-Program Only Charges         0         201. 00         201. 00	90.02 09002 OP NUTRITIONAL COUNSELING	6, 831	0				90.02
91.00         09100         EMERGENCY         1, 309, 136         0         91.00           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART)         69, 259         0         92.00           200.00         Subtotal (see instructions)         3, 142, 720         0         200.00         200.00           201.00         Less PBP Clinic Lab. Services-Program Only Charges         0         201.00         201.00	90. 03 09003 BARIATRI C MEDICINE	0	0				90.03
92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART)         69, 259         0         92.00           200.00         Subtotal (see instructions)         3, 142, 720         0         200.00           201.00         Less PBP Clinic Lab. Services-Program Only Charges         0         201.00         201.00	90. 04 04950 MARKETING & PLANNING	0	0				90.04
200.00         Subtotal (see instructions)         3, 142, 720         0         200.00         200.00         201.00         201.00         0         201.00	91.00 09100 EMERGENCY	1, 309, 136	0				91.00
201.00     Less PBP Clinic Lab. Services-Program     0     201.00       Only Charges     0     0	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	69, 259	0				92.00
Only Charges	200.00 Subtotal (see instructions)	3, 142, 720	0				200.00
Only Charges	201.00 Less PBP Clinic Lab. Services-Program	0					201.00
	202.00   Net Charges (line 200 +/- line 201)	3, 142, 720	0				202.00

Health Financial Systems

ST.	FRANCI S	H&H-MOORESVI LLE

In Lieu of Form CMS-2552-10

alth Financial Systems ST. FRANCIS H&H-			u of Form CMS-2	
MPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150057	Period: From 01/01/2014	Worksheet D-1	1
		To 12/31/2014	Date/Time Pre	epar
			5/26/2015 3:5	
Cast Canton Decorintion	Title XVIII	Hospi tal	PPS	
Cost Center Description			1.00	+
PART I - ALL PROVIDER COMPONENTS			1.00	
I NPATI ENT DAYS				1
DO Inpatient days (including private room days and swing-bed da			8, 249	
00 Inpatient days (including private room days, excluding swing			8, 249	
00 Private room days (excluding swing-bed and observation bed o	days). If you have only p	orivate room days,	0	) :
do not complete this line. Semi-private room days (excluding swing-bed and observation	had dave)		7 714	
0 Total swing-bed SNF type inpatient days (including private r		or 31 of the cost	7,714	
reporting period	com days) through become		0	
DO Total swing-bed SNF type inpatient days (including private r	room days) after December	31 of the cost	0	
reporting period (if calendar year, enter 0 on this line)				
DO Total swing-bed NF type inpatient days (including private ro	oom days) through Decembe	er 31 of the cost	0	)
reporting period		01 - 5 + 5 +	0	
Total swing-bed NF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	bom days) after December	31 of the cost	0	
00 Total inpatient days including private room days applicable	to the Program (excludin	na swina-bed and	4,632	
newborn days)		ig om ng bou ana	1,002	
00 Swing-bed SNF type inpatient days applicable to title XVIII		room days)	0	) 1
through December 31 of the cost reporting period (see instru	uctions)		_	
.00 Swing-bed SNF type inpatient days applicable to title XVIII		room days) after	0	) 1
December 31 of the cost reporting period (if calendar year, .00 Swing-bed NF type inpatient days applicable to titles V or X		te room dave)	0	
through December 31 of the cost reporting period	(ix only (the during prive	rte room days)	0	1.
.00 Swing-bed NF type inpatient days applicable to titles V or X	KIX only (including priva	ite room days)	0	1
after December 31 of the cost reporting period (if calendar	year, enter 0 on this li	ne)		
00 Medically necessary private room days applicable to the Prog	gram (excluding swing-bed	l days)	0	
00 Total nursery days (title V or XIX only)			0	
00 Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	1
.00 Medicare rate for swing-bed SNF services applicable to servi	ces through December 31	of the cost	0.00	1 1
reporting period	lees through becomer of		0.00	1.
.00 Medicare rate for swing-bed SNF services applicable to servi	ces after December 31 of	the cost	0.00	1
reporting period				
.00 Medicaid rate for swing-bed NF services applicable to servic	ces through December 31 c	of the cost	0.00	1 1
reporting period	and often December 21 of	the east	0.00	
.00 Medicaid rate for swing-bed NF services applicable to servic reporting period	Les arter December 31 01	the cost	0.00	2
.00 Total general inpatient routine service cost (see instructio	ons)		11, 392, 026	2
.00 Swing-bed cost applicable to SNF type services through Decem		ting period (line		
5 x line 17)				
.00 Swing-bed cost applicable to SNF type services after Decembe	er 31 of the cost reporti	ng period (line é	0	2
x line 18)	an 21 of the east report	ing pariod (line	0	
.00 Swing-bed cost applicable to NF type services through Decemb 7 x line 19)	bel 31 01 the cost report	ing period (inte	0	2
.00 Swing-bed cost applicable to NF type services after December	- 31 of the cost reportir	na period (line 8	0	2
x line 20)		.9		
.00 Total swing-bed cost (see instructions)			0	
.00 General inpatient routine service cost net of swing-bed cost	t (line 21 minus line 26)		11, 392, 026	2
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT .00 General inpatient routine service charges (excluding swing-b	and and abaar wation had a	hongoo	0	1 2
.00 General inpatient routine service charges (excluding swing-b .00 Private room charges (excluding swing-bed charges)	bed and observation bed o	narges)	0	
. 00 Semi-private room charges (excluding swing bed charges)			0	
00 General inpatient routine service cost/charge ratio (line 27	7 ÷ line 28)		0.000000	
00 Average private room per diem charge (line 29 ÷ line 3)			0.00	) 3
00 Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
00 Average per diem private room charge differential (line 32 m		icti ons)	0.00	
00 Average per diem private room cost differential (line $34 \times 1$			0.00	
.00 Private room cost differential adjustment (line 3 x line 35) .00 General inpatient routine service cost net of swing-bed cost		lifferential (lind	0 11, 392, 026	
27 minus line 36)		in incrementar (in the	11, 372, 020	3
PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD	DJUSTMENTS			1
00 Adjusted general inpatient routine service cost per diem (se			1, 381. 02	2 3
.00 Program general inpatient routine service cost (line 9 x lir	-		6, 396, 885	
.00 Medically necessary private room cost applicable to the Prog			0	
.00  Total Program general inpatient routine service cost (line 3			6, 396, 885	

