Health Financial Systems This report is required by law (42 USC 1395g; 42 CF	CISCAN ST. MARGA				of Form CMS- FORM APPROVED		
payments made since the beginning of the cost repor					OMB NO. 0938-		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPO	ORT CERTIFICATIO	N Provider (		ri od:	Worksheet S		
AND SETTLEMENT SUMMARY			To	om 01/01/2014 12/31/2014	Parts I-III Date/Time Pre	pared <sup>.</sup>	
				12, 01, 2011	5/27/2015 6:2		
PART I - COST REPORT STATUS				<b>D L E</b> (07 (00)			
Provider 1. [X] Electronically filed cost rep				Date: 5/27/20	15 Time: 6	5:24 pm	
use only 2. [ ] Manually submitted cost report 3. [ 0 ] If this is an amended report		or of times the	nrovider resub	mitted this co	st report		
4. [F] Medicare Utilization. Enter '	F" for full or	"L" for low.			Streport		
	Recei ved:		10. NPR				
use only (1) As Submitted 7. Contr (2) Settled without Audit 8. [N]	actor No.	for this Drovi	dor CCN 12 [ 0	ractor's Vendo	r Code:	4 Intor	
(2) Settled without Audit 8. [N] (3) Settled with Audit 9. [N]	Final Report fo	or this Provide	er CCN	number of tim	iuliin i is 4: E es reopened =	0-9	
(4) Reopened					oo rooponou	0 /1	
(5) Amended							
PART II - CERTIFICATION MISREPRESENTATION OF FALSIFICATION OF ANY INFORMATI		THIS COST DED					
ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UND							
PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY C							
ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MA							
CERTIFICATION BY OFFICER OR ADMINI	STRATOR OF PROV	DER(S)					
I HEREBY CERTIFY that I have read the above electronically filed or manually submitted							
Expenses prepared by FRANCISCAN ST. MARGARET HEALTH- DYER ( 150090 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true,							
correct, complete and prepared from the boo							
instructions, except as noted. I further o							
provision of health care services, and that	t the services i	dentified in t	his cost report	were provideo	lin		
compliance with such laws and regulations.							
	(6) and	- d)					
	(Si gne	·	er or Administra	ator of Provid	er(s)		
		Unice			51 (3)		
		Title					
		Date					
		Title	XVIII				
Cost Center Description	Title V	Part A	Part B	ніт	Title XIX		
	1.00	2.00	3.00	4.00	5.00		
PART III - SETTLEMENT SUMMARY	1 1						
1.00 Hospital	0	904, 954	93, 482	-82, 729	0	•	
2.00 Subprovider - IPF	0	0	0		0	2.00	
3.00 Subprovider - IRF 4.00 SUBPROVIDER I	0	35, 992 0	0		-1 0	3.00 4.00	
5.00 Swing bed - SNF	0	0	0		0	•	
6.00 Swing bed - NF	0	0	0		0	6.00	
200. 00 Total	0	940, 946	93, 482	-82, 729		200.00	
The above amounts represent "due to" or "due from"	the applicable					·	
According to the Paperwork Reduction Act of 1995, n	o persons are r	equired to resp	pond to a colle	ction of infor	mation unless	i t	
displays a valid OMB control number. The valid OME							
required to complete and review the information col	lection is estimated					ew	

instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX	FRANCISCAN S				R N: 150090	Period: From 01/0			neet S-2	2552-10
									Date/1	Time Pre 2015 6:2	
	1.00		. 00		3.00			4.00	572172	010 0.2	
1.00	Hospital and Hospital Health Care Co Street: 24 JOLIET STREET	PO Box:									1.00
2.00	Ci ty: DYER	State:	IN	Zip Code	e: 46311	1-1799 Cou					2.00
		Component N		CCN Number	CBSA Number		er Date Certified		ent Sys , 0, oi	tem (P,	
				Number	Number	Турс		V	XVI I		_
	Uponital and Uponital Decod Company	1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00	Hospital and Hospital-Based Componer Hospital	FRANCI SCAN ST. M		150090	23844	4 1	07/01/196	6 N	Р	0	3.00
4 00		HEALTH- DYER									1.00
4.00 5.00	Subprovi der – IPF Subprovi der – IRF	FRANCISCAN ST. N	MARGARET	15T090	23844	4 5	01/01/200	2 N	P	Т	4.00 5.00
( 00	Subprovider (Other)	HEALTH - REH									6.00
6.00 7.00	Subprovider - (Other) Swing Beds - SNF										6.00 7.00
8.00	Swing Beds - NF										8.00
9.00 10.00	Hospital-Based SNF Hospital-Based NF			·							9.00
11.00	Hospi tal -Based OLTC										11.00
12.00 13.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16. 00 17. 00	Hospital-Based Health Clinic - FQHC Hospital-Based (CMHC) I										16.00
18.00	Renal Dialysis										18.00
19.00	Other						From	n·	т	<u>.</u> o:	19.00
							1.0			00	-
20. 00 21. 00	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions)						01/01/	2014 1	12/3	1/2014	20.00 21.00
22.00	Inpatient PPS Information Does this facility qualify and is it	currently recei	ving payme	ents for	di spro	oportionat	e Y			N	22.00
	share hospital adjustment, in accord for yes or "N" for no. Is this facil	ity subject to 4	2 CFR Sect	tion §41							
22. 01	amendment hospital?) In column 2, en Did this hospital receive interim un period? Enter in column 1, "Y" for y	compensated care	payments	for this			N			N	22. 01
	reporting period occurring prior to for no for the portion of the cost r	October 1. Enter	in column	ר 2, "Y"	for ye	es or "N"					
~~ ~~	(see instructions)		0								
22. 02	Is this a newly merged hospital that determined at cost report settlement									N	22.02
	or "N" for no, for the portion of th	e cost reporting	period pr	rior to (	October	r 1. Enter					
	in column 2, "Y" for yes or "N" for or after October 1.	no, for the port	ion of the	e cost re	eportir	ng period	on				
22.03	Did this hospital receive a geograph									N	22.03
	of the OMB standards for delineating in column 1, "Y" for yes or "N" for						r				
	prior to October 1. Enter in column						he				
	cost reporting period occurring on o hospital contain at least 100 but no						th				
	42 CFR 412.105)? Enter in column 3,					JI UAIICE WI					
23.00	Which method is used to determine Me 1, enter 1 if date of admission, 2 i	2					n	2		N	23.00
	method of identifying the days in th	is cost reportin	g period d	di fferen	t from	the metho					
	used in the prior cost reporting per	100? In column	2, enter " In-State			Out-of	0. Out-of	Medi ca	id	Other	
			Medi cai c	d Medic	ai d	State	State	HMO da		edi cai d	
			paid day	s eligi unpa		Medicaid baid days	Medicaid eligible			days	
				day	·		unpai d				
24.00	If this provider is an IPPS hospital	enter the	1.00	2. C	251	3.00 922	4.00	5.00	583	6.00	24.00
24.00	in-state Medicaid paid days in colum	n 1, in-state		+4	231	722	303	1,	565	200	24.00
	Medicaid eligible unpaid days in col out-of-state Medicaid paid days in c										
	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									
	column 5, and other Medicaid days in		17	73	79	0	70		62		25.00
25.00	If this provider is an IRF, enter th										
25. 00	If this provider is an IRF, enter th Medicaid paid days in column 1, the	in-state				-					20100
25.00	Medicaid paid days in column 1, the Medicaid eligible unpaid days in col	in-state umn 2,									20100
25.00	Medicaid paid days in column 1, the	in-state umn 2, 3, out-of-state umn 4, Medicaid									

Heal th	Financial Systems FRANCISCAN S	T. MARGA	ARET HEALTH- D	YER	L	n Lieu	u of For	m CMS-2	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	TA	Provi der	F	Period: From 01/01/ To 12/31/		Workshe Part I Date/Ti 5/27/20	me Pre	pared:
					Urban/Rur 1.00			Geogr	
26.00	Enter your standard geographic classification (not wa			ginning of the		1	2. (		26.00
27.00	cost reporting period. Enter "1" for urban or "2" for Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or	age) sta ~ "2" fo	itus at the end or rural. If a			1			27.00
35.00	enter the effective date of the geographic reclassifi If this is a sole community hospital (SCH), enter the effect in the cost reporting period.			CH status in		0			35.00
					Begi nni 1. 00		Endi 2. (		
36.00	Enter applicable beginning and ending dates of SCH st		Subscript line	36 for number	1.00		2.0	50	36.00
37.00	of periods in excess of one and enter subsequent date If this is a Medicare dependent hospital (MDH), enter in effect in the cost reporting period.		umber of period	ds MDH status		0			37.00
38.00	Enter applicable beginning and ending dates of MDH st of periods in excess of one and enter subsequent date		Subscript line	38 for number					38.00
					Y/N		Υ/		
39.00	Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(ii or "N" for no. Does the facility meet the mileage rec CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes	)? Ente quiremen	er in column 1 its in accorda	"Y" for yes nce with 42	1.00 N		<u>2. (</u> N		39.00
40.00	Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octob no in column 2, for discharges on or after October 1.	n adjust per 1. E	ment? Enter ") Inter "Y" for y	/" for yes or	N		N		40. 00
						V 1.00	XVIII 2.00	XI X 3.00	
45.00	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital paymer	nt for d	li sproporti ona	te share in ac	cordance	N	Y	N	45.00
46.00	with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst Pt. III.					N	N	N	46.00
47. 00 48. 00	Is this a new hospital under 42 CFR §412.300 PPS capi Is the facility electing full federal capital payment Teaching Hospitals					N N	N N	N N	47.00 48.00
56.00	Is this a hospital involved in training residents in	approve	ed GME programs	s? Enter "Y"	for yes	Y			56.00
57.00	or "N" for no. If line 56 is yes, is this the first cost reporting p GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mon for yes or "N" for no in column 2. If column 2 is "N	r yes or th of th (", comp	" "N" for no in Nis cost repor Niete Workshee	n column 1. lf ting period?	column 1 Enter "Y"	N			57.00
58.00	"N", complete Wkst. D, Parts III & IV and D-2, Pt. II If line 56 is yes, did this facility elect cost reim defined in CMS Pub. 15-1, § 2148? If yes, complete W	oursemen	nt for physicia	ans' services	as	N			58.00
	Are costs claimed on line 100 of Worksheet A? If yes Are you claiming nursing school and/or allied health	s, compl	ete Wkst. D-2,			N N			59.00 60.00
00.00	provider-operated criteria under §413.85? Enter "Y"			<u>p. (see instru</u>	ctions)				80.00
		Y/N	IME	Direct GME	IME		Di rect	t GME	
(1.00		1.00	2.00	3.00	4.00		5.0		
	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N				0.00		0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.0	0				61.01
61. 02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of		0.00	0.0	o				61. 02
61. 03	ACA). (see instructions) Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.0	o				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the		0.00	0.0	o				61.04
61.05	current cost reporting period. (see instructions). Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line		0.00	0.0	o				61.05
61.06	61.04 minus line 61.03). (see instructions) Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.0	o				61.06

IOSPITAL AND HOSPITAL HEALTH CARE COMP	PLEX IDENTIFICATION DA	TA	Provi der		eriod: rom 01/01/2014	Worksheet S-2 Part I	
				T	o 12/31/2014	Date/Time Pre 5/27/2015 6:2	
		Progra	n Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.0	00	2.00	3.00	4.00	1
<ul> <li>of the FTEs in line 61.05, spec special ty, if any, and the numb for each new program. (see inst column 1, the program name, entry program code, enter in column 3 unweighted count and enter in c FTE unweighted count.</li> <li>of the FTEs in line 61.05, spec program special ty, if any, and residents for each expanded pro instructions) Enter in column 1 enter in column 2, the program 3, the IME FTE unweighted count 4, direct GME FTE unweighted count</li> </ul>	er of FTE residents ructions) Enter in er in column 2, the , the IME FTE olumn 4, direct GME ify each expanded the number of FTE gram. (see , the program name, code, enter in column and enter in column				0. oc 0. oc		61. 10
· · · · ·							_
ACA Provisions Affecting the Us	alth Posources and Sa	rui cos Admi	ni etroti en			1.00	
ACA Provisions Affecting the He 2.00 Enter the number of FTE residen					od for which	0.00	62.00
your hospital received HRSA PCR	E funding (see instruc	ctions)					
52.01 Enter the number of FTE residen during in this cost reporting p	eriod of HRSA THC proc	gram. (see i		. ,	your hospital	0.00	62.01
Teaching Hospitals that Claim R 3.00 Has your facility trained resid "Y" for yes or "N" for no in co	ents in nonprovider se	ettings duri			period? Enter	N	63.00
				Unweighted		Ratio (col. 1/	·
				FTEs Nonprovider Site	FTEs in Hospital	(col. 1 + col. 2))	
				1.00	2.00	3.00	1
Section 5504 of the ACA Base Ye				This base year	is your cost r	reporting	
period that begins on or after 64.00 Enter in column 1, if line 63 i in the base year period, the nu resident FTEs attributable to r settings. Enter in column 2 th resident FTEs that trained in y of (column 1 divided by (column	s yes, or your facilit mber of unweighted nor otations occurring in e number of unweighted our hospital. Enter ir <u>1 + column 2)). (see</u>	ty trained n -primary ca all nonprov d non-priman column 3 d instruction	residents are vider rycare cheratio as)	0.00			
	Program Name	Progra	n Code	Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.	00	3.00	4.00	5.00	1
55.00 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				0. 00	) O. OC	0. 000000	η 63. UL

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPI		T. MARGARET HE		CCN: 150090 F	Period: From 01/01,	/2014	u of For Workshe Part I	et S-2	
						Γο 12/31,		Date/Ti 5/27/20	15 6:2	4 pm
					Unwei ghted FTEs Nonprovi der Si te	Unwei gh FTEs i Hospi t	in	Ratio (c (col. 1 2))	+ col.	
	Section 5504 of the ACA Current	Vaar FTF Pasidants in	Nonnrovider	Sattings	1.00	2.00		<u>3.0</u>		
	<u>beginning on or after July 1, 20</u>	10	•				·	<u> </u>		
66.00	Enter in column 1 the number of FTEs attributable to rotations o Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	ccurring in all nonpr unweighted non-primar al. Enter in column 3 column 2)). (see ins	ovider settin y care reside the ratio of tructions)	gs. nt	0.0		0. 00			66.00
		Program Name	Program (	code	Unwei ghted FTEs Nonprovi der Si te	Unwei gh FTEs i Hospi t	in	Ratio (c (col. 3 4))	+ col.	
		1.00	2.00		3.00	4.00		5.0		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)				0. 0	0	0.00	0.	000000	67.00
							1.00	2.00	3.00	
	Inpatient Psychiatric Facility P							2.00	0.00	
70.00	ls this facility an Inpatient Ps Enter "Y" for yes or "N" for no		PF), or does	it conta	in an IPF sub	provi der?	N			70.00
71.00	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, ente reporting period covers the begi or subsequent academic years of instructions) For cost reporting reporting period covers the begi teaching program in existence, e	e facility have an ap efore November 15, 20 lumn 2: Did this faci R 412.424 (d)(1)(iii) r 1, 2, or 3, in colu nning of the fourth y the new teaching prog periods beginning or nning of the sixth or nter 6 in column 3. (	04? Enter "Y lity train re (D)? Enter "Y umn 3. (see in year, enter 4 gram in existe n or after Oct any subseque	" for ye sidents " for ye structio in colum nce, ent ober 1, nt acade	s or "N" for in a new teac s or "N" for ns) If this c n 3, or if th er 5. (see 2012, if this	no. (see hing no. ost e fifth			0	71.00
75.00	Inpatient Rehabilitation Facilit Is this facility an Inpatient Re		/(IRF), or do	es it co	ntain an IRF		Y			75.00
76.00	subprovider? Enter "Y" for yes If line 75 yes: Column 1: Did th recent cost reporting period end no. Column 2: Did this facility CFR 412.424 (d)(1)(iii)(D)? Ente 1, 2, or 3, in column 3. (see in of the fourth year, enter 4 in c teaching program in existence, e on or after October 1, 2012, if any subsequent academic year of instructions)	e facility have an ap ing on or before Nove train residents in a r "Y" for yes or "N" structions) If this c olumn 3, or if the fi nter 5. (see instruct this cost reporting p	mber 15, 2004 new teaching for no. Colum cost reporting fth or subseq tions) For cos period covers	? Enter program n 3: If period uent aca t report the begi	"Y" for yes o in accordance column 2 is Y covers the be demic years o ing periods b nning of the	r "N" for with 42 , enter ginning f the new eginning sixth or	N		0	76.00
								1.0	0	
	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					period? E	nter	N N		80. 00 81. 00
	Is this a new hospital under 42 Did this facility establish a ne \$413.40(f)(1)(ii)? Enter "Y" fo	w Other subprovider (					no.	N		85. 00 86. 00

Health Financial Systems FRANCISCAN ST. MARG	ARET HEALTH- D	YER	In	Li eu	of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der				Worksheet S-2 Part I Date/Time Pre 5/27/2015 6:2	pared:
			V 1.00		XI X 2.00	-
Title V and XIX Services			1			
<ul> <li>90.00 Does this facility have title V and/or XIX inpatient hospital yes or "N" for no in the applicable column.</li> <li>91.00 Is this hospital reimbursed for title V and/or XIX through the second second</li></ul>			N N		Y Y	90.00 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 (di	licable column ual certificati				N	92.00
instructions) Enter "Y" for yes or "N" for no in the application of th		XIX? Enter	N		Ν	93.00
"Y" for yes or "N" for no in the applicable column. 94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, applicable column.	and "N" for n	o in the	N		Ν	94.00
95.00 [If line 94 is "Y", enter the reduction percentage in the app 96.00 [Does title V or XIX reduce operating cost? Enter "Y" for yes			N	0. 00	O. OC N	95.00 96.00
applicable column. 97.00 If line 96 is "Y", enter the reduction percentage in the app	plicable colum	n.		0. 00	0.00	97.00
Rural Providers 105.00 Does this hospital qualify as a Critical Access Hospital (CA	AH)?		N			105.00
106.00 If this facility qualifies as a CAH, has it elected the all for outpatient services? (see instructions)		1 5	N			106.00
107.00 Column 1: If this facility qualifies as a CAH, is it eligin for I &R training programs? Enter "Y" for yes or "N" for m	o in column 1.	(see	N			107.00
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 educa	D-2, Pt. II.	Column 2: If				
CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or " linstructions)	"N" for no in (	column 2. (see				
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.	CRNA fee sche	dule? See 42	N			108.00
	Physi cal 1.00	Occupational 2.00	Speech 3.00		Respiratory 4.00	-
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y"		N	N		N	109.00
for yes or "N" for no for each therapy.						
110.00 Did this hospital participate in the Rural Community Hospita	al Demonstrati	on project (410	A Demo)for		1.00 N	110.00
the current cost reporting period? Enter "Y" for yes or "N"	for no.					
				1.00	2.00 3.00	
Miscellaneous Cost Reporting Information 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 provider Pub. 15-1, §2208.1.	. If column 2 i nt for long te	is "E", enter i rm care (incluc	n column les	N	0	115.00
116.00 Is this facility classified as a referral center? Enter "Y" 117.00 Is this facility legally-required to carry malpractice insu			N" for	N Y		116. 00 117. 00
no. 118.00 Is the malpractice insurance a claims-made or occurrence pol claim-made. Enter 2 if the policy is occurrence.	licy? Enter 1	if the policy i	s	2		118.00
		Premiums	Losses		Insurance	
110 Ollict amounts of melanostics anomiums and noid losses		1.00	2.00		3.00	110.01
118.01 List amounts of malpractice premiums and paid losses:		344, 886		0	Ĺ	118.01
118.02 Are malpractice premiums and paid losses reported in a cost	center other	than the	1.00 N		2.00	118.02
Administrative and General? If yes, submit supporting scher and amounts contained therein.						110.02
119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold	d Harmless pro	vision in ACA	N		Ν	119.00 120.00
§3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qu Hold Harmless provision in ACA §3121 and applicable amendment	n column 1, "Y ualifies for t	" for yes or he Outpatient				
Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost impla patients? Enter "Y" for yes or "N" for no.	antable device	s charged to	Y			121.00
Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" for	or yes and "N"	for no. If	N			125.00
yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 f this is a Medicare certified kidney transplant center, en	-					126.00
in column 1 and termination date, if applicable, in column 1 127.00 If this is a Medicare certified heart transplant center, en	2.					127.00
in column 1 and termination date, if applicable, in column 2						

Health Financial Systems	FRANCI SCAN ST. MA	ARGARET HEALTH- D	′ER	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	( IDENTIFICATION DATA	Provi der		eriod: rom 01/01/2014	Worksheet S-2 Part I	2
			То	b 12/31/2014	Date/Time Pre 5/27/2015 6:2	
				1.00	2.00	-
128.00 If this is a Medicare certified lin			cation date			128.00
in column 1 and termination date, 129.00 If this is a Medicare certified lu	ng transplant center, e	enter the certific	ation date in			129. 00
column 1 and termination date, if a 130.00 If this is a Medicare certified par date in column 1 and termination d	ncreas transplant cente	er, enter the cert	i fi cati on			130. 00
131.00 If this is a Medicare certified in	testinal transplant cen	iter, enter the ce	rtification			131.00
date in column 1 and termination date 132.00 If this is a Medicare certified is in column 1 and termination date,	let transplant center,	enter the certifi	cation date			132. 00
133.00 If this is a Medicare certified ot in column 1 and termination date,	her transplant center,	enter the certifi	cation date			133.00
134.00 If this is an organ procurement or and termination date, if applicable All Providers	ganization (OPO), enter		n column 1			134.00
140.00 Are there any related organization chapter 10? Enter "Y" for yes or "I	or home office costs a N" for no in column 1	s defined in CMS	Pub. 15-1, office costs	Y	158014	140. 00
are claimed, enter in column 2 the	home office chain numb	er. (see instruct				
<u> </u>		2.00 on lines 141 throu	ugh 143 the nam	<u>3.00</u>	of the	
home office and enter the home off 141.00 Name: FRANCI SCAN ALLI ANCE, I NC		<u>d contractor numbe</u> WISCONSIN PHYSICI	er.			141.00
142.00 Street: 1515 DRAGOON TRAIL	PO Box:	SERVI CES				142.00
143.00 Ci ty: MI SHAWAKA	State:	IN	Zip Code:	4654	6	143.00
					1.00	-
144.00 Are provider based physicians' cos 145.00 If costs for renal services are cla	aimed on Worksheet A, I		osts for inpat	ient services	Y N	144. 00 145. 00
only? Enter "Y" for yes or "N" for	no.					
144 00 llog the east of east in methodal and	, changed from the prov	iouoly filed cost	nanant?	1.00 N	2.00	146.00
146.00 Has the cost allocation methodolog Enter "Y" for yes or "N" for no in the approval date (mm/dd/yyyy) in o	column 1. (See CMS Pub			IN		140.00
147.00 Was there a change in the statistic	cal basis? Enter "Y" fo			N		147.00
148.00 Was there a change in the order of 149.00 Was there a change to the simplifi- no.				N N		148. 00 149. 00
110.		Part A	Part B	Title V	Title XIX	_
Does this facility contain a provi	der that qualifies for	1.00 an exemption from	2.00 the applicati	3.00 on of the lowe	4.00 er of costs	-
or charges? Enter "Y" for yes or "		oonent for Part A	and Part B. (S	See 42 CFR §413	3. 13)	155.00
155.00Hospital 156.00Subprovider - IPF		N	N N	N N	N N	155.00 156.00
157.00 Subprovider - IRF		Ν	N	N	N	157.00
158. 00 SUBPROVI DER 159. 00 SNF		Ν	N	N	N	158.00 159.00
160.00 HOME HEALTH AGENCY		Ν	N	N	N	160. 00
161.00 CMHC			N	N	N	161.00
Multicampus					1.00	-
165.00 Is this hospital part of a Multican Enter "Y" for yes or "N" for no.	mpus hospital that has	one or more campu	ses in differe	ent CBSAs?	N	165. 00
	Name	County		Code CBSA	FTE/Campus	_
166.00 If line 165 is yes, for each	0	1.00	2.00 3.	00 4.00	5.00	0 166. 00
campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						
					1.00	_
Health Information Technology (HIT	) incentive in the Amer	rican Recovery and	I Reinvestment	Act	1.00	
167.00 Is this provider a meaningful user 168.00 If this provider is a CAH (line 10	under Section §1886(n) 5 is "Y") and is a mean	? Enter "Y" for ingful user (line	yes or "N" for	no.	Y	167. 00 0168. 00
reasonable cost incurred for the H 169.00 If this provider is a meaningful us transition factor. (see instruction	ser (line 167 is "Y") a		line 105 is "N	"), enter the	0.5	0169. 00

Health Financial Systems	FRANCISCAN ST. MARGA	ARET HEALTH- DYER	In Lie	u of Form CMS-	2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX II	DENTIFICATION DATA	Provider CCN: 150090	Period:	Worksheet S-2		
			From 01/01/2014 To 12/31/2014	Date/Time Pre	nared	
			10 12/31/2014	5/27/2015 6:2	4 pm	
			Begi nni ng	Endi ng		
5/27/2						
	00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting (					
				1.00		
171.00 If line 167 is "Y", does this provide				N	171.00	
Medicare cost plans reported on Wkst. (see instructions)	S-3, Pt. I, line 2, co	ol. 6? Enter "Y" for yes ar	nd "N" for no.			

		CISCAN ST. MARGARET H				eu of Form CMS-	
HOSPI 1	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STI ONNAI RE F	rovi der		Period: From 01/01/2014 Fo 12/31/2014	Date/Time Pre	epared:
					V /N	5/27/2015 6:2	24 pm
					Y/N 1.00	Date 2.00	
	General Instruction: Enter Y for all YES resp	onses Enter N for a	ll NO re	snonses Enter			
	COMPLETED BY ALL HOSPITALS						-
	Provider Organization and Operation						
1.00	Has the provider changed ownership immediate				N		1.00
	reporting period? If yes, enter the date of	the change in column	2. (see		D.I.		
				Y/N 1.00	Date 2.00	V/I 3.00	
2.00	Has the provider terminated participation in	the Medicare Drogram	2   f	N 1.00	2.00	3.00	2.00
2.00	yes, enter in column 2 the date of terminatic voluntary or "1" for involuntary.			IN IN			2.00
3.00	Is the provider involved in business transact contracts, with individuals or entities (e.g. or medical supply companies) that are related	., chain home offices	, drug	N			3.00
	officers, medical staff, management personnel						
	of directors through ownership, control, or t						
	relationships? (see instructions)	-					
				Y/N	Туре	Date	
				1.00	2.00	3.00	
	Financial Data and Reports						
4.00	Column 1: Were the financial statements prep			Y	A		4.00
	Accountant? Column 2: If yes, enter "A" for						
	or "R" for Reviewed. Submit complete copy or		IN				
5.00	column 3. (see instructions) If no, see instructions		rom	N			5.00
5.00	Are the cost report total expenses and total those on the filed financial statements? If			IN IN			5.00
	those on the fired financial statements: IT	yes, subilit reconcirit			Y/N	Legal Oper.	
					1.00	2.00	
	Approved Educational Activities						
6.00	Column 1: Are costs claimed for nursing scho	ool? Column 2: If ye	s, is th	ne provider is	N		6.00
	the legal operator of the program?	5					
7.00	Are costs claimed for Allied Health Programs	? If "Y" see instruct	ions.		N		7.00
8.00	Were nursing school and/or allied health prog	grams approved and/or	renewed	l during the	N		8.00
	cost reporting period? If yes, see instruction						
9.00	Are costs claimed for Intern-Resident program	ms claimed on the cur	rent cos	st report? If	N		9.00
	yes, see instructions.						
10.00	1 5	d or renewed in the c	urrent c	cost reporting	N		10.00
11 00	period? If yes, see instructions.	re other than 1 ° D i	n on Ann	round	N		11.00
11.00	Are GME cost directly assigned to cost center Teaching Program on Worksheet A? If yes, see		п ап ар	noveu	IN		11.00
	Treaching trogram on worksheet A: Tr yes, see					Y/N	
						1.00	
	Bad Debts					1	
12.00	Is the provider seeking reimbursement for bac	d debts? If yes, see	instruct	i ons.		Y	12.00
	If line 12 is yes, did the provider's bad del				st reporting	Y	13.00
	period? If yes, submit copy.						
14.00	If line 12 is yes, were patient deductibles a	and/or co-payments wa	ived? If	yes, see ins	ructions.	N	14.00
	Bed Complement						
15.00	Did total beds available change from the price	or cost reporting per		r -		Y	15.00
		Description		Y/N Pa	rt A Date	Part B Y/N	
		0		1.00	2.00	3.00	
-	PS&R Data	0		1.00	2.00	5.00	
16.00	Was the cost report prepared using the PS&R			N		N	16.00
	Report only? If either column 1 or 3 is yes,						
	enter the paid-through date of the PS&R						
	Report used in columns 2 and 4 .(see						
	instructions)						
17.00	Was the cost report prepared using the PS&R			Y	04/06/2015	Y	17.00
	Report for totals and the provider's records						
	for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns						
	2 and 4. (see instructions)						
18 00	If line 16 or 17 is yes, were adjustments			N		N	18.00
.0.00	made to PS&R Report data for additional						10100
	claims that have been billed but are not						
	included on the PS&R Report used to file						
	this cost report? If yes, see instructions.						
19.00	If line 16 or 17 is yes, were adjustments			N		N	19.00
	made to PS&R Report data for corrections of						
	other PS&R Report information? If yes, see						
20.00	instructions.			NI		N	20.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe			N		N	20.00
	the other adjustments:						
		1			1		

Heal th	Financial Systems FRANC	CISCAN ST. MARG	ARET_HEALTH- D	YER	In Lie	eu of Form CMS-:	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STI ONNAI RE	Provi der		Period:	Worksheet S-2	
					rom 01/01/2014 o 12/31/2014		pared:
						5/27/2015 6:2	
					rt A	Part B	
			iption	Y/N	Date	Y/N	
21 00	Was the cost report prepared only using the	(	0	1.00 N	2.00	3.00 N	21.00
21.00	provider's records? If yes, see			IN IN		IN	21.00
	instructions.						
				•			
						1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPIT	ALS ONLY (EXCE	EPT CHILDRENS H	OSPI TALS)			-
22.00	Capital Related Cost					1	
	Have assets been relifed for Medicare purpose Have changes occurred in the Medicare depreci			als made durin	a the cost		22.00 23.00
23.00	reporting period? If yes, see instructions.	ation expense			ig the cost		23.00
24.00	Were new leases and/or amendments to existing	g Leases entere	ed into during	this cost repo	rting period?		24.00
	If yes, see instructions	-	-				
25.00	Have there been new capitalized leases entere	ed into during	the cost repor	ting period? I	f yes, see		25.00
24 00	instructions.	i read during th	a agat ranarti	ng noried2 If			24 00
26.00	Were assets subject to Sec. 2314 of DEFRA acquinstructions.	uneu uunng ti	le cost reporti	ng periou? II	yes, see		26.00
27.00	Has the provider's capitalization policy char	naed durina the	e cost reportin	a period? If v	ves, submit		27.00
	copy.	.g		.9			
	Interest Expense						
28.00	Were new loans, mortgage agreements or letter	rs of credit er	ntered into dur	ing the cost r	eporting		28.00
20.00	period? If yes, see instructions.	account and/or	band funds (Da	ht Sorvice Dec	ara Eurod)		29.00
29.00	Did the provider have a funded depreciation a treated as a funded depreciation account? If			bt Service Res	erve Fund)		29.00
30.00	Has existing debt been replaced prior to its			debt? If yes,	see		30.00
	instructions.		5	5			
31.00	Has debt been recalled before scheduled matur	rity without is	ssuance of new	debt? If yes,	see		31.00
	instructions.						
32.00	Purchased Services Have changes or new agreements occurred in pa	ationt caro cor	wilcos furnisha	d through cont	ractual	[	32.00
52.00	arrangements with suppliers of services? If			a through cont	ractuar		52.00
33.00	If line 32 is yes, were the requirements of S			g to competiti	ve bidding? If		33.00
	no, see instructions.						
	Provi der-Based Physi ci ans			· · · ·			
34.00	Are services furnished at the provider facili	ty under an ar	rangement with	provider-base	d physicians?		34.00
35 00	If yes, see instructions. If line 34 is yes, were there new agreements	or amended exi	sting agreemen	ts with the nr	ovi der-based		35.00
00.00	physicians during the cost reporting period?				ovraci basea		00.00
		<b>.</b> .			Y/N	Date	
	F				1.00	2.00	
	Home Office Costs						
	Were home office costs claimed on the cost re If line 36 is yes, has a home office cost sta		concorred by the	home office?			36.00
37.00	If yes, see instructions.	atement been pi	epared by the	nome office?			37.00
38.00	If line 36 is yes, was the fiscal year end of	of the home off	ice different	from that of			38.00
	the provider? If yes, enter in column 2 the 1						
39.00	If line 36 is yes, did the provider render se	ervices to othe	er chain compon	ents? If yes,			39.00
10.00	see instructions.			1.6			10.00
40.00	If line 36 is yes, did the provider render se instructions.	ervices to the	nome office?	IT yes, see			40.00
			1.	00	2.	00	
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title	•	HONG		YANG		41.00
	held by the cost report preparer in columns '	1, 2, and 3,					
42.00	respectively. Enter the employer/company name of the cost r	report	FRANCI SCAN ALL	LANCE INC			42.00
τ <u>2</u> . 00	preparer.	Sport	ALL	IT NOL THU			<u></u>
43.00	Enter the telephone number and email address	of the cost	(219) 932 - 23	00 X33175	HONG. YANG@FRAN	CI SCANALLI ANCE	43.00
	report preparer in columns 1 and 2, respectiv	vel y.	l		. ORG		

OSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE		P	rovi der	CCN: 150090	F	eriod: rom 01/01/2014 o 12/31/2014	Worksheet Part II Date/Time 5/27/2015	e Prepare
		Part B	-						
		Date 4.00	-						
	PS&R Data	4.00							
	Was the cost report prepared using the PS&R								16.
0.00	Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 . (see instructions)								10.
7.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/06/2015							17.
8. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.								18.
9. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.								19.
0. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:								20.
1. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.								21.
				3. (	0				
	Cost Report Preparer Contact Information			5.0		_	I		
	Enter the first name, last name and the title held by the cost report preparer in columns 1 respectively.		REGI ONA DI RECTO	AL REIMBU DR	JRSEMENT				41.
2. 00	Enter the employer/company name of the cost r	report							42.
3. 00	preparer. Enter the telephone number and email address report preparer in columns 1 and 2, respectiv								43.

HOSPI -	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA		Provi der	CCN: 150090		eri od:	Worksheet S-	3	
						Fr Tc	com 01/01/2014 12/31/2014	Part I Date/Time Pr 5/27/2015 6:		
								I/P Days / O/I Visits / Trip		
	Component	Worksheet A Line Number	No.	of Beds	Bed Days Avai I abl e		CAH Hours	Title V		
		1.00		2.00	3.00		4.00	5.00	+	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30. 00		111	40, 5	15	0.00	(	0	1.00
2.00	HMO and other (see instructions) HMO IPF Subprovider							-		2.00
4.00 5.00 6.00	HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF								0	4.00 5.00 6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)			111	40, 5		0.00	(	0	7.00
8.00 9.00 10.00 11.00 12.00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	31. 00 32. 00		14 7			0.00 0.00		0	8.00 9.00 10.00 11.00 12.00
13.00 14.00 15.00	NURSERY Total (see instructions) CAH visits	43.00		132	48, 1	80	0. 00	(	0	13.00 14.00 15.00
16.00 17.00 18.00	SUBPROVI DER - I PF SUBPROVI DER - I RF SUBPROVI DER	41. 00 42. 00		30 0	10, 9	50 0		(		16.00 17.00 18.00
19.00 20.00 21.00 22.00 23.00 24.00	SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P. ) HOSPICE	42.00		U		U				19.00 19.00 20.00 21.00 22.00 23.00 24.00
24. 10 25. 00 26. 00 26. 25	HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER	30. 00								24. 10 25. 00 26. 00 26. 25
27.00 28.00 29.00 30.00 31.00 32.00 32.01	Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room			162 0		0		(	0	27.00 28.00 29.00 30.00 31.00 32.00 32.01

OSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	F	Period: From 01/01/2014 Fo 12/31/2014	Worksheet S-3 Part I Date/Time Pre 5/27/2015 6:2	pared
		I/P Days	/ O/P Visits	/ Trips	Full Time E	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
		( 00	7.00	Patients	& Residents	Payrol I	
. 00	Uponital Adulta & Dada (aplumna E. (. 7 and	<u>6.00</u> 11,620	7.00	8.00 21,669	9.00	10.00	1.
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2	11, 620	2, 550	21,009			1.
00	for the portion of LDP room available beds)	1 500	1 500				2.
. 00	HMO and other (see instructions)	1, 599	1, 583 0				2.
. 00 . 00	HMO IPF Subprovider HMO IRF Subprovider	302	62				3. 4.
. 00	Hospital Adults & Peds. Swing Bed SNF	302	02	C			4. 5.
. 00	Hospital Adults & Peds. Swing Bed NF Hospital Adults & Peds. Swing Bed NF	U	0				5. 6.
. 00	Total Adults and Peds. (exclude observation	11, 620	2, 550	21, 669			7.
00	beds) (see instructions)	11, 020	2, 550	21,005	<b>'</b>		/ .
00	INTENSIVE CARE UNIT	1, 431	0	2, 402			8.
00	NEONATAL INTENSIVE CARE UNIT	1, 101	0	802			9.
. 00	BURN INTENSIVE CARE UNIT	0	0	002	-		10
. 00	SURGI CAL I NTENSI VE CARE UNI T						11
2.00	OTHER SPECIAL CARE (SPECIFY)						12
. 00	NURSERY		0	958	3		13
1.00	Total (see instructions)	13, 051	2, 550	25, 831	11.94	802.59	14
. 00	CAH visits	0	0				15
. 00	SUBPROVIDER - IPF						16
. 00	SUBPROVIDER - IRF	5, 111	322	7, 201	0.00	32.15	17
. 00	SUBPROVI DER	0	0	0	0.00	0.00	18
. 00	SKILLED NURSING FACILITY						19
0. 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	C	)		24
. 00	CMHC - CMHC						25
5.00	RURAL HEALTH CLINIC						26
o. 25	FEDERALLY QUALIFIED HEALTH CENTER						26
. 00	Total (sum of lines 14-26)				11.94	834.74	
8.00	Observation Bed Days		413	2, 538	5		28
. 00	Ambulance Trips	0					29
0.00	Employee discount days (see instruction)			0			30
. 00	Employee discount days - IRF		-				31
2.00	Labor & delivery days (see instructions)	0	0				32.
2. 01	Total ancillary labor & delivery room						32.
	outpatient days (see instructions) LTCH non-covered days						33

IOSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	CCN: 150090	Period: From 01/01/2014 To 12/31/2014		pared:
		Full Time Equivalents		Dis	charges		
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2, 5	48 707	5, 227	1.0
2.00 3.00 4.00 5.00	HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF			2	86 0		2.0 3.0 4.0 5.0
0.00 0.00 0.00 0.00	Hospital Adults & Peds. Swing Bed SNF Total Adults and Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT						6. 0 7. 0 8. 0
. 00 0. 00 1. 00 2. 00	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						9.0 10.0 11.0 12.0
3.00 4.00 5.00 6.00	NURSERY Total (see instructions) CAH visits SUBPROVIDER - IPF	0.00	0	2, 5	48 707	5, 227	13.0 14.0 15.0 16.0
7.00 8.00 9.00 0.00 1.00	SUBPROVI DER – I RF SUBPROVI DER SKI LLED NURSI NG FACI LI TY NURSI NG FACI LI TY OTHER LONG TERM CARE	0. 00 0. 00	0 0	3	76 24 0 0		17. (
2.00 3.00 4.00 4.10 5.00 6.00	HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC						21.0 22.0 23.0 24.0 24.0 25.0 26.0
6. 25 7. 00 8. 00 9. 00 0. 00 1. 00 2. 00 2. 01	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room	0. 00					20. ( 26. 2 27. ( 28. ( 29. ( 30. ( 31. ( 32. ( 32. (

