Heal th Financi	al Systems	FRANCISCAN ST MARGAR	ET-HAMMOND	In Lieu	u of Form CMS	3-2552-10
This report is	s required by law (42 USC 1395g;	42 CFR 413.20(b)). Failu	ire to report can resul	t in all interim	FORM APPROV	ED
payments made	since the beginning of the cost	t reporting period being c	leemed overpayments (42	USC 1395g).	OMB NO. 093	8-0050
Health Financial Systems       FRANCISCAN ST MARGARET-HAMMOND       In Lieu of Form CMS-2552-         This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED       MOME NO. 0938-0050         HOSPITAL AND HOSPITAL HEATH CARE COMPLEX COST REPORT CERTIFICATION       Provider CCN: 150004       Period: From 01/01/2014       Parts 1-111 Date/Time Prepares         PART L - COST REPORT STATUS       Provider CN: 150004       Period: From 01/01/2014       Parts 1-111 Date/Time Prepares         Provider       1. [ X ] Electronically filed cost report       Date: 5/27/2015       Time: 5:30         use only       2. [ 1 ] Manually submitted cost report       Date: 5/27/2015       Time: 5:30         (1) As Submitted       7. Contractor No. (2) Settled without Audit 8. [ N ] Initial Report for this Provider CCN (3) Settled without Audit 9. [ N ] Final Report for this Provider CCN (4) Reopened (5) Amended       10. NPR Date: 11. Contractor's Vendor Code: 4       12. [ 0 ] If lines, column 1 is 4: Enter number of times reopened = 0-9.         PART II - CERTIFICATION       OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT WORE FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED THROUGH THE PAYMENT DI RECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.         CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)			repared:			
PART I - COST	REPORT STATUS					
				Date: 5/27/20	15 Time:	5:30 pm
-				esubmitted this co	ost report	
	<ul> <li>(1) As Submitted 7</li> <li>(2) Settled without Audit 8</li> <li>(3) Settled with Audit 9</li> <li>(4) Reopened</li> </ul>	7. Contractor No. 3. [ N ]Initial Report for	this Provider CCN 12. [	Contractor's Vendo 0]Ifline 5, co	lumn 1 is 4:	4 Enter = 0-9.
ADMI NI STRATI VE PROVI DED OR PR	E ACTION, FINE AND/OR IMPRISONME ROCURED THROUGH THE PAYMENT DIRE	ENT UNDER FEDERAL LAW. FL ECTLY OR INDIRECTLY OF A K	IRTHERMORE, IF SERVICES	IDENTIFIED IN TH	IS REPORT WE	RE
	CERTIFICATION BY OFFICER OR	ADMINI STRATOR OF PROVIDER	e(S)			
electi		mitted cost report and the	e Balance Sheet and Sta	atement of Revenue	and	

01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed)

			Date				
			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	425, 293	335, 627	-64, 291	0	1.00
2.00	Subprovider - IPF	0	50, 523	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	475, 816		-64, 291		200.00

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

Title

Officer or Administrator of Provider(s)

PL I.	AL AND HOSPITAL HEALTH CARE COMPLEX I	DENIIFICATION DATA		Provi	aer CCN	l: 150004	Period: From 01/0 To 12/3	/2014 /2014	Part I Date/T	eet S-2 ime Pre	pare
	1.00	2.00		L	2 00				5/27/2	015 5:2	9 pm
	1.00 Hospital and Hospital Health Care Co	2.00		,	3.00			4.00			
	Street: 5454 HOMAN AVENUE	PO Box:									1.
0	City: HAMMOND	State: IN			: 46320		nty: LAKE		1.0	(D	2.
		Component Name		CCN mber	CBSA Number	Provi de Type	er Date Certified		ent Sys , 0, or		
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		V	XVIII		1
		1.00	2	. 00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Componen	t Identification: FRANCISCAN ST	15	0004	22044	1	07/01/196	6 N	Р	0	3
0	Hospi tal	MARGARET-HAMMOND	15	0004	23844	1	077017190		P		3
C	Subprovider - IPF	FRANCISCAN ST MARGA - HAMMOND PSY	RET 15	S004	23844	4	01/01/200	2 N	P	P	4
) ) ) ) )() )()	Subprovider - IRF Subprovider - (Other) Swing Beds - SNF Swing Beds - NF Hospital -Based SNF Hospital -Based OLTC Hospital -Based HHA	EDANCI SCANI ST. MADCA	DET 15	7145	22944		04/11/198	5 N	Ρ	N	5. 6. 7. 8. 9. 10. 11.
00 00 00 00 00 00 00	Hospital-Based HHA Separately Certified ASC Hospital-Based Hospice Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FOHC Hospital-Based (CMHC) I Hospital-Based (CORF) I Renal Dialysis	FRANCI SCAN ST MARGA - HAMMOND HHA	REI 15	7145	23844		04/11/198	5 N	4	N	12 13 14 15 16 17 17 18
00	Other	FRANCISCAN ST MARGA - HAMMOND HMD	RET 14	7302	23844		04/11/198	5			19
							Fro		To		
00	Cost Reporting Period (mm/dd/yyyy)						1. C		2.	00	20
	Type of Control (see instructions)						01/01/	1	12/51	/2014	21
00	Inpatient PPS Information Does this facility qualify and is it	currently receiving	g paymen	ts for	di sprop	portionat	e Y			J	22
	share hospital adjustment, in accord for yes or "N" for no. Is this facil amendment hospital?) In column 2, en	ity subject to 42 CH	R Sectio	on §412							
)1	Did this hospital receive interim un period? Enter in column 1, "Y" for yo reporting period occurring prior to ( for no for the portion of the cost ro (see instructions)	compensated care pay es or "N" for no foi October 1. Enter in	yments for the point column 2	or this rtion c 2, "Y"	of the c for yes	cost s or "N"	Y		·	(	22
	Is this a newly merged hospital that determined at cost report settlement or "N" for no, for the portion of the in column 2, "Y" for yes or "N" for or after October 1.	? (see instructions) e cost reporting per	) Enter i riod prio	in colu or to C	ımn 1, " October	'Y" for y 1. Enter	es		I	J	22
03	Did this hospital receive a geograph of the OMB standards for delineating in column 1, "Y" for yes or "N" for i prior to October 1. Enter in column 3 cost reporting period occurring on of hospital contain at least 100 but no 42 CFR 412.105)? Enter in column 3,	statistical areas a no for the portion o 2, "Y" for yes or "I r after October 1. t more than 499 beds	adopted l of the co N" for no (see ins <sup>-</sup> s (as co	by CMS bst rep b for t tructic	in FY20 porting the port	D15? Ente period tion of t es this	r he		I	J	22
	Which method is used to determine Mer 1, enter 1 if date of admission, 2 i method of identifying the days in th used in the prior cost reporting per	dicaid days on lines f census days, or 3 is cost reporting pe iod? In column 2, e	s 24 and, if date eriod di enter "Y	of dis fferent <u>for y</u>	charge. from 1 (es or "	ls the the metho	d o.	1		1	23
		Me	n-State edicaid id days	In-St Medic eligi unpa day	aid ble Me id pa s	Out-of State edicaid id days	Out-of State Medicaid eligible unpaid	Medi ca HMO da	ys Me	)ther di cai d days	
	If this provider is an IPPS hospital in-state Medicaid paid days in colum Medicaid eligible unpaid days in colu out-of-state Medicaid paid days in co out-of-state Medicaid eligible unpaid 4, Medicaid HMO paid and eligible bu column 5, and other Medicaid days in	n 1, in-state umn 2, olumn 3, d days in column t unpaid days in	<u>1.00</u> 2,177	2.0	0 108	3.00 2,601	4.00 921	5.00	161	<u>6. 00</u> 319	24.

	TAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	TA	Provi der	CCN: 150004	Period:	01/0014		eet S-2	2
						31/2014		015 5:2	
		In-State Medicaid	In-State Medicaid	Out-of State	Out-of State	Medica HMO da		ither di cai d	
		paid days	eligible	Medi cai d	Medi cai d			days	
			unpai d	paid days	eligible			÷	
		1.00	days 2.00	3.00	unpai d 4.00	5.00		5.00	-
00	If this provider is an IRF, enter the in-state	0			4.00		0	5.00	25
	Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.								
						Rural S			
00	Enter your standard geographic classification (not wa	ane) status	at the bec	ninning of t		00 1	2. (	00	26
00	cost reporting period. Enter "1" for urban or "2" for	rural.							
00		age) status	at the end	1 of the cos	t	1			27
	reporting period. Enter in column 1, "1" for urban or enter the effective date of the geographic reclassifi			pricabie,					
. 00	If this is a sole community hospital (SCH), enter the			CH status in		о			35
	effect in the cost reporting period.				Begi n	ni na:	Endi	na	
						00	2. (		1
00	Enter applicable beginning and ending dates of SCH st		cript line	36 for numb					36
00	of periods in excess of one and enter subsequent date		r of porior		-	0			1 2-
00	If this is a Medicare dependent hospital (MDH), enter in effect in the cost reporting period.	the numbe	i or period	is wu⊓ Status	2	U			37
00	Enter applicable beginning and ending dates of MDH st		cript line	38 for number	ar				38
	of periods in excess of one and enter subsequent date	es.			v	/N	Y/	/N	
					1.	00	2. (	00	
00						N	N	1	39
	hospitals in accordance with 42 CFR §412.101(b)(2)(ii or "N" for no. Does the facility meet the mileage red								
	CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes	or "N" for	no. (see i	nstructions)					
. 00						N	N	1	40
	"N" for no in column 1, for discharges prior to Octob no in column 2, for discharges on or after October 1.	oer 1. Ente (see inst	r "Y" tor y ructions)	es or "N" to	or				
		(000 1101				V	XVIII	XI X	
	Description Decrement Constant (DDC) Consisted					1.00	2.00	3.00	
00	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital paymer	nt for disp	roportionat	te share in :	accordance	N	Y	N	45
00	with 42 CFR Section §412.320? (see instructions)								
00						N	N	N	14
	pursuant to 42 CFR §412.348(f)? If yes, complete Wks1 Pt. III.	t. L, Pt. I	II and Wkst	:. L-1, Pt. '	i through				40
									46
00	Is this a new hospital under 42 CFR §412.300 PPS capi	tal? Ente	r "Y for ye	s or "N" fo	no.	N	N	N	
	Is the facility electing full federal capital payment					N	N N	N N	47
00	Is the facility electing full federal capital payment Teaching Hospitals	t? Enter "	Y" for yes	or "N" for i	no.	N			47 48
00	Is the facility electing full federal capital payment	t? Enter "	Y" for yes	or "N" for i	no.				47 48
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. 00 . 00 . 00 . 00 . 00 . 00	Is the facility electing full federal capital payment Teaching Hospitals Is this a hospital involved in training residents in 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 mont for yes or "N" for no in column 2. If column 2 is "Y "N", complete Wkst. D, Parts III & IV and D-2, Pt. II If line 56 is yes, did this facility elect cost reimt defined in CMS Pub. 15-1, § 2148? If yes, complete Wk Are costs claimed on line 100 of Worksheet A? If yes Are you claiming nursing school and/or allied health provider-operated criteria under §413.85? Enter "Y" Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	t? Enter " approved G beriod duri yes or "N th of this (", complet , if appli oursement f test. D-5. s, complete costs for for yes or Y/N 1.00	Y" for yes ME programs ng which re " for no ir cost report e Worksheet cable. "or physicia Wkst. D-2, a program t "N" for no IME 2.00	or "N" for i s? Enter "Y" esidents in a n column 1. I ting period? t E-4. If col ans' services Pt. I. that meets th Direct GME 3.00	no. " for yes approved If column Enter "Y I umn 2 is s as he ructions) E IN 4.	N Y N N N Y ME OO	Direct	N t GME	47 48 56 57 58 58 59 60
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. 00 . 00 . 00 . 00 . 00 . 00	Is the facility electing full federal capital payment Teaching Hospitals Is this a hospital involved in training residents in 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 mont for yes or "N" for no in column 2. If column 2 is "Y "N", complete Wkst. D, Parts III & IV and D-2, Pt. II If line 56 is yes, did this facility elect cost reimt defined in CMS Pub. 15-1, § 2148? If yes, complete Wk Are costs claimed on line 100 of Worksheet A? If yes Are you claiming nursing school and/or allied health provider-operated criteria under §413.85? Enter "Y" Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) 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) Enter the current year total unweighted primary care	t? Enter " approved G beriod duri yes or "N th of this (", complet , if appli oursement f test. D-5. s, complete costs for for yes or Y/N 1.00	Y" for yes ME programs ng which re " for no ir cost report e Worksheet cable. "or physicia Wkst. D-2, a program t "N" for no IME 2.00	or "N" for i s? Enter "Y" esidents in a n column 1. I ting period? t E-4. If col ans' services Pt. I. that meets th Direct GME 3.00 0 0	no. " for yes approved If column Enter "Y I umn 2 is s as he ructions) E IN 4.	N Y N N N Y ME OO	Direct	N t GME	47 48 56 57 58 59 60 0 61
00 00 00 00 00 00 00	Is the facility electing full federal capital payment Teaching Hospitals Is this a hospital involved in training residents in 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 mont for yes or "N" for no in column 2. If column 2 is "Y "N", complete Wkst. D, Parts III & IV and D-2, Pt. II If line 56 is yes, did this facility elect cost reint defined in CMS Pub. 15-1, § 2148? If yes, complete Wk Are costs claimed on line 100 of Worksheet A? If yes Are you claiming nursing school and/or allied health provider-operated criteria under §413.85? Enter "Y" Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) 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)	t? Enter " approved G beriod duri yes or "N th of this (", complet , if appli oursement f test. D-5. s, complete costs for for yes or Y/N 1.00	Y" for yes ME programs ng which re " for no ir cost report e Worksheet cable. "or physicia wkst. D-2, a program t "N" for no IME 2.00 0.00	or "N" for i s? Enter "Y" esidents in a n column 1. I ting period? t E-4. If col ans' services Pt. I. that meets th Direct GME 3.00 0 0	no. " for yes approved If column Enter "Y I umn 2 is s as he ructions) E IN 4.	N Y N N N Y ME OO	Direct	N t GME	47 48 56 57 58 59 60 0 61 61

IOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION [	ATA	Provi der	CCN: 150004	Period: From 01/01/2014 To 12/31/2014		
					Date/Time Pre 5/27/2015 5:2	
	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
v1.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.	00		61.03
1.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.	00		61. 04
1.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (lin 61.04 minus line 61.03). (see instructions)	e	0.00	0.	00		61. 05
1.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00		00		61.06
	Pro	ogram Name	Program Coc	le Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
1.10 Of the FTEs in line 61.05. specify each new program		1.00	2.00	3.00	4.00	61.10
specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						
1.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0. 00		61.20
					1.00	
ACA Provisions Affecting the Health Resources and S 2.00 Enter the number of FTE residents that your hospita				riad far which	0.00	(2.00
your hospital received HRSA PCRE funding (see instr 2.01 Enter the number of FTE residents that rotated from during in this cost reporting period of HRSA THC pr	uctions) a Teachi ogram. (s	ng Health Cent see instructior	ter (THC) int			62.00 62.01
Teaching Hospitals that Claim Residents in Nonprovi 3.00 Has your facility trained residents in nonprovider			ost reporting	period? Enter	N	63.00
"Y" for yes or "N" for no in column 1. If yes, comp	lete line	es 64-67. (see		<i>·</i>	Datio (apl 1/	
			Unweighted FTEs	FTEs in	Ratio (col. 1/ (col. 1 + col.	
			Nonprovi de Si te		2))	-
Section 5504 of the ACA Base Year FTE Residents in	Nonprovid	der Settings	1.00 This base ve	2.00 aris vour cost i	3.00	
period that begins on or after July 1, 2009 and bef 4.00 Enter in column 1, if line 63 is yes, or your facil in the base year period, the number of unweighted n	<u>`ore June</u> ity trair	30, 2010. ned residents		00 0.00		64.00
resident FTEs attributable to rotations occurring i settings. Enter in column 2 the number of unweight resident FTEs that trained in your hospital. Enter of (column 1 divided by (column 1 + column 2)). (se	ed non-pr in columr	nimary care 3 the ratio				
Program Name		ogram Code	Unweighted FTEs Nonprovide Site	FTEsin	Ratio (col. 3/ (col. 3 + col. 4))	

alth Financial Systems SPITAL AND HOSPITAL HEALTH CARE COMP	FRANCISCA LEX IDENTIFICATION DA	ATA Provi der		eriod:	Worksheet S-	-2
			Fi To	rom 01/01/2014 p 12/31/2014	Date/Time Pr	repared
	Program Name	Program Code	Unweighted	Unweighted	5/27/2015 5: Ratio (col. 3	
			FTEs	FTEsin	(col. 3 + col	
			Nonprovi der Si te	Hospi tal	4))	
	1.00	2.00	3.00	4.00	5.00	-
.00 Enter in column 1, if line 63			0.00	0.00	0 0. 00000	0 65.0
is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3						
divided by (column 3 + column 4)). (see instructions)			Unweighted FTEs	Unweighted FTEs in	Ratio (col. 1 (col. 1 + col	
			Nonprovi der	Hospi tal	2))	
			Si te 1.00	2.00	3.00	-
Section 5504 of the ACA Current	Year FTE Residents i	n Nonprovider Settin				
	unweighted non-prima		0.00		0 0. 00000	00 66.
	unweighted non-prima occurring in all nonpu unweighted non-prima al. Enter in column 3	rovider settings. ry care resident 3 the ratio of	Unweighted FTEs Nonprovider		0 0.00000 Ratio (col. 3 (col. 3 + col 4))	37
.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	unweighted non-prima occurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site	0.00 Unweighted FTEs in Hospital	Ratio (col. 3 (col. 3 + col 4))	37
<ul> <li>.00 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +</li> <li>.00 Enter in column 1, the program</li> </ul>	unweighted non-prima occurring in all nonp unweighted non-prima al. Enter in column column 2)). (see ins	rovider settings. ry care resident 3 the ratio of structions)	Unweighted FTEs Nonprovider	0.00 Unweighted FTEs in Hospital 4.00	Ratio (col. 3 (col. 3 + col 4)) 5.00	3/
.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 +	unweighted non-prima occurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	0.00 Unweighted FTEs in Hospital 4.00	Ratio (col. 3 (col. 3 + col 4)) 5.00	3/
<ul> <li>OD Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 + (column 1 divided by (column 1)))</li> <li>OD 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 3 divided by (column 3 + column</li> </ul>	unweighted non-prima occurring in all nonp unweighted non-prima al. Enter in column column 2)). (see in Program Name	rovider settings. ry care resident 3 the ratio of structions) Program Code	Unweighted FTEs Nonprovider Site 3.00	0.00 Unwei ghted FTEs i n Hospi tal 4.00 0.00	Ratio (col. 3 (col. 3 + col 4)) 5.00 0 0.00000	3/ 
<ul> <li>O0 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 + (column 1 divided by (column 1)))</li> <li>O0 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 3, the resident FTEs that trained in your hospital. Enter in column 3, the resident FTEs that trained in your hospital. Enter in column 4, the number of unweighted primary care</li> <li>Inpatient Psychiatric Facility F</li> </ul>	unweighted non-prima occurring in all nonpu unweighted non-prima al. Enter in column : column 2)). (see ins Program Name 1.00	Provider settings. ry care resident 3 the ratio of structions) Program Code 2.00	Unwei ghted FTEs Nonprovi der Si te 3.00 0.00	0.00	Ratio (col. 3 (col. 3 + col 4)) 5.00 0 0.00000	3/ 
<ul> <li>O0 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 2 divided 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 3 divided by (column 3 + column 4)). (see instructions)</li> <li>Inpatient Psychiatric Facility P</li> </ul>	unweighted non-prima occurring in all nonpu unweighted non-prima al. Enter in column : column 2)). (see ins Program Name 1.00 200 200 200 200 200 200 200 200 200	Provider settings. ry care resident 3 the ratio of structions) Program Code 2.00	Unwei ghted FTEs Nonprovi der Si te 3.00 0.00	0.00	Ratio (col. 3 (col. 3 + col 4)) 5.00 0 0.00000	3/ 
<ul> <li>.00 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 + (column 1 divided by (column 2, 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 FTEs that trained in your hospital. Enter in column 3, the resident fTEs that trained in your hospital. Enter in column 4, the number of unweighted primary care</li> </ul>	unweighted non-prima occurring in all nonpri unweighted non-prima al. Enter in column : column 2)). (see in: Program Name 1.00 1.00 1.00 PPS ychiatric Facility (i be facility have an ap pefore November 15, 20 Jumn 2: Did this faci R 412.424 (d)(1)(iii) of the fourth y the new teaching pro- periods beginning of nning of the sixth of nning of the sixth of	IPF), or does it con proved GME teaching 004? Enter "Y" for ility train resident 002? Enter "Y" for umn 3. (see instruct year, enter 4 in col gram in existence, e n or after October 1 r any subsequent aca	Unweighted FTEs Nonprovider Site 3.00 0.00 tain an IPF subp program in the yes or "N" for n ions) If this co umn 3, or if the nter 5. (see , 2012, if this	Unwei ghted FTES i n Hospi tal 4.00 0.00 0.00 1.0 0 0.00 1.0 0 0.00 1.0 0 0.00 1.0 0 0.00 1.0 0 0.00 1.0 0 0.00	Ratio (col. 3 (col. 3 + col 4)) 5.00 0 0.00000	3/ 
<ul> <li>Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 2, the 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 3 divided by (column 3 + column 4)). (see instructions)</li> <li>Inpatient Psychiatric Facility P for yes or "N" for no 1f line 70 yes: Column 1: Did th recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Co program in accordance with 42 CF Column 3: If column 2 is Y, enter reporting period covers the begi reporting period covers the begi</li> </ul>	unweighted non-prima occurring in all nonpri unweighted non-prima al. Enter in column : column 2)). (see in: Program Name 1.00 1.00 1.00 2.00 2.00 2.00 2.00 2.00	IPF), or does it con proved GME teaching 00/2 Enter "Y" for ility train resident 00/2 Enter "Y" for ility train resident 00/2 Enter "Y" for ility train resident 00/2 Enter "Y" for ility train col gram in existence, e n or after October 1 r any subsequent aca (see instructions)	Unweighted FTEs Nonprovider Site 3.00 0.00 tain an IPF subp program in the yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach yes or "N" for m s in a new teach	Unwei ghted FTES i n Hospi tal 4.00 0.00 0.00 1.0 0 0.00 1.0 0 0.00 1.0 0 0.00 1.0 0 0.00 1.0 0 0.00 1.0 0 0.00	Ratio (col. 3 (col. 3 + col 4)) 5.00 0 0.00000	8/ 00 67.1

Heal th	Financial Systems FRANCISCAN ST MARGARET-HAMMOND	In Lie	u of Form CMS-	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014		epared:
		1.0		_
	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes no. Column 2: Did this facility train residents in a new teaching program in accordance CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the b of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years on or after October 1, 2012, if this cost reporting period covers the beginning of the any subsequent academic year of the new teaching program in existence, enter 6 in colum subsequent academic year of the new teaching program in existence, enter 6 in coluin any subsequent academic year of the new teaching program in existence, enter 6 in coluin structions)	or "N" for e with 42 Y, enter eginning of the new beginning sixth or		76.00
			1.00	_
	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. Is this a LTCH co-located within another hospital for part or all of the cost reportin "Y" for yes and "N" for no. TEFRA Providers	g period? Enter	N N	80. 00 81. 00
86.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Secti §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N	85.00 86.00
		V 1.00	XI X 2.00	_
	Title V and XIX Services		1	
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see		Ν	92.00
	instructions) Enter "Y" for yes or "N" for no in the applicable column. Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter	N	N	93.00
94.00	"Y" for yes or "N" for no in the applicable column. Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the	Ν	N	94.00
96.00	applicable column. If line 94 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	0. OC N	N	95.00 96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column. Rural Providers	0.00	0.00	97.00
	Does this hospital qualify as a Critical Access Hospital (CAH)? If this facility qualifies as a CAH, has it elected the all-inclusive method of paymer for outpatient services? (see instructions)	t N		105.00 106.00
	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
	Physical Occupationa		Respi ratory	_
	1.00     2.00       If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.     N	3.00 N	4.00 N	109.00
			1.00	-
	Did this hospital participate in the Rural Community Hospital Demonstration project (4 the current cost reporting period? Enter "Y" for yes or "N" for no.	10A Demo)for	N	110.00
		1.00	2.00 3.00	
115.00	Miscellaneous Cost Reporting Information Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. I is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter 3 either "93" percent for short term hospital or "98" percent for long term care (incl psychiatric, rehabilitation and long term hospitals providers) based on the definition Pub. 15-1, §2208.1.	in column udes	0	115.00
116. 00 117. 00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no. Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or	"N" for Y		116. 00 117. 00
118.00	no. Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy claim-made. Enter 2 if the policy is occurrence.	is 2		118.00

	MARGARET-HAMMOND			u of Form CMS	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der		Period: From 01/01/2014 To 12/31/2014	Worksheet S Part I Date/Time P	repared:
		Premiums	Losses	5/27/2015 5 I nsurance	:29 pm
		1.00	2.00	3.00	_
118.01 List amounts of malpractice premiums and paid losses:		305, 55			0 118. 01
			1.00	2.00	
118.02 Are malpractice premiums and paid losses reported in a co Administrative and General? If yes, submit supporting sc and amounts contained therein.			N		118.02
119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient H §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with < 100 beds that Hold Harmless provision in ACA §3121 and applicable amend Enter in column 2, "Y" for yes or "N" for no.	in column 1, "Y" qualifies for th	' for yes or ne Outpatient	N	Ν	119.00 120.00
121.00 Did this facility incur and report costs for high cost im patients? Enter "Y" for yes or "N" for no.	plantable devices	s charged to	Y		121.00
Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y"	for yes and "N"	for no. If	N		125. 00
yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center,		fication date			126.00
in column 1 and termination date, if applicable, in colum 127.00 If this is a Medicare certified heart transplant center,		cation date			127.00
in column 1 and termination date, if applicable, in colum 128.00 If this is a Medicare certified liver transplant center,		cation date			128.00
in column 1 and termination date, if applicable, in colum 129.00 If this is a Medicare certified lung transplant center, e	enter the certific	cation date ir	1		129.00
column 1 and termination date, if applicable, in column 2 130.00 If this is a Medicare certified pancreas transplant cente	er, enter the cert	ti fi cati on			130.00
date in column 1 and termination date, if applicable, in 131.00 If this is a Medicare certified intestinal transplant cen	iter, enter the ce	ertification			131.00
date in column 1 and termination date, if applicable, in 132.00 If this is a Medicare certified islet transplant center,	enter the certifi	cation date			132.00
in column 1 and termination date, if applicable, in colum 133.00 If this is a Medicare certified other transplant center,	enter the certifi	cation date			133. 00
in column 1 and termination date, if applicable, in colum 134.00 If this is an organ procurement organization (OPO), enter and termination date, if applicable, in column 2. All Providers		n column 1			134.00
140.00 Are there any related organization or home office costs a chapter 10? Enter "Y" for yes or "N" for no in column 1. are claimed, enter in column 2 the home office chain numb	If yes, and home per. (see instruct	office costs	Y		140. 00
If this facility is part of a chain organization, enter o	2.00 on lines 141 throu	ugh 143 the na	3.00 ame and address	of the	
home office and enter the home office contractor name and           141.00         Name:         FRANCI SCAN ALLAI NCE, INC         Contractor's Name:			or's Number: 0810	1	141.00
142.00         Street: 1515         DRAGOON         TRAIL         P0         Box:           143.00         Ci ty:         MI SHAWAKA         State:         State:		Zip Code:	4654	6	142.00 143.00
				1.00	
144.00 Are provider based physicians' costs included in Workshee 145.00 If costs for renal services are claimed on Worksheet A, I only? Enter "Y" for yes or "N" for no.		costs for inpa	atient services	Y N	144.00 145.00
			1.00	2.00	
146.00 Has the cost allocation methodology changed from the prev Enter "Y" for yes or "N" for no in column 1. (See CMS Pub the approval date (mm/dd/yyyy) in column 2.	o. 15-2, § 4020) I	f yes, enter	N		146.00
147.00 Was there a change in the statistical basis? Enter "Y" fo 148.00 Was there a change in the order of allocation? Enter "Y"			N N		147.00 148.00
149.00 Was there a change to the simplified cost finding method?			N		149.00
	Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00	
Does this facility contain a provider that qualifies for or charges? Enter "Y" for yes or "N" for no for each comp	an exemption from	m the applica <sup>.</sup>	tion of the lowe	r of costs	
155.00 Hospi tal 156.00 Subprovi der - IPF	N N	N	N N	N	155.00
157.00 Subprovi der – IRF	N	N	N	N	157.00 158.00
158. 00 SUBPROVI DER 159. 00 SNF	Ν	N	N	N	158.00
			N.1		
160.00HOME HEALTH AGENCY 161.00CMHC 161.10CORF	Ν	N N N	N N N	N N N	160. 00 161. 00 161. 10