	Financial Systems ATION OF INPATIENT OPERATING COST	ST. FRANCIS H&H-		CCN: 150057	In Li Period:	eu of Form CMS- Worksheet D-	
					From 01/01/201 To 12/31/201	4	
			Ti †I	e XVIII	Hospi tal	5/26/2015 3: PPS	59 pm
	Cost Center Description	Total	Total	Average Pe	Program Days	S Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. ÷ col. 2)	1	(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	C	<u> </u>	00	0 (	2 42.0
43.00	I NTENSI VE CARE UNI T						43.0
44.00 45.00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT						44.0
46.00	SURGI CAL I NTENSI VE CARE UNI T	2, 579, 633	970	2, 659.	42 65	59 1, 752, 558	
47.00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47.0
						1.00	
	Program inpatient ancillary service cost (Wk			222)		16, 850, 740	
49.00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)(S		005)		25,000,189	9 49.0
50.00	Pass through costs applicable to Program inp	atient routine s	services (fro	m Wkst. D, s	um of Parts I a	nd 1, 224, 25	2 50.0
51.00	<pre>III) Pass through costs applicable to Program inp</pre>	atient ancillary	, services (f	rom Wkst D	sum of Parts L	I 539, 919	9 51.0
	and IV)	-					
52.00 53.00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu		ated non nh	vsician anos	thatist and	1, 764, 17 <sup>-</sup> 23, 236, 01	
55.00	medical education costs (line 49 minus line					23, 230, 010	
F 4 00	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 55.00	Program di scharges Target amount per di scharge					0.00	0 54.0 0 55.0
56.00	Target amount (line 54 x line 55)						56.0
57.00	Difference between adjusted inpatient operat	ing cost and tar	-get amount (	line 56 minu	s line 53)		57.0
58.00 59.00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	porting period e	endina 1996	updated and	compounded by t		) 58.0 ) 59.0
57.00	market basket	por tring period c	sharing 1770,	apuatea ana s			
60.00	Lesser of lines 53/54 or 55 from prior year					0.00	
61.00	If line 53/54 is less than the lower of line which operating costs (line 53) are less tha						0 61.0
	amount (line 56), otherwise enter zero (see						
62.00 63.00	Relief payment (see instructions) Allowable Inpatient cost plus incentive paym	ont (soo instru	stions)				0 62.0 0 63.0
00.00	PROGRAM INPATIENT ROUTINE SWING BED COST						5 05.0
64.00	Medicare swing-bed SNF inpatient routine cos	ts through Decem	nber 31 of th	e cost repor	ting period (Se	e (	0 64.0
65.00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decembe	er 31 of the	cost reporti	ng period (See		0 65.0
	instructions)(title XVIII only)						
66.00	Total Medicare swing-bed SNF inpatient routi CAH (see instructions)	ne costs (line é	54 plus line	65)(TITIE XV	II ONLY). FOr		0 66.0
67.00	Title V or XIX swing-bed NF inpatient routin	e costs through	December 31	of the cost	reporting perio	b b	0 67.0
68 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin	e costs after De	cember 31 of	the cost re	porting period		0 68.0
00.00	(line 13 x line 20)		scelliber 31 01	the cost re	boi tring period		5 00.0
69.00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER N					(	0 69.0
70.00	Skilled nursing facility/other nursing facil				)		70.0
71.00	Adjusted general inpatient routine service c		ne 70 ÷ line	2)			71.0
72.00 73.00	Program routine service cost (line 9 x line Medically necessary private room cost applic		(line 14 x l	ine 35)			72.0
74.00	Total Program general inpatient routine serv						74.0
75.00	Capital-related cost allocated to inpatient 26, line 45)	routine service	costs (from	Worksheet B,	Part II, colum	n	75.0
76.00	Per diem capital-related costs (line 75 ÷ li	ne 2)					76.0
77.00	Program capital -related costs (line 9 x line						77.0
78.00 79.00	Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces		rovider recor	ds)			78. C
30.00	Total Program routine service costs for comp				nus line 79)		80.0
31.00	Inpatient routine service cost per diem limi						81.0
32.00 33.00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (						82. C
33.00 34.00	Program inpatient ancillary services (see in		>)				83.0
85.00	Utilization review - physician compensation		ıs)				85. C
86.00	Total Program inpatient operating costs (sum		rough 85)				86.0
87.00	PART IV - COMPUTATION OF OBSERVATION BED PAS Total observation bed days (see instructions					53	5 87.0
88.00	Adjusted general inpatient routine cost per		line 2)			1, 381. 02	2 88.0
	Observation bed cost (line 87 x line 88) (se					738, 840	

Health Financial Systems	ST. FRANCIS H&	H-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Period:	Worksheet D-1	
				From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 3:5	
		Titl	e XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line	column 2	Observati on	Bed Pass	
		27)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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	1, 937, 870	11, 392, 026	0. 17010	8 738, 846	125, 684	90.00
91.00 Nursing School cost	0	11, 392, 026	0.00000	0 738, 846	0	91.00
92.00 Allied health cost	0	11, 392, 026	0. 00000	0 738, 846	0	92.00
93.00 All other Medical Education	0	11, 392, 026	0.00000	738, 846	0	93.00

ST.	FRANCI S	H&H-MOORESVI LLE

In Lieu of Form CMS-2552-10

Heal th	Financial Systems ST. FRANCIS H&H-MOD	ORESVI LLE	In Lie	u of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 150057	Period:	Worksheet D-1	
			From 01/01/2014 To 12/31/2014	Date/Time Pre	pared:
				5/26/2015 3:5	
	Cast Canton Deceription	Title XIX	Hospi tal	PPS	
	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			8, 249	1.00
2.00	Inpatient days (including private room days, excluding swing-b			8, 249	2.00
3.00	Private room days (excluding swing-bed and observation bed day do not complete this line.	s). If you have only p	rivate room days,	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation be	d davs)		7, 714	4.00
5.00	Total swing-bed SNF type inpatient days (including private roo		er 31 of the cost		5.00
	reporting period			_	
6.00	Total swing-bed SNF type inpatient days (including private roo reporting period (if calendar year, enter 0 on this line)	m days) after December	31 of the cost	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room	days) through Decembe	r 31 of the cost	0	7.00
,,,,,,	reporting period			Ū	
8.00	Total swing-bed NF type inpatient days (including private room	days) after December	31 of the cost	0	8.00
0.00	reporting period (if calendar year, enter 0 on this line)		a and an land and	241	0.00
9.00	Total inpatient days including private room days applicable to newborn days)	the program (excluding	g swing-bed and	241	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII on	ly (including private	room days)	0	10.00
	through December 31 of the cost reporting period (see instruct	i ons)			
11.00	Swing-bed SNF type inpatient days applicable to title XVIII on		room days) after	0	11.00
12.00	December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XIX		te room dave)	0	12.00
12.00	through December 31 of the cost reporting period	only (merdaring priva	te room days)	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including priva	te room days)	0	13.00
	after December 31 of the cost reporting period (if calendar ye				
	Medically necessary private room days applicable to the Program	m (excluding swing-bed	days)	0	
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			639 20	
10.00	SWING BED ADJUSTMENT			20	10.00
17.00	Medicare rate for swing-bed SNF services applicable to service	s through December 31	of the cost	0.00	17.00
10.00	reporting period			0.00	10.00
18.00	Medicare rate for swing-bed SNF services applicable to service reporting period	s arter December 31 or	the cost	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services	through December 31 o	f the cost	0.00	19.00
	reporting period	5			
20.00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of	the cost	0.00	20.00
21.00	reporting period Total general inpatient routine service cost (see instructions	)		11, 392, 026	21.00
22.00	Swing-bed cost applicable to SNF type services through Decembe		ting period (line		22.00
	5 x line 17)				
23.00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporti	ng period (line é	0	23.00
24.00	x line 18) Swing-bed cost applicable to NF type services through December	31 of the cost report	ing period (line	0	24.00
21.00	7 x line 19)	of the cost report		0	21.00
25.00	Swing-bed cost applicable to NF type services after December 3	1 of the cost reportin	g period (line 8	0	25.00
24 00	x line 20)			0	24 00
26.00 27.00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (	line 21 minus line 26)		0 11, 392, 026	26.00 27.00
27.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			11,072,020	27.00
28.00	General inpatient routine service charges (excluding swing-bed	and observation bed c	harges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00 31.00	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 ÷	Line 28)		0 0. 000000	30.00 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	TTHE 20)		0.000000	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	•
	Average per diem private room charge differential (line 32 min		ctions)	0.00	
35.00	Average per diem private room cost differential (line 34 x lin	e 31)		0.00	
36.00 37.00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost a	nd private room cost d	ifferential (line	0 11, 392, 026	36.00 37.00
57.00	27 minus line 36)				37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU				
	Adjusted general inpatient routine service cost per diem (see			1, 381. 02	
	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Program			332, 826 0	39.00 40.00
	Total Program general inpatient routine service cost (line 39			332, 826	
			ľ		•