FRANCI SCAN	ST.	MARGARET	HEALTH-	DYER

2.0         Non-Physician anesthetist Part         0         0         0.00         0.00         0.00         0.00         3.0           3.00         Appropriation anesthetist Part         0         0         0.00         0.00         0.00         3.0           4.00         Physician-Part A - Admin strative         0         0         0.00	Heal th	Financial Systems	FRANC	ISCAN ST. MARC	GARET HEALTH- D	YER	In Lie	eu of Form CMS-2	2552-10
Interstruct         Multisher         Anuant Report of Line Multisher         Red number (rol C starts) (cd starts) (cd starts)         Adjusted (cd starts) (cd starts)         Paid and to Starts         Description (cd starts)         Description (cd starts) <thdescription (cd starts)         Description</thdescription 	HOSPI T	AL WAGE INDEX INFORMATION			Provi der	F	rom 01/01/2014	Part II Date/Time Pre	pared:
PART I - WALC MATA         1.00         2.00         3.00         4.00         6.00         4.00           1.00         That Strict or iso Instructions, Instructions, and therphysician anesthetist Part A         200.00         48,912.411         0         48,912.411         7,73,846.00         28.05         1.           2.00         Mun-physician anesthetist Part A         0         0         0         0.00 <td></td> <td></td> <td></td> <td></td> <td>on of Salaries (from</td> <td>Salaries (col.2 ± col.</td> <td>Related to Salaries in</td> <td>Average Hourly Wage (col. 4 ÷</td> <td></td>					on of Salaries (from	Salaries (col.2 ± col.	Related to Salaries in	Average Hourly Wage (col. 4 ÷	
BART II - RGE PATA           BALARES         Construction           Club as an exist or set of set of the set of t			1.00	2.00	· · · · · · · · · · · · · · · · · · ·			6,00	
D.00         Difal is all all as (see Instructions)         Difal is all as (see Instructions) <thdifal (see<br="" is="">Instructions)         Difal is all</thdifal>		PART II - WAGE DATA							
2.00         Non-physician anesthetist Part         0         0         0.00         0.00         0.00         2.00           3.00         An-physician anesthetist Part         0         0         0.00         0.00         0.00         3.0           4.00         Physician-Part A -         0         0         0.0					1		<u> </u>	1	
2.00         Mon-physic i an ansestheti st Part         0         0         0.00         <	1.00		200. 00	48, 912, 411	0	48, 912, 411	1, 743, 846. 00	28.05	1.00
3.00         Non-Physic lian Anestheti st Part Multicitan Surtarius         0         0         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.000         0.00         1.00 <t< td=""><td>2.00</td><td></td><td></td><td>C</td><td>0</td><td>c</td><td>0.00</td><td>0.00</td><td>2.00</td></t<>	2.00			C	0	c	0.00	0.00	2.00
4.00         Physician-Part A - Admin istrative         0         0         0.00         <		A							
Admin I strative         Admin I strative         Admin I strative         Admin I strative           100         Physic I cans - Part B         0         0         0.00	3.00	Non-physician anesthetist Part		C	0	C	0.00	0.00	3.00
Adim in stratu vo	4.00	Þ Physician-Part A -		C	0	c	0.00	0.00	4.00
5.00         Physic Ian-Part B         0         0         0.00         0.000         <									
0.00         Món-physician-Part B         0         0         0         0.00				C	0				
7.00         Interns & residents (in an approved program)         21.00         0         0         0.00         0.00         0.00         7.7           7.01         Contracted interns and programs)         0         0         0         0.00         0.00         0.00         7.9           8.00         programs)         0         0         0         0         0.00         10.00         0.00         10.00         0.00         0.00         10.00         0.00         10.00         0.00         10.00         0.00         10.00         118.06         118.06         118.06         118.06         118.06         118.06         10.00         0.00         0.00         0.00         0.00         0.00         0.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00 <td< td=""><td></td><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		3							
7. 01         Contracted interns and programs)         0         0         0.00 <t< td=""><td></td><td></td><td>21.00</td><td>C</td><td>0</td><td>C</td><td></td><td></td><td></td></t<>			21.00	C	0	C			
residents (in an approved progress)         residents (in approved progress) <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	7								
8.00         Home off fice personnel         0         0         0         0         0.00         0.00         0.00         0.00         0.00         0.00         0.00         9.7243, 324         232         7, 243, 556         347, 823, 00         20, 83         10           10.00         Excluded area salaries (see         7, 243, 324         232         7, 243, 556         347, 823, 00         20, 83         10           11.00         Contrast labor. Top level         0 <t< td=""><td>7.01</td><td>residents (in an approved</td><td></td><td>Ĺ</td><td>0</td><td></td><td>0.00</td><td>0.00</td><td>7.01</td></t<>	7.01	residents (in an approved		Ĺ	0		0.00	0.00	7.01
10. 00         Excluded area salaries (see Instructions)         7, 243, 324         232         7, 243, 556         347, 823, 00         20, 82         10.           Offler, WAGES & RELATED COSTS		Home office personnel		C	0	C			
Instructions)         Instructions)           OTHER WARES & RELATED COSTS           11.00         Contract labor: Direct Patient         287,521         0         287,521         4,679.00         61.45           12.00         Contract labor: Direct Patient         287,521         0         287,521         4,679.00         61.45           13.00         Contract labor: Direct Patient         198,462         0         198,462         1,681.00         118.06         13.           14.00         Adment offices aligness         5,631,777         0         5,631,777         107,436.00         5.24         14.           15.00         Home Offices and Contract         0         0         0         0.00         0.00           16.00         Office and Contract         0         0         0         0.00         0.00           17.00         Wage-related costs (core) (see Instructions)         9,392,967         9,392,967         17.         17.           18.00         Wage-related costs (core) (see Instructions)         2,052,477         2,052,477         2,052,477         2,052,477         2,052,477         2,052,477         2,052,477         2,02,27,74         19.           19.00         Excluded areas         2,052,477         0		-	44.00	7 242 224	0				
11.00         Contract Labor: Direct Patient Care         287,521         0         287,521         4,679.00         61.45         11.           12.00         Contract Labor: Top Level management and administrative services         0         0         0         0.00         0.00         12.           13.00         Contract Labor: Physician-Part A - Administrative         196,462         0         198,462         1.681.00         118.06         13.           14.00         Home office salaries & wage-related costs         5,631,777         0         5,631,777         107,436.00         52.2         14.           15.00         Home office and Contract Instructions         -         0         0         0         0.00         0.00         16.           17.00         Wage-related costs         9,392,967         0         9,392,967         17.         17.           18.00         Lase fast-fast         0         0         0         20.         20.2           19.00         Excluded areas         2,052,477         0         2,052,477         19.         20.           19.00         Excluded areas         2,052,477         0         2,052,477         19.         20.           20.00         Physici an anestheti st Part 0		instructions)		7, 243, 324	232	7, 243, 556	347,823.00	20. 83	10.00
12.00         Contract labor: Top Level management and other management and administrative services         0         0         0         0.00         0.00         0.00         0.00         12.           13.00         Contract labor: Physician-Part A - Administrative         198,462         0         198,462         1,661.00         118.06         13.           14.00         Home office salaries & wage-related costs         5,631.777         0         5,631.777         107,436.00         52.42         14.           15.00         Home office and Contract Instructions         0         0         0         0.00				287, 521	0	287, 521	4, 679. 00	61.45	11.00
management and other management and administrative services         management and administrative services         management and administrative         management administrative         manag	12 00			<i>.</i>			0.00	0.00	12.00
13.00       Contract labor: Physician-Part No       198,462       0       198,462       1,681.00       118.06       13.         14.00       Home office salaries & Moment Strute       5,631,777       0       5,631,777       107,436.00       52.24       14.         15.00       Home office: Physician Part A - Teaching       0       0       0       0.00<	12.00	management and other management and administrative		C C			0.00	0.00	12.00
14.00       Home office salaries & source costs       5, 631, 777       0       5, 631, 777       107, 436.00       52.42       14.         15.00       Home office: Physician Part A - Teaching       0       0       0       0.00 <t< td=""><td>13.00</td><td>Contract Labor: Physician-Part</td><td></td><td>198, 462</td><td>0</td><td>198, 462</td><td>1, 681. 00</td><td>118.06</td><td>13.00</td></t<>	13.00	Contract Labor: Physician-Part		198, 462	0	198, 462	1, 681. 00	118.06	13.00
wage-related costs         o	14 00			5 621 777		5 621 777	107 426 00	E2 /2	14 00
15.00       Home office: Physician Part A       0       0       0       0.00       0.00       0.00       15.         16.00       Home office and Contract       0       0       0       0.00 <td>14.00</td> <td></td> <td></td> <td>5,051,777</td> <td>0</td> <td>5,051,777</td> <td>107, 430.00</td> <td>JZ. 42</td> <td>14.00</td>	14.00			5,051,777	0	5,051,777	107, 430.00	JZ. 42	14.00
16.00         Home office and Contract         0         0         0         0.00	15.00	Home office: Physician Part A		C	0	C	0.00	0.00	15.00
WAGE-RELATED COSTS           17.00         Wage-related costs (core) (see Instructions)         9, 392, 967         0         9, 392, 967         17.           18.00         Wage-related costs (other)         0         0         0         18.           19.00         Excluded areas         2, 052, 477         0         2, 052, 477         12.           10.00         Non-physic ian anesthetist Part A         0         0         0         20.           21.00         Non-physic ian anesthetist Part A         0         0         0         21.           22.01         Physic ian Part A - Admin istrative         0         0         0         22.           23.00         Physic ian Part B         0         0         0         23.           24.00         Wage-related costs (RHC/FOHC)         0         0         24.           0         0         0         0         24.         26.           0         0         0         0         0         24.         26.           0         0         0         0         0         0         26.           10         Interns & residents (in an approved program)         0         0         0         0         0	16.00	Home office and Contract		C	0	C	0.00	0.00	16.00
17.00       Wage-related costs (core) (see instructions)       9, 392, 967       0       9, 392, 967       17.         18.00       Wage-related costs (other) (see instructions)       0       0       0       0       18.         9, 00       Excluded areas       2, 052, 477       0       2, 052, 477       19.         20.00       Non-physician anesthetist Part B       0       0       0       0       20.         21.00       Non-physician Part A - Administrative       0       0       0       0       22.         22.01       Physician Part A - Administrative       0       0       0       0       23.00       0       0       0       0       22.         24.00       Physician Part B       0       0       0       0       24.       0       24.       0       0       0       24.       24.       26.       27.       26.       27.       26.       27.       26.       27.       26.       27.       28.       27.       28.       28.       28.       28.       28.       28.       28.       28.       28.       28.       28.       28.       28.       28.       29.       29.       29.       29.       29.       29.									
18.00       Wage-related costs (other) (see instructions)       0       0       0       0       18.         19.00       Excluded areas       2,052,477       0       2,052,477       0       20.         21.00       Non-physician anesthetist Part Administrative       0       0       0       0       20.         22.01       Physician Part A - Administrative       0       0       0       0       22.         23.00       Physician Part A - Administrative       0       0       0       0       22.         24.00       Mage-related costs (RHC/FOHC)       0       0       0       22.       23.       0       0       0       0       22.         24.00       Wage-related costs (RHC/FOHC)       0       0       0       23.       0       26.       0       0       24.       24.       24.       24.       24.       24.       24.       24.       25.       26.       10.       10.       0       0       0       25.       26.       27.       26.       78.       26.       77.       26.       78.       26.       27.       28.       28.       26.       27.       28.       26.       27.       28.       26. <td>17.00</td> <td></td> <td></td> <td>9, 392, 967</td> <td>0</td> <td>9, 392, 967</td> <td>,</td> <td></td> <td>17.00</td>	17.00			9, 392, 967	0	9, 392, 967	,		17.00
(see instructions)         19.00         Excluded areas         2,052,477         0         2,052,477         19.00           19.00         Kacluded areas         2,052,477         0         2,052,477         0         2,052,477         19.00         20.01           21.00         Non-physician anesthetist Part A         0         0         0         0         20.01           22.00         Physician Part A         -         0         0         0         0         22.01           22.01         Physician Part A         -         0         0         0         0         22.01         22.01         Physician Part B         0         0         0         22.01 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
19.00       Excluded areas       2,052,477       0       2,052,477       20         20.00       Non-physician anesthetist Part       0       0       0       0       20.         21.00       Non-physician anesthetist Part A       0       0       0       0       21.       20.         22.00       Physician Part A       -       0       0       0       0       22.         21.01       Physician Part A       -       0       0       0       22.         21.02       Physician Part A       -       0       0       0       22.         22.01       Physician Part B       0       0       0       23.       24.00       Wage-related costs (RHC/FOHC)       0       0       0       23.         24.00       Wage-related costs (RHC/FOHC)       0       0       0       24.       26.247.94       26.78       26.         25.00       Interns & residents (in an approved program)       0       0       0       0       0       0       0       0       26.247.94       26.78       26.         27.00       Administrative & General       5.00       5,306,815       0       5,306,815       178,905.63       29.69       27. </td <td>18.00</td> <td></td> <td></td> <td>C</td> <td>0</td> <td>C</td> <td>)</td> <td></td> <td>18.00</td>	18.00			C	0	C	)		18.00
20.00         Non-physician anesthetist Part A         0         0         0         0         0         20.00         A           21.00         Non-physician anesthetist Part B         0         0         0         0         0         21.00         Non-physician Part A - Administrative         0         0         0         0         22.00         Physician Part A - Administrative         0         0         0         0         22.00         Physician Part A - Administrative         0         0         0         0         22.00         0         22.00         0         0         0         0         22.00         0         0         0         0         0         22.00         22.00         0         0         0         0         0         0         22.00         22.00         20.00         20.00         22.00         20.00         20.00         20.00         22.00         20.00         20.00         22.00         20.00         20.00         22.00         20.00         20.00         20.00         20.00         22.00         20.00         22.00         20.00         20.00         20.00         20.00         22.00         20.00         22.00         20.00         20.00         20.00         20.00	19.00			2,052,477	0	2, 052, 477			19.00
B         C									20.00
B         C	21 00	A Non-physician anesthetist Part		ſ	0				21.00
Admin is strative         Admin is strative         Image: constraint of the strating of the struction of the structio		В		C		_			
22.01         Physician Part A - Teaching         0         0         0         22.         23.00         Physician Part B         0         0         0         23.00         Physician Part B         0         0         0         0         23.00         Physician Part B         0         0         0         0         0         23.00         Physician Part B         0         0         0         0         0         0         23.00         Physician Part B         20.00         0	22.00			C	0	C	)		22.00
24.00         Wage-related costs (RHC/FQHC) Interns & residents (in an approved program)         0         0         0         0         0         24.         25.           25.00         Interns & residents (in an approved program)         0	22. 01			C	0	C			22.01
25.00         Interns & residents (in an approved program)         0         0         0         25.           0VERHEAD COSTS - DIRECT SALARIES         0         703,021         0         703,021         26,247.94         26.78         26.           26.00         Employee Benefits Department         4.00         703,021         0         703,021         26,247.94         26.78         26.           27.00         Administrative & General         5.00         5,306,815         0         5,306,815         178,905.63         29.66         27.           28.00         Administrative & General under contract (see inst.)         0         0         0         0.00         0.00         28.           29.00         Maintenance & Repairs         6.00         1,027,439         0         1,027,439         33,367.82         30.79         29.           30.00         Operation of Plant         7.00         313,140         0         313,140         42,782.01         7.32         30.           31.00         Laundry & Linen Service         8.00         0         0         0         0.00         0.00         33.           33.00         Housekeeping under contract (see instructions)         8,983         0         8,983         708.25				C	0	C	)		23.00
approved program)         OVERHEAD COSTS - DIRECT SALARIES           26.00         Employee Benefits Department         4.00         703,021         0         703,021         26,247.94         26.78         26.78         26.70         Admin istrative & General         5.00         5,306,815         0         5,306,815         178,905.63         29.66         27.         0         Admin istrative & General under         0         0         0         0.00         28.         0         0.00         0.00         28.         0         0.00         0.00         28.         0         0.00         0.00         0.00         28.         0         0.00         0.00         0.00         28.         0.00         0.00         0.00         0.00         28.           29.00         Maintenance & Repairs         6.00         1,027,439         0         1,027,439         33,367.82         30.79         29.           30.00         Operation of Plant         7.00         313,140         0         313,140         42,782.01         7.32         30.           10.02         Laundry & Linen Service         8.00         0         0         0         0.00         0.00         33.         34.         33.         36.8983         708.25				C	0				24.00
OVERHEAD COSTS - DIRECT SALARIES           26.00         Employee Benefits Department         4.00         703,021         0         703,021         26,247.94         26.78         26.78           27.00         Administrative & General         5.00         5,306,815         0         5,306,815         178,905.63         29.66         27.           28.00         Administrative & General under contract (see inst.)         0         0         0         0         0.00         0.00         28.           29.00         Maintenance & Repairs         6.00         1,027,439         0         1,027,439         33,367.82         30.79         29.           30.00         Operation of Plant         7.00         313,140         0         313,140         42,782.01         7.32         30.           31.00         Laundry & Linen Service         8.00         0         0         0         0.00         0.00         0.00         313.140           32.00         Housekeeping         9.00         1,196,072         0         1,196,072         94,324.49         12.68         32.           33.00         Housekeeping under contract (see instructions)         8,983         0         8,983         708.25         12.68         33.	25.00			C C	0				25.00
27.00       Administrative & General       5.00       5, 306, 815       0       5, 306, 815       178, 905.63       29.66       27.         28.00       Administrative & General under contract (see inst.)       0       0       0       0       0.00       28.         29.00       Maintenance & Repairs       6.00       1, 027, 439       0       1, 027, 439       33, 367.82       30.79       29.         30.00       Operation of Plant       7.00       313, 140       0       313, 140       0       0.00       0.00       0.00       313.         31.00       Laundry & Linen Service       8.00       0       0       0       0.00       0.00       313.         32.00       Housekeeping       9.00       1, 196, 072       0       1, 196, 072       94, 324.49       12.68       32.         33.00       Housekeeping under contract (see instructions)       8, 983       0       8, 983       708.25       12.68       33.         34.00       Dietary       10.00       640, 409       -363, 500       276, 909       31, 762.83       8.72       34.         35.00       Dietary       under contract (see instructions)       0       0       0       0       0       0		OVERHEAD COSTS - DIRECT SALARIE			1		1	1	
28.00       Administrative & General under contract (see inst.)       0       0       0       0.00       0.00       28.00         29.00       Maintenance & Repairs       6.00       1,027,439       0       1,027,439       33,367.82       30.79       29.         30.00       Operation of Plant       7.00       313,140       0       313,140       42,782.01       7.32       30.00         31.00       Laundry & Linen Service       8.00       0       0       0.00       0.00       30.03       31.3140       42,782.01       7.32       30.00       31.3140       42,782.01       7.32       30.00       31.3140       0       1,196,072       0       1,196,072       94,324.49       12.68       32.         32.00       Housekeeping       9.00       1,196,072       0       1,196,072       94,324.49       12.68       32.         33.00       Housekeeping under contract (see instructions)       8,983       0       8,983       708.25       12.68       33.         34.00       Dietary       10.00       640,409       -363,500       276,909       31,762.83       8.72       34.         35.00       Dietary       0       0       0       0       0       0.00									
29.00       Maintenance & Repairs       6.00       1,027,439       0       1,027,439       33,367.82       30.79       29.         30.00       Operation of Plant       7.00       313,140       0       313,140       42,782.01       7.32       30.         31.00       Laundry & Linen Service       8.00       0       0       0       0.00       0.00       313.         32.00       Housekeeping       9.00       1,196,072       0       1,196,072       94,324.49       12.68       32.         33.00       Housekeeping under contract (see instructions)       8,983       0       8,983       708.25       12.68       33.         34.00       Di etary under contract (see instructions)       10.00       640,409       -363,500       276,909       31,762.83       8.72       34.         35.00       Di etary under contract (see instructions)       0       0       0       0.00       35.         36.00       Cafeteria       11.00       0       363,500       363,500       41,695.27       8.72       36.         37.00       Maintenance of Personnel       12.00       0       0       0       0.00       0.00       0.00       37.		Administrative & General under	5.00	5, 306, 815 (	0	5, 306, 815 C			
30.00       Operation of Plant       7.00       313,140       0       313,140       42,782.01       7.32       30.         31.00       Laundry & Linen Service       8.00       0       0       0       0.00       0.00       313,140         32.00       Housekeeping       9.00       1,196,072       0       1,196,072       94,324.49       12.68       32.         33.00       Housekeeping under contract (see instructions)       8,983       0       8,983       708.25       12.68       33.         34.00       Dietary       10.00       640,409       -363,500       276,909       31,762.83       8.72       34.         35.00       Dietary under contract (see instructions)       0       0       0       0.00       35.         36.00       Cafeteria       11.00       0       363,500       363,500       41,695.27       8.72       36.         37.00       Maintenance of Personnel       12.00       0       0       0       0.00       0.00       37.	29 00	· · · · · ·	6 00	1 027 420	0	1 027 420	22 267 20	20 70	29.00
31.00       Laundry & Linen Service       8.00       0       0       0       0.00       0.00       31.         32.00       Housekeeping       9.00       1, 196, 072       0       1, 196, 072       94, 324.49       12.68       32.         33.00       Housekeeping under contract (see instructions)       8, 983       0       8, 983       708.25       12.68       33.         34.00       Dietary       10.00       640, 409       -363, 500       276, 909       31, 762.83       8. 72       34.         35.00       Dietary under contract (see instructions)       0       0       0       0       0.00       35.         36.00       Cafeteria       11.00       0       363, 500       363, 500       41, 695.27       8. 72       36.         37.00       Mai ntenance of Personnel       12.00       0       0       0       0.00       37.									
33.00       Housekeeping under contract (see instructions)       8,983       0       8,983       708.25       12.68       33.         34.00       Dietary       10.00       640,409       -363,500       276,909       31,762.83       8.72       34.         35.00       Dietary under contract (see instructions)       0       0       0       0       0.00       35.         36.00       Cafeteria       11.00       0       363,500       363,500       41,695.27       8.72       36.         37.00       Maintenance of Personnel       12.00       0       0       0       0.00       0.00       37.				C	0	C			
34.00         Di etary         10.00         640,409         -363,500         276,909         31,762.83         8.72         34.           35.00         Di etary under contract (see i nstructi ons)         0         0         0         0         0.00         35.         0         0.00         0.00         35.         35.00         0         0.00         0.00         35.         35.00         0.00         0.00         35.         35.00         0.00         35.         35.00         363,500         363,500         363,500         363,500         363,500         36.00         276,909         31,762.83         8.72         34.         35.00         35.00         0.00         35.         35.00         363,500         363,500         363,500         363,500         363,500         363,500         363,500         37.00         0.000         37.00         0.000         0.000         37.         37.00         0         0.000         0.000         37.         37.00         36.00         0.000         37.00         0.000         37.00         36.00         0.000         37.00         37.00         36.00         0.000         37.00         37.00         37.00         0.000         0.000         0.000         37.00         0.		Housekeeping under contract	9.00						
35. 00       Di etary under contract (see i nstructi ons)       0       0       0       0.00       0.00       35.         36. 00       Cafeteri a       11.00       0       363, 500       363, 500       41, 695. 27       8. 72       36.         37. 00       Mai ntenance of Personnel       12.00       0       0       0       0.00       37.	34.00		10.00	640, 409	-363.500	276.909	31, 762, 83	8. 72	34.00
36. 00         Cafeteria         11. 00         0         363, 500         363, 500         41, 695. 27         8. 72         36.           37. 00         Mai ntenance of Personnel         12. 00         0         0         0         0.00         0.00         37.		Dietary under contract (see		C	0	C			
37. 00         Maintenance of Personnel         12. 00         0         0         0. 00         37.	26 00		11 00	~	343 500	343 500	A1 (OF 07	0.70	24 00
				ſ	363, 500 N	363,500			
38.00         Nursing Administration         13.00         1,271,968         0         1,271,968         32,811.39         38.77         38.			13.00	1, 271, 968	0	1, 271, 968			
40.00         Pharmacy         15.00         1, 698, 589         0         1, 698, 589         45, 779. 58         37. 10         40.	40.00	Pharmacy	15.00	1, 698, 589	ין 0	1, 698, 589	45, 779. 58 p	j 37.10	40.00

Health Financial Systems	FRANC	ISCAN ST. MARG	GARET HEALTH- D	YER	In Lie	u of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provi der	CCN: 150090 F	Peri od:	Worksheet S-3	
					rom 01/01/2014		
					Го 12/31/2014	Date/Time Pre 5/27/2015 6:2	
	Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
			(from	(col.2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00 Medical Records & Medical	16.00	919, 914	0	919, 914	41, 851. 10	21. 98	41.00
Records Library							
42.00 Social Service	17.00	C	0	(	0.00	0.00	42.00
43.00 Other General Service	18.00	C	0	(	0.00	0.00	43.00

Health Financial Systems	FRANC	ISCAN ST. MARC	GARET HEALTH- D'	YER	In Lieu of Form CMS-2552-10			
HOSPITAL WAGE INDEX INFORMATION			Provi der		Period:	Worksheet S-3		
					From 01/01/2014 To 12/31/2014		harod	
					10 12/31/2014	5/27/2015 6: 2		
	Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly		
	Line Number	Reported	on of Salaries			Wage (col. 4 ÷		
			(from	(col.2 ± col.		col. 5)		
			Worksheet A-6)	/	col. 4			
	1.00	2.00	3.00	4.00	5.00	6.00		
PART III - HOSPITAL WAGE INDEX	SUMMARY				-			
1.00 Net salaries (see		48, 921, 394	0	48, 921, 39	4 1, 744, 554. 25	28. 04	1.00	
instructions)								
2.00 Excluded area salaries (see		7, 243, 324	232	7, 243, 55	6 347, 823.00	20. 83	2.00	
instructions)								
3.00 Subtotal salaries (line 1		41, 678, 070	-232	41, 677, 83	8 1, 396, 731. 25	29.84	3.00	
minus line 2)						50.7/		
4.00 Subtotal other wages & related		6, 117, 760	0	6, 117, 76	0 113, 796. 00	53.76	4.00	
costs (see inst.)						00.54		
5.00 Subtotal wage-related costs		9, 392, 967	0	9, 392, 96	0.00	22. 54	5.00	
(see inst.)		F7 400 707		F7 400 F/	- 4 - 40 - 507 0-	07.04	( 00	
6.00 Total (sum of lines 3 thru 5)		57, 188, 797						
7.00 Total overhead cost (see		13, 607, 717	0	13, 607, 71	7 601, 354. 69	22.63	7.00	
instructions)						I		

	Financial Systems FRANCISCAN ST. MARGARE				u of Form CMS-2	2552-1
HOSPI T	AL WAGE RELATED COSTS	Provider CCN: 15	1	Period: From 01/01/2014 Fo 12/31/2014		
					Amount	
					Reported	
					1.00	
	PART IV - WAGE RELATED COSTS					
	Part A - Core List					
	RETIREMENT COST					
1.00	401K Employer Contributions				284, 702	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution				0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)				0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)				900, 717	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)					
5.00	401K/TSA Plan Administration fees				0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan				0	6.00
7.00	Employee Managed Care Program Administration Fees				0	7.00
	HEALTH AND INSURANCE COST					
8.00	Health Insurance (Purchased or Self Funded)				6, 181, 096	8.00
9.00	Prescription Drug Plan				0	9.00
10.00	Dental, Hearing and Vision Plan				-2, 748	10.00
11.00	Life Insurance (If employee is owner or beneficiary)				152, 586	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)				0	12.0
13.00	Disability Insurance (If employee is owner or beneficiary)				116, 427	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)				0	14.00
15.00	'Workers' Compensation Insurance				405, 345	15.00
16.00	Retirement Health Care Cost (Only current year, not the extrac	ordinary accrual re	equi red	by FASB 106.	0	16.00
	Non cumulative portion)	5	•	5		
	TAXES					
17.00	FICA-Employers Portion Only				3, 300, 152	17.00
18.00	Medicare Taxes - Employers Portion Only				0	18.00
19.00	Unemployment Insurance				75, 497	19.00
20.00	State or Federal Unemployment Taxes				0	20.00
	OTHER					
21.00	Executive Deferred Compensation (Other Than Retirement Cost Re instructions))	eported on lines 1	through	1 4 above. (see	0	21.00
22 00	Day Care Cost and Allowances				0	22.00
	Tuition Reimbursement				31, 670	
24.00	Total Wage Related cost (Sum of lines 1 -23)				11, 445, 444	
27.00	Part B - Other than Core Related Cost				11, 443, 444	27.00
	OTHER WAGE RELATED COSTS (SPECIFY)				0	25.00

Heal th	Financial Systems	FRANCI SCAN ST.	MARGARET	HEALTH- D	YER	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST			Provi der	CCN: 150090	Peri od:	Worksheet S-3	
						From 01/01/2014		
						To 12/31/2014	Date/Time Pre 5/27/2015 6:24	
	Cost Center Description					Contract Labor		+ piii
	best benter bescription					1.00	2.00	
	PART V - Contract Labor and Benefit Cos	st						
	Hospital and Hospital-Based Component I	denti fi cati on:						
1.00	Total facility's contract labor and ber	nefit cost				0	0	1.00
2.00	Hospi tal					0	0	2.00
3.00	Subprovider - IPF							3.00
4.00	Subprovider - IRF					0	0	4.00
5.00	Subprovider - (Other)					0	0	5.00
6.00	Swing Beds - SNF					0	0	6.00
7.00	Swing Beds - NF					0	0	7.00
8.00	Hospital-Based SNF							8.00
9.00	Hospital-Based NF							9.00
10.00	Hospi tal -Based OLTC							10.00
11.00	Hospital-Based HHA							11.00
12.00	Separately Certified ASC							12.00
13.00	Hospi tal -Based Hospi ce							13.00
14.00	Hospital-Based Health Clinic RHC							14.00
15.00	Hospital-Based Health Clinic FQHC							15.00
16.00	Hospi tal -Based-CMHC							16.00
17.00	Renal Dialysis							17.00
18.00	Other					0	0	18.00