Health Financial Systems	FRANCI SCAN	ST MARGARET-HAMMOND			In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	EX IDENTIFICATION DATA	A Provider C	CN: 15000	From	d: 01/01/2014 12/31/2014		epared:
						1.00	_
Multicampus							
165.00 Is this hospital part of a Multic Enter "Y" for yes or "N" for no.	ampus hospital that ha	as one or more campus	ses in di	fferent (	BSAs?	N	165.00
	Name	County	State	Zip Code	e CBSA	FTE/Campus	
	0	1.00	2.00	3.00	4.00	5.00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	0166.00
						1.00	
Health Information Technology (HI							4/7 00
167.00 Is this provider a meaningful use 168.00 If this provider is a CAH (line 1 reasonable cost incurred for the	05 is "Y") and is a me	eaningful user (line				Y	167.00 168.00
169.00 If this provider is a meaningful transition factor. (see instructi	user (line 167 is "Y")		ine 105	is "N"),	enter the	0. 5	169. 00
				B	egi nni ng	Endi ng	
					1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR period respectively (mm/dd/yyyy)	beginning date and end	ding date for the rep	oorti ng	0	/01/2014	09/30/2014	170.00
						1.00	_
171.00 If line 167 is "Y", does this pro Medicare cost plans reported on W (see instructions)						N	171.00

mm, COI           Prc           Prc           00           Ha           re           00           Ha           vo           00           Jon           00           Ha           vo           00           Jon           00           Jon           00           Jon           00           Jon           00           Jon           00           App           00           App           00           Ar           00  <	eneral Instruction: Enter Y for all YES resp 0/dd/yyyy format. MPLETED BY ALL HOSPITALS 10 ovider Organization and Operation 10 as the provider changed ownership immediated 11 geporting period? If yes, enter the date of 12 as the provider terminated participation in 13 as the provider terminated participation in 14 as the provider terminated participation in 15 s, enter in column 2 the date of termination 16 of terminated 17 or involuntary. 18 the provider involved in business transact 19 ontracts, with individuals or entities (e.g. 19 medical supply companies) that are related 19 ficers, medical staff, management personnel 10 directors through ownership, control, or 10 elationships? (see instructions) 10 mancial Data and Reports 10 umn 1: Were the financial statements pre- 10 countar? Column 2: If yes, enter "A" for 10 r" "R" for Reviewed. Submit complete copy or 10 umn 3. (see instructions) If no, see instruc- 11 to see instructions) If no, see instruc- 12 to see on the filed financial statements? If y 15 proved Educational Activities 16 ourn 1: Are costs claimed for nursing sche	ly prior to the beginning the change in column 2. ( the Medicare Program? If on and in column 3, "V" f tions, including manageme ., chain home offices, dr d to the provider or its l, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	of the cc see instru 1 pr nt ug d 1 ic d,	es. Enter	rom 01/01/2014 o 12/31/2014 Y/N 1.00 all dates in 1 Date 2.00 Type 2.00	Date/Time Pre 5/27/2015 5: 2 Date 2. 00	
mm, COI           Prc           Prc           00           Ha           re           00           Ha           vo           00           Jon           Prc           00           Ha           vo           00           Jon           Prc           00           Ha           00           Issisting           00           Issisting           00           Prc           00           Issisting           00           Proversity           Proversity           Proversity           Proversity           Proversity           Proversity           Proversity           Proversity <th>Mdd/yyyy format. MPLETED BY ALL HOSPITALS ovider Organization and Operation as the provider changed ownership immediatel eporting period? If yes, enter the date of as the provider terminated participation in es, enter in column 2 the date of terminated oluntary or "I" for involuntary. s the provider involved in business transac- ontracts, with individuals or entities (e.g. medical supply companies) that are related Fficers, medical staff, management personnel f directors through ownership, control, or is elationships? (see instructions) nancial Data and Reports olumn 1: Were the financial statements prepore countant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see instru- re the cost report total expenses and total mose on the filed financial statements? If yer proved Educational Activities</th> <th>ly prior to the beginning the change in column 2. ( the Medicare Program? If on and in column 3, "V" f tions, including manageme ., chain home offices, dr d to the provider or its l, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio</th> <th>of the cc see instru 1 pr nt ug d 1 ic d,</th> <th>Dost Jactions) Y/N 1.00 N N Y/N 1.00</th> <th>1.00       all dates in 1       N       Date       2.00</th> <th>Date 2.00 the V/I 3.00 Date</th> <th>1.</th>	Mdd/yyyy format. MPLETED BY ALL HOSPITALS ovider Organization and Operation as the provider changed ownership immediatel eporting period? If yes, enter the date of as the provider terminated participation in es, enter in column 2 the date of terminated oluntary or "I" for involuntary. s the provider involved in business transac- ontracts, with individuals or entities (e.g. medical supply companies) that are related Fficers, medical staff, management personnel f directors through ownership, control, or is elationships? (see instructions) nancial Data and Reports olumn 1: Were the financial statements prepore countant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see instru- re the cost report total expenses and total mose on the filed financial statements? If yer proved Educational Activities	ly prior to the beginning the change in column 2. ( the Medicare Program? If on and in column 3, "V" f tions, including manageme ., chain home offices, dr d to the provider or its l, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	of the cc see instru 1 pr nt ug d 1 ic d,	Dost Jactions) Y/N 1.00 N N Y/N 1.00	1.00       all dates in 1       N       Date       2.00	Date 2.00 the V/I 3.00 Date	1.
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D0         Ha           D0         Ha           D0         Ha           D0         Ha           V0         Is           CO         Is           O0         App           O0         Ar	as the provider changed ownership immediated eporting period? If yes, enter the date of as the provider terminated participation in es, enter in column 2 the date of termination of untary or "I" for involuntary. Is the provider involved in business transac- ontracts, with individuals or entities (e.g. medical supply companies) that are related fricers, medical staff, management personnel f directors through ownership, control, or elationships? (see instructions) nancial Data and Reports olumn 1: Were the financial statements pre- coountant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see instru- re the cost report total expenses and total mose on the filed financial statements? If yes proved Educational Activities	the change in column 2. ( the Medicare Program? If on and in column 3, "V" f tions, including manageme ., chain home offices, dr d to the provider or its I, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	see instru 1 pr nt ug d 1 ic d,	<u>y/N</u> 1. 00 N N Y/N 1. 00	Date 2.00	3.00 Date	2.
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00 Is co of of re 00 Co Ac or 00 Ar 00 Ar	es, enter in column 2 the date of termination of untary or "I" for involuntary. Is the provider involved in business transaction particular involved in business transaction ontracts, with individuals or entities (e.g., medical supply companies) that are related fficers, medical staff, management personnel f directors through ownership, control, or relationships? (see instructions) nancial Data and Reports olumn 1: Were the financial statements pre- focountant? Column 2: If yes, enter "A" for r "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see instruc- te the cost report total expenses and total mose on the filed financial statements? If yes proved Educational Activities	on and in column 3, "V" f tions, including manageme ., chain home offices, dr d to the provider or its l, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	br nt g d 1 ic d,	N N Y/N 1. 00	Туре 2.00	Date	
00 Is co of of re 00 Co Ac or 00 Ar 00 Ar	es, enter in column 2 the date of termination of untary or "I" for involuntary. Is the provider involved in business transaction particular involved in business transaction ontracts, with individuals or entities (e.g., medical supply companies) that are related fficers, medical staff, management personnel f directors through ownership, control, or relationships? (see instructions) nancial Data and Reports olumn 1: Were the financial statements pre- focountant? Column 2: If yes, enter "A" for r "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see instruc- te the cost report total expenses and total mose on the filed financial statements? If yes proved Educational Activities	on and in column 3, "V" f tions, including manageme ., chain home offices, dr d to the provider or its l, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	or nt ug d ic d,	N Y/N 1. 00	2.00		
00 Is co or of fre 00 Co Ac or co 00 Ar 00 Co h 00 Co Co 00 Ar 00 We co 00 Ar 00 We co 00 Ar Te	bluntary or "I" for involuntary. Is the provider involved in business transac- ontracts, with individuals or entities (e.g. medical supply companies) that are related fricers, medical staff, management personnel f directors through ownership, control, or elationships? (see instructions) nancial Data and Reports olumn 1: Were the financial statements pre- countant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see instru- re the cost report total expenses and total mose on the filed financial statements? If yes proved Educational Activities	tions, including manageme ., chain home offices, dr d to the provider or its l, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	nt ug d ic d,	Y/N 1.00	2.00		3
00     Is       00     Is       00     or       00     Fill       00     Ac       00     Ar       00     Co       00     Ar       00     Co       00     Ar	s the provider involved in business transaction pontracts, with individuals or entities (e.g. medical supply companies) that are related fficers, medical staff, management personnel ficertors through ownership, control, or elationships? (see instructions) nancial Data and Reports polumn 1: Were the financial statements pre- countant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or polumn 3. (see instructions) If no, see instru- re the cost report total expenses and total mose on the filed financial statements? If y proved Educational Activities	., chain home offices, dr d to the provider or its l, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	ug d 1 i c d,	Y/N 1.00	2.00		3
Co or of of re 00 Fii 00 Co Ac or co 00 Ar th 00 Co th 00 Co th 00 Ar 00 Ar 00 Ar 00 Ar 00 Ar 00 Ar 10 Co Ac 00 Ar 10 Co Ac 00 Ar 10 Co Ac 00 Ac 00 Ac 00 0 0 Ac 00 Ac 0	ontracts, with individuals or entities (e.g. medical supply companies) that are related Fficers, medical staff, management personnel f directors through ownership, control, or tel ationships? (see instructions) mancial Data and Reports olumn 1: Were the financial statements preport countant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see instruc- re the cost report total expenses and total mose on the filed financial statements? If y proved Educational Activities	., chain home offices, dr d to the provider or its l, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	ug d 1 i c d,	Y/N 1.00	2.00		3
or of of re 00 Fil 00 Co Ac co 00 Ar th 00 Co 00 Ar co 00 Ar co 00 Ar co 00 Ar co 00 Ar th 00 Co Ac co 00 Ac Ac co 00 Ac CO Ac CO Ac Ac Ac Ac Ac Ac Ac Ac Ac Ac Ac Ac Ac	r medical supply companies) that are related fficers, medical staff, management personnel f directors through ownership, control, or re- elationships? (see instructions) nancial Data and Reports olumn 1: Were the financial statements pre- ccountant? Column 2: If yes, enter "A" for r "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see instr- re the cost report total expenses and total mose on the filed financial statements? If y proved Educational Activities	d to the provider or its I, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	d 1 i c d,	1.00	2.00		
of of of ire 00 Co Ac or oc 00 Ar th 00 Co th 00 Co th 00 Co 00 Ar 00 Co 00 Ar 00 Co 00 Ar 10 Co 10 CO	fficers, medical staff, management personnel f directors through ownership, control, or <u>elationships? (see instructions)</u> nancial Data and Reports olumn 1: Were the financial statements prep cocountant? Column 2: If yes, enter "A" for r "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see inst re the cost report total expenses and total mose on the filed financial statements? If y proved Educational Activities	I, or members of the boar family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	i c d,	1.00	2.00		
of re 0 Co 0 Ac 0 Ac 0 Co 0 Ac 0 Ac 0 Ac 0 Ac 0 Ac 0 Ac 0 Ac 0 Ac	f directors through ownership, control, or telationships? (see instructions) nancial Data and Reports olumn 1: Were the financial statements prej countant? Column 2: If yes, enter "A" for r "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see inst re the cost report total expenses and total mose on the filed financial statements? If y pproved Educational Activities	family and other similar pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	i c d,	1.00	2.00		
IC I	elationships? (see instructions) nancial Data and Reports olumn 1: Were the financial statements pre ccountant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see inst re the cost report total expenses and total nose on the filed financial statements? If y proved Educational Activities	pared by a Certified Publ Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	i c d,	1.00	2.00		
10 Fillon 10 Co 10 Ac 10 Ar 10 Co 10 Ar 10 Ar	nancial Data and Reports olumn 1: Were the financial statements prej ccountant? Column 2: If yes, enter "A" for - "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see instr re the cost report total expenses and total nose on the filed financial statements? If y proved Educational Activities	Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	i c d,	1.00	2.00		
O         Co           AC         Or           OO         Ar           H         App           H <td< td=""><td>Dolumn 1: Were the financial statements prep coountant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or Dolumn 3. (see instructions) If no, see instruc- te the cost report total expenses and total mose on the filed financial statements? If y proved Educational Activities</td><td>Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio</td><td>i c d,</td><td>1.00</td><td>2.00</td><td></td><td></td></td<>	Dolumn 1: Were the financial statements prep coountant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or Dolumn 3. (see instructions) If no, see instruc- te the cost report total expenses and total mose on the filed financial statements? If y proved Educational Activities	Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	i c d,	1.00	2.00		
0 Co Ac or co 0 Ar th 0 Co 0 Ar 0 We co 0 Ar ye 00 Wa pe 00 Ar Te	Dolumn 1: Were the financial statements prep coountant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or Dolumn 3. (see instructions) If no, see instruc- te the cost report total expenses and total mose on the filed financial statements? If y proved Educational Activities	Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	ic d,		1	1	
0 Co Ac or co 0 Ar th 0 Co 0 Ar 0 We co 0 Ar ye 00 Wa pe 00 Ar Te	Dolumn 1: Were the financial statements prep coountant? Column 2: If yes, enter "A" for "R" for Reviewed. Submit complete copy or Dolumn 3. (see instructions) If no, see instruc- te the cost report total expenses and total mose on the filed financial statements? If y proved Educational Activities	Audited, "C" for Compile enter date available in ructions. revenues different from yes, submit reconciliatio	d,	Y	А		
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0 Ar th Apj 0 Co 10 Co 10 Ar 10 We 00 Ar 90 Wa 90 Wa 90 Ar Te	re the cost report total expenses and total mose on the filed financial statements? If y proved Educational Activities	revenues different from yes, submit reconciliatio	n.				
th Apj Co Co th 00 Ar 00 Ar 00 Ar 00 Ar Te	nose on the filed financial statements? If y	yes, submit reconciliatio	n.				
Apj 0 Co th 0 Ar 0 We co 0 Ar 9e 00 Pe 00 Ar Te	proved Educational Activities		n.	Ν			5
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0 Co th 0 Ar 0 We co 0 Ar 90 Wa 90 Wa 90 Ar Te					Y/N	Legal Oper.	
0 Co th 0 Ar 0 We co 0 Ar 90 Wa 90 Wa 90 Ar Te					1.00	2.00	_
th 0 Ar 0 We co 0 Ar ye 00 Wa pe 00 Ar Te	DIUMIN I: AFE COSIS CLAIMED FOR NULSING SCHO	aalo Calumn D. If waa i	the prov	idan ia	Y	Y	<b>-</b> ,
0 Ar 0 We co 0 Ar ye 00 Wa pe 00 Ar Te	ne legal operator of the program?	oor? corumn 2: Tr yes, r	s the prov	/luer is	Ŷ	ř	6
0 We co 00 Ar ye 00 Wa pe 00 Ar Te	re costs claimed for Allied Health Programs	2 If "V" see instructions			Y		7
0 Ar ye 00 Wa pe 00 Ar Te	ere nursing school and/or allied health prod			na the	Y		8
00 Ar ye 00 Wa pe 00 Ar Te	ost reporting period? If yes, see instruction			ig the			
00 ye 00 Wa pe 00 Ar Te	re costs claimed for Intern-Resident program		cost repo	ort? If	Y		9
00 Wa pe 00 Ar Te	es, see instructions.						
00 Ar	as an Intern-Resident program been initiated	d or renewed in the curre	nt cost re	eporting	Ν		10
Те	eriod? If yes, see instructions.						
	re GME cost directly assigned to cost center		Approved		N		11
	eaching Program on Worksheet A? If yes, see	instructions.					_
						Y/N	
D O	d Debts					1.00	_
	s the provider seeking reimbursement for bac	d debts? If yes see inst	ructions			Y	12
	fline 12 is yes, did the provider's bad del			this cos	t reporting	N	13
	eriod? If yes, submit copy.	be confection portey chan	ge dui i ng	111 3 003	it reporting	14	
	fline 12 is yes, were patient deductibles a	and/or co-payments waived	?lf ves.	see inst	ructions.	N	14
	d Complement		<b>J</b> ,				
	d total beds available change from the price	or cost reporting period?	lf yes, s	see instr	uctions.	Y	15
				Par	rt A	Part B	
		Description		Y/N	Date	Y/N	
		0	1	1.00	2.00	3.00	
	&R Data	1	1	NI			<b>.</b>
	as the cost report prepared using the PS&R			Ν		N	16.
	eport only? If either column 1 or 3 is yes, nter the paid-through date of the PS&R						
	eport used in columns 2 and 4 . (see						
	nstructions)						
	as the cost report prepared using the PS&R			Y	04/08/2015	Y	17
	eport for totals and the provider's records				2		. '
	or allocation? If either column 1 or 3 is						
	es, enter the paid-through date in columns						
	and 4. (see instructions)						
	fline 16 or 17 is yes, were adjustments			Ν		N	18
	ade to PS&R Report data for additional						
	aims that have been billed but are not						
	ncluded on the PS&R Report used to file						
	his cost report? If yes, see instructions.	1		Ν		N	19
	nis cost report? If yes, see instructions. Fline 16 or 17 is yes, were adjustments		1				
	his cost report? If yes, see instructions. Fline 16 or 17 is yes, were adjustments ade to PS&R Report data for corrections of				1		
	his cost report? If yes, see instructions. Fline 16 or 17 is yes, were adjustments ade to PS&R Report data for corrections of ther PS&R Report information? If yes, see				1		
	his cost report? If yes, see instructions. Fline 16 or 17 is yes, were adjustments ade to PS&R Report data for corrections of ther PS&R Report information? If yes, see instructions.			N			
ma th	his cost report? If yes, see instructions. Fline 16 or 17 is yes, were adjustments ade to PS&R Report data for corrections of ther PS&R Report information? If yes, see			N		N	20.

Heal th	Financial Systems FR	ANCISCAN ST MA	RGARET-HAMMO	ND	In Lie	u of Form CMS-:	2552-10
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUES				Peri od:	Worksheet S-2	
					From 01/01/2014	Part II	
					To 12/31/2014	Date/Time Pre 5/27/2015 5:2	pared:
				Pa	rt A	Part B	9 pili
		Doscri	iption	Y/N	Date	Y/N	
			0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the	(	0	N	2.00	N 3.00	21.00
21.00	provider's records? If yes, see			IN IN		IN IN	21.00
	instructions.						
			-				
						1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPIT	ALS ONLY (EXCE	PT CHILDRENS	HOSPI TALS)		1.00	
	Capital Related Cost	NEO ONET (ENOL		noor rineoy			
22.00	Have assets been relifed for Medicare purpose	es? If yes see	e instruction	s			22.00
	Have changes occurred in the Medicare depreci				ng the cost		23.00
20.00	reporting period? If yes, see instructions.	att off onpolico	ado to appia		ig the boot		201.00
24.00	Were new leases and/or amendments to existing	leases entere	ed into durin	g this cost rep	orting period?		24.00
	If yes, see instructions	,		5	5 1 1		
25.00	Have there been new capitalized leases entere	ed into during	the cost rep	orting period?	lf yes, see		25.00
	instructions.	U		0 1	5		
26.00	Were assets subject to Sec. 2314 of DEFRA acqu	uired during th	ne cost repor	ting period? If	yes, see		26.00
	instructions.						
27.00	Has the provider's capitalization policy char	nged during the	e cost report	ing period? If	yes, submit		27.00
	сору.						
	Interest Expense						
28.00	Were new loans, mortgage agreements or letter	rs of credit er	ntered into d	uring the cost	reporting		28.00
	period? If yes, see instructions.						
29.00	Did the provider have a funded depreciation a			Debt Service Re	serve Fund)		29.00
20.00	treated as a funded depreciation account? If						20.00
30.00	Has existing debt been replaced prior to its	scheduled matt	urity with ne	w debt? IF yes,	see		30.00
31.00	instructions. Has debt been recalled before scheduled matur	sity without is	scuence of no	w dobt? If yoc	600		31.00
31.00	instructions.	ity without is	suance of he	w debt? IT yes,	See		31.00
	Purchased Services						
32.00	Have changes or new agreements occurred in pa	atient care ser	vices furnis	hed through con	tractual		32.00
52.00	arrangements with suppliers of services? If y			neu through con	ti de tudi		52.00
33 00	If line 32 is yes, were the requirements of S			ing to competit	ive bidding? If		33.00
	no, see instructions.						
	Provi der-Based Physi ci ans					I	
34.00	Are services furnished at the provider facili	ty under an ar	rangement wi	th provider-bas	ed physicians?		34.00
	If yes, see instructions.	5	5				
35.00	If line 34 is yes, were there new agreements	or amended exi	sting agreem	ents with the p	rovi der-based		35.00
	physicians during the cost reporting period?	If yes, see in	nstructions.				
					Y/N	Date	
					1.00	2.00	
	Home Office Costs				1		
	Were home office costs claimed on the cost re	•					36.00
37.00	If line 36 is yes, has a home office cost sta	atement been pr	repared by th	e home office?			37.00
	If yes, see instructions.						
38.00	If line 36 is yes, was the fiscal year end of						38.00
	the provider? If yes, enter in column 2 the f						0.0.00
39.00	If line 36 is yes, did the provider render se	ervices to othe	er chain comp	onents? IT yes,			39.00
40.00	see instructions.	willoop to the	home office?				40.00
40.00	If line 36 is yes, did the provider render se instructions.	ervices to the	nome office?	TT yes, see			40.00
				1.00	2	00	-
	Cost Report Preparer Contact Information			1.00	۷.		
41.00	Enter the first name, last name and the title	e/position	HONG		YANG		41.00
	held by the cost report preparer in columns 1						
	respectively.	., _, and o,					
42.00	Enter the employer/company name of the cost r	report	FSM - HAMMON	D			42.00
	preparer.						
43.00	Enter the telephone number and email address		219-932-2300	EXT 33175	HONG. YANG@FRAN	CI SCANALLI ANCE	43.00
	report preparer in columns 1 and 2, respectiv	/el y.			. ORG		

PITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STI ONNAI RE	Provi der	CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S- Part II Date/Time Pr 5/27/2015 5:	epare
	Part B Date 4.00					
PS&R Data	1.00					
00 Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see						16.
<pre>instructions) 00 Was the cost report prepared using the PS&amp;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 (cos instructions)</pre>	04/08/2015					17.
<ul> <li>2 and 4. (see instructions)</li> <li>00 If line 16 or 17 is yes, were adjustments made to PS&amp;R Report data for additional claims that have been billed but are not included on the PS&amp;R Report used to file</li> <li>this cast report? If yes cas instructions</li> </ul>						18.
<ul> <li>this cost report? If yes, see instructions.</li> <li>16 I ine 16 or 17 is yes, were adjustments made to PS&amp;R Report data for corrections of other PS&amp;R Report information? If yes, see instructions.</li> </ul>						19
00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:						20
00 Was the cost report prepared only using the provider's records? If yes, see instructions.						21.
	-	3.	00			
Cost Report Preparer Contact Information		0.				
00 Enter the first name, last name and the title held by the cost report preparer in columns respectively.		EGIONAL DIREC EIMBURSEMENT	TOR			41
00 Enter the employer/company name of the cost i	report					42
preparer. 00 Enter the telephone number and email address report preparer in columns 1 and 2, respectiv						43

HOSPI T	Financial Systems FR AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.			T-HAMMOND Provi der	CCN: 150004		ri od:	u of Form CMS-2 Worksheet S-3	
						Fro To	om 01/01/2014 12/31/2014	Part I Date/Time Pre	
								5/27/2015 5:2 I/P Days / 0/P	9 pm
								Visits / Trips	
	Component	Worksheet A	No.	of Beds	Bed Days		CAH Hours	Title V	
		Line Number		2 00	Avai I abl e		4.00	F 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	1.00 30.00		2.00 171	3.00	1 5	4.00	5.00	1.00
1.00	8 exclude Swing Bed, Observation Bed and	30.00		171	02,4	15	0.00	0	1.00
	Hospice days) (see instructions for col. 2								
	for the portion of LDP room available beds)								
2.00	HMO and other (see instructions)								2.00
3.00	HMO IPF Subprovider								3.00
4.00	HMO IRF Subprovider								4.00
5.00	Hospital Adults & Peds. Swing Bed SNF							0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF							0	6.00
7.00	Total Adults and Peds. (exclude observation			171	62, 41	15	0.00	0	7.00
0 00	beds) (see instructions)	24.00				~~	0.00		0.00
8.00	INTENSIVE CARE UNIT	31.00		20			0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00		0		0	0.00	0	9.00
10.00 11.00	BURN INTENSIVE CARE UNIT								10.00
12.00	SURGI CAL I NTENSI VE CARE UNI T NEWBORN I NTENSI VE CARE UNI T	35.00		0		0	0.00	0	12.00
12.00	NURSERY	43.00		0		0	0.00	0	12.00
14.00	Total (see instructions)	43.00		191	69, 71	15	0.00	0	14.00
15.00	CAH visits			171	07,7	13	0.00	0	15.00
16.00	SUBPROVIDER - IPF	40, 00		46	16, 79	90		0	16.00
17.00	SUBPROVIDER - IRF								17.00
18.00	SUBPROVI DER								18.00
19.00	SKILLED NURSING FACILITY	44.00		0		0		0	19.00
20.00	NURSING FACILITY	45.00		0		0		0	20.00
21.00	OTHER LONG TERM CARE								21.00
22.00	HOME HEALTH AGENCY	101.00						0	22.00
23.00	AMBULATORY SURGICAL CENTER (D. P. )								23.00
24.00	HOSPI CE								24.00
24.10	HOSPICE (non-distinct part)	30.00							24.10
25.00	CMHC - CMHC	99.00						0	25.00
25.10	CMHC - CORF	99.10						0	25.10
26.00 26.25	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER	88. 00 89. 00						0	26.00 26.25
20.25	Total (sum of lines 14-26)	69.00		237				0	20.25
28.00	Observation Bed Days			237				0	27.00
29.00	Ambul ance Trips							0	29.00
30.00	Employee discount days (see instruction)								30.00
31.00	Employee discount days - IRF								31.00
32.00	Labor & delivery days (see instructions)			0		0			32.00
32.01	Total ancillary labor & delivery room								32.01
	outpatient days (see instructions)								
33.00	LTCH non-covered days								33.00

HOSPI 1	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part I Date/Time Pre 5/27/2015 5:2	pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
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)	13, 624	5, 434	25, 10	)1		1.00
2.00	HMO and other (see instructions)	2, 624	0				2.00
3.00	HMO IPF Subprovider	107	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0		0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13, 624	5, 434	25, 10	01		7.00
8.00	INTENSIVE CARE UNIT	2, 135	741	3, 62	23		8.00
9.00	CORONARY CARE UNI T	0	0		0		9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGI CAL I NTENSI VE CARE UNI T						11.00
12.00	NEWBORN INTENSIVE CARE UNIT	0	0		0		12.00
13.00	NURSERY		46	22	26		13.00
14.00	Total (see instructions)	15, 759	6, 221	28, 95		869.21	•
15.00	CAH visits	.0, .0,	0,221	20,70	0	007121	15.00
16.00	SUBPROVIDER - IPF	1, 166	2, 666	8, 53	0.00	42.85	
17.00	SUBPROVIDER - IRF	1, 100	2,000	0,00	0.00	12.00	17.00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY	0	0		0 0.00	0.00	
20.00	NURSING FACILITY	0	0		0 0.00		•
20.00	OTHER LONG TERM CARE		0		0.00	0.00	20.00
22.00	HOME HEALTH AGENCY	17, 883	744	23, 1 <sup>2</sup>	0.00	37.29	•
22.00	AMBULATORY SURGICAL CENTER (D. P. )	17,003	744	23, 1	0.00	57.29	23.00
24.00	HOSPICE						23.00
24.00		0	0		0		24.00
	HOSPICE (non-distinct part)	0	0		0 0 00	0.00	
25.00	CMHC - CMHC	0	0		0 0.00		•
25.10	CMHC - CORF	0	-				•
26.00	RURAL HEALTH CLINIC	0	0		0 0.00		
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00		•
27.00	Total (sum of lines 14-26)				6.46	949.35	•
28.00	Observation Bed Days	_	1, 044	4,46	06		28.00
29.00	Ambul ance Tri ps	0					29.00
30.00	Employee discount days (see instruction)				0		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)	0	66	32	21		32.00
32. 01	Total ancillary labor & delivery room outpatient days (see instructions)				0		32.01
33.00	LTCH non-covered days	0					33.00

HOSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provi der	CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part I Date/Time Pre 5/27/2015 5:2	pared:
		Full Time Equivalents		Di s	charges		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers	12.00	12.00	14.00	Patients	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	11.00	12.00	13.00 2,8	14.00 71 951	<u>15.00</u> 5,359	1.00
2.00	8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)		0	_, -	09 0	5, 357	2. 00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation						7.00
8.00	beds) (see instructions) INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEWBORN INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2, 8	71 951	5, 359	
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	2	16 592	2,077	16.00
17.00	SUBPROVIDER – IRF						17.00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D. P. )						23.00
24.00 24.10	HOSPICE						24.00 24.10
24.10	HOSPICE (non-distinct part) CMHC - CMHC	0.00					24.10
25.00	CMHC - CORF	0.00					25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0,00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambul ance Trips						29.00
30. 00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32. 01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.0

PI T <i>I</i>	AL WAGE INDEX INFORMATION			Provi der	F	eriod: rom 01/01/2014 o 12/31/2014	Worksheet S-3 Part II Date/Time Pre 5/27/2015 5:2	parec
		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Salaries (col.2 ± col.		Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II – WAGE DATA SALARIES							
	Total salaries (see	200. 00	55, 621, 666	0	55, 621, 666	1, 929, 262. 00	28.83	1. (
	instructions) Non-physician anesthetist Part		C	0	0	0.00	0.00	2.0
	A Non-physician anesthetist Part		C	0	0	0.00	0.00	3.0
	B Physician-Part A - Administrative		C	0	0	0.00	0.00	4.
1	Physicians - Part A - Teaching		C	0	0			
	Physician-Part B		C	0	-			
	Non-physician-Part B	01.00	C	-	-			
	Interns & residents (in an approved program)	21.00	C	0	0	0.00	0.00	7.
1	Contracted interns and residents (in an approved		C	0	O	0.00	0.00	7.
	programs) Home office personnel		C	0	0	0.00	0.00	8.
	SNF	44.00	C	0	-	0.00	0.00	
	Excluded area salaries (see instructions) OTHER WAGES & RELATED COSTS		6, 759, 067	120, 155	6, 879, 222	221, 494. 00	31.06	10.
00	Contract Labor: Direct Patient		214, 928	0	214, 928	3, 266. 75	65. 79	11.
00	Care Contract Labor: Top Level management and other		C	0	C	0.00	0.00	12.
	management and administrative services							
00	Contract Labor: Physician-Part		282, 955	0	282, 955	2,084.00	135. 77	13.
	A - Administrative Home office salaries &		6, 392, 995	0	6, 392, 995	122, 225. 00	52. 31	14
	wage-related costs		0,072,770		0,0,2,,,0		02.01	
00	Home office: Physician Part A - Administrative		C	0	0	0.00	0.00	15.
	Home office and Contract Physicians Part A - Teaching		C	0	0	0.00	0.00	16
	WAGE-RELATED COSTS Wage-related costs (core) (see		13, 660, 626	0	13, 660, 626		1	17
00	instructions)		13,000,020		13,000,020			
	Wage-related costs (other) (see instructions)		C		-			18
	Excluded areas Non-physician anesthetist Part		1, 852, 325 C					19 20
00	Non-physician anesthetist Part B		C	0	0			21
	Physician Part A - Administrative		C					22
	Physician Part A - Teaching Physician Part B		C					22
	Wage-related costs (RHC/FQHC)		C	-	-			24
00	Interns & residents (in an approved program) OVERHEAD COSTS - DIRECT SALARIE	<u></u>	C	0	0			25
	Employee Benefits Department	4.00	1, 114, 458	0	1, 114, 458	54, 703. 73	20.37	26
00 00	Administrative & General Administrative & General under	5. 00	3, 851, 028 151, 784	0	3, 851, 028	176, 000. 15	21.88	27
	contract (see inst.) Maintenance & Repairs	6.00	1, 591, 296	0	1, 591, 296	48, 669. 51	32. 70	29
00	Operation of Plant	7.00	325, 419			46, 618. 00	6. 98	
	Laundry & Linen Service	8.00	C	0				
	Housekeeping Housekeeping under contract (see instructions)	9.00	1, 345, 718 3, 701		.,,.			
	Dietary	10. 00	664, 413	-391, 948	272, 465			
	Dietary under contract (see instructions)		C	0	0	0.00	0.00	35.
00	Cafeteri a	11.00	C	391, 948	391, 948			
	Maintenance of Personnel Nursing Administration	12.00 13.00	C 3, 239, 667	0	0 3, 239, 667	0. 00 89, 017. 68		
	Central Services and Supply	13.00	3, 239, 867 424, 808					
	Pharmacy	15.00	2,070,394					

Health Financial Systems	FR	ANCISCAN ST MA	ARGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provi der		Peri od:	Worksheet S-3	
					rom 01/01/2014		
					Го 12/31/2014	Date/Time Pre 5/27/2015 5:20	
	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	1, 099, 387	0	1, 099, 38	44, 273. 03	24.83	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

Heal th	Financial Systems	FR	ANCISCAN ST MA	RGARET-HAMMOND		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provi der		Period: From 01/01/2014	Worksheet S-3	
						To 12/31/2014		pared:
							5/27/2015 5:2	9 pm
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		55, 777, 151	0	55, 777, 15	1 1, 930, 258. 50	28.90	1.00
	instructions)							
2.00	Excluded area salaries (see		6, 759, 067	120, 155	6, 879, 22	2 221, 494. 00	31.06	2.00
	instructions)							
3.00	Subtotal salaries (line 1		49, 018, 084	-120, 155	48, 897, 92	9 1, 708, 764. 50	28.62	3.00
	minus line 2)							
4.00	Subtotal other wages & related		6, 890, 878	0	6, 890, 87	8 127, 575. 75	54.01	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		13, 660, 626	0	13, 660, 62	6 0.00	27.94	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		69, 569, 588	-120, 155	69, 449, 43	3 1, 836, 340. 25	37.82	6.00
7.00	Total overhead cost (see		15, 882, 073	-560, 560	15, 321, 51	3 740, 976. 87	20. 68	7.00
	instructions)							

	Financial Systems FRANCISCAN ST MA AL WAGE RELATED COSTS	ARGARET-HAMMOND Provider CCN: 150004		u of Form CMS-2	
USPI I	AL WAGE RELATED CUSTS	Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014		pared
				Amount	
				Reported	
				1.00	
	PART IV - WAGE RELATED COSTS				1
	Part A - Core List				1
	RETI REMENT COST				
. 00	401K Employer Contributions			1, 855, 115	1.
. 00	Tax Sheltered Annuity (TSA) Employer Contribution			0	2.
. 00	Nonqualified Defined Benefit Plan Cost (see instructions)			0	3.
. 00	Qualified Defined Benefit Plan Cost (see instructions)			1, 409, 817	4.
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
00	401K/TSA Plan Administration fees			0	5.
00	Legal/Accounting/Management Fees-Pension Plan			0	6.
00	Employee Managed Care Program Administration Fees			0	7.
	HEALTH AND INSURANCE COST				
00	Health Insurance (Purchased or Self Funded)			7, 107, 711	8
00	Prescription Drug Plan			0	9.
0. 00	Dental, Hearing and Vision Plan			-3, 683	10
. 00	Life Insurance (If employee is owner or beneficiary)			-50, 505	11
2. 00	Accident Insurance (If employee is owner or beneficiary)			0	12
8. 00	Disability Insurance (If employee is owner or beneficiary)			169, 010	13
. 00	Long-Term Care Insurance (If employee is owner or benefici	ary)		0	14
5.00	'Workers' Compensation Insurance			6, 088	15.
6. 00	Retirement Health Care Cost (Only current year, not the ex	traordinary accrual require	ed by FASB 106.	0	16.
	Non cumulative portion)		•		
	TAXES				
. 00	FICA-Employers Portion Only			4, 774, 580	17.
3. 00	Medicare Taxes - Employers Portion Only			0	
	Unemployment Insurance			161, 191	19.
0. 00	State or Federal Unemployment Taxes			0	20.
	OTHER				
. 00	Executive Deferred Compensation (Other Than Retirement Cos instructions))	t Reported on lines 1 throu	ıgh 4 above. (see	0	21.
2.00	Day Care Cost and Allowances			0	22.
	Tuition Reimbursement			83, 627	
	Total Wage Related cost (Sum of lines 1 -23)			15, 512, 951	
	Part B - Other than Core Related Cost				
00	OTHER			0	25