OMPUT	Financial Systems ATION OF INPATIENT OPERATING COST	ST. FRANCIS H&		CCN: 150057	Period: From 01/01/2014	u of Form CMS- Worksheet D-	
					To 12/31/2014	Date/Time Pr 5/26/2015 3:	
	Cost Center Description	Total	Total	le XIX Average Per	Hospital Program Days	PPS Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. ÷ col. 2)		(col. 3 x col. 4)	
2.00	NURSERY (title V & XIX only)	1.00	2.00	3.00 1,204.0	4.00	5.00 24,08	1 42.
	Intensive Care Type Inpatient Hospital Unit			.,		1	
3.00	I NTENSI VE CARE UNI T CORONARY CARE UNI T						43.
4.00 5.00	BURN INTENSIVE CARE UNIT						44.
6.00	SURGI CAL I NTENSI VE CARE UNI T	2, 579, 633	970	2, 659. 4	42 31	82, 442	
7.00	OTHER SPECIAL CARE (SPECIFY)						47.
	Cost Center Description					1.00	+
3.00	Program inpatient ancillary service cost (W	kst. D-3, col.	3, line 200)			1, 975, 668	3 48.
9.00	Total Program inpatient costs (sum of lines	41 through 48)	(see instructi	ons)		2, 415, 017	7 49.
0.00	PASS THROUGH COST ADJUSTMENTS	notiont routing	convious (fra	m Wkot D ou	m of Dorto L on	(2.20	
0. 00	Pass through costs applicable to Program in []])	patrent routine	services (110	II WKSL. D, SU	m of Parts I and	63, 397	7 50.
1.00	Pass through costs applicable to Program in	patient ancilla	ry services (f	rom Wkst. D,	sum of Parts II	48, 239	9 51.
0 0-	and IV)						
2.00 3.00	Total Program excludable cost (sum of lines Total Program inpatient operating cost excl		olated non nh	usician anost	botist and	111, 636 2, 303, 381	
3.00	medical education costs (line 49 minus line		erateu, non-pri	ysi ci all'allest	netist, anu	2, 303, 30	55.
	TARGET AMOUNT AND LIMIT COMPUTATION					1	
	Program di scharges						54.
5.00	Target amount per discharge Target amount (line 54 x line 55)					0.00	) 55. ) 56.
7.00	Difference between adjusted inpatient opera	ting cost and ta	arget amount (	line 56 minus	line 53)		57.
3. 00	Bonus payment (see instructions)	-	-			-	58.
9.00	Lesser of lines 53/54 or 55 from the cost r	eporting period	endi ng 1996,	updated and c	compounded by the	0.00	59.
0. 00	market basket Lesser of lines 53/54 or 55 from prior year	cost report. u	pdated by the	market basket		0.00	60.
1.00	If line 53/54 is less than the lower of lin						61.
	which operating costs (line 53) are less th		ts (lines 54 x	60), or 1% c	f the target		
2.00	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	instructions)					62.
3.00	Allowable Inpatient cost plus incentive pay	ment (see instr	uctions)				63.
	PROGRAM INPATIENT ROUTINE SWING BED COST					-	
4.00	Medicare swing-bed SNF inpatient routine co instructions)(title XVIII only)	sts through Dec	ember 31 of th	e cost report	ing period (See	(	64.
5.00	Medicare swing-bed SNF inpatient routine co	sts after Decem	ber 31 of the	cost reportin	g period (See	0	65.
	instructions)(title XVIII only)						
5.00	Total Medicare swing-bed SNF inpatient rout CAH (see instructions)	ine costs (line	64 plus line	65)(title XVI	II only). For	(	) 66.
7.00	Title V or XIX swing-bed NF inpatient routi	ne costs throua	h December 31	of the cost r	eporting period		67.
	(line 12 x line 19)				-p		
8.00	Title V or XIX swing-bed NF inpatient routi	ne costs after	December 31 of	the cost rep	orting period	(	68.
9.00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs	(line 67 + lin	<u>- 68)</u>			69.
/. 00	PART III - SKILLED NURSING FACILITY, OTHER						J 07.
0. 00	Skilled nursing facility/other nursing faci	5		. ,			70.
. 00 2. 00	Adjusted general inpatient routine service Program routine service cost (line 9 x line		line 70 ÷ line	2)			71.
3.00	Medically necessary private room cost appli		m (line 14 x l	ine 35)			73.
4.00	Total Program general inpatient routine ser						74.
5.00	Capital-related cost allocated to inpatient	routine servic	e costs (from	Norksheet B,	Part II, column		75.
5.00	26, line 45) Per diem capital-related costs (line 75 ÷ l	ine 2)					76.
7.00	Program capital -related costs (line 9 x lin						77.
8.00	Inpatient routine service cost (line 74 min	us line 77)					78.
9.00	Aggregate charges to beneficiaries for exce				nue line 70)		79.
). 00  . 00	Total Program routine service costs for com Inpatient routine service cost per diem lim	•	CUSE FIMILATIO	n (iine /ơ Mi	nus i ne /y)		80.
2.00	Inpatient routine service cost per dicimination (		1)				82.
3.00	Reasonable inpatient routine service costs		ns)				83.
1.00	Program inpatient ancillary services (see i		onc)				84.
5.00 5.00	Utilization review - physician compensation Total Program inpatient operating costs (su						85. 86.
	PART IV - COMPUTATION OF OBSERVATION BED PA					· · · · · · · · · · · · · · · · · · ·	
						500	- 1 07
7.00 8.00	Total observation bed days (see instruction Adjusted general inpatient routine cost per					535 1, 381. 02	

Health Financial Systems	ST. FRANCIS H&I	H-MOORESVI LLE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Period:	Worksheet D-1	
				From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 3:5	
		Tit	le XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line	column 2	Observati on	Bed Pass	
		27)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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	1, 937, 870	11, 392, 026	0. 17010	8 738, 846	125, 684	90.00
91.00 Nursing School cost	0	11, 392, 026	0.00000	0 738, 846	0	91.00
92.00 Allied health cost	0	11, 392, 026	0.00000	0 738, 846	0	92.00
93.00 All other Medical Education	0	11, 392, 026	0.00000	738, 846	0	93.00

Health Financial Systems ST. FRANCIS H&H-MOORESVI	LLE	In Lie	u of Form CMS-	2552-10
	ider CCN: 150057	Period: From 01/01/2014 To 12/31/2014		epared:
	T:	11	5/26/2015 3:5	59 pm
	Title XVIII	Hospi tal	PPS	
Cost Center Description	Ratio of Co To Charges		Inpatient	
	To charges	5	Program Costs (col. 1 x	
		Charges	col. 2)	
	1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDI ATRI CS		5, 311, 380		30.00
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T		1, 116, 465		34.00
43. 00 04300 NURSERY		1, 110, 100		43.00
ANCI LLARY SERVI CE COST CENTERS				1
50. 00 05000 OPERATI NG ROOM	0. 4558	48 8, 409, 753	3, 833, 569	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.7079	59 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0.0843	30 1, 491, 676	125, 793	54.00
54.01 05401 ULTRA SOUND	0.0987	15 102, 549	10, 123	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 3920	17 21, 266	8, 337	55.00
60. 00 06000 LABORATORY	0.0506	69 2, 528, 333	128, 108	60.00
60.01 06001 BLOOD LABORATORY	0.0000	00 0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0. 2193	49 152, 201	33, 385	64.00
65. 00 06500 RESPI RATORY THERAPY	0.3579		578, 621	65.00
66.00 06600 PHYSI CAL THERAPY	0. 3071	71 1, 900, 876	583, 894	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 2860	38 184, 488	52, 771	67.00
68.00 06800 SPEECH PATHOLOGY	0.0701			
69. 00 06900 ELECTROCARDI OLOGY	0. 1019		28, 045	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 1760		0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 2965			
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 5689			
73. 00 O7300 DRUGS CHARGED TO PATIENTS	0. 1987	40 5, 080, 757	1, 009, 750	73.00
OUTPATI ENT SERVI CE COST CENTERS	0.000	45 (4)		00.00
90. 00 09000 CLINIC	0.2339			
90. 01 09001 WOUND CARE INSTITUTE	0. 2325			
90. 02 09002 OP NUTRI TI ONAL COUNSELI NG	0.6101		0	
90. 03 09003 BARI ATRI C MEDI CI NE	0.0000		0	
90. 04 04950 MARKETING & PLANNING	0.0000		0	
91.00 09100 EMERGENCY	0.0968			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 7625			
200.00 Total (sum of lines 50-94 and 96-98)	(1)	45, 667, 938	16, 850, 746	
201.00Less PBP Clinic Laboratory Services-Program only charges (line202.00Net Charges (line 200 minus line 201)	(10	45, 667, 938		201.00 202.00
202. 00   met charges (The 200 minus the 201)	I	40,007,938	l	202.00