Heal th	Financial Systems FRANCISCAN ST. MARGARET HEALTH- D	DYER	In Lie	eu of Form CMS-2	2552-10	
		CCN: 150090	Peri od:	Worksheet S-10		
			From 01/01/2014		-	
			To 12/31/2014			
				5/27/2015 6: 2	4 pm	
				1.00		
	Uncompanyated and indigent care cast computation			1.00		
1.00	Uncompensated and indigent care cost computation Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by li	ine 202 eelum	<u>, 0)</u>	0. 265746	1.00	
1.00		The 202 Column	18)	0.205740	1.00	
2.00	Medicaid (see instructions for each line) Net revenue from Medicaid			4, 526, 988	2.00	
2.00				4, 520, 900 N		
3.00 4.00	Did you receive DSH or supplemental payments from Medicaid? If line 3 is "yes", does line 2 include all DSH or supplemental payments	From Madi ani	10	IN IN	3.00 4.00	
4.00 5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	IT OIL MEUTCAT	1 (	0	4.00 5.00	
5.00 6.00	Medicaid charges			48, 590, 759	6.00	
7.00	Medicaid cost (line 1 times line 6)			12, 912, 800	7.00	
7.00 8.00	Difference between net revenue and costs for Medicaid program (line 7 min	auc cum of li	oc 2 and E. if	8, 385, 812	8.00	
0.00	<pre>&lt; zero then enter zero)</pre>	ius suii oi i i	ies z anu s, m	0, 303, 012	0.00	
	State Children's Health Insurance Program (SCHIP) (see instructions for e	ach line)		L		
9.00	Net revenue from stand-al one SCHIP			0	9.00	
10.00	Stand-al one SCHIP charges			0		
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 r	minus line 0.	if < zero then	0		
12.00	enter zero)	in nus i ne 7,		0	12.00	
	Other state or local government indigent care program (see instructions f	for each line				
13.00	Net revenue from state or local indigent care program (Not included on li			0	13.00	
14.00	Charges for patients covered under state or local indigent care program			0		
11.00	10)				11.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care	e program (li	ne 15 minus line	-		
101.00	13; if $<$ zero then enter zero)	o program (rri			10100	
	Uncompensated care (see instructions for each line)			,		
17.00	Private grants, donations, or endowment income restricted to funding char	rity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital or	perations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent	t care program	ns (sum of lines	8, 385, 812	19.00	
	8, 12 and 16)	1 5				
		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 (at full	9, 672, 8	8, 780, 100	18, 452, 900	20.00	
	charges excluding non-reimbursable cost centers) for the entire facility					
21.00	Cost of initial obligation of patients approved for charity care (line 1	2, 570, 5	2, 333, 276	4, 903, 784	21.00	
~~~~~	times line 20)	10 (		707 700		
22.00	Partial payment by patients approved for charity care	40, 6				
23.00	Cost of charity care (line 21 minus line 22)	2, 529, 9	08 1, 636, 176	4, 166, 084	23.00	
				1.00		
24.00	Deep the amount in line 20 column 2 include charges for notions days have	and a longth	f atou limit	1.00	24.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyo imposed on patients covered by Medicaid or other indigent care program?	ond a rength o	or stay limit		24.00	
25.00		rogram's Long	h of ctoy limit	0	25.00	
26.00 27.00						
28.00 29.00						
29.00 30.00						
	Cost of uncompensated care (line 23 column 3 plus line 29) Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13, 887, 172		
31.00	Total unreminual seu and uncompensated care cost (TTHE 19 plus TTHE 30)			13,007,172	31.00	

RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	F EXPENSES	Provi der		Period: From 01/01/2014	Worksheet A	
					To 12/31/2014	Date/Time Pre 5/27/2015 6:24	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +-	
		1.00	2.00	3.00	4.00	col. 4) 5.00	
	GENERAL SERVICE COST CENTERS		7 000 000	7 000 00			
	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP		7, 292, 802 0	7, 292, 802	2 -3, 038, 484 3, 562, 506	4, 254, 318 3, 562, 506	1.00 2.00
	00300 OTHER CAP REL COSTS		0			3, 562, 506	3.00
	00400 EMPLOYEE BENEFITS DEPARTMENT	703, 021	11, 592, 766	12, 295, 78	7 0	12, 295, 787	4.00
5. 01	01160 COMMUNI CATI ONS	267, 390	517, 222	784, 612		784, 612	5.01
	00570 ADMI TTI NG 00590 PATI ENT ACCOUNTI NG	879, 243 216, 797	18, 150 2, 153, 788	897, 393 2, 370, 585		897, 393 2, 370, 585	5.02 5.03
	00590 OTHER ADMINISTRATIVE AND GENERAL	3, 943, 385	2, 153, 788 7, 186, 614	11, 129, 99		10, 621, 673	5.0
5.00	00600 MAI NTENANCE & REPAI RS	1, 027, 439	2, 173, 137	3, 200, 570		3, 200, 576	6.00
	00700 OPERATION OF PLANT	313, 140	3, 082, 960	3, 396, 100		3, 396, 100	7.00
	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	0 1, 196, 072	350, 462	350, 462		350, 462	8.00
	01000 DI ETARY	640, 409	231, 419 825, 315	1, 427, 49 <sup>.</sup> 1, 465, 72 <sup>.</sup>		1, 427, 491 633, 770	9.00 10.00
	01100 CAFETERI A	010, 107	020, 010		831, 954	831, 954	11.00
	01300 NURSING ADMINISTRATION	1, 271, 968	14, 256	1, 286, 224		1, 278, 558	13.0
	01400 CENTRAL SERVICES & SUPPLY	521, 367	675, 182	1, 196, 549		924, 339	14.0
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	1, 698, 589 919, 914	5, 574, 849 464, 711	7, 273, 438 1, 384, 62		4, 120, 094 1, 384, 615	15. 0 16. 0
	01700 SOCIAL SERVICE	919, 914	404, 711			1, 364, 015	17.0
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0		1, 194, 128	1, 194, 128	22.0
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	8, 331, 210	1,055,288			8, 171, 307	30.0
	03100 INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	1, 501, 397 738, 271	422, 350 560, 995	1, 923, 74 1, 299, 260		1, 844, 571 1, 294, 721	31.0 32.0
	04100 SUBPROVI DER – I RF	1, 831, 870	4, 936, 672	6, 768, 542		6, 716, 535	41.0
	04200 SUBPROVI DER	0	0	(	0 0	0	42.0
	04300 NURSERY	0	0	(	866, 323	866, 323	43.0
	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	1, 264, 325	7, 828, 937	9, 093, 262	2 -5, 814, 895	3, 278, 367	50. 0
	05001 OUTPATI ENT SURGERY	842, 305	684, 639	1, 526, 94		1, 214, 431	50.0
	05100 RECOVERY ROOM	448, 134	118, 635	566, 769	9 –40, 989	525, 780	51.0
	05300 ANESTHESI OLOGY	29, 752	2, 933, 758	2, 963, 510		2, 819, 057	53.0
	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY-SPECI AL PROCEDURES	1, 371, 191 339, 989	981, 591 700, 956	2, 352, 782 1, 040, 945		2, 374, 667 827, 154	54.0 54.0
	05500 RADI OLOGY-THERAPEUTI C	532, 474	222, 020	754, 494		750, 731	55.0
6.00	05600 RADI OI SOTOPE	268, 465	342, 956	611, 42		624, 551	56.0
	06000 LABORATORY	0	5, 584, 562	5, 584, 562		5, 584, 535	
	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY	0 889, 429	449, 979 1, 262, 020	449, 979 2, 151, 449		449, 979 2, 081, 544	63.0 65.0
	06600 PHYSI CAL THERAPY	2, 475, 857	4, 636, 036			7, 100, 763	
	06700 OCCUPATI ONAL THERAPY	299, 510	60, 966			353, 492	
	06800 SPEECH PATHOLOGY	206, 274	54, 470	260, 744		220, 035	68.0
		526,015	86, 542	612, 55		615, 257	69. C
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	212, 865	33, 479	246, 34	4 -1, 775 3, 285, 224	244, 569 3, 285, 224	70. C
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	(	8, 234, 078	8, 234, 078	
	07300 DRUGS CHARGED TO PATIENTS	0	0	(	3, 153, 237	3, 153, 237	73.0
	03630 ULTRA SOUND	367, 025	114, 547	481, 572		456, 541	76. C
	03951 PAIN CLINIC 03952 CATH LAB	420, 163	56, 305	476, 468		444, 325	76.0
	03952 CATH LAB 03953 ACTIVITY THERAPEUTIC	813, 211 1, 823, 257	4, 107, 938 16, 670	4, 921, 14 1, 839, 92		1, 146, 486 1, 839, 927	76.0 76.0
	03954 WOUND CARE CENTER	215, 478	94, 998	310, 470		232, 840	76.0
	03340 BARIATRIC CLINIC	314, 298	196, 223	510, 52		509, 850	76. C
	03030 HEALTHY LIVING CENTER	4, 923	0	4, 923		4, 923	76.0
	03950 CV RESOURCE CENTER 03955 ANTI COAGULATI ON CLINI C	4, 999 227, 825	65 46, 545	5, 064 274, 370		5, 064 274, 370	76.0 76.0
	OUTPATIENT SERVICE COST CENTERS	227,023	40, 545	274, 370	0	274, 370	70.0
	09100 EMERGENCY	3, 601, 711	756, 850	4, 358, 56	1 -283, 917	4, 074, 644	91.0
	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.0
	SPECIAL PURPOSE COST CENTERS		4 222 020	4 222 020		2 075 520	112 0
13.00 18.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117)	43, 500, 957	4, 223, 020 84, 723, 645	4, 223, 020 128, 224, 602		3, 075, 530 128, 224, 369	
	NONREI MBURSABLE COST CENTERS	.0, 000, 701	0.,,20,040	.23, 22 1, 002	200	.20, 22 1, 007	
90.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18, 803	82, 924	101, 72		101, 727	
	19200 PHYSI CLANS' PRI VATE OFFI CES	3, 655, 149	760, 849	4, 415, 998	3 233	4, 416, 231	
	19201 WORKI NG WELL 07950 RESI DENTI AL	1 720 501	261 011	2 ADE 241			192.0
	07950 RESIDENTIAL 07951 0MNI	1, 730, 501 0	364, 844 0	2, 095, 34		2, 095, 345 0	194. 0 194. 0
	07952 PSYCHI ATRI C	0	0				194.0
	07953 CENTER OF HOPE	7, 001	656	7,65		7,657	194.0
00.00	TOTAL (SUM OF LINES 118-199)	48, 912, 411	85, 932, 918	134, 845, 329		134, 845, 329	000 0

CLASS	Financial Systems FRAM	ICESCAN ST. MARG OF EXPENSES		CCN: 15009	0 Period:	u of Form CMS-255 Worksheet A
					From 01/01/2014 To 12/31/2014	
	Cost Costor Decosintian					<u>5/27/2015 6: 24 p</u>
	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocatior			
		6.00	7.00			
G	SENERAL SERVICE COST CENTERS			1		
00 0	00100 CAP REL COSTS-BLDG & FIXT	1, 519, 863	5, 774, 181			
00 0	00200 CAP REL COSTS-MVBLE EQUIP	0	3, 562, 506			
	00300 OTHER CAP REL COSTS	0	0			
	00400 EMPLOYEE BENEFITS DEPARTMENT	3, 411, 115	15, 706, 902			
	01160 COMMUNI CATI ONS	-16, 360		1		
	00570 ADMI TTI NG	0		1		
	00590 PATIENT ACCOUNTING	-1, 302, 223		1		
	00591 OTHER ADMINISTRATIVE AND GENERAL	6, 998, 848		1		
	00600 MAINTENANCE & REPAIRS	-965		1		
	00700 OPERATION OF PLANT	0		1		
	00800 LAUNDRY & LINEN SERVICE	0		1		
	00900 HOUSEKEEPI NG	0	., .=.,	1		
	D1000 DI ETARY	-1, 692				1
	01100 CAFETERIA 01300 NURSING ADMINISTRATION	-542, 596		•		1
	01400 CENTRAL SERVICES & SUPPLY	-176, 101		1		1
	D1500 PHARMACY	-1, 504, 135		1		1
	01600 MEDICAL RECORDS & LIBRARY	-1, 504, 155				1
	01700 SOCIAL SERVICE	0		1		1
	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	-102, 274	-	1		2
	NPATIENT ROUTINE SERVICE COST CENTERS	102,274	1,071,032	1		2
	33000 ADULTS & PEDI ATRI CS	-221, 612	7, 949, 695			3
	03100 I NTENSI VE CARE UNI T	-52, 820				3
	22060 NEONATAL INTENSIVE CARE UNIT	02,020		1		3
	04100 SUBPROVI DER – I RF	-3, 932, 137		1		4
	04200 SUBPROVI DER	0		1		4
	04300 NURSERY	0	866, 323			4
	NCILLARY SERVICE COST CENTERS					
. 00 0	05000 OPERATING ROOM	-478, 011	2, 800, 356			5
. 01 0	05001 OUTPATI ENT SURGERY	-68, 604	1, 145, 827			5
. 00 0	D5100 RECOVERY ROOM	-3, 515	522, 265			5
00 0	05300 ANESTHESI OLOGY	-16, 750	2, 802, 307			5
00 0	05400 RADI OLOGY-DI AGNOSTI C	-259, 536	2, 115, 131			5
. 01  0	05401 RADI OLOGY-SPECI AL PROCEDURES	-29, 049	798, 105			5
. 00  0	05500 RADI OLOGY-THERAPEUTI C	-5, 704	745, 027			5
	05600 RADI OI SOTOPE	-3, 701				5
	06000 LABORATORY	-823, 189		1		6
	06300 BLOOD STORING, PROCESSING & TRANS.	-14, 499		1		6
	06500 RESPI RATORY THERAPY	-843, 667		1		6
	06600 PHYSI CAL THERAPY	-1, 544, 289		1		6
1	06700 OCCUPATI ONAL THERAPY	-1, 311		1		6
	06800 SPEECH PATHOLOGY	-355				6
	06900 ELECTROCARDI OLOGY	-67, 192				6
	07000 ELECTROENCEPHALOGRAPHY	-13, 002		1		7
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0				7
	07200 IMPL. DEV. CHARGED TO PATIENTS	0				7
	07300 DRUGS CHARGED TO PATIENTS	72 115	3, 153, 237	1		7
	03630 ULTRA SOUND	-73, 115		1		7
	03951 PAIN CLINIC	-918				7
	03952 CATH_LAB 03953 ACTI VI TY_THERAPEUTI C	-918				7
	03953 ACTIVITY THERAPEUTIC 03954 WOUND CARE CENTER	-938		1		7
	03340 BARIATRIC CLINIC	-938		1		7
	03030 HEALTHY LIVING CENTER	-22, 900		1		7
	03950 CV RESOURCE CENTER	0		1		7
	03955 ANTI COAGULATI ON CLINIC	0				7
	DUTPATIENT SERVICE COST CENTERS		271,370			· · · · · · · · · · · · · · · · · · ·
	09100 EMERGENCY	-1, 169, 187	2, 905, 457			9
	09200 OBSERVATION BEDS (NON-DISTINCT PART					9
	SPECIAL PURPOSE COST CENTERS	1				,
	1300 INTEREST EXPENSE	-3, 075, 530	(			11
3.00	SUBTOTALS (SUM OF LINES 1-117)	-4, 438, 117		1		11
	IONREI MBURSABLE COST CENTERS	.,				
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101, 727			19
	19200 PHYSI CI ANS' PRI VATE OFFI CES	0		1		19
	19201 WORKING WELL	0	(	1		19
	07950 RESI DENTI AL	0	2, 095, 345			19
	07951 0MNI	n	(	1		19
	07952 PSYCHI ATRI C	0		1		19
	07953 CENTER OF HOPE	0		1		19
4. 0310			., 507			111

Heal th	Fi nanci al	Systems						
DECLASSIFICATIONS								

FRANCI SCAN	ST.	MARGARET	HEALTH-	DYER

In Lieu of Form CMS-2552-10

	inancial Systems FICATIONS	FRANC	ISCAN ST. MARGA		<u>YER</u> CCN: 150090		eu of Form CMS-2552 Worksheet A-6
_A331	TTCATTONS			FIOVIDEI	CCN. 150070	From 01/01/2014	
						To 12/31/2014	Date/Time Prepare 5/27/2015 6:24 pr
	Cost Contor	Increases	Colory	Other			
	Cost Center 2.00	Line # 3.00	Sal ary 4.00	0ther 5.00			
	- CAPITAL						
	CAP REL COSTS-MVBLE EQUIP		0	<u>3, 562, 506</u> <u>3, 562, 506</u>			1
В	3 - INTEREST EXPENSE		U	3, 302, 300			
) <u>C</u>	CAP REL_COSTS-BLDG_&_FIXT	1.00	0	367, 045			1
0			0	367, 045			
	C – CAFETERIA	11.00	363, 500	468, 454			1
			363, 500	468, 454			
	- INSURANCE EXPENSE						
	CAP REL COSTS-BLDG & FIXT	1.00 5.04	0	155, 159			1
	ENERAL	5.04	0	623, 468			2
0			o	778, 627			
	- PATIENT TRANSPORT			. – 1			
	ADULTS & PEDIATRICS ADI OLOGY-DI AGNOSTIC	30.00 54.00	8, 018 44, 737	45 252			1
	ADI OLOGI - DI AGNOSTI C	56.00	13, 596	76			3
	LECTROCARDI OLOGY	69.00	3, 136	18			4
	ILTRA SOUND	76.00	5, 578	31			5
	CATH LAB EMERGENCY	76.02 91.00	2, 962 4, 978	17 28			6
	PHYSICIANS' PRIVATE OFFICES	192.00	4, 978	1			8
0	)		83, 237	468			
	- CHARGEABLE SUPPLIES	74.00		11 510 000			
	IEDI CAL SUPPLI ES CHARGED TO PATI ENT	71.00	0	11, 519, 302			1
)		0.00	0	0			2
		0.00	0	0			3
		0.00	0	0			4
)		0.00 0.00	0	0			5
		0.00	0	0			7
		0.00	0	0			8
		0.00 0.00	0	0 0			9
		0.00	0	0			10
00		0.00	0	0			12
00		0.00	0	0			13
00		0.00 0.00	0	0			14
00		0.00	0	0			16
00		0.00	0	0			17
00		0.00 0.00	0	0			18
		0.00	0	0			20
00		0.00	0	0			21
00		0.00	0	0			22
		0. 00 0. 00	0	0			23
		0.00	0	0			25
0		0.00	0	0			26
0		0.00	0	0			27
0		0.00 0.00	0 0	0			28 29
ō	)			11, 519, 302			2,
G	G - DRUGS CHARGES TO PATIENTS			0.150.55			
) []	RUGS_CHARGED_TO_PATIENTS	<u>73.</u> 00	0	<u>3, 153, 237</u> 3, 153, 237			1
H	I - INTERNS AND RESIDENTS		0	5, 105, 257			
) [	&R SERVICES-OTHER PRGM	22.00	0	1, 194, 128			1
	COSTS APPRV	0.00		~			
) 0		0.00	— — <u>o</u>	<u> </u>			2
I	- NURSERY		0	1, 174, 120			
) N		43.00	787, 241	7 <u>9, 0</u> 82			1
0			787, 241	79,082			
	- IMPLANTABLE DEVICES MPL. DEV. CHARGED TO	72.00	0	8, 234, 078			1
) II	L. DEV. SHANGED IV	, 2.00	0	0,207,010			
	PATI ENTS			8,234,078			

Heal th	Financial Systems	FRAN	ICI SCAN ST. MAR	GARET HE	ALTH- D	YER	In Lieu	u of Form CMS	-2552-10
RECLASS	SEFECATIONS			Pr	rovi der	CCN: 150090	Period: From 01/01/2014	Worksheet A-	6
							To 12/31/2014	Date/Time Pr 5/27/2015 6:	epared: 24 pm
		Increases							
	Cost Center	Line #	Sal ary	0the	er				
	2.00	3.00	4.00	5.0	00				
	K – OTHER CAPITAL								
1.00	CAP_REL_COSTS_BLDG_&_FI_XT	1.00	0		1, 818				1.00
	TOTALS		0		1, 818				
500.00	Grand Total: Increases		1, 233, 978	29, 3	858, 745				500.00

ASSI FI CATI ONS			Provi der		Period: From 01/01/2014	Worksheet A-6
					To 12/31/2014	Date/Time Prepare 5/27/2015 6:24 pm
	Decreases					<u>- 372772013 0.24 pli</u>
Cost Center	Line #	Salary	0ther 9.00	Wkst. A-7 Ref.		
6. 00	7.00	8.00	9.00	10.00		
CAP_REL_COSTS-BLDG_&_FIXT	1.00	0	<u>3, 562, 5</u> 06	9		1.
0		0	3, 562, 506			
B - INTEREST EXPENSE	112 00	0	247 045	11		1
INTEREST EXPENSE	1 <u>13.00</u>	0	<u>367, 0</u> 45 367, 045			1.
C – CAFETERIA			007,010			
DI ETARY	10.00	363, 500	468, 454	0		1.
		363, 500	468, 454			
D - I NSURANCE EXPENSE	113.00	0	778, 627	9		1
	0.00	0	//8,02/	0		2
0		0	778, 627			-
E - PATIENT TRANSPORT				T		
EMERGENCY	91.00	83, 237	468			1.
	0.00 0.00	0	0	0		2.
	0.00	0	0	0		4
	0.00	0	0	0		5
	0.00	õ	0	0		6
	0.00	0	0	0		7.
		0	0	0		8
O F - CHARGEABLE SUPPLIES		83, 237	468			
IF - CHARGEABLE SUPPLIES	13.00	0	7, 666	0		1
CENTRAL SERVICES & SUPPLY	14.00	0	272, 210			2
PHARMACY	15.00	0	107	0		3
MEDICAL RECORDS & LIBRARY	16.00	0	10	0		4
ADULTS & PEDIATRICS	30.00	0	356, 931	0		5.
INTENSIVE CARE UNIT	31.00	0	79, 176	0		6
NEONATAL INTENSIVE CARE UNIT SUBPROVIDER – IRF	32.00 41.00	0	4, 545 52, 007	0		7.
OPERATING ROOM	50.00	0	5, 814, 895	0		9
0 OUTPATIENT SURGERY	50.01	o	312, 513	0		10
O RECOVERY ROOM	51.00	0	40, 989	0		11.
0 ANESTHESI OLOGY	53.00	0	144, 453	0		12
0 RADI OLOGY-DI AGNOSTI C	54.00	0	23, 104	0		13
0 RADI OLOGY-SPECIAL PROCEDURES	54.01	0	213, 791	0		14
0 RADI OLOGY-THERAPEUTI C 0 RADI OI SOTOPE	55.00 56.00	0	3, 763 542	0		15
0 LABORATORY	60.00	0	27	0		17
0 RESPIRATORY THERAPY	65.00	0	69, 905	0		18
0 PHYSICAL THERAPY	66.00	0	11, 130	0		19
0 OCCUPATI ONAL THERAPY	67.00	0	6, 984			20
0 SPEECH PATHOLOGY	68.00	0	40, 709			21
0 ELECTROCARDI OLOGY	69.00 70.00	0	454	0		22
0 ELECTROENCEPHALOGRAPHY 0 ULTRA SOUND	70.00 76.00	0	1, 775 30, 640	0		23
0 PAIN CLINIC	76.00 76.01	0	30, 640			24
0 CATH LAB	76.02	0	3, 777, 642	0		26
O WOUND CARE CENTER	76.04	Ō	77, 636			27
O BARIATRIC CLINIC	76.05	О	671	0		28
0 <u>EMERGENCY</u>	<u>91.</u> 00		142,884			29
		0	11, 519, 302			
G - DRUGS CHARGES TO PATIENTS PHARMACY	15.00	0	3, 153, 237	0		1.
		<u>0</u>	3, 153, 237			
H - INTERNS AND RESIDENTS		I				
OTHER ADMINI STRATI VE AND	5.04	0	1, 131, 794	0		1.
GENERAL	91.00	0	60 004	_		
EMERGENCY		— — — <u> </u>	6 <u>2,334</u> 1,194,128			2
I – NURSERY		U	1, 174, 128			
ADULTS & PEDIATRICS	30.00	787, 241	79, 082	0		1.
0		787, 241	79, 082			
J - IMPLANTABLE DEVICES						
MEDI CAL SUPPLI ES CHARGED TO	71.00	0	8, 234, 078	0		1.
PATI ENT	+			┝─────		
U K - OTHER CAPITAL		U	8, 234, 078			
INTEREST EXPENSE	113.00	0	1, 818	14		1.
TOTALS		- — — ŏ	<u>1,818</u>			
		9	1,010	1		

In Lieu of Form CMS-2552-10 Worksheet A-7

KECONC	TELATION OF CAPITAL COSTS CENTERS		FIOVIDEI	CCN. 150090		1/01/2014 2/31/2014	Part I Date/Time Prej 5/27/2015 6:24	
				Acqui si ti on	S			
		Begi nni ng	Purchases	Donati on	-	Total	Di sposal s and	
		Bal ances					Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	BALANCES		_				
1.00	Land	536, 972	0		0	0	0	1.00
2.00	Land Improvements	9, 267, 025	138, 109		0	138, 109	0	2.00
3.00	Buildings and Fixtures	69, 563, 984	0		0	0	0	3.00
4.00	Building Improvements	1, 512, 208	0		0	0	0	4.00
5.00	Fixed Equipment	122, 332, 516	7, 516, 030		0	7, 516, 030	0	5.00
6.00	Movable Equipment	0	0		0	0	0	6.00
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	203, 212, 705	7, 654, 139		0	7, 654, 139	0	8.00
9.00	Reconciling Items	0	0		0	0	0	9.00
10.00	Total (line 8 minus line 9)	203, 212, 705	7, 654, 139		0	7, 654, 139	0	10.00
		Endi ng Bal ance	Fully					
		-	Depreciated					
			Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET							
1.00	Land	536, 972	0					1.00
2.00	Land Improvements	9, 405, 134	0					2.00
3.00	Buildings and Fixtures	69, 563, 984	0					3.00
4.00	Building Improvements	1, 512, 208	0					4.00
5.00	Fixed Equipment	129, 848, 546	0					5.00
6.00	Movable Equipment	0	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	210, 866, 844	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	210, 866, 844	0					10.00

Health Financial Systems FRAN	CISCAN ST. MARG	ARET HEALTH- D	YER	In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150090	Peri od:	Worksheet A-7	
				From 01/01/2014		norod.
				To 12/31/2014	Date/Time Pre 5/27/2015 6:2	
		SI	JMMARY OF CAF	I TAL	0/2//2010 0.2	
Cost Center Description	Depreciation	Lease	Interest	Insurance (see	Taxes (see	
				instructions)	instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WOR			ind 2			
1.00 CAP REL COSTS-BLDG & FIXT	7, 292, 802	C		0 0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	C		0 0	0	2.00
3.00 Total (sum of lines 1-2)	7, 292, 802		)	0 0	0	3.00
	SUMMARY O	F CAPI TAL				
			-			
Cost Center Description		Total (1) (sum	1			
	Capi tal -Rel ate					
	d Costs (see	through 14)				
	instructions)	15.00	4			
	14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUN					
1.00 CAP REL COSTS-BLDG & FIXT	0	7, 292, 802				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	7				2.00
3.00  Total (sum of lines 1-2)	0	7, 292, 802	2			3.00

ECONCILIATION OF CAPITAL COSTS CENTERS		Provi der		Period: From 01/01/2014 To 12/31/2014		pared:
	COM	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPI TAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS	CENTERS	1		1		
.00 CAP REL COSTS-BLDG & FIXT .00 CAP REL COSTS-MVBLE EQUIP .00 Total (sum of lines 1-2)				0 1.000000 0 0.000000 0 1.000000	0	1.00 2.00 3.00
	ALLOCA	TION OF OTHER (	CAPI TAL	SUMMARY O		
Cost Center Description	Taxes	Other Capital-Relate d Costs	Total (sum of cols.5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS	CENTERS					
.00 CAP REL COSTS-BLDG & FIXT .00 CAP REL COSTS-MVBLE EQUIP .00 Total (sum of lines 1-2)		0		0 5, 405, 318 0 3, 562, 506 0 8, 967, 824	0	1.0 2.0 3.0
		SL	JMMARY OF CAPI			0.0
Cost Center Description	Interest	Insurance (see instructions)		Other Capital-Relate d Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS .00 CAP REL COSTS-BLDG & FIXT	CENTERS 367, 045	i 0		0 1, 818	5, 774, 181	
				ni 1 8181		1.0

AD3 03 1	MENTS TO EXPENSES				Period: From 01/01/2014 To 12/31/2014	Worksheet A-8 Date/Time Prep 5/27/2015 6:24	
			1	Expense Classification or o/From Which the Amount is		372772013 0.2	4 pm
	Cost Center Description	Basis/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00	2.00	3.00 AP REL COSTS-BLDG & FIXT	4.00	5.00	1.0
	COSTS-BLDG & FIXT (chapter 2)						
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		00	AP REL COSTS-MVBLE EQUIP	2.00	0	2. (
3.00	Investment income - other	В	-846 I	NTEREST EXPENSE	113.00	0	3. (
4.00	(chapter 2) Trade, quantity, and time	В	-59, 2680	ENTRAL SERVICES & SUPPLY	14.00	0	4. (
5.00	discounts (chapter 8) Refunds and rebates of		0		0.00	0	5.0
5.00	expenses (chapter 8)		0		0.00	0	5.1
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6. (
7.00	Telephone services (pay stations excluded) (chapter		О		0.00	0	7. (
8.00	21) Television and radio service		О		0.00	0	8.
9.00	(chapter 21) Parking lot (chapter 21)		0		0.00	0	9.1
10.00	Provi der-based physi ci an	A-8-2	-1, 652, 646		0.00	0	
11.00	adjustment Sale of scrap, waste, etc.	В	-812R	ADI OLOGY-DI AGNOSTI C	54.00	0	11.
12. 00	(chapter 23) Related organization transactions (chapter 10)	A-8-1	1, 492, 162			0	12. (
13.00	Laundry and Linen service		0		0.00	0	
4.00 5.00	Cafeteria-employees and guests Rental of quarters to employee	В	-446, 2400	AFETERI A	11.00 0.00	0	
	and others		0				
16. 00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.
17.00	Sale of drugs to other than		О		0.00	0	17.
18.00	patients Sale of medical records and		0		0.00	0	18.
19.00	abstracts		0		0.00	0	19.
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.
20.00 21.00	Vending machines Income from imposition of	В	-16, 0590	AFETERI A	11.00 0.00	0	
21.00	interest, finance or penalty charges (chapter 21)		0		0.00	0	∠1.
22.00	Interest expense on Medicare overpayments and borrowings to		0		0.00	0	22.
23. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	OR	ESPI RATORY THERAPY	65.00		23.
24.00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	OP	HYSI CAL THERAPY	66.00		24.
25. 00	limitation (chapter 14) Utilization review - physicians' compensation		0 *	** Cost Center Deleted ***	114.00		25.
26. 00	(chapter 21) Depreciation - CAP REL		oc	AP REL COSTS-BLDG & FIXT	1.00	0	26.
27.00	COSTS-BLDG & FIXT Depreciation - CAP REL		oc	AP REL COSTS-MVBLE EQUIP	2.00	0	27.
28.00	COSTS-MVBLE EQUIP Non-physician Anesthetist		0.*	** Cost Center Deleted ***	19.00		28.
29.00	Physi ci ans' assi stant		0	cost center bereted	0.00	0	
80. 00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	oc	CCUPATI ONAL THERAPY	67.00		30.
30. 99	Hospice (non-distinct) (see		AO	DULTS & PEDIATRICS	30.00		30.
81.00	instructions) Adjustment for speech pathology costs in excess of	A-8-3	os	PEECH PATHOLOGY	68.00		31.
32 00	limitation (chapter 14) CAH HIT Adjustment for		0		0.00	0	32.
	Depreciation and Interest		-				
33.00	RENTAL INCOME	В		THER ADMINISTRATIVE AND ENERAL	5.04	0	33.

Heal th	Fi nanci a	l Systems	
	MENTS TO	EVDENCEC	

Heal th	Financial Systems	FRANC	ISCAN ST. MARG	GARET HEALTH- DYER	In Lie	eu of Form CMS-2	2552-10
	MENTS TO EXPENSES			Provider CCN: 150090	Period:	Worksheet A-8	
					From 01/01/2014 To 12/31/2014		
				Expense Classification of	n Worksheet A	572772015 0.2	
				To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.00	MI SC I NCOME	В	-543	OTHER ADMINISTRATIVE AND	5.04	0	34.00
				GENERAL			
35.00	DI ETETI C I NSTRUCTI ON	В		CAFETERIA	11.00		
36.00	SPECIAL FUNCTIONS	В		CAFETERIA	11.00		
37.00	ADVERTI SI NG EXPENSE	A	-354,873	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	37.00
38.00	MISCELLANEOUS- OTHER OPERATING	В	_3 /75	OTHER ADMINISTRATIVE AND	5.04	0	38.00
50.00	MI SCELENIE003- OTHER OF ERATING	D D	-3, 473	GENERAL	5.04		30.00
39.00	DI SCOUNTS EARNED/REBATES	В	-918	CATH LAB	76.02	0	39.00
	MI SCELLANEOUS- OTHER OPERATING			COMMUNICATIONS	5.01		•
41.00	TELEPHONE COMMI SSI ON	В		COMMUNI CATI ONS	5.01		
42.00	MI SCELLANEOUS - OTHER OPERATING	В		OTHER ADMINISTRATIVE AND	5.04		
				GENERAL		_	
43.00	PROGRAM FEES	В	-30,330	OTHER ADMINISTRATIVE AND	5.04	0	43.00
				GENERAL			
44.00	UNECESSARY BORROWING	A		INTEREST EXPENSE	113.00		
45.00	MICELLANEOUS- OTHER OPERATING	В		BARIATRIC CLINIC	76.05		
46.00	LOBBYING EXPENSE	A	-1, 960	OTHER ADMI NI STRATI VE AND GENERAL	5.04	0	46.00
47.00	DI SCOUNTS EARNED/REBATES	В	-1, 692	DI ETARY	10.00	0	47.00
48.00	INTEREST INCOME- PATIENTS	В		INTEREST EXPENSE	113.00		
49.00	PENSION ADJUSTMENT	A		EMPLOYEE BENEFITS DEPARTMEN			
49. 01	DI SCOUNTS EARNED/REBATES	В	-26, 170	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	49.01
49.02	DI SCOUNTS EARNED/REBATES	В		MAINTENANCE & REPAIRS	6.00	0	49.02
49.03	DI SCOUNTS EARNED/REBATES	В	-47, 797	CENTRAL SERVICES & SUPPLY	14.00	0	49.03
49.04	DI SCOUNTS EARNED/REBATES	В		PHARMACY	15.00		
49.05	DI SCOUNTS EARNED/REBATES	В		OPERATING ROOM	50.00		
49.06	DI SCOUNTS EARNED/REBATES	В		RADI OLOGY-DI AGNOSTI C	54.00		
49.07	DI SCOUNTS EARNED/REBATES	В		LABORATORY	60.00		
49.08	DI SCOUNTS EARNED/REBATES	В		RESPI RATORY THERAPY	65.00		
49.09	DI SCOUNTS EARNED/REBATES	В		PHYSICAL THERAPY	66.00		
49. 10	PROPERTY TAX	A	7,047	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	49.10
49. 11	MEDICAL STAFF FEES	В	-22, 575	OTHER ADMI NI STRATI VE AND GENERAL	5.04	0	49. 11
49. 12	PODI ATRI C RESI DENT COORDI NATOR	А	-102, 274	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	49. 12
49.13	DIETETIC INSTRUCTION	В	-22 866	BARIATRIC CLINIC	76.05	0	49.13
49.13	HAF FEES	A		OTHER ADMINISTRATIVE AND	5. 04		•
49. 15			0	GENERAL	0.00	0	49.15
49.15 50.00	TOTAL (sum of lines 1 thru 49)		-4, 438, 117		0.00		50.00
50.00	(Transfer to Worksheet A, column 6, line 200.)		-4,400,117				30.00

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

A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

Heal th	Financial Systems	FRANCISCAN ST. MAR	GARET HEALTH- DYER	In Lie	eu of Form CMS-2	2552-10
STATEM	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HO	ME Provider CCN: 150090	Peri od:	Worksheet A-8-	-1
OFFI CE	COSTS			From 01/01/2014		
				To 12/31/2014	Date/Time Prep 5/27/2015 6:24	
	Line No.	Cost Center	Expense Items	Amount of	Amount	4 pili
	Li ne no.	cost center	Expense i tens	Allowable Cost		
					Wks. A, column	
					5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUST					
	HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1, 519, 863	0	1.00
2.00	5.03	PATIENT ACCOUNTING	PATIENT ACCOUNTING	0	1, 302, 223	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	8, 107, 648	8, 828, 382	3.00
3.01		PHARMACY	COEP / PHARMACY	248, 305	257, 346	3.01
4.00	113.00	INTEREST EXPENSE	INTEREST	1,063,418	3, 493, 532	4.00
4.01	5.04	OTHER ADMINISTRATIVE AND GEN	ELI MI NATI ONS	0	-13, 664, 912	4.01
4.02	14.00	CENTRAL SERVICES & SUPPLY	SPD	23, 698	92, 734	4.02
4.03	15.00	PHARMACY	PHARMACY	322, 695	1, 676, 967	4.03
4.04	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	221, 612	4.04
4.05		SUBPROVIDER - IRF	REHABI LI TATI ON	0	4, 777, 828	4.05
4.06		OPERATING ROOM	OPERATING ROOM	-6, 487	-27, 540	4.06
4.07		OPERATING ROOM	ORTHOPEDI CS	170	723	4.07
4.08		OUTPATIENT SURGERY	ENDOSCOPY	10, 629	43, 219	4.08
4.09		RECOVERY ROOM	RECOVERY	699	4, 214	4.09
4.10		ANESTHESI OLOGY	ANESTHESI OLOGY	9, 419	26, 169	4.10
4.11		RADI OLOGY-DI AGNOSTI C	RADI OLOGY DI AGNOSTI C	28, 139	117, 803	4.11
4.12		RADI OLOGY-DI AGNOSTI C	COMPUTED TOMOGRAPHY	33, 671	140, 965	4.12
4.13		RADI OLOGY-DI AGNOSTI C	MRI	15, 365	64, 324	4.13
4.14		RADI OLOGY-SPECI AL PROCEDURES			39, 621	4.14
4.15		RADI OLOGY-THERAPEUTI C	RADIATION ONCOLOGY	0	5, 704	4.15
4.16		RADI OI SOTOPE	NUCLEAR MEDICINE	818	4, 519	4.16
4.17		LABORATORY	CHEMI STRY	129, 461	929, 892	4.17
4.18			BLOOD BANK	9,675	24, 174	4.18
4.19		RESPI RATORY THERAPY	RESPIRATORY THERAPY	193, 161	1, 035, 893	4.19
4.20		PHYSI CAL THERAPY	PHYSI CAL THERAPY	5, 170	7, 994	4.20
4.21		PHYSI CAL THERAPY	REHAB UNIT THERAPY	2, 792, 616	4, 318, 096	4.21
4.22		OCCUPATIONAL THERAPY	OCCUPATI ONAL THERAPY	575	1, 886	4.22
4.23		SPEECH PATHOLOGY	SPEECH THERAPY	388	743	4.23
4.24		ELECTROCARDI OLOGY	NON INVASIVE VASCULAR	3, 703	51, 778	4.24
4.25		ELECTROCARDI OLOGY	CARDI AC REHAB	1, 472	20, 589	4.25
4.26		ELECTROENCEPHALOGRAPHY	NEURO DI AGNOSTI CS	3, 111	11, 890	4.26
4.27		ULTRA SOUND	ULTRASOUND	0	73, 115	4.27
4.28		SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	845, 691	0,110	4.28
5.00	TOTALS (sum of lines 1-4).			15, 373, 645	13, 881, 483	5.00
5.50	Transfer column 6, line 5 to			,,,		0.00
	Worksheet A-8, column 2,					
	line 12.					
*			Human - Canada da da da da da Manda			

\* 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.

nas no	t been posted to worksheet A,	columns I and/or 2, the amou	int allowable sh	nould be indicated in column 4	4 of this part.			
				Related Organization(s) and	or Home Office			
				3 ()				
	Symbol (1)	Name	Percentage of	Name	Percentage of			
			Ownershi p		Ownershi p			
	1.00	2.00	3.00	4.00	5.00			
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:								

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

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

rerinbur	Sement under title Aviii.				
6.00	В	FRANCI SCAN ALLI	100.00 FRANCI SCAN ALLI	100.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or				100.00
	non-financial) specify:				

Health Financial Systems		FRANCI SCAN S	T. MAR	GARET	HEALTH- D	YER	In Lie	eu of Form CMS-	2552-10
STATEMENT OF COSTS OF SEF	RVICES FROM RELATED	ORGANIZATIONS	AND HON	/E I	Provi der	CCN: 150090	Peri od:	Worksheet A-8	3-1
OFFICE COSTS							From 01/01/2014		
							To 12/31/2014	Date/Time Pre	
								5/27/2015 6:2	<u>24 pm</u>
						Related Orga	nization(s) and/	or Home Office	
Symbol (*	1)	Name		Percen	itage of		Vame	Percentage of	
				0wne	ership			Ownershi p	
1.00		2.00		3.	. 00		4.00	5.00	

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

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

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

Heal th	Financial Syste	ems	FRANCI SCAN ST. MA	ARGARET	HEALTH- DYER		In Lie	u of Form CMS	-2552-10
	ENT OF COSTS OF	SERVICES FROM	RELATED ORGANIZATIONS AND H	IOME	Provider CCN:	150090	Period: From 01/01/2014	Worksheet A-	8-1
011102							To 12/31/2014	Date/Time Pr 5/27/2015 6:	
	Net	Wkst. A-7 Ref.						0/2//2010 01	
	Adjustments								
	(col. 4 minus								
	col. 5)*								
	6.00	7.00							
	A. COSTS INCUR HOME OFFICE CO		ENTS REQUIRED AS A RESULT C	OF TRANS	ACTIONS WITH F	RELATED	ORGANIZATIONS OR	CLAI MED	
1.00	1, 519, 863								1.00
2.00	-1, 302, 223								2.00
3.00	-720, 734								3.00
3.01	-9,041								3. 01
4.00	-2, 430, 114								4.00
4.01	13, 664, 912								4.01
4.02	-69,036								4.02
4.03	-1, 354, 272								4.03
4.04	-221, 612								4.04
4.05	-4, 777, 828								4.05
4.06	21,053								4.06
4.07	-553	0							4.07
4.08	-32, 590	0							4.08
4.09	-3, 515	0							4.09
4.10	-16, 750	0							4.10
4.11	-89, 664	0							4.11
4.12	-107, 294	0							4. 12
4.13	-48, 959	0							4.13
4.14	-29, 049	0							4.14
4.15	-5, 704								4.15
4.16	-3, 701	0							4.16
4.17	-800, 431								4.17
4.18	-14, 499								4.18
4.19	-842, 732								4.19
4.20	-2, 824								4.20
4.21	-1, 525, 480								4. 21
4.22	-1, 311								4. 22
4.23	-355								4. 23
4.24	-48,075								4.24
4.25	-19, 117								4.25
4.26	-8, 779								4.26
4.27	-73, 115								4.27
4.28	845, 691	0							4.28

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

5.00

nus no	t been posted to norksheet A,		
	Rel ated Organi zati on(s)		
	and/or Home Office		
	Type of Business		
	( 00	-	
	6. 00		1
		TED ODCANLIZATION(S) AND/OD HOME OFFICE.	

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

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

6.00 HEALTHCARE SERV	6.00
7.00	7.00
8.00	8.00
8.00 9.00	9.00
10.00	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.

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

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

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

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

5.00

1, 492, 162

Health Financial Systems

TRANCI SCAN	51.				DILK
FRANCI SCAN	ST	MARCARET	HEVI	TH_	DVED

In Lieu of Form CMS-2552-10

From         Understein         A Line         Cost Center/Physician Identifier         Protein         Provider Cosponent         Provider Cosponent         RCE Amount         Physician/From Line           1.00         3.00         4.00         5.00         6.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.		ED BASED DUVSIC		TOTOCAN ST. MAN	-	CON: 150000	Doriod	Workchoot A	
Total         Total         Total         Performance         Total         Performance	PROVIDE	ER BASED PHISIC	TAN ADJUSTMENT		Provider		Period: Erom 01/01/2014		5-2
Image: Interpret in the interpret intere interpret interpret interpret interpret interpret interpret in									anarod
Inst. A Line #         Cost Canter/Physic Lan/Provider         Provider         Provider         REC Amount         Physic Lan/Provider           1.00         2.00         3.00         4.00         5.00         6.00         1.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         0.00         1.00         1.00         0.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.							10 12/31/2014		
Ident Tifer         Remuneration         Component         Component         Component         Hours           1.00         1.00         2.00         3.00         4.00         5.00         4.00         7.00         7.00           2.00         31.00 PHABACY         2.00         3.00         5.00         9.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00		Wkct Alipo #	Cost Contor/Dhysician	Total	Drofossional	Drovidor	DCE Amount		
Image: Constraint of the		WKSL A LINE #					RUE AIIIOUITE		
1.00         2.00         3.00         4.00         5.00         6.00         7.00         1.00           2.00         31.00         15.00         171.400         50.00         171.400         50.00           2.00         32.00         15.00         171.400         50.00         171.400         50.00           4.00         50.00         50.00         171.400         157.00         171.400         157.00           4.00         50.00         171.400         157.00         171.400         157.00         167.00         157.00           5.00         50.01         171.400         171.400         157.00         171.400         171.400         171.400         171.400         171.400         171.400         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.00         171.400         24.10         171.400         1.61.10         1.61.10         1.61.10         1.61.10         1			Identifier	Remuneration	Component	Component			
1.00         15.00         171.400         171.400         50.01           2.00         31.00         171.400         50.00         171.400         50.1           3.00         32.00/VEOMATAL INTENSIVE CARE UNIT         9.996         0         9.996         171.400         15.2           3.00         50.00/VEOMATAL INTENSIVE CARE UNIT         9.996         0         9.996         171.400         15.2           5.00         50.01/DUTATE INT SURGERY         22.280         23.280         0         204.100         0         6           5.00         60.01/DETATE INT SURGERY         22.000         0         25.000         204.100         0         12.00           7.00         66.02/PHYSICAL THERAPY         38.081         0         35.00         171.400         33.4         13.00         171.400         33.4         13.00         171.400         33.0         13.00         171.400         30.0         171.400         30.0         171.400         30.0         13.00         171.400         30.0         13.00         171.400         30.0         13.00         171.400         30.0         13.00         171.400         30.0         13.00         171.400         30.0         13.00         171.400         30.0									
2:00         31:00   NTENSIVE CARE UNIT         52:02         52:20         0         171:400         0         2           3:00         32:00   CONTACL INTERSIVE CARE UNIT         9:966         0         9:966         0         204:100         0         6           4:00         50:00 (OPEBATI NR NOW         360.666         30:0.666         0         204:100         0         6           6:00         50:01 (OUTPATI ENT SURGERY         22:28.00         0         22:00         0         22:01         0         33:0         6           6:00         6:00 (ABORATORY         45:130         0         45:130         171:400         33:0         6           0:00         0:00 (ABORATORY         38:061         0         24:081         171:400         33:0         6           10:00         0:00 (ABORATORY         4:150         0         4:150         171:400         33:0         6         30:0         171:400         33:0         6           11:00         0:00 (ABORATORY         4:150         0         4:150         171:400         171:400         10:11         10:00 (ABORATORY         4:150         171:400         10:10         10:00 (ABORATORY         1:00:00 (ABORATORY         1:00:00 (ABORATORY						5.00			
3. 00         3.2. 00   FORMATAL INTENSIVE CARE UNIT         9. 990         0         0         9. 990         171, 400         157         3           6. 00         50. 00   FORTATI INS ROCKERY         23, 280         23, 280         0         224, 100         0         5           6. 00         50. 01 0UTPATI ENT SURGERY         23, 280         0         245, 100         125         6           7. 00         60. 00LABORATORY         45, 130         0         45, 130         171, 400         334         6           8. 00         66. 00HYSICAL THERAPY         24, 000         0         30, 001         171, 400         334         6           9. 00         70. 00ELECTROENCEPHALORAPHY         24, 000         0         3, 003         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400 <td>1.00</td> <td>15.00</td> <td>PHARMACY</td> <td>5, 000</td> <td>0</td> <td>5,000</td> <td>171, 400</td> <td>50</td> <td>1.00</td>	1.00	15.00	PHARMACY	5, 000	0	5,000	171, 400	50	1.00
3. 00         3.2. 00   FORMATAL INTENSIVE CARE UNIT         9. 990         0         0         9. 990         171, 400         157         3           6. 00         50. 00   FORTATI INS ROCKERY         23, 280         23, 280         0         224, 100         0         5           6. 00         50. 01 0UTPATI ENT SURGERY         23, 280         0         245, 100         125         6           7. 00         60. 00LABORATORY         45, 130         0         45, 130         171, 400         334         6           8. 00         66. 00HYSICAL THERAPY         24, 000         0         30, 001         171, 400         334         6           9. 00         70. 00ELECTROENCEPHALORAPHY         24, 000         0         3, 003         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400 <td>2.00</td> <td>31.00</td> <td>INTENSIVE CARE UNIT</td> <td>52, 820</td> <td>52, 820</td> <td>0</td> <td>171,400</td> <td>0</td> <td>2.00</td>	2.00	31.00	INTENSIVE CARE UNIT	52, 820	52, 820	0	171,400	0	2.00
4.00         50.000/PFRATINE ROMU         360, 666         360, 666         0         204, 100         0         4           6.00         50.01 OUTPATIENT SURGERY         22, 280         0         204, 100         125         6           7.00         6.00 OLBORATORY         45, 130         0         45, 130         0         45, 130         0         45, 130         0         45, 130         0         45, 130         0         171, 400         337         6           9.00         70.00         6.00 MURD CARE CENTER         3, 905         0         3, 905         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         34         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         36         171, 400         37         6         100         100		32 00	NEONATAL INTENSIVE CARE UNIT						3.00
5. 00         50. 00         100 TPATE HT SURGERY         23, 280         23, 280         0         244, 100         0         125         6           7. 00         60. 00 LABORATORY         45, 130         0         45, 130         171, 400         334         6           8. 00         66. 00 [HYST CAL THERAPY         38, 081         0         38, 081         10         38, 081         10         38, 081         10         38, 081         171, 400         334         6           10. 00         7.0. 00 [LECTROERCEPHALOGRAPHY         24, 000         0         24, 000         171, 400         36         10         171, 400         36         10         171, 400         36         10         171, 400         36         10         171, 400         36         10         171, 400         36         10         171, 400         36         10         171, 400         36         10         171, 400         171, 400         36         10         171, 400         171, 400         171, 400         171, 400         16         171, 400         16         171, 400         16         171, 400         16         171, 400         16         171, 400         16         171, 400         16         171, 400         16									
6. 00         50. 01 (UIPATIENT SURCERY         25, 000         25, 000         201, 100         128         6           8. 00         66. 00 (PHS) CAL THEMPY         38, 081         0         38, 081         171, 400         334         7           9. 00         70. 00 (ELCTRENCEPHALOGERAPHY         39, 005         0         24, 000         171, 400         337         8           10. 00         78. 04 (WUND CARE CENTER         3, 905         0         37, 905         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         171, 400         36         01         160         01         00         171, 400         36         01         160         01         01         160         01         01         01         01         01         01									
2.00         60.00[_AB06AT0RY         45, 130         0         45, 130         171, 400         334         337         E           9.00         70.00[LICTROENCEPHILICERAPHY         24, 000         0         24, 000         171, 400         240         0         36, 061         0         36, 061         071, 000         240         000         171, 400         240         0         171, 400         240         0         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         371, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400         360         171, 400 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
8.00         66.00[PHYSICAL THERAPY         38,081         0         38,081         171,400         337         E           9.00         70.00[LECTRENCEPHLOGGRAPHY         3,905         0         3,905         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,400         36         171,971         180         371,410									
9.00         70.00         72.00         72.00         71.100         74.04         71.100         74.04         74.00         74.04         74.00         74.04         74.00         74.04         74.00         74.04         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00 <t< td=""><td>7.00</td><td>60.00</td><td>LABORATORY</td><td>45, 130</td><td>0</td><td>45, 130</td><td>171, 400</td><td>334</td><td>7.00</td></t<>	7.00	60.00	LABORATORY	45, 130	0	45, 130	171, 400	334	7.00
10.00         76. 04/WOUND CARE CENTER         3.905         0         3.905         0         3.905         0         171.400         3.60         171.400         3.60         0         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         <	8.00	66.00	PHYSI CAL THERAPY	38, 081	0	38, 081	171, 400	337	8.00
10.00         76. 04/WOUND CARE CENTER         3.905         0         3.905         0         3.905         0         171.400         3.60         171.400         3.60         0         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.60         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         171.400         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         3.61         <	9.00	70.00	FLECTROENCEPHALOGRAPHY	24,000	0	24.000	171,400	240	9.00
11.00         91.00EMERGENCY         66.969         68.969         0         171.400         0         11           13.00         91.00EMERGENCY         43.50         0         44.50         0         44.50         0         171.400         44.50         0         44.50         0         171.400         44.50         0         171.400         44.50         0         171.400         44.50         0         171.400         44.50         0         171.400         44.50         0         171.400         0         1         1.685.994         1.085.994         1.085.994         0         171.400         0         1.68.120         11.68.59         198.462         11.68.59         11.68.59         11.68.59         11.68.59         11.68.59         11.68.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59         11.69.59 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
12.00       91.00[RHRRENCY       43.200       0       43.200       171,400       366       171,400       44.150         14.00       91.00[RHRRENCY       1,085,994       1,085,994       0       171,400       0       18.120         200.00       10       100[RHRCENCY       1,991,191       1,591,729       198,462       Provider									
13.00         91.00         DMRREDENCY         4.150         0         4.150         1.71.400         4.21         1.71.400         4.21         1.790.191         1.591.294         0         1.71.400         1.691.205           200.00         Wkst. A Line #         Cost Center/Physician Identi fier         Unadjusted RCE Limit         Forcent of Limit         Cost of Beboot         Provider Component         Provider Education         Provider Component         Provider Insurance									
14.00         91.00         INERCENCY         1,085,994         1,085,994         0         171,400         0         11,601           200.00         Wkst. A Line #         Cost Center/Physiclan Identifier         Unadjusted RCE Linit         5 Percent of Linit         Cost of Cost of Linit         Provider Cost of Cost of Linit         Provider Cost of Cost Cost Cost Center/Physiclan Cost Cost Center/Physiclan Cost Center/Physiclan Cost Center/Physiclan Cost Cost Center/Physiclan Cost Center/Physiclan Cost Center/Physiclan Cost Center/Physiclan Cost Cost Center/Physiclan Cost Center/Physiclan Cost Cost Center/Physiclan Cost Center/Physiclan Cost Cost Center/Physiclan Cost Cost Center/Physiclan Cost Cost Center/Physiclan Cost Cost Center/Physiclan Cost Cost Center/Physiclan Cost Center/Physiclan Cost Center/Physiclan Cost Center									
200.00									1
West. A Line #         Cost Center/Physician Identifier         Unadjusted RCE Limit         Serventor Unadjusted RCE Limit         Cost of Unadjusted RCE Limit         Provider Component Education         Provider Share of Coll         Provider Share of Component Share of Share of Share of Coll         Provider Share of Component Share of Share of Share of Coll         Provider Component Share of Coll         Provider Share Continuin Share of Coll         Provider Component Share of Coll         Adjustem Component Share of Coll         Adjustem Component Share of Coll         Provider Component Share of Coll         Adjustem Component Share of Coll         Adjustem Coll         Adjustem Component Share of Coll         Adjustem Coll         Adjustem Component Share of Coll         C	14.00	91.00	EMERGENCY	1, 085, 994	1, 085, 994	0	171, 400	0	14.00
West. A Line # Identifier         Cost Center/Physician Identifier         Unadjusted RCE Limit         Cost of Unadjusted RCE Limit         Cost of Unadjusted RCE Continuing         Provider Schutting         Provider Share of Continuing         Provider Component Share of Continuing         Provider Continuing         Provider Continuing         Provider Continuing         Provider Continuing         Provider Continuing         Provider Component Share of Col.         Provider Cost of Continuing         Provider Cost of Cost of C	200.00			1, 790, 191	1, 591, 729	198, 462		1, 681	200.00
Identi Fier         Limit         Unadj usted RCE Limit         Memberships & Component Education         Component Share of col.         of Fill practice Insurance           1.00         2.00         8.00         9.00         12.00         13.00         14.00           1.00         15.00         PHARMACY         4.120         206         0         13.00         14.00           2.00         31.00         INTENSIVE CARE UNIT         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		Wkst. A Line #	Cost Center/Physician						
Image:         Image:         Image:         Continuing Education         Share of col. Education         Insurance           1.00         2.00         8.00         9.00         12.00         13.00         14.00           2.00         31.00 INTENSIVE CARE UNIT         0         0         0         0         0         0         0         0           3.00         32.00 NEONATAL INTENSIVE CARE UNIT         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0									
Image: Constraint of the second sec			raciterrei						
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$								i iisui ance	
1.00         15.00         15.00         PARMACY         4.120         206         0         0         0         1           2.00         31.00         INTENSI VE CARE UNIT         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td>1.00</td><td>2.00</td><td>0.00</td><td>0.00</td><td></td><td></td><td>14.00</td><td></td></t<>		1.00	2.00	0.00	0.00			14.00	
2.00         31.00 INTENSIVE CARE UNIT         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	1 0 0								1 00
3.00         32.00NERDATAL INTENSIVE CARE UNIT         12.937         647         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td>4, 120</td> <td></td> <td></td> <td>-</td> <td>0</td> <td></td>				4, 120			-	0	
4.00       50.00       50.00       50.01       00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0				0				0	2.00
5.00         50.01         0UTPATIENT SURGERY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>3.00</td> <td>32.00</td> <td>NEONATAL INTENSIVE CARE UNIT</td> <td>12, 937</td> <td>647</td> <td>0</td> <td>0 0</td> <td>0</td> <td>3.00</td>	3.00	32.00	NEONATAL INTENSIVE CARE UNIT	12, 937	647	0	0 0	0	3.00