Heal th	Financial Systems	FRANCI SCAN ST MARGAR	ET-HAMMOND	)	In Lie	u of Form CMS-:	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST		Provi der	CCN: 150004	Peri od:	Worksheet S-3	
					From 01/01/2014	Part V	
					To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
	Cost Center Description				Contract Labor	Benefit Cost	<sup>2</sup> piii
					1.00	2.00	
	PART V - Contract Labor and Benefit Cost					2100	
	Hospital and Hospital-Based Component Ider	nti fi cati on:					
1.00	Total facility's contract labor and benefi	t cost			0	0	1.00
2.00	Hospi tal				0	0	2.00
3.00	Subprovider - IPF				0	0	3.00
4.00	Subprovider - IRF						4.00
5.00	Subprovider - (Other)				0	0	5.00
6.00	Swing Beds - SNF				0	0	6.00
7.00	Swing Beds - NF				0	0	7.00
8.00	Hospital-Based SNF				0	0	8.00
9.00	Hospital-Based NF				0	0	9.00
10.00	Hospi tal -Based OLTC						10.00
11.00	Hospi tal -Based HHA				0	0	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				0	0	14.00
15.00	Hospital-Based Health Clinic FQHC				0	0	15.00
16.00	Hospi tal -Based-CMHC				0	0	16.00
16. 10	Hospital-Based-CMHC 10				0	0	16.10
17.00	Renal Dialysis						17.00
18.00	Other				0	0	18.00

	5	RANCISCAN ST MA				u of Form CMS-	
HOME H	IEALTH AGENCY STATI STI CAL DATA			CCN: 150004 t CCN: 157145	Period: From 01/01/2014 To 12/31/2014		pared:
					Home Health	5/27/2015 5:2 PPS	<u>9 pm</u>
					Agency I		-
0.00	County		-	-	1.	00	0.00
0.00	county	Title V	Title XVIII	Title XIX	Other	Total	0.00
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA		<b></b>		10 000	70.070	1 4 44
1.00 2.00	Home Health Aide Hours Unduplicated Census Count (see instructions)	0.00					
2.00	Tondup reated census count (see mistractrons)	0.00	/03.00		ployees (Full Ti		2.00
		Enter the numb	er of hours in	Staff	Contract	Total	
			work week				
		(	)	1.00	2.00	3.00	
3.00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES Administrator and Assistant Administrator(s)		0.00	12.	0.00	12.71	3.00
3.00 4.00	Director(s) and Assistant Director(s)		0.00	0.0			1
5.00	Other Administrative Personnel			0. (			1
6.00	Direct Nursing Service			22. 2			
7.00 8.00	Nursi ng Supervi sor Physi cal Therapy Servi ce			0.0			1
8.00 9.00	Physical Therapy Supervisor			0.0		4.33 0.00	1
10.00	Occupational Therapy Service			1.1		1.54	
11.00	Occupational Therapy Supervisor			0. (		0.00	1
12.00	Speech Pathol ogy Service			0.0			1
13.00 14.00	Speech Pathology Supervisor Medical Social Service			0.0			
15.00	Medical Social Service Supervisor			0.0			1
16.00	Home Health Aide			2.0	0.00	2.07	
17.00	Home Heal th Ai de Supervi sor			0.0			1
18.00	Other (specify) HOME HEALTH AGENCY CBSA CODES			0.0	0.00	0.00	18.00
19.00	Enter in column 1 the number of CBSAs where				1		19.00
	you provided services during the cost						
20.00	reporting period. List those CBSA code(s) in column 1 serviced			23844			20.00
20.00	during this cost reporting period (line 20 contains the first code).			23044			20.00
			oi sodes				
		Without Outliers	With Outliers	LUPA Episode	s PEP Only Episodes	Total (cols. 1-4)	
	L	1.00	2.00	3.00	4.00	5.00	
21 00	PPS ACTIVITY DATA	0.415	045		74 00	10 404	21 00
21.00 22.00	Skilled Nursing Visits Skilled Nursing Visit Charges	9, 615 1, 892, 716			76 90 98 16, 119	10, 496 2, 044, 017	1
23.00	Physical Therapy Visits	3, 862			46 65		
24.00	Physical Therapy Visit Charges	834,005	1, 744	9, 33		859, 228	24.00
25.00 26.00	Occupational Therapy Visits	1, 306			4 28	1, 338	
26.00	Occupational Therapy Visit Charges Speech Pathology Visits	190, 595 21		1	36 5,450 0 0	196, 481 21	
28.00	Speech Pathology Visit Charges	4, 578	-		0 0	4, 578	
29.00	Medical Social Service Visits	24			0 0	25	
30.00 31.00	Medical Social Service Visit Charges Home Health Aide Visits	6, 720 1, 968			0 0 7 17	7, 002 2, 022	
31.00	Home Health Aide Visit Charges	253, 238			2,244	2, 022 260, 220	
33.00	Total visits (sum of lines 21, 23, 25, 27,	16, 796			33 200		
04.05	29, and 31)						04.05
34.00 35.00	Other Charges Total Charges (sum of lines 22, 24, 26, 28,	82,872					1
35.00	30, 32, and 34)	3, 264, 724	51,935	100,7	30, 130	3, 463, 519	35.00
36.00	Total Number of Episodes (standard/non outlier)	955		10	55 16	1, 136	36.00
37.00 38.00	Total Number of Outlier Episodes	14, 399	7 416		0 49 0	7 17, 564	37.00 38.00
55.00	1.5 ca. Non Noach to moulour oupping onaliges	1 14, 377		1 2,74		1 17, 504	1 55.00

Heal th	Financial Systems FRANCI SCAN ST MARGAR	ET-HAMMOND		In Lie	eu of Form CMS-2	2552-10
	AL UNCOMPENSATED AND INDIGENT CARE DATA		CCN: 150004	Peri od:	Worksheet S-1	
				From 01/01/2014		
				To 12/31/2014		
	· · · · · · · · · · · · · · · · · · ·				5/27/2015 5: 2	9 pili
					1.00	
	Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 div	ided by li	ne 202 columr	8)	0. 254853	1.00
	Medicaid (see instructions for each line)			-)		
2.00	Net revenue from Medicaid				13, 769, 305	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				Ý	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental	payments	from Medicaic	?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from	Medicaid			10, 872, 939	5.00
6.00	Medicaid charges				86, 608, 443	6.00
7.00	Medicaid cost (line 1 times line 6)				22, 072, 422	7.00
8.00	Difference between net revenue and costs for Medicaid program (	line 7 min	us sum of lir	es 2 and 5; if	0	8.00
	< zero then enter zero)					
	State Children's Health Insurance Program (SCHIP) (see instruct	ions for ea	ach line)		-	
9.00	Net revenue from stand-alone SCHIP				0	9.00
	Stand-alone SCHIP charges				0	10.00
	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 m	inus line 9;	if < zero then	0	12.00
	enter zero)					
	Other state or local government indigent care program (see inst				-	
	Net revenue from state or local indigent care program (Not incl			·	0	13.00
14.00	Charges for patients covered under state or local indigent care	program (	Not included	in lines 6 or	0	14.00
15.00	10) State or local indigent care program cost (line 1 times line 14	`			0	15.00
	Difference between net revenue and costs for state or local ind	·	program (Lir	o 15 minus lino		16.00
10.00	13; if < zero then enter zero)	igent care	program (TT		0	10.00
	Uncompensated care (see instructions for each line)				I	
17.00	Private grants, donations, or endowment income restricted to fu	nding char	ity care		0	17.00
18.00	Government grants, appropriations or transfers for support of h				0	18.00
	Total unreimbursed cost for Medicaid, SCHIP and state and loca			s (sum of lines	0	19.00
	8, 12 and 16)		p9		-	
			Uni nsured	Insured	Total (col. 1	
			patients	patients	+ col. 2)	
			1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care		19, 896, 80	13, 439, 400	33, 336, 200	20.00
01 00	charges excluding non-reimbursable cost centers) for the entire		F 070 7	0 0 005 074	0 405 000	01 00
21.00	Cost of initial obligation of patients approved for charity cartimes line 20)	e (line i	5, 070, 75	3, 425, 071	8, 495, 830	21.00
22.00			114 00	1 1 20 400	1, 244, 300	22.00
	Partial payment by patients approved for charity care Cost of charity care (line 21 minus line 22)		114, 90 4, 955, 85			
23.00			4, 900, 60	2,293,071	7,251,550	23.00
					1.00	
24.00	Does the amount in line 20 column 2 include charges for patient	days beyo	nd a length o	f stav limit	1.00	24.00
21.00	imposed on patients covered by Medicaid or other indigent care		na a rongth c	i stay i i ili t		21.00
25.00	If line 24 is "yes," charges for patient days beyond an indige		oaram's lenat	h of stav limit	0	25.00
	Total bad debt expense for the entire hospital complex (see ins		5 5	2	11, 129, 853	
27.00	Medicare bad debts for the entire hospital complex (see instruc				1, 268, 286	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (li	,	s line 27)		9, 861, 567	
	Cost of non-Medicare and non-reimbursable Medicare bad debt exp			28)	2, 513, 250	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	-			9, 764, 780	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus li	ne 30)			9, 764, 780	31.00

CLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	OF EXPENSES	Provi der		Period: From 01/01/2014	Worksheet A	
					To 12/31/2014	Date/Time Pre 5/27/2015 5:29	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +-	2 pm
		1.00	2.00	3.00	4.00	<u>col. 4)</u> 5.00	
	GENERAL SERVICE COST CENTERS						
00	00100 CAP REL COSTS-BLDG & FIXT		7, 159, 999			3, 657, 319	1.0
00	00200 CAP REL COSTS-MVBLE EQUIP		0		0 4, 225, 799	4, 225, 799	2.0
00 00	00300 OTHER CAP REL COSTS 00400 EMPLOYEE BENEFITS DEPARTMENT	1 114 450	10 000 296	11 114 04	0 0	0	3.0 4.0
00	01160 COMMUNI CATI ONS	1, 114, 458 197, 896	10, 000, 386 459, 957			11, 112, 762 657, 853	4.0
02	00550 DATA PROCESSI NG	23, 882	-14, 594, 074		-	-14, 570, 192	5.0
03	00561 PURCHASING RECEIVING AND STORES	128, 030	200, 654			328, 684	5.0
04	00570 ADMI TTI NG	604, 093	21, 518			625, 611	5.0
05	00590 OTHER ADMINI STRATI VE AND GENERAL	2, 897, 127	12, 028, 476			15, 746, 544	5.0
00 00	00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT	1, 591, 296 325, 419	2, 473, 902 3, 863, 990			4, 065, 198 4, 189, 409	6.0 7.0
00	00800 LAUNDRY & LINEN SERVICE	525, 419	396, 863			396, 863	8.0
00	00900 HOUSEKEEPI NG	1, 345, 718	321, 531			1, 667, 249	9.0
. 00	01000 DI ETARY	664, 413	1, 166, 920	1, 831, 33	3 -1, 080, 333	751, 000	10.0
. 00	01100 CAFETERI A	0	0		0 1, 080, 333	1, 080, 333	11. C
. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	3, 239, 667	362, 287			3, 588, 024	13.0
. 00	01500 PHARMACY	424, 808 2, 070, 394	844, 996 17, 400, 594			787, 512 4, 453, 613	14. C
. 00	01600 MEDICAL RECORDS & LIBRARY	1, 099, 387	868, 880			1, 968, 267	16.0
. 00	01700 SOCIAL SERVICE	0	0	, ,	0 0	0	17. C
. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	3, 722	2,657	6, 37	9 425, 025	431, 404	22. C
. 00	02300 PARAMED ED PRGM-(SPECIFY)	0	0		0 0	0	23.0
. 01	02301 PARAMED ED PRGM - LAB	74,805	8, 387			162, 335	
. 02	02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER	75, 971 50, 369	218 2, 124			62, 064 59, 016	23.0 23.0
. 04	02304 PARAMED ED PRGM-PHARMACY	459, 511	11, 634			590, 909	23.0
	INPATIENT ROUTINE SERVICE COST CENTERS		· · · · · ·				
. 00	03000 ADULTS & PEDIATRICS	10, 059, 931	1, 681, 841			10, 198, 345	30. C
. 00	03100 INTENSIVE CARE UNIT	2, 296, 971	270, 401	2, 567, 37	2 -126, 372	2, 441, 000	31.0
. 00	02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT	0	0		0 0	0	32. C 35. C
0.00	04000 SUBPROVI DER – I PF	2, 462, 807	14, 762, 013	17, 224, 82	0 -706	17, 224, 114	40.0
. 00	04300 NURSERY	0	0		688, 337	688, 337	43.0
. 00	04400 SKILLED NURSING FACILITY	0	0		0 0	0	44.C
. 00	04500 NURSING FACILITY	0	0		0 0	0	45. C
. 00	ANCI LLARY SERVI CE COST CENTERS 05000  OPERATI NG ROOM	875, 153	3, 037, 779	3, 912, 93	2 -1, 870, 778	2, 042, 154	50.0
0.01	05001 OPEN HEART SURGERY	102, 548	238, 318			211, 927	50.0
. 02	05002 OUTPATI ENT SURGERY	887, 079	323, 721			1, 016, 644	50.0
. 00		288, 019	17, 816			299, 980	
	05300 ANESTHESI OLOGY	72, 398	2, 760, 797				
. 00	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	1, 238, 613 699, 208	192, 319 1, 155, 133			1, 291, 002 1, 396, 063	
. 02		419, 615	82, 070			488, 052	
. 00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55. (
. 01	05501 COMPUTED TOMOGRAPHY	427, 558	373, 777	801, 33	5 0	801, 335	
. 00	05700 CT SCAN	0	0		0 0	0	57.0
. 00 . 00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	0			0	58. 0 59. 0
0.00	06000 LABORATORY	0	7, 242, 876	7, 242, 87	6 -79, 143	7, 163, 733	
0.01	06001 BLOOD LABORATORY	0	0, 212, 0,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 0	0	
. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	597, 494	597, 49	4 595, 904	1, 193, 398	63. (
. 01	06301 NUCLEAR MEDICINE	220, 641	281, 396			571, 603	
. 00	06500 RESPI RATORY THERAPY	1, 273, 209	346, 652			1, 699, 198	
. 00 . 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	1, 563, 348 394, 083	1, 072, 025 144, 366			2, 387, 635 555, 050	
. 00		245, 063	104, 910			338, 343	
. 00	06900 ELECTROCARDI OLOGY	325, 973	291, 641			616, 005	
. 00	07000 ELECTROENCEPHALOGRAPHY	252, 681	50, 867		8 -1, 622	301, 926	
. 00		0	0		0 3, 153, 705	3, 153, 705	
. 00		0	0		0 3, 092, 179 0 14, 301, 705	3, 092, 179 14, 301, 705	
. 00	03020 PAIN CLINIC		0		0 14, 301, 705	14, 301, 705	73. ( 76. (
0.00		0	23, 880		-	5, 193	
. 02		831, 178	2, 197, 829				
	03957 CARDI AC REHABI LI TATI ON	348, 965	31, 216			392, 469	
	03190 RADI ATI ON ONCOLOGY	608, 867	266, 967			874, 309	
0.05		141, 740	83, 122	224, 86	2 1,002 0 0	225, 864 0	76. ( 76. (
. 06	03952 BARTATRIC CENTER 03550 PSYCH ACTIVITY THERAPY	0	0 2, 889, 726	2, 889, 72	-	0 2, 889, 726	
. 07							

Health Financial Systems Ff	RANCISCAN ST MARG	GARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der		Period:	Worksheet A	
				rom 01/01/2014		
				Го 12/31/2014	Date/Time Pre	
Cont Conton Deceminting	Calarian	0+1	T-+-1 (1 1	De al a a a i 6i a a t i	5/27/2015 5:2	9 pm
Cost Center Description	Sal ari es	Other	+ col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance	
			+ COL 2)	UIIS (See A-O)	(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4,00	5.00	
76. 09 03954 RENAL DI ALYSI S	1.00	2.00		526, 832	526, 832	76.09
76. 10 03955 I NFUSI ON	1, 120, 908	599, 160	1, 720, 06		1, 650, 027	
76. 11 03956 CARE TRANSI TI ON CENTER	52, 288	377, 100	52, 28		52, 288	
76. 12 03958 ANTI COAGULATI ON CLINIC	168, 807	22 544	201, 35			
OUTPATIENT SERVICE COST CENTERS	100, 007	32, 544	201, 33	1 0	201, 351	70.12
88.00 08800 RURAL HEALTH CLINIC	l ol	0		0	0	88.00
	0	0		0	0	88.00
	0	0		0	-	
90. 00 09000 CLINIC	0	0		0	0	90.00
90. 01 09001 OCC HEALTH CLINIC	0	0	10 000 74	0	0	90.01
91. 00 09100 EMERGENCY	7, 904, 479	2, 135, 236	10, 039, 71	-703, 901	9, 335, 814	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART						92.00
OTHER REIMBURSABLE COST CENTERS		-		-1 -1	-	
99. 00 09900 CMHC	0	0	(	0 0	0	99.00
99. 10 09910 CORF	0	0	(	0 0	0	99.10
101.0010100 HOME HEALTH AGENCY	2, 594, 861	336, 473	2, 931, 33	4 -55, 901	2, 875, 433	101.00
SPECIAL PURPOSE COST CENTERS	1					
113.00 11300 INTEREST EXPENSE		4, 624, 237	4, 624, 23		3, 080, 177	
118.00 SUBTOTALS (SUM OF LINES 1-117)	54, 580, 923	91, 383, 035	145, 963, 95	3 0	145, 963, 958	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39, 800	61, 800	101, 60		101, 600	
190. 01 19001 CONVENT	0	14, 067	14, 06	-	14, 067	
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0	(	-		190. 02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	119, 378	119, 37	3 0	119, 378	190. 03
190.04 19004 WOMEN'S HEALTH CENTER	123, 291	2, 496	125, 78	7 0	125, 787	190. 04
190. 05 19005 DEVELOPMENT	0	0	(	0 0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0	(	0 0	0	190. 06
190.07 19007 I MAGE RECOVERY	0	0	(	0 0	0	190. 07
190. 08 19008 FAMILY SERVICES	0	0	(	0 0	0	190. 08
190. 09 19009 MDWI SE	66, 191	5, 636, 722	5, 702, 91	3 0	5, 702, 913	190. 09
190.10 19010 CATHERINE MCAULEY CLINIC	360, 453	67, 669	428, 122	2 0	428, 122	190. 10
190.11 19011 CENTER OF HOPE	15, 021	656	15, 67	7 0	15, 677	190.11
190. 12 19012 SELECT	0	0	(	0 0	0	190. 12
190. 13 19013 PERCI NI AS	0	О	(	0 0	0	190. 13
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	116, 577	171, 605	288, 18	2 0	288, 182	192.00
192.01 19201 WORKING WELL	319, 410	327, 668	647,07		647, 078	
193. 00 19300 NONPALD WORKERS	0	0	(			193.00
194. 01 07951 REHAB	0	o o		0		194.01
200.00 TOTAL (SUM OF LINES 118-199)	55, 621, 666	97, 785, 096	153, 406, 76	2 0		
					,, , 02	

ECLASS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Pr	rovi der	CCN: 150004	Period: From 01/01/2014	Worksheet A	
						To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
	Cost Center Description	Adjustments	Net Ex				572772013 5.2	
		(See A-8) 6.00		ocation 00				
	GENERAL SERVICE COST CENTERS	0.00	1 7.	00				
	00100 CAP REL COSTS-BLDG & FIXT	1, 607, 463		264, 782				1
	00200 CAP REL COSTS-MVBLE EQUIP	0		225, 799				2
	00300 OTHER CAP REL COSTS 00400 EMPLOYEE BENEFITS DEPARTMENT	2 201 224	-	0				3
	00400 EMPLOTEE BENEFIT'S DEPARTMENT 01160 COMMUNI CATI ONS	3, 391, 326		504, 088 641, 493				5
	00550 DATA PROCESSI NG	15, 954, 544		384, 352				5
	00561 PURCHASING RECEIVING AND STORES	-126, 590		202, 094				5
04	00570 ADMI TTI NG	C		625, 611				5
	00590 OTHER ADMINISTRATIVE AND GENERAL	1, 173, 759		920, 303				5
	00600 MAINTENANCE & REPAIRS	-22, 336		042,862				6
	00700 OPERATION OF PLANT	0		189, 409				7
	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	-1		396, 862 667, 249				8
	01000 DI ETARY	-64, 514		686, 486				10
	01100 CAFETERI A	-874, 890		205, 443				11
	01300 NURSI NG ADMI NI STRATI ON	-53, 827		534, 197				13
. 00	01400 CENTRAL SERVICES & SUPPLY	-148, 671	I	638, 841				14
	01500 PHARMACY	-1, 168, 974		284, 639				15
	01600 MEDICAL RECORDS & LIBRARY	-4, 737		963, 530				16
	01700 SOCIAL SERVICE 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	219, 032	1	0 650, 436				17
	02300 PARAMED ED PRGM-(SPECIFY)	219,032		030, 430				23
	02301 PARAMED ED PRGM - LAB			162, 335				23
	02302 PARAMED ED PRGM - RADIOLOGY	C		62,064				23
. 03	02303 PARAMED ED PRGM - RESP THER	C	-	59, 016				23
	02304 PARAMED ED PRGM-PHARMACY	C	)	590, 909				23
	INPATIENT ROUTINE SERVICE COST CENTERS	( (07	7 10	101 ( 40				
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	-6, 697 -49, 124		191, 648 391, 876				30
	02060 CORONARY CARE UNIT	-49, 124		371, 870 0				32
	02040 NEWBORN I NTENSI VE CARE UNI T			0				35
	04000 SUBPROVIDER - IPF	-12, 536, 218	3 4,	687, 896				40
. 00	04300 NURSERY	C		688, 337				43
	04400 SKILLED NURSING FACILITY	C		0				44
	04500 NURSING FACILITY	C	)	0				45
	ANCI LLARY SERVI CE COST CENTERS	-594, 789	1	447, 365				50
	05001 OPEN HEART SURGERY	-19,052		192, 875				50
	05002 OUTPATIENT SURGERY	C		016, 644				50
. 00	05100 RECOVERY ROOM	0		299, 980				51
	05300 ANESTHESI OLOGY	C		761, 800				53
	05400 RADI OLOGY-DI AGNOSTI C	-85, 282		205, 720				54
	05401 RADI OLOGY SPECIAL PROCEDURES	C		396, 063				54
	05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C	-5, 384		482, 668 0				54
	05501 COMPUTED TOMOGRAPHY	-76, 641	-	724, 694				55
	05700 CT SCAN	0		0				57
. 00	05800 MRI	0	b	0				58
	05900 CARDI AC CATHETERI ZATI ON	0	)	0				59
		-1, 907, 159		256, 574				60
	06001 BLOOD LABORATORY	165		102 222				60
	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	-165		193, 233 570, 940				63
	06500 RESPI RATORY THERAPY	-27, 156		672, 042				65
	06600 PHYSI CAL THERAPY	-211, 179		176, 456				66
. 00	06700 OCCUPATI ONAL THERAPY	-460		554, 590				67
	06800 SPEECH PATHOLOGY	C		338, 343				68
		-246, 291		369, 714				69
	07000 ELECTROENCEPHALOGRAPHY	-8, 816		293, 110				70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS			153, 705 092, 179				71
	07200 TMPL. DEV. CHARGED TO PATTENTS 07300 DRUGS CHARGED TO PATTENTS			301, 705				73
	03020 PAIN CLINIC			0				76
	03950 ORTHOPEDI CS	C	b	5, 193				76
. 02	03140 CARDI OVASCULAR SERVI CES	-70, 866		171, 706				76
	03957 CARDIAC REHABILITATION	-2, 709		389, 760				76
	03190 RADI ATI ON ONCOLOGY	10 (50		874, 309				76
		-18, 659		207, 205				76
	03952 BARIATRIC CENTER 03550 PSYCH ACTIVITY THERAPY	-2, 530, 773		0 358, 953				76
	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE	-2, 530, 773		358, 953 335, 332				76
	03954 RENAL DI ALYSI S	-3, 702		526, 832				76
	03955 I NFUSI ON	-100, 255		549, 772				76

Health Financial Systems FF	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der	CCN: 150004	Peri od:	Worksheet A
				From 01/01/2014	
				To 12/31/2014	
Cost Center Description	Adjustments	Net Expenses		⊥	5/27/2015 5:29 pm
cost center bescription		For Allocation			
	6.00	7.00	-		
76. 11 03956 CARE TRANSI TI ON CENTER	0.00	52, 288		1	76, 11
76. 12 03958 ANTI COAGULATI ON CLINIC	0	201, 351			76.12
OUTPATIENT SERVICE COST CENTERS	0	201,001	1		70.12
88.00 08800 RURAL HEALTH CLINIC	0	0	)		88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90. 00 09000 CLINIC	0	0			90.00
90. 01 09001 OCC HEALTH CLINIC	0	0			90.01
91. 00 09100 EMERGENCY	-5, 498, 577	3, 837, 237			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0, 1,0,0,1,	0,001,201			92.00
OTHER REIMBURSABLE COST CENTERS			1		
99.00 09900 CMHC	0	0	)		99.00
99. 10 09910 CORF	0	0			99.10
101.00 10100 HOME HEALTH AGENCY	-76, 380	2, 799, 053			101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE	-3, 080, 177	0	)		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-7, 292, 010	138, 671, 948			118.00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101, 600			190.00
190. 01 19001 CONVENT	0	14, 067			190. 01
190. 02 19002 HOME MEDICAL EQUIPMENT	0	0			190. 02
190. 03 19003 MEDICAL ARTS BUILDING	0	119, 378			190. 03
190.04 19004 WOMEN'S HEALTH CENTER	0	125, 787			190. 04
190. 05 19005 DEVELOPMENT	0	0			190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0			190.06
190. 07 19007 I MAGE RECOVERY	0	0			190. 07
190. 08 19008 FAMILY SERVICES	0	0			190. 08
190. 09 19009 MDWI SE	0	5, 702, 913			190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	0	428, 122			190. 10
190.11 19011 CENTER OF HOPE	0	15, 677			190. 11
190. 12 19012 SELECT	0	0			190. 12
190. 13 19013 PERCI NI AS	0	0			190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	288, 182			192.00
192. 01 19201 WORKI NG WELL	0	647, 078	1		192.01
193. 00 19300 NONPALD WORKERS	0	0			193.00
194. 01 07951 REHAB	0	0			194.01
200.00   TOTAL (SUM OF LINES 118-199)	-7, 292, 010	146, 114, 752	1		200.00

CLASSI I	FICATIONS			Provi der	CCN: 150004	Period: From 01/01/2014	Worksheet A-6
						To 12/31/2014	Date/Time Prepare 5/27/2015 5:29 pm
	Cost Center	Increases Line #	Salary	Other			
	2.00	3.00	4.00	5.00			
	- CAPITAL AP REL COSTS-MVBLE EQUIP	2.00	0	4, 225, 799			1.
0			0	4, 225, 799			
	- DI ETARY AFETERI A	11.00	391, 948	688, 385			1.
0			391, 948	688, 385			
	- INSURANCE AP REL COSTS-BLDG & FIXT	1.00	0	177, 896			1.
	THER ADMINISTRATIVE AND ENERAL	5.05	0	813, 547			2.
0				991, 443			
	- CHARGEABLE SUPPLIES	71.00	0	2, 082			1.
PA	ATI ENT		0				
	EDICAL SUPPLIES CHARGED TO	71.00	0	13, 930			2.
	EDICAL SUPPLIES CHARGED TO	71.00	0	482, 292			3.
DO ME	EDICAL SUPPLIES CHARGED TO	71.00	0	2			4.
DO ME	ATI ENT EDI CAL SUPPLI ES CHARGED TO	71.00	0	227, 635			5.
	ATIENT EDICAL SUPPLIES CHARGED TO	71.00	0	126, 372			6.
PA	ATI ENT						
	EDICAL SUPPLIES CHARGED TO	71.00	0	706			7.
	EDICAL SUPPLIES CHARGED TO	71.00	0	1, 870, 778			8.
оо ме	EDI CAL SUPPLI ES CHARGED TO	71.00	О	128, 939			9.
	ATIENT EDICAL SUPPLIES CHARGED TO	71.00	о	194, 156			10.
	ATIENT EDICAL SUPPLIES CHARGED TO	71.00	0	5, 855			11.
PA	ATI ENT		-				
	EDICAL SUPPLIES CHARGED TO	71.00	0	71, 395			12.
	EDICAL SUPPLIES CHARGED TO	71.00	0	2, 138			13.
OO ME	EDI CAL SUPPLI ES CHARGED TO	71.00	О	482, 561			14.
	ATIENT EDICAL SUPPLIES CHARGED TO	71.00	о	60, 390			15.
	ATIENT EDICAL SUPPLIES CHARGED TO	71.00	0	468			16.
PA	ATIENT		0				
	EDI CAL SUPPLI ES CHARGED TO ATI ENT	71.00	0	103, 160			17.
	EDICAL SUPPLIES CHARGED TO	71.00	0	8, 115			18.
00 ME	EDI CAL SUPPLI ES CHARGED TO	71.00	0	9, 357			19.
OO ME	ATI ENT EDI CAL SUPPLI ES CHARGED TO	71.00	0	22, 870			20.
	ATIENT EDICAL SUPPLIES CHARGED TO	71.00	0	1, 609			21.
PA	ATI ENT EDI CAL SUPPLI ES CHARGED TO		-				
PA	ATIENT	71.00	0	1, 622			22.
	EDICAL SUPPLIES CHARGED TO	71.00	0	18, 687			23.
OO ME	EDI CAL SUPPLI ES CHARGED TO	71.00	0	1, 887, 058			24.
OO ME	EDI CAL SUPPLI ES CHARGED TO	71.00	0	1, 117			25.
	ATIENT EDICAL SUPPLIES CHARGED TO	71.00	0	1, 525			26.
PA	ATI ENT EDI CAL SUPPLI ES CHARGED TO	71.00	0	9, 841			27.
PA	ATIENT		-				
	EDICAL SUPPLIES CHARGED TO	71.00	0	106, 406			28.
OO ME	EDICAL SUPPLIES CHARGED TO	71.00	0	70, 041			29.
. OO   ME	ATI ENT EDI CAL SUPPLI ES CHARGED TO	71.00	0	278, 876			30.
	ATIENT EDICAL SUPPLIES CHARGED TO	71.00	0	55, 901			31.
				6, 245, 884			