Health Financial Systems ST. FRANCIS H&H-MOORESVILL	E	In Lie	u of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT Provid	er CCN: 150057	Period: From 01/01/2014		
		To 12/31/2014	Date/Time Pre 5/26/2015 3:5	
	Title XIX	Hospi tal	PPS	
Cost Center Description	Ratio of Cos	t Inpatient	I npati ent	
	To Charges	Program	Program Costs	
		Charges	(col. 1 x	
			col. 2)	
	1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS			•	
30. 00 03000 ADULTS & PEDIATRICS		789, 964		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT		146, 455		34.00
43. 00 04300 NURSERY		554, 153		43.00
ANCI LLARY SERVICE COST CENTERS				
50. 00 05000 OPERATING ROOM	0. 4558		306, 826	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 7079	59 1, 055, 726	747, 411	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0.0843	30 177, 614	14, 978	54.00
54.01 05401 ULTRA SOUND	0.0987	15 26, 324	2, 599	54.01
55.00 05500 RADI OLOGY-THERAPEUTI C	0. 3920	17 0	0	55.00
60. 00 06000 LABORATORY	0.0506	69 471, 822	23, 907	60.00
60. 01 06001 BLOOD LABORATORY	0.0000			60.01
64.00 06400 INTRAVENOUS THERAPY	0. 2193	49 15, 237	3, 342	64.00
65.00 06500 RESPI RATORY THERAPY	0.3579	76 206, 751	74, 012	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 3071	71 99, 672	30, 616	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 2860	38 10, 961	3, 135	67.00
68.00 06800 SPEECH PATHOLOGY	0.0701	46 726	51	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 1019	80 25, 788	2, 630	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 1760	84 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 2965	80 746, 997	221, 544	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 5689	03 691, 164	393, 205	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 1987	40 599, 378	119, 120	73.00
OUTPATIENT SERVICE COST CENTERS				
90. 00 09000 CLINIC	0. 2339	15 445	104	90.00
90. 01 09001 WOUND CARE INSTITUTE	0. 2325	10 0	0	90.01
90. 02 09002 OP NUTRI TI ONAL COUNSELING	0. 6101	21 0	0	90.02
90. 03 09003 BARI ATRI C MEDI CI NE	0.0000	0 00	0	90.03
90. 04 04950 MARKETI NG & PLANNI NG	0.0000	0 00	0	90.04
91. 00 09100 EMERGENCY	0. 0968	64 260, 115	25, 196	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 7625	42 9, 169		
200.00 Total (sum of lines 50-94 and 96-98)		5, 070, 977	1, 975, 668	200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 6	1)	0		201.00
202.00 Net Charges (line 200 minus line 201)		5, 070, 977		202.00

_CUL/	ATION OF REIMBURSEMENT SETTLEMENT	Provi der	CCN: 150057	Period: From 01/01/2014 To 12/31/2014	Date/Time Pr	
		Ti †I	e XVIII	Hospi tal	5/26/2015 3: PPS	:59 pm
			0	1.00	2.00	_
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS DRG Amounts Other than Outlier Payments		1	0		1.
	DRG amounts other than outlier payments for discharges occurrin	ng prior		9, 170, 215		1.
	to October 1 (see instructions)			0.001.000		
)2	DRG amounts other than outlier payments for discharges occurrin after October 1 (see instructions)	ng on or		3, 331, 388		1.
03	DRG for federal specific operating payment for Model 4 BPCI for	r		0		1.
	discharges occurring prior to October 1 (see instructions)					
)4	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	r		0		1.
00	Outlier payments for discharges. (see instructions)			113, 692		2.
01	Outlier reconciliation amount			0		2.
)2 )0	Outlier payment for discharges for Model 4 BPCI (see instruction Managed Care Simulated Payments	ons)		0 3, 574, 344		2.
00	Bed days available divided by number of days in the cost repor-	ting		96. 53		4.
	period (see instructions)					
00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the most	recent	<u> </u>	0.00		5.
0	cost reporting period ending on or before 12/31/1996. (see insti			0.00		5.
00	FTE count for allopathic and osteopathic programs which meet th	ne		0.00		6
	criteria for an add-on to the cap for new programs in accordance	ce with 42				
00	CFR 413.79(e) MMA Section 422 reduction amount to the IME cap as specified u	nder 42		0.00		7
	CFR §412.105(f)(1)(iv)(B)(1)					
01	ACA Section 5503 reduction amount to the IME cap as specified (			0.00		7
	CFR §412. $105(f)(1)(iv)(B)(2)$ If the cost report straddles July then see instructions.	1, 2011				
00	Adjustment (increase or decrease) to the FTE count for allopati	nic and		0. 63		8
	osteopathic programs for affiliated programs in accordance with					
	413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 6 (August 1, 2002).	7 FR 50069				
01	The amount of increase if the hospital was awarded FTE cap slo	ts under		0.00		8
	section 5503 of the ACA. If the cost report straddles July 1, 2					
)2	instructions. The amount of increase if the bespital was awarded ETE can cla	to from a		0.00		8
)Z	The amount of increase if the hospital was awarded FTE cap slo closed teaching hospital under section 5506 of ACA. (see instru			0.00		l °
00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines			0. 63		9
00	and 8,02) (see instructions)	at woor		0. 38		10
00	FTE count for allopathic and osteopathic programs in the current from your records	n year		0.30		
	FTE count for residents in dental and podiatric programs.			0.00		11
	Current year allowable FTE (see instructions)			0.38		12
	Total allowable FTE count for the prior year. Total allowable FTE count for the penultimate year if that year	r ended on		0.46 0.34		13
00	or after September 30, 1997, otherwise enter zero.	chaca on		0. 54		
	Sum of lines 12 through 14 divided by 3.			0. 39		15
	Adjustment for residents in initial years of the program	<b>50</b>		0. 00 0. 00		16
	Adjusment for residents displaced by program or hospital closu Adjusted rolling average FTE count	е		0.00		18
	Current year resident to bed ratio (line 18 divided by line 4).			0. 004040		19
	Prior year resident to bed ratio (see instructions)			0. 004661		20
	Enter the lesser of lines 19 or 20 (see instructions) IME payment adjustment (see instructions)			0. 004040 35, 464		21
	IME payment adjustment - Managed Care (see instructions)			33, 404		22
	Indirect Medical Education Adjustment for the Add-on for Section		the MMA			
00	Number of additional allopathic and osteopathic IME FTE residen	nt cap		0.00		23
00	slots under 42 Sec. 412.105 (f)(1)(iv)(C). IME FTE Resident Count Over Cap (see instructions)			-0. 25		24
	If the amount on line 24 is greater than $-0-$ , then enter the lo	ower of		0.20		25
	line 23 or line 24 (see instructions)			0.0005		
	Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor. (see instructions)			0. 000000 0. 000000		26
	IME add-on adjustment amount (see instructions)			0.000000		28
01	IME add-on adjustment amount - Managed Care (see instructions)			0		28
	Total IME payment ( sum of lines 22 and 28)	<b>`</b>		35, 464		29
	<u>Total IME payment – Managed Care (sum of lines 22.01 and 28.01)</u> Disproportionate Share Adjustment	)	I	0		29
	Percentage of SSI recipient patient days to Medicare Part A pa	tient days		1. 57		30
	(see instructions)	<u> </u>				
	Percentage of Medicaid patient days (see instructions)			0.00		31
	Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions)			1.57 0.00		32
	Disproportionate share adjustment (see instructions)			0.00		3