6.00         50.01         0UTPATIENT SURGERY         12.266         613         0         0         6           7.00         60.00         LABORATORY         27.523         1,376         0         0         0         7           8.00         66.00         PHYSI CAL THERAPY         27.770         1,389         0         0         0         7           9.00         70.02         ELECTROENCEPHALDGRAPHY         19.777         989         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
6.00         50.01         0UTPATIENT SURGERY         12.266         613         0         0         6           7.00         60.00         LABORATORY         27.523         1,376         0         0         0         7           8.00         66.00         PHYSI CAL THERAPY         27.770         1,389         0         0         0         7           9.00         70.02         ELECTROENCEPHALDGRAPHY         19.777         989         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	5.00	50.01	OUTPATI ENT SURGERY	l a	0	0	0 0	0	5.00
7.00         60.00 LABORATORY         27,523         1,376         0         0         0         7           8.00         66.00PHYSI CAL THERAPY         27,770         1,389         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				12 266	613			0	6.00
8.00         66.00         PHYSI CAL THERAPY         27,770         1,389         0         0         0         5           9.00         70.00         CELCTROENCEPHALOGRAPHY         19,777         989         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>-</td><td>0</td><td>7.00</td></td<>						-	-	0	7.00
9.00         70.00         ELECTROENCEPHALLOGRAPHY         19,777         989         0         0         0         5           10.00         76.04 WOUND CARE CENTER         2,967         148         0         0         0         10           11.00         91.00 EMERGENCY         29,665         1,483         0         0         0         11           12.00         91.00 EMERGENCY         3,461         173         0         0         13           14.00         91.00 EMERGENCY         3,461         173         0         0         13           200.00								0	
10.00         76.04 WOUND CARE CENTER         2.967         148         0         0         0         10           11.00         91.00 EMERGENCY         29,665         1,483         0         0         0         17           12.00         91.00 EMERGENCY         29,665         1,483         0         0         0         17           13.00         91.00 EMERGENCY         3,461         173         0         0         0         17           200.00         91.00 EMERGENCY         140,486         7,024         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>8.00</td></td<>								0	8.00
11.00         91.00         EMERGENCY         0         0         0         0         0         0         0         0         0         11           12.00         91.00         EMERGENCY         29,665         1,483         0         0         0         13           13.00         91.00         EMERGENCY         3,461         173         0         0         0         14           14.00         91.00         EMERGENCY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>9.00</td>							0	0	9.00
12.00         91.00         EMERGENCY         29,665         1,483         0         0         0         12.00           13.00         91.00         EMERGENCY         3,461         173         0         0         0         13.00           200.00         91.00         EMERGENCY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	10.00	76.04	WOUND CARE CENTER	2, 967	148	0	0	0	10.00
13.00         91.00         EMERGENCY         3,461         173         0         0         0         13.00           14.00         91.00         EMERGENCY         140,486         7,024         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
13.00         91.00         EMERGENCY         3,461         173         0         0         0         13.20           200.00         91.00         EMERGENCY         140,486         7,024         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	12.00	91.00	EMERGENCY	29,665	1, 483	0	0 0	0	12.00
14.00         91.00         EMERGENCY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0									13.00
200.00         140,486         7,024         0         0         0         200           Wkst. A Line #         Cost Center/Physician Identifier         Provider Component Share of col.         Adjusted RCE Limit         RCE Disal Iowance         Adjustment         Adjustment           1.00         2.00         15.00         16.00         17.00         18.00         1           1.00         15.00         16.00         17.00         18.00         1           1.00         2.00         15.00         16.00         0         0         25,820         2           3.00         32.00         NEONATAL INTENSIVE CARE UNIT         0         0         0         23,280         2         2           4.00         50.00         OPERATING ROM         0         0         0         23,280         2           5.00         50.01         OUTPATI ENT SURGERY         0         12,266         12,734         26           7.00         60.00         LABORATORY         0         27,770         10,311         10,311         6           9.00         70.00         66.00         PHYSI CAL THERAPY         0         27,770         10,311         10,311         28           9.00				3,401	1/5			0	1
Wkst. A Line #         Cost Center/Physician Identifier         Provider Component Share of col. 14         Adjusted RCE Limit         RCE Disal Iowance         Adjustment           1.00         2.00         15.00         16.00         17.00         18.00           1.00         2.00         15.00         16.00         17.00         18.00           1.00         15.00         PHARMACY         0         4,120         880         880         1           2.00         31.00         INTENSI VE CARE UNI T         0         0         0         52,820         2           3.00         32.00         NEONATAL INTENSI VE CARE UNI T         0         12,937         0         0         360,666           4.00         50.00         00         0         23,280         5         5           6.00         50.01         0UTPATI ENT SURGERY         0         12,266         12,734         12,734         6           7.00         60.00         LABORATORY         0         27,523         17,607         17,607         7           8.00         66.00         PHYSICAL THERAPY         0         19,777         4,223         4,223         6           10.00         76.04         WOUND CARE CENTE		91.00	EWERGENCT	1 10 10	7 004			-	
Identifier         Component Share of col.         Limit         Disal Iowance         Identifier           1.00         2.00         15.00         16.00         17.00         18.00           1.00         15.00         PHARMACY         0         4,120         880         880         1           2.00         31.00         INTENSI VE CARE UNI T         0         0         0         52,820         2           3.00         32.00 NEONATAL INTENSI VE CARE UNI T         0         12,937         0         0         360,666         4           4.00         50.00         00         0         23,280         2         5         5         5         0         0         0         23,280         5           6.00         50.01         OUTPATI ENT SURGERY         0         12,266         12,734         12,734         6           7.00         60.00         CABARATORY         0         27,770         10,311         10,311         6           9.00         70.00         ELECTROENCEPHALOGRAPHY         0         19,777         4,223         4,223         6           10.00         76.04         WOUND CARE CENTER         0         2,967         938         938	200.00						-	0	200.00
Image: Share of col.         Share of col.         Image: Share of		Wkst. A Line #					Adjustment		
Image: Note of the second se			I denti fi er	Component	Limit	Di sal I owance			
1.00         2.00         15.00         16.00         17.00         18.00           1.00         15.00         PHARMACY         0         4,120         880         880         1           2.00         31.00         INTENSI VE CARE UNI T         0         0         0         52,820         2           3.00         32.00         NEONATAL INTENSI VE CARE UNI T         0         12,937         0         0         360,666           4.00         50.00         OPERATI NG ROOM         0         0         360,666         4           5.00         50.01         OUTPATI ENT SURGERY         0         12,266         12,734         12,734         6           6.00         50.01         OUTPATI ENT SURGERY         0         12,266         12,734         12,734         6           7.00         60.00         LABORATORY         0         27,523         17,607         17,607         7           8.00         66.00         PHYSI CAL THERAPY         0         19,777         4,223         4,223         9         9           9.00         70.00         ELECTROENCEPHALOGRAPHY         0         19,777         4,223         4,223         9         9				Share of col.					
1.00         2.00         15.00         16.00         17.00         18.00           1.00         15.00         PHARMACY         0         4,120         880         880         1           2.00         31.00         INTENSI VE CARE UNI T         0         0         0         52,820         2           3.00         32.00         NEONATAL INTENSI VE CARE UNI T         0         12,937         0         0         360,666           4.00         50.00         OPERATI NG ROOM         0         0         360,666         4           5.00         50.01         OUTPATI ENT SURGERY         0         12,266         12,734         12,734         6           6.00         50.01         OUTPATI ENT SURGERY         0         12,266         12,734         12,734         6           7.00         60.00         LABORATORY         0         27,523         17,607         17,607         7           8.00         66.00         PHYSI CAL THERAPY         0         19,777         4,223         4,223         9         9           9.00         70.00         ELECTROENCEPHALOGRAPHY         0         19,777         4,223         4,223         9         9				14					
1.00         15.00         PHARMACY         0         4,120         880         880         1           2.00         31.00         INTENSI VE CARE UNI T         0         0         0         52,820         22           3.00         32.00         NEONATAL INTENSI VE CARE UNI T         0         12,937         0         0         0         36           4.00         50.00         OPERATI NG ROOM         0         0         0         360,666         26           5.00         50.01         OUTPATI ENT SURGERY         0         0         0         23,280         25           6.00         50.01         OUTPATI ENT SURGERY         0         12,266         12,734         12,734         66           7.00         60.00         LABORATORY         0         27,523         17,607         17,607         77           8.00         66.00         PHYSI CAL THERAPY         0         19,777         4,223         4,223         93           9.00         70.00         ELECTROENCEPHALOGRAPHY         0         19,777         4,223         4,223         93           10.00         91.00         EMERGENCY         0         2,967         938         938		1.00	2.00		16.00	17.00	18.00		
2.00       31.00       INTENSIVE CARE UNIT       0       0       0       52,820       2         3.00       32.00       NEONATAL INTENSIVE CARE UNIT       0       12,937       0       0       3         4.00       50.00       OPERATING ROOM       0       0       0       360,666       4         5.00       50.01       OUTPATIENT SURGERY       0       0       0       23,280       5         6.00       50.01       OUTPATIENT SURGERY       0       12,266       12,734       12,734       6         7.00       60.00       LABORATORY       0       27,523       17,607       17,607       7         8.00       66.00       PHYSI CAL THERAPY       0       27,770       10,311       10,311       6         9.00       70.00       ELECTROENCEPHALOGRAPHY       0       27,770       10,311       10,311       6         9.00       76.04       WOUND CARE CENTER       0       2,967       938       938       10         10.00       FMEGENCY       0       0       0       0       8,969       11         12.00       91.00       EMERGENCY       0       3,461       689       689 <td< td=""><td>1.00</td><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td><td>1.00</td></td<>	1.00			0					1.00
3.00       32.00       NEONATAL INTENSIVE CARE UNIT       0       12,937       0       0       34.00         4.00       50.00       OPERATING ROOM       0       0       0       360,666       44.00         5.00       50.01       OUTPATIENT SURGERY       0       0       0       23,280       55.00         6.00       50.01       OUTPATIENT SURGERY       0       12,266       12,734       12,734       66.00         7.00       60.00       LABORATORY       0       27,523       17,607       17,607       77.01         8.00       66.00       PHYSI CAL THERAPY       0       27,770       10.311       10,311       67.007         9.00       70.00       ELECTROENCEPHALOGRAPHY       0       27,977       10,311       10,311       67.007         9.00       70.00       ELECTROENCEPHALOGRAPHY       0       27,977       10,311       10,311       68.06         9.00       76.04       WOUND CARE CENTER       0       2,967       938       938       10.07         11.00       91.00       EMERGENCY       0       0       0       68.969       11.07         12.00       91.00       EMERGENCY       0 <td< td=""><td></td><td></td><td></td><td></td><td>1, 120</td><td></td><td></td><td></td><td>2.00</td></td<>					1, 120				2.00
4.00       50.00       OPERATING ROOM       0       0       0       360,666       4         5.00       50.01       OUTPATIENT SURGERY       0       0       0       23,280       55         6.00       50.01       OUTPATIENT SURGERY       0       12,266       12,734       12,734       66         7.00       60.00       LABORATORY       0       27,523       17,607       17,607       77         8.00       66.00       PHYSI CAL THERAPY       0       27,770       10,311       10,311       67         9.00       70.00       ELECTROENCEPHALOGRAPHY       0       19,777       4,223       4,223       97         10.00       76.04       WOUND CARE CENTER       0       2,967       938       938       100         11.00       91.00       EMERGENCY       0       0       0       68,969       11         12.00       91.00       EMERGENCY       0       29,665       13,535       13,535       12         13.00       91.00       EMERGENCY       0       3,461       689       689       13         14.00       91.00       EMERGENCY       0       0       0       1,085,994					10 00	-			1
5.00       50.01       0UTPATI ENT SURGERY       0       0       23,280       55         6.00       50.01       0UTPATI ENT SURGERY       0       12,266       12,734       12,734       66         7.00       60.00       LABORATORY       0       27,523       17,607       17,607       77         8.00       66.00       PHYSI CAL THERAPY       0       27,770       10,311       10,311       87         9.00       70.00       ELECTROENCEPHALOGRAPHY       0       19,777       4,223       4,223       93         10.00       76.04       WOUND CARE CENTER       0       2,967       938       938       10         11.00       91.00       EMERGENCY       0       0       0       68,969       11         12.00       91.00       EMERGENCY       0       29,665       13,535       13,535       12         13.00       91.00       EMERGENCY       0       3,461       689       689       13         14.00       91.00       EMERGENCY       0       0       0       1,085,994       14					12,93/		-		3.00
6.00       50.01       0UTPATI ENT SURGERY       0       12,266       12,734       12,734       66         7.00       60.00       LABORATORY       0       27,523       17,607       17,607       77         8.00       66.00       PHYSI CAL THERAPY       0       27,770       10,311       10,311       87         9.00       70.00       ELECTROENCEPHALOGRAPHY       0       19,777       4,223       4,223       97         10.00       76.04       WOUND CARE CENTER       0       2,967       938       938       10         11.00       91.00       EMERGENCY       0       0       0       68,969       11         12.00       91.00       EMERGENCY       0       29,665       13,535       13,535       12         13.00       91.00       EMERGENCY       0       3,461       689       689       13         14.00       91.00       EMERGENCY       0       0       0       1,085,994       14				0	0				4.00
7.00       60.00       LABORATORY       0       27,523       17,607       17,607       7         8.00       66.00       PHYSI CAL THERAPY       0       27,770       10,311       10,311       8         9.00       70.00       ELECTROENCEPHALOGRAPHY       0       19,777       4,223       4,223       9         10.00       76.04       WOUND CARE CENTER       0       2,967       938       938       10         11.00       91.00       EMERGENCY       0       0       0       68,969       11         12.00       91.00       EMERGENCY       0       29,665       13,535       13,535       12         13.00       91.00       EMERGENCY       0       3,461       689       689       13         14.00       91.00       EMERGENCY       0       0       0       1,085,994       14	5.00			0	0	0			5.00
7.00       60.00       LABORATORY       0       27,523       17,607       17,607       7         8.00       66.00       PHYSI CAL THERAPY       0       27,770       10,311       10,311       8         9.00       70.00       ELECTROENCEPHALOGRAPHY       0       19,777       4,223       4,223       9         10.00       76.04       WOUND CARE CENTER       0       2,967       938       938       10         11.00       91.00       EMERGENCY       0       0       0       68,969       11         12.00       91.00       EMERGENCY       0       29,665       13,535       13,535       12         13.00       91.00       EMERGENCY       0       3,461       689       689       13         14.00       91.00       EMERGENCY       0       0       0       1,085,994       14	6.00	50.01	OUTPATI ENT SURGERY	0	12, 266	12, 734	12, 734		6.00
8.00       66.00       PHYSI CAL THERAPY       0       27,770       10,311       10,311       10,311       10,311         9.00       70.00       ELECTROENCEPHALOGRAPHY       0       19,777       4,223       4,223       59         10.00       76.04       WOUND CARE CENTER       0       2,967       938       938       10         11.00       91.00       EMERGENCY       0       0       0       68,969       11         12.00       91.00       EMERGENCY       0       29,665       13,535       13,535       12         13.00       91.00       EMERGENCY       0       3,461       689       689       13         14.00       91.00       EMERGENCY       0       0       0       1,085,994       14	7.00	60.00	LABORATORY	0					7.00
9.00         70.00         ELECTROENCEPHALOGRAPHY         0         19,777         4,223         4,223         9           10.00         76.04         WOUND CARE CENTER         0         2,967         938         938         10           11.00         91.00         EMERGENCY         0         0         0         68,969         11           12.00         91.00         EMERGENCY         0         29,665         13,535         13,535         12           13.00         91.00         EMERGENCY         0         3,461         689         689         13           14.00         91.00         EMERGENCY         0         0         0         1,085,994         14									8.00
10.00         76.04         WOUND CARE CENTER         0         2,967         938         938         100           11.00         91.00         EMERGENCY         0         0         0         68,969         11           12.00         91.00         EMERGENCY         0         29,665         13,535         13,535         12           13.00         91.00         EMERGENCY         0         3,461         689         689         13           14.00         91.00         EMERGENCY         0         0         0         1,085,994         14									9.00
11.00       91.00       EMERGENCY       0       0       68,969       11         12.00       91.00       EMERGENCY       0       29,665       13,535       13,535       12         13.00       91.00       EMERGENCY       0       3,461       689       689       13         14.00       91.00       EMERGENCY       0       0       0       1,085,994       14									1
12.00         91.00         EMERGENCY         0         29,665         13,535         13,535         12           13.00         91.00         EMERGENCY         0         3,461         689         689         13           14.00         91.00         EMERGENCY         0         0         0         1,085,994         14									10.00
13.00         91.00         EMERGENCY         0         3,461         689         689         13           14.00         91.00         EMERGENCY         0         0         0         1,085,994         14				0					11.00
14.00 91.00 EMERGENCY 0 0 1,085,994 14				0					12.00
	13.00	91.00	EMERGENCY	0	3, 461	689	689		13.00
	14.00	91.00	EMERGENCY	0	0	0	1, 085, 994		14.00
	200.00			0	140, 486	60, 917			200.00
		1	1			, , , ,	,, 510	1	

Tot         12.31/2014         District Time Presented (377/2016)         Construct Time Presented (377/2016)           Cost Contor Lossen print         Mail Destino (Trim Biss)         Cost Time Presented (377/2016)         Mail Destino (377/2016)         District Time Presented (377/2016)         District Time Presented (377/2016)           1:00:0000         Cost Contor Lossen print (Trim Biss)         District Time Presented (377/2016)         District Time Presented (377/2016)         District Time Presented (377/2016)         District Time Presented (377/2016)           1:00:0000         Cost Controls         District Time Presented (377/2016)	COST /	ALLOCATION - GENERAL SERVICE COSTS		Provi der		eriod: rom 01/01/2014	Worksheet B Part I	
Cost center Description         OPEN Mark LTD COSTS Tor Gast All centime (from Mark A         OPEN Mark LTD COSTS (from Mark A         Difference of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of					Т	0 12/31/2014	Date/Time Pre 5/27/2015 6:2	pared: 4 pm
In or Cast (n) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)				CAPI TAL REI	ATED COSTS			
All location (Trum Weight)         All location (Trum Weight)         Image: Construct Centres           1.00         1.00         2.00         4.00         5.01           0.00         0000 (CM REL COSTS -BLUE & LTAIL (STORM REL COSTS		Cost Center Description		BLDG & FIXT	MVBLE EQUIP		COMMUNI CATI ONS	
Image: A column start         Colu								
OBJERNAL SAMULT CONT CONT CONTENT         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00			(from Wkst A			DELARTMENT		
DERIGNAL SERVICE COST CAN LINE         1.00           0.00000 CAP BTL COSTS JUNIT F DUIL PT         3, R62, 500         18, 122, 2246         18, 126, 235, 200         2, 00           0.00000 CAP BTL COSTS JUNIT F DUIL PT         3, R62, 500         18, 122, 2246         18, 125, 222, 2246         18, 135, 77, 720         2, 00           0.0010 CAP BTL COSTS JUNIT F DUIL PT         3, R62, 500         18, 125, 222, 2246         18, 136, 157, 270, 270         102, 149         5, 56           0.0010 CAP BTL COSTS JUNIT F DUIL PT         0, 106, 125, 221, 221, 200, 250, 112, 211, 200, 201         102, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263         120, 263				1 00	2 00	4 00	5.01	
2.00         002000         CAP FEL COSTS-MARLE EQUIP         3, 562, 506         9, 562, 506         4, 00           5.01         01160         CMMUNIC STATURES         17, 26, 502         18, 123         3, 178         15, 728, 503         978, 157, 728, 503         978, 157, 728, 503         978, 157, 126         5, 01         110, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123         11, 123, 123, 123, 123, 123, 123, 123, 1						1.00	0.01	
4.00         000000         EDPLOYCE ENERTS DEFARTMENT         15, 706, 902         18, 122         3, 178         15, 728, 203         4, 60           5.00         01000         CAMMAR AT INK         BV, 393         50, 61         17, 382         287, 576         6, 61           5.02         000074         ANN IT INK         BV, 393         50, 61         17, 603         17, 604         51, 62         000074         7, 893         17, 805         17, 700         38, 52, 200         34, 522         6, 60         000000         100         64, 605         100, 561         217, 700         35, 200         34, 622         6, 00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				5, 774, 181				•
5.02         0.0579 ACM IT IN CO         897, 393         50, 610         7, 382         226, 635         11, 551         5, 51           0.0059 (DFHER ALM INTERATIVE AND CENERAL         12, 000, 531         1, 572         70, 730         136, 027         90, 464         5, 04           0.0059 (DFHER ALM INTERATIVE AND CENERAL         12, 000, 573         127, 890         404, 293         1, 286, 623         90, 464         5, 04           0.00500 (LANDRY ALLINEN SERVICE         3, 390, 452         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td></td><td>18, 123</td><td></td><td></td><td></td><td>•</td></t<>				18, 123				•
5.03         00500         DATT LET ACCOUNT INC         1, 066, 362         10, 663         1, 1, 272         70, 730         102, 049         5, 03           0.00         DOUGD MIN ATTENANCE & REPAIRS         3, 109, 611         915, 643         17, 004, 923         1, 285, 200         54, 222         6, 00           0.00         DOUGD MIN THE MIN ING INF INSTRUTE         3, 386, 103         284, 125         10, 120, 120         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         17, 003         18, 015         10, 00         10, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         110, 000         1								•
5.04         006501         OTHER ADMINISTRATIVE AND CREBEAL         17, 620, 521         217, 860         404, 293         1, 286, 521         96, 468         5, 04           0.00         00000         DEFEATION of FLANTS         3, 396, 100         243, 757         2, 665         100, 161         7, 973         7, 00           0.00         00000         DEFEATION of FLANTS         3, 396, 100         243, 757         2, 665         100, 161         7, 973         7, 00         80         00000         1000         DEFEATION of FLANTS         8, 900         100, 900         80         80         100, 00         100, 900         100, 900         100, 900         100, 900         100, 900         100, 900         100, 900         100, 900         110, 900         111, 900         110, 900         111, 900         110, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111, 900         111,								•
7.00         00/00         00FEATION OF PLANT         3, 396, 100         263, 752         2, 865         100, 161         7, 973         7, 00           9.00         000000         MUMBY & LIMBY SERVICE         3, 396, 100         142, 747         40, 69, 21         2, 812         390, 216         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         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	5.04	00591 OTHER ADMINISTRATIVE AND GENERAL	17, 620, 521			1, 286, 521	96, 468	5.04
8.00         00800 (LANDRY & LINEN SERVICE         350.462         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
10.00         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         01000         010000         01000         01000 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td></t<>								•
11.00       0100 (CAFETERIA A       229,388       88,150       0       0       118,991       14,3951       11.00         14.00       01400 (ENTRAL SERVICES & SUPPLY       748,228       66,418       66,1724       172,172       170,096       8,770       12.00         15.00       01500 (HERICAL SERVICES & SUPPLY       748,228       66,418       66,1724       554,416       22,120       12.00         16.00       01400 (HERICAL SEVENICES-OTHER PSON COSTS APPEV       1.944,415       62,757       3,466       300,120       112,417       16,00         0.00       0000 OLDALTIS & FEDRICES-OTHER PSON COSTS APPEV       1.941,475       1241,475       489,228       55,011       30.00         0.00       0100 INTENSIVE CARE UNIT       1.791,751       127,556       166,702       489,228       5,581       31.00         31.00       0100 INTENSIVE CARE UNIT       1.794,736       7,649,493       7,620       19,277       557,644       0       0       20       00000 OPORATINE SERVICE-0001       2,680,356       211,776       1.012,935       442,426       26,509       50.01       30.00       30.00       30.00       30.00       30.00       30.00       30.00       30.00       30.00       30.00       30.00       30.00       <								•
13. 00       01300       NURSI NG ADMI NI STRATION       1, 278, 558       6, 435       15, 681       414, 977       8, 770       13. 00         14. 00       01400       PHARBACY       2, 615, 959       40, 540       736       554, 161       23, 120       15. 00         01500       PHARBACY       2, 615, 959       40, 540       736       554, 161       23, 120       15. 00         01700       SUCIAL SERVICE       DERMINICAL RECORDS & LIBRARY       1, 001, 861       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								•
15. 00         01500 [PHARBARY         2, 615, 959         49, 540         7.30         554, 161         23, 120         15. 00           17. 00         01700 [SOCI AL SERVICE-OTHER PRGM COSTS APPRY         1, 384, 615         62, 757         3, 466         00         0         17. 00         0         0         17. 00         0         0         0         17. 00         0         0         0         17. 00         0         0         0         17. 00         0         0         0         17. 00         0         0         0         17. 00         0         0         0         0         17. 00         0         0         0         0         0         0         17. 00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								•
16. 00         01600         INERCIPCIAL RECORDS & LIBRARY         1,384,015         62,787         3,466         300,120         112,410         16. 00           01.00         02200         ILR SERVICES-OTHER PROJ COSTS APPRV         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								•
17. 0.0     01700 SOCIAL SERVICE     0     0     0     0     17. 00       INPART ENT RUTINE SERVICE COST CENTERS     0     0     0     7. 175     22. 00       0.00     0.0000 UIRS SERVICE-OTHER PROLOSTS APPRV     1. 01, 91, 951     122. 556     186, 780     499, 828     5. 561     31. 00       0.100     0.0100 NULTS & FENURECALE UNIT     1. 791, 751     1.22, 556     186, 780     499, 828     5. 561     31. 00       0.100     0.0100 NURSERY     2. 784, 398     76. 269     19. 297     597, 644     0     41. 00       0.0100 NURSERY     866, 323     0     0     2. 256, 836     0     42. 00       0.00     05001 0UTFANT ENT SURGERY     1. 145, 827     180, 885     65. 155     274, 800     60. 95       0.0100 OFECONT ENT CONCOR     2. 802, 307     7. 308     78, 712     9. 707     1.4, 555     55. 00       0.0100 OFECONT ENT CONCOR     2. 802, 307     7. 308     78, 712     9. 707     1.4, 555     55. 00       0.0100 OFECONT ENT CONCOR     2. 802, 307     7. 308     78, 712     9. 707     1.4, 555     55. 00     55. 00     55. 00     55. 00     55. 00     55. 00     55. 00     55. 00     55. 00     55. 00     55. 00     55. 00     55. 00     5								•
INPART ENT ROUTI NE SERVICE COST CENTERS         Impact Provided Provi	17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
90.00         03000 ADULTS & PEDIATRICS         7, 949, 695         1, 241, 476         536, 843         2, 463, 809         55, 011         30.00           32.00         02660 NEOMATAL INTENSI VE CARE UNIT         1, 791, 127, 556         186, 760         489, 828         5, 811         31.00           41.00         04100 SUBPROVI DER         2, 784, 398         76, 269         19, 297         597, 644         0         42.00           43.00         04200 SUBPROVI DER         0         0         256, 836         0         43.00           0.00         05000 OPERATI INF SOM         2, 802, 307         1, 012, 935         412, 484         26, 307         50.01           0.00         05000 OPERATI INF SOM         52, 2265         71, 298         27, 711         146, 203         6, 378         51.00           51.00         05300 AMESTHESI DLOGY         2, 802, 307         7, 308         78, 712         9, 707         1, 595         53.00           54.01         054.01 OR-VHARANSTESI DLOGY         2, 802, 307         7, 308         71, 929         27, 711         146, 403         38, 854.00           55.00         05600 RADI IOSOP-HEAPRUTIC         745, 670         104, 746         66, 6173, 719         0         50.00           66.00	22.00		1, 091, 854	0	0	0	7, 175	22.00
32.00         02060 NEONATAL INTENSIVE CARE UNIT         1, 294, 721         4, 495         13, 023         240, 859         0         32.00           41.00         04100 SUBPROVI DER         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	30.00	03000 ADULTS & PEDIATRICS	7, 949, 695	1, 241, 476	536, 843	2, 463, 809	55, 011	30.00
11.00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00       00								
42.00         04200 SUBPROVIDER         0         0         0         0         25, 836         0         42.00           ANCL LLARY SERVICE COST CENTERS								
ANCI LLARY SERVICE COST CENTERS           000         05000 OPERATI NG ROM         2, 800, 356         211, 776         1, 012, 925         412, 444         26, 300         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         50         0         54         0         54         0         54         0         54         0         54         0         55         0         55         0         55         0         55         0         55         0         55         0         55         0         55         0         55         0         56         0         56         0         56         0         56         0         56         0         56         0         56 <td>42.00</td> <td>04200 SUBPROVI DER</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>42.00</td>	42.00	04200 SUBPROVI DER	0	0	0	0	0	42.00
50.00       05000       0FECRATING ROM       2,800,356       211,776       1,012,935       412,484       26,309       50.00         51.00       05100       0FECRATING ROM       522,265       71,298       27,301       146,203       6,378       51.00         53.00       0500       NESTHESI LOGY       2,812,307       7,308       78,712       9,707       1,469,203       65.01       53.00         54.00       05400       NADI LOGY-DI AGNOSTI C       2,115,131       163.302       29,786       461,944       33,465       54.00         55.00       05500       RADI LOGY-THERAPEUTI C       745,027       144,700       35,780       108,971       0,202       10,364       56.00         05600       RADIO LOGY-THERAPEUTI C       745,027       144,780       36,280       0       0       0       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00 <t< td=""><td>43.00</td><td></td><td>866, 323</td><td>0</td><td>0</td><td>256, 836</td><td>0</td><td>43.00</td></t<>	43.00		866, 323	0	0	256, 836	0	43.00
51:00       05100       RECOVERY ROOM       522,265       71,298       27,071       146,203       6,378       51.00         53:00       05300       AMSTHES10LOGY       2,802,307       7,308       78,712       9,707       1,595       53.00         54:00       05400       RADILLOGY-DLAKNOSTIC       2,115,131       153.30       29,786       461,944       33,485       54.00         54:01       05400       RADILLOGY-THERAPPUTIC       745,027       144,780       62,656       173,719       0       55.00         56:00       05000       RADIDLOGY-THERAPPUTIC       745,027       144,780       62,656       100,329       60.00       0       60.00       0       0       63.00       63.33       38,971       92,022       0.0,44       50.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	50.00		2, 800, 356	211, 776	1, 012, 935	412, 484	26, 309	50.00
53.00       lossol AMESTHESI OLOGY       2, 802, 307       7, 308       78, 712       9, 707       1, 595       53.00         54.00       OS400 RADU LOGY-ENECUAL PROCEDURES       798, 105       0       345, 780       110, 921       0       54.01         55.00       OS500 RADU OLOGY-SPECIAL PROCEDURES       798, 105       0       345, 780       110, 921       0       55.00         56.00       OS500 RADU OLOGY-THERAPEUTI C       745, 027       144, 780       62, 656       173, 719       0       55.00         60.00       D6000 LABORATORY       COLORADI OLOGY-THERAPEUTI C       745, 027       144, 780       62, 656       173, 719       0       65.00         63.00       OS500 BLOOD STORI NG, PROCESSI NG & TRANS.       435, 480       36, 362       0       0       0       63.00       0       63.00       63.00       63.00       63.00       63.00       63.00       63.00       63.00       60.00       650.00       67.00       67.00       67.00       67.00       67.00       67.00       67.00       67.00       68.06       68.911       106, 889       172, 634       17, 540       69.00       0       0       0       77.00       67.00       67.00       68.063       69.417       6.378								•
54.00       05400       RADIOLOGY-DIAGNOSTIC       2,115,131       10.3,302       29,786       461,944       33,485       54.00         55.00       05500       RADIOLOGY-THERAPEUTIC       745,027       144,780       62,656       173,719       0       55.00         56.00       05600       RADIOLOGY-THERAPEUTIC       745,027       144,780       62,656       173,719       0       65.00         56.00       05600       RADIOLOGY-THERAPEUTIC       4,761,346       100,933       38,971       92,022       10,364       56.00         63.00       05600       RESPIRATORY       4,761,346       100,933       38,971       92,022       10,364       56.00         65.00       06500       RESPIRATORY THERAPY       1,323,877       27,483       38,583       290,174       8,770       66.00         66.00       06600       PEECH PATHOLOGY       219,680       0       12,651       67.296       797       68.00         0       0       0000       0000       12,651       67.296       797       68.00       0       0       0       0       71.00       72.00       72.00       72.00       72.00       72.00       72.00       72.00       72.00       73.00								•
55:00       00       05500       RADI 01 CUCY-THERAPEUTI C       745, 027       144, 780       62, 656       173, 719       0       55.00         66:00       05000       RADI 01 STORE       620, 650       63.33       38, 971       92, 022       10, 364       66.00       30, 266       60.00       30, 266       60.00       63.00       66.00       06000       LSDR NG, PROCESSING & TRANS.       435, 480       36, 362       0       0       0       63.00       65.00       65.00       66.00       06000       RESPI RATORY THERAPY       1, 237, 877       27, 487       38, 583       290, 174       8, 770       66.00         66:00       06000       CUCUPATI ONAL THERAPY       352, 181       7, 141       224       97, 715       797       67.00         67:00       06700 0CUPATI ONAL THERAPY       352, 181       7, 141       224       97, 715       797       68.00       0       12, 651       67, 296       797       68.00       0       00000       00000       00000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 115, 131		29, 786	461, 944		54.00
66.00       05600       RADIO ISOTOPE       620, 850       63.335       38, 971       92, 022       10, 364       56.00         60.00       06000       LABORATORY       4, 761, 346       100, 930       4, 423       0       30, 296       60.00         65.00       06500       RESOPIRATORY       THERAPY       1, 237, 877       27, 447       38, 583       290, 174       8, 770       65.00         66.00       065000       PHYSI CAL THERAPY       5, 556, 474       18, 650       21, 305       807, 743       8, 770       67.00         67.00       06700       0CUPATI ONAL, THERAPY       352, 181       7, 141       224       97, 715       777       67.00         68.00       068000       SPECH PATHOLOGY       219, 660       12, 651       67, 296       700       0       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       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.				-				•
63:00       06300       BLOOD STORING, PROCESSING & TRANS.       435,480       36,362       0       0       0       65.00       0       0       65.00       0       0       65.00       0       0       65.00       0       0       65.00       0       0       65.00       0       0       67.00       0       0       7.13       8.70       66.00         66.00       0       0       65.00       0       0       12,651       67.20       0       7.715       797       67.00         67.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>								•
65.00       06500       PKSPI RATORY THERAPY       1, 237, 877       27, 487       38, 583       290, 174       8, 770       66. 00         66.00       06600       PKSI CAL THERAPY       5, 556, 6474       18, 650       21, 305       807, 743       8, 770       67. 00         67.00       06700       OCCUPATIONAL THERAPY       352, 181       7, 141       224       97, 715       797       67. 00         68.00       DEECT ROCARDI OLOGY       219, 660       0       12, 651       67, 296       797       68. 00         07.00       07000       ELECTROCARDI OLOGY       548, 065       48, 911       106, 889       122, 634       17. 540       69. 00       71. 00       71. 00       71. 00       07100       0700       0       0       0       0       71. 00       0       0       0       0       71. 00       71. 00       0       0       0       0       73. 00       0       0       0       0       73. 00       0       0       0       0       73. 00       0       0       0       0       73. 00       0       0       0       74. 06       0       0       74. 06       0       0       74. 06       0       0       76. 00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
66.00       06600       PHYSI CAL THERAPY       5, 556, 474       18, 650       21, 305       807, 743       8, 770       66. 00         67.00       06700       OCUPATI ONAL THERAPY       352, 181       7, 141       224       97, 715       797       67. 00         68.00       06800       SPEECH PATHOLOGY       219, 680       0       12, 651       67, 726       67. 00         69.00       06900       ELECTROCARDIOLOGY       544, 065       48, 911       106, 889       172, 634       17, 540       69. 00         07.00       07000       INPL. DEV. CHARGED TO PATI ENT       3, 285, 224       0       0       0       0       71. 00         71.00       07100       IMPL. DEV. CHARGED TO PATI ENTS       8, 234, 078       0       0       0       0       0       73. 00         76.00       03530       ILTRA SOUND       383, 425       19, 857       23, 542       137, 077       1, 595       76. 01         76.02       03951       PAIN CLINIC       444, 325       19, 857       23, 542       137, 077       1, 595       76. 01         76.04       03954       WOUND CARE CENTER       1, 1839, 927       73, 289       157       594, 834       55. 817       76. 04 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>•</td>						-		•
68.00       06800       SPECH PATHOLOGY       219,660       0       12,651       67,296       797       68.00         69.00       06900       ELECTROCARDIOLOGY       548,065       48,911       106,889       172,634       17,540       69.00         70.00       07000       ELECTROCNCEPHALOGRAPHY       231,567       67,586       8,43       69,447       6,378       70.00       71.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       3,285,224       0       0       0       71.00         72.00       07200 IMPL DEV. CHARGED TO PATIENTS       8,133,237       0       0       0       73.00         76.00       03630       ULTRA SOUND       383,426       29,400       61,663       121,561       0       76.00         76.01       39351       PAIN CLINIC       444,325       19,857       23,542       137,077       1,555       76.01         76.02       3952       ACTI HAB       1,145,568       55,127       242,747       266,275       0       76.03         76.04       03954       WOND CARE CENTER       231,902       0       1,606       0       1,603       63.04       74.327       0       76.05								
69.00       06900       ELECTROCARDIOLOGY       548,065       48,911       106,889       172,634       17,540       69.00         70.00       07000       ELECTROCARDIVLES       CHARGED TO PATIENT       3,285,224       0       0       0       0       71.00       0       0       0       0       0       0       0       71.00       0       0       0       0       0       0       0       0       0       71.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								•
70.00       07000       ELECTROENCEPHALOGRAPHY       231, 567       67, 586       8, 463       69, 447       6, 378       70.00         71.00       07100       MEDI CAL <supplies< td="">       CHARGED TO PATI ENT       3, 285, 224       0       0       0       0       0       71.00         72.00       72.00       TOYLOL       LEV. CHARGED TO PATI ENTS       8, 234, 078       0       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       3, 153, 237       0       0       0       73.00         76.00       03630       ULTRA SOUND       383, 426       29, 400       61, 663       121, 561       0       76.00         76.01       03951       PAIN CLINIC       444, 325       19, 857       23, 542       137.077       1, 555       76.01         76.02       03952       CATH LAB       1, 145, 568       55, 127       242, 747       266, 275       0       76.02         76.03       03954       WOUND CARE CENTER       231, 902       0       1, 698       70.09       6, 378       76.04         76.05       03300       HEALTHY LIVING CENTER       4, 923       0       0       1, 606       76.07       75.06</supplies<>								
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       8, 234, 078       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       3, 153, 237       0       0       0       0       73.00         76.00       03303       ULTRA SOUND       343, 426       29, 400       61, 683       121, 561       0       76.01         76.01       03951       PAI N CLINIC       444, 325       19, 857       23, 542       137, 077       1, 595       76.01         76.02       03952       CATH LAB       1, 145, 568       55, 127       242, 747       266, 275       0       76.02         76.03       03954       WOUND CARE CENTER       231, 902       0       1, 698       70, 299       6, 378       76.04         76.05       03300       BARI ATRIC CLINIC       486, 884       24, 751       2, 172       102, 539       6, 378       76.06         76.06       03950       CV RESOURCE CENTER       4, 6923       0       0       1, 698       74, 327       0       76.06         76.07       03955       ANTI CAGULATION CLINIC       274, 370       0       334       74, 327       0       76.06         71.00	70.00	07000 ELECTROENCEPHALOGRAPHY	231, 567				6, 378	70.00
73.00       07300       DRUGS CHARGED TO PATIENTS       3, 153, 237       0       0       0       73.00         76.00       03330       ULTRA SOUND       383, 426       29, 400       61, 683       121, 561       0       76.00         76.01       03951       PAIN CLINIC       444, 325       19, 857       23, 542       137, 077       1, 595       76.01         76.02       03952       CATH LAB       1, 145, 568       55, 127       242, 747       266, 275       0       76.02         76.03       03954       WOUND CARE CENTER       231, 902       0       1, 698       70, 299       6, 378       76.04         76.04       03954       WOUND CARE CENTER       486, 884       24, 751       2, 172       102, 539       6, 378       76.04         76.05       03300       HEALTHY LI VING CENTER       4, 923       0       0       1, 606       76.06         76.06       03050       CV RESOURCE CENTER       5, 064       0       0       1, 631       0       76.07         76.08       03955       ANTI COAGULATI ON CLINIC       274, 370       0       334       74, 327       0       76.08         0UTPATI ENT SERVICE COST CENTERS       113.00				0	0	0		
76. 01       03951       PAIN CLINIC       444,325       19,857       23,542       137,077       1,595       76. 01         76. 02       03952       CATH LAB       1,145,568       55,127       242,747       266,275       0       76. 02         76. 03       03953       ACTI VI TY THERAPEUTI C       1,839,927       73,289       157       594,834       5,881       76. 03         76. 04       03954       WOUND CARE CENTER       231,902       0       1,698       70,299       6,378       76. 04         76. 05       03340       BARI ATRI C CLINI C       486,884       24,751       2,172       102,539       6,378       76. 05         76. 06       03030       HEALTHY LIVING CENTER       4,923       0       0       1,606       0       76. 06         76. 08       03955       ANTI COAGULATI ON CLINI C       274,370       0       334       74,327       0       76. 08         01000       EMERGENCY       2,905,457       156,469       44,827       1,149,519       19,134       91.00         92.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       2,905,457       156,469       44,827       1,149,519       19,134       91.00				0	0	0		
76. 02       03952       CATH LAB       1,145,568       55,127       242,747       266,275       0       76. 02         76. 03       03953       ACTI VI TY THERAPEUTI C       1,839,927       73,289       157       594,834       5,581       76. 03         76. 04       03954       WOUND CARE CENTER       231,902       0       1,698       70,299       6,378       76. 05         76. 05       03300       BARI ATRI C CLINIC       486,884       24,751       2,172       102,539       6,378       76. 05         76. 07       03950       CV RESOURCE CENTER       4,923       0       0       1,631       0       76. 06         76. 08       03955       ANTI COAGULATI ON CLINIC       274,370       0       334       74,327       0       76. 08         09100       EMERGENCY       2,905,457       156,469       44,827       1,149,519       19,134       91.00         92. 00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       2,905,457       156,469       44,827       1,149,519       19,134       91.00         92. 00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       2,905,457       156,469       44,827       1,149,519       19,62,652       689,626<								