Heal th	Fi nanci al	Systems	
DECLAS		6	

FRANCI SCAN	ST	MARGARET-HAMMOND

In Lieu of Form CMS-2552-10

CLASS	SIFICATIONS			Provi der	CCN: 150004	Peri od:	Worksheet A-6
						From 01/01/2014 To 12/31/2014	
		Increases					5/27/2015 5:29
	Cost Center	Li ne #	Salary	Other			
	2.00	3.00	4.00	5.00			
	E - PHARMACY						
00	DRUGS CHARGED TO PATIENTS	73.00	446, 928	13, 854, 777			
00	BLOOD STORING, PROCESSING &	63.00	0	595, 904			
	TRANS	↓					
	0		446, 928	14, 450, 681			
	F - RADIOLOGY ADMINISTRATION						
0	NUCLEAR MEDICINE	63.01	6, 827	0			
0	ULTRASOUND	54.02	46, 757	0			
0	NUCLEAR MEDICINE	63.01	63, 207	0			
0	RADIOLOGY SPECIAL PROCEDURES	54.01	24, 283	0			
0	MRI		10, 843	0			
	0		151, 917	0			
~	G - MEDICAL EDUCATION	22.02	a	405 005			
0	I &R SERVICES-OTHER PRGM	22.00	0	425, 025			
	COSTS APPRV	+	— — <sub>0</sub>	425, 025	-		
	H - PARAMEDI CAL EDUCATI ON		U	425, 025			
0	PARAMED ED PRGM - LAB	23.01		79, 143			
0	RADI OLOGY-DI AGNOSTI C	54.00		14, 125			
0	PARAMED ED PRGM - RESP THER	23.03	6, 523	14, 123			
0	PARAMED ED PRGM-PHARMACY	23.03	113, 632	6, 132			
0			120, 155	<u>99,400</u>			
	I - PROFESSIONAL SUPPORT SERVI	CES	120, 100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
0	RESPI RATORY THERAPY	65.00	188, 319	701			
0	OCCUPATI ONAL THERAPY	67.00	25, 862	96			
0	SPEECH PATHOLOGY	68.00	11, 198	42			
0	CARDI AC REHABI LI TATI ON	76.03	13, 355	50			
-			238, 734				
	J - RENT	I			1		
0	CAP REL COSTS-BLDG & FIXT	1.00	0	18, 000			
		†		18,000			
	K - NURSERY						
0	NURSERY	43.00	554, 720	133, 617			
	0		554, 720	133, 617			
	L - RENAL DIALYSIS						
0	RENAL_DI ALYSI S	76.09	<u>477, 6</u> 09	49, 223			
	0		477, 609	49, 223			
	M - IMPLANTABLE DEVICES						
0	IMPL. DEV. CHARGED TO	72.00	0	3, 092, 179			
	PATI ENTS	+	+				
	0		0	3, 092, 179			
	0 - INTEREST EXPENSE	1.00	d				
0	CAP REL COSTS-BLDG & FIXT	<u>1.00</u>	0	<u>527, 223</u>			
			0	527, 223			
~	P - MISCELLANEOUS A&G	F 05		7 004			
0	OTHER ADMINI STRATI VE AND	5.05	0	7, 394			
	<u>GENERAL</u>	+	— — <sub>0</sub>	7, 394			
	Q - CATH LAB RECOVERY		U	7, 394			
0	CARDI OVASCULAR SERVI CES	76.02	97, 161	3, 462			
U	TOTALS		97, 161	<u> </u>			
					1		

LASS	SEFECATIONS			Provi der	CCN: 150004	Period:	Worksheet A-6
						From 01/01/2014 To 12/31/2014	Date/Time Prepar 5/27/2015 5:29 p
		Decreases					<u>1 572772015 5:29 p</u>
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref		
	6. 00	7.00	8.00	9.00	10.00		
)	CAP REL COSTS-BLDG & FIXT	1.00	0	4, 225, 799		9	1
	0			4, 225, 799		1	
	B - DIETARY	10.00	201 040	(00.005	1		
)	DI ETARY	<u>10.00</u>	<u>391, 948</u> 391, 948	<u>688, 3</u> 85 688, 385		0	1
	C - INSURANCE		371, 740	000, 303	<u> </u>		
)	INTEREST EXPENSE	113.00	0	177, 896	1	2	1
)	INTEREST EXPENSE	1 <u>13.</u> 00	•_	81 <u>3, 5</u> 47		o	2
	D - CHARGEABLE SUPPLIES		0	991, 443			
)	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2, 082		0	1
)	NURSING ADMINISTRATION	13.00	Ö	13, 930		0	2
)	CENTRAL SERVICES & SUPPLY	14.00	0	482, 292		0	3
)		15.00	0	2		0	4
) )	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	0	227, 635 126, 372		0	5
)	SUBPROVIDER - IPF	40.00	0	706		0	
)	OPERATING ROOM	50.00	0	1, 870, 778		0	8
	OPEN HEART SURGERY	50.01	0	128, 939		0	9
		50.02 51.00	0	194, 156		0	10
	RECOVERY ROOM ANESTHESI OLOGY	51.00 53.00	0	5, 855 71, 395		0	12
	RADI OLOGY-DI AGNOSTI C	54.00	0	2, 138		0	13
	RADI OLOGY SPECIAL PROCEDURES	54.01	0	482, 561		0	14
	ULTRASOUND	54.02	0	60, 390		0	15
		63.01	0	468		0	16
	RESPI RATORY THERAPY PHYSI CAL THERAPY	65.00 66.00	0	103, 160 8, 115		0	17
	OCCUPATI ONAL THERAPY	67.00	0	9, 357		0	19
	SPEECH PATHOLOGY	68.00	0	22, 870		0	20
	ELECTROCARDI OLOGY	69.00	0	1, 609		0	21
	ELECTROENCEPHALOGRAPHY ORTHOPEDI CS	70. 00 76. 01	0	1, 622 18, 687		0	22
00	CARDI OVASCULAR SERVI CES	76.02	0	1, 887, 058		0	23
00	CARDI AC REHABI LI TATI ON	76.03	o	1, 117		0	25
	RADIATION ONCOLOGY	76.04	О	1, 525		o	26
	MRI	76.05	0	9, 841		0	27
)0 )0	WOUND CARE	76. 08 76. 10	0	106, 406 70, 041		0	28
00	EMERGENCY	91.00	0	278, 876		0	30
00	HOME HEALTH AGENCY	101.00	Ö	55, 901		0	31
	0		o	6, 245, 884		<u> </u>	
	E - PHARMACY	15 00	444 020	10 054 777		0	
) )	PHARMACY PHARMACY	15. 00 15. 00	446, 928 0	13, 854, 777 595, 904		0	1
,			446, 928	14, 450, 681			
	F - RADIOLOGY ADMINISTRATION						
)	RADI OLOGY-DI AGNOSTI C	54.00	6, 827	0		0	1
)	RADI OLOGY-DI AGNOSTI C RADI OLOGY-DI AGNOSTI C	54.00 54.00	46, 757 63, 207	0		0	2
)	RADI OLOGY-DI AGNOSTI C RADI OLOGY-DI AGNOSTI C	54.00 54.00	63, 207 24, 283	0		ol	2
)	RADI OLOGY-DI AGNOSTI C	54.00	10, 843	0		o	5
	0		151, 917			<u> </u>	
	G - MEDICAL EDUCATION	01.00		105 055	1		
)	EMERGENCY	<u>91.00</u>	0	425, 025 425, 025		0	1
	H - PARAMEDI CAL EDUCATI ON		0	425, 025	1		
)	LABORATORY	60.00		79, 143		0	1
)	PARAMED ED PRGM - RADIOLOGY	23.02		14, 125		o	2
)		65.00	6, 523			0	3
)	PHARMACY	<u>15.00</u>	<u>113, 6</u> 32 	<u>6, 1</u> 32 99, 400		<u>u</u>	4
	I - PROFESSIONAL SUPPORT SERVI	CES	120, 155	77, 400	1		
)	PHYSI CAL THERAPY	66.00	188, 319	701		0	1
)	PHYSI CAL THERAPY	66.00	25, 862	96		o	2
)	PHYSICAL THERAPY	66.00	11, 198	42		0	3
)	PHYSICAL THERAPY		13, 355 238, 734	50 889		0	4
	J - RENT		200, 734	007	1	I	
)	INTEREST EXPENSE	113.00	<u>0</u>	18, 000	1	0	1

Heal th	Financial Systems	FF	RANCISCAN ST MA	RGARET-HAMMON	D	In Lie	u of Form CMS	-2552-10
RECLAS	SIFICATIONS			Provi der	CCN: 150004	Period: From 01/01/2014	Worksheet A-	6
						To 12/31/2014	Date/Time Pr 5/27/2015 5:	epared: 29 pm
		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref	,		
	6.00	7.00	8.00	9.00	10.00			
	K – NURSERY							
1.00	ADULTS & PEDIATRICS		<u> </u>	13 <u>3, 6</u> 17		Q		1.00
	0		554, 720	133, 617				
	L - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS		47 <u>7,6</u> 09	49, 223		0		1.00
	0		477, 609	49, 223				
	M - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	3, 092, 179		0		1.00
	PATI ENT		+					
	0		0	3, 092, 179				
	0 - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	1 <u>13.</u> 00	0	<u>527, 2</u> 23		1		1.00
	0		0	527, 223				
	P - MISCELLANEOUS A&G							
1.00	INTEREST EXPENSE	1 <u>13.</u> 00	0	7, 394		Q		1.00
	0		0	7, 394				
	Q – CATH LAB RECOVERY				1	-		4
1.00	ADULTS & PEDIATRICS		9 <u>7, 1</u> 61	3, 462		Q		1.00
	TOTALS		97, 161	3, 462				
500.00	Grand Total: Decreases		2, 479, 172	30, 958, 604				500.00

RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150004	Peri From To	m 01/01/2014		
					10	12/31/2014	Date/Time Pre 5/27/2015 5:2	9 pm
				Acqui si ti on	s			
		Begi nni ng	Purchases	Donati on		Total	Disposals and	
		Bal ances					Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASS							
1.00	Land	5, 547, 620			0	0	0	1.00
2.00	Land Improvements	3, 492, 686	115, 075		0	115, 075		2.00
3.00	Buildings and Fixtures	46, 247, 089	0		0	0	1, 644, 049	3.00
4.00	Building Improvements	157, 134	0		0	0	0	4.00
5.00	Fixed Equipment	143, 992, 879	360, 674		0	360, 674	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)	199, 437, 408	475, 749		0	475, 749	1, 644, 049	8.00
9.00	Reconciling Items	0	0		0	0	0	
10.00	Total (line 8 minus line 9)	199, 437, 408	475, 749		0	475, 749	1, 644, 049	10.00
		Endi ng Bal ance	Fully					
		Ŭ	Depreciated					
			Assets					
		6.00	7.00	]				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASS	ET BALANCES						
1.00	Land	5, 547, 620	0					1.00
2.00	Land Improvements	3, 607, 761	0					2.00
3.00	Buildings and Fixtures	44, 603, 040	0					3.0
4.00	Building Improvements	157, 134	0					4.0
5.00	Fixed Equipment	144, 353, 553	0					5.00
6.00	Movable Equipment	0	0					6.0
7.00	HIT designated Assets	0	0					7.00
B. 00	Subtotal (sum of lines 1-7)	198, 269, 108	0					8.0
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	198, 269, 108	0					10.00

Heal th	Financial Systems Fi	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150004	Period:	Worksheet A-7	
					From 01/01/2014 To 12/31/2014		narodi
					10 12/31/2014	5/27/2015 5: 2	9 pm
			SI	JMMARY OF CAF	PITAL		
				-			
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
					instructions)	· · · · ·	
	1	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUM	N 2, LINES 1 a	ind 2			
1.00	CAP REL COSTS-BLDG & FIXT	7, 039, 166	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, 039, 166	C	)	0 0	0	3.00
		SUMMARY 0	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum	1			
		Capi tal -Rel ate	of cols. 9				
		d Costs (see	through 14)				
		instructions)	-				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUM	N 2, LINES 1 a	ind 2			
1.00	CAP REL COSTS-BLDG & FIXT	120, 833	7, 159, 999				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	120, 833	7, 159, 999				3.00
			-				

Health Financial Systems FF	RANCISCAN ST MA	RGARET-HAMMOND	1	In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der		Period: From 01/01/2014 Fo 12/31/2014		
	COM	PUTATION OF RA	TIOS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
PART III - RECONCILIATION OF CAPITAL COSTS CE	1.00	2.00	3.00	4.00	5.00	
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0 0 0	C C C TION OF OTHER (	CAPI TAL	0 1.000000 0 0.000000 0 1.000000 SUMMARY 0	0 0 0 F CAPI TAL	1.00 2.00 3.00
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 CE		I.	1	1		
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0			2, 813, 367 4, 225, 799 7, 039, 166		1.00 2.00 3.00
		SI	JMMARY OF CAPI		17,211	0.00
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 CE				-		
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP	527, 223 0	0		0 1, 729, 082 0 0	5, 264, 782 4, 225, 799	1.00 2.00
3.00  Total (sum of lines 1-2)	527, 223	177, 896	(	0 1, 729, 082	9, 490, 581	3.00

ADJUST	Financial Systems MENTS TO EXPENSES				Period:	u of Form CMS-2 Worksheet A-8	
					From 01/01/2014 To 12/31/2014	Date/Time Prep 5/27/2015 5:20	
				Expense Classification of To/From Which the Amount is		0/2//2010 012	
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00	2.00 C	3.00 CAP REL COSTS-BLDG & FIXT	4.00	5.00	1.00
2.00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other	В		INTEREST EXPENSE	113.00	0	3.00
4.00	(chapter 2) Trade, quantity, and time		0,070		0.00	0	
	discounts (chapter 8)		-			-	
5.00	Refunds and rebates of expenses (chapter 8)	В	-148, 020	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	В	-786	CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	В	-16, 360	COMMUNI CATI ONS	5. 01	0	7.00
8.00	Television and radio service (chapter 21)		C		0.00	0	8.00
9. 00 10. 00	Parking lot (chapter 21) Provider-based physician adjustment	A-8-2	C -5,642,273		0.00	0 0	
11.00	Sale of scrap, waste, etc.	В	-4,730	RADI OLOGY-DI AGNOSTI C	54.00	0	11.00
12.00	(chapter 23) Related organization transactions (chapter 10)	A-8-1	1, 609, 388	3		0	12.00
13.00 14.00	Laundry and linen service Cafeteria-employees and guests	B		LAUNDRY & LINEN SERVICE CAFETERIA	8.00 11.00	0	
14.00 15.00	Rental of quarters to employee		-041, 920 C		0.00	0	
16. 00	and others Sale of medical and surgical supplies to other than		C		0.00	0	16.00
17.00	patients Sale of drugs to other than		C		0.00	0	17.00
18.00	patients Sale of medical records and	В	-4, 737	MEDI CAL RECORDS & LI BRARY	16.00	0	18.00
19. 00	abstracts Nursing school (tuition, fees,		C		0.00	0	19.00
20. 00	books, etc.) Vending machines	В	-15,621	CAFETERI A	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		C		0.00	0	
22. 00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		C	5	0.00	0	22.00
23. 00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	C	RESPI RATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	C	PHYSI CAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation		C	*** Cost Center Deleted ***	114.00		25.00
26.00	(chapter 21) Depreciation - CAP REL		C	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	COSTS-BLDG & FIXT Depreciation - CAP REL		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	COSTS-MVBLE EQUIP Non-physician Anesthetist		C	*** Cost Center Deleted ***	19.00		28.00
29. 00 30. 00	Physicians' assistant Adjustment for occupational therapy costs in excess of	A-8-3	C	OCCUPATI ONAL THERAPY	0.00 67.00	0	29. 00 30. 00
30. 99	limitation (chapter 14) Hospice (non-distinct) (see		C	ADULTS & PEDIATRICS	30.00		30. 99
31.00	instructions) Adjustment for speech	A-8-3		SPEECH PATHOLOGY	68.00		31.00
00	pathology costs in excess of limitation (chapter 14)				00.00		
32.00	CAH HIT Adjustment for Depreciation and Interest		C		0.00	0	32.00
33.00	KINDRED MEALS WELLNESS CENTER REVENUE	B		CAFETERIA EMPLOYEE BENEFITS DEPARTMEN	11.00 T 4.00	0	33. 00 33. 01

Heal th	Financial Systems	FR	ANCISCAN ST MARG	GARET-HAMMOND	In Lie	eu of Form CMS-2	2552-10
	MENTS TO EXPENSES				Peri od:	Worksheet A-8	
					From 01/01/2014 To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
				Expense Classification of	Worksheet A	572772015 5.2	9 pili
			T	o/From Which the Amount is			
					2		
			A	Coot Conton	1:		
	Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line # 4.00	Wkst. A-7 Ref. 5.00	
33.02	PHYSICIAN APPLICATION FEES	B		THER ADMINI STRATI VE AND	4.00		33.02
JJ. 02		D		ENERAL	5.05		33.02
33.03	CARDIAC DIETETIC INSTRUCTION	В	-3, 080 D		10.00	0	33.03
33.04	MI SCELLANEOUS I NCOME	В		ARDI OVASCULAR SERVI CES	76.02		33.04
33.05	LOBBYING EXPENSE	A		THER ADMINISTRATIVE AND	5.05	0	33.05
			GI	ENERAL			
33.06	PROGRAM FEES	В		URSING ADMINISTRATION	13.00		
33.07	LIFELINE	В	-31, 760 <sup>0<sup>-</sup></sup>	THER ADMINISTRATIVE AND	5.05	0	33.07
				ENERAL			
33.08	UNNECESSARY BORROWING	A		NTEREST EXPENSE	113.00		
33.09	MI SCELLANEOUS I NCOME	В		AINTENANCE & REPAIRS	6.00		00.07
33.10	MI SCELLANEOUS I NCOME	В		OME HEALTH AGENCY	101.00		33.10
33. 11	DONATIONS EXPENSE	A		THER ADMINISTRATIVE AND	5.05	0	33. 11
33. 12	GOODWILL OFFSET	А		ENERAL AP REL COSTS-BLDG & FIXT	1.00	14	33. 12
33.12	ADVERTISING EXPENSE	A		MPLOYEE BENEFITS DEPARTMEN			
33.14	ADVERTISING EXPENSE	A		THER ADMINISTRATIVE AND	5.05		33.14
55.14		^		ENERAL	5.05		55.14
33. 15	ADVERTI SI NG EXPENSE	А		MPLOYEE BENEFITS DEPARTMEN	T 4.00	0	33.15
33.16	ADVERTI SI NG EXPENSE	А		OUND CARE	76.08		1
33. 17	ADVERTI SI NG EXPENSE	A	-1, 380 H	OME HEALTH AGENCY	101.00	0	33.17
33. 18	MI SCELLANEOUS I NCOME	В	-2, 100 R/	ADI OLOGY-DI AGNOSTI C	54.00	0	33.18
33. 19	PATIENT INTEREST	В	-53, 7500	THER ADMINISTRATIVE AND	5.05	0	33.19
				ENERAL			
33.20	HAF ASSESSMENT	A		THER ADMINISTRATIVE AND	5.05	0	33.20
				ENERAL			
33.21	PENSION COST	A		MPLOYEE BENEFITS DEPARTMEN			
33. 22	DI SCOUNTS/REBATES	В		URCHASING RECEIVING AND TORES	5.03	0	33. 22
33. 23	DI SCOUNTS/REBATES	В		AINTENANCE & REPAIRS	6.00	0	33. 23
33.24	DI SCOUNTS/REBATES	В	-61, 434 D		10.00		
33.25	DI SCOUNTS/REBATES	В	-107, 679 Pl		15.00		
33.26	DI SCOUNTS/REBATES	В		PERATING ROOM	50.00		
33.27	DI SCOUNTS/REBATES	B		ADI OLOGY-DI AGNOSTI C	54.00		
33.28	DI SCOUNTS/REBATES	В		ABORATORY	60.00		
33.29	DI SCOUNTS/REBATES	В		ESPIRATORY THERAPY	65.00		
33.30	DI SCOUNTS/REBATES	В	-56, 083C/	ARDI OVASCULAR SERVI CES	76.02	0	33.30
33. 31	DI SCOUNTS/REBATES	В		ARDIAC REHABILITATION	76.03	0	
33.32	SALE OF MEDICAL RECORDS	В		THER ADMINISTRATIVE AND	5.05	0	33.32
				ENERAL			
33.33	PODIATRY RESIDENTS ADD ON	A		&R SERVICES-OTHER PRGM	22.00	0	33.33
50.00				OSTS APPRV			50.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,		-7, 292, 010				50.00
	column 6, line 200.)						
	COLUMN 0, TING 200. J						

(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 M	IARGARET-HAMMOND	In Lie	eu of Form CMS-	2552-10
	ENT OF COSTS OF SERVICES FROM			Peri od:	Worksheet A-8-1	
OFFICE COSTS				From 01/01/2014 To 12/31/2014		epared: 29 pm
	Line No.	Line No. Cost Center		Amount of	Amount	7 011
			Expense Items	Allowable Cost	Included in	
					Wks. A, column	
					5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED O	RGANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:					
1.00			ALLOWABLE NEW CAPITAL COSTS	1, 729, 082	0	1.00
2.00	5. 02	DATA PROCESSING	DATA PROCESSING	0	6, 235, 197	2.00
3.00	5. 03	PURCHASING RECEIVING AND STO	PURCHASI NG	0	86, 693	3.00
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	9, 258, 737	2, 576, 995	4.00
4.01	15.00	PHARMACY	COEP / PHARMACY	232, 265	257, 357	4.01
4.02	113.00	INTEREST EXPENSE	INTEREST	1, 346, 754	3, 493, 532	4. 02
4.03	5.05	OTHER ADMINISTRATIVE AND GEN	PATIENT ACCOUNTING	0	1, 302, 235	4.03
4.04	5.02	DATA PROCESSING	PURCHASED SERVICES OTHER	0	-22, 189, 741	4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	SPD	172	823	4.05
4.06	15.00	PHARMACY	PHARMACY	215, 694	1, 251, 017	4.06
4.07	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMCU	0	6, 697	4.07
4.08	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	4, 694, 883	
4.09		SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	9, 670, 450	4.09
4.10		SUBPROVIDER - IPF	PSYCH REVENUE RECLASSIFICATI	0	139	
4.11			SURGERY	28	139	4, 11
4.12			RADI OLOGY	5, 337	54, 506	4, 12
4.13			ULTRASOUND	665	6,049	4, 13
4.14	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	8, 320	84, 961	4.14
4.15			CHEMI STRY	318, 813	2, 194, 139	
4.16			BLOOD BANK	71	236	
4.17		NUCLEAR MEDICINE	NUCLEAR MEDICINE	158	821	4.17
4.18			RESPI RATORY CARE	4, 686	28, 332	4, 18
4.19		66. 00 PHYSI CAL THERAPY PHYSI CAL THER		1, 388	5, 401	4.19
4.20		OCCUPATIONAL THERAPY	OCCUPATI ONAL THERAPY	188	648	
4.21		ELECTROCARDI OLOGY	NON-INVASIVE VASCULAR	34, 933		
4.22		CARDI AC REHABI LI TATI ON	CARDI AC REHAB	283	2, 282	
4.23	76.05		MRI	2, 306	20, 965	
4.24		PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	358, 953	2, 889, 726	
4.25		EMERGENCY	EMERGENCY ROOM	213, 310	996, 303	
4.26		SUBPROVIDER - IPF	OVERHEAD EXPENSES	1, 829, 254	0	
4.27	0.00			0	0	
4.28	0.00			0	0	
4.29	0.00			0	0	4.29
4.30	0.00				0	4.30
5.00	TOTALS (sum of lines 1-4).			15, 561, 397	13, 952, 009	
5.00	Transfer column 6. line 5 to			15, 551, 577	13, 752, 007	5.00
	Worksheet A-8, column 2,					
	line 12.					

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

1143	Silot	been posted to worksheet A,	corumns r anu/or z, the amount	it allowable sh		or this part.	
					Related Organization(s) and/	or Home Office	
		Symbol (1)	Name	Percentage of	Name	Percentage of	
				Ownershi p		Ownershi p	
		1.00	2.00	3.00	4.00	5.00	

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

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

6.00	В	FRANCISCAN ALLI	100.00 FRANCI SCAN A	LLI 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:				

Heal th	Financial Systems	FRANCISCAN SI M	ARGARE I - HAMMON	D	In Lie	eu of Form CMS-	2552-10
STATEME	INT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOM	IE Provi der	CCN: 150004	Peri od:	Worksheet A-8	3-1
OFFI CE	COSTS				From 01/01/2014 To 12/31/2014	Date/Time Pre	narad
					10 12/31/2014	5/27/2015 5:2	
				Related Orga	nization(s) and/o	or Home Office	
	Symbol (1)	Name	Percentage of		Name	Percentage of	
			Ownershi p			Ownershi p	
	1.00	2.00	3.00		4. 00	5.00	

(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.

	Financial Syste		FRANCI SCAN ST MARGA			of Form CMS-2552
	ENT OF COSTS OF COSTS	SERVICES FROM I	RELATED ORGANIZATIONS AND HOME	Provider CCN: 150004	From 01/01/2014 To 12/31/2014	Worksheet A-8-1 Date/Time Prepare 5/27/2015 <u>5:29 p</u> m
	Net	Wkst. A-7 Ref.				0/2//2010 0.2/ pil
	Adjustments					
	(col. 4 minus					
	col. 5)*					
	6.00	7.00				
			ENTS REQUIRED AS A RESULT OF TRA	NSACTIONS WITH RELATED	ORGANIZATIONS OR CI	ALMED
	HOME OFFICE COS					
1.00	1, 729, 082					1.
2.00	-6, 235, 197	0				2.
3.00	-86, 693	0				3.
4.00	6, 681, 742	0				4.
4.00 4.01	-25, 092	0				4.
4.02	-2, 146, 778	0				4.
4.03	-1, 302, 235	Ŭ				4.
4.04	22, 189, 741	0				4.
4.05	-651	0				4.
4.06	-1, 035, 323	0				4.
4.07	-6, 697	0				4.
4.08	-4, 694, 883	0				4.
4.09	-9, 670, 450	0				4.
4.10	-139	0				4.
4.11	-111	0				4.
4.12	-49, 169	0				4.
4.13	-5, 384	0				4.
4.14	-76, 641	o				4.
4.15	-1, 875, 326	0				4.
4.16	-165	0				4.
4.17	-663	0				4.
4.18	-23, 646	o				4.
4.19	-4, 013	0				4.
4. 20	-460	0				4.
4.20	-246, 291	0				4.
4.21	-240, 291	0				4.
4.22 4.23		0				4.
	-18, 659					
4.24 4.25	-2, 530, 773	0				4.
4.25	-782, 993	0				4.
4.26	1, 829, 254	0				4.
4.27	0	0				4.
4.28	0	0				4.
4.29	0	0				4.
4.30	0	0				4.
5.00	1, 609, 388					5.

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

Related Organization(s)		
and/or Home Office		
Type of Business		
6.00		
 B. INTERRELATIONSHIP TO RELAT	ED 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.

1 OT IND G		
6.00	HOME OFFICE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

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

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

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

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

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

## FRANCISCAN ST MARGARET-HAMMOND

In Lieu of Form CMS-2552-10

	Financial Syste		FRANCISCAN ST N	IARGARET-HAMMONI			eu of Form CMS-	
PROVI DE	ER BASED PHYSIC	I AN ADJUSTMENT		Provi der		Period:	Worksheet A-8	-2
						rom 01/01/2014 o 12/31/2014	Date/Time Pre	narod
					· · · · · · · · · · · · · · · · · · ·	12/31/2014	5/27/2015 5:2	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	NURSING ADMINISTRATION	36, 120	0	36, 120	171, 400	258	1.00
2.00	13.00	NURSING ADMINISTRATION	17, 014	17, 014	0	171, 400	0	2.00
3.00	15.00	PHARMACY	5,000	0	5,000	171, 400	50	3.00
4.00	31.00	INTENSIVE CARE UNIT	49, 124	49, 124	0	171, 400	0	4.00
5.00	50.00	OPERATING ROOM	496, 723	482, 140	14, 583	204, 100	97	5.00
6.00	50. 01	OPEN HEART SURGERY	37, 500	0	37, 500	204, 100	188	6.00
7.00	60.00	LABORATORY	36, 862	0	36, 862	171, 400	282	7.00
8.00	66.00	PHYSI CAL THERAPY	207, 166	207, 166	0	171, 400	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	24,000	4,000	20, 000	171, 400	200	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	5, 335	0	5, 335	171, 400	49	10.00
11.00	76. 02	CARDI OVASCULAR SERVI CES	17, 420	0	17, 420	171, 400	134	11.00
12.00	76.08	WOUND CARE	6, 435	0	6, 435	171, 400	50	12.00
13.00	76. 10	I NFUSI ON	4, 290	4, 290	0	171, 400	0	13.00
14.00	76. 10	INFUSION	4, 290	4, 290	0	171, 400	0	14.00
15.00	76. 10	INFUSION	4, 290	4, 290	0	171, 400	0	15.00
16.00	76. 10	INFUSION	2, 790	2, 790	0	171, 400	0	16.00
17.00	76. 10	INFUSION	5, 260	5, 260	0	171, 400	0	17.00
18.00	91.00	EMERGENCY	103, 700	0	103, 700	171, 400	776	18.00
19.00	76. 10	INFUSION	79, 335	79, 335	0	171, 400	0	19.00
20.00	91.00	EMERGENCY	4, 675, 829	4, 675, 829	0	171, 400	0	20.00
200.00			5, 818, 483	5, 535, 528	282, 955		2, 084	200.00
	Wkst. A Line #		Unadjusted RCE		Cost of		Physician Cost	
		Identi fi er	Limit	Unadjusted RCE			of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
1.00	1.00	2.00	8.00	9.00	12.00	13.00	14.00	1.00
1.00		NURSING ADMINISTRATION	21, 260			0	0	1.00
2.00		NURSI NG ADMI NI STRATI ON	0	, i i i i i i i i i i i i i i i i i i i	-	0	0	2.00
3.00		PHARMACY	4, 120			0	0	3.00
4.00		INTENSIVE CARE UNIT	0	-	-	0	0	4.00
5.00		OPERATING ROOM	9, 518			0	0	5.00
6.00		OPEN HEART SURGERY	18, 448	1	0	0	0	6.00
7.00			23, 238		0	0	0	7.00
8.00		PHYSICAL THERAPY	0	-	0	0	0	8.00
9.00		ELECTROENCEPHALOGRAPHY	16, 481		0	0	0	9.00
10.00			4,038	1		0	0	10.00
11.00		CARDI OVASCULAR SERVI CES	11, 042	1		0	0	11.00
12.00		WOUND CARE	4, 120			0	0	12.00
13.00		I NFUSI ON			0	0	0	13.00
14.00 15.00		I NFUSI ON I NFUSI ON		0	0	0	0	14.00 15.00
16.00		I NFUSI ON		0	0	0	0	16.00
17.00		I NFUSI ON		-	0	0	0	17.00
17.00		EMERGENCY	63, 945		0	0	0	
19.00		I NFUSI ON	03, 945			0	0	
20.00	70.10	EMERGENCY				0	-	
200.00	91.00		176, 210	-	-	0		200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	0	200.00
	WRSt. A LINE $\pi$	I denti fi er	Component	Limit	Di sal I owance	Aujustilient		
			Share of col.		Di Sul i Ondrice			
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00		NURSI NG ADMI NI STRATI ON	0			14, 860		1.00
2.00		NURSING ADMINISTRATION	0		0	17,014		2.00
3.00	15.00	PHARMACY	0	4, 120	880	880		3.00
4.00	31.00	INTENSIVE CARE UNIT	0		0	49, 124		4.00
5.00		OPERATING ROOM	0	9, 518	5, 065	487, 205		5.00
6.00	50. 01	OPEN HEART SURGERY	0	18, 448	19, 052	19, 052		6.00
7.00	60.00	LABORATORY	0	23, 238		13, 624		7.00
8.00	66.00	PHYSI CAL THERAPY	0	0	0	207, 166		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0		3, 519	7, 519		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	4, 038	1, 297	1, 297		10.00
11.00	76. 02	CARDI OVASCULAR SERVI CES	0	11, 042	6, 378	6, 378		11.00
12.00	76.08	WOUND CARE	0	4, 120	2, 315	2, 315		12.00
13.00	76. 10	INFUSION	0	0	0	4, 290		13.00
14.00	76. 10	INFUSION	0	0	0	4, 290		14.00
15.00	76. 10	INFUSION	0	0	0	4, 290		15.00
16.00	76. 10	INFUSION	0	0	0	2, 790		16.00
17.00		INFUSION	0		0	5, 260		17.00
18.00		EMERGENCY	0		39, 755	39, 755		18.00
19.00		I NFUSI ON	0		0	79, 335		19.00
20.00	91.00	EMERGENCY	0		0	4, 675, 829		20.00
200.00			0	176, 210	106, 745	5, 642, 273	i I	200.00