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150057	Peri od:	Worksheet E	
			From 01/01/2014 To 12/31/2014		
		Title XVIII	Hospi tal	PPS	<i>y</i> pm
			Prior to	On/After	
	_		October 1	October 1	
	Uncompared Course Additionations	0	1.00	2.00	
35.00	Uncompensated Care Adjustment Total uncompensated care amount (see instructions)		9 046 380 143	7, 647, 644, 855	35.00
35.00	Factor 3 (see instructions)		0. 000046473	0. 000033721	35.00
35.02	Hospital uncompensated care payment (If line 34 is zero,		0	0	35.02
	enter zero on this line) (see instructions)				
35.03	Pro rata share of the hospital uncompensated care payment		0	0	35.03
	amount (see instructions)				
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	discharges (Lines 40 throu	(ah 46)		
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
41 01	682, 683, 684 an 685. (see instructions)		0		41 01
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not		0.00		42.00
	qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652,		0		43.00
	682, 683, 684 an 685. (see instructions)				
44.00	Ratio of average length of stay to one week (line 43		0. 000000		44.00
45.00	divided by line 41 divided by 7 days) Average weekly cost for dialysis treatments (see		0.00		45.00
10.00	instructions)		0.00		10.00
46.00	Total additional payment (line 45 times line 44 times line		0		46.00
	41.01)				
47.00	Subtotal (see instructions)		12, 650, 759		47.00
48.00	Hospital specific payments (to be completed by SCH and		0		48.00
49.00	MDH, small rural hospitals only.(see instructions) Total payment for inpatient operating costs (see		12, 650, 759		49.00
47.00	instructions)		12,030,737		47.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt.		1, 007, 562		50.00
	and Pt. II, as applicable)				
51.00	Exception payment for inpatient program capital (Wkst. L,		0		51.00
52.00	Pt. III, see instructions) Direct graduate medical education payment (from Wkst. E-4,		25, 866		52.00
52.00	line 49 see instructions).		23,000		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1,		0		55.00
56 00	line 69) Cost of physicians' services in a teaching hospital (see		0		56.00
50.00	intructions)		0		50.00
57.00	Routine service other pass through costs (from Wkst. D,		0		57.00
	Pt. III, column 9, lines 30 through 35).				
58.00	Ancillary service other pass through costs from Wkst. D,		0		58.00
	Pt. IV, col. 11 line 200)		12 (04 107		F0 00
59.00 60.00	Total (sum of amounts on lines 49 through 58) Primary payer payments		13, 684, 187 3, 261		59.00 60.00
61.00	Total amount payable for program beneficiaries (line 59		13, 680, 926		61.00
	minus line 60)				
62.00	Deductibles billed to program beneficiaries		1, 366, 560		62.00
63.00	Coinsurance billed to program beneficiaries		2,432		63.00
64.00 65.00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)		73, 642 47, 867		64.00 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see		1, 216		66.00
- 0. 00	instructions)		1,210		
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12, 359, 801		67.00
68.00	Credits received from manufacturers for replaced devices		0		68.00
(0.00	for applicable to MS-DRGs (see instructions)				(0.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see		0		70.89
	instructions)				
70. 90	HSP bonus payment HVBP adjustment amount (see		0		70.90
70. 91	instructions) HSP bonus payment HRR adjustment amount (see instructions)		~		70.91
70.91	Bundled Model 1 discount amount (see instructions)		0		70.91
	HVBP payment adjustment amount (see instructions)		43, 683		70.92
70.94	HRR adjustment amount (see instructions)		0		70.94
70 95	Recovery of accelerated depreciation		0		70.95

	Financial Systems ST. FRANCIS H&H: ATION OF REIMBURSEMENT SETTLEMENT		De		u of Form CMS-	2002 10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150057	Fr	riod: om 01/01/2014	Worksheet E Part A	
			To	12/31/2014		epared:
		Title XVIII		Hospi tal	5/26/2015 3:5 PPS	59 pm
		In the Avith		Pri or to	On/After	
				October 1	October 1	
		0		1.00	2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy)		0	0		70.96
	(Enter in column 0 the corresponding federal year for the					
	period prior to 10/1)					
70. 97	Low volume adjustment for federal fiscal year (yyyy)		0	0		70.97
	(Enter in column 0 the corresponding federal year for the					
	period ending on or after 10/1)					
	Low Volume Payment-3			0		70.98
	HAC adjustment amount (see instructions)			0		70.99
/1.00	Amount due provider (line 67 minus lines 68 plus/minus			12, 403, 484		71.00
71 01	lines 69 & 70) Sequestration adjustment (see instructions)			248, 070		71.01
	Interim payments			248,070 12, 138, 994		72.00
	Tentative settlement (for contractor use only)			12, 130, 994		73.00
	Balance due provider (Program) (line 71 minus lines 71.01,			16, 420		74.00
74.00	72, and 73)			10, 420		74.00
75 00	Protested amounts (nonallowable cost report items) in			108, 186		75.00
/0.00	accordance with CMS Pub. 15-2, chapter 1, §115.2			100, 100		/ 0.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
	Operating outlier amount from Wkst. E, Pt. A, line 2 (see			0		90.00
	instructions)					
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0		91.00
92.00	Operating outlier reconciliation adjustment amount (see			0		92.00
	instructions)					
93.00	Capital outlier reconciliation adjustment amount (see			0		93.00
	instructions)					
94.00	The rate used to calculate the time value of money (see			0.00		94.00
	instructions)					
95.00	Time value of money for operating expenses (see			0		95.00
04 00	instructions)			0		96.00
96.00	Time value of money for capital related expenses (see instructions)			0		90.00
			F	Prior to $10/1$	On/After 10/1	
			Ľ	1.00	2.00	
	HSP Bonus Payment Amount			1100	21.00	
	HSP bonus amount (see instructions)			0	0	100.00
	HVBP Adjustment for HSP Bonus Payment					1
101.00	HVBP adjustment factor (see instructions)			0	0	101.00
	HVBP adjustment amount for HSP bonus payment (see instruction	ons)		0	0	102.00
	HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000		103.00
	HRR adjustment amount for HSP bonus payment (see instruction			0	_	104.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150057	Peri od:	Worksheet E	
			From 01/01/2014 To 12/31/2014		
		Title XVIII	Hospi tal	PPS	9 pii
			-	1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES				
00 00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instruc	ctions)		2, 802 11, 181, 229	1
00	PPS payments			9, 053, 444	
00	Outlier payment (see instructions)			0	4
00	Enter the hospital specific payment to cost ratio (see instru	uctions)		0.000	5
00	Line 2 times line 5			0	6
00	Sum of line 3 plus line 4 divided by line 6			0.00	
00 00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt.	IV col 13 line 200		0	
	Organ acqui si ti ons	10, 601. 13, 1116 200		0	
	Total cost (sum of lines 1 and 10) (see instructions)			2, 802	
	COMPUTATION OF LESSER OF COST OR CHARGES				[
	Reasonabl e charges				
	Ancillary service charges			12, 529	
	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, Total reasonable charges (sum of lines 12 and 13)	COI. 4)		0 12, 529	13
. 00	Customary charges			12, 327	1.
5.00	Aggregate amount actually collected from patients liable for	payment for services or	a charge basis	0	15
6.00	Amounts that would have been realized from patients liable for	or payment for services	on a chargebasi s	0	16
	had such payment been made in accordance with 42 CFR §413.13(	(e)			
	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete or	nly if line 18 exceeds l	ine 11) (see	12, 529 9, 727	
. 00	instructions)	ing in this to exceeds i		7, 727	'
0. 00	Excess of reasonable cost over customary charges (complete or	nly if line 11 exceeds l	ine 18) (see	0	20
	instructions)				
	Lesser of cost or charges (line 11 minus line 20) (for CAH se	ee instructions)		2, 802	
	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see inst	tructions)		0	
	Total prospective payment (sum of lines 3, 4, 8 and 9)			9, 053, 444	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
	Deductibles and coinsurance (for CAH, see instructions)			640	
	Deductibles and Coinsurance relating to amount on line 24 (for			1, 964, 723	
. 00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26)	plus the sum of lines 2	22 and 23} (for	7, 090, 883	27
3. 00	CAH, see instructions) Direct graduate medical education payments (from Wkst. E-4, I	ine 50)		11, 572	28
	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	
	Subtotal (sum of lines 27 through 29)			7, 102, 455	30
	Primary payer payments			1, 090	
2.00	Subtotal (line 30 minus line 31)			7, 101, 365	32
00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI Composite rate ESRD (from Wkst. I-5, line 11)	CES)		0	33
	Allowable bad debts (see instructions)			176, 031	
	Adjusted reimbursable bad debts (see instructions)			114, 420	
b. 00	Allowable bad debts for dual eligible beneficiaries (see inst	tructions)		75, 340	36
	Subtotal (see instructions)			7, 215, 785	
	MSP-LCC reconciliation amount from PS&R			0	
	OTHER ADJUSTMENTS Pioneer ACO demonstration payment adjustment (see instruction			39 0	
9.98	Partial or full credits received from manufacturers for repla		ictions)	0	39
	RECOVERY OF ACCELERATED DEPRECIATION			0	39
0. 00	Subtotal (see instructions)			7, 215, 824	40
	Sequestration adjustment (see instructions)			144, 316	
	Interim payments			7, 030, 623	
	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)			0 40, 885	42
	Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub 15-2	chapter 1	40, 885	43
	§115. 2			0	
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)			0	
	Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00 0	
. 00	Total (sum of lines 91 and 93)				92

IALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provi der	CCN: 150057	Period: From 01/01/2014 To 12/31/2014		pare
		Ti tl	e XVIII	Hospi tal	PPS	
		I npati en	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 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		12, 103, 6	94 0	6, 982, 423 0	1. 2. 3.
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
01 02	ADJUSTMENTS TO PROVIDER	08/14/2014	35, 3		48, 200	3. 3.
02				0	0	
04				0	0	
05				0	0	3.
	Provider to Program					
50	ADJUSTMENTS TO PROGRAM			0	0	
51 52				0	0	3
52 53				0	0	
54				0	0	3.
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		35, 3	00	48, 200	
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		12, 138, 9	94	7, 030, 623	4.
	TO BE COMPLETED BY CONTRACTOR	1			1	
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5
	Program to Provider					
01	TENTATI VE TO PROVIDER			0	0	
02 03				0	0	
03	Provider to Program			0	0	1 3
50	TENTATI VE TO PROGRAM			0	0	5
51				0	0	
52				0	0	
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
D1	SETTLEMENT TO PROVIDER		16, 4	20	40, 885	6
02	SETTLEMENT TO PROGRAM			0	0	6
00	Total Medicare program liability (see instructions)		12, 155, 4		7, 071, 508	7
				Contractor	NPR Date	
			)	Number 1.00	(Mo/Day/Yr) 2.00	
	Name of Contractor	-	5	1.00	2.00	8

Heal th	Financial Systems ST. FRANCIS H&H-	MOORESVI LLE	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150057	Period: From 01/01/2014 To 12/31/2014		
		Title XVIII	Hospi tal	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATIO			2, 941	1.00
	1.00 Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				
	2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1, 234	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1,	8-12		8, 684	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			312, 257, 058	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3			19, 486, 941	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of line 168	certified HII technology	Wkst. S-2, Pt. I	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)			472, 506	8.00
9.00	Sequestration adjustment amount (see instructions)			9, 450	9.00
10.00	Calculation of the HIT incentive payment after sequestration	ı (see instructions)		463, 056	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			351, 038	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and	line 31) (see instructio	ns)	112, 018	32.00

	Financial Systems ST. FRANCIS H&H-			u of Form CMS-2	
ALCULA	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150057	Period: From 01/01/2014 To 12/31/2014		pare
		Title XIX	Hospi tal	PPS	9 pi
			Inpatient	Outpati ent	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH S	SERVICES FOR TITLES V OR 2	KIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES				
	Inpatient hospital/SNF/NF services		0		1
	Medical and other services			3, 142, 720	
	Organ acquisition (certified transplant centers only)		0	0 1 4 0 7 0 0	3
	Subtotal (sum of lines 1, 2 and 3)		0	3, 142, 720	45
	Inpatient primary payer payments Outpatient primary payer payments		0	0	6
	Subtotal (line 4 less sum of lines 5 and 6)		0	3, 142, 720	
	COMPUTATION OF LESSER OF COST OR CHARGES		0	5, 142, 720	1 '
	Reasonable Charges				1
	Routine service charges		0		18
	Ancillary service charges		5, 070, 977	25, 961, 887	9
. 00	Organ acquisition charges, net of revenue		0		10
	Incentive from target amount computation		0		11
	Total reasonable charges (sum of lines 8 through 11)		5, 070, 977	25, 961, 887	12
	CUSTOMARY CHARGES				
	Amount actually collected from patients liable for payment f	for services on a charge	0	0	13
	basis Amounts that would have been realized from patients liable f	for normant for convious		0	11
	a charge basis had such payment been made in accordance with		on 0	0	14
	Ratio of line 13 to line 14 (not to exceed 1.000000)	1 42 CIR 9415. 15(e)	0. 000000	0.000000	15
	Total customary charges (see instructions)		5, 070, 977	25, 961, 887	
	Excess of customary charges over reasonable cost (complete c	only if line 16 exceeds	5, 070, 977	22, 819, 167	
	line 4) (see instructions)		-, -, -, -, -, -, -, -, -, -, -, -, -, -		
. 00	Excess of reasonable cost over customary charges (complete c	only if line 4 exceeds li	ne 0	0	18
	16) (see instructions)				
	Interns and Residents (see instructions)		0	0	19
	Cost of physicians' services in a teaching hospital (see ins		0	0	20
	Cost of covered services (enter the lesser of line 4 or line		0	3, 142, 720	21
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only b	e completed for PPS provi		0	22
	Other than outlier payments Outlier payments		0	0	23
	Program capital payments		0	0	24
	Capital exception payments (see instructions)		0		25
	Routine and Ancillary service other pass through costs		0	0	
	Subtotal (sum of lines 22 through 26)		0	0	
	Customary charges (title V or XIX PPS covered services only)		0	0	28
	Titles V or XIX (sum of lines 21 and 27)		0	3, 142, 720	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
. 00	Excess of reasonable cost (from line 18)		0	0	30
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and	6)	0	3, 142, 720	31
. 00	Deducti bl es		0	0	32
	Coinsurance		0	0	
	Allowable bad debts (see instructions)		0	0	
	Utilization review	1.00	0	0 4 40 700	35
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 a	ana 33)	0	3, 142, 720	
	OTHER ADJ - TO ZERO OUT MEDICAID		0	-3, 142, 720	
	Subtotal (line 36 ± line 37) Direct graduate medical education payments (from Wkst. E-4)		0	0	38
	Total amount payable to the provider (sum of lines 38 and 39	2)	0	0	
	Interim payments	<i>'</i> )	0	0	
	Balance due provider/program (line 40 minus line 41)		0	0	
	Protested amounts (nonallowable cost report items) in accord	ance with CMS Pub 15-2	0	0	
			0	U U	

	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT L EDUCATION COSTS	Provi der	CCN: 150057	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Pre	
					5/26/2015 3:5	9 pm
			e XVIII	Hospi tal	PPS	
					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic p ending on or before December 31, 1996.	0		0.1	0.00	
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR		(1) (see inst	ructions)	0.00	2.00
3.00 3.01	Amount of reduction to Direct GME cap under section 422 of MMA Direct GME cap reduction amount under ACA §5503 in accordance	. (see	0.00 0.00	3.00 3.0		
4.00	instructions for cost reporting periods straddling 7/1/2011) Adjustment (plus or minus) to the FTE cap for allopathic and o	e to a Medicare	0. 63	4.00		
4. 01	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) ACA Section 5503 increase to the Direct GME FTE Cap (see instr	0.00	4.01			
	straddling 7/1/2011)			0.1	0.00	4.01
4. 02	02 ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plu 4.02 plus applicable subscripts	s or minus	line 4 plus	lines 4.01 and	0. 63	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic p records (see instructions)	rograms foi	r the current	year from your	0. 38	6.00
7.00	Enter the lesser of line 5 or line 6			0.11	0. 38	7.00
			Primary Care 1.00	e Other 2.00	Total 3.00	
3.00	Weighted FTE count for physicians in an allopathic and osteopa	thic	0. (			8.00
9.00	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherwi		0. (			
	multiply line 8 times the result of line 5 divided by the amou 6.					
10.00	Weighted dental and podiatric resident FTE count for the curre	nt year		0.00		10.00
11.00 12.00	Total weighted FTE count	NOAR (COO	0.0			11.00 12.00
12.00	Total weighted resident FTE count for the prior cost reporting instructions)	year (see	0. 0	0.30		12.00
13.00	Total weighted resident FTE count for the penultimate cost rep year (see instructions)	orting	0.3	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided	by 3).	0. 3			14.00
15.00	Adjustment for residents in initial years of new programs		0.0			15.0
16.00	Adjustment for residents displaced by program or hospital clos	ure	0. (			16.00
17.00	Adjusted rolling average FTE count		0. 3			17.00
18.00	Per resident amount		81, 830. (		54 550	18.00
19.00	Approved amount for resident costs		31, 09	95 20, 458	51, 553	19.00
					1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FT Sec. 413.79(c)(4)	E resident	cap slots re	eceived under 42	0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instruc	tions)			0.00	21.0
22.00	Allowable additional direct GME FTE Resident Count (see instru				0.00	•
23.00	Enter the locally adjustment national average per resident amo	unt (see in	nstructions)			23.00
	Multiply line 22 time line 23					24.00
25.00	Total direct GME amount (sum of lines 19 and 24)		1	Menoved assoc	51, 553	25.00
			Inpatient Part A	Managed care		
			1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD		E 01	1		24.00
	Inpatient Days (see instructions)		5, 29			26.00
	Total Inpatient Days (see instructions)		8, 74			27.00
28.00	Ratio of inpatient days to total inpatient days		0.60503			28.00 29.00
20 00						
29.00 30.00	Program direct GME amount Reduction for direct GME payments for Medicare Advantage		31, 19	1, 028		30.0