76. 03       03953       ACTI VI TY THERAPEUTI C       1,839,927       73,289       157       594,834       5,581       76. 03         76. 04       03954       WOUND CARE CENTER       231,902       0       1,698       70,299       6,378       76. 04         76. 05       03340       BARI ATRI C CLI NI C       486,884       24,751       2,172       102,539       6,378       76. 06         76. 07       03950       CV RESOURCE CENTER       4,923       0       0       1,631       0       76. 07         76. 08       03955       ANTI COAGULATI ON CLI NI C       274,370       0       334       74,327       0       76. 08         09100       EMERGENCY       2,905,457       156,469       44,827       1,149,519       19,134       91. 00         91. 00       09100       EMERGENCY       2,905,457       156,469       44,827       1,149,519       91. 91       92. 00         SUBTOTALS (SUM OF LINES 1-117)       123,786,252       4,860,943       3,530,542       13,962,652       689,626       113. 00         118. 00       INDREI MBURSABLE COST CENTERS       101,727       10,224       0       6,134       3,986       190. 00         192. 00       192								
76. 05       03340       BARI ATRI C CLINI C       486, 884       24, 751       2, 172       102, 539       6, 378       76. 05         76. 06       03030       HEALTHY LIVING CENTER       4, 923       0       0       1, 606       0       76. 06         76. 07       03950       CV RESOURCE CENTER       5, 064       0       0       1, 606       0       76. 07         76. 08       03955       ANTI COAGULATI ON CLINI C       274, 370       0       334       74, 327       0       76. 08         00TPATIENT SERVICE COST CENTERS       0       01100       EMERGENCY       2, 905, 457       156, 469       44, 827       1, 149, 519       19, 134       91. 00         92. 00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       2, 905, 457       156, 469       44, 827       1, 149, 519       19, 134       91. 00         92. 00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       2, 905, 457       156, 469       44, 827       1, 149, 519       19, 134       91. 00         92. 00       11300       INTEREST EXPENSE       113. 00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       113.00       13, 962, 652       689, 626       188,	76.03	03953 ACTI VI TY THERAPEUTI C	1, 839, 927	73, 289	157	594, 834	5, 581	76.03
76.06       03030       HEALTHY LIVING CENTER       4,923       0       0       1,606       0       76.06         76.07       03950       CV RESOURCE CENTER       5,064       0       0       1,631       0       76.07         76.08       03955       ANTI COAGULATION CLINIC       274,370       0       334       74,327       0       76.08         0UTPATI ENT SERVICE COST CENTERS       09100       EMERGENCY       2,905,457       156,469       44,827       1,149,519       19,134       91.00         92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART       2,905,457       156,469       44,827       1,149,519       19,134       92.00         92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART       2,905,457       156,469       44,827       1,149,519       19,134       92.00         91.00       11300       INTEREST EXPENSE       113.00       INTEREST EXPENSE       113.00       11300       11306,552       689,626       118.00         118.00       SUBTOTALS (SUM OF LINES 1-117)       123,786,252       4,860,943       3,530,542       13,962,652       689,626       118.00         192.00       19200       PHYSI CI ANS' PRI VATE OFFI CES       4,416,231       173,616 <td></td> <td></td> <td></td> <td>U</td> <td></td> <td></td> <td></td> <td>•</td>				U				•
76.08       03955       ANTI COAGULATI ON CLINIC       274,370       0       334       74,327       0       76.08         0UTPATI ENT SERVICE COST CENTERS       0       091.00       EMERGENCY       2,905,457       156,469       44,827       1,149,519       19,134       91.00       92.00         09200       DBSERVATI ON BEDS (NON-DI STINCT PART       2,905,457       156,469       44,827       1,149,519       19,134       91.00       92.00         SPECIAL PURPOSE COST CENTERS         113.00       11300       INTEREST EXPENSE       113.00       13,962,652       689,626       118.00         NONREI MBURSABLE COST CENTERS         190.00       19000       GI FT, FLOWER, COFFEE SHOP & CANTEEN       101,727       10,224       0       6,134       3,986       190.00         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       4,416,231       173,616       8,430       1,192,561       73,348       192.00       192.01       192.01       0       0       0       0       0       192.00         192.01       19200       RISI DENTI AL       2,095,345       389,270       17,804       564,572       37,471       194.00         194.01       0 <td></td> <td></td> <td>4, 923</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>			4, 923	0				
OUTPATI ENT SERVICE COST CENTERS           91.00         09100         EMERGENCY         2, 905, 457         156, 469         44, 827         1, 149, 519         19, 134         91.00           92.00         OBSERVATI ON BEDS (NON-DI STINCT PART         2, 905, 457         156, 469         44, 827         1, 149, 519         19, 134         92.00           SPECIAL PURPOSE COST CENTERS         113.00         INTEREST EXPENSE         113.00         11300         INTEREST EXPENSE         113.00         1300         13, 962, 652         689, 626         118.00           NONREI MBURSABLE COST CENTERS         101, 727         10, 224         0         6, 134         3, 986         190.00           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         4, 416, 231         173, 616         8, 430         1, 192, 561         73, 348         192.00           192.01         19200         PHYSI CI ANS' PRI VATE OFFICES         4, 416, 231         173, 616         8, 430         1, 192, 561         73, 348         192.00           192.01         19200         RESI DENTI AL         0         0         0         0         192.01           194.00         07950         RESI DENTI AL         2, 095, 345         389, 270         17, 804         564, 572					-			•
91. 00       09100       EMERGENCY       2, 905, 457       156, 469       44, 827       1, 149, 519       19, 134       91. 00         92. 00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       2, 905, 457       156, 469       44, 827       1, 149, 519       19, 134       92. 00         SPECI AL PURPOSE COST CENTERS         113. 00       INTEREST EXPENSE       113. 00       INTEREST EXPENSE       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       113. 00       114. 00       114. 00       114. 00       114. 00       114. 00       114. 00       114. 00       1192. 01	76.08		274, 370	0	334	74, 327	0	76.08
SPECIAL PURPOSE COST CENTERS           113.00         11300         INTEREST EXPENSE           113.00         SUBTOTALS (SUM OF LINES 1-117)         123, 786, 252         4, 860, 943         3, 530, 542         13, 962, 652         689, 626         118. 00           118.00         SUBTOTALS (SUM OF LINES 1-117)         123, 786, 252         4, 860, 943         3, 530, 542         13, 962, 652         689, 626         118. 00           NONREI MBURSABLE COST CENTERS         101, 727         10, 224         0         6, 134         3, 986         190. 00           192.00         19200         PHYSI CI ANS' PRI VATE OFFI CES         4, 416, 231         173, 616         8, 430         1, 192, 561         73, 348         192. 00           192.01         19201         WORKI NG WELL         0         0         0         0         0         192. 01           194.00         07950         RESI DENTI AL         2, 095, 345         389, 270         17, 804         564, 572         37, 471         194. 00           194.01         0         0         0         0         0         0         0         194. 01		09100 EMERGENCY	2, 905, 457	156, 469	44, 827	1, 149, 519	19, 134	
113.00       11300       INTEREST EXPENSE       113.00       11300       INTEREST EXPENSE       113.00         118.00       SUBTOTALS (SUM OF LINES 1-117)       123,786,252       4,860,943       3,530,542       13,962,652       689,626       118.00         NONREI MBURSABLE COST CENTERS         190.00       19200       GI FT, FLOWER, COFFEE SHOP & CANTEEN       101,727       10,224       0       6,134       3,986       190.00         192.00       19200       PHYSI CI ANS' PRI VATE OFFI CES       4,416,231       173,616       8,430       1,192,561       73,348       192.00         192.01       19201       WORKI NG WELL       0       0       0       0       192.01         194.00       07950       RESI DENTI AL       2,095,345       389,270       17,804       564,572       37,471       194.00         194.01       0       0       0       0       0       0       0       194.01	92.00							92.00
118.00         SUBTOTALS (SUM OF LINES 1-117)         123, 786, 252         4, 860, 943         3, 530, 542         13, 962, 652         689, 626         118.00           NONREL MBURSABLE COST CENTERS           190.00         19000         GI FT, FLOWER, COFFEE SHOP & CANTEEN         101, 727         10, 224         0         6, 134         3, 986         190.00           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         4, 416, 231         173, 616         8, 430         1, 192, 561         73, 348         192.00           192.01         19201         WORKI NG WELL         0         0         0         0         192.01           194.00         07950         RESI DENTI AL         2, 095, 345         389, 270         17, 804         564, 572         37, 471         194.00           194.01         07951         0MNI         0         0         0         0         0         194.01 <td>113.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>113.00</td>	113.00							113.00
190. 00         GI FT,         FLOWER,         COFFEE         SHOP & CANTEEN         101, 727         10, 224         0         6, 134         3, 986         190. 00           192. 00         19200         PHYSI CI ANS'         PRI VATE         OFFICES         4, 416, 231         173, 616         8, 430         1, 192, 561         73, 348         192. 00           192. 01         19201         WORKI NG WELL         0         0         0         0         192. 01           194. 00         07950         RESI DENTI AL         2, 095, 345         389, 270         17, 804         564, 572         37, 471         194. 00           194. 01         07951         OMNI         0         0         0         0         0         194. 01		SUBTOTALS (SUM OF LINES 1-117)	123, 786, 252	4, 860, 943	3, 530, 542	13, 962, 652	689, 626	•
192.00       PHYSI CI ANS' PRI VATE OFFICES       4, 416, 231       173, 616       8, 430       1, 192, 561       73, 348       192.00         192.01       19201       WORKI NG WELL       0       0       0       0       192.01         194.00       07950       RESI DENTI AL       2, 095, 345       389, 270       17, 804       564, 572       37, 471       194.00         194.01       07951       0MNI       0       0       0       0       0       194.01	190 00		101 727	10 224	0	6 134	3 986	190, 00
194. 00         07950         RESI DENTI AL         2, 095, 345         389, 270         17, 804         564, 572         37, 471         194. 00           194. 01         07951         0MNI         0         0         0         0         0         194. 01	192.00	0 19200 PHYSI CLANS' PRI VATE OFFI CES					73, 348	192.00
194. 01 07951 0MNI 0 0 0 0 194. 01			0	0	0	0 E44 E70		
			2, 093, 345	369,270	0			
			0	340, 128	5, 730	0	74, 145	194. 02

Health Financial Systems	FRANCISCAN ST. MARG	ARET HEALTH- D	YER	In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 01/01/2014 To 12/31/2014		pared: 4 pm
		CAPI TAL REI	LATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	COMMUNI CATI ONS	
	0	1.00	2.00	4.00	5.01	
194.03 07953 CENTER OF HOPE	7,657	0		0 2, 284	0	194.03
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		0		0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	130, 407, 212	5, 774, 181	3, 562, 50	6 15, 728, 203	878, 576	202.00

	Financial Systems FRAN LLOCATION - GENERAL SERVICE COSTS	<u>CISCAN ST. MARG/</u>		CN: 150090 Pe	eriod: com 01/01/2014	Date/Time Pre	pared:
	Cost Center Description	ADMI TTI NG	PATI ENT ACCOUNTI NG	Subtotal	OTHER ADMI NI STRATI VE AND GENERAL	5/27/2015 6: 2 MAI NTENANCE & REPAI RS	4 pm
		5.02	5.03	5A. 03	5.04	6.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	1		Г			1.00
1.00 2.00 4.00 5.01 5.02	00100 CAP REL COSTS-BLOG & FITT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00570 ADMITTING	1, 256, 596					1.00 2.00 4.00 5.01 5.02
5.03 5.04	00590 PATIENT ACCOUNTING 00591 OTHER ADMINISTRATIVE AND GENERAL	0	1, 253, 566 0	19, 625, 693	19, 625, 693		5. 03 5. 04
6.00 7.00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	0	0	4, 501, 532 3, 772, 846	797, 478 668, 386		•
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	350, 462	62, 087	0	
9.00	00900 HOUSEKEEPI NG	0	0	1, 889, 737	334, 780	80, 807	•
10.00	01000 DI ETARY	0	0	811, 092	143, 691	71, 285	•
11. 00 13. 00	01100 CAFETERIA 01300 NURSING ADMINISTRATION	0	0	510, 450	90, 430 305, 493		
	01400 CENTRAL SERVICES & SUPPLY	0	0	1, 724, 421 1, 058, 693	187, 555	7, 512 77, 538	
15.00	01500 PHARMACY	0	0	3, 243, 516	574, 612	57,835	
	01600 MEDICAL RECORDS & LIBRARY	0	О	1, 863, 368	330, 109	73, 265	
17.00 22.00	01700 SOCIAL SERVICE 02200 I &R SERVICES-OTHER PRGM COSTS APPRV INPATIENT ROUTINE SERVICE COST CENTERS	0	0	0 1, 099, 029	0 194, 701	0	
30.00	03000 ADULTS & PEDIATRICS	86, 530	86, 322	12, 419, 686	2, 200, 205	1, 449, 343	30.00
31.00	03100 I NTENSI VE CARE UNI T	18, 481	18, 436	2, 638, 413	467, 413	148, 914	
32.00	02060 NEONATAL INTENSIVE CARE UNIT	9, 023	9, 001	1, 571, 122	278, 335	5, 248	
41.00	04100 SUBPROVIDER - IRF	36, 698	36, 610	3, 550, 916	629, 070 0		•
42.00 43.00	04200 SUBPROVI DER 04300 NURSERY	9,030	9, 008	0 1, 141, 197	202, 171	0	42.00
101 00	ANCI LLARY SERVI CE COST CENTERS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	., , , .	2027 171		
	05000 OPERATING ROOM	94, 365	94, 138	4, 652, 363	824, 199		
50.01	05001 OUTPATIENT SURGERY	31, 169	31, 094	1, 728, 930	306, 292	211, 172	1
51.00 53.00	05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	13, 710 41, 890	13, 677 41, 789	800, 602 2, 983, 308	141, 832 528, 514	83, 236 8, 532	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	127, 504	127, 197	3, 058, 349	541, 808	190, 644	1
54.01	05401 RADI OLOGY-SPECI AL PROCEDURES	16, 250	16, 211	1, 287, 267	228, 048		54.01
55.00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	20, 728	20, 678	1, 167, 588	206, 846		
56.00 60.00	06000 LABORATORY	23, 101 130, 000	23, 046 129, 688	871, 689 5, 156, 683	154, 426 913, 542	73, 940	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6, 587	6, 571	485, 000	85, 921	42, 450	
65.00	06500 RESPI RATORY THERAPY	33, 676	33, 595	1, 670, 162	295, 881	32, 089	
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	52, 184 5, 953	52, 058 5, 938	6, 517, 184 469, 949	1, 154, 565	21, 773 8, 337	
68.00	06800 SPEECH PATHOLOGY	3, 381	3, 372	409, 949 307, 177	83, 255 54, 419		
	06900 ELECTROCARDI OLOGY	32, 205	32, 128	958, 372	169, 782		69.00
	07000 ELECTROENCEPHALOGRAPHY	8, 061	8, 041	399, 543	70, 782	78, 903	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	62, 808 47, 889	62, 656 47, 774	3, 410, 688 8, 329, 741	604, 227 1, 475, 672	0	
	07300 DRUGS CHARGED TO PATIENTS	132, 692	132, 370	3, 418, 299	605, 576		1
76.00	03630 ULTRA SOUND	23, 846	23, 789	643, 705	114, 037	34, 323	
	03951 PALN CLINIC	12, 116	12, 087	650, 599	115, 258	23, 182	
	03952 CATH LAB 03953 ACTI VI TY THERAPEUTI C	69, 870 14, 336	69, 702 14, 301	1, 849, 289 2, 542, 425	327, 614 450, 408	64, 358 85, 561	
	03954 WOUND CARE CENTER	3, 545	3, 536	2, 342, 423	56, 222	0 0	•
76.05	03340 BARI ATRI C CLI NI C	1, 142	1, 139	625, 005	110, 724	28, 895	
	03030 HEALTHY LIVING CENTER	0	0	6, 529	1, 157	0	
	03950 CV RESOURCE CENTER	0	0	6, 695	1, 186		
76.08	03955 ANTI COAGULATI ON CLINI C OUTPATI ENT SERVI CE COST CENTERS	3, 283	3, 275	355, 589	62, 995	0	76.08
	09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STINCT PART	84, 543	84, 339	4, 444, 288 0	787, 337	182, 667	91.00 92.00
113. 00 118. 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1, 256, 596	1, 253, 566	120, 886, 549	17, 939, 041	4, 232, 863	113. 00 118. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0	0	122, 071 5, 864, 186	21, 626 1, 038, 882	11, 936 202, 685	
	19201 WORKING WELL	0	О	0	0		192. 01
	07950 RESIDENTIAL	0	0	3, 104, 462	549, 977	454, 448	•
	07951 OMNI 07952 PSYCHI ATRI C	0	0	0 420, 003	0 74, 406		194.01 194.02
	07953 CENTER OF HOPE	0	o	420, 003 9, 941	1, 761		194.02
174.03		1					•
200.00				0			200.00

	LLOCATION - GENERAL SERVICE COSTS	1		FI		Worksheet B Part I Date/Time Pre 5/27/2015 6:2	
	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	GENERAL SERVICE COST CENTERS	7.00	8.00	9.00	10.00	11.00	
1.00 2.00 4.00 5.01 5.02 5.03 5.04 6.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00570 ADMITTING 00590 PATIENT ACCOUNTING 00591 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS						1.00 2.00 4.00 5.01 5.02 5.03 5.04 6.00
7.00 8.00 9.00	00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	4, 749, 151 0 76, 890	412, 549 0	2, 382, 214			7.00 8.00 9.00
10.00 11.00 13.00 14.00 15.00 16.00 17.00 22.00	01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 02200 I & SERVI CES-OTHER PRGM COSTS APPRV INPATI ENT ROUTI NE SERVI CE COST CENTERS	67, 830 97, 921 7, 148 73, 780 55, 032 69, 713 0 0	0 0 0 0 0 0 0 0 0 0	2, 302, 214 34, 584 49, 926 3, 645 37, 618 28, 059 35, 544 0 0	1, 128, 482 0 0 0 0 0 0 0 0 0	851, 637 21, 006 19, 927 25, 695 26, 801 0 0	10.00 11.00 13.00 14.00 15.00 16.00 17.00
30.00 31.00 32.00 41.00 42.00 43.00	03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T 02060 NEONATAL I NTENSI VE CARE UNI T 04100 SUBPROVI DER - I RF 04200 SUBPROVI DER 04300 NURSERY	1, 379, 088 141, 695 4, 994 84, 723 0 0	272, 542 22, 047 7, 361 28, 196 0 0	703, 141 72, 245 2, 546 43, 197 0 0	745, 511 60, 305 20, 135 77, 126 0 0	189, 803 30, 091 12, 201 18, 622 0 0	31.00 32.00 41.00 42.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	235, 250	0	119, 945	0	28, 985	50.00
50. 01 51. 00 53. 00 54. 00 54. 01 55. 00	05001 OUTPATI ENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY-SPECI AL PROCEDURES 05500 RADI OLOGY-THERAPEUTI C	200, 936 79, 202 8, 118 181, 403 0 160, 829	0 0 0 0 0 0	102, 450 40, 382 4, 139 92, 491 0 82, 001	0 0 0 0 0	16, 224 7, 486 1, 332 32, 542 6, 087 8, 099	51.00 53.00 54.00 54.01
56.00 60.00 63.00 65.00 66.00	05600 RADI OI SOTOPE 06000 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	70, 355 112, 118 40, 393 30, 533 20, 717	0 0 0 0	35, 872 57, 165 20, 595 15, 568 10, 563	0 0 0 0 0	4, 009 0 18, 808 42, 812	60.00 63.00 65.00 66.00
	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	7, 933 0 54, 332 75, 078 0	0 0 0 0	4, 045 0 27, 702 38, 280 0 0	0 0 0 0 0	5, 608 2, 984 11, 242 4, 449 0 0	68.00 69.00 70.00 71.00
73.00 76.00 76.01 76.02	07300 DRUGS CHARGED TO PATIENTS 03630 ULTRA SOUND 03951 PAIN CLINIC 03952 CATH LAB	0 32, 659 22, 058 61, 238	000000000000000000000000000000000000000	0 16, 652 11, 247 31, 223	000000000000000000000000000000000000000	0 5, 195 7, 073 10, 110	73.00 76.00 76.01 76.02
76. 05 76. 06 76. 07	03953 ACTIVITY THERAPEUTIC 03954 WOUND CARE CENTER 03340 BARIATRIC CLINIC 03030 HEALTHY LIVING CENTER 03950 CV RESOURCE CENTER	81, 413 0 27, 494 0 0		41, 510 0 14, 018 0 0	0 0 0 0 0	38, 882 4, 196 7, 712 53 80	76.04 76.05 76.06 76.07
91.00	03955 ANTI COAGULATI ON CLINI C OUTPATI ENT SERVI CE COST CENTERS 09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STINCT PART	173, 812	0	0 88, 621	0	3, 623	1
113. 00 118. 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	3, 734, 685	330, 146	1, 864, 974	903, 077	671, 719	113. 00 118. 00
192.00 192.01	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES 19201 WORKING WELL	11, 357 192, 860 0	0 0 0	5, 791 98, 332 0	0 0 0	52, 216 0	190. 00 192. 00 192. 01
194.01 194.02	07950 RESIDENTIAL 07951 OMNI 07952 PSYCHIATRIC 07953 CENTER OF HOPE	432, 419 0 377, 830 0	0 0 82, 403 0	220, 475 0 192, 642 0	0 0 225, 405 0	0 57, 078	194. 00 194. 01 194. 02 194. 03
200.00 201.00 202.00	Cross Foot Adjustments Negative Cost Centers	0 4, 749, 151	0 412, 549	0 2, 382, 214	0 1, 128, 482		200. 00 201. 00

OST A	ALLOCATION - GENERAL SERVICE COSTS			F	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Pre 5/27/2015 6:2	4 pm
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	
	GENERAL SERVICE COST CENTERS	13.00	14.00	15.00	16.00	17.00	
. 00 . 00 . 01 . 02 . 03 . 04 . 00 . 00 . 00 . 00 0. 00 1. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFI TS DEPARTMENT 01160 COMMUNI CATI ONS 00570 ADMI TTI NG 00590 PATI ENT ACCOUNTI NG 00591 OTHER ADMI NI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A						1.0 2.0 4.0 5.0 5.0 5.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0
3.00	01300 NURSI NG ADMI NI STRATI ON	2,069,225					13.0
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	66, 065	1, 521, 176 1, 639	3, 986, 388			14.0 15.0
	01600 MEDICAL RECORDS & LIBRARY	13, 166	305	0, 700, 000			16.0
	01700 SOCIAL SERVICE	0	0	C		0	17.0
2.00	02200 I & SERVICES-OTHER PRGM COSTS APPRV I NPATI ENT ROUTI NE SERVICE COST CENTERS	0	0	C	0 0	0	22.0
0. 00	03000 ADULTS & PEDIATRICS	976, 155	42, 565	6, 511	166, 128	0	30.0
	03100 I NTENSI VE CARE UNI T	216, 091	6, 212	2, 457		0	31.0
	02060 NEONATAL INTENSIVE CARE UNIT	0	1, 263	6, 793		0	
	04100 SUBPROVI DER – I RF 04200 SUBPROVI DER	0	5, 985 0	3, 276 C		0	41.0
	04300 NURSERY	0	0	C		0	43.0
	ANCI LLARY SERVI CE COST CENTERS						1
0. 00 0. 01	05000 OPERATI NG ROOM 05001 OUTPATI ENT SURGERY	208, 917 2, 838	36, 217 10, 031	57, 174 115, 395		0	50.0 50.0
1.00	05100 RECOVERY ROOM	67, 721	1, 851	40		0	51.0
3.00	05300 ANESTHESI OLOGY	7,647	4, 329	147, 559		0	53.0
4.00	05400 RADI OLOGY-DI AGNOSTI C	0	13, 573	2, 551		0	54.0
4.01 5.00	05401 RADI OLOGY-SPECI AL PROCEDURES 05500 RADI OLOGY-THERAPEUTI C	0	2, 223 725	27 0		0	54.0 55.0
6.00	05600 RADI OI SOTOPE	0	325	2, 988, 228		0	56.0
0.00	06000 LABORATORY	0	0	C		0	60.0
3.00 5.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY	0	0 2, 998	C 524		0	63.0 65.0
6.00	06600 PHYSI CAL THERAPY	0	944	43, 870		0	66.0
7.00	06700 OCCUPATI ONAL THERAPY	0	79	C	11, 428	0	67. C
	06800 SPEECH PATHOLOGY	100.005	518	C		0	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	122, 985 14, 033	1, 189 644	C		0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	384, 237	C	120, 583	0	71.0
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	963, 051	C	91, 942	0	72.0
	07300 DRUGS CHARGED TO PATIENTS 03630 ULTRA SOUND	0	0 576	C		0	73.0
	03951 PAIN CLINIC	0	1, 723	1, 987		0	76.0
	03952 CATH LAB	65, 829	18, 251	5, 397		0	76.0
	03953 ACTIVITY THERAPEUTIC 03954 WOUND CARE CENTER	0	27 1, 075	0 50, 153		0	76.0 76.0
	03340 BARI ATRI C CLI NI C	0	223	50, 155 C	2, 192	0	76.0
6. 06	03030 HEALTHY LIVING CENTER	0	0	C	0	0	76.0
	03950 CV RESOURCE CENTER	0	0	0	0 0	0	76.0
6. 08	03955 ANTI COAGULATI ON CLI NI C OUTPATI ENT SERVI CE COST CENTERS	0	180	524, 685	6, 303	0	76. C
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS	307, 778	18, 218	29, 761	162, 312	0	91. 0 92. 0
	11300 INTEREST EXPENSE						113.0
18.00		2, 069, 225	1, 521, 176	3, 986, 388	2, 412, 271	0	118.0
90.00	NONREIMBURSABLE COST CENTERS	0	0	0		0	190. 0
92.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	C	0	0	192.0
	19201 WORKING WELL	0	О	C	0		192.0
	07950 RESI DENTI AL 07951 OMNI	0	0	C	0		194. 0 194. 0
	07951 0MN1 07952 PSYCHI ATRI C	0	0	0	0 0		194.0
94.03	07953 CENTER OF HOPE	0	0	C	0		194. 0
00.00							200. 0 201. 0
01.00							

COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150090	Period: From 01/01/2014	Worksheet B Part I
				To 12/31/2014	Date/Time Prepared: 5/27/2015 6:24 pm
	I NTERNS & RESI DENTS				
Cost Center Description	SERVI CES-OTHER	Subtotal	Intern &	Total	
	PRGM COSTS APPRV		Residents Cos & Post	st	
			Stepdown		
	22.00	24.00	Adjustments 25.00	26.00	
GENERAL SERVICE COST CENTERS			1		
1.00 00100 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP					1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5. 01 01160 COMMUNI CATI ONS					5. 01
5. 02 00570 ADMI TTI NG 5. 03 00590 PATI ENT ACCOUNTI NG					5. 02
5.04 00591 OTHER ADMINISTRATIVE AND GENERAL					5.04
6. 00 00600 MAI NTENANCE & REPAI RS 7. 00 00700 OPERATI ON OF PLANT					6.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY					9.00
11. 00 01100 CAFETERI A					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY					14.00   15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	1, 293, 730				17.00
INPATIENT ROUTINE SERVICE COST CENTERS	1,293,730		1		22.00
30. 00 03000 ADULTS & PEDI ATRI CS	1, 244, 725	21, 795, 403			
31. 00   03100   I NTENSI VE CARE UNI T 32. 00   02060   NEONATAL   I NTENSI VE CARE UNI T	0	3, 841, 364 1, 927, 321	1	0 3, 841, 364 0 1, 927, 321	31.00
41.00 04100 SUBPROVIDER - IRF	0	4, 600, 606		0 4, 600, 606	41.00
42. 00 04200 SUBPROVI DER 43. 00 04300 NURSERY	0	0 1 260 704		0 0 0 1, 360, 704	
ANCI LLARY SERVICE COST CENTERS	U	1, 360, 704	1	0 1, 360, 704	43.00
50. 00 05000 OPERATING ROOM	17, 152	6, 608, 606			
50. 01 05001 0UTPATI ENT SURGERY 51. 00 05100 RECOVERY ROOM	0	2, 754, 108 1, 248, 674		0 2, 754, 108 0 1, 248, 674	
53. 00 05300 ANESTHESI OLOGY	0	3, 773, 902		0 3, 773, 902	53.00
54. 00  05400  RADI OLOGY-DI AGNOSTI C 54. 01  05401  RADI OLOGY-SPECI AL PROCEDURES	0	4, 358, 153 1, 554, 850		0 4, 358, 153 0 1, 554, 850	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	1, 834, 904		0 1, 834, 904	
56. 00 05600 RADI OI SOTOPE	0	4, 243, 196		0 4, 243, 196	
60. 00  06000  LABORATORY 63. 00  06300  BLOOD STORING, PROCESSING & TRANS.	0	6, 606, 922 687, 006		0 6, 606, 922 0 687, 006	
65. 00 06500 RESPI RATORY THERAPY	0	2, 131, 218		0 2, 131, 218	65.00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 0CCUPATI ONAL THERAPY	0	7, 912, 614 590, 634		0 7, 912, 614 0 590, 634	66. 00 67. 00
68. 00 06800 SPEECH PATHOLOGY	0	371, 588		0 371, 588	
69. 00 06900 ELECTROCARDI OLOGY	0	1, 464, 534	1	0 1, 464, 534	
70. 00 07000 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	697, 188 4, 519, 735		0 697, 188 0 4, 519, 735	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	10, 860, 406		0 10, 860, 406	
73. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 03630 ULTRA SOUND	0	4, 278, 387 892, 929		0 4, 278, 387 0 892, 929	
76. 01 03951 PAIN CLINIC	0	856, 388	1	0 856, 388	76.01
76. 02 03952 CATH LAB 76. 03 03953 ACTI VI TY THERAPEUTI C	0	2, 567, 452 3, 267, 749		0 2, 567, 452 0 3, 267, 749	
76.04 03954 WOUND CARE CENTER	0	435, 810		0 3, 287, 749	
76. 05 03340 BARI ATRI C CLI NI C	0	816, 263		0 816, 263	
76. 06 03030 HEALTHY LIVING CENTER 76. 07 03950 CV RESOURCE CENTER	0	7, 739 7, 961		0 7, 739 0 7, 961	
76. 08 03955 ANTI COAGULATI ON CLI NI C	0	953, 375		0 953, 375	
	21.052	( 20( /20	21.05	2 ( )54 77(	01.00
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	31, 853	6, 286, 629	-31, 85	6, 254, 776 0	91.00
SPECIAL PURPOSE COST CENTERS	· · ·				
113.00 11300 INTEREST EXPENSE 118.00 SUBTOTALS (SUM OF LINES 1-117)	1, 293, 730	116, 114, 318	-1, 293, 73	114, 820, 588	113. 00 118. 00
NONREI MBURSABLE COST CENTERS	1,273,730		1		
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	173, 940		0 173, 940	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 192. 01 19201 WORKI NG WELL	0	7, 449, 161 0	1	0 7, 449, 161 0 0	192. 00 192. 01
194. 00 07950 RESI DENTI AL	0	4, 831, 113		0 4, 831, 113	194.00
194. 01 07951 0MNI 194. 02 07952  PSYCHI ATRI C	0	0 1, 826, 845		0 0 0 1, 826, 845	194. 01 194. 02
	, V	., 520, 540	1	., 520, 640	1

Health Financial Systems	FRANCI SCAN ST. MARGA	RET HEALTH- D	YER	In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 01/01/2014	Worksheet B Part I
				To 12/31/2014	Date/Time Prepared: 5/27/2015 6:24 pm
	I NTERNS & RESI DENTS				
Cost Center Description	SERVICES-OTHER PRGMCOSTS	Subtotal	Intern & Residents Cost	Total	
	APPRV		& Post		
			Stepdown Adjustments		
	22.00	24.00	25.00	26.00	
194.03 07953 CENTER OF HOPE	0	11, 835	(	11, 835	194. 03
200.00 Cross Foot Adjustments	0	0	(	0 0	200.00
201.00 Negative Cost Centers	0	0	(	0 0	201.00
202.00 TOTAL (sum lines 118-201)	1, 293, 730	130, 407, 212	-1, 293, 730	129, 113, 482	202.00

Heal th	Fina	inci	al S	Syste	ems		
		0F	CΔP	ΙΤΔΙ	REI	ATED	CO

	TI ON OF CAPITAL RELATED COSTS	CI SCAN ST. MARG		CCN: 150090 P F	eriod: rom 01/01/2014 o 12/31/2014		pared:
			CAPI TAL REI	LATED COSTS		372772013 0.2	
	Cost Center Description	Di rectly Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		Related Costs 0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS		1.00	2.00	20	4.00	
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
2.00 4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	18, 123	3, 178	21, 301	21, 301	4.00
5.01	01160 COMMUNI CATI ONS	0	22, 246	843	23, 089	118	5.01
5.02 5.03	00570 ADMITTING 00590 PATIENT ACCOUNTING	0	50, 619 10, 853			389 96	5.02 5.03
5.03	00591 OTHER ADMINISTRATIVE AND GENERAL	0	217, 890			1, 743	1
6.00	00600 MAI NTENANCE & REPAI RS	0	915, 435	17, 004	932, 439	454	6.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	0	263, 757			138 0	7.00 8.00
8.00 9.00	00900 HOUSEKEEPING	0	69, 218	-	-	529	
10.00	01000 DI ETARY	0	61, 062		79, 903	122	10.00
11. 00 13. 00		0	88, 150			161	1
13.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	0	6, 435 66, 418			562 230	
15.00	01500 PHARMACY	0	49, 540			751	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	62, 757			407	16.00
17.00 22.00	01700 SOCIAL SERVICE 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	-	0	17.00 22.00
22.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS			-			22.00
30.00	03000 ADULTS & PEDIATRICS	0				3, 331	
31.00 32.00	03100 I NTENSI VE CARE UNI T 02060 NEONATAL I NTENSI VE CARE UNI T	0	127, 556 4, 495			664 326	
41.00	04100 SUBPROVI DER – I RF	0	76, 269			810	1
42.00	04200 SUBPROVI DER	0	0	0	-	0	
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	348	43.00
50.00	05000 OPERATING ROOM	0	211, 776	1, 012, 935	1, 224, 711	559	50.00
50. 01	05001 OUTPATI ENT SURGERY	0	180, 885	65, 155	246, 040	372	1
51.00 53.00	05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	0	71, 298 7, 308			198 13	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	163, 302			626	
54.01	05401 RADI OLOGY-SPECI AL PROCEDURES	0	0			150	
55.00 56.00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	0	144, 780			235	
56.00 60.00	06000 LABORATORY	0	63, 335 100, 930			125 0	56.00 60.00
63.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	36, 362		36, 362	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	27, 487			393	1
66.00 67.00	06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY	0	18, 650 7, 141			1, 094 132	
	06800 SPEECH PATHOLOGY	0	0	12, 651		91	
69.00	06900 ELECTROCARDI OLOGY	0				234	
70.00 71.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		67, 586 0	8, 463	76, 049 0	94	70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS 03630 ULTRA SOUND	0	0	0	01 002	0	73.00
76. 00 76. 01	03630 ULTRA SOUND 03951 PAIN CLINIC	0	29, 400 19, 857			165 186	
76. 02	03952 CATH LAB	0	55, 127			361	
76.03	03953 ACTIVITY THERAPEUTIC	0	73, 289			806	1
76. 04 76. 05	03954 WOUND CARE CENTER 03340 BARI ATRI C CLI NI C	0	0 24, 751	1, 698 2, 172		95 139	1
76.06	03030 HEALTHY LIVING CENTER	0	0	0	0	2	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	0	2	76.07
76.08	03955 ANTI COAGULATI ON CLINIC OUTPATI ENT SERVICE COST CENTERS	0	0	334	334	101	76.08
91.00	09100 EMERGENCY	0	156, 469	44, 827	201, 296	1, 557	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
113 00	SPECIAL PURPOSE COST CENTERS						113.00
118.00		0	4, 860, 943	3, 530, 542	8, 391, 485	18, 909	118.00
	NONREIMBURSABLE COST CENTERS		1				
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0	10, 224 173, 616		10, 224 182, 046		190.00 192.00
	19200 PHYSICIANS PRIVATE OFFICES	0	0	8, 430 0	162, 046		192.00
194.00	07950 RESI DENTI AL	0	389, 270	17, 804	407, 074	765	194.00
	07951 0MNI 207952 PSYCHI ATRI C	0	0	0	0 245 050		194.01 194.02
	07952 PSYCHIATRIC 07953 CENTER OF HOPE	0	340, 128 0	5, 730 0	345, 858 0		194.02

Health Financial Systems	FRANCI SCAN ST. MARG	ARET HEALTH- D	YER	In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Period: From 01/01/2014 To 12/31/2014		
		CAPI TAL REI	LATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
	0	1.00	2.00	2A	4.00	
200.00Cross Foot Adjustments201.00Negative Cost Centers		0		0 0	0	200. 00 201. 00
202.00  TOTAL (sum lines 118-201)	0	5, 774, 181	3, 562, 50	9, 336, 687	21, 301	202.00

	Financial Systems FRAM TION OF CAPITAL RELATED COSTS	ICI SCAN ST. MARGA		CCN: 150090 P	In Lie eriod: rom 01/01/2014 o 12/31/2014		pared:
	Cost Center Description	COMMUNI CATI ONS	ADMI TTI NG	PATI ENT ACCOUNTI NG	OTHER ADMI NI STRATI VE AND GENERAL	MAINTENANCE &	
		5.01	5.02	5.03	5.04	6.00	
	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 4.00 5.01	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS	23, 207	50.7(0				2.00 4.00 5.01
	00570 ADMITTING 00590 PATIENT ACCOUNTING	379 2, 696	58, 769 0	15, 217			5.02 5.03
	00591 OTHER ADMINI STRATI VE AND GENERAL	2, 548	0	0	626, 474		5.04
	00600 MAI NTENANCE & REPAI RS	906	0	0	25, 456		6.00
	00700 OPERATION OF PLANT	211	0	0	21, 335		7.00
	00800 LAUNDRY & LINEN SERVICE	0	0	0	1, 982		8.00
	00900 HOUSEKEEPI NG 01000 DI ETARY	0 232	0	0	10, 686 4, 587	14, 628 12, 904	
	01100 CAFETERI A	379	0	0	2, 887	12, 904	
	01300 NURSI NG ADMI NI STRATI ON	232	0	0	9, 752		•
	01400 CENTRAL SERVICES & SUPPLY	232	0	0	5, 987	14, 036	
	01500 PHARMACY	611	0	0	18, 342	10, 470	15.00
	01600 MEDICAL RECORDS & LIBRARY	2, 971	0	0	10, 537	13, 263	
	01700 SOCIAL SERVICE	0	0	0	0	0	
22.00	02200 I & R SERVICES-OTHER PRGM COSTS APPRV I NPATI ENT ROUTI NE SERVICE COST CENTERS	190	0	0	6, 215	0	22.00
30, 00	03000 ADULTS & PEDIATRICS	1, 453	4,047	1, 041	70, 240	262, 368	30.00
	03100 I NTENSI VE CARE UNI T	147	864	222	14, 920	26, 957	31.00
	02060 NEONATAL INTENSIVE CARE UNIT	0	422	109	8, 885		
41.00	04100 SUBPROVI DER – I RF	0	1, 716	442	20, 080	16, 118	41.00
	04200 SUBPROVI DER	0	0	0	0	0	42.00
	04300 NURSERY	0	422	109	6, 453	0	43.00
	ANCI LLARY SERVI CE COST CENTERS	695	4, 413	1, 136	26, 309	44, 756	50.00
	05001 OUTPATI ENT SURGERY	095	4, 413	375	9, 777	38, 228	
	05100 RECOVERY ROOM	168	641	165	4, 527	15, 068	
	05300 ANESTHESI OLOGY	42	1, 959	504	16, 871	1, 545	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	884	5, 963	1, 535	17, 295	34, 511	54.00
	05401 RADI OLOGY-SPECI AL PROCEDURES	0	760	196	7, 279		
	05500 RADI OLOGY-THERAPEUTI C	0	969	249	6, 603		55.00
	05600 RADI OI SOTOPE 06000 LABORATORY	274 800	1,080	278	4, 929		
	06300 BLOOD STORING, PROCESSING & TRANS.	000	6, 080 308	1, 565 79	29, 161 2, 743	21, 330 7, 685	
	06500 RESPI RATORY THERAPY	232	1, 575	405	9,445		65.00
	06600 PHYSI CAL THERAPY	232	2, 441	628	36, 855		•
67.00	06700 OCCUPATI ONAL THERAPY	21	278	72	2, 658	1, 509	67.00
	06800 SPEECH PATHOLOGY	21	158	41	1, 737	0	
		463	1, 506	388			
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	168 0	377 2, 937	97 756	2, 259 19, 287	14, 283 0	1
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	2, 937	576	47, 105	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	0	6, 208	1, 687	19, 330	-	73.00
	03630 ULTRA SOUND	0	1, 115	287	3, 640		76.00
	03951 PAIN CLINIC	42	567	146	3, 679	4, 197	76.01
	03952 CATH LAB	0	3, 268	841	10, 458		
		147	670	173	14, 377	15, 489	
	03954 WOUND CARE CENTER 03340 BARIATRIC CLINIC	168 168	166 53	43 14	1, 795 3, 534	0 5, 231	
	03030 HEALTHY LIVING CENTER	0	0	0	37	0,231	76.06
	03950 CV RESOURCE CENTER	0	0	0	38		76.07
	03955 ANTI COAGULATI ON CLINIC	0	154	40	2, 011	0	
	OUTPATIENT SERVICE COST CENTERS						
	09100 EMERGENCY	505	3, 954	1, 018	25, 132	33, 067	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART					<u>i</u>	92.00
112 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113.00
118.00		18, 217	58, 769	15, 217	572, 635	766, 255	
110.00	NONREI MBURSABLE COST CENTERS	10,217	00,707	10,217	072,000	100,200	110.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	105	0	0	690	2, 161	190.00
190.00	19200 PHYSICIANS' PRIVATE OFFICES	1, 937	0	0	33, 162	36, 691	192.00
	19200 PHISICIANS PRIVATE OFFICES		0	0	0		192.01
192.00 192.01	19201 WORKING WELL	0	-				
192.00 192.01 194.00	19201 WORKI NG WELL 07950 RESI DENTI AL	0 990	Ō	0	17, 556		
192.00 192.01 194.00 194.01	19201 WORKING WELL 07950 RESIDENTIAL 07951 OMNI	0	0	000000000000000000000000000000000000000	0	0	194.01
192.00 192.01 194.00 194.01 194.02	19201 WORKING WELL 07950 RESIDENTIAL 07951 OMNI 07952 PSYCHIATRIC	0 990 0 1, 958	0 0 0	000000000000000000000000000000000000000	0 2, 375	0 71, 881	194. 01 194. 02
192.00 192.01 194.00 194.01 194.02 194.03	19201 WORKING WELL 07950 RESIDENTIAL 07951 OMNI 07952 PSYCHIATRIC 07953 CENTER OF HOPE	0	0 0 0 0	0 0 0 0	0	0 71, 881 0	194. 01 194. 02 194. 03
192.00 192.01 194.00 194.01 194.02	19201 WORKING WELL 07950 RESIDENTIAL 07951 OMNI 07952 PSYCHIATRIC 07953 CENTER OF HOPE Cross Foot Adjustments	0	000000000000000000000000000000000000000	0 0 0 0	0 2, 375	0 71, 881 0	194. 01 194. 02

LLOCAT	TION OF CAPITAL RELATED COSTS		Provi der	F	veriod: rom 01/01/2014 o 12/31/2014	Worksheet B Part II Date/Time Pre 5/27/2015 6:2	
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DI ETARY	CAFETERI A	
		PLANT 7.00	LINEN SERVICE 8.00	9.00	10.00	11.00	
	GENERAL SERVICE COST CENTERS						
	00100 CAP REL COSTS-BLDG & FIXT						1.
	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.
	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS						4.
	00570 ADMI TTI NG						5.
	00590 PATIENT ACCOUNTING						5.
	00591 OTHER ADMINISTRATIVE AND GENERAL						5.
	00600 MAI NTENANCE & REPAI RS						6.
	00700 OPERATION OF PLANT	344, 037					7.
	00800 LAUNDRY & LINEN SERVICE	0	1, 982				8.
00 0	00900 HOUSEKEEPI NG	5, 570	0	103, 443			9.
. 00 0	01000 DI ETARY	4, 914	0	1, 502	104, 164		10.
. 00 0	01100 CAFETERI A	7,094	0	2, 168	0	119, 468	11
. 00 (	01300 NURSI NG ADMI NI STRATI ON	518	0	158	0	2, 947	13
	01400 CENTRAL SERVICES & SUPPLY	5, 345	0	1, 633	0	2, 795	14
	01500 PHARMACY	3, 987	0	1, 218		3, 605	
	01600 MEDICAL RECORDS & LIBRARY	5,050	0	1, 543		3, 760	
	01700 SOCIAL SERVICE	0	0	C		0	
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	C	0	0	22
	INPATIENT ROUTINE SERVICE COST CENTERS						l
	03000 ADULTS & PEDIATRICS	99, 901	1, 310			26, 625	
	03100 INTENSIVE CARE UNIT	10, 265				4, 221	
	02060 NEONATAL INTENSIVE CARE UNIT	362	35			1, 712	
	04100 SUBPROVIDER - IRF	6, 137	135			2, 612	
	04200 SUBPROVI DER	0	0			0	
		0	0	C	0	0	43
	ANCI LLARY SERVI CE COST CENTERS	17,042	0	5, 208	0	4,066	50
	05001 OUTPATI ENT SURGERY	14, 556	0			2, 276	
	05100 RECOVERY ROOM	5, 737	0			1, 050	
	05300 ANESTHESI OLOGY	5,737		1, 754		1, 050	
	05400 RADI OLOGY-DI AGNOSTI C	13, 141	0			4, 565	
	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY-SPECI AL PROCEDURES	13, 141	0			4, 303	
	05500 RADI OLOGY-THERAPEUTI C	11, 651	0	-	-	1, 136	
	05600 RADI OL SOTOPE	5, 097	0			562	
	06000 LABORATORY	8, 122	0	2, 482		0	
	06300 BLOOD STORING, PROCESSING & TRANS.	2, 926	0			0	
	06500 RESPI RATORY THERAPY	2, 212	0			2,638	
	06600 PHYSI CAL THERAPY	1, 501	0	459		6,006	
	06700 OCCUPATI ONAL THERAPY	575	0	176		787	
	06800 SPEECH PATHOLOGY	0	0	0		419	
	06900 ELECTROCARDI OLOGY	3, 936	0	1, 203	0	1, 577	
	07000 ELECTROENCEPHALOGRAPHY	5, 439			0	624	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		C		0	
00 0	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	c	0	0	72
00	07300 DRUGS CHARGED TO PATIENTS	0	0	C	0	0	73
00 0	03630 ULTRA SOUND	2,366	0	723	0	729	76
	03951 PAIN CLINIC	1, 598	0	488	0	992	76
	03952 CATH LAB	4, 436		1, 356		1, 418	
	03953 ACTIVITY THERAPEUTIC	5, 898	0	1, 802		5, 454	
	03954 WOUND CARE CENTER	0	0	C		589	
	03340 BARIATRIC CLINIC	1, 992	0	609		1, 082	
	03030 HEALTHY LIVING CENTER	0	0	C	-	7	
	03950 CV RESOURCE CENTER	0	0	C	-	11	
	03955 ANTI COAGULATI ON CLINIC	0	0	C	0	508	76
	OUTPATIENT SERVICE COST CENTERS	40.5	-			0.141	1 ~~
	09100 EMERGENCY	12, 591	0	3, 848	0	8, 414	
	09200 OBSERVATION BEDS (NON-DISTINCT PART						92
	SPECIAL PURPOSE COST CENTERS			1			1110
	11300 INTEREST EXPENSE	270 547	1 50/	00.000	00.050	04 000	113
3. 00	SUBTOTALS (SUM OF LINES 1-117)	270, 547	1, 586	80, 983	83, 358	94, 228	1118
	NONREI MBURSABLE COST CENTERS	000		051		1/0	1100
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	823					190
	19200 PHYSI CLANS' PRI VATE OFFI CES	13, 971	0	4, 270	0	7, 325	
	19201 WORKING WELL	0	0		0		192
	07950 RESIDENTIAL	31, 325	0	9, 574	0	9, 726	
		0	0		0		194
	07952 PSYCHI ATRI C	27, 371	396	8, 365	20, 806	8,007	
	07953 CENTER OF HOPE	0	0	0	0	19	194
0.00	Cross Foot Adjustments						200
1.00	Negative Cost Centers	0 344, 037	0 1, 982	C 103, 443	0	0 119, 468	201
2.00	TOTAL (sum lines 118-201)				104, 164		

ALLOCA	TION OF CAPITAL RELATED COSTS		Provi der (		riod: om 01/01/2014 12/31/2014	Date/Time Pre	pared:
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	5/27/2015 6: 2 SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 4. \ 00\\ 5. \ 01\\ 5. \ 02\\ 5. \ 03\\ 5. \ 04\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 13. \ 00 \end{array}$	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00570 ADMITTING 00590 PATIENT ACCOUNTING 00591 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION	37, 645					1.00 2.00 4.00 5.01 5.02 5.03 5.04 6.00 7.00 8.00 9.00 10.00 11.00 13.00
14.00 15.00 16.00 17.00 22.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I & SERVICES-OTHER PRGM COSTS APPRV	1,202 0 240 0 0	163, 050 176 33 0 0	89, 436 0 0	104, 027 0 0	0	1
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	17, 759	4, 562	146	7, 171	0	30.00
31. 00 32. 00 41. 00 42. 00 43. 00	03100 I NTENSI VE CARE UNI T 02060 NEONATAL I NTENSI VE CARE UNI T 04100 SUBPROVI DER – I RF 04200 SUBPROVI DER 04300 NURSERY	3, 931 0 0 0	666 135 641 0 0	55 152 73 0 0	1, 532 748 3, 041 0 748	0 0 0 0	31.00 32.00 41.00 42.00
50.00	ANCI LLARY SERVI CE COST CENTERS	3, 801	3, 882	1, 283	7, 820	0	50.00
50. 01 51. 00 53. 00 54. 00 54. 01 55. 00 56. 00 60. 00	05001 OUTPATI ENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE 06000 LABORATORY	52 1,232 139 0 0 0 0 0	1, 075 198 464 1, 455 238 78 35 0	2, 589 1 3, 311 57 1 0 67, 041 0	2, 583 1, 136 3, 472 10, 567 1, 347 1, 718 1, 915 10, 774	0 0 0 0 0 0 0 0 0 0 0 0 0	50. 01 51. 00 53. 00 54. 00 54. 01 55. 00 56. 00 60. 00
71.00 72.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 03630 ULTRA SOUND	0 0 0 2,237 255 0 0 0 0	0 321 101 8 56 127 69 41, 184 103, 229 0 0 62	0 12 984 0 0 0 0 0 0 0 0 0 0 0	546 2, 791 4, 325 280 2, 669 668 5, 205 3, 969 10, 884 1, 976	0 0 0 0 0 0 0 0 0 0 0	65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00
76.01 76.02 76.03 76.04 76.05 76.06 76.07	03951 PAIN CLINIC 03952 CATH LAB 03953 ACTIVITY THERAPEUTIC 03954 WOUND CARE CENTER 03340 BARIATRIC CLINIC 03030 HEALTHY LIVING CENTER 03950 CV RESOURCE CENTER	0 1, 198 0 0 0 0 0 0	185 1, 956 3 115 24 0 0	45 121 0 1, 125 0 0 0 0	1, 004 5, 790 1, 188 294 95 0 0	0 0 0 0 0 0 0 0	76.01 76.02 76.03 76.04 76.05 76.06 76.07
76. 08	03955 ANTI COAGULATI ON CLINI C OUTPATI ENT SERVI CE COST CENTERS	0	19	11, 772	272	0	76.08
91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS	5, 599	1, 953	668	7, 006	0	91.00 92.00
113.00 118.00	11300 INTEREST EXPENSE	37, 645	163, 050	89, 436	104, 027	0	113. 00 118. 00
192.00 192.01 194.00 194.01 194.02	19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSI CI ANS' PRI VATE OFFI CES 19201 WORKI NG WELL 07950 RESI DENTI AL 07951 OMNI 07952 PSYCHI ATRI C 07953 CENTER OF HOPE		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	190.00 192.00 192.01 194.00 194.01 194.02 194.03
200. 00 201. 00 202. 00	Cross Foot Adjustments Negative Cost Centers	0 0 37, 645	0 0 163, 050	0 0 89, 436	0 104, 027	0	200. 00 201. 00 202. 00

ALLOCATION OF CAPITA	AL RELATED COSTS		Provi der	F	rom 01/01/2014 o 12/31/2014	Date/Time Prepared:
Cost Cer	nter Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		5/27/2015 6:24 pm
		22.00	24.00	25.00	26.00	
	CE COST CENTERS COSTS-BLDG & FIXT					1.00
	COSTS-BEDG & TTXT COSTS-MVBLE EQUIP					2.00
	E BENEFITS DEPARTMENT					4.00
5.01 01160 COMMUNI 0						5.01
5.02 00570 ADMITTIN	NG					5. 02
5. 03 00590 PATI ENT						5.03
1 1	DMINISTRATIVE AND GENERAL					5.04
6. 00 00600 MAI NTENA 7. 00 00700 OPERATI 0						6.00
1 1	& LINEN SERVICE					8.00
9.00 00900 HOUSEKEE						9.00
10.00 01000 DI ETARY						10.00
11.00 01100 CAFETERI						11.00
	ADMI NI STRATI ON					13.00
14.00 01400 CENTRAL 15.00 01500 PHARMACY	SERVICES & SUPPLY					14. 00 15. 00
	RECORDS & LI BRARY					16.00
17.00 01700 SOCIAL S						17.00
	/ICES-OTHER PRGM COSTS APPRV	6, 405				22.00
	TINE SERVICE COST CENTERS					
30.00 03000 ADULTS 8			2, 377, 620			
31.00 03100 I NTENSI \ 32.00 02060 NEONATAL	/E CARE UNIT _ INTENSIVE CARE UNIT		387, 589			31.00 32.00
41. 00 04100 SUBPROVI			33, 324 156, 366			
42.00 04200 SUBPROVI			130, 300			42.00
43.00 04300 NURSERY			8, 080			
	VICE COST CENTERS					
50.00 05000 OPERATI N			1, 345, 681	C		50.00
50. 01 05001 0UTPATI E			323, 830			
51.00 05100 RECOVERY 53.00 05300 ANESTHES			130, 244 115, 295			51.00 53.00
54.00 05400 RADI OLOG			287, 703			54.00
1 1	GY-SPECIAL PROCEDURES		356, 605			54.01
55.00 05500 RADI OLOO			264, 233			
56.00 05600 RADI 0I SC			198, 585			
60.00 06000 LABORATO 63.00 06300 BLOOD ST	JRY FORING, PROCESSING & TRANS.		185, 667 51, 543			60. 00 63. 00
65. 00 06500 RESPI RAT			92, 579			
66. 00 06600 PHYSI CAL			98, 522			66.00
67.00 06700 0CCUPATI	ONAL THERAPY		14, 074	C	14, 074	67.00
68.00 06800 SPEECH F			15, 454			68.00
69.00 06900 ELECTRO			185, 897			
	ENCEPHALOGRAPHY SUPPLIES CHARGED TO PATIENT		102, 044 69, 369			
	EV. CHARGED TO PATIENTS		157, 119			
	HARGED TO PATIENTS		38, 109			
76.00 03630 ULTRA SC			108, 359			
76.01 03951 PAIN CLI			56, 528			
76. 02 03952 CATH LAE 76. 03 03953 ACTIVITY			340, 727 119, 453			
76.04 03954 WOUND CA			6, 088			
76. 05 03340 BARI ATRI			39, 864			76.05
	LIVING CENTER		46			
76.07 03950 CV RESOL			51			
	GULATION CLINIC		15, 211	C	15, 211	76.08
91.00 09100 EMERGENO	RVICE COST CENTERS	1	306, 608	C	306, 608	91.00
92.00 09200 OBSERVAT	FI ON BEDS (NON-DI STI NCT PART			C		92.00
113. 00 11300   NTEREST						113.00
118.00 SUBTOTAL	LS (SUM OF LINES 1-117) LE COST CENTERS	0	7, 988, 467	с	7, 988, 467	118.00
190.00 19000 GIFT, FL	LOWER, COFFEE SHOP & CANTEEN		14, 425			
192.00 19200 PHYSI CI A			281, 018			
192. 01 19201 WORKI NG 194. 00 07950 RESI DENT			0 550 277	-	-	192. 01 194. 00
194. 01 07951 OMNI			559, 277 0			
194. 02 07952 PSYCHI AT	TRI C		487, 017			
· · ·		· · ·		•		

Health Financial Systems FF	RANCISCAN ST. MARGA	RET HEALTH- D	YER	In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Period:	Worksheet B	
				From 01/01/2014 To 12/31/2014		pared:
					5/27/2015 6:2	4 pm
	INTERNS &					
	RESI DENTS					
Cost Center Description	SERVI CES-OTHER	Subtotal	Intern &	Total		
	PRGM COSTS		Residents Cos	t		
	APPRV		& Post			
			Stepdown			
			Adjustments			
	22.00	24.00	25.00	26.00		
194.0307953CENTER OF HOPE		78		0 78		194.03
200.00 Cross Foot Adjustments	6, 405	6, 405		0 6, 405		200.00
201.00 Negative Cost Centers	0	0		0 0		201.00
202.00   TOTAL (sum lines 118-201)	6, 405	9, 336, 687		0 9, 336, 687		202.00

In Lieu of Form CMS-2552-10

				o 12/31/2014	Date/Time Pre 5/27/2015 6:2	24 pn
	CAPI TAL RE	LATED COSTS				
Cost Center Description	BLDG & FI XT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS	COMMUNI CATI ONS (NUMBER OF PHON)	ADMI TTI NG (GROSS CHARGES)	
	1.00	2.00	SALARIES) 4.00	5. 01	5. 02	
GENERAL SERVICE COST CENTERS	1.00	2.00	4.00	5.01	5.02	-
00 00100 CAP REL COSTS-BLDG & FIXT	449, 554	ł				1
00 00200 CAP REL COSTS-MVBLE EQUIP		3, 394, 891				2
00 00400 EMPLOYEE BENEFITS DEPARTMENT	1, 411					4
01 01160 COMMUNI CATI ONS	1, 732				422 040 444	5
02 00570 ADMITTING 03 00590 PATIENT ACCOUNTING	3, 941 845				432, 068, 444 0	
00591 OTHER ADMINISTRATIVE AND GENERAL	16, 964		3, 943, 385		0	
00 00600 MAI NTENANCE & REPAI RS	71, 272		1, 027, 439		0	
00 00700 OPERATION OF PLANT	20, 535		313, 140	10	0	) 7
00 00800 LAUNDRY & LINEN SERVICE	C				0	
00 00900 HOUSEKEEPI NG	5, 389				0	
00 01000 DI ETARY 00 01100 CAFETERIA	4,754				0	
00 01100 CAFETERIA 00 01300 NURSI NG ADMI NI STRATI ON	6, 863 501		,		0	
00 01400 CENTRAL SERVICES & SUPPLY	5, 171				0	
00 01500 PHARMACY	3, 857		1, 698, 589		0	
00 01600 MEDICAL RECORDS & LIBRARY	4, 886	3, 303	919, 914	141	0	
00 01700 SOCIAL SERVICE	C		0		0	
00 02200 I &R SERVICES-OTHER PRGM COSTS APPRV	C	0 0	0	9	0	) 22
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 00 03000 ADULTS & PEDI ATRI CS	96, 656		7 551 007	69	29, 755, 997	
00 03100 INTENSIVE CARE UNIT	90, 050				6, 355, 167	
00 02060 NEONATAL INTENSIVE CARE UNIT	350				3, 102, 755	
00 04100 SUBPROVI DER – I RF	5, 938				12, 619, 732	
00 04200 SUBPROVI DER	C		0		0	
00 04300 NURSERY	C	0 0	787, 241	0	3, 105, 084	43
ANCI LLARY SERVI CE COST CENTERS	1					1
00 05000 OPERATING ROOM	16, 488				32, 450, 171	
01 05001 OUTPATIENT SURGERY 00 05100 RECOVERY ROOM	14, 083 5, 551				10, 718, 328 4, 714, 732	
00 05300 ANESTHESI OLOGY	569				14, 405, 141	
00 05400 RADI OLOGY-DI AGNOSTI C	12, 714				43, 846, 038	
01 05401 RADI OLOGY-SPECI AL PROCEDURES	C		339, 989		5, 588, 010	
00 05500 RADI OLOGY-THERAPEUTI C	11, 272		532, 474	ч О	7, 127, 798	
00 05600 RADI OI SOTOPE	4, 931		282, 061		7, 944, 032	
	7,858				44, 704, 431	
00 06300 BLOOD STORING, PROCESSING & TRANS. 00 06500 RESPIRATORY THERAPY	2,831				2, 265, 196 11, 580, 616	
00 06600 PHYSI CAL THERAPY	1, 452				17, 944, 876	
00 06700 OCCUPATI ONAL THERAPY	556				2, 047, 003	
00 06800 SPEECH PATHOLOGY	C				1, 162, 501	
00 06900 ELECTROCARDI OLOGY	3, 808	3 101, 860	529, 151	22	11, 074, 681	69
00 07000 ELECTROENCEPHALOGRAPHY	5, 262		212, 865	8	2, 771, 946	
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		0		21, 598, 209	
00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	-	0	0	16, 468, 157	
00 07300 DRUGS CHARGED TO PATIENTS 00 03630 ULTRA SOUND	2, 289	-	372, 603		45, 581, 212 8, 200, 243	
01 03951 PAIN CLINIC	1, 546				8, 200, 243 4, 166, 326	
02 03952 CATH LAB	4, 292				24, 026, 962	
03 03953 ACTIVITY THERAPEUTIC	5, 706				4, 929, 849	
04 03954 WOUND CARE CENTER	C	1, 618	215, 478	8 8	1, 219, 033	3 76
05 03340 BARI ATRI C CLI NI C	1, 927				392, 652	
06 03030 HEALTHY LIVING CENTER	0		4, 923		0	
07 03950 CV RESOURCE CENTER	0		4, 999		0	
08 03955 ANTI COAGULATI ON CLINIC OUTPATI ENT SERVICE COST CENTERS	C	318	227, 825	5 O	1, 129, 040	) 76
00 09100 EMERGENCY	12, 182	42, 718	3, 523, 452	2 24	29, 072, 526	91
00 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS			0,020,102			92
3. 00       11300       INTEREST       EXPENSE         3. 00       SUBTOTALS       (SUM OF LINES 1-117)         NONREI MBURSABLE	378, 453	3, 364, 432	42, 797, 704	865	432, 068, 444	113 118
0. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	796		18, 803	3 5	0	)