ST A	LLOCATION - GENERAL SERVICE COSTS		Provi der	F	Period: From 01/01/2014	Worksheet B Part I Date/Time Prov	ner
					o 12/31/2014	Date/Time Pre 5/27/2015 5:2	par 9 p
			CAPI TAL REL	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	
00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	5, 264, 782	5, 264, 782			I	1.
)0 )0 )0 )1 )2	00200 CAP REL COSTS-DEDG & TTAT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFI TS DEPARTMENT 01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG	4, 225, 799 14, 504, 088 641, 493 1, 384, 352	3, 204, 782 37, 464 11, 893 59, 684	4, 225, 799 3, 344 6, 254 1, 168, 503	14, 544, 896 52, 807	712, 447	
)2 )3 )4	00561 PURCHASING RECEIVING AND STORES 005701 ADMITTING	202, 094	15, 156 34, 595	1, 108, 303 5, 897		10, 080	!
)5 )0	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS	16, 920, 303 4, 042, 862	290, 511 342, 048	50, 936 31, 473	5 773, 081 8 424, 628	88, 921 49, 321	
)0 )0	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	4, 189, 409 396, 862	236, 050 5, 958	20, 731 90, 391	0	4, 680	;
00 00 00	00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A	1, 667, 249 686, 486	86, 930 61, 778 81, 722	7, 952 27, 307 (	72, 706	5, 040 9, 720 0	1
00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	205, 443 3, 534, 197 638, 841	81, 723 56, 942 84, 339	44, 732 57, 965	864, 486	24, 120	1
00	01500 PHARMACY 01600 MEDICAL RECORDS & LI BRARY	3, 284, 639	41, 138 149, 768	4, 153 1, 179	402, 890		1
00	01700 SOCIAL SERVICE 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0 650, 436	8, 882 0		993	0	2
01	02300 PARAMED ED PRGM- (SPECI FY) 02301 PARAMED ED PRGM - LAB	0 162, 335	0		0 0 19, 961	360 360	2
02 03 04	02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY	62, 064 59, 016 590, 909	0			360 360 0	2
	INPATIENT ROUTINE SERVICE COST CENTERS						
00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT	10, 191, 648 2, 391, 876 0	1, 265, 845 152, 099 0	806, 753 76, 215 0	612, 933	113, 405 18, 000 0	3
00	02040 NEWBORN I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	0 4, 687, 896	0	2, 277	0	0	
00 00	04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY	688, 337 0	0			0	4
	04500 NURSI NG FACI LI TY ANCI LLARY SERVI CE COST CENTERS	0	0	(	,	0	
	05000 OPERATI NG ROOM 05001 OPEN HEART SURGERY	1, 447, 365 192, 875	289, 120 0	282, 324 19, 834			
02	05002 OUTPATI ENT SURGERY	1, 016, 644	220, 847	51, 089			
	05100 RECOVERY ROOM	299, 980	0	2,042		0	
00 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	2, 761, 800 1, 205, 720	133, 616	146, 372 73, 249		3, 240 30, 600	
	05401 RADI OLOGY SPECI AL PROCEDURES	1, 396, 063	32, 256	184, 699			
	05402 ULTRASOUND	482, 668	16, 057	62, 299	124, 449	4, 680	
	05500 RADI OLOGY-THERAPEUTI C	0	0	(	0	0	
	05501 COMPUTED TOMOGRAPHY 05700 CT SCAN	724, 694	16, 428	297	114, 091	0	
00	05800 MRI	0	0	(	0	0	5
	05900 CARDI AC CATHETERI ZATI ON	0	0	C	0	0	
00	06000 LABORATORY	5, 256, 574	109, 680	C	0	16, 560	6
01	06001 BLOOD LABORATORY	0	0	C	0 0	0	6
00	06300 BLOOD STORING, PROCESSING & TRANS.	1, 193, 233	0	. (	0	16, 200	
	06301 NUCLEAR MEDICINE	570, 940	21, 715	35, 536			
00 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	1, 672, 042 2, 176, 456	43, 572 112, 731	82, 936 2, 968		9, 720 19, 080	
	06700 OCCUPATI ONAL THERAPY	2, 178, 438	10, 415	2,900			
	06800 SPEECH PATHOLOGY	338, 343	32, 272	5, 487		1, 080	
	06900 ELECTROCARDI OLOGY	369, 714	18, 135	64, 207		5, 040	
	07000 ELECTROENCEPHALOGRAPHY	293, 110	14, 729	23, 464			
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3, 153, 705	0	C	0 0	0	
	07200 I MPL. DEV. CHARGED TO PATIENTS	3, 092, 179	0	C	0	0	
	07300 DRUGS CHARGED TO PATIENTS	14, 301, 705	0	C	119, 260		
		0	0	(	0	0	
	03950 ORTHOPEDI CS	5, 193	7,309	25 50/			
	03140 CARDI OVASCULAR SERVI CES	1, 171, 706	64, 354 13, 860	35, 504		27, 360	
	03957 CARDIAC REHABILITATION 03190 RADIATION ONCOLOGY	389, 760 874, 309	13, 860 144, 426	29, 861 189, 722		1, 080 0	
	03951 MRI	207, 205	31, 624	346, 186			
	03952 BARI ATRI C CENTER	0	01/021	010,100			1 1

Cost Center Description Cost Center Descripti	Net Expenses	CAPI TAL REL		To 12/31/2014	Date/Time Pre 5/27/2015 5:20	pared: 9 pm
0.07       03550       PSYCH ACTIVITY THERAPY         0.08       03953       WOUND CARE         0.09       03954       RENAL DI ALYSI S         1.10       03955       INFUSI ON         1.11       03956       CARE TRANSI TI ON CENTER         1.12       03958       ANTI COAGULATI ON CLINIC         OUTPATI ENT SERVICE COST CENTERS         0.00       08800       RURAL HEALTH CLINIC         0.00       08900       FEDERALLY QUALIFIED HEALTH CENTER         0.00       09001       OCC HEALTH CLINIC         0.00       09001       CC HEALTH CLINIC         0.00       09001       CC HEALTH CLINIC         0.00       09100       EMERGENCY         0.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART         OTHER REIMBURSABLE COST CENTERS       ONHC         0.00       09900       CMHC         1.10       0100       HOME HEALTH AGENCY	Net Exnenses		ATED COSTS			
0.08         0.03953         WOUND CARE           0.09         0.3954         RENAL DI ALYSI S           0.10         0.3955         I NFUSI ON           0.11         0.3955         I NFUSI ON           0.11         0.3956         CARE TRANSI TI ON CENTER           0.12         0.3958         ANTI COAGULATI ON CLI NI C           OUTPATI ENT SERVICE COST CENTERS         OUTPATI ENT SERVICE COST CENTERS           0.00         08800         RURAL HEALTH CLI NI C           0.00         08900         FEDERALLY QUALI FI ED HEALTH CENTER           0.00         09001         OCC HEALTH CLI NI C           0.01         09001         CCC HEALTH CLI NI C           0.01         09001         DEREGENCY           0.00         09200         OBSERVATI ON BEDS (NON-DI STI NCT PART           0THER         REI MBURSABLE COST CENTERS           0.00         09900         CMHC           1.00         09910         CORF           11.00         10100         HOME HEALTH AGENCY	for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	BENEFI TS DEPARTMENT	COMMUNI CATI ONS	
0.08         0.03953         WOUND CARE           0.09         0.3954         RENAL DI ALYSI S           0.10         0.3955         I NFUSI ON           0.11         0.3955         I NFUSI ON           0.11         0.3956         CARE TRANSI TI ON CENTER           0.12         0.3958         ANTI COAGULATI ON CLI NI C           OUTPATI ENT SERVICE COST CENTERS         OUTPATI ENT SERVICE COST CENTERS           0.00         08800         RURAL HEALTH CLI NI C           0.00         08900         FEDERALLY QUALI FI ED HEALTH CENTER           0.00         09001         OCC HEALTH CLI NI C           0.01         09001         CCC HEALTH CLI NI C           0.01         09001         DEREGENCY           0.00         09200         OBSERVATI ON BEDS (NON-DI STI NCT PART           0THER         REI MBURSABLE COST CENTERS           0.00         09900         CMHC           1.00         09910         CORF           11.00         10100         HOME HEALTH AGENCY	0	1.00	2.00	4.00	5.01	
11       03956       CARE TRANSI TI ON CENTER         03958       ANTI COAGULATI ON CLINIC         OUTPATI ENT SERVICE COST CENTERS         00       08800         00       FEDERALLY QUALIFIED HEALTH CENTER         00       09000         01       09001         02       00         03       00         04       00         050       FEDERALLY QUALIFIED HEALTH CENTER         04       09001         050       CC HEALTH CLINIC         06       09001         07100       EMERGENCY         07100       OBSERVATION BEDS (NON-DISTINCT PART         07100       OBSERVATION BEDS (NON-DISTINCT PART         07100       OP900         07100       CMHC         10       09910         11       000         11000       HOME HEALTH AGENCY	358, 953 335, 332 526, 832 1, 549, 772	0 51, 640 99, 732 5, 247	2, 259	83, 513 127, 447	0 10, 800 0 0	76. 0 76. 0
00         08800         RURAL         HEALTH         CLINIC           00         08900         FEDERALLY         QUALIFIED         HEALTH         CENTER           00         09000         CLINIC         .	52, 288 201, 351	0	C	13, 953	0	76. <sup>-</sup>
.00         09100         EMERGENCY           .00         09200         OBSERVATI ON BEDS (NON-DISTINCT PART           OTHER         REIMBURSABLE         COST CENTERS           0         00         09900         CMHC           .10         09910         CORF           .10         10100         HOME         HEALTH	000000000000000000000000000000000000000	0 0 0	C	-	0 0 0	89. ( 90. (
2. 10 09910 CORF 11. 00 10100 HOME HEALTH AGENCY	3, 837, 237	123, 217			0	91. 92.
	0 0 2, 799, 053	0 0 32, 462	C	0	0 0 33, 120	99.
	2,777,000	02, 102	1,000	072, 120	00, 120	101.
3. 00 11300 INTEREST EXPENSE 8. 00 SUBTOTALS (SUM OF LINES 1-117)	138, 671, 948	4, 668, 247	4, 147, 947	14, 267, 180	669, 607	113. 118.
NONREI MBURSABLE COST CENTERS				1		
0.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0.01 19001 CONVENT 0.02 19002 HOME MEDI CAL EQUI PMENT	101, 600 14, 067 0	10, 699 89, 696 0	C	0 0	1, 800 11, 880 0	
0. 03 19003 MEDI CAL ARTS BUI LDI NG 0. 04 19004 WOMEN'S HEALTH CENTER 0. 05 19005 DEVELOPMENT 0. 06 19006 NEUROSURGERY PROF SERVI CES	119, 378 125, 787 0	0 9, 072 0 0	C C	32, 899	1, 800 0	190. 190. 190. 190.
0. 06 19008 NEWROSORGERT PROF SERVICES 0. 07 19007 I MAGE RECOVERY 0. 08 19008 FAMI LY SERVICES 0. 09 19009 MDWI SE	0 0 5, 702, 913	0 0 0 0	C C	) 0 0 0 0 17,663	0 0	190. 190. 190. 190.
0. 10 19010 CATHERINE MCAULEY CLINIC 0. 11 19011 CENTER OF HOPE 0. 12 19012 SELECT	428, 122 15, 677 0	0 3, 975 311, 768	C C	96, 185 4, 008	2, 160 0 0	190. 190.
0. 13 19013 PERCI NI AS 2. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 2. 01 19201 WORKI NG WELL 3. 00 19300 NONPALD WORKERS	288, 182 647, 078 0	0 31, 403 0 0	2, 442		15, 120 0	190. 192. 192. 193.
4.01 07951 REHAB 0.00 Cross Foot Adjustments 1.00 Negative Cost Centers 12.00 TOTAL (sum lines 118-201)	0 146, 114, 752	139, 922 0	8, 390			194. 200. 201.

COST A	Financial Systems F ILLOCATION - GENERAL SERVICE COSTS	FRANCISCAN ST MA		CCN: 150004 P	eriod: rom 01/01/2014	u of Form CMS-2 Worksheet B Part I	
					o 12/31/2014	Date/Time Pre 5/27/2015 5:29	
	Cost Center Description	DATA PROCESSI NG	PURCHASI NG RECEI VI NG AND STORES	ADMI TTI NG	Subtotal	OTHER ADMI NI STRATI VE AND GENERAL	<sup>9</sup> piii
	1	5.02	5.03	5.04	5A. 04	5. 05	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-BEDG & FIXT						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNI CATI ONS						5.01
5.02	00550 DATA PROCESSING	2, 618, 912					5.02
5.03 5.04	00561 PURCHASING RECEIVING AND STORES 00570 ADMITTING	85, 017 185, 711		1, 038, 143			5.03 5.04
5.04	00590 OTHER ADMINISTRATIVE AND GENERAL	779, 352		1, 038, 143		18, 903, 105	5.04
6.00	00600 MAI NTENANCE & REPAI RS	C		0		726, 687	6.00
7.00	00700 OPERATION OF PLANT	C	-	0		676, 799	7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING		5, 219 30		503, 110 2, 126, 298	74, 760 315, 959	8.00 9.00
10.00	01000 DI ETARY		2,310	0	860, 307	127, 838	10.00
11.00	01100 CAFETERI A	C	0	0	391, 755	58, 213	11.00
13.00	01300 NURSING ADMINISTRATION	30, 371		0		676, 931	13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	172 409	20, 753			137, 822	14.00 15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	172, 408			3, 937, 482 3, 070, 765	585, 094 456, 303	16.00
17.00	01700 SOCI AL SERVICE	000,000		0	8, 882	1, 320	17.00
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	C	0 0	0	651, 429	96, 800	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	360	53	23.00
23.01 23.02	02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI OLOGY				182, 656 82, 696	27, 142 12, 288	
23.02	02303 PARAMED ED PRGM - RESP THER			0		11, 079	23.02
23.04	02304 PARAMED ED PRGM-PHARMACY	C	0	0		110, 533	23.04
	INPATIENT ROUTINE SERVICE COST CENTERS	-					
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT					2, 207, 599 486, 946	30.00 31.00
32.00	02060 CORONARY CARE UNI T		9,203	10, 370	3, 270, 902	480, 940	31.00
35.00	02040 NEWBORN I NTENSI VE CARE UNI T		0	0	0	0	35.00
40.00	04000 SUBPROVI DER – I PF	C	418	56, 815		803, 101	40.00
43.00	04300 NURSERY	0	0	737		124, 389	43.00
44.00 45.00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY		-	0	-	0	44.00 45.00
40.00	ANCI LLARY SERVICE COST CENTERS		,	<u> </u>		0	+5.00
50.00	05000 OPERATI NG ROOM	55, 090				367, 217	50.00
50.01	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY	0	0,020			37, 063	
50.02 51.00	05100 RECOVERY ROOM		) 11, 642 ) 613	14, 593 6, 455		233, 011 57, 350	50.02 51.00
53.00	05300 ANESTHESI OLOGY		4, 291	19, 234		438, 991	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	151, 228			1, 909, 210	283, 701	54.00
	05401 RADI OLOGY SPECI AL PROCEDURES	C	21, 995			274, 642	
54. 02 55. 00	05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C		2,956	17, 203	710, 312	105, 550 0	54.02 55.00
55.00	05501 COMPUTED TOMOGRAPHY		2,774	59, 757	918, 041	136, 417	55.00
57.00	05700 CT SCAN	C	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	250 492	° .	102 721	0 5 927 027	0 867 250	59.00
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	350, 482		103, 731 0	5, 837, 027 0	867, 359 0	60. 00 60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	C	0	7, 258	1, 216, 691	180, 795	63.00
63.01	06301 NUCLEAR MEDICINE	C	154			107, 230	63.01
65.00		0	6, 557	31, 488		332, 049	65.00
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY		486 473			397, 650 102, 159	66.00 67.00
	06800 SPEECH PATHOLOGY		1, 103			66, 732	67.00
			351	21, 336		84, 071	69.00
68.00 69.00	06900 ELECTROCARDI OLOGY	C	301	21,000			07.00
68.00 69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0	429	4, 376	410, 374	60, 980	70.00
68.00 69.00 70.00 71.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT			4, 376 33, 595	410, 374 3, 187, 300	473, 620	70. 00 71. 00
68.00 69.00 70.00 71.00 72.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 I MPL. DEV. CHARGED TO PATI ENTS			4, 376 33, 595 12, 257	410, 374 3, 187, 300 3, 104, 436	473, 620 461, 307	70. 00 71. 00 72. 00
68.00 69.00 70.00 71.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT			4, 376 33, 595	410, 374 3, 187, 300 3, 104, 436	473, 620	70. 00 71. 00
68.00 69.00 70.00 71.00 72.00 73.00	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 03020 PAI N CLI NI C 03950 ORTHOPEDI CS			4, 376 33, 595 12, 257 240, 028 0	410, 374 3, 187, 300 3, 104, 436 14, 660, 993 0	473, 620 461, 307 2, 178, 565	70.00 71.00 72.00 73.00
68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01 76.02	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 03020 PAI N CLI NI C 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES		429           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           84, 211	4, 376 33, 595 12, 257 240, 028 0 108 31, 687	410, 374 3, 187, 300 3, 104, 436 14, 660, 993 0 13, 627 1, 662, 544	473, 620 461, 307 2, 178, 565 0 2, 025 247, 047	70.00 71.00 72.00 73.00 76.00 76.01 76.02
68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01 76.02 76.03	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 03020 PAI N CLI NI C 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON		429           0         0           0         0           0         0           0         0           0         963           0         84, 211           0         223	4, 376 33, 595 12, 257 240, 028 0 108 31, 687 2, 891	410, 374 3, 187, 300 3, 104, 436 14, 660, 993 0 13, 627 1, 662, 544 534, 358	473, 620 461, 307 2, 178, 565 0 2, 025 247, 047 79, 403	70. 00 71. 00 72. 00 73. 00 76. 00 76. 01 76. 02 76. 03
68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01 76.02 76.03 76.04	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 03020 PAI N CLI NI C 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY		429           0         0           0         0           0         0           0         963           0         84, 211           0         223           0         202	4, 376 33, 595 12, 257 240, 028 0 108 31, 687 2, 891 12, 259	410, 374 3, 187, 300 3, 104, 436 14, 660, 993 0 13, 627 1, 662, 544 534, 358 1, 383, 391	473, 620 461, 307 2, 178, 565 0 2, 025 247, 047 79, 403 205, 566	70. 00 71. 00 72. 00 73. 00 76. 00 76. 01 76. 02 76. 03 76. 04
68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 00 76. 01 76. 02 76. 03 76. 04 76. 05	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 03020 PAI N CLI NI C 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI		429           0         0           0         0           0         0           0         0           0         963           0         84, 211           0         223	4, 376 33, 595 12, 257 240, 028 0 108 31, 687 2, 891 12, 259	410, 374 3, 187, 300 3, 104, 436 14, 660, 993 0 13, 627 1, 662, 544 534, 358 1, 383, 391	473, 620 461, 307 2, 178, 565 0 2, 025 247, 047 79, 403	70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05
68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 00 76. 01 76. 02 76. 03 76. 04 76. 05	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 03020 PAI N CLI NI C 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY		429           0         0           0         0           0         0           0         963           0         84, 211           0         223           0         202	4, 376 33, 595 12, 257 240, 028 0 108 31, 687 2, 891 12, 259 16, 311	410, 374 3, 187, 300 3, 104, 436 14, 660, 993 0 13, 627 1, 662, 544 534, 358 1, 383, 391 643, 133 0	473, 620 461, 307 2, 178, 565 0 2, 025 247, 047 79, 403 205, 566 95, 567	70. 00 71. 00 72. 00 76. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06
68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06	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 03020 PAI N CLI NI C 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER		429           0         0           0         0           0         0           0         963           0         84, 211           0         223           0         202	4, 376 33, 595 12, 257 240, 028 0 108 31, 687 2, 891 12, 259 16, 311 0	410, 374 3, 187, 300 3, 104, 436 14, 660, 993 0 13, 627 1, 662, 544 534, 358 1, 383, 391 643, 133 0 364, 680 492, 558	473, 620 461, 307 2, 178, 565 0 2, 025 247, 047 79, 403 205, 566 95, 567 0	70.00 71.00 72.00 73.00 76.00 76.01 76.02 76.03 76.04 76.05 76.06 76.06 76.08

Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I	pared:
Cost Center Description	DATA PROCESSI NG	PURCHASI NG RECEI VI NG AND STORES	ADMI TTI NG	Subtotal	OTHER ADMI NI STRATI VE AND GENERAL	
	5.02	5.03	5.04	5A. 04	5.05	74.44
76. 11 03956 CARE TRANSITION CENTER	0			66, 270		
76. 12 03958 ANTI COAGULATI ON CLINIC	0	310	1, 34	12 248, 048	36, 859	76. 12
		0	[	0 0	0	
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	
89. 00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 90. 00 09000 CLI NI C	0	0		0 0	0	89.00 90.00
90. 00 09000 CEINIC 90. 01 09001 OCC HEALTH CLINIC	0	0		0 0		90.00
90. 01 09001000 HEALTH CEINIC 91. 00 09100 EMERGENCY	0	22, 410	104, 5	6, 289, 188	-	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	22,410	104, 5	0, 209, 100	754, 540	92.00
OTHER REIMBURSABLE COST CENTERS				0		92.00
99. 00 09900 CMHC	0	0		0 0	0	99.00
99. 10 09910 CORF	0			0 0	0	99.10
101.00 10100 HOME HEALTH AGENCY	152, 450	-	10, 1 <sup>-</sup>	-	553, 411	
SPECIAL PURPOSE COST CENTERS	102,100	0,00,		0,721,207	000,111	
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2, 618, 912	350, 629	1, 038, 14	137, 675, 226	17, 649, 024	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	478		0 125, 197	18, 604	190. 00
190. 01 19001 CONVENT	0	0		0 115, 643	17, 184	190. 01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0		0 0	0	190. 02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	0		0 120, 001	17, 832	190. 03
190.04 19004 WOMEN'S HEALTH CENTER	0	0		0 169, 558		
190. 05 19005 DEVELOPMENT	0	0		0 0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0		190.06
190.07 19007 I MAGE RECOVERY	0	0		0 0		190. 07
190. 08 19008 FAMILY SERVICES	0	0		0 0		190.08
190. 09 19009 MDWI SE	0	0		0 5, 720, 576		
190. 10 19010 CATHERINE MCAULEY CLINIC	0	0		0 528, 488		
190. 11 19011 CENTER OF HOPE	0	0		0 23,660		190.11
190. 12 19012 SELECT	0	0		0 311, 768		
190. 13 19013 PERCI NI AS	0	29		0 0		190.13
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES 192.01 19201 WORKI NG WELL		1, 272		0 368, 284 0 797, 959		
193. 00 19300 NONPALD WORKERS		1, 2/2		0 797, 959		192.01
194. 01/07951 REHAB				0 158, 392	23, 536	
200.00 Cross Foot Adjustments	0			0 100, 392	23, 530	200.00
201.00 Negative Cost Centers	0	0		0 0	n –	200.00
202. 00   TOTAL (sum Lines 118-201)	2, 618, 912	352, 408	1, 038, 14	146, 114, 752		

	LLOCATION - GENERAL SERVICE COSTS	RANCISCAN ST MA	Provi der	CCN: 150004	Period: From 01/01/2014 Fo 12/31/2014	Worksheet B Part I Date/Time Pre 5/27/2015 5:2	pared:
	Cost Center Description	MAI NTENANCE & REPAI RS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		DI ETARY	
	GENERAL SERVICE COST CENTERS	6.00	7.00	8.00	9.00	10.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 22.\ 00\\ 23.\ 01\\ 23.\ 02\\ 23.\ 03\\ \end{array}$	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 00550 DATA PROCESSING 00561 PURCHASING RECEIVING AND STORES 00570 ADMITTING 00590 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 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I&R SERVICE 02200 IARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RESP THER	5, 617, 041 296, 395 7, 481 109, 154 77, 572 102, 615 71, 499 105, 899 51, 655 188, 055 11, 153 0 0 0 0 0 0	5, 527, 820 7, 773 113, 404 80, 592 106, 611 74, 283 110, 023 53, 666 195, 377 11, 587 0 0 0 0 0 0 0	593, 124 ( ( ( ( ( ( ( (	2, 664, 815         39, 722         52, 546         36, 613         54, 228         26, 451         96, 297         0       5, 711         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	1, 186, 031 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 22. 00 23. 00 23. 01
23.04	02304 PARAMED ED PRGM-PHARMACY INPATIENT ROUTINE SERVICE COST CENTERS	0	0		0 0	0	•
30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	1, 589, 453 190, 982 0 0 0 0 0 0 0 0 0	1, 651, 343 198, 418 0 0 0 0 0 0 0 0 0 0 0 0 0	65, 244 ( ( ( ( ( ( ( (	4 97, 796 0 0 0 0 0 0 0 0 0 0	913, 243 130, 462 0 0 0 0 0 0 0 0 0 0	31.00 32.00 35.00 40.00 43.00 44.00
	ANCI LLARY SERVI CE COST CENTERS				105 000		50.00
50.00 50.01 50.02 51.00 53.00 54.00	05000 OPERATI NG ROOM 05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	363, 032 0 277, 305 0 167, 774	377, 168 0 288, 103 0 0 174, 307		141, 999	0 0 0 0 0 0	50.00 50.01 50.02 51.00 53.00 54.00
	05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY	40, 502 20, 162 0 20, 628	42, 079 20, 947 0 21, 431		20, 740 0 10, 324 0 0 10, 563	0 0 0 0	54.02
57.00 58.00 59.00 60.00 60.01	05700 CT SCAN 05800 MRI 05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06001 BLOOD LABORATORY	0 0 137, 720 0	0 0 0 143, 082 0		0 0 0 0 0 70, 522	0 0 0 0	57.00 58.00 59.00 60.00 60.01
63.00 63.01 65.00 66.00 67.00 68.00	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0 27, 266 54, 711 141, 550 13, 077 40, 522	0 28, 328 56, 841 147, 061 13, 587 42, 100 22 (50		0 13, 962 28, 016 0 72, 483 0 6, 697 0 20, 750		63.00 63.01 65.00 66.00 67.00 68.00
71.00 72.00 73.00 76.00	06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC	22, 771 18, 495 0 0 0 0	23, 658 19, 215 0 0 0 0 0		D     11, 661       D     9, 471       D     0       D     0       D     0       D     0       D     0       D     0       D     0       D     0       D     0	0 0 0 0 0 0	69.00 70.00 71.00 72.00 73.00 76.00
76. 04 76. 05 76. 06	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER	9, 178 80, 806 17, 403 181, 348 39, 709 0	9, 535 83, 953 18, 081 188, 409 41, 255 0		4,700           41,378           8,912           92,863           20,334           0		76. 01 76. 02 76. 03 76. 04 76. 05 76. 06
76. 07 76. 08 76. 09 76. 10 76. 11	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE 03954 RENAL DIALYSIS 03955 INFUSION 03956 CARE TRANSITION CENTER	0 64, 841 125, 228 6, 588 0	0 67, 366 130, 104 6, 845 0	(	0 0 0 33, 203 0 64, 125 0 3, 374 0 0	0 0 0 0	

Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I	epared:
Cost Center Description	MAI NTENANCE & REPAI RS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		DI ETARY	
	6.00	7.00	8.00	9.00	10.00	
76. 12 03958 ANTI COAGULATI ON CLINIC	0	0		0 0	0	76. 12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0		0 0	0	90.01
91.00 09100 EMERGENCY	154, 716	160, 741		79, 226	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS		I	r			1
99, 00 09900 CMHC	0	0		0 0	0	99.00
99. 10 09910 CORF	0	0		0 0	0	99, 10
101.00 10100 HOME HEALTH AGENCY	40, 760	42, 347		20, 872	0	101.00
SPECIAL PURPOSE COST CENTERS	10,700	12,017		20/0/2	°	
113. 00 11300 I NTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4, 868, 005	4, 749, 620	521, 94	9 2, 281, 257	1, 043, 705	
NONREI MBURSABLE COST CENTERS	1,000,000	1,717,020	021,71	2,201,207	1,010,700	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13, 435	13, 958		0 6, 879	0	190.00
190. 01 19001 CONVENT	112, 627			57,673		190.01
190. 02 19002 HOME MEDICAL EQUI PMENT	112,027	117,012		5 57,075 0		190.02
190. 03 19003 MEDICAL ARTS BUILDING	0					190.02
190. 04 19004 WOMEN' S HEALTH CENTER	11, 391	11, 834		5,833		190.03
190. 05 19005 DEVELOPMENT	11, 391	11,034		0,000		190.04
	0	0		0		190.05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		J 0		
190. 07 19007 I MAGE RECOVERY	0	0		0 0		190. 07
190. 08 19008 FAMILY SERVICES	0	0		0 0		190. 08
190. 09 19009 MDWI SE	0	0		0 0		190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	0	0		0 0		190. 10
190.11 19011 CENTER OF HOPE	4, 991	5, 185		2, 556		190. 11
190. 12 19012 SELECT	391, 469	406, 712		200, 460		190. 12
190. 13 19013 PERCI NI AS	0	0		0 0		190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	39, 431	40, 966		20, 191	0	192.00
192.01 19201 WORKING WELL	0	0		0 0	0	192.01
193. 00 19300 NONPALD WORKERS	0	0		0 0	0	193.00
194. 01 07951 REHAB	175, 692	182, 533	71, 17	5 89, 966	142, 326	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	5, 617, 041	5, 527, 820	593, 12	4 2, 664, 815	1, 186, 031	202.00
		,			,	

	Financial Systems F LLOCATION - GENERAL SERVICE COSTS	RANCISCAN ST MA		CCN: 150004 Pe	riod: om 01/01/2014	u of Form CMS-2 Worksheet B Part I	
				То		Date/Time Prep 5/27/2015 5:20	pared:
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	<u>, pii</u>
		11.00	13.00	14.00	15.00	16.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT		1				1.00
2.00 4.00 5.01 5.02 5.03 5.04 5.05 6.00 7.00 8.00 9.00 10.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00550 DATA PROCESSING 00561 PURCHASING RECEIVING AND STORES 00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY						2.00 4.00 5.01 5.02 5.03 5.04 5.05 6.00 7.00 8.00 9.00 10.00
23. 03	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 &R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY INPATI ENT ROUTI NE SERVI CE COST CENTERS	711, 740 45, 430 12, 712 24, 848 22, 595 0 182 0 1, 020 1, 020 1, 119 936 6, 513	5, 460, 270 224, 231 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 572, 410 2, 028 0 0 0 0 0 0 0 0 0 0 0	4, 681, 224 0 0 0 0 0 0 0 0 0 0 0	4, 029, 392 0 0 0 0 0 0 0 0	11. 00 13. 00 14. 00 15. 00 16. 00 22. 00 23. 00 23. 01 23. 02 23. 03 23. 04
30.00	03000 ADULTS & PEDIATRICS	196, 828		75, 732	1, 269	275, 293	30.00
31.00 32.00	03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	35, 535		19, 361 0	41 0	64, 425 0	31.00 32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	C	0	0	0	0	35.00
40.00 43.00	04000 SUBPROVIDER - IPF 04300 NURSERY		0	1, 918 0	0	220, 553 2, 860	
44.00	04400 SKI LLED NURSING FACILITY		0	0	0	2,800	43.00
45.00	04500 NURSING FACILITY	C	0	0	0	0	45.00
50.00	ANCI LLARY SERVI CE COST CENTERS	15, 491	755, 503	32, 034	3, 573	134, 018	50.00
50.00	05001 OPEN HEART SURGERY	931		5, 089	3, 373	9, 776	
50. 02	05002 OUTPATI ENT SURGERY	12, 275		14, 902	190	56, 651	50.02
51.00	05100 RECOVERY ROOM	3,800		1, 659	2	25, 059	1
53.00	05300 ANESTHESI OLOGY	2,054		4, 430	3, 212 1	74,667	
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	25, 789		4, 985 6, 833	1	91, 951 69, 923	
	05402 ULTRASOUND	4,858		1, 890	Ó	66, 783	
55.00	05500 RADI OLOGY-THERAPEUTI C	C	0	0	0	0	1
55.01	05501 COMPUTED TOMOGRAPHY	6, 572	0	24, 297	0	231, 973	
57.00	05700 CT SCAN	C	0	0	0	0	57.00
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON			0	0	0	58.00 59.00
60.00	06000 LABORATORY		0	0	0	402, 677	60.00
60. 01	06001 BLOOD LABORATORY	C	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	C	0	0	0	28, 174	
63. 01 65. 00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY	2, 684 22, 466		629 8, 256	51, 482 315	42, 815 122, 235	
66.00	06600 PHYSI CAL THERAPY	30, 832		697	0	42, 179	
67.00	06700 OCCUPATI ONAL THERAPY	5, 910		366	0	21, 618	
68.00	06800 SPEECH PATHOLOGY	2, 968	0	633	0	9, 371	68.00
	06900 ELECTROCARDI OLOGY	6, 307		1,404	67	82, 825	
	07000 ELECTROENCEPHALOGRAPHY	3, 637	1	1, 578	0	16, 987	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS			600, 480 656, 138	0	130, 413 47, 581	
	07300 DRUGS CHARGED TO PATIENTS		0	000, 100	4, 604, 802	931, 143	
	03020 PAIN CLINIC	C	0	0	0	0	76.00
		0	29, 307	824	0	419	
76. 01	03950 ORTHOPEDI CS			18, 455	130	123, 007	
76. 01 76. 02	03140 CARDI OVASCULAR SERVI CES	10, 246			~	11 001	1 74 00
76. 01 76. 02 76. 03	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON	5, 233	189, 131	870	0 40	11, 221 47 587	76.03
76. 01 76. 02 76. 03 76. 04	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY	5, 233 8, 151	189, 131 0	870 682	0 40 0	47, 587	76.04
76. 01 76. 02 76. 03 76. 04 76. 05	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON	5, 233	189, 131 0	870	-		76.04
76.01 76.02 76.03 76.04 76.05 76.06 76.06	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	5, 233 8, 151 2, 236 C	189, 131 0 0 0 0 0	870 682 3, 171 0 0	40 0 0 0	47, 587 63, 320 0 22, 234	76. 04 76. 05 76. 06 76. 07
76.01 76.02 76.03 76.04 76.05 76.05	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER	5, 233 8, 151	189, 131 0 0 0 0 0	870 682	-	47, 587 63, 320 0	76.04 76.05 76.06 76.07 76.08