Heal th Fi	nancial Systems	ST. FRANCIS H&H-MOO	RESVI LLE	In Lieu	u of Form CMS-2	2552-10
	RADUATE MEDICAL EDUCATION (GME) & ESRD OUT	PATIENT DIRECT	Provider CCN: 150057	Period:	Worksheet E-4	
MEDICAL F	EDUCATION COSTS			From 01/01/2014 To 12/31/2014	Date/Time Pre	narod
				10 12/31/2014	5/26/2015 3:5	
			Title XVIII	Hospi tal	PPS	
					1.00	
	RECT MEDICAL EDUCATION COSTS FOR ESRD COMP	POSITE RATE - TITLE	XVIII ONLY (NURSING SC	CHOOL AND PARAMED	I CAL	
	UCATION COSTS)				-	
	enal dialysis direct medical education cost nd 94)	ts (from Wkst. B, Pi	t. I, sum of col. 20 ar	nd 23, lines /4	0	32.00
	enal dialysis and home dialysis total charg	ges (Wkst. C, Pt. I,	col. 8, sum of lines	74 and 94)	0	33.00
	atio of direct medical education costs to i			,	0.00000	34.00
35.00 Me	edicare outpatient ESRD charges (see instru	uctions)			0	35.00
36.00 Me	edicare outpatient ESRD direct medical educ	cation costs (line 3	34 x line 35)		0	36.00
AP	PORTIONMENT BASED ON MEDICARE REASONABLE C	COST - TITLE XVIII (	DNLY			
	rt A Reasonable Cost					
	easonable cost (see instructions)				25, 000, 189	
	rgan acquisition costs (Wkst. D-4, Pt. III,				0	38.00
	ost of physicians' services in a teaching h	nospital (see instru	uctions)		0	39.00
	rimary payer payments (see instructions)				3, 261	40.00
	otal Part A reasonable cost (sum of lines 3	37 through 39 minus	line 40)		24, 996, 928	41.00
-	rt B Reasonable Cost easonable cost (see instructions)				11 104 021	42.00
	rimary payer payments (see instructions)				11, 184, 031 1, 090	
	otal Part B reasonable cost (line 42 minus	lino (2)			11, 182, 941	43.00
	otal reasonable cost (sum of lines 41 and 4	,			36, 179, 869	
	atio of Part A reasonable cost to total rea		41 ÷ line 45)		0. 690907	
	atio of Part B reasonable cost to total rea				0. 309093	
	LOCATION OF MEDICARE DIRECT GME COSTS BETW			I		
48.00 Tc	otal program GME payment (line 31)				37, 438	48.00
	art A Medicare GME payment (line 46 x 48) (	(title XVIII only)	(see instructions)		25, 866	49.00
50.00 Pa	art B Medicare GME payment (line 47 x 48) (	(title XVIII only)	(see instructions)		11, 572	50.00

	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column on			eriod: rom 01/01/2014	Worksheet G	
		, y)		o 12/31/2014	Date/Time Pre 5/26/2015 3:5	pared: 9 pm
		General Fund	Speci fi c Purpose Fund	Endowment Fund	Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
00	Cash on hand in banks	858, 318	0	0	0	1.0
00	Temporary investments	0		-	0	2.0
00 00	Notes recei vabl e Accounts recei vabl e	44, 228, 606	0	-	0	3.0
00	Other receivable	551, 930		-	0	
00	Allowances for uncollectible notes and accounts receivable			0	0	6.0
00	Inventory	3, 194, 712		0	0	7.0
00 00	Prepaid expenses Other current assets	366, 073	0	0	0	8.0
00	Due from other funds	931	0	-	0	10.0
. 00	Total current assets (sum of lines 1-10)	17, 712, 107			0	
	FI XED ASSETS	-	-	_		
2.00	Land improvements	0	-	-	0	
. 00 . 00	Land improvements Accumulated depreciation	1, 432, 719 -551, 347	0		0	13.0
5.00	Buildings	80, 974, 988	-	-	0	15.0
. 00	Accumulated depreciation	-31, 161, 275		-	0	16. (
. 00	Leasehold improvements	592, 542		-	0	17.0
3.00 9.00	Accumulated depreciation Fixed equipment	-228, 026	0	-	0	18.0
). 00	Accumulated depreciation	0	0	-	0	20.0
. 00	Automobiles and trucks	0	0	0	0	21.0
2.00	Accumul ated depreciation	0	0	-	0	22.0
8.00	Major movable equipment	23, 384, 057		-	0	23.0
. 00 . 00	Accumulated depreciation Minor equipment depreciable	-8, 998, 791	0	-	0	24.0 25.0
b. 00	Accumulated depreciation	0	0	0	0	26.0
. 00	HIT designated Assets	0	0	0	0	27.0
3.00	Accumulated depreciation	0	0	-	0	28.0
). 00 ). 00	Minor equipment-nondepreciable Total fixed assets (sum of lines 12-29)	0 65, 444, 867	0		0	29.0 30.0
. 00	OTHER ASSETS	05, 444, 807		0	0	30.0
. 00	Investments	1, 425, 882	0	0	0	31.0
2.00	Deposits on leases	0	0	-	0	32.0
8.00 4.00	Due from owners/officers Other assets		0	-	0	33.0
5.00	Total other assets (sum of lines 31-34)	1, 425, 882	-	-	0	35.0
. 00	Total assets (sum of lines 11, 30, and 35)	84, 582, 856			0	
	CURRENT LI ABI LI TI ES	Γ	1			
. 00	Accounts payable	4, 196, 013			0	37.0
3.00 9.00	Salaries, wages, and fees payable Payroll taxes payable	2, 187, 763 0		-	0	38.0
	Notes and Loans payable (short term)	0	0	0		40.0
. 00	Deferred income	0	0	0	0	
2.00	Accelerated payments	0			0	42.0
8.00 1.00	Due to other funds Other current liabilities	322, 421	0	-	0	
5.00	Total current liabilities (sum of lines 37 thru 44)	6, 706, 197			0	
	LONG TERM LIABILITIES					
. 00	Mortgage payable	0	0		0	
. 00	Notes payable	0	0	0	0	
3.00 9.00	Unsecured Loans Other Long term liabilities	-1, 934, 216		0	0	
. 00	Total long term liabilities (sum of lines 46 thru 49	-1, 934, 216		-	0	
. 00	Total liabilites (sum of lines 45 and 50)	4, 771, 981	0	0	0	51.0
	CAPI TAL ACCOUNTS		1	1		
2.00	General fund balance	79, 810, 875	0			52.0
8.00 4.00	Specific purpose fund Donor created - endowment fund balance - restricted			0		53. 54.
5.00	Donor created - endowment fund balance - restricted			0		55.
. 00	Governing body created - endowment fund balance			0		56.
. 00	Plant fund balance - invested in plant				0	
8.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.0
	Total fund balances (sum of lines 52 thru 58)	79, 810, 875	0	0	0	59.0
. 00						

	Financial Systems SIN FUND BALANCES	ST. FRANCIS H&H		CCN: 150057		i od:	u of Form CMS Worksheet G-		52-10
					Fro To	m 01/01/2014 12/31/2014	Date/Time Pr 5/26/2015 3:		
		General	Fund	Speci al	Purp	oose Fund	Endowment Fund		
		1.00	2.00	3.00		4.00	5.00	+	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) FUND EQUITY CHANGES PBC OUT OF BALANCE Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	85, 526, 625 26, 509, 605 112, 036, 230 0 112, 036, 230 32, 225, 355 79, 810, 875		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	$\begin{array}{c} 1.00\\ 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 13.00\\ 15.00\\ 15.00\\ 15.00\\ 15.00\\ 15.00\\ 15.00\\ 19.00\\ 19.00\\ \end{array}$
		Endowment Fund	PI ant	Fund					
1 00	Fund halanses at heritarian of anti-	6.00	7.00	8.00					1.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0	0 0 0 0 0		0				1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) FUND EQUITY CHANGES PBC OUT OF BALANCE	0	0 0 0 0 0 0		0				10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
	Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0			0 0				18.00 19.00