2. 00 19200 PHYSI CLANS' PRI VATE OFFICES	13, 517					192
2. 01 19201 WORKI NG WELL	0,017		0,000,001			192
I. 00 07950 RESI DENTI AL	30, 307	16, 966	1, 730, 501	47	0	194
I. 01 07951 OMNI	( C	0 0	0	0 0		194
I. 02 07952 PSYCHI ATRI C	26, 481	5, 460	0	93	0	194

Health Finar	ncial Systems FRAN	CISCAN ST. MARG	GARET HEALTH- D	YER	In Lie	u of Form CMS-	2552-10
COST ALLOCA	TION - STATISTICAL BASIS		Provi der		Period:	Worksheet B-1	
					From 01/01/2014 To 12/31/2014		
		CAPI TAL REI	LATED COSTS				
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS	COMMUNI CATI ONS	ADMI TTI NG (GROSS	
				DEPARTMENT (GROSS	(NUMBER OF PHON)	CHARGES)	
		1.00	2.00	SALARIES)	F 01	E 02	
104 02 07053	CENTER OF HOPE	1.00	2.00	4.00	5.01	5.02	194.03
200.00	Cross Foot Adjustments			7,00	1 0	0	200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5, 774, 181	3, 562, 506	15, 728, 20	3 878, 576	1, 256, 596	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.844243	1.049373	0. 32624	8 797. 255898	0. 002908	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			21, 30	1 23, 207	58, 769	204.00
205.00	Unit cost multiplier (Wkst. B, Part   )			0. 00044	2 21. 058984	0. 000136	205.00

	- STATI STI CAL BASI S		TOVIDE	F	eriod: rom 01/01/2014 o 12/31/2014	Worksheet B-1 Date/Time Pre	
						5/27/2015 6:2	
Cost	Center Description	PATIENT R ACCOUNTING (GROSS	econciliation	OTHER ADMI NI STRATI VE AND GENERAL	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		CHARGES)		(ACCUM. COST)	. ,	. ,	
GENERAL SE	RVICE COST CENTERS	5.03	5A. 04	5.04	6.00	7.00	
	REL COSTS-BLDG & FIXT						1 1
00 00200 CAP	REL COSTS-MVBLE EQUIP						2
00 00400 EMPL 01 01160 COMM	DYEE BENEFITS DEPARTMENT						4
02 00570 ADMI							5
	ENT ACCOUNTING	432, 068, 444					5
	R ADMINISTRATIVE AND GENERAL	0	-19, 625, 693				5
	TENANCE & REPAIRS ATION OF PLANT	0	0	4, 501, 532			6
	DRY & LINEN SERVICE	0	0	3, 772, 846 350, 462	20, 535 0	332, 854 0	
00900 HOUS		0	0	1, 889, 737	5, 389		
. 00  01000  DI ET		0	0	811, 092			10
. 00 01100 CAFE		0	0	510, 450			
	I NG ADMI NI STRATI ON RAL SERVI CES & SUPPLY	0	0	1, 724, 421 1, 058, 693	501 5, 171	501 5, 171	
. 00 01500 PHAR		0	0	3, 243, 516		3, 857	
	CAL RECORDS & LI BRARY	0	0	1, 863, 368	4, 886	4, 886	16
. 00 01700 SOCI		0	0	0	0	0	
	SERVICES-OTHER PRGM COSTS APPRV ROUTINE SERVICE COST CENTERS	0	0	1, 099, 029	0	0	22
	TS & PEDIATRICS	29, 755, 997	0	12, 419, 686	96, 656	96, 656	30
	NSIVE CARE UNIT	6, 355, 167	0	2, 638, 413		9, 931	
	ATAL INTENSIVE CARE UNIT	3, 102, 755	0	1, 571, 122			
	ROVIDER - IRF	12, 619, 732	0	3, 550, 916			
. 00 04200 SUBP . 00 04300 NURS		0 3, 105, 084	0	0 1, 141, 197	0		
	SERVICE COST CENTERS	3, 103, 004	0	1, 141, 177	0	0	1 73
. 00 05000 OPER	ATING ROOM	32, 450, 171	0	4, 652, 363	16, 488	16, 488	50
	ATI ENT SURGERY	10, 718, 328	0	1, 728, 930			
00 05100 RECO		4, 714, 732	0	800, 602		5, 551	
. 00  05300 ANES . 00  05400 RADI	DLOGY-DI AGNOSTI C	14, 405, 141 43, 846, 038	0	2, 983, 308 3, 058, 349			
	DLOGY-SPECIAL PROCEDURES	5, 588, 010	0	1, 287, 267	0	0	
	OLOGY-THERAPEUTI C	7, 127, 798	0	1, 167, 588		11, 272	
. 00 05600 RADI		7, 944, 032	0	871,689		4, 931	
. 00  06000 LAB0 . 00  06300 BL00	D STORING, PROCESSING & TRANS.	44, 704, 431 2, 265, 196	0	5, 156, 683 485, 000		7, 858 2, 831	
	I RATORY THERAPY	11, 580, 616	0	1, 670, 162			
. 00 06600 PHYS	I CAL THERAPY	17, 944, 876	0	6, 517, 184			
	PATIONAL THERAPY	2,047,003	0	469, 949			
. 00 06800 SPEE . 00 06900 ELEC		1, 162, 501 11, 074, 681	0	307, 177 958, 372	0 3, 808		68
	TROCARDI OLOGI TROENCEPHALOGRAPHY	2, 771, 946	0	399, 543		5, 262	
	CAL SUPPLIES CHARGED TO PATIENT	21, 598, 209	0	3, 410, 688		0	
	DEV. CHARGED TO PATIENTS	16, 468, 157	0	8, 329, 741	0	0	
	S CHARGED TO PATIENTS	45, 581, 212	0	3, 418, 299		0	
. 00 03630 ULTR . 01 03951 PAI N		8, 200, 243 4, 166, 326	0	643, 705 650, 599			
02 03952 CATH		24, 026, 962	0	1, 849, 289			
. 03 03953 ACTI	VI TY THERAPEUTI C	4, 929, 849	0	2, 542, 425			
	D CARE CENTER	1, 219, 033	0	317, 358		0	
	ATRIC CLINIC THY LIVING CENTER	392, 652	0	625, 005 6, 529		1, 927 0	
	ESOURCE CENTER	0	0	6, 695		0	
	COAGULATION CLINIC	1, 129, 040	0	355, 589		0	
	SERVICE COST CENTERS						
00 09100 EMER		29, 072, 526	0	4, 444, 288	12, 182	12, 182	
	RVATION BEDS (NON-DISTINCT PART RPOSE COST CENTERS						92
3. 00 11300 I NTE							1113
3. 00 SUBT	OTALS (SUM OF LINES 1-117)	432, 068, 444	-19, 625, 693	101, 260, 856	282, 288	261, 753	
	SABLE COST CENTERS				=-		
	, FLOWER, COFFEE SHOP & CANTEEN	0	0	122, 071 5 964 196	796		190
2. 00 19200 PHYS 2. 01 19201 WORK	ICIANS' PRIVATE OFFICES	0	0	5, 864, 186 0	13, 517		192
4. 00 07950 RESI		0	0	3, 104, 462	-	30, 307	
4.01079510MNI		0	0	0	0	0	194
4. 02 07952 PSYC		0	0	420, 003		26, 481	
4. 03 07953 CENT 0. 00 Cros		0	0	9, 941	0	0	194 200
U. UUI I UEOS	s Foot Adjustments						200

Heal th Fi	nancial Systems FRANC	CISCAN ST. MARG	GARET HEALTH- D	YER	In Lie	eu of Form CMS-:	2552-10
COST ALL	OCATION - STATISTICAL BASIS		Provi der		Period: From 01/01/2014	Worksheet B-1	
						Date/Time Pre 5/27/2015 6:2	
	Cost Center Description	PATI ENT	Reconciliation	OTHER	MAINTENANCE &	OPERATION OF	
		ACCOUNTI NG		ADMI NI STRATI VI	E REPAI RS	PLANT	
		(GROSS		AND GENERAL	(SQUARE FEET)	(SQUARE FEET)	
		CHARGES)		(ACCUM. COST)			
		5.03	5A. 04	5.04	6.00	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1, 253, 566	5	19, 625, 69	3 5, 299, 010	4, 749, 151	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 002901		0. 17715	7 14. 994836	14. 267970	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15, 217	7	626, 47	4 959, 255	344, 037	204.00
205.00	Unit cost multiplier (Wkst. B, Part	0. 000035	5	0.00565	2. 714445	1. 033597	205.00

1.00	Cost Center Description	LAUNDRY &		Te	rom 01/01/2014 o 12/31/2014	Date/Time Pre	pared:
1.00	Cost Center Description	LAUNDRY &				5/27/2015 6:2	4 nm
1.00		LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DI ETARY (PATI ENT MEALS)	CAFETERIA (HOURS WORKED)	NURSI NG ADMI NI STRATI ON (DI RECT	τ pin
1.00		8.00	9.00	10.00	11.00	NRSI NG) 13.00	
	GENERAL SERVICE COST CENTERS						
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00570 ADMITTING 00590 PATIENT ACCOUNTING 00591 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01500 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I&R SERVICES-OTHER PRGM COSTS APPRV INPATIENT ROUTINE SERVICE COST CENTERS	614, 243 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	327, 465 4, 754 6, 863 501 5, 171 3, 857 4, 886 0 0	255, 675 0 0 0 0 0 0 0 0	63, 935 1, 577 1, 496 1, 929 2, 012 0 0	26, 247 838 0 167 0 0	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 11.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 22.\ 00\\ \end{array}$
	03000 ADULTS & PEDIATRICS	405, 787	96, 656	168, 907	14, 249	12, 382	30. 00
	03100 INTENSIVE CARE UNIT	32, 825	9, 931 350	13, 663	2, 259 916	2, 741	31.00 32.00
	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	10, 960 41, 981	5, 938	4, 562 17, 474	1, 398	0	41.00
42.00	04200 SUBPROVI DER	0	0	0	0	0	42.00
	04300 NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0	16, 488	0	2, 176	2,650	50.00
	05001 OUTPATI ENT SURGERY	0	14, 083	0	1, 218	36	50.01
	05100 RECOVERY ROOM	0	5, 551	0	562	859	51.00
	05300 ANESTHESI OLOGY	0	569	0	100	97	53.00
	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY-SPECI AL PROCEDURES	0	12, 714	0	2, 443 457	0	54.00 54.01
	05500 RADI OLOGY-THERAPEUTI C	0	11, 272	0	608	0	55.00
	05600 RADI OI SOTOPE	0	4, 931	0	301	0	56.00
	06000 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	7, 858 2, 831	0	0	0	60.00 63.00
	06500 RESPI RATORY THERAPY	0	2, 031	0	1, 412	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	1, 452	0		0	66.00
	06700 OCCUPATI ONAL THERAPY	0	556	0		0	
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0	0 3, 808	0	224 844	0 1, 560	68.00 69.00
	07000 ELECTROENCEPHALOGRAPHY	0	5, 262	0	334	1, 300	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72.00
	03630 ULTRA SOUND	0	2, 289	0	390	0	73.00 76.00
	03951 PAIN CLINIC	0	1, 546	0	531	0	76.01
	03952 CATH LAB	0	4, 292	0	759	835	76.02
	03953 ACTIVITY THERAPEUTIC 03954 WOUND CARE CENTER	0	5, 706	0	2, 919 315	0	76. 03 76. 04
	03340 BARI ATRI C CLI NI C	0	1, 927	0	579	0	76.04
	03030 HEALTHY LIVING CENTER	0	0	0	4	0	76.06
	03950 CV RESOURCE CENTER	0	0	0	6	0	76.07
-	03955 ANTICOAGULATION CLINIC OUTPATIENT SERVICE COST CENTERS	0	0	0	272	0	76. 08
	09100 EMERGENCY	0	12, 182	0	4, 503	3, 904	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS						92.00
113.00 118.00	11300 I NTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	491, 553	256, 364	204, 606	50, 428	26, 247	113. 00 118. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	796	0	87	0	190. 00
	19200 PHYSI CI ANS' PRI VATE OFFI CES	0	13, 517	0	3, 920		192.00
	19201 WORKI NG WELL 07950 RESI DENTI AL	0	0 30, 307	0	0 5, 205		192. 01 194. 00
	07950 RESIDENTIAL 07951 OMNI	0	30, 307 0	0	5, 205 0		194.00 194.01
	07952 PSYCHI ATRI C	122, 690	26, 481	51,069	4, 285	0	194. 02
	07953 CENTER OF HOPE		0	0	10	0	194.03

Heal th F	inancial Systems FRAN	CISCAN ST. MARG	ARET HEALTH- D'	YER	In Lie	u of Form CMS-2	2552-10
COST ALL	LOCATION - STATISTICAL BASIS		Provi der		Period:	Worksheet B-1	
					From 01/01/2014 Fo 12/31/2014	Date/Time Pre 5/27/2015 6:2	
	Cost Center Description	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	NURSI NG	
		LINEN SERVICE	(SQUARE FEET)	(PATI ENT	(HOURS WORKED)	ADMI NI STRATI ON	
		(POUNDS OF		MEALS)			
		LAUNDRY)				(DI RECT	
						NRSI NG)	
		8.00	9.00	10.00	11.00	13.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	412, 549	2, 382, 214	1, 128, 482	2 851, 637	2, 069, 225	202.00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 671638	7. 274713	4. 413736	5 13. 320357	78. 836629	203.00
204.00	Cost to be allocated (per Wkst. B,	1, 982	103, 443	104, 164	119, 468	37, 645	204.00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	0.003227	0. 315890	0. 407408	1. 868585	1.434259	205.00
	, -					•	•

	Financial Systems FRANC LLOCATION - STATISTICAL BASIS	CISCAN ST. MARGA			In Lieu Period:	u of Form CMS-2 Worksheet B-1	2552-10
				F	rom 01/01/2014 o 12/31/2014	Date/Time Pre	
						5/27/2015 6:2 INTERNS &	4 pm
	Cost Center Description	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI SI)	MEDI CAL RECORDS & LI BRARY (GROSS CHARGES)	SOCI AL SERVI CE (GROSS CHARGES)	PRGM COSTS APPRV (ASSI GNED TI ME)	
	GENERAL SERVICE COST CENTERS	14.00	15.00	16.00	17.00	22.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS 00570 ADMITTI NG 00590 PATI ENT ACCOUNTI NG 00591 OTHER ADMINISTRATI VE AND GENERAL 00600 MAI NTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSI NG ADMINISTRATI ON 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCIAL SERVICE	13, 006, 065 14, 012 2, 609 0	296, 955 0 0	432, 068, 444	432, 068, 444		$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ \end{array}$
22.00	02200 I & R SERVICES-OTHER PRGM COSTS APPRV I NPATI ENT ROUTI NE SERVICE COST CENTERS	0	0		0	5, 280	22.00
30.00 31.00 32.00 41.00 42.00 43.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF 04200 SUBPROVIDER 04300 NURSERY	363, 928 53, 115 10, 799 51, 171 0 0	485 183 506 244 0 0	29, 755, 997 6, 355, 167 3, 102, 755 12, 619, 732 3, 105, 084	6, 355, 167 3, 102, 755 12, 619, 732 0	5, 080 0 0 0 0 0 0	30.00 31.00 32.00 41.00 42.00 43.00
50.00	ANCI LLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM	309, 658	4, 259	32, 450, 171	32, 450, 171	70	50.00
65.00	05001 OUTPATI ENT SURGERY 05100 RECOVERY ROM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY-SPECI AL PROCEDURES 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 OCCUPATI ONAL THERAPY 06600 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 03630 ULTRA SOUND 03951 PAI N CLI NI C 03952 CATH LAB 03953 ACTI VI TY THERAPEUTI C 03954 WOUND CARE CENTER 03950 CV RESOURCE CENTER 03950 CV RESOURCE CENTER 03955 ANTI COAGULATI ON CLI NI C 01000 ENTERDED 01000 CLI NI C	$\begin{array}{c} 85, 768\\ 15, 829\\ 37, 013\\ 116, 053\\ 19, 005\\ 6, 198\\ 2, 776\\ 0\\ 0\\ 25, 630\\ 8, 071\\ 674\\ 4, 432\\ 10, 170\\ 5, 509\\ 3, 285, 224\\ 8, 234, 078\\ 8, 234, 078\\ 8, 234, 078\\ 0\\ 4, 923\\ 14, 735\\ 156, 049\\ 230\\ 9, 193\\ 1, 907\\ 0\\ 0\\ 0\\ 1, 539\end{array}$	8, 596 3 10, 992 2 0 222, 600 0 39 3, 268 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10, 718, 328 4, 714, 732 14, 405, 141 43, 846, 038 5, 588, 010 7, 127, 798 7, 944, 032 44, 704, 431 2, 265, 196 11, 580, 616 17, 944, 876 2, 047, 003 1, 162, 501 11, 074, 681 2, 771, 946 21, 598, 205 16, 468, 155 45, 581, 212 8, 200, 243 4, 166, 326 24, 026, 962 4, 929, 845 1, 219, 033 392, 652 0 1, 129, 040	$\begin{array}{c} 4, 714, 732\\ 14, 405, 141\\ 43, 846, 038\\ 5, 588, 010\\ 7, 127, 798\\ 7, 944, 032\\ 44, 704, 431\\ 2, 265, 196\\ 11, 580, 616\\ 17, 944, 876\\ 2, 047, 003\\ 1, 162, 501\\ 11, 074, 681\\ 2, 771, 946\\ 21, 598, 209\\ 16, 468, 157\\ 45, 581, 212\\ 8, 200, 243\\ 4, 166, 326\\ 24, 026, 962\\ 4, 929, 849\\ 1, 219, 033\\ 392, 652\\ 0\\ 0\\ \end{array}$		65.00
91.00	OUTPATIENT SERVICE COST CENTERS 09100 EMERGENCY	155, 767	2, 217	29, 072, 526	29, 072, 526	130	91.00
92.00	09200 OBSERVATI ON BEDS (NON-DI STINCT PART SPECI AL PURPOSE COST CENTERS		· · ·				92.00
113.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	13, 006, 065	296, 955	432, 068, 444	432, 068, 444	5, 280	113.00
192.00 192.01 194.00 194.01	19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSI CI ANS' PRI VATE OFFI CES 19201 WORKI NG WELL 07950 RESI DENTI AL 07951 OMNI 07952 PSYCHI ATRI C	0 0 0 0 0 0	0 0 0 0 0		0 0 0 0	0 0 0 0	190. 00 192. 00 192. 01 194. 00 194. 01 194. 02

Health Fin	ancial Systems FRANC	CISCAN ST. MARG	ARET HEALTH- D'	YER	In Lie	u of Form CMS-:	2552-10
COST ALLO	CATION - STATISTICAL BASIS		Provi der		Period:	Worksheet B-1	
					From 01/01/2014 To 12/31/2014		
						INTERNS &	
						RESI DENTS	
	Cost Center Description	CENTRAL	PHARMACY	MEDICAL	SOCI AL SERVI CE		
		SERVICES &	(COSTED	RECORDS &		PRGM COSTS	
		SUPPLY	REQUI SI )	LI BRARY	(GROSS	APPRV	
		(COSTED		(GROSS	CHARGES)	(ASSI GNED	
		REQUIS.)		CHARGES)		TIME)	
		14.00	15.00	16.00	17.00	22.00	
194.03079	53 CENTER OF HOPE	0	0	(	0 0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	1, 521, 176	3, 986, 388	2, 412, 27	1 0	1, 293, 730	202.00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 116959	13. 424216	0.005583	0. 000000	245. 024621	203.00
204.00	Cost to be allocated (per Wkst. B,	163, 050	89, 436	104, 02	7 0	6, 405	204.00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	0. 012536	0. 301177	0.00024	0. 000000	1.213068	205.00
						•	•

	I OF RATIO OF COSTS TO CHARGES	ICT SCAN ST. MARG		CCN: 150090	Period:	Worksheet C	2552-10
					From 01/01/2014 To 12/31/2014	Part I Date/Time Pre	pared:
						5/27/2015 6:2	4 pm
			Titl	e XVIII	Hospi tal	PPS	
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		<u>26)</u> 1.00	2.00	3.00	4.00	5.00	
	TIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	-
	D ADULTS & PEDIATRICS	20, 550, 678		20, 550, 67	8 0	20, 550, 678	30.00
	DINTENSIVE CARE UNIT	3, 841, 364		3, 841, 36			
	D NEONATAL INTENSIVE CARE UNIT	1, 927, 321		1, 927, 32			
	D SUBPROVIDER - IRF	4, 600, 606		4, 600, 60			
	D SUBPROVI DER	4,000,000			0 0		1
	D NURSERY	1, 360, 704		1, 360, 70		-	
	LARY SERVICE COST CENTERS	1, 300, 704	I	1, 300, 70	<del>ا</del>	1, 300, 704	45.00
	O OPERATI NG ROOM	6, 591, 454		6, 591, 45	4 0	6, 591, 454	50.00
	1 OUTPATI ENT SURGERY	2, 754, 108		2, 754, 10			1
	D RECOVERY ROOM	1, 248, 674		1, 248, 67			
	O ANESTHESI OLOGY	3, 773, 902		3, 773, 90		3, 773, 902	
	D RADI OLOGY-DI AGNOSTI C	4, 358, 153		4, 358, 15		4, 358, 153	
	1 RADI OLOGY-SPECI AL PROCEDURES	1, 554, 850		1, 554, 85		1, 554, 850	
	D RADI OLOGY-THERAPEUTI C	1, 834, 904		1, 834, 90		1, 834, 904	
	D RADI OI SOTOPE	4, 243, 196		4, 243, 19			
	DLABORATORY	6, 606, 922		6, 606, 92			
	D BLOOD STORING, PROCESSING & TRANS.	687,006		687,00			
	RESPIRATORY THERAPY	2, 131, 218					
	D PHYSI CAL THERAPY	7, 912, 614					
67.00 06700	OCCUPATIONAL THERAPY	590, 634					
	SPEECH PATHOLOGY	371, 588		371, 58			
	D ELECTROCARDI OLOGY	1, 464, 534		1, 464, 53			1
	DELECTROENCEPHALOGRAPHY	697, 188		697, 18			
	MEDICAL SUPPLIES CHARGED TO PATIENT	4, 519, 735		4, 519, 73			
	IMPL. DEV. CHARGED TO PATIENTS	10, 860, 406		10, 860, 40		10, 860, 406	72.00
	D DRUGS CHARGED TO PATIENTS	4, 278, 387		4, 278, 38			
76.00 03630	ULTRA SOUND	892, 929		892, 92			
76.01 0395	1 PAIN CLINIC	856, 388		856, 38	8 0	856, 388	76.01
76.02 03952	2 CATH LAB	2, 567, 452		2, 567, 45	2 0	2, 567, 452	76.02
76.03 03953	3 ACTIVITY THERAPEUTIC	3, 267, 749		3, 267, 74	9 0	3, 267, 749	76.03
	4 WOUND CARE CENTER	435, 810		435, 81			
76.05 03340	BARIATRIC CLINIC	816, 263		816, 26	3 0	816, 263	76.05
76.06 03030	HEALTHY LIVING CENTER	7, 739		7, 73	9 0	7, 739	76.06
76.07 03950	O CV RESOURCE CENTER	7, 961		7,96	1 0	7, 961	76.07
76.08 03955	5 ANTICOAGULATION CLINIC	953, 375		953, 37	5 0	953, 375	
OUTPA	ATIENT SERVICE COST CENTERS		_			_	
	DEMERGENCY	6, 254, 776		6, 254, 77	6 14, 224	6, 269, 000	91.00
92.00 09200	O OBSERVATION BEDS (NON-DISTINCT PART	2, 154, 660		2, 154, 66	0	2, 154, 660	92.00
	AL PURPOSE COST CENTERS	-			-1		
	DINTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	116, 975, 248					
201.00	Less Observation Beds	2, 154, 660		2, 154, 66		2, 154, 660	
202.00	Total (see instructions)	114, 820, 588	0	114, 820, 58	8 60, 037	114, 880, 625	202.00

Health Fir	nancial Systems FRAN	CISCAN ST. MARG	ARET HEALTH- D	YER	In Lie	eu of Form CMS-:	2552-10
COMPUTATI	ON OF RATIO OF COSTS TO CHARGES		Provi der		Peri od:	Worksheet C	
					From 01/01/2014	Part I	
					To 12/31/2014		epared:
			T; +1	e XVIII	Hospi tal	5/27/2015 6:2 PPS	4 pili
						PP3	
	Cast Castan Description	Inpatient	Charges	Total (ask (	Cost or Other	TEFRA	
	Cost Center Description	Inpatrent	Outpati ent	+ col. 7	Ratio	Inpatient	
				+ COL. 7)	Ratio	Ratio	
		6.00	7.00	8.00	9.00	10.00	
LND	PATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	8.00	9.00	10.00	
	DOO ADULTS & PEDIATRICS	26, 726, 409		26, 726, 40	0		30,00
	100 INTENSIVE CARE UNIT	6, 355, 167		6, 355, 16			31.00
	DOO NEONATAL INTENSIVE CARE UNIT						32.00
		3, 102, 755		3, 102, 75			
	100 SUBPROVIDER - IRF	12, 619, 732		12, 619, 73	2		41.00
	200 SUBPROVI DER	0 405 004		0 405 00	0		42.00
	300 NURSERY	3, 105, 084		3, 105, 08	4		43.00
	CILLARY SERVICE COST CENTERS	17 507 100	14 040 070	22 450 17	1 0 000105	0.00000	50.00
	DOO OPERATING ROOM	17, 507, 192	14, 942, 979				
	001 OUTPATI ENT SURGERY	3, 997, 908	6, 720, 420				
	100 RECOVERY ROOM	2, 397, 609	2, 317, 123				
	300 ANESTHESI OLOGY	6, 165, 091	8, 240, 050				
	400 RADI OLOGY-DI AGNOSTI C	14, 873, 433	28, 972, 605			0.000000	•
	401 RADI OLOGY-SPECI AL PROCEDURES	2, 140, 989	3, 447, 021				•
	500 RADI OLOGY-THERAPEUTI C	368, 504	6, 759, 294				•
	500 RADI OI SOTOPE	1, 413, 157	6, 530, 875				
	DOO LABORATORY	22, 532, 684	22, 171, 747			0. 000000	
	300 BLOOD STORING, PROCESSING & TRANS.	1, 990, 358	274, 838	2, 265, 19	6 0. 303288		
65.00 065	500 RESPI RATORY THERAPY	10, 988, 427	592, 189	11, 580, 61	6 0. 184033	0.000000	65.00
	500 PHYSI CAL THERAPY	7, 034, 157	10, 910, 719	17, 944, 87	6 0. 440940		
67.00 067	700 OCCUPATI ONAL THERAPY	2,017,764	29, 239	2, 047, 00	3 0. 288536	0.000000	67.00
68.00 068	BOO SPEECH PATHOLOGY	658, 999	503, 502	1, 162, 50	0. 319645	0.000000	68.00
69.00 069	POO ELECTROCARDI OLOGY	5, 187, 796	5, 886, 885	11, 074, 68	0. 132242	0.000000	69.00
70.00 070	DOO ELECTROENCEPHALOGRAPHY	343, 059	2, 428, 887	2, 771, 94	6 0. 251516	0.000000	70.00
71.00 071	100 MEDICAL SUPPLIES CHARGED TO PATIENT	15, 236, 010	6, 362, 199	21, 598, 20	9 0. 209264	0.000000	71.00
72.00 072	200 IMPL. DEV. CHARGED TO PATIENTS	10, 589, 110	5, 879, 047	16, 468, 15	7 0. 659479	0.000000	72.00
73.00 073	300 DRUGS CHARGED TO PATIENTS	36, 982, 738	8, 598, 474	45, 581, 21	2 0. 093863	0. 000000	73.00
76.00 036	530 ULTRA SOUND	2, 389, 047	5, 811, 196	8, 200, 24	3 0. 108891	0. 000000	76.00
76.01 039	951 PAIN CLINIC	28, 710	4, 137, 616	4, 166, 32	6 0. 205550	0. 000000	76.01
76.02 039	952 CATH LAB	8, 825, 103	15, 201, 859	24, 026, 96	2 0. 106857	0. 000000	76.02
	953 ACTIVITY THERAPEUTIC	2, 423, 514	2, 506, 335				
	954 WOUND CARE CENTER	7, 297	1, 211, 736				
	340 BARI ATRI C CLI NI C	185	392, 467				
	D30 HEALTHY LIVING CENTER	0	0,2,10,		0.000000		
	950 CV RESOURCE CENTER	0	0		0.000000		
	955 ANTI COAGULATI ON CLINIC	1,851	1, 127, 189			0. 000000	
	IPATIENT SERVICE COST CENTERS	1,001	1,127,107	1,127,04	0 0.044412	0.000000	/0.00
	100 EMERGENCY	8, 339, 374	20, 733, 152	29, 072, 52	6 0. 215144	0.00000	91.00
	200 OBSERVATION BEDS (NON-DISTINCT PART	1, 084, 129	1, 945, 459				•
	ECIAL PURPOSE COST CENTERS	1,004,129	1, 743, 437	5,027,00	0.711200	0.00000	72.00
	300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	237, 433, 342	194, 635, 102	432, 068, 44	4		200.00
200.00	Less Observation Beds	231,433,342	174,030,102	432,000,44	7		200.00
201.00	Total (see instructions)	237, 433, 342	194, 635, 102	432, 068, 44	4		201.00
202.00	Total (See Thistine trons)	237,433,342	174,030,102	432,000,44	4	ł	1202.00

Health Financial Systems	FRANCI SCAN ST. MARGARET	HEALTH- DYER	In Lie	u of Form CMS-2552-1
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090	Peri od:	Worksheet C
			From 01/01/2014	Part I
			To 12/31/2014	Date/Time Prepared: 5/27/2015 6:24 pm
		Title XVIII	Hospi tal	PPS
Cost Center Description	PPS Inpatient		nospi tui	113
	Ratio			
	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDIATRICS				30.0
31. 00 03100 I NTENSI VE CARE UNI T				31.0
32. 00 02060 NEONATAL INTENSIVE CARE UNIT				32.0
41. 00 04100 SUBPROVIDER - IRF				41.0
42. 00 04200 SUBPROVI DER				42.0
43. 00 04300 NURSERY				43.0
ANCI LLARY SERVI CE COST CENTERS				10.0
50. 00 05000 OPERATING ROOM	0. 203125			50.0
50. 01 05001 OUTPATI ENT SURGERY	0. 258141			50.0
51. 00 05100 RECOVERY ROOM	0. 264845			51.0
53. 00 05300 ANESTHESI OLOGY	0. 261983			53.0
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0. 099397			54.0
54. 01 05400 RADIOLOGY-DIAGNOSTIC	0. 278248			54.0
55. 00 05500 RADI OLOGY-SPECIAL PROCEDURES	0. 278248			55.0
56. 00 05600 RADI OLOGI - THERAPEUTI C	0. 534136			56.0
60. 00 06000 LABORATORY	0. 148185			60.0
63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 65. 00 06500 RESPI RATORY THERAPY	0. 303288 0. 184033			63. 0 65. 0
				66.0
	0. 441515			
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0. 288536			67.0
	0. 319645			68.0
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 132242 0. 253039			69.0
				70.0
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIEN	1			71.0
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 659479			72.0
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 093863			73.0
76.00 03630 ULTRA SOUND	0. 108891			76.0
76. 01 03951 PALN CLINIC	0. 205550			76.0
76. 02 03952 CATH LAB	0. 106857			76.0
76.03 03953 ACTIVITY THERAPEUTIC	0. 662850			76.0
76.04 03954 WOUND CARE CENTER	0. 358274			76.0
76. 05 03340 BARI ATRI C CLI NI C	2. 078846			76.0
76.06 03030 HEALTHY LIVING CENTER	0. 000000			76.0
76. 07 03950 CV RESOURCE CENTER	0. 000000			76.0
76. 08 03955 ANTI COAGULATI ON CLINIC	0. 844412			76.0
	0.045(00)			
91.00 09100 EMERGENCY	0. 215633			91.0
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PAR	et 0. 711206			92.0
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.0
200.00 Subtotal (see instructions)				200. 0
201.00 Less Observation Beds				201.0
202.00  Total (see instructions)	I I			202.0

Health Financial Systems FF	RANCISCAN ST. MARG	ARET_HEALTH- D	YER	In Lie	u of Form CMS-2	2552-1
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der	CCN: 150090	Peri od:	Worksheet C	
			1	From 01/01/2014	Part I	
				To 12/31/2014		
					5/27/2015 6: 2	4 pm
		Tit	le XIX	Hospi tal	Cost	
				Costs		
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
· · · · · · · · · · · · · · · · · · ·	(from Wkst. B,	Adj .		Di sal I owance		
	Part I, col.	, iaj i		Di Gai i Gilanoo		
	26)					
		2.00	2.00	4.00	E 00	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS			00.550.47		00.550.(70	
30. 00 03000 ADULTS & PEDI ATRI CS	20, 550, 678		20, 550, 67			
31. 00 03100 INTENSIVE CARE UNIT	3, 841, 364		3, 841, 36			
32.00 02060 NEONATAL INTENSIVE CARE UNIT	1, 927, 321		1, 927, 32	1 0	1, 927, 321	32.00
41. 00 04100 SUBPROVIDER - IRF	4, 600, 606		4, 600, 60	6 0	4, 600, 606	41.00
42. 00 04200 SUBPROVI DER	0			0 0		
43. 00 04300 NURSERY	1, 360, 704		1, 360, 70		-	
ANCI LLARY SERVI CE COST CENTERS	1, 300, 704		1, 300, 70		1, 300, 704	+5.00
	( 501 454		( 501 45	4	( 501 454	
50. 00 05000 OPERATI NG ROOM	6, 591, 454		6, 591, 45			
50. 01 05001 OUTPATI ENT SURGERY	2, 754, 108		2, 754, 10			
51.00 05100 RECOVERY ROOM	1, 248, 674		1, 248, 67	4 0	1, 248, 674	51.00
53. 00 05300 ANESTHESI OLOGY	3, 773, 902		3, 773, 90	2 0	3, 773, 902	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	4, 358, 153		4, 358, 15	3 0	4, 358, 153	54.00
54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	1, 554, 850		1, 554, 85		1, 554, 850	
55. 00 05500 RADI OLOGY-THERAPEUTI C	1, 834, 904		1, 834, 90			
					.,	
56. 00 05600 RADI 0I SOTOPE	4, 243, 196		4, 243, 19		., = ,	
60. 00 06000 LABORATORY	6, 606, 922		6, 606, 92			
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	687,006		687,00	6 0	687, 006	63.00
65. 00 06500 RESPI RATORY THERAPY	2, 131, 218	0	2, 131, 21	8 0	2, 131, 218	65.00
66. 00 06600 PHYSI CAL THERAPY	7, 912, 614	0	7, 912, 61	4 10, 311	7, 922, 925	66.00
67.00 06700 OCCUPATIONAL THERAPY	590, 634	0				
68. 00 06800 SPEECH PATHOLOGY	371, 588	0				
		0				
59. 00 06900 ELECTROCARDI OLOGY	1, 464, 534		1, 464, 53		.,	
70. 00 07000 ELECTROENCEPHALOGRAPHY	697, 188		697, 18		701, 411	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4, 519, 735		4, 519, 73	5 0	4, 519, 735	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	10, 860, 406		10, 860, 40	6 0	10, 860, 406	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4, 278, 387		4, 278, 38	7 0	4, 278, 387	73.00
76.00 03630 ULTRA SOUND	892, 929		892, 92			
76. 01 03951 PAIN CLINIC	856, 388		856, 38			
				-		
76. 02 03952 CATH LAB	2, 567, 452		2, 567, 45			
76. 03 03953 ACTIVITY THERAPEUTIC	3, 267, 749		3, 267, 74			
76.04 03954 WOUND CARE CENTER	435, 810		435, 81			
76. 05 03340 BARI ATRI C CLI NI C	816, 263		816, 26	3 0	816, 263	76.05
76.06 03030 HEALTHY LIVING CENTER	7, 739		7,73	9 0	7, 739	76.06
76. 07 03950 CV RESOURCE CENTER	7, 961		7,96			
76.08 03955 ANTI COAGULATI ON CLINIC	953, 375		953, 37			
OUTPATIENT SERVICE COST CENTERS	755, 575		,55,57	<u> </u>	755, 575	1,0.00
	( )54 77(		4 254 77	14 004	( )(0,000	01 00
91.00 09100 EMERGENCY	6, 254, 776		6, 254, 77			
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	2, 154, 660		2, 154, 66	0	2, 154, 660	92.00
SPECIAL PURPOSE COST CENTERS						
13.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	116, 975, 248	0	116, 975, 24	8 60, 037	117, 035, 285	200.00
201.00 Less Observation Beds	2, 154, 660		2, 154, 66		2, 154, 660	
202.00 Total (see instructions)	114, 820, 588	0				12(1)2 (1)

Health Fina	ancial Systems FRAN	CISCAN ST. MARGA	ARET HEALTH- D	YER	In Lie	u of Form CMS-	2552-10
	N OF RATIO OF COSTS TO CHARGES		Provi der		Peri od:	Worksheet C	
					From 01/01/2014	Part I	
					To 12/31/2014	Date/Time Pre 5/27/2015 6:2	epared:
			ті +	le XIX	Hospi tal	Cost	24 pili
			Charges		Tiospi tai	COST	
	Cost Contor Description	Inpatient	Outpatient	Total (col 4	Cost or Other	TEFRA	
	Cost Center Description	Inpatrent	outpatrent	Total (col. 6	Ratio	Inpatient	
				+ col. 7)	Ratio		
		6.00	7.00	8.00	9.00	Rati o 10.00	
L ND/	ATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	9.00	10.00	-
	DO ADULTS & PEDIATRICS	26, 726, 409		26, 726, 40	0		30.00
	DO INTENSIVE CARE UNIT						31.00
		6, 355, 167		6, 355, 16			
	50 NEONATAL INTENSIVE CARE UNIT	3, 102, 755		3, 102, 75			32.00
	DO SUBPROVIDER - IRF	12, 619, 732		12, 619, 73			41.00
	DO SUBPROVI DER	0			0		42.00
	DO NURSERY	3, 105, 084		3, 105, 08	4		43.00
	LLARY SERVICE COST CENTERS	1					
	DO OPERATING ROOM	17, 507, 192	14, 942, 979			0. 203125	
	01 OUTPATI ENT SURGERY	3, 997, 908	6, 720, 420			0. 256953	
51.00 0510	DO RECOVERY ROOM	2, 397, 609	2, 317, 123	4, 714, 73	2 0. 264845	0. 264845	51.00
53.00 0530	DO ANESTHESI OLOGY	6, 165, 091	8, 240, 050	14, 405, 14	1 0. 261983	0. 261983	53.00
54.00 0540	DO RADI OLOGY-DI AGNOSTI C	14, 873, 433	28, 972, 605	43, 846, 03	8 0. 099397	0. 099397	54.00
54.01 0540	D1 RADI OLOGY-SPECI AL PROCEDURES	2, 140, 989	3, 447, 021	5, 588, 01	0 0. 278248	0. 278248	54.01
	DO RADI OLOGY-THERAPEUTI C	368, 504	6, 759, 294		8 0. 257429	0. 257429	55.00
	DO RADI OI SOTOPE	1, 413, 157	6, 530, 875			0. 534136	
	DO LABORATORY	22, 532, 684	22, 171, 747			0. 147791	
	DO BLOOD STORING, PROCESSING & TRANS.	1, 990, 358	274, 838			0. 303288	
	DO RESPIRATORY THERAPY	10, 988, 427	592, 189			0. 184033	
	DO PHYSI CAL THERAPY	7, 034, 157	10, 910, 719			0. 440940	
	DO OCCUPATI ONAL THERAPY	2,017,764	29, 239			0. 288536	
	DO SPEECH PATHOLOGY						
		658, 999	503, 502			0. 319645	
	DO ELECTROCARDI OLOGY	5, 187, 796	5, 886, 885			0. 132242	
	DO ELECTROENCEPHALOGRAPHY	343,059	2, 428, 887			0. 251516	
	DO MEDICAL SUPPLIES CHARGED TO PATIENT	15, 236, 010	6, 362, 199			0. 209264	
	DO I MPL. DEV. CHARGED TO PATI ENTS	10, 589, 110	5, 879, 047			0.659479	
	DO DRUGS CHARGED TO PATIENTS	36, 982, 738	8, 598, 474			0. 093863	
	30 ULTRA SOUND	2, 389, 047	5, 811, 196			0. 108891	
	51 PAIN CLINIC	28, 710	4, 137, 616			0. 205550	
76.02 0395	52 CATH LAB	8, 825, 103	15, 201, 859	24, 026, 96	2 0. 106857	0. 106857	76. 02
76.03 0395	53 ACTIVITY THERAPEUTIC	2, 423, 514	2, 506, 335	4, 929, 84	9 0. 662850	0. 662850	76.03
76.04 0395	54 WOUND CARE CENTER	7, 297	1, 211, 736	1, 219, 03	3 0. 357505	0.357505	76.04
76.05 0334	40 BARIATRIC CLINIC	185	392, 467	392, 65	2 2. 078846	2.078846	76.05
	30 HEALTHY LIVING CENTER	0	0		0 0. 000000	0.000000	76.06
	50 CV RESOURCE CENTER	0	0		0.000000	0. 000000	
	55 ANTI COAGULATION CLINIC	1,851	1, 127, 189	1, 129, 04		0.844412	
	PATIENT SERVICE COST CENTERS	.,	.,,	.,.=.,			1
	DO EMERGENCY	8, 339, 374	20, 733, 152	29, 072, 52	6 0. 215144	0. 215144	91.00
	DO OBSERVATION BEDS (NON-DISTINCT PART	1, 084, 129	1, 945, 459			0.711206	
	CIAL PURPOSE COST CENTERS	1,004,127	1, 740, 407	5, 027, 30	<u> </u>	0.711200	1 /2.00
	DO INTEREST EXPENSE	I					113.00
113.001130		1		1			
200 00		227 122 211	10/ 625 100	132 040 11	1		1200 00
	Subtotal (see instructions)	237, 433, 342	194, 635, 102	432, 068, 44	4	I	
200.00 201.00 202.00		237, 433, 342 237, 433, 342	194, 635, 102 194, 635, 102			l	200.00 201.00 202.00

iour en inne	ancial Systems	FRANCISCAN ST. MARGARE	ILALIII- DILK	. III LIEU	」of Form CMS-25	<u>552-1</u>
COMPUTATI O	N OF RATIO OF COSTS TO CHARGES		Provi der CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepa 5/27/2015 6:24	
			Title XIX	Hospi tal	Cost	_piii
	Cost Center Description	PPS Inpatient	Писких	nosprear	0031	
	p	Ratio				
		11.00				
I NPA	ATIENT ROUTINE SERVICE COST CENTERS					
	DO ADULTS & PEDIATRICS					30.00
	DO INTENSIVE CARE UNIT					31.0
	50 NEONATAL INTENSIVE CARE UNIT					32.0
	DO SUBPROVIDER - IRF					41.0
	DO SUBPROVI DER					42.0
	DO NURSERY					43.0
	LLARY SERVICE COST CENTERS					45.0
	DO OPERATI NG ROOM	0. 000000				50.0
	D1 OUTPATI ENT SURGERY	0. 000000				50.0
	DO RECOVERY ROOM	0. 000000				51.0
	DO ANESTHESI OLOGY	0.000000				53.0
	DO RADI OLOGY-DI AGNOSTI C					54.0
		0. 000000				
	D1 RADI OLOGY-SPECI AL PROCEDURES	0. 000000				54.0
	DO RADI OLOGY-THERAPEUTI C	0.000000				55.0
	DO RADI OI SOTOPE	0. 000000				56.0
	DO LABORATORY	0. 000000				60.0
	DO BLOOD STORING, PROCESSING & TRANS.	0. 000000				63.0
	DO RESPI RATORY THERAPY	0. 000000				65.0
	DO PHYSI CAL THERAPY	0. 000000				66.0
	00 OCCUPATIONAL THERAPY	0. 000000				67.0
	DO SPEECH PATHOLOGY	0. 000000				68.0
	DO ELECTROCARDI OLOGY	0. 000000				69.0
	DO ELECTROENCEPHALOGRAPHY	0. 000000				70.0
	DO MEDICAL SUPPLIES CHARGED TO PATIEN	1 1				71.0
	DO IMPL. DEV. CHARGED TO PATIENTS	0. 000000				72.0
	DO DRUGS CHARGED TO PATIENTS	0. 000000				73.0
	30 ULTRA SOUND	0. 000000				76.0
	51 PAIN CLINIC	0. 000000				76.0
	52 CATH LAB	0. 000000				76.0
	53 ACTIVITY THERAPEUTIC	0. 000000				76.0
	54 WOUND CARE CENTER	0. 000000				76.0
	40 BARIATRIC CLINIC	0. 000000				76.0
	30 HEALTHY LIVING CENTER	0. 000000				76.0
	50 CV RESOURCE CENTER	0. 000000				76.0
76.08 0395	55 ANTI COAGULATI ON CLINIC	0. 000000				76.0
OUTP	PATIENT SERVICE COST CENTERS					
	DO EMERGENCY	0. 000000				91.00
92.00 0920	OO OBSERVATION BEDS (NON-DISTINCT PAR	Г 0. 000000				92.00
	CIAL PURPOSE COST CENTERS					
113.001130	DO INTEREST EXPENSE				1	113.00
200.00	Subtotal (see instructions)				2	200. 00
201.00	Less Observation Beds				2	201. 0
201.00						

Health Financial Systems FRAN	CISCAN ST. MARG	ARET HEALTH- D	YER	In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der		Period:	Worksheet D	
				From 01/01/2014 To 12/31/2014		narod
				10 12/31/2014	5/27/2015 6:2	
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1	r	1	1		
30. 00 ADULTS & PEDIATRICS	2, 377, 620		2, 377, 62			
31.00 INTENSIVE CARE UNIT	387, 589		387, 58			
32.00 NEONATAL INTENSIVE CARE UNIT	33, 324		33, 32			
41.00 SUBPROVIDER – IRF	156, 366	0	156, 36	6 7, 201	21.71	
42. 00 SUBPROVI DER	0	0		0 0		42.00
43.00 NURSERY	8, 080		8, 08			
200.00 Total (lines 30-199)	2, 962, 979		2, 962, 97	9 35, 570		200.00
Cost Center Description	Inpati ent	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)	-			
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS			1			
30. 00 ADULTS & PEDI ATRI CS	11, 620					30.00
31.00 INTENSIVE CARE UNIT	1, 431		1			31.00
32.00 NEONATAL INTENSIVE CARE UNIT	0	0				32.00
41.00 SUBPROVIDER - IRF	5, 111		1			41.00
42. 00 SUBPROVI DER	0	0				42.00
43. 00 NURSERY	0	0				43.00
200.00 Total (lines 30-199)	18, 162	1, 483, 182	1			200.00

	ICI SCAN ST. MARG				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSIS	Provi der	CCN: 150090	Period: From 01/01/2014	Worksheet D Part II	
				To 12/31/2014		nared
				10 12/31/2014	5/27/2015 6:2	4 pm
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
		(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)	-		
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS			•			
50. 00 05000 OPERATI NG ROOM	1, 345, 681	32, 450, 171	0.04146	59 5, 959, 370	247, 129	50.00
50. 01 05001 OUTPATI ENT SURGERY	323, 830	10, 718, 328	0. 03021	13 2, 187, 795	66, 100	50.01
51.00 05100 RECOVERY ROOM	130, 244	4, 714, 732	0. 02762	966, 043	26, 687	51.OC
53. 00 05300 ANESTHESI OLOGY	115, 295	14, 405, 141	0.00800	2, 373, 503	18, 998	53. OC
54.00 05400 RADI OLOGY-DI AGNOSTI C	287, 703	43, 846, 038	0.00656	52 7, 488, 302	49, 138	54.00
54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	356, 605	5, 588, 010	0.0638	1, 172, 327	74, 813	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	264, 233			71 212, 017	7,860	55.00
56. 00 05600 RADI OI SOTOPE	198, 585		0.02499			56.00
50. 00 06000 LABORATORY	185, 667					
53.00 06300 BLOOD STORING, PROCESSING & TRANS.	51, 543					
65. 00 06500 RESPI RATORY THERAPY	92, 579					
66. 00 06600 PHYSI CAL THERAPY	98, 522					
67. 00 06700 OCCUPATI ONAL THERAPY	14,074					
58. 00 06800 SPEECH PATHOLOGY	15, 454					
59. 00 06900 ELECTROCARDI OLOGY	185, 897					
70. 00 07000 ELECTROENCEPHALOGRAPHY	102,044					
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	69, 369					
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	157, 119					
73. 00 07300 DRUGS CHARGED TO PATIENTS	38, 109					
76. 00 03630 ULTRA SOUND	108, 359					
76. 01 03951 PAIN CLINIC	56, 528					
76. 02 03952 CATH LAB	340, 727					76.02
76. 03   03953   CATH LAB 76. 03   03953   ACTI VI TY THERAPEUTI C	119, 453					76.02
76. 04 03954 WOUND CARE CENTER	6, 088					76.04
76.05 03340 BARIATRIC CLINIC	39, 864					76.0
76.06 03030 HEALTHY LIVING CENTER	46				-	76.06
76. 07 03950 CV RESOURCE CENTER	51	0	0.00000		0	76.07
76. 08 03955 ANTI COAGULATI ON CLI NI C	15, 211	1, 129, 040	0.0134	73 1, 433	19	76.08
OUTPATIENT SERVICE COST CENTERS	004 400	00.070.50/	0.0105		00.100	01 01
91.00 09100 EMERGENCY	306, 608					
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	249, 283					
200.00   Total (lines 50-199)	5, 274, 771	380, 159, 297	1	83, 505, 114	969, 387	j200. OC

Health Financial Systems FRAN	CISCAN ST. MARG	ARET HEALTH- D	YER	In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS	TS Provider		Peri od:	Worksheet D	
				From 01/01/2014 To 12/31/2014		norod.
				10 12/31/2014	5/27/2015 6:2	
		Titl	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School			Swing-Bed	Total Costs	
	J	Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos		1 through 3,	
				instructions)	minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0	C		0 0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	C		0	0	
32.00 02060 NEONATAL INTENSIVE CARE UNIT	0	C		0	0	
41. 00 04100 SUBPROVIDER – IRF	0	C		0 0	0	
42. 00 04200 SUBPROVI DER	0	C		0 0	0	
43. 00 04300 NURSERY	0	C		0	0	
200.00 Total (lines 30-199)	0	C	)	0	0	200.00
Cost Center Description		Per Diem (col.	Inpati ent	Inpati ent		
	Days	5 ÷ col. 6)	Program Days	9		
				Pass-Through		
				Cost (col. 7 x		
	6.00	7.00	8,00	<u>col. 8)</u> 9.00		
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	8.00	9.00		
30. 00 03000 ADULTS & PEDIATRICS	24, 207	0.00	11, 62	0 0		30.00
31. 00 03100 INTENSIVE CARE UNIT	24,207					31.00
32. 00 02060 NEONATAL INTENSIVE CARE UNIT	802			0 0		32.00
41. 00 04100 SUBPROVIDER - IRF	7, 201			1 0		41.00
41. 00 04100 SUBPROVIDER - TRF 42. 00 04200 SUBPROVIDER	1,201	0.00		0 0		41.00
43. 00 04300 NURSERY	958			0 0		42.00
200.00 Total (lines 30-199)	35, 570		18, 16	2 0		200.00
200.00 [10tal (11163 30-199)	35,570	1	1 10, 10	2 <sub>1</sub> 0	1	1200. 00

	CISCAN ST. MARG			In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	RVICE OTHER PASS	6 Provi der	CCN: 150090	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2014 To 12/31/2014		nared
				10 12/01/2011	5/27/2015 6:2	4 pm
			e XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursing School	Allied Healt		Total Cost	
	Anesthetist			Medi cal	(sum of col 1	
	Cost			Educati on Cost		
	1.00				4)	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM		0		0	0	50.00
50. 00 05000 OPERATI NG ROOM 50. 01 05001 OUTPATI ENT SURGERY	0	0		0 0	0	
51. 00 05100 RECOVERY ROOM	0	0		0 0	-	1
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	
53. 00 05300 ANESTHESTOLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
54. 01 05400 RADI OLOGY-DI AGNOSTI C 54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	0	0		0 0	0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	
56. 00 05600 RADI OLOGI - TILKAPEOTIC	0	0		0 0	0	
60. 00 06000 LABORATORY	0	0		0 0	0	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	
65. 00 06500 RESPIRATORY THERAPY	0	0			0	
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	1
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	
68. 00 06800 SPEECH PATHOLOGY	0	0		0 0	0	
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	C	)	0 0	0	1
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	C	)	0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C	)	0 0	0	73.00
76.00 03630 ULTRA SOUND	0	0		0 0	0	76.00
76. 01 03951 PALN CLINIC	0	0		0 0	0	76.01
76. 02 03952 CATH LAB	0	C	)	0 0	0	76.02
76. 03 03953 ACTIVITY THERAPEUTIC	0	C		0 0	0	76.03
76.04 03954 WOUND CARE CENTER	0	C		0 0	0	76.04
76. 05 03340 BARI ATRI C CLI NI C	0	C		0 0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	C		0 0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0		0 0	0	
76. 08 03955 ANTI COAGULATI ON CLINIC	0	0		0 0	0	76.08
OUTPATIENT SERVICE COST CENTERS	1		1			
91.00 09100 EMERGENCY	0	0	1	0 0		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0		
200.00   Total (lines 50-199)	0	C	4	0 0	0	200.00

PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE HROUGH COSTS	RVICE OTHER PAS	S Provider	CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Pre 5/27/2015 6:2	pared:
		Ti †I	e XVIII	Hospi tal	PPS	4 pili
Cost Center Description	Total	Total Charges			Inpati ent	
		(from Wkst. C,		Ratio of Cost	Program	
	Cost (sum of		(col . 5 ÷ col		Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.	Jan Jan	
	4)	,		7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS		-				
0. 00 05000 OPERATING ROOM	0	32, 450, 171			5, 959, 370	50.00
0. 01 05001 OUTPATI ENT SURGERY	0				2, 187, 795	50.01
1.00 05100 RECOVERY ROOM	0				966, 043	
3. 00 05300 ANESTHESI OLOGY	0	14, 405, 141			2, 373, 503	
4. 00 05400 RADI OLOGY-DI AGNOSTI C	0	43, 846, 038	0. 00000	0. 000000	7, 488, 302	54.00
4. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	0	5, 588, 010	0.0000	0. 000000	1, 172, 327	54.01
5. 00 05500 RADI OLOGY-THERAPEUTI C	0	7, 127, 798			212, 017	
6. 00 05600 RADI 0I SOTOPE	0	7, 944, 032	0. 00000	0. 000000	847, 135	56.00
0. 00 06000 LABORATORY	0	44, 704, 431	0.00000	0. 000000	10, 361, 016	60.00
3. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2, 265, 196	0.0000	0. 000000	988, 274	63.00
5. 00 06500 RESPI RATORY THERAPY	0	11, 580, 616	0.0000	0. 000000	5, 879, 234	65.00
6. 00 06600 PHYSI CAL THERAPY	0	17, 944, 876	0.0000	0. 000000	852, 117	66.00
7. 00 06700 OCCUPATI ONAL THERAPY	0	2,047,003			335, 597	67.00
8.00 06800 SPEECH PATHOLOGY	0	1, 162, 501	0.00000	0. 000000	172, 256	68.00
9. 00 06900 ELECTROCARDI OLOGY	0	11, 074, 681			3, 068, 063	69.00
0. 00 07000 ELECTROENCEPHALOGRAPHY	0	2, 771, 946	0. 00000	0. 000000	214, 306	70.00
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	21, 598, 209	0. 00000	0. 000000	6, 783, 629	71.00
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16, 468, 157	0. 00000	0. 000000	5, 135, 574	72.00
3.00 07300 DRUGS CHARGED TO PATIENTS	0	45, 581, 212	0. 00000	0. 000000	17, 160, 796	73.00
6.00 03630 ULTRA SOUND	0	8, 200, 243		0. 000000	1, 208, 843	76.00
6. 01 03951 PAIN CLINIC	0	4, 166, 326	0. 00000	0. 000000	10, 695	76.0
6. 02 03952 CATH LAB	0	24, 026, 962	0. 00000	0. 000000	5, 710, 947	76.0
6. 03 03953 ACTIVITY THERAPEUTIC	0	4, 929, 849			10, 395	76.0
6.04 03954 WOUND CARE CENTER	0	1, 219, 033	0. 00000	0. 000000	5, 505	76.04
6. 05 03340 BARI ATRI C CLI NI C	0	392, 652			153	
6. 06 03030 HEALTHY LIVING CENTER	0	l c			0	76.06
6.07 03950 CV RESOURCE CENTER	0	0	0.0000		0	
6.08 03955 ANTI COAGULATI ON CLINIC	0	1, 129, 040			1, 433	
OUTPATIENT SERVICE COST CENTERS		, , , ,			,	1
1.00 09100 EMERGENCY	0	29, 072, 526	0.0000	0. 000000	3, 739, 726	91.00
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0				660, 063	
00.00 Total (lines 50-199)	0				83, 505, 114	

alth Financial Systems FRA PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	NCISCAN ST. MARG		CCN: 150090	Per	i od:	u of Form CMS Worksheet D	
ROUGH COSTS					om 01/01/2014	Part IV	
				То	12/31/2014	Date/Time Pr	
		T: +1	e XVIII		Hospi tal	5/27/2015 6: PPS	24 pm
Cost Center Description	Inpatient	Outpatient	Outpatient		ноѕрітаі	PP5	
cost center bescription	Program	Program	Program				
	Pass-Through	Charges	Pass-Throug	h			
	Costs (col. 8	charges	Costs (col.				
	x col. 10)		x col. 12)	7			
	11.00	12.00	13.00				
ANCI LLARY SERVI CE COST CENTERS	11100	12100	10100				
0. 00 05000 OPERATI NG ROOM	0	3, 500, 312		0			50. 0
0. 01 05001 OUTPATI ENT SURGERY	0	2,063,684		0			50.
I. 00 05100 RECOVERY ROOM	0	857, 757		0			51.
3. 00 05300 ANESTHESI OLOGY	0	2, 323, 985		0			53.
1. 00 05400 RADI OLOGY-DI AGNOSTI C	0	8, 757, 639		0			54.
1. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	0	705, 060		0			54.
5. 00 05500 RADI OLOGY - THERAPEUTI C	0	2, 923, 471		0			55.
0. 00 05600 RADI 0I SOTOPE	0	2, 689, 309		0			56.
. 00 06000 LABORATORY	0	3, 463, 500		0			60.
. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	73, 581		0			63.
. 00 06500 RESPI RATORY THERAPY	0	203, 021		0			65.
0. 00 06600 PHYSI CAL THERAPY	0	80, 536		0			66.
. 00 06700 OCCUPATI ONAL THERAPY	0	3, 722		0			67.
3. 00 06800 SPEECH PATHOLOGY	0	38, 715		0			68.
0. 00 06900 ELECTROCARDI OLOGY	0	2, 179, 490		0			69.
. 00 07000 ELECTROENCEPHALOGRAPHY	0	836, 516		0			70.
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2, 148, 377		0			71.
. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	2, 786, 428		0			72.
. 00 07300 DRUGS CHARGED TO PATIENTS	0	3, 479, 364		0			73.
. 00 03630 ULTRA SOUND	0	1, 567, 035		0			76.
. 01 03951 PAIN CLINIC	0	1, 529, 412		0			76.
. 02 03952 CATH LAB	0	6, 600, 702		0			76.
. 03 03953 ACTIVITY THERAPEUTIC	0	112, 384		0			76.
. 04 03954 WOUND CARE CENTER	0	670, 238		Ō			76.
. 05 03340 BARI ATRI C CLI NI C	0	51, 276		õ			76.
. 06 03030 HEALTHY LIVING CENTER	0	0.1,2,0		õ			76.
. 07 03950 CV RESOURCE CENTER	0	0		õ			76.
. 08 03955 ANTI COAGULATI ON CLINIC	0	734, 113		õ			76.
OUTPATI ENT SERVICE COST CENTERS		,	ı	-			
. 00 09100 EMERGENCY	0	3, 419, 694		0			91.
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	623, 648		0			92.
00.00 Total (lines 50-199)	0	54, 422, 969		0			200.

J	CISCAN ST. MARG			In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provi der	CCN: 150090	Peri od:	Worksheet D	
				From 01/01/2014 To 12/31/2014	Part V Date/Time Pre	narod
				10 12/31/2014	5/27/2015 6: 2	
		Ti tl	e XVIII	Hospi tal	PPS	
			Charges		Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
	Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins			
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS				-		
50. 00 05000 OPERATI NG ROOM	0. 203125			0 0	711, 001	
50. 01 05001 OUTPATI ENT SURGERY	0. 256953			0 0	530, 270	
51.00 O5100 RECOVERY ROOM	0. 264845			0 0	227, 173	
53. 00 05300 ANESTHESI OLOGY	0. 261983			0 0	608, 845	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 099397		1	0 0	870, 483	
54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	0. 278248			0 0	196, 182	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 257429			0 0	752, 586	
56. 00 05600 RADI 0I SOTOPE	0. 534136			0 0	1, 436, 457	
60. 00 06000 LABORATORY	0. 147791				511, 874	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 303288			0 0	22, 316	
65. 00 06500 RESPI RATORY THERAPY	0. 184033		1	0 0	37, 363	
66. 00 06600 PHYSI CAL THERAPY	0. 440940			0 0	35, 512	
67. 00 06700 OCCUPATI ONAL THERAPY	0. 288536			0 0	1, 074	
68. 00 06800 SPEECH PATHOLOGY	0. 319645			0 0	12, 375	
69. 00 06900 ELECTROCARDI OLOGY	0. 132242			0 0	288, 220	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 251516			0 0	210, 397	
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	0. 209264			0 0	449, 578	•
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 659479			0 0	1, 837, 591	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 093863			0 83, 747	326, 584	•
76.00 03630 ULTRA SOUND	0. 108891			0 0	170, 636	•
76. 01 03951 PAIN CLINIC	0. 205550			0 0	314, 371	
76. 02 03952 CATH LAB	0. 106857		1	0 0	705, 331	
76. 03 03953 ACTIVITY THERAPEUTIC	0. 662850			0 0	74, 494	
76. 04 03954 WOUND CARE CENTER	0. 357505			0 0	239, 613	
76. 05 03340 BARI ATRI C CLI NI C	2.078846			0 0	106, 595	
76. 06 03030 HEALTHY LIVING CENTER	0. 000000			0 0	0	
76. 07 03950 CV RESOURCE CENTER	0. 000000			0 0	0	
76. 08 03955 ANTI COAGULATI ON CLINI C	0. 844412	734, 113		0 0	619, 894	76.08
0UTPATI ENT SERVICE COST CENTERS 91.00 09100 EMERGENCY	0. 215144	3, 419, 694		0 0	735, 727	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART	0. 711206			0 0	443, 542	
200.00 Subtotal (see instructions)		54, 422, 969	1, 17		12, 476, 084	
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges202.00Net Charges (line 200 +/- line 201)		54, 422, 969	1, 17	83, 747	12, 476, 084	202 00
	I	1 57,422,707	1 1, 1,	5 05,747	12, 470, 004	1202.00

Health Financial Systems FRAN	CISCAN ST. MARG	ARET_HEALTH- D	YER	In Lie	u of Form CMS	-2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der	CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Pr 5/27/2015 6:	
		Ti +1	e XVIII	Hospi tal	PPS	
	Cos	sts		nospi tui	110	
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6.00	7.00				
ANCI LLARY SERVI CE COST CENTERS			_			
50.00 05000 OPERATING ROOM	0	0				50.00
50. 01 05001 OUTPATI ENT SURGERY	0	0				50.01
51.00 05100 RECOVERY ROOM	0	0				51.00
53. 00 05300 ANESTHESI OLOGY	0	0				53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	0	0				54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0				55.00
56. 00 05600 RADI 0I SOTOPE	0	0				56.00
60. 00 06000 LABORATORY	173	0				60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
65. 00 06500 RESPI RATORY THERAPY	0	0				65.00
66. 00 06600 PHYSI CAL THERAPY	0	0				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0				69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7, 861				73.00
76.00 03630 ULTRA SOUND	0	0				76.00
76.01 03951 PAIN CLINIC	0	0				76.01
76.02 03952 CATH LAB	0	0				76.02
76. 03 03953 ACTIVITY THERAPEUTIC	0	0				76.03
76. 04 03954 WOUND CARE CENTER	0					76.04
76.05 03340 BARIATRIC CLINIC	0					76.05
76. 06 03030 HEALTHY LIVING CENTER 76. 07 03950 CV RESOURCE CENTER	0	-				76.06 76.07
76. 07 03950 CV RESOURCE CENTER 76. 08 03955 ANTI COAGULATI ON CLINIC	0					76.07
	0	0				/0.08
0UTPATI ENT SERVICE COST CENTERS 91. 00 09100 EMERGENCY	0	0				91.00
	-	-				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 200.00 Subtotal (see instructions)	0 173	-				92.00 200.00
201.00 Less PBP Clinic Lab. Services-Program	0					200.00
Only Charges						201.00
202.00 Net Charges (line 200 +/- line 201)	173	7, 861				202.00
	1/5	,,001	1			1-02.00

	NCISCAN ST. MARG			In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provi der	CCN: 150090	Period: From 01/01/2014	Worksheet D Part II	
		Component	CCN: 15T090	To 12/31/2014	Date/Time Pre	pared <sup>.</sup>
		component		10 12/01/2011	5/27/2015 6:2	4 pm
		Ti tl	e XVIII	Subprovider -	PPS	
				I RF		
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,			(column 3 x	
	(from Wkst. B,		(col. 1 ÷ co	I. Charges	column 4)	
	Part II, col.	8)	2)			
	<u>26)</u> 1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATI NG ROOM	1, 345, 681	32, 450, 171	0.0414	69 7, 555	313	50.00
50. 01 05001 OUTPATI ENT SURGERY	323, 830				853	
51. 00 05100 RECOVERY ROOM	130, 244				0	51.00
53. 00 05300 ANESTHESI OLOGY	115, 295				140	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	287, 703				2, 417	54.00
54. 01 05401 RADI OLOGY-SPECIAL PROCEDURES	356,605				2,417	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	264, 233				211	55.00
56. 00 05600 RADI OLOGI - MERALEUTI C	198, 585					1
60. 00 06000 LABORATORY	185,667				114	60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	51, 543					63.00
65. 00 06500 RESPI RATORY THERAPY	92, 579				2, 445	
66. 00 06600 PHYSI CAL THERAPY	98, 522					
67. 00 06700 OCCUPATI ONAL THERAPY	14,074					1
68. 00 06800 SPEECH PATHOLOGY	15, 454				3, 359	
69. 00 06900 ELECTROCARDI OLOGY	185, 897					69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	102,044					
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	69, 369					
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	157, 119					
73.00 07300 DRUGS CHARGED TO PATIENTS	38, 109				1, 646	
76.00 03630 ULTRA SOUND	108, 359				1, 091	76.00
76. 01 03951 PALN CLINIC	56, 528				0	76.01
76. 02 03952 CATH LAB	340, 727			81 0	0	76.02
76. 03 03953 ACTI VI TY THERAPEUTI C	119, 453	4, 929, 849	0. 0242	31 0	0	76.03
76.04 03954 WOUND CARE CENTER	6, 088	1, 219, 033	0.0049	94 0	0	76.04
76. 05 03340 BARI ATRI C CLI NI C	39, 864				0	76.05
76.06 03030 HEALTHY LIVING CENTER	46				0	76.06
76.07 03950 CV RESOURCE CENTER	51	C	0.0000	00 00	0	76.07
76.08 03955 ANTI COAGULATI ON CLINIC	15, 211	1, 129, 040			0	76.08
OUTPATIENT SERVICE COST CENTERS				·		1
91.00 09100 EMERGENCY	306, 608			46 1, 203, 328	12, 690	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0.0000		0	