Health Financial Systems F	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150004	Peri od:	Worksheet B	
				From 01/01/2014	Part I	
				To 12/31/2014	Date/Time Pre 5/27/2015 5:2	pared:
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	9 pili
cost center bescription		ADMI NI STRATI ON		PHARMACT	RECORDS &	
			SUPPLY		LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
76. 11 03956 CARE TRANSI TI ON CENTER	570			0 0	114	76.11
76. 12 03958 ANTI COAGULATI ON CLINIC	2,248					76.12
OUTPATIENT SERVICE COST CENTERS		-	.,	-		
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90. 01 09001 OCC HEALTH CLINIC	0	0		0 0	0	90.01
91.00 09100 EMERGENCY	72, 176	2, 026, 260	51, 36	2, 103	405, 954	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	121110	2,020,200	01,00	2,100	1007701	92.00
OTHER REIMBURSABLE COST CENTERS		1				1
99. 00 09900 CMHC	0	0		0 0	0	99.00
99. 10 09910 CORF	0	0		0 0	0	99.10
101.00 10100 HOME HEALTH AGENCY	39, 579	0	6, 07	79 1, 541	39, 281	101.00
SPECIAL PURPOSE COST CENTERS			. ·	-		1
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	671, 377	5, 460, 270	1, 567, 32	4, 670, 591	4, 029, 392	118.00
NONREI MBURSABLE COST CENTERS						1
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 492	0		0 0	0	190. 00
190. 01 19001 CONVENT	0	0		0 0	0	190. 01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0		0 0		190. 02
190. 03 19003 MEDICAL ARTS BUILDING	0	0		0 0	0	190. 03
190.04 19004 WOMEN'S HEALTH CENTER	3, 191	0		0 0	0	190. 04
190. 05 19005 DEVELOPMENT	0	0		0 0	0	190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0	0	190. 06
190.07 19007 I MAGE RECOVERY	0	0		0 0	0	190. 07
190. 08 19008 FAMILY SERVICES	0	0		0 0	0	190. 08
190. 09 19009 MDWI SE	1, 142	0		0 0	0	190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	5, 672	0	39	9 1, 981	0	190. 10
190.11 19011 CENTER OF HOPE	187	0		0 0	0	190. 11
190. 12 19012 SELECT	0	0		0 0	0	190. 12
190. 13 19013 PERCI NI AS	0	0		0 0	0	190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	2, 941	0	11	2 1, 140	0	192.00
192.01 19201 WORKING WELL	6, 449	0	4, 57	7 7, 512	0	192.01
193. 00 19300 NONPALD WORKERS	0	0		0 0	0	193.00
194. 01 07951 REHAB	19, 289	0		0 0	0	194.01
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)	711, 740	5, 460, 270	1, 572, 41	0 4, 681, 224	4, 029, 392	202.00

ST A	LLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150004	Period: From 01/01/2014	Worksheet B Part I	
					To 12/31/2014	Date/Time Prep 5/27/2015 5:29	par 9 n
			INTERNS &			0/2//2010 0.2	
	Cost Center Description	SOCI AL SERVI CE	RESI DENTS SERVI CES-OTHER	PARAMED ED	PARAMED ED	PARAMED ED	
			PRGM COSTS	PRGM	PRGM - LAB	PRGM -	
		17.00	APPRV 22.00	23.00	23.01	RADI OLOGY 23. 02	
	GENERAL SERVICE COST CENTERS		22100	20100	20101	20102	
)0 )0	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						
00	00400 EMPLOYEE BENEFITS DEPARTMENT						
)1	01160 COMMUNI CATI ONS						5
)2	00550 DATA PROCESSI NG						5
)3	00561 PURCHASING RECEIVING AND STORES						5
)4							
)5 )0	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS						
00	00700 OPERATION OF PLANT						
00	00800 LAUNDRY & LINEN SERVICE						8
00	00900 HOUSEKEEPI NG						9
00	01000 DI ETARY						10
00							11
	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY						13
	01500 PHARMACY						15
	01600 MEDICAL RECORDS & LIBRARY						16
00	01700 SOCIAL SERVICE	38, 653					17
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	748, 411				22
	02300 PARAMED ED PRGM- (SPECIFY)	0	0	41			23
	02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI OLOGY	0	0		0 210, 818 0 0	96, 103	23
	02303 PARAMED ED PRGM - RESP THER	0	0		0 0	90, 103	23
	02304 PARAMED ED PRGM-PHARMACY	0	0		0 0	0	23
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	2, 648	0		0 0	0	30
	03100 I NTENSI VE CARE UNI T	620	0		0 0	0	31
00 00	02060 CORONARY CARE UNI T 02040 NEWBORN I NTENSI VE CARE UNI T	0	0		0 0	0	32
	04000 SUBPROVIDER - IPF	2, 121			0 0	0	40
	04300 NURSERY	28	0		0 0	Ő	43
	04400 SKILLED NURSING FACILITY	0	0		0 0	0	44
00	04500 NURSING FACILITY	0	0		0 0	0	45
00	ANCI LLARY SERVI CE COST CENTERS	1, 289	0		0 0	0	50
	05001 OPEN HEART SURGERY	94	0		0 0	Ő	50
02	05002 OUTPATI ENT SURGERY	545	0		0 0	0	50
	05100 RECOVERY ROOM	241	0		0 0	0	51
	05300 ANESTHESI OLOGY	718	0		0 0	0	
	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	884 673	0		0 0	91, 298 1, 922	
	05401 RADIOLOGI SPECIAL PROCEDURES	642				961	54
	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55
01	05501 COMPUTED TOMOGRAPHY	2, 231	0		0 0	1, 922	55
	05700 CT SCAN	0	0		0 0	0	57
		0	0		0 0	0	58
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	3, 873	0		0 172, 871	0	59
	06001 BLOOD LABORATORY	3, 0/3	0		0 0	0	60
	06300 BLOOD STORING, PROCESSING & TRANS.	271	0		0 33, 731	0	63
01	06301 NUCLEAR MEDICINE	412	0		0 4, 216	0	63
	06500 RESPI RATORY THERAPY	1, 176	0		0 0	0	65
	06600 PHYSI CAL THERAPY	406	0		0	0	66
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	208				0	67
	06900 ELECTROCARDI OLOGY	797	0		0 0	0	69
	07000 ELECTROENCEPHALOGRAPHY	163	0		0 0	0	70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1, 254	0		0 0	0	71
	07200 I MPL. DEV. CHARGED TO PATIENTS	458	0		0 0	0	72
	07300 DRUGS CHARGED TO PATIENTS	8, 854	0	41	3 0	0	73
	03020 PALN CLINIC 03950 ORTHOPEDICS	0				0	76
	03950 ORTHOPEDICS 03140 CARDI OVASCULAR SERVI CES	1, 183			0 0	0	76
(12	03957 CARDI AC REHABI LI TATI ON	108	0		0 0	0	76
	1 · · · · 1 · · · · · · · · · · · · · ·	100		1		Ő	76
. 03	03190 RADIATION ONCOLOGY	458	0		0 0	01	1 / 0
03 04 05	03951 MRI	458 609	0		0 0	0	76
03 04 05 06			0 0 0			-	76 76 76

Health Financial Systems F	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	1	Period: From 01/01/2014 Fo 12/31/2014	Worksheet B Part I Date/Time Pre 5/27/2015 5:2	pared:
Cost Center Description	SOCI AL SERVI CE	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADI OLOGY	
	17.00	22.00	23.00	23.01	23.02	
76. 09 03954 RENAL DI ALYSI S	175	0		0 0	0	76.09
76. 10 03955 I NFUSI ON	720	0	(	o o	0	76.10
76. 11 03956 CARE TRANSITION CENTER	1	0	(	o o	0	76. 11
76.12 03958 ANTI COAGULATI ON CLINIC	50	0	(	o o	0	76. 12
OUTPATIENT SERVICE COST CENTERS			-			1
88.00 08800 RURAL HEALTH CLINIC	0	0	(	0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	(	0 0	0	89.00
90. 00 09000 CLINIC	0	0	(	0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	(	0 0	0	90.01
91. 00 09100 EMERGENCY	3, 904	748, 411	(	0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REI MBURSABLE COST CENTERS	1					
99. 00 09900 CMHC	0	0		0 0	0	
99. 10 09910 CORF	0	0		0 0	0	
101.00 10100 HOME HEALTH AGENCY	378	0		0 0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	38, 653	748, 411	41:	3 210, 818	96, 103	118.00
NONREI MBURSABLE COST CENTERS						100.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 0		190.00
190. 01 19001 CONVENT	0	0		0 0		190.01
190. 02 19002 HOME MEDICAL EQUIPMENT 190. 03 19003 MEDICAL ARTS BUILDING	0	0				190.02
	0	0				190. 03 190. 04
190. 04 19004 WOMEN' S HEALTH CENTER 190. 05 19005 DEVELOPMENT	0	0				190.04
190. 06 19005 DEVELOPMENT 190. 06 19006 NEUROSURGERY PROF SERVICES	0	0				190.05
190. 07 19007 I MAGE RECOVERY	0	0				190.00
190. 08 19008 FAMILY SERVICES	0	0				190.08
190. 09 19009 MDWI SE	0	0				190.00
190. 10 19010 CATHERINE MCAULEY CLINIC	0	0				190.10
190. 11 19011 CENTER OF HOPE	0	0				190.11
190. 12 19012 SELECT	0	0				190. 12
190. 13 19013 PERCI NI AS	0	0				190.12
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0				192.00
192. 01 19201 WORKING WELL	0	0		0		192.01
193. 00 19300 NONPALD WORKERS	0	0	(	ol ol		193.00
194. 01 07951 REHAB	0	0	(			194.01
200.00 Cross Foot Adjustments		0	(	o o		200.00
201.00 Negative Cost Centers	0	0	(	o o		201.00
202.00   TOTAL (sum lines 118-201)	38, 653	748, 411	41	3 210, 818	96, 103	202.00

ST ALLOC	CATION - GENERAL SERVICE COSTS		Provi der	CCN: 150004	Period: From 01/01/2014	Worksheet B	
					From 01/01/2014 To 12/31/2014	Part I Date/Time Pre	
	Cost Center Description	PARAMED ED PRGM - RESP	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost	5/27/2015 5:2 Total	<u>9 pr</u>
		THER			& Post		
					Stepdown Adjustments		
GEN	ERAL SERVICE COST CENTERS	23.03	23.04	24.00	25.00	26.00	
00 0010	00 CAP REL COSTS-BLDG & FIXT						1
	00 CAP REL COSTS-MVBLE EQUIP 00 EMPLOYEE BENEFITS DEPARTMENT						2
	60 COMMUNICATIONS						5
	50 DATA PROCESSING						5
	61 PURCHASING RECEIVING AND STORES						5
005	70 ADMI TTI NG						5
	90 OTHER ADMINISTRATIVE AND GENERAL						5
	00 MAINTENANCE & REPAIRS						6
	OO OPERATION OF PLANT						7
	00 LAUNDRY & LINEN SERVICE						8
	00 HOUSEKEEPI NG 00 DI ETARY						9
	00 CAFETERIA						11
	00 NURSING ADMINISTRATION						13
	00 CENTRAL SERVICES & SUPPLY	1					14
00 015	00 PHARMACY						15
1	00 MEDICAL RECORDS & LIBRARY						16
1	00 SOCIAL SERVICE						17
1	00 I & R SERVICES-OTHER PRGM COSTS APPRV						22
	00 PARAMED ED PRGM-(SPECIFY) 01 PARAMED ED PRGM - LAB						23
	02 PARAMED ED PRGM - LAD						23
	03 PARAMED ED PRGM - RESP THER	86, 572	,				23
	04 PARAMED ED PRGM-PHARMACY	0					23
	ATIENT ROUTINE SERVICE COST CENTERS						
	00 ADULTS & PEDIATRICS	C				23, 111, 519	
	00 I NTENSI VE CARE UNI T	C		5, 798, 0		5, 798, 039	
	60 CORONARY CARE UNIT	0	0		0 0	0	
	40 NEWBORN INTENSIVE CARE UNIT 00 SUBPROVIDER – IPF			6, 432, 28	0	0 6, 432, 284	35
	00 NURSERY		-	964, 3		964, 375	
	00 SKILLED NURSING FACILITY	0	0		0 0	0	
	00 NURSING FACILITY	0	0		0 0	0	45
	I LLARY SERVICE COST CENTERS		-				1
	00 OPERATI NG ROOM 01 OPEN HEART SURGERY					4, 706, 468	
	02 OUTPATIENT SURGERY			340, 88 2, 971, 33		340, 880 2, 971, 330	
	OO RECOVERY ROOM		-			641, 038	
	00 ANESTHESI OLOGY	0	0	3, 478, 3			
	00 RADI OLOGY-DI AGNOSTI C	C	0			2, 835, 812	54
1	01 RADIOLOGY SPECIAL PROCEDURES	C	0	1		2, 315, 272	
	02 ULTRASOUND	C	0	942, 42		942, 429	
1	00 RADI OLOGY-THERAPEUTI C		0	1 074 0	0 0	1 074 075	
	01 COMPUTED TOMOGRAPHY 00 CT SCAN			1, 374, 0	75 0	1, 374, 075 0	
	00 MRI				0 0		
	00 CARDI AC CATHETERI ZATI ON		0		0 0	0	
	00 LABORATORY	0	0	7, 635, 1	31 -25, 120	7, 610, 011	
	01 BLOOD LABORATORY	0	0		0 0	0	
	00 BLOOD STORING, PROCESSING & TRANS.	C	0	1, 459, 6		1, 459, 662	
		96 572		1,000,6		1,000,643	
	00 RESPI RATORY THERAPY 00 PHYSI CAL THERAPY	86, 572	0	2, 947, 2 3, 508, 90		2, 947, 211 3, 508, 909	
	00 OCCUPATIONAL THERAPY			851, 1		851, 118	
	00 SPEECH PATHOLOGY		0	632, 2		632, 247	
	00 ELECTROCARDI OLOGY		0	799, 3		799, 328	
	00 ELECTROENCEPHALOGRAPHY	0	0	540, 90		540, 900	
	00 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0			4, 393, 067	
	00 I MPL. DEV. CHARGED TO PATIENTS		0	4, 269, 92		4, 269, 920	
	00 DRUGS CHARGED TO PATIENTS		860, 895	23, 245, 6	65 O	23, 245, 665	
	20 PALN CLINIC 50 ORTHOPEDICS			69, 6 <sup>-</sup>		0 69, 619	
	40 CARDI OVASCULAR SERVI CES			2, 618, 7		2, 618, 727	
	57 CARDI AC REHABI LI TATI ON		0	864, 7		864, 720	
1	90 RADI ATI ON ONCOLOGY		0	2, 108, 4		2, 108, 495	
05 039			o o	909, 3		909, 334	
06 039	52 BARI ATRI C CENTER	0	0		0 0	0	76
07 035	50 PSYCH ACTIVITY THERAPY	0	0	441, 3		441, 318	
1	53 WOUND CARE	0	0	756, 1	10 0	756, 110	

Health Financial Systems Fi	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS			CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Pre 5/27/2015 5:2	pared:
Cost Center Description	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.03	23.04	24.00	25.00	26.00	
76. 09 03954 RENAL DI ALYSI S	0	0	1, 209, 32	4 0	1, 209, 324	76.09
76. 10 03955 I NFUSI ON	0	0	2, 299, 59	7 0	2, 299, 597	76. 10
76. 11 03956 CARE TRANSITION CENTER	0	0	76, 80	2 0	76, 802	76. 11
76. 12 03958 ANTI COAGULATI ON CLINIC	0	0	293, 95	9 0	293, 959	76. 12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0		0 0	0	90.01
91.00 09100 EMERGENCY	0	0	10, 928, 59	6 -748, 411	10, 180, 185	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0		0 0	0	99.00
99. 10 09910 CORF	0	0		0 0	0	99.10
101.0010100 HOME HEALTH AGENCY	0	0	4, 468, 51	5 0	4, 468, 515	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	86, 572	860, 895	134, 240, 76	6 -773, 531	133, 467, 235	118.00
NONREI MBURSABLE COST CENTERS	i					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	179, 56	5 0	179, 565	190.00
190. 01 19001 CONVENT	0	0	420, 13	9 0	420, 139	
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0		0 0	0	190. 02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	0	137, 83	3 0	137, 833	190. 03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	227,00	03	227, 003	
190. 05 19005  DEVELOPMENT	0	0		0 0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0		190.06
190.07 19007 I MAGE RECOVERY	0	0		0 0		190. 07
190. 08 19008 FAMILY SERVICES	0	0		0 0		190. 08
190. 09 19009 MDWI SE	0	0	6, 571, 77		6, 571, 773	
190. 10 19010 CATHERINE MCAULEY CLINIC	0	0	615, 07		615, 071	
190.11 19011 CENTER OF HOPE	0	0	40, 09		40, 095	
190. 12 19012 SELECT	0	0	1, 356, 73	6 0	1, 356, 736	
190. 13 19013 PERCI NI AS	0	0		0 0		190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	527, 79		527, 791	
192.01 19201 WORKI NG WELL	0	0	935, 07	1 0	935, 071	
193.00 19300 NONPALD WORKERS	0	0		0 0		193.00
194. 01 07951 REHAB	0	0	862, 90	9 0	862, 909	
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)	86, 572	860, 895	146, 114, 75	2 -773, 531	145, 341, 221	202.00

Cost Center Description         Directly Assigned New Capital Related Costs         Directly BLG & FIXT         WBLE EQUIP MVBLE EQUIP         Subtotal But Subtotal         Directly Directly Directly Directly Capital         Subtotal         Directly	
Cost Center Description         CAPITAL RELATED COSTS         Subtotal         Directly BLG & FLXT         MVBLE EQUIP         Subtotal         Directly BLG           Cost Center Description         END of ALTAR         FMUEL SERVICE COST CENTERS         0         2.00	Time Prepared: 2015 5:29 pm
Assigned New Capit tal         Assigned New Capit tal         BER         BER           0         01000 CAP REL_COSTS-BLD& & FLXT         0	
CENERAL SERVICE COST CENTERS         0         1.00         2.00         22.00         2A         4           1.00         COTOD CAP REL COSTS-BLOG & FLXT         0         37,464         3,344         40,068           2.00         COZOC CAP REL COSTS-MUGLE COUP P         0         37,464         3,344         40,068           3.00         COMUNC E BENEFITS DEPARTMENT         0         37,464         3,344         40,068           3.00         COMUNC CAP REL COSTS-BLOG & FLXT         0         59,684         1,168,503         1,228,187           3.00         COSOD DTER ANNI STRATI VE AND GENERAL         0         34,595         0         34,595           3.00         COSOD THER ANNI NETRATI VE AND GENERAL         0         20,071         50,936         90,391         96,349           0.00         COMOU PERATI NO NO PLANT         0         26,602         20,731         256,781           8.00         COMOU PERATI NO NO PLANT         0         66,703         7,952         88,832           10.00         OTOOD CHETR ANNI NISTRATI ON         6         61,778         27,307         89,0832           10.00         OTOOD CHETR ANNI NISTRATI ON         6         61,778         27,307         89,0832           10.00	LOYEE EFI TS RTMENT
CENERAL SERVICE COST CENTERS           1:00         OTOLO CAP REL COSTS-BLOC & FIXT           2:00         ODZOC CAP REL COSTS-MUELE EQUIP           0:00         01160 CAMMUNICATIONS           0:1160 CAMMUNICATIONS         0           0:00         0540 CAP REL COSTS-WIDEL EQUIP           0:00         0540 CAP           0:00         0540 CAP           0:01         0561 PURCHASING RECEIVING AND STORES           0:00         0540 CAP           0:00         0540 ONTO AMITTING           0:00         0540 ONTO AMITTING           0:00         0540 ONTO AMINITENATION OF PLANT           0:00         0540 ANTION OF PLANT           0:00         0100 CAFETERIA           1:00         0100 CAFETERIA           1:00         0100 CAFETERIA           0:0100 CAFETERIA         0           0:0100 CAFETERIA </th <th>. 00</th>	. 00
2.00         00200 CAP REL COSTSMUBLE EQUIP         0         0400	
5.03         00561         PURCHASLING RECELVING AND STORES         0         15, 156         5, 907         21, 053           5.04         00570 ADMI TTI NG         0         240, 595         0         34, 595         0         34, 595         0         34, 595         0         341, 447           6.00         00500 (MAI NETRNATI VE AND GENERAL         0         220, 511         50, 936         341, 447           6.00         00500 (MAI NETRNATI VE AND GENERAL         0         236, 050         20, 731         256, 781           8.00         000700 (DETRATI ON OF PLANT         0         236, 050         20, 731         256, 781           8.00         000700 (LUNDRY K.LEPING         0         86, 930         7, 952         94, 882           9.00         010100 (ADETRATI SERVICE         0         81, 723         0         81, 723           11.00         01400 (ENTRAL SERVICES & SUPPLY         0         84, 339         57, 956         142, 304           15.00         01500 (MEDICAL RECORDS & LIBRARY         0         149, 768         1, 179         150, 947           16.00         01600 MEDICAL RECORDS & LIBRARY         0         0         0         0           20         02300 PARAMED ED PROM - RADI OLOCY	1.00 2.00 40,808 148 5.01 18 5.02
6. 00         00600 MAINTENANCE & REPAIRS         0         342.048         31, 473         373, 521           7. 00         00700 OPERATI NO F PLANT         0         236.050         20, 731         256, 781           8. 00         00800 LAINDRY & LINEN SERVICE         0         5,958         90, 991         96, 349           10. 00         01000 DIETARY         0         617.78         27, 307         89, 085           11. 00         1010 CAFETERIA         0         81, 723         0         81, 723           13. 00         01300 NURSING ADMI NISTRATION         0         56, 942         44, 732         101, 674           14. 00         01400 CENTRAL SERVICES & SUPPLY         0         84, 339         57, 945         142, 304           15.00         01500 PHARMACY         0         41, 138         4, 153         45, 291           16. 00         1050 CAL SERVICES- OLIER PRGM COSTS APPRY         0         0         0         0           22. 00         02200 J FARAMED ED PRGM - RADI OLOGY         0         0         0         0           23. 02 02302 PARAMED ED PRGM - RADI OLOGY         0         0         0         0         0           23. 02 02302 PARAMED ED PRGM - RADIOLOGY         0         0	96 5.03 452 5.04
B. 00         OOBBOO LAUNDRY & LINEN SERVICE         0         558         90, 391         96, 349           00         00000 HUSEXEEPING         0         66, 930         7, 952         94, 882           10.00         01100 CAFETERIA         0         81, 723         0         81, 723           11.00         01300 NURSIN KA DMINISTRATION         0         81, 723         0         81, 723           11.00         01300 NURSIN KA DMINISTRATION         0         66, 942         44, 732         101, 674           11.00         01400 CENTRAL SERVICES & SUPPLY         0         84, 339         57, 965         142, 304           15.00         01500 NURSIN KA DMINISTRATION         0         149, 768         1, 179         150, 947           16.00         01600 MEDICAL RECORDS & LIBRARY         0         149, 766         1, 179         150, 947           20.00         02300 PRAMED ED PRGM - FABOLOGY         0         0         0         0           20.00         02300 PRAMED ED PRGM - RESP THER         0         0         0         0           20.00         03000 ADULTS & PEDIATRIC S         0         1, 265, 845         806, 753         2, 072, 598           30.00         03000 ADULTS & PEDIATRIC S         0 <td>2, 170 5. 05 1, 192 6. 00 244 7. 00</td>	2, 170 5. 05 1, 192 6. 00 244 7. 00
11.00       01100       CAFETERIA       0       81,723       0       81,723         13.00       01300       NURSING ADMINISTRATION       0       56,942       44,732       101,674         14.00       O1400       CENTRAL SERVICES & SUPPLY       0       84,339       57,965       142,304         15.00       01500       MEDICAL RECORDS & LIBRARY       0       144,768       1,177       150,947         16.00       01600       MEDICAL RECORDS & LIBRARY       0       1449,768       1,179       150,947         17.00       001700       SOCIAL SERVICE       0       8,882       0       8,882         20.00       22000       IAS SERVICES-OTHER PROM COSTS APPRV       0       0       0       0         23.01       02301       PARAMED ED PRGM - RADIOLOGY       0       0       0       0       0         23.01       02301       PARAMED ED PRGM - RESP THER       0	0 8.00 1,008 9.00
14.00       CHTRAL SERVICES & SUPPLY       0       84, 339       57, 965       142, 304         15.00       01500       PHARMACY       0       14, 138       4, 153       45, 291         16.00       01600       MEDICAL RECORDS & LIBRARY       0       149, 768       1, 179       150, 947         17.00       00       01700       SOCIAL SERVICE       0       8, 882       0       0       0         22.00       02200       IAX SERVICES-OTHER PRGM COSTS APPRV       0       0       0       0       0       0         23.00       02300       PARAMED ED PRGM - RADIOLOGY       0 <td>204 10.00 294 11.00 2,427 13.00</td>	204 10.00 294 11.00 2,427 13.00
17.00       01700       SOCI AL SERVICE       0       8,882       0       8,882         22.00       02300       IAR SERVICES-OTHER PRGM COSTS APPRV       0       0       0       0         23.00       02300       PARAMED ED PRGM-(SPECI FY)       0       0       0       0         23.01       02300       PARAMED ED PRGM - RADI OLOGY       0       0       0       0         23.01       02303       PARAMED ED PRGM - RESP THER       0       0       0       0       0         23.01       02304       PARAMED ED PRGM - RESP THER       0	318 14.00 1,131 15.00
23.00         D2300         PARAMED         ED PRGM - LAB         0         0         0           23.01         D2301         PARAMED ED PRGM - RADIOLOGY         0         0         0         0           23.02         D2302         PARAMED ED PRGM - RADIOLOGY         0         0         0         0           23.02         D2302         PARAMED ED PRGM - RADIOLOGY         0         0         0         0           23.04         D2304         PARAMED ED PRGM - RADIOLOGY         0         0         0         0           23.04         D2304         PARAMED ED PRGM - RADIOLOGY         0         0         0         0           30.00         O3000         ADUTS & PEDIATRICS         0         1,265,845         806,753         2,072,598           31.00         03010 INTENSI VE CARE UNIT         0         0         0         0         0           32.00         02060 CORONARY CARE UNIT         0         0         0         0         0         0         0           30.00         04000 SLIEPROVIDER - IPF         0         0         0         0         0         0         0           44.00         04400 SKILED NURSING FACILITY         0         0	823 16.00 0 17.00 3 22.00
23. 03         023.03         PARAMED         ED         PROM         - RESP         THER         0         0         0         0           23. 04         023.03         PARAMED         ED         PRGM-PHARMACY         0	0 23.00 56 23.01
INPATI ENT ROUTI NE SERVICE COST CENTERS           30. 00         03000 ADULTS & PEDI ATRICS         0         1, 265, 845         806, 753         2, 072, 598           31. 00         03100         INTENSI VE CARE UNI T         0         152, 099         76, 215         228, 314           32. 00         02060         CORNARY CARE UNI T         0         0         0         0           35. 00         02040         NEWBORN INTENSI VE CARE UNI T         0         0         0         0         0         0           40. 00         04000         SUBPROVI DER - IPF         0 </td <td>57 23.02 43 23.03 429 23.04</td>	57 23.02 43 23.03 429 23.04
31.00       03100       INTENSIVE CARE UNIT       0       152,099       76,215       228,314         32.00       02060       CORONARY CARE UNIT       0       0       0       0         35.00       02040       NEWBORN INTENSIVE CARE UNIT       0       0       0       0         35.00       02040       NEWBORN INTENSIVE CARE UNIT       0       0       0       0         43.00       04000       SUBPROVI DER - IPF       0       0       0       0       0         44.00       04400       SKI LED NURSING FACILITY       0       0       0       0       0         45.00       04500       NURSING FACILITY       0       0       0       0       0         45.00       04500       NURSING FACILITY       0       0       0       0       0         45.00       05000       OPERATI NG ROOM       0       289,120       282,324       571,444         50.01       05001       OPERATI NURGERY       0       20,847       51,089       271,936         51.00       05000       RECOVERY ROOM       0       0       146,372       146,372         54.00       05400       RADI OLOGY - DI AGNOSTI C <t< td=""><td></td></t<>	
35. 00         02040         NEWBORN INTENSIVE CARE UNIT         0         0         0         0           40. 00         04000         SUBPROVIDER - IPF         0         0         0         0           43. 00         04400         SKILLED NURSING FACILITY         0         0         0         0           44. 00         04400         SKILLED NURSING FACILITY         0         0         0         0           45. 00         04500         NURSING FACILITY         0         0         0         0           45. 00         05000         OPERATING ROOM         0         289, 120         282, 324         571, 444           50. 01         05001         OPEN HEART SURGERY         0         0         0         19, 834         19, 834           50. 02         05002         OUTPATI ENT SURGERY         0         220, 847         51, 089         271, 936           51. 00         05100         RECOVERY ROM         0         0         146, 372         146, 372           54. 00         05402         RABI OLOGY FDI AGNOSTI C         0         133, 616         73, 249         206, 865           54. 01         05401         RADI OLOGY SPECI AL PROCEDURES         0         0	6, 673 30. 00 1, 720 31. 00 0 32. 00
44.00       04400       SKI LLED NURSI NG FACI LI TY       0       0       0       0         45.00       04500       NURSI NG FACI LI TY       0       0       0       0       0         4NCI LLARY SERVI CE COST CENTERS	0 35.00 1,845 40.00
ANCI LLARY SERVICE COST CENTERS           50.00         05000         OPERATI NG ROOM         0         289, 120         282, 324         571, 444           50.01         05001         OPEN HEART SURGERY         0         0         19, 834         19, 834           50.02         05002         OUTPATI ENT SURGERY         0         220, 847         51, 089         271, 936           51.00         05100         RECOVERY ROOM         0         2, 042         2, 042         2, 042           53.00         05300         ANESTHESI OLOGY         0         0         146, 372         146, 372           54.00         05400         RADI OLOGY -DI AGNOSTI C         0         133, 616         73, 249         206, 865           54.01         05401         RADI OLOGY SPECI AL PROCEDURES         0         32, 256         184, 699         216, 955           54.02         05402         ULTRASOUND         0         16, 057         62, 299         78, 356           55.00         05500         RADI OLOGY -THERAPEUTI C         0         0         0         0           57.00         05700         CT SCAN         0         0         0         0         0         0           58.00	415 43.00 0 44.00 0 45.00
50.01       05001       OPEN HEART SURGERY       0       0       19,834       19,834         50.02       05002       OUTPATI ENT SURGERY       0       220,847       51,089       271,936         51.00       05100       RECOVERY ROOM       0       0       2,042       2,042         53.00       05300       ANESTHESI OLOGY       0       0       146,372       146,372         54.00       05400       RADI OLOGY-DI AGNOSTI C       0       133,616       73,249       206,865         54.01       05401 RADI OLOGY SPECI AL PROCEDURES       0       32,256       184, 699       216,955         54.02       05402 ULTRASOUND       0       16,057       62,299       78,356         55.00       05500       RADI OLOGY -THERAPEUTI C       0       0       0       0         55.01       05501       COMPUTED TOMOGRAPHY       0       16,428       297       16,725         57.00       05700       CT SCAN       0       0       0       0         58.00       05800       MRI       0       0       0       0         59.00       05900       CARDI AC CATHETERI ZATI ON       0       0       0       0	45.00
50.02       05002       OUTPATI ENT SURGERY       0       220, 847       51, 089       271, 936         51.00       05100       RECOVERY ROOM       0       0       2, 042       2, 042         53.00       05300       ANESTHESI OLOGY       0       0       146, 372       146, 372         54.00       05400       RADI OLOGY-DI AGNOSTI C       0       133, 616       73, 249       206, 865         54.01       05401       RADI OLOGY SPECI AL PROCEDURES       0       32, 256       184, 699       216, 955         54.02       05500       RADI OLOGY -THERAPEUTI C       0       0       0       0         55.00       05501       COMPUTED TOMOGRAPHY       0       16, 057       62, 299       78, 356         57.00       05501       COMPUTED TOMOGRAPHY       0       16, 428       297       16, 725         57.00       05700       CT SCAN       0       0       0       0         58.00       05800       MRI       0       0       0       0         59.00       05900       CARDI AC CATHETERI ZATI ON       0       0       0       0         60.01       BLOOD LABORATORY       0       0       0       0<	655 50.00 77 50.01
53.00       05300       ANESTHESI OLOGY       0       146, 372       146, 372         54.00       05400       RADI OLOGY-DI AGNOSTI C       0       133, 616       73, 249       206, 865         54.01       05401       RADI OLOGY SPECI AL PROCEDURES       0       32, 256       184, 699       216, 955         54.02       05402       ULTRASOUND       0       16, 057       62, 299       78, 356         55.00       05500       RADI OLOGY - THERAPEUTI C       0       0       0       0         55.01       05501       COMPUTED TOMOGRAPHY       0       16, 428       297       16, 725         57.00       05700       CT SCAN       0       0       0       0         58.00       05800       MRI       0       0       0       0         58.00       05800       MRI       0       0       0       0         59.00       05900       CARDI AC CATHETERI ZATI ON       0       0       0       0         60.01       LABORATORY       0       109, 680       0       0       0       0         60.01       BLOOD LABORATORY       0       0       0       0       0       0      <	664 50.02
54. 01       05401       RADI OLOGY SPECI AL PROCEDURES       0       32, 256       184, 699       216, 955         54. 02       05402       ULTRASOUND       0       16, 057       62, 299       78, 356         55. 00       05500       RADI OLOGY - THERAPEUTI C       0       0       0       0         55. 01       05501       COMPUTED TOMOGRAPHY       0       16, 428       297       16, 725         57. 00       05700       CT SCAN       0       0       0       0         58. 00       05800       MRI       0       0       0       0         59. 00       05900       CARDI AC CATHETERI ZATI ON       0       0       0       0         60. 01       06000       LABORATORY       0       109, 680       0       109, 680         60. 01       06001       BLOOD LABORATORY       0       0       0       0         63. 01       06300       BLOOD STORI NG, PROCESSI NG & TRANS.       0       0       0       0         63. 01       06301       NUCLEAR MEDI CI NE       0       21, 715       35, 536       57, 251	216 51.00 54 53.00
54. 02       05402       ULTRASOUND       0       16, 057       62, 299       78, 356         55. 00       05500       RADI OLOGY - THERAPEUTI C       0       0       0       0         55. 01       05501       COMPUTED TOMOGRAPHY       0       16, 428       297       16, 725         57. 00       05700       CT SCAN       0       0       0       0         58. 00       05800       MRI       0       0       0       0         59. 00       05900       CARDI AC CATHETERI ZATI ON       0       0       0       0         60. 01       06000       LABORATORY       0       109, 680       0       109, 680         60. 01       06001       BLOOD LABORATORY       0       0       0       0         63. 01       06300       BLOOD STORI NG, PROCESSI NG & TRANS.       0       0       0       0         63. 01       06301       NUCLEAR MEDI CI NE       0       21, 715       35, 536       57, 251	814 54.00 542 54.01
55. 01       05501       COMPUTED TOMOGRAPHY       0       16, 428       297       16, 725         57. 00       05700       CT SCAN       0       0       0       0         58. 00       05800       MRI       0       0       0       0       0         59. 00       05900       CARDI AC CATHETERI ZATI ON       0       0       0       0       0         60. 00       06000       LABORATORY       0       109, 680       0       109, 680         60. 01       06001       LABORATORY       0       0       0       0         63. 00       06300       BLOOD STORI NG, PROCESSI NG & TRANS.       0       0       0       0         63. 01       06301       NUCLEAR MEDI CI NE       0       21, 715       35, 536       57, 251	349 54.02
58.00         05800         MRI         0         0         0         0           59.00         05900         CARDI AC_CATHETERI ZATI ON         0         0         0         0         0           60.00         06000         LABORATORY         0         109, 680         109, 680         109, 680           60.01         06001         BLOOD_LABORATORY         0         0         0         0           63.00         06300         BLOOD_STORI NG, PROCESSI NG & TRANS.         0         0         0         0           63.01         06301         NUCLEAR MEDI CI NE         0         21, 715         35, 536         57, 251	0 55.00 320 55.01
59.00         05900         CARDIAC CATHETERIZATION         0         0         0         0           60.00         06000         LABORATORY         0         109,680         109,680         109,680           60.01         06001         BLOOD LABORATORY         0         0         0         0           63.00         06300         BLOOD STORING, PROCESSING & TRANS.         0         0         0         0           63.01         06301         NUCLEAR MEDICINE         0         21,715         35,536         57,251	0 57.00 0 58.00
60. 01         06001         BLOOD LABORATORY         0         0         0           63. 00         06300         BLOOD STORING, PROCESSING & TRANS.         0         0         0         0           63. 01         06301         NUCLEAR MEDICINE         0         21,715         35,536         57,251	0 59.00
63. 01 06301 NUCLEAR MEDICINE 0 21, 715 35, 536 57, 251	0 60.00 0 60.01
	0 63.00 218 63.01
65. 00 06500 RESPIRATORY THERAPY 0 43, 572 82, 936 126, 508	1,090 65.00
66. 00         06600         PHYSI CAL         THERAPY         0         112, 731         2, 968         115, 699           67. 00         06700         0CCUPATI ONAL         THERAPY         0         10, 415         69         10, 484	992 66.00 315 67.00
68. 00         06800         SPEECH PATHOLOGY         0         32, 272         5, 487         37, 759	192 68.00
69. 00         06900         ELECTROCARDI OLOGY         0         18, 135         64, 207         82, 342           70. 00         07000         ELECTROENCEPHALOGRAPHY         0         14, 729         23, 464         38, 193	244 69.00 189 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 0 0	0 71.00
72. 00         07200         IMPL.         DEV.         CHARGED TO PATIENTS         0	0 72.00 335 73.00
76.00 03020 PAIN CLINIC 0 0 0	0 76.00
76. 01         03950         ORTHOPEDICS         0         7, 309         54         7, 363           76. 02         03140         CARDI OVASCULAR SERVICES         0         64, 354         35, 504         99, 858	0 76.01 695 76.02
76. 03 03957 CARDI AC REHABI LI TATI ON 0 13, 860 29, 861 43, 721	271 76.03
76. 04         03190         RADI ATI ON         ONCOLOGY         0         144, 426         189, 722         334, 148           76. 05         03951         MRI         0         31, 624         346, 186         377, 810	456 76.04 114 76.05
76.06         03952         BARI ATRI C CENTER         0         0         0         0           76.07         03550         PSYCH ACTI VI TY THERAPY         0         0         0         0	