TEME	Financial Systems ST. FRANCIS H&H-MOO NT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der	CCN: 150057	In Lie Period: From 01/01/2014 To 12/31/2014	Worksheet G-2 Parts I & II	2 epared:
	Cost Center Description		I npati ent	Outpati ent	Total	
			1.00	2.00	3.00	
	PART I - PATIENT REVENUES General Inpatient Routine Services					-
	Hospital		18, 729, 7	0.2	18, 729, 792	1.0
	SUBPROVIDER – IPF		10, 729, 7	92	10, 129, 192	2.0
	SUBPROVIDER - IRF					3.0
	SUBPROVIDER					4.0
	Swing bed - SNF			0	0	
	Swing bed - NF			0	0	
	SKILLED NURSING FACILITY			0		7.0
	NURSING FACILITY					8.0
	OTHER LONG TERM CARE					9.0
	Total general inpatient care services (sum of lines 1-9)		18, 729, 7	92	18, 729, 792	10.0
	ntensive Care Type Inpatient Hospital Services			Į		
00	INTENSIVE CARE UNIT					11.0
00	CORONARY CARE UNIT					12.0
00	BURN INTENSIVE CARE UNIT					13.0
00	SURGI CAL I NTENSI VE CARE UNI T			0	0	14.0
00	OTHER SPECIAL CARE (SPECIFY)					15.0
00	Total intensive care type inpatient hospital services (sum of I	i nes		0	0	16.0
	11-15)					
	Total inpatient routine care services (sum of lines 10 and 16)		18, 729, 7		18, 729, 792	
	Ancillary services		89, 091, 6			
	Outpatient services		4, 854, 5			
	RURAL HEALTH CLINIC			0 0		
	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0 0	
	HOME HEALTH AGENCY					22.0
	AMBULANCE SERVICES					23.0
						24.0
				0 0	0	
	AMBULATORY SURGICAL CENTER (D. P. ) HOSPICE					25.0
	OTHER		1, 0	45 6, 921, 757	6, 922, 802	
	Total patient revenues (sum of lines 17-27)(transfer column 3 t	o Wkst	112, 677, 0			
	G-3, line 1)	o wkst.	112,077,0	40 207, 302, 012	320, 177, 000	20.0
	PART II - OPERATING EXPENSES		1		1	
	Operating expenses (per Wkst. A, column 3, line 200)			87, 276, 250		29.0
	ADD (SPECI FY)			0		30.0
00				0		31.0
00				0		32.0
00				0		33.0
00				0		34.0
00				0		35.0
00	Total additions (sum of lines 30-35)			C		36.0
	DEDUCT (SPECIFY)			0		37.0
00				0		38.0
00				0		39.
00				0		40.
00				0		41.(
	Total deductions (sum of lines 37-41)			0		42.0
00	Total operating expenses (sum of lines 29 and 36 minus line 42)	(transfer	1	87, 276, 250		43.0

Heal th	Financial Systems ST. FRANCIS H&H-MOC	DRESVI LLE	In Lie	u of Form CMS-2	2552-10
STATEN	ENT OF REVENUES AND EXPENSES	Provider CCN: 150057	Peri od:	Worksheet G-3	
			From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 3:5	
1 00	Tatal anti-ant generation (from What C. 2. Double anti-	20)		1.00	1.00
1.00 2.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			320, 179, 860 212, 210, 047	
2.00	Less contractual allowances and discounts on patients' accounts Net patient revenues (line 1 minus line 2)			107, 969, 813	
3.00 4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43	2)		87, 276, 250	
4.00 5.00	Net income from service to patients (line 3 minus line 4)			20, 693, 563	
5.00	OTHER INCOME	20, 073, 303	5.00		
6.00					6.00
7.00	Income from investments			0 110	
8.00	Revenues from telephone and other miscellaneous communication s	servi ces		501, 716	
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			623, 923	10.00
11.00	Rebates and refunds of expenses			0	
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			675, 157	14.00
15.00	Revenue from rental of living quarters			0	15.00
16.00	Revenue from sale of medical and surgical supplies to other that	an patients		0	16.00
17.00				0	17.00
18.00	00 Revenue from sale of medical records and abstracts			0	
	00 Tuition (fees, sale of textbooks, uniforms, etc.)			0	
	5			350	
	5			157, 748	
22.00	· · · · · · · · · · · · · · · · · · ·			36, 716	
				0	
				3, 820, 322	
	00 Total other income (sum of lines 6-24)			5, 816, 042	
	Total (line 5 plus line 25)			26, 509, 605	
	OTHER EXPENSES (SPECIFY)			0	
	28.00 Total other expenses (sum of line 27 and subscripts)			0 26, 509, 605	
29.00	29.00 Net income (or loss) for the period (line 26 minus line 28)				

	TION OF CAPITAL PAYMENT	Provi der CCN: 150057	Period: From 01/01/2014 To 12/31/2014		
		Title XVIII	Hospi tal	PPS	o pili
-				1.00	
	ART I - FULLY PROSPECTIVE METHOD				-
	APITAL FEDERAL AMOUNT			999, 461	1 1.
	Capital DRG other than outlier Model 4 BPCI Capital DRG other than outlier			999, 401	
	Capital DRG outlier payments			3, 503	
	Model 4 BPCI Capital DRG outlier payments			0, 505	
	Total inpatient days divided by number of days in the cost reporting period (see instructions)			23.96	
	Number of interns & residents (see instructions)			0.39	
00 1	Indirect medical education percentage (see instructions)				5
00   I	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)			4, 598	6
00 P	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line				7
	30) (see instructions)			0.00	
	Percentage of Medicaid patient days to total days (see instructions)				
	Sum of Lines 7 and 8			0.00	
				0.00	
	Disproportionate share adjustment (line 10 times the sum of Total prospective capital payments (sum of lines 1, 1.01, 2			0 1, 007, 562	
. 00  1	otal prospective capital payments (sum of filles 1, 1.01, 2			1,007,302	12
-				1.00	
	ART II - PAYMENT UNDER REASONABLE COST			0	
	Program inpatient routine capital cost (see instructions)				
	Program inpatient ancillary capital cost (see instructions) Total inpatient program capital cost (line 1 plus line 2)			0	
	Capital cost payment factor (see instructions)			0	
	otal inpatient program capital cost (line 3 x line 4)			0	
				-	-
D	ART III - COMPUTATION OF EXCEPTION PAYMENTS			1.00	
	Program inpatient capital costs (see instructions)			0	1 1
	Program inpatient capital costs for extraordinary circumsta	nces (see instructions)		0	
	let program inpatient capital costs (line 1 minus line 2)	·····		0	
A OC	applicable exception percentage (see instructions)			0.00	4
	Capital cost for comparison to payments (line 3 x line 4)			0	
00 C	Percentage adjustment for extraordinary circumstances (see	-		0.00	
00 P		ry circumstances (line 2 ·	x line 6)	0	
00 P 00 A	djustment to capital minimum payment level for extraordina	ry critcullistances (rifle 2)	,		8
00 P 00 A 00 C	Capital minimum payment level (line 5 plus line 7)		,	0	
00 P 00 A 00 C 00 C	Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as app	l i cabl e)		0	
00 P 00 A 00 C 00 C . 00 C . 00 C	Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as app Current year comparison of capital minimum payment level to Carryover of accumulated capital minimum payment level over	licable) capital payments (line 8	less line 9)	-	10
00 P 00 A 00 C 00 C . 00 C . 00 C	Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as app Current year comparison of capital minimum payment level to Carryover of accumulated capital minimum payment level over Norksheet L, Part III, line 14)	licable) capital payments (line 8 capital payment (from pr	less line 9) ior year	0 0 0	10 11
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