200.00 Total (lines 50-199)	5,025,488	380, 159, 297		10, 827, 356	71, 326	200.00

Heal th	Financial Systems FRAN	CISCAN ST. MARGA	ARET_HEALTH- D	YER	In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS			Provi der	CCN: 150090	Period:	Worksheet D	
THROUG	GH COSTS			001 457000	From 01/01/2014	Part IV	
			Component	CCN: 15T090	To 12/31/2014	Date/Time Pre 5/27/2015 6:2	pared:
			Ti +1	e XVIII	Subprovider -	PPS	4 piii
			11 (1		IRF	FFJ	
	Cost Center Description	Non Physician	Nursing School	Allied Healt		Total Cost	
		Anestheti st			Medi cal	(sum of col 1	
		Cost			Educati on Cost	through col.	
						4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCI LLARY SERVI CE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	0		0 0	0	50.00
50.01	05001 OUTPATI ENT SURGERY	0	0		0 0	0	50.01
51.00	05100 RECOVERY ROOM	0	0		0 0	0	51.00
53.00	05300 ANESTHESI OLOGY	0	0		0 0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
54.01	05401 RADI OLOGY-SPECI AL PROCEDURES	0	0		0 0	0	54.01
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56.00	05600 RADI OI SOTOPE	0	0		0 0	0	56.00
60.00	06000 LABORATORY	0	0		0 0	0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	1
65.00	06500 RESPI RATORY THERAPY	0	0		0 0	0	1
66.00	06600 PHYSI CAL THERAPY	0	0		0 0	0	
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	1
68.00	06800 SPEECH PATHOLOGY	0	0		0 0	0	•
69.00	06900 ELECTROCARDI OLOGY	0	0		0 0	0	•
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	•
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	•
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
72.00		0	0		0 0	0	
	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	-	
	03630 ULTRA SOUND	0	0		0 0	0	1 / 0/ 00
76.01	03951 PAIN CLINIC	0	0		0 0	0	1 / 0. 0.
76.02	03952 CATH LAB	0	0		0 0	0	1 0. 02
	03953 ACTIVITY THERAPEUTIC	0	0		0 0	0	1 1 0 . 00
76.04	03954 WOUND CARE CENTER	0	0		0 0	0	1 1 0 . 0 .
	03340 BARIATRIC CLINIC	0	0		0 0	0	
	03030 HEALTHY LIVING CENTER	0	0		0 0	0	1 0.00
76.07	03950 CV RESOURCE CENTER	0	0		0 0	0	
76.08	03955 ANTI COAGULATI ON CLINIC	0	0		0 0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
		0	0		0 0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0	0	12.00
200.00	) Total (lines 50-199)	0	0		0 0	0	200.00

Health Financial Systems FRAM	NCISCAN ST. MARG	GARET HEALTH- D	YER	In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PAS	S Provi der	CCN: 150090	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2014	Part IV	
		Component	CCN: 15T090	To 12/31/2014	Date/Time Pre 5/27/2015 6:2	pared:
		Ti †I	e XVIII	Subprovider -	PPS	
			0	IRF	110	
Cost Center Description	Total	Total Charges	Ratio of Cos		Inpati ent	
		(from Wkst. C,		Ratio of Cost	Program	
	Cost (sum of	Part I, col.	(col. 5 ÷ col	. to Charges	Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.	Ū	
	4)			7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	32, 450, 171	0.0000	0. 000000	7, 555	50.00
50. 01 05001 OUTPATI ENT SURGERY	0	10, 718, 328	0. 00000	0. 000000	28, 247	50.01
51.00 05100 RECOVERY ROOM	0	4, 714, 732	0. 00000	0. 000000	0	51.00
53. 00 05300 ANESTHESI OLOGY	0	14, 405, 141	0.00000	0. 000000	17, 514	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	43, 846, 038		0. 000000	368, 258	54.00
54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	0	5, 588, 010			0	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	7, 127, 798			5, 704	•
56. 00 05600 RADI OI SOTOPE	0	7, 944, 032			17, 403	
60. 00 06000 LABORATORY	0				27, 345	•
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2, 265, 196			21, 128	
65. 00 06500 RESPI RATORY THERAPY	0				305, 801	
66. 00 06600 PHYSI CAL THERAPY	0				3, 334, 288	
67. 00 06700 OCCUPATI ONAL THERAPY	0	2,047,003			1, 622, 195	
68. 00 06800 SPEECH PATHOLOGY					252, 645	•
69. 00 06900 ELECTROCARDI OLOGY		11, 074, 681			766, 336	
70. 00 07000 ELECTROENCEPHALOGRAPHY		2, 771, 946			4, 823	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0				781, 146	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0				12, 795	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	45, 581, 212			1, 968, 310	•
76. 00 03630 ULTRA SOUND	0	8, 200, 243			82, 535	
76. 01 03951 PAIN CLINIC	0	4, 166, 326			02, 555	76.00
	0				0	76.01
76. 02 03952 CATH LAB 76. 03 03953 ACTIVITY THERAPEUTIC	0	24, 026, 962				76.02
	0	4, 929, 849			0	76.03
76. 04 03954 WOUND CARE CENTER	0	1, 219, 033			Ũ	
76. 05 03340 BARI ATRI C CLI NI C	0	392, 652			0	76.05
76. 06 03030 HEALTHY LIVING CENTER	0	0			0	76.06
76. 07 03950 CV RESOURCE CENTER	0	-	0.00000		0	76.07
76. 08 03955 ANTI COAGULATI ON CLINIC	0	1, 129, 040	0.00000	0. 000000	0	76.08
OUTPATIENT SERVICE COST CENTERS	-	00.070.77	0.05555		1 000 777	
91.00 09100 EMERGENCY	0				1, 203, 328	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0. 000000	0	
200.00   Total (lines 50-199)	0	380, 159, 297			10, 827, 356	200.00

Health Financial Systems FRAM	ICISCAN ST. MARG	ARET HEALTH- D	YER	In Li	eu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provi der	CCN: 150090	Peri od:	Worksheet D
THROUGH COSTS				From 01/01/2014	
		Componen	t CCN: 15T090	To 12/31/201	
		T: +1	e XVIII	Subprovider -	5/27/2015 6: 24 pm PPS
		11 TI	e XVIII	I RF	PPS
Cost Center Description	Inpatient	Outpati ent	Outpati ent		
	Program	Program	Program		
	Pass-Through	Charges	Pass-Throug	h	
	Costs (col. 8		Costs (col.	9	
	x col. 10)		x col. 12)		
	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATI NG ROOM	0	C	)	0	50.00
50. 01 05001 OUTPATI ENT SURGERY	0	C	)	0	50.01
51.00 05100 RECOVERY ROOM	0	C		0	51.00
53. 00 05300 ANESTHESI OLOGY	0	C		0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	C		0	54.00
54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	0	C		0	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C		0	55.00
56. 00 05600 RADI OI SOTOPE	0	C		0	56.00
60. 00 06000 LABORATORY	0	C		0	60.00
63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	C		0	63.00
65. 00 06500 RESPIRATORY 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	0		0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0			0	69.00
70. 00 07000 ELECTROEARDFOLOGT	0	0		0	70,00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	70.00
	0			0	
	0	C C		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0			0	73.00
76.00 03630 ULTRA SOUND	0	C		0	76.00
76.01 03951 PAIN CLINIC	0	C		0	76.01
76. 02 03952 CATH LAB	0	C	)	0	76.02
76. 03 03953 ACTIVITY THERAPEUTIC	0	C		0	76.03
76.04 03954 WOUND CARE CENTER	0	C	)	0	76.04
76. 05 03340 BARI ATRI C CLI NI C	0	C	)	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	C		0	76.06
76.07 03950 CV RESOURCE CENTER	0	C		0	76.07
76.08 03955 ANTI COAGULATI ON CLINIC	0	C	)	0	76.08
OUTPATIENT SERVICE COST CENTERS	-				
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 FRAN	CISCAN ST. MARG	ARET HEALTH- D	YER	In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der	CCN: 150090	Peri od:	Worksheet D	
				From 01/01/2014	Part II	
		Componen	t CCN: 15T090	To 12/31/2014	Date/Time Pre 5/27/2015 6:2	pared: 4 nm
		Ti t	le XIX	Subprovider -	Tefra	
				IRF	lond	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ co	. Charges	column 4)	
	Part II, col.	8)	2)	Ŭ		
	26)	, r				
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	1, 345, 681	32, 450, 171	0.0414	69 0	0	50.00
50. 01 05001 OUTPATI ENT SURGERY	323, 830	10, 718, 328	0. 0302	13 0	0	50.01
51.00 05100 RECOVERY ROOM	130, 244	4, 714, 732	0. 0276	25 0	0	51.00
53. 00 05300 ANESTHESI OLOGY	115, 295	14, 405, 141	0.0080	04 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	287, 703	43, 846, 038	0.0065	62 0	0	54.00
54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	356, 605				0	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	264, 233				0	55.00
56. 00 05600 RADI OI SOTOPE	198, 585				0	56.00
60. 00 06000 LABORATORY	185, 667				0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	51, 543				0	63.00
65. 00 06500 RESPI RATORY THERAPY	92, 579				0	65.00
66. 00 06600 PHYSI CAL THERAPY	98, 522				2,626	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	14, 074				2,020	67.00
68. 00 06800 SPEECH PATHOLOGY	15, 454				1, 201	68.00
69. 00 06900 ELECTROCARDI OLOGY	185, 897				33	69.00
70. 00 07000 ELECTROEARD OLOGT					0	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	102,044				-	70.00
	69, 369				11	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	157, 119				0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	38, 109				0	73.00
76.00 03630 ULTRA SOUND	108, 359				0	76.00
76. 01 03951 PAIN CLINIC	56, 528				0	76.01
76. 02 03952 CATH LAB	340, 727				0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	119, 453				0	76.03
76.04 03954 WOUND CARE CENTER	6, 088				0	76.04
76. 05 03340 BARI ATRI C CLI NI C	39, 864	392, 652			0	76.05
76.06 03030 HEALTHY LIVING CENTER	46	C	0.0000	0 00	0	76.06
76.07 03950 CV RESOURCE CENTER	51	C	0.0000	0 00	0	76.07
76.08 03955 ANTI COAGULATI ON CLINIC	15, 211	1, 129, 040	0. 0134	73 0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	306, 608	29, 072, 526	0. 0105	46 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3, 029, 588	0.0000	0 00	0	92.00
200.00 Total (lines 50-199)	5, 025, 488	380, 159, 297		574, 017	3, 871	200.00

		CISCAN ST. MARGA		YER	In Lie	u of Form CMS-:	2552-10
APPOR	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	RVICE OTHER PASS	Provi der	CCN: 150090	Peri od:	Worksheet D	
THROUG	GH COSTS		Component	- CCN. 1ETOOO	From 01/01/2014	Part IV	nored.
			component	CCN: 15T090	To 12/31/2014	Date/Time Pre 5/27/2015 6:2	anmu:
			Tit	le XIX	Subprovider -	Tefra	
					IRF		
	Cost Center Description	Non Physician	Nursing School	Allied Healt	h All Other	Total Cost	
		Anesthetist			Medi cal	(sum of col 1	
		Cost			Education Cost	through col.	
						4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCI LLARY SERVI CE COST CENTERS			1		-	
50.00	05000 OPERATI NG ROOM	0	0		0 0	0	
50.01	05001 OUTPATI ENT SURGERY	0	0		0 0	0	
51.00	05100 RECOVERY ROOM	0	0		0 0	0	
53.00	05300 ANESTHESI OLOGY	0	0		0 0	0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
54.01	05401 RADI OLOGY-SPECI AL PROCEDURES	0	0		0 0	0	0 0 .
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	00.00
56.00	05600 RADI OI SOTOPE	0	0		0 0	0	
60.00	06000 LABORATORY	0	0		0 0	0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	
65.00	06500 RESPI RATORY THERAPY	0	0		0 0	0	
66.00	06600 PHYSI CAL THERAPY	0	0		0 0	0	
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	
68.00	06800 SPEECH PATHOLOGY	0	0		0 0	0	
69.00	06900 ELECTROCARDI OLOGY	0	0		0 0	0	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
71.00		0	0		0 0	0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	
76.00	03630 ULTRA SOUND	0	0		0 0	0	
76.01	03951 PAIN CLINIC	0	0		0 0	0	
76.02	03952 CATH LAB	0	0		0 0	0	
	03953 ACTIVITY THERAPEUTIC	0	0		0 0	0	1 / 0/ 00
76.04	03954 WOUND CARE CENTER	0	0		0 0	0	1 / 0/ 0 /
76.05	03340 BARI ATRI C CLI NI C	0	0		0 0	0	
	03030 HEALTHY LIVING CENTER	0	0		0	0	1 / 0/ 00
76.07	03950 CV RESOURCE CENTER	0	0		0	0	
76.08		0	0		0 0	0	76.08
01 00				1	0 0	0	01 00
91.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0	-	
92.00 200.00		0	0			-	200.00
200.00	1 10tal (11165 30-199)	l O	0	I	U U	1 0	I∠00. 00

	NCISCAN ST. MARG			In Lie	u of Form CMS-2	2552-1
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PAS	S Provi der	CCN: 150090	Peri od:	Worksheet D	
THROUGH COSTS			001 457000	From 01/01/2014	Part IV	
		Component	t CCN: 15T090	To 12/31/2014	Date/Time Pre 5/27/2015 6:2	pared: 4 pm
		Ti t	le XIX	Subprovider -	Tefra	
		-		I RF		
Cost Center Description	Total	Total Charges			Inpati ent	
	Outpati ent	(from Wkst. C,			Program	
	Cost (sum of		(col. 5 ÷ col		Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.		
	4)			7)		
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVICE COST CENTERS	-				-	
50. 00 05000 OPERATING ROOM	0				0	
50. 01 05001 OUTPATI ENT SURGERY	0				0	50.01
51.00 05100 RECOVERY ROOM	0				0	51.00
53. 00 05300 ANESTHESI OLOGY	0	14, 405, 141			0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	43, 846, 038	0.0000		0	54.00
54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	0	5, 588, 010	0.0000	0. 000000	0	54. 0 <sup>2</sup>
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	7, 127, 798	0.0000	0. 000000	0	55.0
56. 00 05600 RADI 0I SOTOPE	0	7, 944, 032	0.0000	0. 000000	0	56.00
0. 00 06000 LABORATORY	0	44, 704, 431	0.0000	0. 000000	0	60.0
53.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2, 265, 196	0.0000	0. 000000	0	63.00
55. 00 06500 RESPI RATORY THERAPY	0	11, 580, 616			0	65.00
66.00 06600 PHYSI CAL THERAPY	0				478, 345	
57. 00 06700 OCCUPATIONAL THERAPY	0	2,047,003			0	
58. 00 06800 SPEECH PATHOLOGY	0	1, 162, 501			90, 372	
9.00 06900 ELECTROCARDI OLOGY	0				1, 953	
0.00 07000 ELECTROENCEPHALOGRAPHY		2, 771, 946			0	70.0
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT					3, 347	71.0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16, 468, 157			3, 347	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	45, 581, 212			0	73.00
6.00 03630 ULTRA SOUND	0	45, 581, 212 8, 200, 243			0	76.0
	0				0	
76.01 03951 PALN CLINIC	0	4, 166, 326			-	76.0
76. 02 03952 CATH LAB	0	24, 026, 962			0	76.0
6.03 03953 ACTIVITY THERAPEUTIC	0	4, 929, 849			0	76.0
6.04 03954 WOUND CARE CENTER	0	1, 219, 033			0	76.0
6.05 03340 BARIATRIC CLINIC	0	392, 652			0	76.0
6.06 03030 HEALTHY LIVING CENTER	0	0			0	76.0
76.07 03950 CV RESOURCE CENTER	0	C	0.0000		0	76.0
76.08 03955 ANTI COAGULATI ON CLINIC	0	1, 129, 040	0.0000	0. 000000	0	76.0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0				0	-
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3, 029, 588	0.0000	0. 000000	0	92.00
200.00 Total (lines 50-199)	0				574, 017	200.00

Health Financial Systems FRAM	ICISCAN ST. MARGA	RET HEALTH- D	YER	In L	ieu of Form CMS-25	52-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provi der	CCN: 150090	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/201		
		Componen	t CCN: 15T090	To 12/31/201		
		T: 4		Culturary distant	5/27/2015 6: 24	pm
		111	le XIX	Subprovider - IRF	Tefra	
Cost Center Description	I npati ent	Outpati ent	Outpati ent			
	Program	Program	Program			
	Pass-Through	Charges	Pass-Throug	jh		
	Costs (col. 8		Costs (col.	9		
	x col. 10)		x col. 12)			
	11.00	12.00	13.00			
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	0	C		0	5	50.00
50. 01 05001 OUTPATI ENT SURGERY	0	C	)	0	Ę	50. 01
51.00 05100 RECOVERY ROOM	0	C		0	Ę	51.00
53. 00 05300 ANESTHESI OLOGY	0	C	)	0	Ę	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	C		0	5	54.00
54. 01 05401 RADI OLOGY-SPECI AL PROCEDURES	0	C		0		54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C		0		55.00
56. 00 05600 RADI OI SOTOPE	0	C		0		56.00
60. 00 06000 LABORATORY	0	C		0		60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	C		0		63.00
65. 00 06500 RESPIRATORY 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			0		68.00
69. 00 06900 ELECTROCARDI OLOGY	0			0		69.00
70. 00 07000 ELECTROEARDIOLOGI 70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0		70.00
	0	-		0		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	C		0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	C		U		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C		0		73.00
76.00 03630 ULTRA SOUND	0	C		0		76.00
76. 01 03951 PAIN CLINIC	0	C		0		76.01
76. 02 03952 CATH LAB	0	C		0		76.02
76. 03 03953 ACTIVITY THERAPEUTIC	0	C		0		76. 03
76.04 03954 WOUND CARE CENTER	0	C		0		76.04
76. 05 03340 BARI ATRI C CLI NI C	0	C		0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	C		0	7	76.06
76.07 03950 CV RESOURCE CENTER	0	C		0	7	76. 07
76.08 03955 ANTI COAGULATI ON CLINIC	0	C		0	7	76. 08
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	C		0	ç	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	C		0		92.00
200.00   Total (lines 50-199)	0	C		0	20	00.00

Health Financial Systems

FRANCI SCAN	ST.	MARGARET	HEALTH-	DYER	

In Lieu of Form CMS-2552-10

Health Financial Sy	stems FRANCISCAN ST.	MARGARET I	HEALTH- DYER	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INP	TI ENT OPERATI NG COST		Provi der CCN: 150090	Peri od: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prep 5/27/2015 6:24	
			Title XVIII	Hospi tal	PPS	
Cost C	enter Description				1.00	
PART I - ALL	PROVIDER COMPONENTS				1.00	
I NPATI ENT DA						
1.00 Inpatient da	ys (including private room days and swing-	bed days,	excluding newborn)		24, 207	1.00
	ys (including private room days, excluding				24, 207	2.00
	days (excluding swing-bed and observation	n bed days)	. If you have only pr	rivate room days,	0	3.00
	ete this line. room days (excluding swing-bed and observ	ation had	davc)		21, 669	4.00
	bed SNF type inpatient days (including pri			er 31 of the cost	21,009	5.00
reporting pe		Vare Foom	adys) through become		Ű	0.00
	bed SNF type inpatient days (including pri		days) after December	31 of the cost	0	6.00
	riod (if calendar year, enter 0 on this li					
	bed NF type inpatient days (including priv	ate room d	ays) through December	31 of the cost	0	7.00
reporting pe 8.00 Total swing-	rıoq bed NF type inpatient days (including priv	ato room d	ave) after Decomber 3	1 of the cost	0	8.00
	riod (if calendar year, enter 0 on this li		ays) arter December 3	ST OF THE COST	0	0.00
	ent days including private room days appli		he Program (excluding	swing-bed and	11, 620	9.00
newborn days			5	, 5		
	F type inpatient days applicable to title			room days)	0	10.00
	mber 31 of the cost reporting period (see					11 00
	F type inpatient days applicable to title of the cost reporting period (if calendar			room days) arter	0	11.00
	type inpatient days applicable to titles			e room davs)	0	12.00
	mber 31 of the cost reporting period		5 ( 5 )			
	type inpatient days applicable to titles				0	13.00
after Decemb	er 31 of the cost reporting period (if cal	endar year	, enter O on this lir	ne)		11.00
	cessary private room days applicable to th y days (title V or XIX only)	ne program	(excluding swing-bed	days)	0	14.00 15.00
	(title V or XIX only)				0	16.00
SWING BED AD						10.00
17.00 Medicare rat	e for swing-bed SNF services applicable to	servi ces	through December 31 d	of the cost	0.00	17.00
reporting pe						
18.00 Medicare rat reporting pe	e for swing-bed SNF services applicable to	services	after December 31 of	the cost	0.00	18.00
	e for swing-bed NF services applicable to	servi ces it	hrough December 31 of	f the cost	0, 00	19.00
reporting pe						
	e for swing-bed NF services applicable to	servi ces a	fter December 31 of t	he cost	0.00	20.00
reporting pe					20 550 (70	21 00
	l inpatient routine service cost (see inst st applicable to SNF type services through		31 of the cost report	ing period (line	20, 550, 678 0	21.00 22.00
5 x line 17)		December		ing period (inic	0	22.00
	st applicable to SNF type services after D	December 31	of the cost reportir	ng period (line 6	0	23.00
x line 18)						
24.00 Swing-bed co 7 x line 19)	st applicable to NF type services through	December 3	1 of the cost reporti	ng period (line	0	24.00
,	st applicable to NF type services after De	ecember 31	of the cost reporting	period (line 8	0	25.00
x line 20)						
	bed cost (see instructions)				0	26.00
	tient routine service cost net of swing-be	ed cost (li	ne 21 minus line 26)		20, 550, 678	27.00
	DIFFERENTIAL ADJUSTMENT tient routine service charges (excluding s	wing_bed_a	nd observation hed ch	ardes)	0	28.00
	charges (excluding swing-bed charges)	swing-bed a		iai ges)	0	29.00
	room charges (excluding swing-bed charges	5)			0	30.00
31.00 General inpa	tient routine service cost/charge ratio (I	ine 27 ÷ 1	ine 28)		0.00000	31.00
	ate room per diem charge (line 29 ÷ line 3				0.00	
					0.00	
U U	-private room per diem charge (line 30 ÷ l diem private room charge differential (lin		line 22) (coo instant	stions)	0.00	
34.00 Average per	diem private room charge differential (lin	ne 32 minus		ctions)	0.00	
34.00Average per35.00Average per	diem private room charge differential (lin diem private room cost differential (line	ne 32 minus 34 x line		ctions)	0.00 0.00 0	35.00
34.00Average per35.00Average per36.00Private room	diem private room charge differential (lin	ne 32 minus 34 x line ne 35)	31)		0.00	35. 00 36. 00
34.00Average per35.00Average per36.00Private room37.00General inpa27 minus lin	diem private room charge differential (lin diem private room cost differential (line cost differential adjustment (line 3 x li tient routine service cost net of swing-be e 36)	ne 32 minus 34 x line ne 35)	31)		0. 00 0	35. 00 36. 00
<ul> <li>34.00 Average per</li> <li>35.00 Average per</li> <li>36.00 Private room</li> <li>37.00 General inpa 27 minus lin</li> <li>PART II - HO</li> </ul>	diem private room charge differential (lin diem private room cost differential (line cost differential adjustment (line 3 x li tient routine service cost net of swing-be e 36) SPITAL AND SUBPROVIDERS ONLY	ne 32 minus 34 x line ne 35) ed cost and	31) private room cost di		0. 00 0	35. 00 36. 00
<ul> <li>34.00 Average per</li> <li>35.00 Average per</li> <li>36.00 Private room</li> <li>37.00 General inpa 27 minus lin</li> <li>PART II - HO</li> <li>PROGRAM INPA</li> </ul>	diem private room charge differential (lin diem private room cost differential (line cost differential adjustment (line 3 x li tient routine service cost net of swing-be e 36) SPITAL AND SUBPROVIDERS ONLY FIENT OPERATING COST BEFORE PASS THROUGH CO	ne 32 minus 34 x line ne 35) ed cost and COST ADJUST	31) private room cost di MENTS		0. 00 0 20, 550, 678	35.00 36.00 37.00
<ul> <li>34.00 Average per</li> <li>35.00 Average per</li> <li>36.00 Private room</li> <li>37.00 General inpa 27 minus lir</li> <li>PART II - HO</li> <li>PROGRAM INPA</li> <li>38.00 Adjusted ger</li> </ul>	diem private room charge differential (lin diem private room cost differential (line cost differential adjustment (line 3 x li tient routine service cost net of swing-be e 36) SPITAL AND SUBPROVIDERS ONLY FIENT OPERATING COST BEFORE PASS THROUGH CO eral inpatient routine service cost per di	ne 32 minus 34 x line ne 35) ed cost and COST ADJUSTM em (see in:	31) private room cost di MENTS structions)		0. 00 0 20, 550, 678 848. 96	35. 00 36. 00 37. 00 38. 00
<ul> <li>34.00 Average per</li> <li>35.00 Average per</li> <li>36.00 Private room</li> <li>37.00 General inpa 27 minus lin</li> <li>PART II - HO</li> <li>PROGRAM INPA</li> <li>38.00 Adjusted gen</li> <li>99.00 Program gene</li> </ul>	diem private room charge differential (lin diem private room cost differential (line cost differential adjustment (line 3 x li tient routine service cost net of swing-be e 36) SPITAL AND SUBPROVIDERS ONLY FIENT OPERATING COST BEFORE PASS THROUGH CO	and 32 minus 34 x line ne 35) ad cost and cost ADJUSTI em (see in: 2 x line 38)	31) private room cost di MENTS structions)		0. 00 0 20, 550, 678	35. 00 36. 00 37. 00 38. 00

	ATION OF INPATIENT OPERATING COST		Provi der		eriod: rom 01/01/2014 o 12/31/2014		epare
				e XVIII	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
00	NURSERY (title V & XIX only)	0	0	0.00	0	C	) 42.
~ ~	Intensive Care Type Inpatient Hospital Units	0.044.044		1 500 04	1 (04	0.000.51	
00	INTENSIVE CARE UNIT	3, 841, 364					
00	NEONATAL INTENSIVE CARE UNIT	1, 927, 321	802	2, 403. 14	0	C	
00	BURN INTENSIVE CARE UNIT						45
00	SURGI CAL I NTENSI VE CARE UNI T						46
00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47
	cost center bescription					1.00	+
00	Program inpatient ancillary service cost (Wks	st D-3 col 3	Line 200)			16, 583, 085	5 48
00	Total Program inpatient costs (sum of lines 4			ns)		28, 736, 512	
00	PASS THROUGH COST ADJUSTMENTS			113)		20, 100, 012	-1 ''
00	Pass through costs applicable to Program inpa	atient routine	services (from	Wkst. D. sum	of Parts I and	1, 372, 222	2 50
	)						
00	Pass through costs applicable to Program inpa	atient ancillar	y services (fr	om Wkst. D, su	m of Parts II	969, 387	7 51
	and IV)						
00	Total Program excludable cost (sum of lines 5					2, 341, 609	
00	Total Program inpatient operating cost exclud		lated, non-phy	sician anesthe	tist, and	26, 394, 903	3 53
	medical education costs (line 49 minus line 5	52)				L	-
~~	TARGET AMOUNT AND LIMIT COMPUTATION						
00	Program di scharges					0	
00	Target amount per discharge Target amount (line 54 x line 55)					0.00	
00 00	Difference between adjusted inpatient operati	ng cost and to	ract amount ()	ino E4 minuc l	no E2)		
00	Bonus payment (see instructions)	ny cost and ta	rget allount (i	The so minus i	The 55)		
00	Lesser of lines 53/54 or 55 from the cost reg	orting period	ending 1996 u	ndated and com	oounded by the		
00	market basket	boi tring period	enuing 1990, u		bounded by the	0.00	
00	Lesser of lines 53/54 or 55 from prior year of	cost report, up	dated by the m	arket basket		0.00	0 60
00	If line 53/54 is less than the lower of lines				he amount by	C	
	which operating costs (line 53) are less than						
	amount (line 56), otherwise enter zero (see i	nstructions)			U		
00	Relief payment (see instructions)					C	62
00	Allowable Inpatient cost plus incentive payme	ent (see instru	ctions)			C	0 63
	PROGRAM INPATIENT ROUTINE SWING BED COST						
00	Medicare swing-bed SNF inpatient routine cost	ts through Dece	mber 31 of the	cost reportin	g period (See	C	64
00	instructions)(title XVIII only)	to ofter Decemb	or 21 of the e	aat raparting	and (Caa	C	
00	Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)	is after Decemb	er si or the c	ost reporting	berrou (see		) 65
00	Total Medicare swing-bed SNF inpatient routin	na costs (lina	61 nlus ling 6	5) (title XVIII	only) For	0	66
00	CAH (see instructions)			5)(title xilli	only). Tor		
00	Title V or XIX swing-bed NF inpatient routine	e costs through	December 31 o	f the cost rep	orting period	0	67
00	(line 12 x line 19)	o ooo to tin ough		1 110 0001 100	or ening por rou		
00	Title V or XIX swing-bed NF inpatient routine	e costs after D	ecember 31 of	the cost repor	ting period	( C	68  0
	(line 13 x line 20)						
00	Total title V or XIX swing-bed NF inpatient r					C	) 69
_	PART III - SKILLED NURSING FACILITY, OTHER NU		•				
00	Skilled nursing facility/other nursing facili	3					70
00	Adjusted general inpatient routine service co		ıne /0 ÷ line	2)			71
00	Program routine service cost (line 9 x line 7	,	(line 14	no 2E)			72
00	Medically necessary private room cost applica	Ũ	•				73
00 00	Total Program general inpatient routine servi Capital-related cost allocated to inpatient r				rt II column		74
00	26, line 45)	Service	CUSIS (ITUIL M	ULASHEEL D, Pa	tin, corumn		1,2
00	Per diem capital-related costs (line 75 ÷ lir	ne 2)					76
00	Program capital -related costs (line 9 x line						77
00	Inpatient routine service cost (line 74 minus						78
00	Aggregate charges to beneficiaries for excess		rovider record	s)			79
00	Total Program routine service costs for compa			· · · · · · · · · · · · · · · · · · ·	s line 79)		80
00	Inpatient routine service cost per diem limit	tation					81
00	Inpatient routine service cost limitation (li	ne 9 x line 81	)				82
00	Reasonable inpatient routine service costs (s	see instruction	s)				83
00	Program inpatient ancillary services (see ins						84
00	Utilization review - physician compensation (						85
00	Total Program inpatient operating costs (sum		rough 85)			L	86
_	PART IV - COMPUTATION OF OBSERVATION BED PASS						
00	Total observation bed days (see instructions)					2, 538	
			1 1 1 1 2 1			848.96	51 88
00 00	Adjusted general inpatient routine cost per of Observation bed cost (line 87 x line 88) (see	•	The Z)			2, 154, 660	

Health Financial Systems FRAN	ICI SCAN ST. MARG	ARET HEALTH- D	YER	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Period: From 01/01/2014	Worksheet D-1	
				To 12/31/2014		
	_	Titl	e XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	2, 377, 620	20, 550, 678	0. 115695	2, 154, 660	249, 283	90.00
91.00 Nursing School cost	0	20, 550, 678	0.00000	2, 154, 660	0	91.00
92.00 Allied health cost	0	20, 550, 678	0.00000	2, 154, 660	0	92.00
93.00 All other Medical Education	0	20, 550, 678	0.00000	2, 154, 660	0	93.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 150090 Component CCN: 15T090 Title XVIII	Subprovi der –	Worksheet D-1 Date/Time Pre 5/27/2015 6:2 PPS	pare
	Cost Center Description		I RF	1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
00	Inpatient days (including private room days and swing-bed days,			7, 201	
00 00	Inpatient days (including private room days, excluding swing-be Private room days (excluding swing-bed and observation bed days		ivate room dave	7, 201 0	
50	do not complete this line.	). IT you have only pr	rvate room days,	0	
00	Semi-private room days (excluding swing-bed and observation bec			7, 201	
00	Total swing-bed SNF type inpatient days (including private room	days) through Decembe	r 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private room	davs) after December 3	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)			-	
00	Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7
00	reporting period Total swing-bed NF type inpatient days (including private room	davs) after December 3	1 of the cost	0	8
00	reporting period (if calendar year, enter 0 on this line)	days) arter becember 5	i oi the cost	0	"
00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	5, 111	9
. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII onl	v (including private -	oom dave)	0	10
. 00	through December 31 of the cost reporting period (see instructi		udys)	0	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl	y (including private r	oom days) after	0	11
~~	December 31 of the cost reporting period (if calendar year, ent			0	1.0
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX through December 31 of the cost reporting period	only (including private	e room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including privat	e room days)	0	13
	after December 31 of the cost reporting period (if calendar year				
	Medically necessary private room days applicable to the Program	(excluding swing-bed	days)	0	
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	
	SWING BED ADJUSTMENT			Ū	
. 00	Medicare rate for swing-bed SNF services applicable to services	through December 31 o	f the cost	0.00	17
. 00	reporting period Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0.00	18
	reporting period			0.00	
. 00	Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0.00	20
. 00	reporting period			0.00	20
	Total general inpatient routine service cost (see instructions)			4, 600, 606	
. 00	Swing-bed cost applicable to SNF type services through December 5 x line 17)	31 of the cost report	ing period (line	0	22
. 00	Swing-bed cost applicable to SNF type services after December 3	1 of the cost reportin	a period (line 6	0	23
	x line 18)			-	
. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reportion	ng period (line	0	24
. 00	7 x line 19) Swing-bed cost applicable to NF type services after December 31	of the cost reporting	period (line 8	0	25
	x line 20)	······································	p	-	
	Total swing-bed cost (see instructions)			0	
. 00	General inpatient routine service cost net of swing-bed cost (I PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	ine zi minus iine 26)		4, 600, 606	27
. 00	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	28
	Private room charges (excluding swing-bed charges)		-	0	
	Semi-private room charges (excluding swing-bed charges)	lino 20)		0	
	General inpatient routine service cost/charge ratio (line 27 ÷ Average private room per diem charge (line 29 ÷ line 3)	11110 20)		0.000000	
	Average semi-private room per diem charge (line 2) + line 3)			0.00	
00	Average per diem private room charge differential (line 32 minu	, ,	tions)	0.00	
	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	31)		0.00	
	General inpatient routine service cost net of swing-bed cost ar	d private room cost di	fferential (line	4, 600, 606	
	27 minus line 36)			., 555, 500	]
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	THENTO			-
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS Adjusted general inpatient routine service cost per diem (see i			638.88	38
	Program general inpatient routine service cost (line 9 x line 3			3, 265, 316	
	Medically necessary private room cost applicable to the Program			0	
00	Total Program general inpatient routine service cost (line 39 +	line 40)		3, 265, 316	41

					N: 150090	Period: From 01/01/20		
						To 12/31/20	5/27/2015 6	:24 pi
			T	Title	XVIII	Subprovi der I RF	- PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient D		Average Per em (col. 1 col. 2)		S Program Cost (col. 3 x col 4)	
		1.00	2.00		3.00	4.00	5.00	
. 00	NURSERY (title V & XIX only)	0		0	0.	00	0	0 42
. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	0	)	0	0.	00	0	0 43
. 00	NEONATAL INTENSIVE CARE UNIT	0		Ō	0.		0	0 44
. 00	BURN INTENSIVE CARE UNIT							45
. 00	SURGICAL INTENSIVE CARE UNIT							46
. 00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description							47
	cost center bescription						1.00	
. 00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3	3, line 200)	)			2, 876, 15	58 48
. 00	Total Program inpatient costs (sum of lines 4	11 through 48)	(see instruc	ctions	)		6, 141, 47	74 49
00	PASS THROUGH COST ADJUSTMENTS	tiont nouting		From M	lkot D ou	m of Dorto I o	ad 110.0/	
. 00	Pass through costs applicable to Program inpa	attent routine	services (1		KSL. D, SU	I OF PARTS F A	nd 110, 96	50 50
. 00	Pass through costs applicable to Program inpa	atient ancillar	ry services	(from	Wkst. D, s	sum of Parts I	71, 32	26 51
	and IV)		-					
. 00	Total Program excludable cost (sum of lines 5				alon -: ''	actict - '	182, 28	
. 00	Total Program inpatient operating cost exclude medical education costs (line 49 minus line 5	5 1	elated, non-	-pnysi	ci an anesti	netist, and	5, 959, 18	38 53
	TARGET AMOUNT AND LIMIT COMPUTATION	52)						
. 00	Program discharges							0 54
. 00	Target amount per discharge						0.0	
. 00	Target amount (line 54 x line 55)					1		0 56
00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ng cost and ta	arget amount	t (IIn	e 56 minus	Tine 53)		0 57
. 00	Lesser of lines 53/54 or 55 from the cost reg	porting period	endi ng 1996	6 upd	ated and c	ompounded by t	ne 0.0	
	market basket	ber tring per rou	ondring 1770	o, apo				
. 00	Lesser of lines 53/54 or 55 from prior year of						0.0	
. 00	If line 53/54 is less than the lower of lines							0 61
	which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i		ts (Tines 54	4 X 6U	), or 1% o	r the target		
. 00	Relief payment (see instructions)	notr dotrono)						0 62
. 00	Allowable Inpatient cost plus incentive payme	ent (see instru	uctions)					0 63
	PROGRAM INPATIENT ROUTINE SWING BED COST						-	
. 00	Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)	ts through Dece	ember 31 of	the c	ost report	ing period (See	e	0 64
. 00	Medicare swing-bed SNF inpatient routine cost	ts after Decemb	per 31 of th	ne cos	t reportin	period (See		0 65
	instructions)(title XVIII only)							
. 00	Total Medicare swing-bed SNF inpatient routir	ne costs (line	64 plus lir	ne 65)	(title XVI	ll only). For		0 66
00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routine	costs through	Docombor 2	21 of	the cost r	oporting porio	4	0 67
. 00	(line 12 x line 19)	e costs thi dugi	i December 3	51 01	the cost h	eporting period		0 0/
. 00	Title V or XIX swing-bed NF inpatient routine	e costs after [	December 31	of th	e cost rep	orting period		0 68
	(line 13 x line 20)							_
. 00	Total title V or XIX swing-bed NF inpatient r PART III - SKILLED NURSING FACILITY, OTHER NU							0 69
. 00	Skilled nursing facility/other nursing facili							70
. 00	Adjusted general inpatient routine service co				( 0, )			71
. 00	Program routine service cost (line 9 x line 7		<i></i>					72
. 00	Medically necessary private room cost applica				35)			73
. 00 . 00	Total Program general inpatient routine servi Capital-related cost allocated to inpatient r	•			ksheet R	Part II colum		74
	26, line 45)	Satine Service						'`
. 00	Per diem capital-related costs (line 75 ÷ lir							76
. 00	Program capital -related costs (line 9 x line							77
00	Inpatient routine service cost (line 74 minus Aggregate charges to beneficiaries for excess		rovider roc	orde)				78
00	Total Program routine service costs for compa					nus line 79)		80
00	Inpatient routine service cost per diem limit			(				81
00	Inpatient routine service cost limitation (li	ne 9 x line 8						82
. 00	Reasonable inpatient routine service costs (s		ns)					83
. 00	Program inpatient ancillary services (see ins		>					84
. 00 . 00	Utilization review - physician compensation (							85
. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		n ougir 60)				1	
. 00	Total observation bed days (see instructions)							0 87
00	Adjusted general inpatient routine cost per d	diem (line 27 –	÷line 2)				0.0	
	Observation bed cost (line 87 x line 88) (see							0 89

Health Financial Systems FRA	NCISCAN ST. MARG	ARET HEALTH- D	YER	In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Period: From 01/01/2014	Worksheet D-1	
		Component		To 12/31/2014		
		Titl	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	156, 366	4, 600, 606	0. 03398	8 0	0	90.00
91.00 Nursing School cost	0	4, 600, 606	0. 00000	0 0	0	91.00
92.00 Allied health cost	0	4, 600, 606	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	4, 600, 606	0. 00000	0 0	0	93.00

		Provider CCN: 150090 Component CCN: 15T090 Title XIX	Peri od: From 01/01/2014 To 12/31/2014 Subprovi der -	Worksheet D-1 Date/Time Pre 5/27/2015 6:2 Tefra	pare
	Cost Center Description		I RF	1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days,	oveluding newborn)		7, 201	1 1
00	Inpatient days (including private room days and swing-bed days, Inpatient days (including private room days, excluding swing-bed			7, 201	2
00	Private room days (excluding swing-bed and observation bed days)		vate room days,	0	3
00	do not complete this line. Semi-private room days (excluding swing-bed and observation bed	dava		7 201	4
00	Total swing-bed SNF type inpatient days (including private room	5 7	- 31 of the cost	7, 201 0	
	reporting period	3 . 0			
00	Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after December (	31 of the cost	0	6
00	Total swing-bed NF type inpatient days (including private room d	ays) through December	31 of the cost	0	7
	reporting period				
00	Total swing-bed NF type inpatient days (including private room d reporting period (if calendar year, enter 0 on this line)	ays) after December 3	I of the cost	0	8
00	Total inpatient days including private room days applicable to t	he Program (excluding	swing-bed and	322	9
. 00	newborn days) Swing had SNE type inpatient days appliesble to title XVIII enty	(including private r	and dave)	0	10
. 00	Swing-bed SNF type inpatient days applicable to title XVIII only through December 31 of the cost reporting period (see instructio		Join uays)	0	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII only		oom days) after	0	11
. 00	December 31 of the cost reporting period (if calendar year, ente Swing-bed NF type inpatient days applicable to titles V or XIX o		e room days)	0	12
	through December 31 of the cost reporting period	5	5 /	0	'2
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX o			0	13
. 00	after December 31 of the cost reporting period (if calendar year Medically necessary private room days applicable to the Program			0	14
	Total nursery days (title V or XIX only)	(		958	15
. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16
00	Medicare rate for swing-bed SNF services applicable to services	through December 31 o	f the cost	0.00	17
	reporting period			0.00	
. 00	Medicare rate for swing-bed SNF services applicable to services reporting period	arter December 31 of	the cost	0.00	112
. 00	Medicaid rate for swing-bed NF services applicable to services t	hrough December 31 of	the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to services a	fter December 31 of t	ne cost	0.00	20
	reporting period				
00	Total general inpatient routine service cost (see instructions) Swing-bed cost applicable to SNF type services through December	21 of the cost report	ng pariod (line	4, 600, 606	
. 00	5 x line 17)		ng period (inne	0	
. 00	Swing-bed cost applicable to SNF type services after December 31	of the cost reporting	g period (line 6	0	23
00	x line 18) Swing-bed cost applicable to NF type services through December 3	1 of the cost reportio	ng period (line	0	24
	7 x line 19)			Ū.	
. 00	Swing-bed cost applicable to NF type services after December 31 x line 20)	of the cost reporting	period (line 8	0	25
. 00	Total swing-bed cost (see instructions)			0	26
. 00	General inpatient routine service cost net of swing-bed cost (li	ne 21 minus line 26)		4, 600, 606	27
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed a	nd observation bed ch	arges)	0	28
	Private room charges (excluding swing-bed charges)			0	29
	Semi-private room charges (excluding swing-bed charges)			0	30
	General inpatient routine service cost/charge ratio (line 27 ÷ l Average private room per diem charge (line 29 ÷ line 3)	i ne 28)		0. 000000 0. 00	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 minus		tions)	0.00	
00 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	31)		0. 00 0	35
00	General inpatient routine service cost net of swing-bed cost and	private room cost di	fferential (line	4, 600, 606	
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST	MENTS			
00	Adjusted general inpatient routine service cost per diem (see in			638.88	
	Program general inpatient routine service cost (line 9 x line 38 Medically necessary private room cost applicable to the Program			205, 719	
00				0	40

	ATION OF INPATIENT OPERATING COST			r CCN: 150090	Period: From 01/01/2014		
					To 12/31/2014	5/27/2015 6:2	
			Ti	tle XIX	Subprovider - IRF	Tefra	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Day	Average Per vsDiem (col. 1 col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
00	NURSERY (title V & XIX only)	0		0 0.0	00 0	0 0	42
00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	0		0 0.0	00 0	0	43
00	NEONATAL INTENSIVE CARE UNIT	0		0 0.0		0	
00	BURN INTENSIVE CARE UNIT						45
00 00	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						46
00	Cost Center Description	<u> </u>	1				
00	Program inpatient ancillary service cost (Wks	st D-3 col 3	3 line 200)			1.00	48
00	Total Program inpatient costs (sum of lines 4			ons)		446, 485	
	PASS THROUGH COST ADJUSTMENTS	<u> </u>					
00	Pass through costs applicable to Program inpa	atient routine	services (fro	m Wkst. D, sur	n of Parts I and	0	50
00	Pass through costs applicable to Program inpa	atient ancillar	ry services (f	rom Wkst. D, s	sum of Parts II	3, 871	51
	and IV)		-	-			
. 00 . 00	Total Program excludable cost (sum of lines ! Total Program inpatient operating cost exclud		alated non a	weician anac+	natist and	3, 871 442, 614	
. 00	medical education costs (line 49 minus line !	5 1	erateu, non-pr	lysi ci all'allesti	letist, allu	442,014	00
	TARGET AMOUNT AND LIMIT COMPUTATION					1	
. 00 . 00	Program discharges Target amount per discharge					24	
. 00	Target amount (line 54 x line 55)					0.00	
. 00	Difference between adjusted inpatient operati	ng cost and ta	arget amount (	line 56 minus	line 53)	-442, 614	57
. 00	Bonus payment (see instructions)					0	
. 00	Lesser of lines 53/54 or 55 from the cost repmarket basket	porting period	ending 1996,	updated and co	ompounded by the	0.00	59
. 00	Lesser of lines 53/54 or 55 from prior year of	cost report, up	odated by the	market basket		0.00	60
. 00	If line 53/54 is less than the lower of lines					0	61
	which operating costs (line 53) are less than amount (line 56), otherwise enter zero (see i		ts (Times 54 )	( 60), OF 1% O	the target		
. 00	Relief payment (see instructions)					0	62
. 00	Allowable Inpatient cost plus incentive payme	ent (see instru	uctions)			3, 871	63
. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of th	e cost reporti	ing period (See	0	64
. 00	instructions)(title XVIII only)				ng period (bee		
. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	ber 31 of the	cost reportino	g period (See	0	65
. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line	65)(title XVI)	llonly) For	0	66
	CAH (see instructions)						
. 00	Title V or XIX swing-bed NF inpatient routine	e costs through	n December 31	of the cost re	eporting period	0	67
. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	e costs after [	December 31 of	<sup>°</sup> the cost rep	orting period	0	68
	(line 13 x line 20)						
. 00	Total title V or XIX swing-bed NF inpatient N PART III - SKILLED NURSING FACILITY, OTHER NU					0	69
. 00	Skilled nursing facility/other nursing facili						70
. 00	Adjusted general inpatient routine service co	-					71
. 00	Program routine service cost (line 9 x line )		m (lino 14 st	ino 25)			72
. 00 . 00	Medically necessary private room cost applica Total Program general inpatient routine servi						73
. 00	Capital-related cost allocated to inpatient i	•			Part II, column		75
00	26, line 45) Per diem capital-related costs (line 75 ± liu	2)					-,
. 00 . 00	Per diem capital-related costs (line 75 ÷ lin Program capital-related costs (line 9 x line						76
00	Inpatient routine service cost (line 74 minus	s line 77)					78
00	Aggregate charges to beneficiaries for excess				aug ling 70)		79
. 00 . 00	Total Program routine service costs for compa Inpatient routine service cost per diem limi		JUST LIMITATIO	n (ine /s mi	ius i i ne 79)		80
. 00	Inpatient routine service cost limitation (li		1)				82
. 00	Reasonable inpatient routine service costs (		ns)				83
. 00 . 00	Program inpatient ancillary services (see ins		anc)				84
	Utilization review - physician compensation Total Program inpatient operating costs (sum						86
			J /				1
. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS					1	
. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions) Adjusted general inpatient routine cost per o	)	Line 2			0.00	

Health Financial Systems FR/	ANCISCAN ST. MAR	GARE	T HEALTH- D'	YER	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST			Provi der		Period:	Worksheet D-1	
			Component		From 01/01/2014 To 12/31/2014		
			Ti t	le XIX	Subprovider - IRF	Tefra	
Cost Center Description	Cost		utine Cost	column 1 ÷	Total	Observation	
		(fro	om line 27)	column 2	Observati on	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
	1.00		2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	I COST						
90.00 Capital-related cost		0	4, 600, 606	0.00000	0 0	0	90.00
91.00 Nursing School cost		0	4, 600, 606	0.00000	0 0	0	91.00
92.00 Allied health cost		ol	4, 600, 606	0.00000	0 0	o	92.00
93.00 All other Medical Education		0	4, 600, 606			0	93.00

Health Financial Systems FRANCISCAN ST. MARGARET HEA	LTH- D	YER	In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT Pro	vi der	CCN: 150090	Peri od:	Worksheet D-3	
			From 01/01/2014 To 12/31/2014	Data /Tima Dra	narad
			10 12/31/2014	Date/Time Pre 5/27/2015 6:2	
	Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
		J		(col. 1 x col.	
			5	2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			14, 534, 166		30.00
31.00 03100 INTENSIVE CARE UNIT			3, 072, 850		31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT			0		32.00
41. 00 04100 SUBPROVI DER – I RF			0		41.00
42. 00 04200 SUBPROVI DER			0		42.00
43. 00 04300 NURSERY					43.00
ANCI LLARY SERVI CE COST CENTERS		•			
50. 00 05000 OPERATI NG ROOM		0. 2031	25 5, 959, 370	1, 210, 497	50.00
50. 01 05001 OUTPATI ENT SURGERY		0. 2581	41 2, 187, 795	564, 760	50.01
51.00 05100 RECOVERY ROOM		0. 2648	45 966, 043	255, 852	51.00
53. 00 05300 ANESTHESI OLOGY		0. 2619	83 2, 373, 503	621, 817	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 0993	97 7, 488, 302	744, 315	54.00
54. 01 05401 RADI OLOGY-SPECIAL PROCEDURES		0. 2782		326, 198	54.01
55. 00 05500 RADI OLOGY-THERAPEUTI C		0. 2574		54, 579	55.00
56. 00 05600 RADI 0I SOTOPE		0. 5341		452, 485	1
60. 00 06000 LABORATORY		0. 1481		1, 535, 347	1
63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.		0. 3032		299, 732	
65. 00 06500 RESPI RATORY THERAPY		0. 1840		1, 081, 973	
66. 00 06600 PHYSI CAL THERAPY		0. 4415		376, 222	
67. 00 06700 OCCUPATI ONAL THERAPY		0. 2885		96, 832	
68. 00 06800 SPEECH PATHOLOGY		0. 3196		55,061	
69. 00 06900 ELECTROCARDI OLOGY		0. 1322		405, 727	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 2530		54, 228	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 2092		1, 419, 569	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 6594		3, 386, 803	
73. 00 07300 DRUGS CHARGED TO PATIENTS		0.0938		1, 610, 764	
76. 00 03630 ULTRA SOUND		0. 1088		131, 632	
76. 01 03951 PAIN CLINIC		0. 2055		2, 198	1
76. 02  03952  CATH_LAB		0. 2055		610, 255	
76. 03 03953 ACTIVITY THERAPEUTIC 76. 04 03954 WOUND CARE CENTER		0.6628		6, 890	
		0.3582		1, 972	1
		2.0788		318	1
76.06 03030 HEALTHY LIVING CENTER		0.0000		0	
76. 07 03950 CV RESOURCE CENTER		0.0000		0	76.07
76. 08 03955 ANTI COAGULATI ON CLINIC		0.8444	12 1, 433	1, 210	76.08
0UTPATI ENT_SERVI CE_COST_CENTERS 91. 00 09100 EMERGENCY		0.0157		00/ 100	01 00
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART		0. 2156 0. 7112		806, 408	91.00 92.00
		0.7112		469, 441	
200.00 Total (sum of lines 50-94 and 96-98)	. (1)		83, 505, 114	16, 583, 085	
201.00 Less PBP Clinic Laboratory Services-Program only charges (line	; 01)		02 505 114		201.00
202.00 Net Charges (line 200 minus line 201)		I	83, 505, 114		202.00

ealth Financial Systems NPATIENT ANCILLARY SERV	FRANCI SCAN ST. MAR		CCN: 150090	Peri od:	u of Form CMS-2 Worksheet D-3	
NPATTENT ANGILLARY SERV	CE CUST APPORTIONMENT	Provider	CCN: 120040	From 01/01/2014	worksneet D-3	
			t CCN: 15T090	To 12/31/2014	Date/Time Pre 5/27/2015 6:2	
		Titl	e XVIII	Subprovider -	PPS	
Cost Center	Description		Ratio of Cos		Inpati ent	
			To Charges	0	Program Costs	
				Charges	(col. 1 x col.	
			1.00	2.00	2) 3.00	
	SERVI CE COST CENTERS		1.00	2.00	3.00	
0. 00 03000 ADULTS & PED				0		30.0
1.00 03100 INTENSIVE CA				0		31. (
2.00 02060 NEONATAL INT				0		32.
1.00 04100 SUBPROVI DER				5, 562, 948		41.0
2.00 04200 SUBPROVI DER				0		42.
3. 00 04300 NURSERY						43.
ANCI LLARY SERVICE	COST CENTERS					
0.00 05000 OPERATING RO	DM		0. 2031	25 7, 555	1, 535	50.
0. 01 05001 OUTPATIENT S	JRGERY		0. 2581	41 28, 247	7, 292	50.
1.00 05100 RECOVERY ROO			0. 2648		0	51.
3. 00 05300 ANESTHESI OLO			0. 2619		4, 588	53.
4. 00 05400 RADI OLOGY-DI			0. 0993	97 368, 258	36, 604	54.
4. 01  05401 RADI 0L0GY-SP			0. 2782		0	54.
5. 00  05500  RADI 0L0GY-TH	ERAPEUTI C		0. 2574		1, 468	
6. 00 05600 RADI 0I SOTOPE			0. 5341		9, 296	
0.00 06000 LABORATORY			0. 1481		4, 052	
	G, PROCESSING & TRANS.		0. 3032		6, 408	
5. 00 06500 RESPI RATORY			0. 1840		56, 277	
6. 00 06600 PHYSI CAL THE			0.4415		1, 472, 138	
7.00 06700 OCCUPATI ONAL			0. 2885		468, 062	
8. 00 06800 SPEECH PATHO 9. 00 06900 ELECTROCARDI			0. 3196		80, 757	
0.00 07000 ELECTROCARDI			0. 1322		101, 342	
	LIES CHARGED TO PATIENT		0. 2092		1, 220 163, 466	
2.00 07200 IMPL. DEV. C			0. 2092		8, 438	
3. 00 07300 DRUGS CHARGE			0. 0938		184, 751	73.
6.00 03630 ULTRA SOUND	S IS INTERIO		0. 1088		8, 987	76.
6. 01 03951 PAIN CLINIC			0. 2055		0, 707	
6. 02 03952 CATH LAB			0. 1068		0	