ealth Financial Systems LLOCATION OF CAPITAL RELATED COSTS	FRANCISCAN ST MA		CCN: 150004 F	Period: From 01/01/2014	u of Form CMS-: Worksheet B Part II	
			T	o 12/31/2014	Date/Time Pre 5/27/2015 5:2	pared:
		CAPI TAL REL	ATED COSTS		5/2//2015 5:2	9 piii
			LATED COSTS			
Cost Center Description	Di rectl y	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
	Assigned New				BENEFI TS	
	Capi tal				DEPARTMENT	
	Related Costs					
	0	1.00	2.00	2A	4.00	
6.08 03953 WOUND CARE	0	51, 640	2, 259		234	76.08
6. 09 03954 RENAL DIALYSIS	0	99, 732	C		358	76.0
6. 10 03955 I NFUSI ON	0	5, 247	7, 908	13, 155	840	
6. 11 03956 CARE TRANSITION CENTER	0	0	-		39	76.1
6. 12 03958 ANTI COAGULATI ON CLINIC	0	0	C	0	126	76.1
OUTPATIENT SERVICE COST CENTERS						
8.00 08800 RURAL HEALTH CLINIC	0	0		-	0	
9.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	-	, s	0	
0. 00 09000 CLINIC	0	0	C	, s	0	90.0
0.01 09001 OCC HEALTH CLINIC	0	0	C	0 0	0	90.0
1.00 09100 EMERGENCY	0	123, 217	92, 486		5, 920	
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.0
OTHER REI MBURSABLE COST CENTERS		0			0	00.0
9. 00 09900 CMHC 9. 10 09910 CORF	0	0		-	0	
9. 10  09910 CORF 01. 00 10100 HOME_HEALTH_AGENCY	0	32, 462	-		0 1, 944	99.1
SPECIAL PURPOSE COST CENTERS	0	32, 402	1,033	55, 495	1, 944	101.0
13. 00 11300 I NTEREST EXPENSE						113.0
18.00 SUBTOTALS (SUM OF LINES 1-117)	0	4, 668, 247	4, 147, 947	8, 816, 194	40, 029	
NONREI MBURSABLE COST CENTERS	0	4,000,247	-, -, -, -, -, -, -, -, -, -, -, -, -, -	0,010,174	40, 027	110.0
90. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10, 699	0	10, 699	30	190. 0
90. 01 19001 CONVENT	0	89, 696				190.0
90. 02 19002 HOME MEDI CAL EQUI PMENT	0	0				190.0
90. 03 19003 MEDICAL ARTS BUILDING	0	0	623	623		190.0
90.04 19004 WOMEN'S HEALTH CENTER	0	9, 072			92	190. 0
90. 05 19005 DEVELOPMENT	0	0		0 0	0	190. 0
90. 06 19006 NEUROSURGERY PROF SERVICES	0	0	c	0 0	0	190. 0
90. 07 19007 I MAGE RECOVERY	0	0	c	0	0	190. 0
90. 08 19008 FAMILY SERVICES	0	0	c	0 0	0	190. 0
90. 09 19009 MDWI SE	0	0	C	0 0	50	190. 0
90. 10 19010 CATHERINE MCAULEY CLINIC	0	0	2, 021	2, 021	270	190. 1
90.11 19011 CENTER OF HOPE	0	3, 975		-,		190. 1
90. 12 19012 SELECT	0	311, 768	C	311, 768		190. 1
90. 13 19013 PERCI NI AS	0	0	C	,		190. 1
92.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	31, 403				192. 0
92.01 19201 WORKI NG WELL	0	0	64, 376			192. 0
93. 00 19300 NONPALD WORKERS	0	0	C	,		193. 0
94. 01 07951 REHAB	0	139, 922	8, 390		0	194.0
00.00 Cross Foot Adjustments				0		200. 0
01.00 Negative Cost Centers		0		0		201.0
D2.00 TOTAL (sum lines 118-201)	0	5, 264, 782	4, 225, 799	9, 490, 581	40, 808	1202. C

	Financial Systems TION OF CAPITAL RELATED COSTS	FRANCISCAN ST MAI			In Lie eriod:	eu of Form CMS-2 Worksheet B	2552-10
00F					rom 01/01/2014	Part II	nared
						5/27/2015 5: 2	9 pm
	Cost Center Description	COMMUNI CATI ONS	DATA PROCESSI NG	PURCHASI NG RECEI VI NG AND	ADMI TTI NG	OTHER ADMI NI STRATI VE	
				STORES		AND GENERAL	
	GENERAL SERVICE COST CENTERS	5.01	5.02	5.03	5.04	5.05	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS	10, 205					4.00
5.01 5.02	00550 DATA PROCESSI NG	18, 295 0	1, 228, 205				5. 01 5. 02
5.03	00561 PURCHASING RECEIVING AND STORES	259	39, 871				5.03
5.04	00570 ADMI TTI NG	786	87, 094		123, 001	711 200	5.04
5.05 6.00	00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS	2, 283 1, 267	365, 498 0	0	0	711, 398 27, 347	5.05 6.00
7.00	00700 OPERATION OF PLANT	555	0	0	0	25, 469	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	120	0	908	0	2, 813	8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	129 250	0	5 402	0	11, 890 4, 811	9.00 10.00
11.00	01100 CAFETERIA	0	0	402	0	2, 191	11.00
13.00	01300 NURSING ADMINISTRATION	619	14, 243		0	25, 474	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	314	0	3, 609	0	5, 187	14.00
15.00 16.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	490 157	80, 855 308, 024		0	22, 018 17, 172	15. 00 16. 00
17.00	01700 SOCI AL SERVI CE	0	0	0	0	50	17.00
22.00	02200 I & SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	3, 643	22.00
23. 00 23. 01	02300 PARAMED ED PRGM-(SPECIFY) 02301 PARAMED ED PRGM - LAB	9	0	0	0	2 1, 021	23. 00 23. 01
23.02	02302 PARAMED ED PRGM - RADI OLOGY	9	0	0	0	462	23.02
23.03	02303 PARAMED ED PRGM - RESP THER	9	0	0	0	417	23.03
23.04	02304 PARAMED ED PRGM-PHARMACY	0	0	0	0	4, 160	23.04
30.00	03000 ADULTS & PEDIATRICS	2, 914	0	4, 354	8, 408	83, 114	30.00
31.00	03100 INTENSIVE CARE UNIT	462	0		1, 968	18, 325	31.00
32.00	02060 CORONARY CARE UNI T	0	0	0	0	0	32.00
35.00 40.00	02040 NEWBORN I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	0	0	0 73	0 6, 736	0 30, 222	35.00 40.00
43.00	04300 NURSERY	0	0	0	87	4, 681	40.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	45.00
50.00	05000 OPERATING ROOM	1, 082	25, 836	15, 157	4, 093	13, 819	50.00
50.01	05001 OPEN HEART SURGERY	0	0	1, 187	299	1, 395	50.01
50. 02 51. 00	05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM	425	0	2, 024 107	1, 730 765	8, 769 2, 158	50.02 51.00
53.00	05300 ANESTHESI OLOGY	83	0	746	2, 281	16, 520	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	786	70, 922		2, 808	10, 676	
	05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND	55 120	0	3, 825 514	2, 136 2, 040		54. 01 54. 02
55.00	05500 RADI OLOGY - THERAPEUTI C	0	0	0	2, 040	3, 7/2	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	482	7, 085	5, 134	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	58.00 59.00
60.00	06000 LABORATORY	425	164, 367		12, 299		60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63. 00 63. 01	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	416 120	0	0 27	861 1, 308	6, 804 4, 035	63. 00 63. 01
65.00	06500 RESPIRATORY THERAPY	250	0	1, 140	3, 733		65.00
66.00	06600 PHYSI CAL THERAPY	490	0	85	1, 288		66.00
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	111 28	0	82 192	660 286		67.00 68.00
68.00 69.00	06900 ELECTROCARDI OLOGY	129	0	61	286 2, 530		
70.00	07000 ELECTROENCEPHALOGRAPHY	176	0	75	519	2, 295	70.00
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	0	3, 983	17,823	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1, 453 28, 373	17, 360 81, 984	72.00 73.00
	03020 PAIN CLINIC	0	0	0	20, 373	01, 704	76.00
73.00 76.00	OSOZO PATN CETNIC		0	167	13	76	76.01
73. 00 76. 00 76. 01	03950 ORTHOPEDI CS	0	-				76.02
73.00 76.00 76.01 76.02	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES	703	0	14, 643	3, 757	9, 297	
73.00 76.00 76.01 76.02 76.03	03950 ORTHOPEDI CS	-	0 0 0	14, 643 39 35	3, 757 343 1, 453	2, 988	76.03
73.00 76.00 76.01 76.02 76.03 76.04 76.05	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI	703 28		39	343	2, 988	76. 03 76. 04 76. 05
73.00 76.00 76.01 76.02 76.03 76.04 76.05 76.06	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER	703 28 0 0 0		39 35	343 1, 453 1, 934 0	2, 988 7, 736 3, 596 0	76. 03 76. 04 76. 05 76. 06
$\begin{array}{c} 73.\ 00\\ 76.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 03\\ 76.\ 04\\ 76.\ 05\\ 76.\ 06\\ 76.\ 07\\ \end{array}$	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	703 28 0 0 0 0		39 35 190 0 0	343 1, 453 1, 934 0 679	2, 988 7, 736 3, 596 0 2, 039	76. 03 76. 04 76. 05 76. 06 76. 07
$\begin{array}{c} 73.\ 00\\ 76.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 03\\ 76.\ 04\\ 76.\ 05\\ 76.\ 06\\ \end{array}$	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER	703 28 0 0 0		39 35	343 1, 453 1, 934 0	2, 988 7, 736 3, 596 0	76.03 76.04 76.05 76.06 76.07 76.08

ALLOCATION OF CAPITAL RELATED COSTS         Provider CDN: 15004         Period: From 01/07/2014         Period: Prod CDN: 15004         Period: From 01/07/2014         Period: Ports         Period: From 01/07/2014         Period: Ports         Period: From 01/07/2014         Period: Period: From 01/07/2014         Period: From 01/07/2014 <t< th=""><th>Health Financial Systems</th><th>FRANCISCAN ST MA</th><th>RGARET-HAMMOND</th><th>1</th><th>In Lie</th><th>u of Form CMS-2</th><th>2552-10</th></t<>	Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND	1	In Lie	u of Form CMS-2	2552-10
Cost Center Description         COMMUNICATIONS         DATA PROCESSING         PRICHASING PROCESSING         ADMITTING ADMINISTRATIVE ADMINIST				CCN: 150004 P	eriod:		
Cost Center Description         COMMUNICATIONS         Data PROCESSING         PURCHASING RECEIVING AMD STORES         ADMITTING ADMITTING         DATA DMITTING STORES           76.11         03956         CARE TRANSITION CENTER         0         0         0         3         3.17         76.11           103956         CARE TRANSITION CENTER         0         0         0         3         3.17         76.11           203958         ANTICOAGULATION CLINIC         0         0         0         3         3.17         76.11           88.00         088000         REAL HEALTH CLINIC         0         0         0         0         88.00         0							
Cost Center Description         COMMUNICATIONS         DATA PROCESSING         PURCHASING RECEIVING AND STORES         ADMITTING RECEIVING AND STORES         OMITTING STORES         OMITTING AND INSTRATIVE AND GENERALL AND GENERAL AND GENERAL AN					0 12/31/2014	Date/lime Pre	pared:
PROCESSING         PECCLIVING AND         ADMINISTRATIVE           6.11         03956/CARE TRANSITION CENTER         5.01         5.02         5.03         5.04         5.05           011701         03958/ANTICOACQUATION CLINIC         0         0         5.03         5.04         5.05           011701         021701         021701         021701         021701         021701         0	Cost Center Description		ΠΛΤΛ				9 pili
Image: store in the store in thestore in the store in the store in thest the store in	cost center bescription	COMMUNICATIONS					
5.01         5.02         5.03         5.04         5.05           76.11         03956 (ARE TRANSI TI ON CLINIC         0         0         0         3         3.17         76.11           0.01721 ENT SERVICE COST CENTRES         0 <td< td=""><td></td><td></td><td>TROCESSING</td><td></td><td></td><td></td><td></td></td<>			TROCESSING				
76.11         0.956 (ARE TRANSITION CENTER         0         0         3         371         76.11           76.12         0.958 (ANT LOGAULATION CENTER         0         0         54         159         1, 387         76.11           76.12         0.958 (ANT LOGAULATION CENTER         0		5.01	5.02		5.04		
DUTPATIENT SERVICE COST CENTERS         Image: Cost of	76. 11 03956 CARE TRANSITION CENTER						76.11
B8.00         OBSOOR FUERAL HEALTH CLINIC         0 <t< td=""><td>76.12 03958 ANTI COAGULATI ON CLINIC</td><td>0</td><td>0</td><td>54</td><td>159</td><td>1, 387</td><td>76. 12</td></t<>	76.12 03958 ANTI COAGULATI ON CLINIC	0	0	54	159	1, 387	76. 12
99:00         00         00         0 </td <td>OUTPATIENT SERVICE COST CENTERS</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>	OUTPATIENT SERVICE COST CENTERS	-					
90.00         90000         CLINIC         0         0         0         0         90.00	88.00 08800 RURAL HEALTH CLINIC	0	0	C	0	0	88.00
90.01         09001         0CC HEALTH CLINIC         0 <td>89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER</td> <td>0</td> <td>0</td> <td>c</td> <td>0</td> <td>0</td> <td>89.00</td>	89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	c	0	0	89.00
91.00         09100         ELERCENCY         0         3,897         12,399         35,169         91.00           92.00         092000         00000         00000         0         0         0         92.00         92.00         00000         0         0         0         92.00         92.00         000000         0         0         0         92.00         92.00         000000         0         0         0         99.00         00000         0         0         99.00         000000         0         99.00         000000         0         99.00         0000000         0         99.00         0000000         0         99.00         0000000         0         99.00         00000000         0         99.00         0000000         0         99.00         0000000         0         99.00         0000000         0         0         99.00         0000000         0         0         0         0         0         000000         0 <t< td=""><td></td><td>0</td><td>0</td><td>C C</td><td>0</td><td>0</td><td>90.00</td></t<>		0	0	C C	0	0	90.00
91.00         09100         ELERCENCY         0         3,897         12,399         35,169         91.00           92.00         092000         00000         00000         0         0         0         92.00         92.00         00000         0         0         0         92.00         92.00         000000         0         0         0         92.00         92.00         000000         0         0         0         99.00         00000         0         0         99.00         000000         0         99.00         000000         0         99.00         0000000         0         99.00         0000000         0         99.00         0000000         0         99.00         00000000         0         99.00         0000000         0         99.00         0000000         0         99.00         0000000         0         0         99.00         0000000         0         0         0         0         0         000000         0 <t< td=""><td>90.01 09001 OCC HEALTH CLINIC</td><td>0</td><td>0</td><td>C C</td><td>0</td><td>0</td><td>90.01</td></t<>	90.01 09001 OCC HEALTH CLINIC	0	0	C C	0	0	90.01
92.00         09200         008SERVATION BEDS (NON-DISTINCT PART         92.00           OTHER         REIMBURSABLE COST CENTERS         92.00         0         0         0         0         0         0         0         99.00         0         99.00         0         99.00         0         99.00         0         0         0         0         0         0         0         0         0         99.00         99.00         99.00         0         99.00         0         0         0         0         0         0         99.00         99.00         0         99.00         0         0         0         0         99.00 </td <td></td> <td>0</td> <td>0</td> <td>3, 897</td> <td>12, 399</td> <td>35, 169</td> <td></td>		0	0	3, 897	12, 399	35, 169	
OTHER REI MBURSABLE COST CENTERS         0         <							
99.10         09910         CORF         0         0         0         0         0         0         0         99.10           101.00         10100         HOME         HEALTH AGENCY         851         71,495         627         1,200         20,826         101.00           SPECIAL PURPOSE COST CENTERS           113.00         INTEREST EXPENSE         113.00         13.00         13.00         13.00         1.228,205         60,970         123,001         664,206         118.00           NONNEE IMBURSABLE COST CENTERS           109.00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         46         0         83         0         700         190.02           190.01         CONVENT         0         0         0         0         0         0         190.02           190.02         HOME MEDI CAL EQUI PMENT         0         0         0         0         190.03         190.03         190.04         WOMEN'S HEALTH CENTER         46         0         0         0         190.05           190.04         YOMEN'S HEALTH CENTER         46         0         0         0         190.06           190.05         19006 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
101.00         HOME         HEALTH         AGENCY         851         71,495         627         1,200         20,826         101.00           SPECIAL PURPOSE COST CENTERS           130.00         INTERST EXPENSE         13.00         INTERST EXPENSE         13.00         INTERST EXPENSE         13.00         123,001         664,206         18.00           NONREI MBURSABLE COST CENTERS           190.001         GIFT, FLOWER, COFFEE SHOP & CANTEEN         46         0         83         0         700         190.00           190.01         190001         GIFT, FLOWER, COFFEE SHOP & CANTEEN         46         0         0         0         647         190.01           190.02         19002         HOME MEDI CAL         ACU PIMENT         0         0         0         190.02         19002         MOMREI MEDI CAL         ACU PIMENT         0         0         0         190.04         190.04         190.04         190.05         19000         DEVELOPMENT         0         0         0         190.06         190.06         190.07         190.06         190.07         190.07         190.07         190.06         190.07         190.07         190.06         190.07         190.07         190.06	99.00 09900 CMHC	0	0	C	0	0	99.00
SPECIAL PURPOSE COST CENTERS         113.00 <td>99. 10 09910 CORF</td> <td>0</td> <td>0</td> <td>C</td> <td>0</td> <td>0</td> <td>99.10</td>	99. 10 09910 CORF	0	0	C	0	0	99.10
113.00       11300       INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117)       17, 196       1, 228, 205       60, 970       123, 001       664, 206       118.00         NONREL IMBURSABLE COST CENTERS	101.00 10100 HOME HEALTH AGENCY	851	71, 495	627	1, 200	20, 826	101.00
118.00         SUBTOTALS (SUM OF LINES 1-117)         17.196         1.228,205         60,970         123,001         664,206         118.00           NONREL MBURSABLE COST CENTERS	SPECIAL PURPOSE COST CENTERS						
NONREI MBURSABLE COST CENTERS	113.00 11300 INTEREST EXPENSE						113.00
190.00       GI FT, FLOWER, COFFEE SHOP & CANTEEN       46       0       83       0       700       190.00         190.01       19002       HOME MEDI CAL EQUI PMENT       305       0       0       647       190.01         190.02       HOME MEDI CAL EQUI PMENT       0	118.00 SUBTOTALS (SUM OF LINES 1-117)	17, 196	1, 228, 205	60, 970	123, 001	664, 206	118.00
190.01       19001       CONVENT       305       0       0       647       190.01         190.02       19002       HOME MEDI CAL EQUI PMENT       0<							
190.02       19002       HOME MEDI CAL EQUI PMENT       0       0       0       190.02         190.03       MEDI CAL ARTS BUI LDI NG       0       0       0       671       190.03         190.04       19004       WOMEN'S HEALTH CENTER       46       0       0       948       190.04         190.05       19005       DEVELOPMENT       0       0       0       0       190.05         190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       190.06         190.07       19007       IMAGE RECOVERY       0       0       0       190.07         190.08       19008       FAMI LY SERVICES       0       0       0       190.09         190.09       19009       MUNISE       0       0       0       190.09         190.10       191010       CATHERI NE MCAULEY CLINIC       55       0       0       2,955       190.10         190.11       19011       CENTER OF HOPE       0       0       0       1,743       190.12       190.12       190.13       190.13       190.13       190.14 SWI NS       0       0       0       190.01       1,743       190.12       190.01       1,743 <td>190.00 19000 GIFT, FLOWER, COFFEE SHOP &amp; CANTEEN</td> <td>46</td> <td>0</td> <td>83</td> <td>0</td> <td>700</td> <td>190.00</td>	190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	46	0	83	0	700	190.00
190.03       MEDI CAL ARTS BUI LDI NG       0       0       0       671       190.03         190.04       19004       WOMEN'S HEALTH CENTER       46       0       0       948       190.04         190.05       DEVELOPMENT       0       0       0       0       190.05         190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       190.05         190.01       19007       IMAGE RECOVERY       0       0       0       0       190.06         190.09       19007       IMAGE RECOVERY       0       0       0       190.07         190.09       19009       MDWI SE       0       0       0       0       190.09         190.10       19010       CATHERI NE MCAULEY CLINIC       55       0       0       2,955       190.10         190.11       19011       CENTER OF HOPE       0       0       0       132       190.11         190.12       SELECT       0       0       0       0       190.13       190.13       190.13       190.13       190.13       190.13       190.14       190.13       190.14       190.12       190.13       190.13       190.13       190.14		305	0	C	0	647	190. 01
190.04       1904       WOMEN'S HEALTH CENTER       46       0       0       948       190.04         190.05       19005       DEVELOPMENT       0       0       0       0       190.05         190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       0       190.06         190.07       19007       IMAGE RECOVERY       0       0       0       190.06         190.08       19008 FAMILY SERVICES       0       0       0       190.07         190.09       19009       MDWI SE       0       0       0       190.08         190.09       19009       MDWI SE       0       0       0       0       190.09         190.10       19010       CATHERI NE MCAULEY CLINIC       55       0       0       2, 955       190.10         190.11       19011       CENTER OF HOPE       0       0       0       132       190.11         190.12       SELECT       0       0       0       0       190.13       190.13       190.13       190.13       190.13       190.14       0       0       2,059       192.00         192.01       19200       PHYSI CLANS' PRI VATE OFFICES	190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0	C	0	0	190. 02
190.05       19005       DEVELOPMENT       0       0       0       190.05         190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       0       190.06         190.07       19007       IMAGE RECOVERY       0       0       0       0       190.07         190.08       19008       FAMI LY SERVICES       0       0       0       0       190.07         190.09       MDWI SE       0       0       0       0       0       190.08         190.01       19010       CATHERI NE MCAULEY CLINIC       55       0       0       2, 955       190.10         190.11       19011       CENTER OF HOPE       0       0       0       132       190.11         190.12       19012       SELECT       0       0       0       190.13       190.13       190.13       190.13       190.14       190.13       190.13       190.14       190.14       190.14       190.13       190.13       190.13       190.14       190.10       190.13       190.13       190.14       190.10       190.13       190.13       190.10       190.10       190.10       190.10       190.10       190.10       190.10       190.13<	190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	0	C	0	671	190. 03
190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       190.06         190.07       19007       IMAGE RECOVERY       0       0       0       0       190.07         190.08       19008       FAMILY SERVICES       0       0       0       0       190.08         190.09       19009       MDWI SE       0       0       0       0       190.09         190.10       19010       CATHERI NE MCAULEY CLINIC       55       0       0       2,955       190.10         190.11       19011       CENTER OF HOPE       0       0       0       132       190.11         190.12       SELECT       0       0       0       0       132       190.12         190.13       19013       PERCINIAS       0       0       0       190.13       190.13         192.00       19200       PHYSICIANS' PRIVATE OFFICES       388       0       5       0       2,059       192.00         192.01       19201       WORKING WELL       0       0       221       4,462       192.01         193.00       19300       NONPAID WORKERS       0       0       0       193.00       193.00		46	0	C	0	948	190. 04
190.07       19007       IMAGE RECOVERY       0       0       0       190.07         190.08       19008       FAMILY SERVICES       0       0       0       0       190.08         190.09       19009       MDWI SE       0       0       0       0       190.09         190.10       19010       CATHERI NE MCAULEY CLINIC       55       0       0       2,955       190.10         190.11       19011       CENTER OF HOPE       0       0       0       132       190.11         190.12       SELECT       0       0       0       190.12       190.12       190.12       190.12       190.12       190.13       190.13       190.13       190.13       190.13       190.13       190.14       190.14       190.12       190.13       190.13       192.00       192.00       0       0       0       0       190.13         192.01       192.01       192.01       NONPAI D WORKING WELL       0       0       0       2,059       192.00         192.01       192.01       192.01       NONPAI D WORKING WELL       0       0       0       0       193.00         194.01       0795       REHAB       259		0	0	C	0	0	190. 05
190.08       FAMILY SERVICES       0       0       0       190.08         190.09       MDWISE       0       0       0       31,989       190.09         190.09       MDWISE       0       0       0       31,989       190.09         190.10       19010       CATHERINE MCAULEY CLINIC       55       0       0       2,955       190.10         190.11       19011       CENTER OF HOPE       0       0       0       132       190.11         190.12       SELECT       0       0       0       0       190.13       190.13       190.13       190.13       190.10       1,743       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSICIANS' PRIVATE OFFICES       388       0       5       0       2,059       192.00         192.01       19200       NORKING WELL       0       0       221       0       4, 462       192.01         193.00       19300       NONPAID WORKING       0       0       0       193.02       194.01       095       0       0       194.01       200.00       201.00       20		0	0	C	0	0	190.06
190.09       MDWI SE       0       0       0       31,989       190.09         190.10       19010       CATHERI NE MCAULEY CLINIC       55       0       0       2,955       190.10         190.11       19011       CENTER OF HOPE       0       0       0       132       190.11         190.12       SELECT       0       0       0       0       132       190.12         190.13       19013       SELECT       0       0       0       0       190.13         190.13       19010       PHYSI CLANS' PRIVATE OFFICES       388       0       5       0       2,059       192.00         192.01       19200       PHYSI CLANS' PRIVATE OFFICES       388       0       5       0       2,059       192.00         192.01       19200       NORKI NG WELL       0       0       221       0       4, 462       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       194.01       194.01       07951       REHAB       259       0       0       886       194.01         200.00       Cross Foot Adj ustments       200.00       0       0       0       0       201.00 <td></td> <td>0</td> <td>0</td> <td>C</td> <td>0</td> <td></td> <td></td>		0	0	C	0		
190.10       19010       CATHERI NE MCAULEY CLINIC       55       0       0       2,955       190.10         190.11       19011       CENTER OF HOPE       0       0       0       132       190.11         190.12       19012       SELECT       0       0       0       0       132       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.13         190.0       19013       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       388       0       5       0       2,059       192.00         192.01       19200       PHYSI CLANS' PRI VATE OFFICES       388       0       5       0       2,059       192.00         192.01       19200       WORKI NG WELL       0       0       221       0       4, 462       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       194.01       194.01       0       194.01       886       194.01         200.00       Cross Foot Adj ustments       200.00       201.00       0       0       0       200.00     <	190. 08 19008 FAMILY SERVICES	0	0	C	0		
190.11       19011       CENTER OF HOPE       0       0       132       190.11         190.12       19012       SELECT       0       0       0       1,743       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       388       0       5       0       2,059       192.00         192.01       19200       WORKI NG WELL       0       0       221       0       4,462       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       193.00       <	190. 09 19009 MDWI SE	0	0	C	0		
190.12       19012       SELECT       0       0       0       1,743       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       388       0       5       0       2,059       192.00         192.01       19200       WORKI NG WELL       0       0       221       0       4,462       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       193.00 <td></td> <td>55</td> <td>0</td> <td>C</td> <td>0</td> <td></td> <td></td>		55	0	C	0		
190.13       19013       PERCINIAS       0       0       0       190.13         192.00       19200       PHYSICIANS' PRIVATE OFFICES       388       0       5       0       2,059       192.00         192.01       19201       WORKING WELL       0       0       221       0       4,462       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         194.01       07951       REHAB       259       0       0       886       194.01         200.00       Cross Foot Adjustments       200.00       0       0       0       201.00         201.00       Negative Cost Centers       0       0       0       0       0       201.00	190.11 19011 CENTER OF HOPE	0	0	C	0	132	190. 11
192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       388       0       5       0       2,059       192.00         192.01       19201       WORKI NG WELL       0       0       221       0       4,462       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         194.01       07951       REHAB       259       0       0       886       194.01         200.00       Cross Foot Adjustments       200.00       200.00       200.00       201.00	190. 12 19012 SELECT	0	0	C	0	1, 743	190. 12
192.01       19201       WORKI NG WELL       0       0       221       0       4, 462       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         194.01       07951       REHAB       259       0       0       0       886       194.01         200.00       Cross Foot Adjustments       0       0       0       0       200.00         201.00       Negative Cost Centers       0       0       0       0       0       201.00		0	0	0	0		
193.00       19300       NONPAI D WORKERS       0       0       0       193.00         194.01       07951       REHAB       259       0       0       0       886       194.01         200.00       Cross Foot Adjustments       201.00       0       0       0       0       201.00	192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	388	0	5	0	2, 059	192.00
194.01     07951     REHAB     259     0     0     886     194.01       200.00     Cross Foot Adjustments     200.00     200.00     200.00     200.00       201.00     Negative Cost Centers     0     0     0     0     0		0	0	221	0	4, 462	192.01
200.00         Cross Foot Adjustments         200.00	193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
201.00         Negative Cost Centers         0 </td <td></td> <td>259</td> <td>0</td> <td>0</td> <td>0</td> <td>886</td> <td>194.01</td>		259	0	0	0	886	194.01
							200. 00
202.00           TOTAL (sum lines 118-201)         18,295         1,228,205         61,279         123,001         711,398         202.00		0	0	C	0		
	202.00   TOTAL (sum lines 118-201)	18, 295	1, 228, 205	61, 279	123, 001	711, 398	202.00