6. 03 03953 ACTIVITY THE	RAPEUTIC		0. 6628		0	76.
6.04 03954 WOUND CARE C			0. 3582		0	76.
6. 05 03340 BARIATRIC CL	NIC		2.0788		0	76.
6.06 03030 HEALTHY LIVI	NG CENTER		0.0000	00 0	0	76.
6. 07 03950 CV RESOURCE	CENTER		0.0000	00 0	0	76.
6. 08 03955 ANTI COAGULAT			0.8444	12 0	0	76.
OUTPATIENT SERVICE	COST CENTERS					
1.00 09100 EMERGENCY			0. 2156		259, 477	91.
	BEDS (NON-DI STINCT PART		0. 7112		0	92.
	flines 50-94 and 96-98)			10, 827, 356	2, 876, 158	
	hic Laboratory Services-Program only cha	nrges (line 61)		0		201.
02.00 Net Charges	(line 200 minus line 201)		1	10, 827, 356		202.

Health Financial Sy		. MARGARET HEALTH- D		-		u of Form CMS-2	
INPATIENT ANCILLARY	Y SERVICE COST APPORTIONMENT	Provi der	CCN: 150090		eri od:	Worksheet D-3	
				To	com 01/01/2014 12/31/2014	Date/Time Pre 5/27/2015 6:24	
		Tit	le XIX		Hospi tal	Cost	
Cost C	enter Description		Ratio of Co		Inpati ent	Inpati ent	
			To Charges	s	Program	Program Costs	
					Charges	(col. 1 x col.	
			1.00		2.00	2)	
	UTINE SERVICE COST CENTERS		1.00		2.00	3.00	
	& PEDIATRICS		1		1, 649, 558		30.00
	IVE CARE UNIT				1, 049, 558		31.00
	AL INTENSIVE CARE UNIT				1, 300, 775		32.00
41.00 04100 SUBPRO					1, 300, 773		41.00
42.00 04200 SUBPRO					0		42.00
43.00 04300 NURSER					0		43.00
	RVICE COST CENTERS				Ч		43.00
50.00 05000 OPERAT			0. 203	125	958, 065	194, 607	50.00
50.01 05001 OUTPAT			0. 2569		55, 416	14, 239	50.01
51.00 05100 RECOVE			0. 2648		128, 378	34,000	51.00
53.00 05300 ANESTH			0. 2619		291, 588	76, 391	53.00
	DGY-DI AGNOSTI C		0. 0993		600, 208	59,659	
	DGY-SPECIAL PROCEDURES		0. 2782		95, 818	26, 661	54.01
	DGY-THERAPEUTI C		0. 2574		29, 812	7,674	55.00
56.00 05600 RADIOI			0. 534		37, 225	19, 883	
60.00 06000 LABORA			0. 147		1, 586, 651	234, 493	
	STORING, PROCESSING & TRANS.		0. 3032		109, 037	33, 070	63.00
	ATORY THERAPY		0. 1840		566, 918	104, 332	65.00
66.00 06600 PHYSI C			0. 440		145, 015	63, 943	
	TI ONAL THERAPY		0. 2885		59, 854	17, 270	
68.00 06800 SPEECH			0. 3190		56, 982	18, 214	
69.00 06900 ELECTR			0. 1322		127,069	16, 804	69.00
	DENCEPHALOGRAPHY		0. 251		9, 229	2, 321	70.00
	L SUPPLIES CHARGED TO PATIENT		0. 2092		593, 694	124, 239	
	DEV. CHARGED TO PATIENTS		0. 6594		421, 389	277, 897	
	CHARGED TO PATIENTS		0.0938		2, 144, 501	201, 289	73.00
76.00 03630 ULTRA			0. 1088		97, 091	10, 572	76.00
76.01 03951 PAIN C			0. 205		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,072	76.01
76.02 03952 CATH L			0. 1068		264, 095	28, 220	
	TY THERAPEUTIC		0. 6628		204,093	20, 220	76.02
76.04 03954 WOUND			0. 3575		0	0	76.03
76. 05 03340 BARI AT			2.078		0	0	76.05
	Y LIVING CENTER		0.0000		0	0	76.06
76.07 03950 CV RES			0.0000		0	0	76.07
	AGULATION CLINIC		0.8444		0	0	76.08
	ERVICE COST CENTERS		0.044		9	0	, 0. 00
91.00 09100 EMERGE			0. 215	144	507, 356	109, 155	91.00
	ATION BEDS (NON-DISTINCT PART		0. 7112		0	0	92.00
	(sum of lines 50-94 and 96-98)				8, 885, 391	1, 674, 933	
	BP Clinic Laboratory Services-Program onl	v charges (line 61)			0	,, .00	201.00
201.00 [Less P							

IPATI ENT ANCI LLARY SERVI CE COST APPORTI ONMENT	Provi dor	CCN: 150090	Peri od:	u of Form CMS-: Worksheet D-3	
IFAITENT ANGILLART SERVICE CUST APPORTIONMENT	PLOVE	CCN. 150090	From 01/01/2014	WULKSHEEL D-3	
		t CCN: 15T090	To 12/31/2014	Date/Time Pre 5/27/2015 6:2	
	Ti t	le XIX	Subprovider -	Tefra	
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges	Ģ	Program Costs	
			Charges	(col. 1 x col. 2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1	0		30.
1. 00  03100  INTENSI VE CARE UNI T			0		31.
2. 00 02060 NEONATAL INTENSIVE CARE UNIT			0		32.
1. 00   02000  NEUNATAL TITTENSI VE CARE UNIT			488, 003		41.
					41.
2. 00  04200  SUBPROVI DER 3. 00  04300  NURSERY			0		42.
ANCI LLARY SERVICE COST CENTERS			0		43.
0. 00 05000 OPERATING ROOM		0, 2031	25 0	0	50.
D. 01 05000 OFERATING ROOM		0. 2031		0	
I. OO OS100 RECOVERY ROOM		0. 2509		0	
3. 00 05300 ANESTHESI OLOGY		0. 2619		0	
I. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 0993		0	
I. 01 05400 RADIOLOGI DI AGNOSTI C		0. 2782		0	
5. 00 05500 RADI OLOGY-THERAPEUTI C		0. 2702		0	
5. 00 05600 RADI 0I SOTOPE		0. 5341		0	
0. 00 06000 LABORATORY		0. 1477		0	
3. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 3032		0	
5. 00 06500 RESPIRATORY THERAPY		0. 1840		0	
b. 00 06600 PHYSI CAL THERAPY		0. 1840		210, 921	
7. 00 06700 OCCUPATIONAL THERAPY		0. 4409		210, 921	
3. 00 06800 SPEECH PATHOLOGY		0. 3196		28, 887	
2. 00 06900 ELECTROCARDI OLOGY		0. 1322		258	
0. 00 07000 ELECTROENCEPHALOGRAPHY		0. 1322		230	
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 2092		700	
2. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 6594		00	
3. 00 07300 DRUGS CHARGED TO PATIENTS		0.0938		0	
5. 00 03630 ULTRA SOUND		0. 1088		0	
5. 01   03951 PAIN CLINIC		0. 1088		0	
5. 02   03952  CATH_LAB		0. 2033		0	
5. 03 03953 ACTIVITY THERAPEUTIC		0. 1008		0	
b. 04   03954 WOUND CARE CENTER		0. 3575		0	
b. 05   03340  BARI ATRI C CLI NI C		2.0788		0	
5. 06 03030 HEALTHY LIVING CENTER		0.0000		0	
5. 07 03950 CV RESOURCE CENTER		0.0000		0	
b. 08   03955 ANTI COAGULATI ON CLINI C		0.8444		0	
OUTPATIENT SERVICE COST CENTERS		0.0444	12 0	0	1 '
00 09100 EMERGENCY		0. 2151	44 0	0	91
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0.7112		0	
00.00 Total (sum of lines 50-94 and 96-98)			574, 017	240, 766	
01.00 Less PBP Clinic Laboratory Services-Program only charge	s (line 61)		0,4,017	240,700	200.
22.00 Net Charges (line 200 minus line 201)			574, 017		202

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der	CCN: 150090	Period: From 01/01/2014	Worksheet E Part A	
				To 12/31/2014		repared: :24 pm
		Ti tl	e XVIII	Hospi tal	PPS	
			0	1.00	2.00	
00	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS DRG Amounts Other than Outlier Payments		1	0		1.0
01	DRG amounts other than outlier payments for discharges occurring	, prior		16, 623, 099		1.0
02	to October 1 (see instructions) DRG amounts other than outlier payments for discharges occurring			5, 541, 033		1.0
	after October 1 (see instructions)			3, 341, 033		
03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0		1.0
04	DRG for federal specific operating payment for Model 4 BPCI for			0		1.0
00	discharges occurring on or after October 1 (see instructions) Outlier payments for discharges. (see instructions)			818, 564		2.0
01	Outlier reconciliation amount			010, 304		2.0
02 00	Outlier payment for discharges for Model 4 BPCI (see instruction	ıs)		0		2.0 3.0
00	Managed Care Simulated Payments Bed days available divided by number of days in the cost reporti	ng		2, 668, 359 125. 05		4.0
	peri od (see i nstructi ons)					_
00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the most m	recent		7.80		5.0
~~	cost reporting period ending on or before 12/31/1996. (see instru			0.00		
00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance			0.00		6.0
	CFR 413.79(e)					
00	MMA Section 422 reduction amount to the IME cap as specified une CFR $412.105(f)(1)(iv)(B)(1)$	ler 42		0.89		7.0
01	ACA Section 5503 reduction amount to the IME cap as specified ur			0.00		7.0
	CFR 412.105(f)(1)(iv)(B)(2) If the cost report straddles July  then see instructions.	, 2011				
00	Adjustment (increase or decrease) to the FTE count for allopathi			3. 18		8. 0
	osteopathic programs for affiliated programs in accordance with 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67					
	(August 1, 2002).	TR 50007				
01	The amount of increase if the hospital was awarded FTE cap slots section 5503 of the ACA. If the cost report straddles July 1, 20			0.00		8.0
	instructions.	JTT, See				
02	The amount of increase if the hospital was awarded FTE cap slots			0.00		8.0
00	closed teaching hospital under section 5506 of ACA. (see instruc Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines			10. 09		9. (
. 00	and 8,02) (see instructions) FTE count for allopathic and osteopathic programs in the current			0.11		10.0
. 00	from your records	уеаг		9. 11		10.0
. 00	FTE count for residents in dental and podiatric programs. Current year allowable FTE (see instructions)			2.83		11. (
. 00 . 00	Total allowable FTE count for the prior year.			11.94 11.96		12. (
. 00	Total allowable FTE count for the penultimate year if that year	ended on		10. 46		14. (
. 00	or after September 30, 1997, otherwise enter zero. Sum of lines 12 through 14 divided by 3.			11.45		15. (
. 00	Adjustment for residents in initial years of the program			0.00		16. (
. 00 . 00	Adjusment for residents displaced by program or hospital closure Adjusted rolling average FTE count	9		0.00 11.45		17.0
. 00	Current year resident to bed ratio (line 18 divided by line 4).			0. 091563		19. (
. 00	Prior year resident to bed ratio (see instructions)			0.083316		20.0
. 00 . 00	Enter the lesser of lines 19 or 20 (see instructions) IME payment adjustment (see instructions)			0. 083316 1, 104, 351		21.0
. 01	IME payment adjustment - Managed Care (see instructions)			0		22. (
. 00	Indirect Medical Education Adjustment for the Add-on for Section Number of additional allopathic and osteopathic IME FTE resident		the MMA	0.00		23. 0
	slots under 42 Sec. 412.105 (f)(1)(iv)(C).	oup				
. 00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -O-, then enter the low	er of		-0. 98 0. 00		24. 0 25. 0
. 00	line 23 or line 24 (see instructions)			0.00		25.0
. 00 . 00	Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor. (see instructions)			0. 000000 0. 000000		26. 0 27. 0
. 00	IME add-on adjustment amount (see instructions)			0.00000		27.0
. 01	IME add-on adjustment amount - Managed Care (see instructions)			0		28.0
. 00 . 01	Total IME payment ( sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1, 104, 351 0		29. 0 29. 0
	Disproportionate Share Adjustment		1			
. 00	Percentage of SSI recipient patient days to Medicare Part A pati (see instructions)	ent days		2.62		30.0
. 00	Percentage of Medicaid patient days (see instructions)			16.00		31.0
. 00	Sum of lines 30 and 31			18.62		32.0
. 00	Allowable disproportionate share percentage (see instructions) Disproportionate share adjustment (see instructions)			4.85 268,740		33. 0 34. 0

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT		Period: From 01/01/2014	Worksheet E Part A	
			To 12/31/2014	Date/Time Pre 5/27/2015 6:2	
		Title XVIII	Hospi tal	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
25 00	Uncompensated Care Adjustment		0.044 200 142		25 00
35.00 35.01	Total uncompensated care amount (see instructions) Factor 3 (see instructions)		9, 046, 380, 143 0. 000040379	7, 647, 644, 855 0. 000054379	
	Hospital uncompensated care payment (If line 34 is zero,		365, 284	415, 871	
05 00	enter zero on this line) (see instructions)		070 010	104 000	05 00
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		273, 212	104, 822	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line		378, 034		36.00
	35.03) Additional normant for high percentage of ESDD hanaficiary	discharges (Lipes 40 throug	ub 46)		-
40.00	Additional payment for high percentage of ESRD beneficiary Total Medicare discharges on Worksheet S-3, Part I	Gischarges (Times 40 throug	0		40.00
	excluding discharges for MS-DRGs 652, 682, 683, 684 and				
41.00	685 (see instructions) Total ESRD Medicare discharges excluding MS-DRGs 652,		0		41.00
+1.00	682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding		0		41.01
42.00	MS-DRGs 652, 682, 683, 684 an 685. (see instructions) Divide line 41 by line 40 (if less than 10%, you do not		0.00		42.00
121 00	qualify for adjustment)		0100		121 00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652,		0		43.00
44.00	682, 683, 684 an 685. (see instructions) Ratio of average length of stay to one week (line 43		0. 000000		44.00
	divided by line 41 divided by 7 days)				
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line		0		46.00
	41.01)				
47.00 48.00	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and		24, 733, 821 0		47.00 48.00
40.00	MDH, small rural hospitals only. (see instructions)		0		40.00
49.00	Total payment for inpatient operating costs (see		24, 733, 821		49.00
50.00	instructions) Payment for inpatient program capital (from Wkst. L, Pt. I		1, 969, 085		50.00
	and Pt. II, as applicable)				
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4,		400, 153		52.00
	line 49 see instructions).				50.00
53.00 54.00	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies		0		53.00 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' convisos in a topphing bespital (coo		0		E4 00
50.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D,		0		57.00
58.00	Pt. III, column 9, lines 30 through 35). Ancillary service other pass through costs from Wkst. D,		0		58.00
50.00	Pt. IV, col. 11 line 200)		0		30.00
59.00	Total (sum of amounts on lines 49 through 58)		27, 103, 059		59.00
50.00 51.00	Primary payer payments Total amount payable for program beneficiaries (line 59		10, 973 27, 092, 086		60.00 61.00
51.00	minus line 60)		27,072,000		01.00
62.00	Deductibles billed to program beneficiaries		2, 174, 592		62.00
63.00 64.00	Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)		134, 672 337, 787		63.00 64.00
65.00	Adjusted reimbursable bad debts (see instructions)		219, 562		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see		137, 844		66.00
67.00	instructions) Subtotal (line 61 plus line 65 minus lines 62 and 63)		25, 002, 384		67.00
68.00	Credits received from manufacturers for replaced devices		0		68.00
69.00	for applicable to MS-DRGs (see instructions) Outlier payments reconciliation (sum of lines 03, 05 and		0		69.00
J7. UU	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		07.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70. 50 70. 89	RURAL DEMONSTRATION PROJECT Pioneer ACO demonstration payment adjustment amount (see		0		70.50
. 0. 07	instructions)		0		, 0. 07
70. 90	HSP bonus payment HVBP adjustment amount (see		0		70. 90
70. 91	instructions) HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70. 92	Bundled Model 1 discount amount (see instructions)		0		70. 92
	HVBP payment adjustment amount (see instructions)		-53, 340		70.93
	HRR adjustment amount (see instructions) Recovery of accelerated depreciation		-140, 718 0		70.94

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150090		riod: om 01/01/2014 12/31/2014	Worksheet E Part A Date/Time Pre 5/27/2015 6:2	
		Title XVIII		Hospi tal	PPS	
				Prior to	On/After	
				October 1	October 1	
		0		1.00	2.00	
0.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)		0	0		70.96
0. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)		0	0		70.97
0. 98	Low Volume Payment-3			0		70.98
0. 90 10. 99	HAC adjustment amount (see instructions)			0		70.99
1. 00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			24, 808, 326		71.00
1.01	Sequestration adjustment (see instructions)			496, 167		71.0
2.00	Interim payments			23, 407, 205		72.00
3.00	Tentative settlement (for contractor use only)			0		73.0
4.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			904, 954		74.0
5. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			742, 158		75.0
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0		90.0
91.00	Capital outlier from Wkst. L. Pt. I. line 2			0		91.0
	Operating outlier reconciliation adjustment amount (see			0		91.0
2.00	instructions)			0		92.0
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0		93.0
94.00	The rate used to calculate the time value of money (see			0.00		94.0
	instructions)					
95.00	Time value of money for operating expenses (see instructions)			0		95.0
96.00	Time value of money for capital related expenses (see			0		96.0
	instructions)				0 (10)	
			ŀ	1.00	0n/After 10/1 2.00	
00 00	HSP Bonus Payment Amount			0		100.0
00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			0	0	100. 0
01 00	HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)			0		101.0
	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction	c)		0		101.0
02.00	HRR Adjustment for HSP Bonus Payment	5)	- 1	0	U	
03 00	HRR adjustment factor (see instructions)			0.0000	0.0000	103 0
	HRR adjustment amount for HSP bonus payment (see instructions			0.0000		103.0

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Pre 5/27/2015 6:2	
		Title XVIII	Hospi tal	PPS	4 piii
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
. 00	Medical and other services (see instructions)			8, 034	1.
. 00	Medical and other services reimbursed under OPPS (see instruc	ctions)		12, 476, 084	
00	PPS payments			10, 518, 731	3
00	Outlier payment (see instructions)			35, 850	
00	Enter the hospital specific payment to cost ratio (see instru	uctions)		0.000	
00	Line 2 times line 5 Sum of Line 2 plus Line 4 divided by Line (			0 0.00	
00 00	Sum of line 3 plus line 4 divided by line 6 Transitional corridor payment (see instructions)			0.00	
00	Ancillary service other pass through costs from Wkst. D, Pt.	IV. col. 13. line 200		0	
	Organ acqui si ti ons			0	
1.00	Total cost (sum of lines 1 and 10) (see instructions)			8, 034	11
	COMPUTATION OF LESSER OF COST OR CHARGES				
~ ~~	Reasonable charges			04.020	1 1 2
	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, line 69,	(1, 1)		84, 920 0	
	Total reasonable charges (sum of lines 12 and 13)			84, 920	
	Customary charges			,	
	Aggregate amount actually collected from patients liable for			0	
6.00	Amounts that would have been realized from patients liable for	1 5	n a chargebasis	0	16
7 00	had such payment been made in accordance with 42 CFR §413.13	(e)		0,000000	1 17
	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 84, 920	
	Excess of customary charges over reasonable cost (complete or	nlvifline 18 exceeds li	ne 11) (see	76, 886	
	instructions)		(		
0. OO	Excess of reasonable cost over customary charges (complete or	nly if line 11 exceeds li	ne 18) (see	0	20
1 00	instructions)			0.004	
	Lesser of cost or charges (line 11 minus line 20) (for CAH se	ee instructions)		8, 034 0	
	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see ins	tructions)		0	
	Total prospective payment (sum of lines 3, 4, 8 and 9)			10, 554, 581	
	COMPUTATION OF REIMBÜRSEMENT SETTLEMENT				
	Deductibles and coinsurance (for CAH, see instructions)			0	
	Deductibles and Coinsurance relating to amount on line 24 (for			2, 112, 022	
7.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) CAH, see instructions)	plus the sum of lines 22	and 23} (for	8, 450, 593	27
8 00	Direct graduate medical education payments (from Wkst. E-4, I	line 50)		143, 266	28
	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	
D. 00	Subtotal (sum of lines 27 through 29)			8, 593, 859	30
	Primary payer payments			756	
2.00	Subtotal (line 30 minus line 31)			8, 593, 103	32
3 00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI Composite rate ESRD (from Wkst. I-5, line 11)	TCES)		0	33
	Allowable bad debts (see instructions)			274, 486	
	Adjusted reimbursable bad debts (see instructions)			178, 416	
	Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		136, 091	
	Subtotal (see instructions)			8, 771, 519	
	MSP-LCC reconciliation amount from PS&R			0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instruction	ns)		0	
	Partial or full credits received from manufacturers for repla		tions)	0	
	RECOVERY OF ACCELERATED DEPRECIATION		- /	0	
0. 00	Subtotal (see instructions)			8, 771, 519	
	Sequestration adjustment (see instructions)			175, 430	
	Interim payments			8, 502, 607	
	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)			0 93, 482	
	Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub 15-2	chapter 1	93, 482 0	
	§115. 2				
	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	
					94

IALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provi der	CCN: 150090	In Lie Period: From 01/01/2014 To 12/31/2014		pared
		Titl	e XVIII	Hospi tal	PPS	
		Inpatien	it Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment		23, 324, 3(	0 0	8, 459, 607 0	1. 2. 3.
	amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					
01	ADJUSTMENTS TO PROVIDER	07/22/2014	82, 90		43, 000	3.
02				0	0	3. 3.
03 04				0	0	3. 3.
05				0	0	3
	Provider to Program					
50	ADJUSTMENTS TO PROGRAM			0	0	3
51				0	0	3
52 53				0	0	3
53 54				0	0	3
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		82, 90	00	43, 000	3
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		23, 407, 20	05	8, 502, 607	4
0	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after		1			5
0	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5
	Program to Provider	1	1	_	-	_
)1 )2	TENTATI VE TO PROVI DER			0	0	5
)2 )3				0	0	5
-	Provider to Program					
50	TENTATI VE TO PROGRAM			0	0	5
51 52				0	0	5 5
9	Subtotal (sum of lines 5.01–5.49 minus sum of lines 5.50–5.98)			0	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
)1	SETTLEMENT TO PROVIDER		904, 9	54	93, 482	6
02	SETTLEMENT TO PROGRAM			0	0	6
00	Total Medicare program liability (see instructions)		24, 312, 1		8, 596, 089	7
			0	Contractor Number 1.00	NPR Date (Mo/Day/Yr) 2.00	
00	Name of Contractor		5	1.00	2.00	8

AINAL Y S	IS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CCN: 150090 CCN: 15T090	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prep 5/27/2015 6:24	pared:
		Titl	e XVIII	Subprovider - IRF	PPS	
		I npati en	t Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
. 00 . 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6, 780, 0	11 0	0 0	1.00 2.00
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.00
01	ADJUSTMENTS TO PROVIDER			0	0	3.01
02 03 04 05				0 0 0	0 0 0	3. 02 3. 03 3. 04 3. 05
05	Provider to Program			0	0	5.00
50	ADJUSTMENTS TO PROGRAM			0	0	3.50
51 52 53 54 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0 0 0 0 0	0 0 0 0	3. 51 3. 52 3. 53 3. 54 3. 99
00	3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR		6, 780, 0 <sup>-</sup>	11	0	4.00
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) Program to Provider					5.00
01	TENTATI VE TO PROVIDER			0	0	5.01
02 03				0 0	0 0	5. 02 5. 03
50	Provider to Program					
50 51 52	TENTATI VE TO PROGRAM			0 0 0	0 0 0	5.50 5.51 5.52
99 00	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) Determined net settlement amount (balance due) based on			0	0	5.99 6.00
01 02	the cost report. (1) SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM		35, 9	92 0	0	6. 01 6. 02
00	Total Medicare program liability (see instructions)		6, 816, 0	03 Contractor	0 NPR Date	
				Number	(Mo/Day/Yr)	

Heal th	Financial Systems FRANCISCAN ST. MARGARET	HEALTH- DYER	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150090	Peri od:	Worksheet E-1	
			From 01/01/2014		
			To 12/31/2014	Date/Time Pre	
		T: 11 - 20/1-1-1		5/27/2015 6: 24	4 pm
		Title XVIII	Hospi tal	PPS	
				1.00	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S		e 14	5, 227 13, 051	1.00
2.00	2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1, 599	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-1	2		24, 873	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			432, 068, 444	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 lin	e 20		18, 452, 900	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of cer	tified HIT technology	Wkst. S-2, Pt. I	0	7.00
	line 168				
8.00	Calculation of the HIT incentive payment (see instructions)			866, 220	8.00
9.00	Sequestration adjustment amount (see instructions)			17, 324	9.00
10.00	Calculation of the HIT incentive payment after sequestration (s	ee instructions)		848, 896	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30, 00	Initial/interim HIT payment adjustment (see instructions)			931, 625	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	5 (1 5)	e 31) (see instruction	ls)	-82, 729	
52.00			137	-02, 729	52.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150090	Period: From 01/01/2014	Worksheet E-3 Part III	
		Component CCN: 15T090			
		Title XVIII	Subprovider - IRF	PPS	<u>- pii</u>
				1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS				
. 00	Net Federal PPS Payment (see instructions)			6, 659, 472	1.
. 00 . 00	Medicare SSI ratio (IRF PPS only) (see instructions) Inpatient Rehabilitation LIP Payments (see instructions)			0. 0208 153, 168	2. 3.
00	Outlier Payments			242, 846	4.
00	Unweighted intern and resident FTE count in the most recent co	st reporting period en	ding on or prior	0.00	5.
00	to November 15, 2004 (see instructions)	st reperting period en		0.00	
01	Cap increases for the unweighted intern and resident FTE count	for residents that were	e displaced by	0.00	5
	program or hospital closure, that would not be counted without				
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)				
00	New Teaching program adjustment. (see instructions)			0.00	6
00	Current year's unweighted FTE count of I&R excluding FTEs in t	he new program growth pe	eriod of a "new	0.00	7
	teaching program" (see instructions)				
. 00	Current year's unweighted I&R FTE count for residents within t	he new program growth pe	eriod of a "new	0.00	8
~ ~	teaching program" (see instructions)				
00	Intern and resident count for IRF PPS medical education adjust	ment (see instructions)		0.00	
0.00	Average Daily Census (see instructions)			19. 728767	
. 00	Teaching Adjustment Factor (see instructions)			0.000000	11   12
. 00	Teaching Adjustment (see instructions) Total PPS Payment (see instructions)			7, 055, 486	
. 00	Nursing and Allied Health Managed Care payments (see instructi	on)		7,055,480	14
5.00	Organ acquisition (DO NOT USE THIS LINE)	011)		0	15
5. 00 5. 00	Cost of physicians' services in a teaching hospital (see instr	ructions)		0	16
. 00	Subtotal (see instructions)			7, 055, 486	
3.00	Primary payer payments			0	18
0.00	Subtotal (line 17 less line 18).			7, 055, 486	
. 00	Deducti bl es			20, 640	
. 00	Subtotal (line 19 minus line 20)			7, 034, 846	
. 00	Coinsurance			83, 216	22
8.00	Subtotal (line 21 minus line 22)			6, 951, 630	23
. 00	Allowable bad debts (exclude bad debts for professional servic	es) (see instructions)		5, 346	24
. 00	Adjusted reimbursable bad debts (see instructions)			3, 475	25
. 00	Allowable bad debts for dual eligible beneficiaries (see instr	ructions)		0	26
. 00	Subtotal (sum of lines 23 and 25)			6, 955, 105	
. 00	Direct graduate medical education payments (from Wkst. E-4, li	ne 49)		0	28
. 00	Other pass through costs (see instructions)			0	29
. 00	Outlier payments reconciliation			0	30
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	、 、		0	31
1.50	Pioneer ACO demonstration payment adjustment (see instructions	.)		0	31
. 99	Recovery of Accelerated Depreciation Total amount payable to the provider (see instructions)			0 6, 955, 105	31
. 00	Sequestration adjustment (see instructions)			139, 102	
. 00				6, 780, 011	
. 00	Tentative settlement (for contractor use only)			0, 780, 011	34
5. 00	Balance due provider/program line 32 minus lines 32.01, 33 and	34		35, 992	
. 00	Protested amounts (nonallowable cost report items) in accordan		chapter 1,	0	36
	§115.2 TO BE COMPLETED BY CONTRACTOR				
0. 00	Original outlier amount from Wkst. E-3, Pt. III, line 4			242, 846	50
I. 00	Outlier reconciliation adjustment amount (see instructions)			242, 848	50
2.00	The rate used to calculate the Time Value of Money			0.00	
	Time Value of Money (see instructions)				53

LCULA	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150090	Peri od:	u of Form CMS-2 Worksheet E-3	
			From 01/01/2014 To 12/31/2014	Part VII Date/Time Pre 5/27/2015 6:24	
		Title XIX	Hospi tal	Cost	4 pin
			I npati ent	Outpati ent	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV COMPUTATION OF NET COST OF COVERED SERVICES	ICES FOR ITILES V OR X	X SERVICES		1
	Inpatient hospital/SNF/NF services		0		1.
	Medical and other services		0	0	2.
	Organ acquisition (certified transplant centers only)		0	-	3.
00	Subtotal (sum of lines 1, 2 and 3)		0	0	4
00	Inpatient primary payer payments		0		5
00	Outpatient primary payer payments			0	6
	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7
	COMPUTATION OF LESSER OF COST OR CHARGES				-
	Reasonable Charges				
	Routine service charges		0 995 201	0	8
	Ancillary service charges Organ acquisition charges, net of revenue		8, 885, 391	0	10
	Incentive from target amount computation		0		11
	Total reasonable charges (sum of lines 8 through 11)		8, 885, 391	0	
	CUSTOMARY CHARGES		0,000,071		
	Amount actually collected from patients liable for payment for	services on a charge	0	0	13
	basi s	6			
	Amounts that would have been realized from patients liable for		n 0	0	14
	a charge basis had such payment been made in accordance with 42	CFR §413.13(e)			
	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.00000	
	Total customary charges (see instructions)		8, 885, 391	0	16
	Excess of customary charges over reasonable cost (complete only line 4) (see instructions)	IT TINE 16 exceeds	8, 885, 391	0	17
	Excess of reasonable cost over customary charges (complete only	if line 4 exceeds line	- 0	0	18
. 00	16) (see instructions)		0	0	
. 00	Interns and Residents (see instructions)		0	0	19
	Cost of physicians' services in a teaching hospital (see instru	ctions)	0	0	20
. 00	Cost of covered services (enter the lesser of line 4 or line 16		0	0	21
[	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be c	ompleted for PPS provid	ders.		
	Other than outlier payments		0	0	22
	Outlier payments		0	0	23
	Program capital payments		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) Customary charges (title V or XIX PPS covered services only)		0	0	27
	Titles V or XIX (sum of lines 21 and 27)		0	0	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		9	0	27
	Excess of reasonable cost (from line 18)		0	0	30
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31
	Deducti bl es		0	0	
. 00	Coinsurance		0	0	33
. 00	Allowable bad debts (see instructions)		0	0	
	Utilization review		0		35
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	33)	0	0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37
	Subtotal (line 36 ± line 37)		0	0	38
	Direct graduate medical education payments (from Wkst. E-4)		0		39
	Total amount payable to the provider (sum of lines 38 and 39)		0	0	
	Interim payments Relance due provider (program (line 40 minus line 41)		0	0	41
	Balance due provider/program (line 40 minus line 41)	o with CMS Dub 15 0	0	0	
3.00	Protested amounts (nonallowable cost report items) in accordance	e with GWS PUD 13-2,	0	0	43

.CUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150090	Period: From 01/01/2014	Worksheet E-3 Part VII	
		Component CCN: 15T090	To 12/31/2014	Date/Time Pre 5/27/2015 6:2	
		Title XIX	Subprovider - IRF	Tefra	
			I npati ent	Outpati ent	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV	ICES FOR TITLES V OR XI	1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				1
0	Inpatient hospital/SNF/NF services		3, 871		1 1
0	Medical and other services			0	
0	Organ acquisition (certified transplant centers only)		0		3
0	Subtotal (sum of lines 1, 2 and 3)		3, 871	0	4
0	Inpatient primary payer payments		0		5
0	Outpatient primary payer payments			0	6
0	Subtotal (line 4 less sum of lines 5 and 6)		3, 871	0	
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonabl e Charges				
0	Routi ne servi ce charges		0	_	8
0	Ancillary service charges		574, 017	0	
00	Organ acquisition charges, net of revenue		0		10
	Incentive from target amount computation		0 574 017	0	1
00	Total reasonable charges (sum of lines 8 through 11) CUSTOMARY CHARGES		574, 017	0	1:
00	Amount actually collected from patients liable for payment for	services on a charge	0	0	11:
00	basis	services on a charge	0	0	
00	Amounts that would have been realized from patients liable for	n 0	0	1	
		charge basis had such payment been made in accordance with 42 CFR §413.13(e)			
00	Ratio of line 13 to line 14 (not to exceed 1.000000)				
00	Total customary charges (see instructions)		574, 017	0	1
00	Excess of customary charges over reasonable cost (complete only	ifline 16 exceeds	570, 146	0	1
	line 4) (see instructions)				
00	Excess of reasonable cost over customary charges (complete only	if line 4 exceeds line	e 0	0	1
	16) (see instructions)			_	
	Interns and Residents (see instructions)		0	0	
00	Cost of physicians' services in a teaching hospital (see instru	-	0	0	
00	Cost of covered services (enter the lesser of line 4 or line 16		3, 871	0	2
00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be c	ompleted for PPS provid		0	1
	Other than outlier payments Outlier payments		0	0	
00	Program capital payments		0	0	2
	Capital exception payments (see instructions)		0		2
00	Routine and Ancillary service other pass through costs		0	0	
00	Subtotal (sum of lines 22 through 26)		0	0	
00	Customary charges (title V or XIX PPS covered services only)		0	0	
	Titles V or XIX (sum of lines 21 and 27)		3, 871	0	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				1
00	Excess of reasonable cost (from line 18)		0	0	30
00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3, 871	0	3
00	Deducti bl es		0	0	
00	Coinsurance		0	0	
00	Allowable bad debts (see instructions)		0	0	
00	Utilization review		0		3!
00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	33)	3, 871	0	
00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	
00	Subtotal (line 36 ± line 37)		3, 871	0	
00	Direct graduate medical education payments (from Wkst. E-4)		0	0	3
00	Total amount payable to the provider (sum of lines 38 and 39)		3,871	0	
	Interim payments Relance due provider/program (Lipe 40 minus Lipe 41)		3, 872	0	4
	Balance due provider/program (line 40 minus line 41) Protested amounts (nonallowable cost report items) in accordance	a with CMS Dub 15 2	-1	0	
50	chapter 1, §115.2	C WITH GWG FUD 10-2,	0	0	1 4

DI RECT	Financial         Systems         FRANCISCAN         ST.         MARGARET           GRADUATE         MEDICAL         EDUCATION         (GME)         & ESRD         OUTPATIENT         DIRECT	Provi der (		Period:	u of Form CMS-2 Worksheet E-4	
	L EDUCATION COSTS		1	From 01/01/2014 To 12/31/2014	Date/Time Prep 5/27/2015 6:20	pared
		Title	XVIII	Hospi tal	PPS	4 piii
		-				
					1.00	
. 00	COMPUTATION OF TOTAL DIRECT GME AMOUNT Unweighted resident FTE count for allopathic and osteopathic pr ending on or before December 31, 1996.	rograms for	cost reporti	ng periods	7.76	1.0
. 00 . 00	Unweighted FTE resident cap add-on for new programs per 42 CFR Amount of reduction to Direct GME cap under section 422 of MMA	413.79(e)(1	) (see instru	uctions)	0. 00 0. 86	
01	Direct GME cap reduction amount under ACA §5503 in accordance w instructions for cost reporting periods straddling 7/1/2011)				0.00	
. 00 . 01	Adjustment (plus or minus) to the FTE cap for allopathic and os GME affiliation agreement ( $42$ CFR § $413.75$ (b) and § $413.79$ (f)) ACA Section 5503 increase to the Direct GME FTE Cap (see instru	3. 18 0. 00				
	straddling 7/1/2011)					
. 02 . 00	ACA Section 5506 number of additional direct GME FTE cap slots periods straddling 7/1/2011) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus		0. 00 10. 08			
. 00	4.02 plus applicable subscripts Unweighted resident FTE count for allopathic and osteopathic pr		•		9. 11	
. 00	records (see instructions) Enter the lesser of line 5 or line 6	-9		, , ,	9. 11	
			Primary Care	Other	Total	
			1.00	2.00	3.00	
. 00	Weighted FTE count for physicians in an allopathic and osteopat program for the current year.		1.8		8.64	
00	If line 6 is less than 5 enter the amount from line 8, otherwis multiply line 8 times the result of line 5 divided by the amoun 6.		1.8	2 6.82	8.64	9.
	Weighted dental and podiatric resident FTE count for the currer	nt year	1.0	2.41		10.
1.00 2.00	Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions)	year (see	1.8 1.2			11. 12.
3. 00	Total weighted resident FTE count for the penultimate cost repo year (see instructions)	orting	0.1	5 9.92		13.
	Rolling average FTE count (sum of lines 11 through 13 divided b	oy 3).	1.0			14.
	Adjustment for residents in initial years of new programs Adjustment for residents displaced by program or hospital closu	150	0.0			15. 16.
	Adjusted rolling average FTE count	ure	1.0			17.
	Per resident amount		83, 841. 4			18.
	Approved amount for resident costs		88, 87		880, 534	19.
					1 00	
0. 00	Additional unweighted allopathic and osteopathic direct GME FTE Sec. 413.79(c)(4)	E resident c	ap slots rec	eived under 42	1.00	20.
	Direct GME FTE unweighted resident count over cap (see instruct				0.00	
	Allowable additional direct GME FTE Resident Count (see instruc				0.00	
	Enter the locally adjustment national average per resident amount that the local sector and the sector and the sector address a	unt (see ins	tructions)		0.00	
	Multiply line 22 time line 23 Total direct GME amount (sum of lines 19 and 24)				880, 534	24. 25.
		I	npatient Par A	t Managed care		
			1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD					
	Inpatient Days (see instructions)		18, 16			26.
7.00	Total Inpatient Days (see instructions) Ratio of inpatient days to total inpatient days		32, 07			27.
0 00	ratio or inpatrent days to total inpatrent days		0.56625	J U. USY269		28.
	Program direct GME amount	1	100 40	5 5 100		1 20
29.00	Program direct GME amount Reduction for direct GME payments for Medicare Advantage		498, 60	5 52, 188 7, 374		29. 30.

Heal th	Financial Systems FRANCISCAN ST. MA	RGARET	HEALTH- DYER	In Lie	u of Form CMS-2	2552-10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Г	Provider CCN: 150090	Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS			From 01/01/2014 To 12/31/2014	Date/Time Pre	aanad.
				To 12/31/2014	5/27/2015 6: 2	
			Title XVIII	Hospi tal	PPS	<u> </u>
					1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE -	TITLE	XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL	
	EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst.	B, Pt	. I, sum of col. 20 an	d 23, lines 74	0	32.00
	and 94)					
33.00	Renal dialysis and home dialysis total charges (Wkst. C,			74 and 94)	-	33.00
34.00	Ratio of direct medical education costs to total charges	(line	32 ÷ line 33)			
35.00	Medicare outpatient ESRD charges (see instructions)				0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (				0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE X	VIII 0	NLY			
	Part A Reasonable Cost				04.077.004	
37.00	Reasonable cost (see instructions)	(0)			34, 877, 986	
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line				0	38.00
39.00	Cost of physicians' services in a teaching hospital (see	Instru	ctions)		0	39.00
40.00	Primary payer payments (see instructions)				10, 973	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 Part B Reasonable Cost	minus	TThe 40)		34, 867, 013	41.00
42.00	Reasonable cost (see instructions)				12, 484, 118	12 00
42.00	Primary payer payments (see instructions)				756	
43.00	Total Part B reasonable cost (line 42 minus line 43)				12, 483, 362	43.00
45.00	Total reasonable cost (sum of lines 41 and 44)				47, 350, 375	
46.00	Ratio of Part A reasonable cost to total reasonable cost	(line	41 ÷ line 45)		0. 736362	
47.00	Ratio of Part B reasonable cost to total reasonable cost				0. 263638	
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AN				0.20000	
48.00			-		543, 419	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII o	only) (	see instructions)		400, 153	
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII o				143, 266	
		,, (		I		

	E SHEET (If you are nonproprietary and do not maintain			Period: From 01/01/2014	Worksheet G	
ina-i	ype accounting records, complete the General Fund column onl	y)		To 12/31/2014	Date/Time Pre 5/27/2015 6:2	
		General Fund	Speci fi c	Endowment Fund		
		1.00	Purpose Fund 2.00	3.00	4.00	-
~~	CURRENT ASSETS	400 000 700	1			
00 00	Cash on hand in banks Temporary investments	189, 308, 792		0 0 0 0	0	
00	Notes receivable			0 0	0	
00	Accounts receivable	-54, 210, 477			0	
00	Other receivable	01,210,11,		0 0	0	
00	Allowances for uncollectible notes and accounts receivable	-7, 987, 943		0 0	0	
00	Inventory	2, 520, 917		0 0	0	7
00	Prepai d'expenses	0		0 0	0	8
00	Other current assets	2, 698, 292		0 0	0	
. 00	Due from other funds	0		0 0	0	
. 00	Total current assets (sum of lines 1-10)	132, 329, 581		0 0	0	11
~~	FI XED_ASSETS	50/ 070				
. 00	Land	536, 972		0 0	0	
. 00 . 00	Land improvements Accumulated depreciation	9, 405, 134		0 0 0 0	0	
. 00	Buildings	72, 566, 523			0	
. 00	Accumulated depreciation	1 72, 300, 323		0 0	0	
. 00	Leasehold improvements	1, 512, 208		0 0	0	
. 00	Accumul ated depreciation	0		0 0	0	
. 00	Fixed equipment	129, 848, 546		0 0	0	
. 00	Accumulated depreciation	-117, 928, 212		0 0	0	20
. 00	Automobiles and trucks	0		0 0	0	21
. 00	Accumulated depreciation	0		0 0	0	
. 00	Major movable equipment	0		0 0	0	
. 00	Accumulated depreciation	0		0 0	0	
. 00	Minor equipment depreciable	0		0 0	0	
. 00	Accumulated depreciation	0		0 0	0	
7.00 8.00	HIT designated Assets Accumulated depreciation			0 0 0 0	0	
9.00 9.00	Mi nor equi pment-nondepreci abl e			0 0	0	
). 00	Total fixed assets (sum of lines 12-29)	95, 941, 171		0 0	0	
. 00	OTHER ASSETS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	0 0		
. 00	Investments	0		0 0	0	31
. 00	Deposits on Leases	0		0 0	0	32
. 00	Due from owners/officers	0		0 0	0	33
. 00	Other assets	21, 019		0 0	0	34
5.00	Total other assets (sum of lines 31-34)	21, 019		0 0	0	
. 00	Total assets (sum of lines 11, 30, and 35)	228, 291, 771		0 0	0	36
	CURRENT_LIABILITIES	5 ( ( ) 5 ( )	1			1
. 00	Accounts payable	5, 644, 560		0 0	0	
. 00	Salaries, wages, and fees payable	3, 930, 096		0 0 0 0	0	
00	Payroll taxes payable Notes and Loans payable (short term)	0 980, 836				
. 00	Deferred income	900, 030			0	
2.00	Accel erated payments	0		°	0	42
3.00	Due to other funds	l o		o o	0	
1.00	Other current liabilities	1, 214, 450		0 0	0	
5.00	Total current liabilities (sum of lines 37 thru 44)	11, 769, 942		0 0	0	45
	LONG TERM LIABILITIES					
. 00	Mortgage payable	0		0 0	0	46
. 00	Notes payable	445, 856		0 0	0	
. 00	Unsecured Loans	0		0 0	0	
9.00	Other long term liabilities	41, 607, 048		0 0	0	
. 00	Total long term liabilities (sum of lines 46 thru 49	42,052,904		0 0	0	
. 00	Total liabilites (sum of lines 45 and 50)	53, 822, 846	1	0 0	0	51
. 00	CAPITAL ACCOUNTS General fund balance	174, 468, 925				52
. 00	Specific purpose fund	174,400,920		0		53
. 00	Donor created - endowment fund balance - restricted			Γ		54
. 00	Donor created - endowment fund balance - unrestricted			0		55
. 00	Governing body created - endowment fund balance			0		56
. 00	Plant fund balance - invested in plant				0	
3. 00	Plant fund balance - reserve for plant improvement,				0	
	replacement, and expansion					
	Total fund balances (sum of lines 52 thru 58)	174, 468, 925		0 0	0	59
). 00 ). 00	Total liabilities and fund balances (sum of lines 51 and	228, 291, 771			0	60

	Financial Systems FRANCE ENT OF CHANGES IN FUND BALANCES	CISCAN ST. MARGA		CCN: 150090	Peri From To		u of Form CMS- Worksheet G-1 Date/Time Pre 5/27/2015 6:2	pared:
		General	Fund	Speci al	Purpo	ose Fund	Endowment Fund	
		1.00	2.00	3.00		4.00	5.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) INCREASE FUND BALANCE Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	908, 923 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	159, 583, 375 13, 947, 220 173, 530, 595 908, 923 174, 439, 518 0 174, 439, 518			0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00
		Endowment Fund	PI ant					
1.00		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) INCREASE FUND BALANCE	0	0 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 18.00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify)	0	0 0 0 0 0 0 0		0			10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0			0 0			18.0 19.0

STATEN	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der	CCN: 150090	Period: From 01/01/2014 To 12/31/2014		pared:
	Cost Center Description		I npati ent	Outpati ent	Total	
			1.00	2.00	3.00	
	PART I - PATIENT REVENUES					-
1.00	General Inpatient Routine Services Hospital		34, 259, 6	22	34, 259, 632	1 1.0
2.00	SUBPROVIDER - IPF		34, 239, 0	32	34, 259, 032	2.0
3.00	SUBPROVIDER - IRF			0	0	
4.00	SUBPROVI DER		12, 866, 4	-	12, 866, 460	
5.00	Swing bed - SNF		12,000,1	0	0	
6.00	Swing bed - NF			0	0	
7.00	SKILLED NURSING FACILITY					7.0
8.00	NURSING FACILITY					8.0
9.00	OTHER LONG TERM CARE					9.0
10.00	Total general inpatient care services (sum of lines 1-9)		47, 126, 0	92	47, 126, 092	10.0
	Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		6, 581, 8		6, 581, 812	
12.00	NEONATAL INTENSIVE CARE UNIT		3, 113, 8	08	3, 113, 808	
13.00 14.00	BURN INTENSIVE CARE UNIT					13.0 14.0
14.00	SURGI CAL I NTENSI VE CARE UNI T OTHER SPECI AL CARE (SPECI FY)					14.0
16.00	Total intensive care type inpatient hospital services (sum of li	noc	9, 695, 6	20	9, 695, 620	
10.00	11-15)	nes	9,095,0	20	7, 075, 020	10.0
17.00	Total inpatient routine care services (sum of lines 10 and 16)		56, 821, 7	12	56, 821, 712	17.0
18.00	Ancillary services		175, 065, 9			
19.00	Outpatient services		8, 350, 4			
20.00	RURAL HEALTH CLINIC			0 0		20.0
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0	21.0
22.00	HOME HEALTH AGENCY					22.0
23.00	AMBULANCE SERVICES					23.0
24.00						24.0
25.00	AMBULATORY SURGI CAL CENTER (D. P.)					25.0
26.00 27.00	HOSPI CE NON-REI MBURSABLE		-1, 472, 0	89 0	-1, 472, 089	26.0 27.0
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to	Wkst	238, 765, 9			
20.00	G-3, line 1)	WKSt.	230, 703, 7	201, 102, 710	437,000,072	20.0
	PART II - OPERATING EXPENSES				1	1
29.00	Operating expenses (per Wkst. A, column 3, line 200)			134, 845, 329		29.0
30.00	ADD (SPECIFY)			0		30.0
31.00				0		31.0
32.00				0		32.0
33.00				0		33.0
34.00				0		34.0
35.00				0		35.0
36.00	Total additions (sum of lines 30-35)			0	1	36.0
37.00 38.00	DEDUCT (SPECIFY)			0		37.0 38.0
38.00				0		38.0
40.00				0		40.0
40.00				0		40.0
42.00	Total deductions (sum of lines 37-41)			<u>آ</u>		42.0
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(	transfer		134, 845, 329		43.0
	to Wkst. G-3, line 4)			, , , ,		

STATEN	IENT OF REVENUES AND EXPENSES	Provider CCN: 150090	Period: From 01/01/2014 To 12/31/2014	Worksheet G-3 Date/Time Pre 5/27/2015 6:2	pared:
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line	28)		439, 868, 672	1.00
2.00	Less contractual allowances and discounts on patients' account			288, 577, 808	2.00
3.00	Net patient revenues (line 1 minus line 2)	-		151, 290, 864	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 4	3)		134, 845, 329	4.00
5.00	Net income from service to patients (line 3 minus line 4)	- /		16, 445, 535	5.00
	OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			0	7.0
8.00	Revenues from telephone and other miscellaneous communication	servi ces		0	8.0
9.00	Revenue from television and radio service			0	9.0
10. 00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.0
12.00	Parking lot receipts			0	12.0
13.00	Revenue from laundry and linen service			0	13.0
14.00	Revenue from meals sold to employees and guests			0	14.0
15.00	Revenue from rental of living quarters			0	15.0
16.00	Revenue from sale of medical and surgical supplies to other th	an patients		0	16.0
17.00	Revenue from sale of drugs to other than patients			0	17.0
18.00	Revenue from sale of medical records and abstracts			0	18.0
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.0
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.0
21.00	Rental of vending machines			0	21.0
22.00	Rental of hospital space			0	22.0
23.00	Governmental appropriations			0	23.0
24.00	PROVISION FOR BAD DEBTS			0	24.0
24.01 24.02	PREMIUM REVENUE OTHER OPERATING REVENUE			190, 266	
24.02	NET ASSETS RELEASED FOR OPERATIONS			2, 700, 531 0	24.0
24.03	NET ASSETS RELEASED FOR OPERATIONS			0	24.0
24.04	EQUITY TRANSFERS			0	24.0
24.05	NON-OPERATI NG REVENUE			36, 972	24.0
25.00	Total other income (sum of lines 6-24)			2, 927, 769	
26.00	Total (line 5 plus line 25)			19, 373, 304	
27.00	PROVI SI ON FOR BAD DEBTS			5, 426, 084	
28.00	Total other expenses (sum of line 27 and subscripts)			5, 426, 084	
	Net income (or loss) for the period (line 26 minus line 28)			13, 947, 220	

Health Financial Systems FRANCI SCAN ST. MARGARET HEALTH- DYER In Lieu of Form CMS-2552-10 CALCULATION OF CAPITAL PAYMENT Provider CCN: 150090 Peri od: Worksheet L From 01/01/2014 Parts I-II Date/Time Prepared: То 12/31/2014 5/27/2015 6:24 pm Title XVIII Hospi tal PPS 1.00 PART I - FULLY PROSPECTIVE METHOD CAPITAL FEDERAL AMOUNT 1.00 Capital DRG other than outlier 1, 771, 456 1.00 Model 4 BPCI Capital DRG other than outlier 1.01 Ο 1.01 Capital DRG outlier payments 2.00 43, 512 2.00 Model 4 BPCI Capital DRG outlier payments 2.01 0 2.01 3.00 Total inpatient days divided by number of days in the cost reporting period (see instructions) 68.15 3.00 4.00 Number of interns & residents (see instructions) 11.45 4.00 5.00 Indirect medical education percentage (see instructions) 4.86 5.00 Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01) 6.00 86, 093 6.00 7 00 Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 7 00 2.62 30) (see instructions) 8.00 Percentage of Medicaid patient days to total days (see instructions) 16.00 8.00 9.00 Sum of lines 7 and 8 18.62 9.00 Allowable disproportionate share percentage (see instructions) 10.00 10.00 3.84 11.00 Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01) 68,024 11.00 12.00 Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11) 1,969,085 12.00 1.00 PART II - PAYMENT UNDER REASONABLE COST Program inpatient routine capital cost (see instructions) 1.00 0 1.00 2.00 Program inpatient ancillary capital cost (see instructions) 0 2.00 Total inpatient program capital cost (line 1 plus line 2) 3.00 0 3.00 4.00 Capital cost payment factor (see instructions) 0 4.00 5.00 Total inpatient program capital cost (line 3 x line 4) 0 5.00 1.00 PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) 1.00 1.00 2.00 Program inpatient capital costs for extraordinary circumstances (see instructions) 0 2.00 Net program inpatient capital costs (line 1 minus line 2) 3.00 0 3.00 4.00 Applicable exception percentage (see instructions) 0.00 4.00 5.00 Capital cost for comparison to payments (line 3 x line 4) 0 5.00 6 00 Percentage adjustment for extraordinary circumstances (see instructions) 0.00 6 00 7.00 Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6) 0 7.00 8.00 Capital minimum payment level (line 5 plus line 7) 0 8.00 Current year capital payments (from Part I, line 12, as applicable) 9.00 0 9.00 Current year comparison of capital minimum payment level to capital payments (line 8 less line 9) 10.00 0 10.00 11.00 Carryover of accumulated capital minimum payment level over capital payment (from prior year 0 11.00 Worksheet L, Part III, line 14) 12.00 Net comparison of capital minimum payment level to capital payments (line 10 plus line 11) 0 12.00 Current year exception payment (if line 12 is positive, enter the amount on this line) 13.00 13.00 0 Carryover of accumulated capital minimum payment level over capital payment for the following period 14.00 0 14.00 (if line 12 is negative, enter the amount on this line) 15.00 Current year allowable operating and capital payment (see instructions) 0 15.00 0 16.00

0 17.00

16.00 Current year operating and capital costs (see instructions)17.00 Current year exception offset amount (see instructions)