ALLOCA	TION OF CAPITAL RELATED COSTS		Provi der	F	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Pre 5/27/2015 5:2	pared:
	Cost Center Description	MAI NTENANCE & REPAI RS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
	CENERAL CEDVICE COST CENTERS	6.00	7.00	8.00	9.00	10.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNI CATI ONS 00550 DATA PROCESSI NG						5.01
5.02 5.03	00550 DATA PROCESSING 00561 PURCHASING RECEIVING AND STORES						5.02 5.03
5.03	00570 ADMI TTI NG						5.03
5.05	00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600 MAI NTENANCE & REPAI RS	403, 331					6.00
7.00	00700 OPERATION OF PLANT	21, 283	304, 332		-		7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	537 7, 838	428 6, 243				8.00 9.00
10.00	01000 DI ETARY	5, 570	4, 437			106, 577	10.00
11.00	01100 CAFETERI A	7, 368	5, 869	( c	2, 406	0	11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	5, 134	4, 090			0	13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	7,604 3,709	6, 057 2, 955			0	14.00 15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	13, 503	10, 756			0	16.00
17.00	01700 SOCIAL SERVICE	801	638			0	17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	( c	0 0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301 PARAMED ED PRGM - LAB	0	0			0	23.01
23. 02 23. 03	02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER	0			-	0	23.02 23.03
23.04	02304 PARAMED ED PRGM-PHARMACY	0	0		0	0	23.04
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1		T			
30.00	03000 ADULTS & PEDIATRICS	114, 131	90, 917			82,065	30.00
31.00 32.00	03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	13, 713	10, 924	11, 127		11, 723 0	31.00 32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0	0			0	35.00
40.00	04000 SUBPROVIDER - IPF	0	0	C	0	0	40.00
43.00	04300 NURSERY	0	0	C	0 0	0	43.00
44.00	04400 SKI LLED NURSI NG FACI LI TY	0	0	0	-	0	44.00
45.00	04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	0	0	(	0 0	0	45.00
50.00	05000 OPERATING ROOM	26,067	20, 765	0	8, 510	0	50.00
50. 01	05001 OPEN HEART SURGERY	0	0	C		0	50. 01
50.02	05002 OUTPATIENT SURGERY	19, 912	15, 861	0		0	50.02
51.00 53.00	05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	0				0	51.00 53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	12,047	9, 596		3, 933	0	54.00
54.01	05401 RADI OLOGY SPECI AL PROCEDURES	2, 908	2, 317		949	0	1
	05402 ULTRASOUND	1, 448	1, 153	0	473	0	
	05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY	0	0		0	0	55.00
55. 01 57. 00	05700 CT SCAN	1, 481	1, 180		484	0	55.01 57.00
	05800 MRI	0	0		0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	C	0 0	0	59.00
60.00	06000 LABORATORY	9, 889	7, 877	0	3, 228	0	60.00
60. 01 63. 00	06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0				0	60. 01 63. 00
63. 00	06301 NUCLEAR MEDICINE	1, 958	1, 560		639	0	63.00
65.00	06500 RESPI RATORY THERAPY	3, 929	3, 129		1, 283	0	65.00
66.00	06600 PHYSI CAL THERAPY	10, 164			3, 318	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	939	748			0	67.00
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	2, 910 1, 635			950 534	0	68.00 69.00
	07000 ELECTROENCEPHALOGRAPHY	1, 328			434	0	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	C	0 0	0	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	( C	0 0	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76. 00 76. 01	03020 PAIN CLINIC 03950 ORTHOPEDICS	659	0 525		0 0 0 215	0	76.00 76.01
	03140 CARDI OVASCULAR SERVI CES	5, 802	4, 622		1,894	0	76.02
	03957 CARDI AC REHABI LI TATI ON	1, 250	995	0	408	0	76.03
	03190 RADI ATI ON ONCOLOGY	13, 022	10, 373	c	4, 251	0	
		2, 851	2, 271		931	0	76.05
	03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	0	0			0	76.06 76.07
	03953 WOUND CARE	4, 656	3, 709		1, 520	0	76.07
76.09	03954 RENAL DI ALYSI S	8, 992	7, 163		2, 936	0	1
	03955 I NFUSI ON	473	377	C	154	0	76.10
76. 11	03956 CARE TRANSITION CENTER	0	0	0	0 0	0	76. 11

ALLOCATION OF CAPITAL RELATED COSTS         Provider CCN: 150004         Period: Prom 01/01/2014 To 12/31/2014         Worksheet B prom 01/01/2014 b327/2015 5:29 pm           Cost Center Description         MAINTENANCE & PLANT         PLANT         LUNDRY & LUNDRY & DIETARY         DIETARY           76.12         03958[ANTICOAGULATION CLINIC         0 <td< th=""><th>Health Financial Systems</th><th>FRANCISCAN ST MA</th><th>RGARET-HAMMOND</th><th></th><th>Inlie</th><th>u of Form CMS-</th><th>2552-10</th></td<>	Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND		Inlie	u of Form CMS-	2552-10
Cost Center Description         MAINTENANCE & DESCRIPTION OF LAUNDRY & LIVEN SERVICE         HOUSEKEEPING         DIETARY           76.12         03958  ANTICOAGULATION CLINIC         6.00         7.00         8.00         9.00         10.00         76.12           88.00         OBBOO RUBAL, HEALTH CLINIC         0				CCN: 150004	Period: From 01/01/2014	Worksheet B Part II	
Cost Center Description         MAI NTENANCE & NAI NTENANCE & 6.00         OPERATION OF ILAUNDRY & PLANT         LAUNDRY & ILAUNDRY & 8.00         HOUSEKEEPI NG         DI ETARY           6.12         03958] ANTI COAGULATION CLINIC         0 </td <td></td> <td></td> <td></td> <td></td> <td>10 12/31/2014</td> <td></td> <td></td>					10 12/31/2014		
6.00         7.00         8.00         9.00         10.00           16         12         3958] ANTI COAGULATI ON CLINI C         0 <td< td=""><td>Cost Center Description</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Cost Center Description						
Tent 12         Cost 20         Cost 20 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>10.00</td><td></td></t<>						10.00	
OUTPATIENT SERVICE COST CENTERS           0 <t< td=""><td>76. 12 03958 ANTI COAGULATI ON CLINIC</td><td></td><td></td><td></td><td></td><td></td><td>76.12</td></t<>	76. 12 03958 ANTI COAGULATI ON CLINIC						76.12
B9. 00         OpenOP FEDERALLY QUALIFIED HEALTH CENTER         O </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
90.00         00000         CLINIC         0	88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
90.01         0CC HEALTH CLINIC         0         0         0         0         0         90.01           91.00         09100         EMERGENCY         11.109         8,850         0         3.627         0         91.00           92.00         09200         DESERVATION BEDS (NON-DI STINCT PART         0         0         0         0         0         0         920.01           07HER         REIMBURSABLE COST CENTERS         0         0         0         0         99.10         101.00         INTRENST EXPENSE         113.00         INTRENST EXPENSE         113.00         113.00         113.00         113.00         113.00         113.00         113.00         104.436         93.788         118.00           180.00         20002 HOME MEDICAL COULPMENT         8087         6.442         0         2.640         0190.01         190.02         190.2         190.2         190.2         190.2         190.2         190.2         190.2         190	89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
91.00         09100         EMERGENCY         11.109         8,850         0         3,627         0         91.00         92.00           07020         009200         OMHER REI MBURSABLE         COST CENTERS         92.00         92.00         0         0         0         0         0         92.00         92.00         92.00         0         0         0         0         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         99.00         0         101.00         0         99.00         101.00         0         101.00         0         101.00         0         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00         101.00 <td< td=""><td>90. 00 09000 CLINIC</td><td>0</td><td>0</td><td></td><td>0 0</td><td>0</td><td>90.00</td></td<>	90. 00 09000 CLINIC	0	0		0 0	0	90.00
92.00         DSERVATION BEDS (NON-DISTINCT PART         92.00           OTHER REIMBURSABLE COST CENTERS         92.00           99.00         09900 CMC         0         0         0         99.00           99.01         09901 CORF         0         0         0         0         99.00           99.01         09901 CORF         0         0         0         0         99.00           99.01         0000         MEL         4.92.72.331         0         99.00         99.00           SPECI AL PURPOSE COST CENTERS         113.00         INTEREST EXPENSE         113.00         104.436         93.788         113.00           118.00         SUBTOTALS (SUM OF LINES 1-117)         349.547         261.490         89.016         104.436         93.788           190.00         19001 CONVENT         8.087         6.442         0         2.640         190.01           190.01         19001 CONVENT         8.087         6.442         0         2.640         190.03           190.02         19003 MEDICAL ARTS BUILDING         0         0         0         0         190.03           190.05         19004 WORN'S HEALTH CENTER         818         652         267         0         190.	90.01 09001 OCC HEALTH CLINIC	0	0		0 0	0	90.01
92.00         DSERVATION BEDS (NON-DISTINCT PART         92.00           OTHER REIMBURSABLE COST CENTERS         92.00           99.00         09900 CMC         0         0         0         99.00           99.01         09901 CORF         0         0         0         0         99.00           99.01         09901 CORF         0         0         0         0         99.00           99.01         0000         MEL         4.92.72.331         0         99.00         99.00           SPECI AL PURPOSE COST CENTERS         113.00         INTEREST EXPENSE         113.00         104.436         93.788         113.00           118.00         SUBTOTALS (SUM OF LINES 1-117)         349.547         261.490         89.016         104.436         93.788           190.00         19001 CONVENT         8.087         6.442         0         2.640         190.01           190.01         19001 CONVENT         8.087         6.442         0         2.640         190.03           190.02         19003 MEDICAL ARTS BUILDING         0         0         0         0         190.03           190.05         19004 WORN'S HEALTH CENTER         818         652         267         0         190.	91.00 09100 EMERGENCY	11, 109	8, 850		0 3, 627	0	91.00
OTHER         REI MBURSABLE COST CENTERS         0 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>							
99.00         09900         CMHC         0         0         0         0         0         0         99.00         99.00         99.00         99.00         99.00         99.00         99.00         0         0         0         0         0         0         0         0         99.00         90.00							
101.00         HOME         HEALTH         AGENCY         2,927         2,331         0         956         0         101.00           SPECIAL PURPOSE COST CENTERS           13.00           101.00           SUBTOTALS (SUM OF LINES 1-117)         349,547         261,490         89,016         104,436         93,788           113.00           NORREL MBURSABLE COST CENTERS           NORRE IMBURSABLE COST CENTERS           100.00           100.00           100.00           100.00           100.00           100.00           100.00           100.00           100.00           100.00           100.00           100.00           100.00           100.00           100.00           100.01           100.02           100.02           100.02           100.02           100.02 <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>0</td> <td>99.00</td>		0	0		0 0	0	99.00
SPECIAL PURPOSE COST CENTERS         113.00           113.00         INTEREST EXPENSE         113.00           113.00         SUBBTOTALS (SUM OF LINES 1-117)         349,547           261,490         89,016         104,436         93,788           190.00         19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN         965         768         0         315         0         190.00           190.01         100VVENT         8,087         6,442         0         2,640         0         190.02           190.02         19002 (COVVENT         8,087         6,442         0         2,640         0         190.02           190.03         MEDI CAL ARTS BUI LDI NG         0         0         0         0         190.03           190.04         19006 NEUROSUGERY PROF SERVI CES         0         0         0         190.06           190.05         19005 DEVELOPMENT         0         0         0         0         190.06         1900.06         190.07         14062 RECOVERY         0         0         0         0         190.06         190.08         190.09         0         0         0         0         190.08         1900.09         0         0         0         0         0 <td< td=""><td>99. 10 09910 CORF</td><td>0</td><td>0</td><td></td><td>0 0</td><td>0</td><td>99, 10</td></td<>	99. 10 09910 CORF	0	0		0 0	0	99, 10
SPECIAL PURPOSE COST CENTERS         113.00           113.00         INTEREST EXPENSE         113.00           113.00         SUBBTOTALS (SUM OF LINES 1-117)         349,547           261,490         89,016         104,436         93,788           190.00         19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN         965         768         0         315         0         190.00           190.01         100VVENT         8,087         6,442         0         2,640         0         190.02           190.02         19002 (COVVENT         8,087         6,442         0         2,640         0         190.02           190.03         MEDI CAL ARTS BUI LDI NG         0         0         0         0         190.03           190.04         19006 NEUROSUGERY PROF SERVI CES         0         0         0         190.06           190.05         19005 DEVELOPMENT         0         0         0         0         190.06         1900.06         190.07         14062 RECOVERY         0         0         0         0         190.06         190.08         190.09         0         0         0         0         190.08         1900.09         0         0         0         0         0 <td< td=""><td>101.00 10100 HOME HEALTH AGENCY</td><td>2,927</td><td>2, 331</td><td></td><td>0 956</td><td>0</td><td>101.00</td></td<>	101.00 10100 HOME HEALTH AGENCY	2,927	2, 331		0 956	0	101.00
113.00         11300         INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117)         349, 547         261, 490         89, 016         104, 436         93, 788         113.00           118.00         SUBTOTALS (SUM OF LINES 1-117)         349, 547         261, 490         89, 016         104, 436         93, 788         118.00           190.00         19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN         965         768         0         315         0         190.01           190.01         19001 CONVENT         8, 087         6, 442         0         2, 640         0         190.01           190.02         HOME MEDI CAL EQUI PMENT         0         0         0         0         190.03           190.03         19003 MEDI CAL ARTS BUI LDI NG         0         0         0         0         190.03           190.04         19004 WMEN'S HEALTH CENTER         818         652         0         267         0         190.04           190.05         DEVELOPMENT         0         0         0         0         190.05         190.06         190.06         190.06         190.06         190.06         190.06         190.06         190.07         190.08         6.441 Y SERVI CES         0         0         0         190.07		· · · ·		1	-		
118.00         SUBTOTALS (SUM OF LINES 1-117)         349,547         261,490         89,016         104,436         93,788         118.00           NORREI MBURSABLE COST CENTERS							1113.00
NONRE I MBURSABLE COST CENTERS           190. 00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         965         768         0         315         0         190. 01           190. 01         19001 (CONVENT         8, 087         6, 442         0         2, 640         0         190. 01           190. 02         19002 (J9002         HOME MEDI CAL EQUI PMENT         0         0         0         0         190. 02           190. 03         19003 (MEDI CAL ARTS BUI LDI NG         0         0         0         0         0         190. 03           190. 04         19004 WOMEN'S HEALTH CENTER         818         652         0         267         0         190. 04           190. 05         DEVELOPMENT         0         0         0         0         0         190. 05           190. 06         19006 NEUROSURGERY PROF SERVI CES         0         0         0         0         190. 08           190. 08         FAMI LY SERVI CES         0         0         0         0         190. 09           190. 09         19009         MDWI SE         0         0         0         0         190. 01           190. 10         190101         CATHERI NE MCAULEY CLI NI C <t< td=""><td></td><td>349, 547</td><td>261, 490</td><td>89, 01</td><td>6 104, 436</td><td>93, 788</td><td>118.00</td></t<>		349, 547	261, 490	89, 01	6 104, 436	93, 788	118.00
1900.01       1900.1       CONVENT       8,087       6,442       0       2,640       0       190.01         1900.02       19002       HOME MEDI CAL EQUI PMENT       0							
190.02       19002       HOME MEDI CAL EQUI PMENT       0       0       0       0       190.02         190.03       19003       MEDI CAL ARTS BUI LDI NG       0       0       0       0       190.03         190.04       19004       WOMEN'S HEALTH CENTER       818       652       0       267       0       190.04         190.05       DEVELOPMENT       0       0       0       0       0       0       190.05         190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       0       190.06         190.07       19007       IMAGE RECOVERY       0       0       0       0       190.07         190.08       19008       FAMI LY SERVICES       0       0       0       0       190.09         190.09       MOWI SE       0       0       0       0       0       0       190.09         190.11       19010       CATHERI NE MCAULEY CLINIC       0       0       0       0       190.11         190.12       19013       SELECT       28, 109       22, 391       0       9, 177       0       190.12         190.12       SUELOT INI AS       0       0	190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	965	768		0 315	0	190.00
190.03       19003       MEDI CAL ARTS BUI LDI NG       0       0       0       190.03         190.04       19004       WOMEN'S HEALTH CENTER       818       652       0       267       0       190.04         190.05       19005       DEVELOPMENT       0       0       0       0       190.05         190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       190.06         190.07       IMAGE RECOVERY       0       0       0       0       190.07         190.08       19007       IMAGE RECOVERY       0       0       0       190.07         190.09       19008       FAMI LY SERVICES       0       0       0       0       190.08         190.09       19009       MDWI SE       0       0       0       0       190.09         190.10       CATHERI NE MCAULEY CLINIC       0       0       0       190.10       190.10         190.11       19011       CENTER OF HOPE       358       285       0       117       190.11         190.12       19012       SELECT       28,109       22,391       9,177       0       190.13         192.00       PHYSI CLANS'	190. 01 19001 CONVENT	8, 087	6, 442		0 2,640	0	190.01
190.04       19004       WOMEN'S HEALTH CENTER       818       652       0       267       0       190.04         190.05       19005       DEVELOPMENT       0       0       0       0       190.05         190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       0       190.06         190.07       19006       NEUROSURGERY PROF SERVICES       0       0       0       0       190.07         190.08       19008       FAMI LY SERVICES       0       0       0       0       190.07         190.09       19009       MDWI SE       0       0       0       0       190.09         190.10       19010       CATHERI NE MCAULEY CLINIC       0       0       0       190.10         190.11       19011       CENTER OF HOPE       358       285       0       1117       190.12         190.12       19012       SELECT       28,109       22,391       9       9,177       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.12         192.00       19201       WORKING WELL       0       0       0       192.01	190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0		0 0	0	190. 02
190.05       19005       DEVELOPMENT       0       0       0       190.05         190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       0       190.06         190.07       IMAGE RECOVERY       0       0       0       0       190.06         190.08       19008       FAMI LY SERVICES       0       0       0       0       190.07         190.09       19009       MOWISE       0       0       0       0       190.09         190.11       19010       CATHERI NE MCAULEY CLINIC       0       0       0       0       190.09         190.12       19010       CATHERI NE MCAULEY CLINIC       0       0       0       190.10       190.10         190.12       19012       SELECT       28,109       22,391       0       9,177       0       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSI CLANS' PRIVATE OFFICES       2,831       2,255       0       924       0       192.01         193.00       19300       NORAI D WORKERS       0       0       0       0       19	190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	0		0 0	0	190. 03
190.05       19005       DEVELOPMENT       0       0       0       190.05         190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       0       190.06         190.07       IMAGE RECOVERY       0       0       0       0       190.06         190.08       19008       FAMI LY SERVICES       0       0       0       0       190.07         190.09       19009       MOWISE       0       0       0       0       190.09         190.11       19010       CATHERI NE MCAULEY CLINIC       0       0       0       0       190.09         190.12       19010       CATHERI NE MCAULEY CLINIC       0       0       0       190.10       190.10         190.12       19012       SELECT       28,109       22,391       0       9,177       0       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSI CLANS' PRIVATE OFFICES       2,831       2,255       0       924       0       192.01         193.00       19300       NORAI D WORKERS       0       0       0       0       19	190.04 19004 WOMEN'S HEALTH CENTER	818	652		0 267	0	190. 04
190.06       19006       NEUROSURGERY PROF SERVICES       0       0       0       190.06         190.07       19007       IMAGE RECOVERY       0       0       0       0       190.07         190.08       FAMI LY SERVICES       0       0       0       0       190.08         190.09       IPO09       MDWI SE       0       0       0       0       190.09         190.10       19010       CATHERI NE MCAULEY CLINIC       0       0       0       190.10         190.12       19011       CENTER OF HOPE       358       285       0       117       0       190.11         190.12       19012       SELECT       28,109       22,391       0       9,177       0       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       2,831       2,255       0       924       0       192.00         192.01       19200       IPSCI NIAS       0       0       0       0       192.01         192.02       19200       IPYSI CLANS' PRI VATE OFFICES       2,831       2,255       0       924 <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>0</td> <td>190.05</td>		0	0		0 0	0	190.05
190.07       19007       IMAGE RECOVERY       0       0       0       190.07         190.08       19008       FAMI LY SERVICES       0       0       0       0       190.08         190.09       19009       MDWI SE       0       0       0       0       190.09         190.10       19010       CATHERI NE MCAULEY CLINIC       0       0       0       190.10         190.11       19011       CENTER OF HOPE       358       285       0       117       0       190.12         190.13       19012       SELECT       28,109       22,391       0       9,177       0       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       2,831       2,255       0       924       0       192.00         192.01       19300       NORAI D WORKERS       0       0       0       0       193.00         194.01       07951       REHAB       12,616       10,049       12,139       4,119       12,789       194.01         200.00       Negati ve Cost Centers       0       0       0	190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0	0	190.06
190.08       FAMILY SERVICES       0       0       0       190.08         190.09       19009       MDWISE       0       0       0       0       190.09         190.10       19010       CATHERINE MCAULEY CLINIC       0       0       0       0       190.09         190.11       19010       CATHERINE MCAULEY CLINIC       0       0       0       0       190.10         190.12       19011       CENTER OF HOPE       358       285       0       1117       0       190.11         190.12       19012       SELECT       28,109       22,391       0       9,177       0       190.12         190.13       19019       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       2,831       2,255       0       924       192.01         192.01       19201       WORKI NG WELL       0       0       0       192.01       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       0       192.03         194.01       0751       REHAB       12,616       10,049       12,139       4,119       <		0	0		0 0	0	190.07
190.09       19009       MDWI SE       0       0       0       190.09         190.10       19010       CATHERI NE MCAULEY CLINIC       0       0       0       0       190.10         190.11       19011       CENTER OF HOPE       358       285       0       1117       0       190.11         190.12       19012       SELECT       28,109       22,391       0       9,177       0       190.12         190.13       19013       PERCINIAS       0       0       0       0       190.13         190.13       19200       PHYSI CLANS' PRIVATE OFFICES       2,831       2,255       0       924       192.01         192.01       19201       WORKI NG WELL       0       0       0       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       192.01         194.01       07951       REHAB       12,616       10,049       12,139       4,119       12,789       194.01         200.00       Cross Foot Adj ustments       0       0       0       0       200.00         201.00       Negati ve Cost Centers       0       0       0       0       201.00 <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td></td> <td>•</td>		0	0		0 0		•
190. 10       19010       CATHERI NE MCAULEY CLINIC       0       0       0       190. 10         190. 11       19011       CENTER OF HOPE       358       285       0       117       0       190. 11         190. 12       19012       SELECT       28, 109       22, 391       0       9, 177       0       190. 12         190. 13       19013       PERCI NI AS       0       0       0       0       190. 13         192. 01       19200       PHYSI CLANS' PRI VATE OFFICES       2, 831       2, 255       0       924       0       192. 00         192. 01       19201       WORKI NG WELL       0       0       0       0       192. 01         193. 00       19300       NONPAI D WORKERS       0       0       0       192. 01       192. 01         194. 01       07951       REHAB       12, 616       10, 049       12, 139       4, 119       12, 789       194. 01         200. 00       Cross Foot Adj ustments       0       0       0       0       200. 00       201. 00		0	0		0 0	0	190.09
190.11       19011       CENTER OF HOPE       358       285       0       117       0       190.11         190.12       19012       SELECT       28,109       22,391       0       9,177       0       190.12         190.13       19013       PERCI NI AS       0       0       0       0       0       190.13         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       2,831       2,255       0       924       0       192.00         192.01       19201       WORKI NG WELL       0       0       0       0       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       0       192.00         194.01       07951       REHAB       12,616       10,049       12,139       4,119       12,789       194.01         200.00       Vegati ve Cost Centers       0       0       0       0       200.00		0	0		0 0		•
190. 12       19012       SELECT       28, 109       22, 391       0       9, 177       0       190. 12         190. 13       19013       PERCI NI AS       0       0       0       0       0       190. 13         192. 00       19200       PHYSI CI ANS' PRI VATE OFFICES       2, 831       2, 255       0       924       0       192. 00         192. 01       19201       WORKI NG WELL       0       0       0       0       192. 01         193. 00       19300       NOPAI D       WORKERS       0       0       0       193. 00       194. 01       194. 01       194. 01       194. 01       194. 01       194. 01       194. 01       194. 01       194. 01       200. 00       200. 00       200. 00       200. 00       201. 00       0       0       0       0       200. 00       201. 00       201. 00       0       0       0       201. 00       0       201. 00 <t< td=""><td></td><td>358</td><td>285</td><td></td><td>0 117</td><td></td><td>•</td></t<>		358	285		0 117		•
190.13       19013       PERCINIAS       0       0       0       0       190.13         192.00       19200       PHYSICIANS' PRIVATE OFFICES       2,831       2,255       0       924       0       192.00         192.01       19200       WORKI NG WELL       0       0       0       0       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         194.01       07951       REHAB       12,616       10,049       12,139       4,119       12,789       194.01         200.00       Cross Foot Adjustments       0       0       0       0       200.00         201.00       Negative Cost Centers       0       0       0       0       0       0       201.00							
192.00       19200       PHYSICLANS' PRIVATE OFFICES       2,831       2,255       0       924       0       192.00         192.01       19201       WORKING WELL       0       0       0       0       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         194.01       07951       REHAB       12,616       10,049       12,139       4,119       12,789       194.01         200.00       Cross Foot Adjustments       0       0       0       0       200.00         201.00       Negative Cost Centers       0       0       0       0       0       201.00		20,107	0		0 0		
192.01       19201       WORKING WELL       0       0       0       192.01         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         194.01       07951       REHAB       12,616       10,049       12,139       4,119       12,789       194.01         200.00       Cross Foot Adjustments       0       0       0       0       200.00         201.00       Negative Cost Centers       0       0       0       0       0       201.00		2 831	2 255		0 924		
193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         194.01       07951       REHAB       12,616       10,049       12,139       4,119       12,789       194.01         200.00       Cross Foot Adjustments       0       0       0       0       200.00         201.00       Negative Cost Centers       0       0       0       0       0       0		2,001			0 21		•
194. 01         07951         REHAB         12, 616         10, 049         12, 139         4, 119         12, 789         194. 01           200. 00         Cross Foot Adjustments         200. 00		0	0				
200.00         Cross Foot Adjustments         200.00		12 616	10 049	12 13	9 4 119		
201.00         Negative Cost Centers         0 </td <td></td> <td>12,010</td> <td>10, 049</td> <td>12,13</td> <td>, 117</td> <td>12,707</td> <td></td>		12,010	10, 049	12,13	, 117	12,707	
		0	0		0	0	
202.00 TOTAL (sum Lines 118-201) 403, 331 304, 332 101, 155 121, 995 106, 577 202.00	202.00 TOTAL (sum lines 118-201)	403, 331	304, 332	101, 15	5 121, 995		
		1 400,001	1 504, 552	1 101, 10	S 121, 775	100, 377	1202.00

	Financial Systems TION OF CAPITAL RELATED COSTS	FRANCISCAN ST M		CCN: 150004	Period: From 01/01/2014	u of Form CMS-: Worksheet B Part II	
					To 12/31/2014		
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON		PHARMACY	MEDI CAL RECORDS &	
		11.00	13.00	SUPPLY 14.00	15.00	LI BRARY 16. 00	
	GENERAL SERVICE COST CENTERS	11.00	10.00	11.00	10.00	10.00	
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
4.00 5.01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS						4.00 5.01
5.02 5.03	00550 DATA PROCESSING 00561 PURCHASING RECEIVING AND STORES						5.02 5.03
5.04 5.05	00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL						5.04 5.05
6.00 7.00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT						6.00 7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						8.00 9.00
10.00	01000 DI ETARY	00.05					10.00
11. 00 13. 00	01100 CAFETERIA 01300 NURSING ADMINISTRATION	99, 85 <sup>-</sup> 6, 373	3 161, 826				11.00 13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	1, 783 3, 486	6 0	176, 30 22			14.00 15.00
16. 00 17. 00	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	3, 170			0 0 0 0	508, 960 0	16.00 17.00
22. 00 23. 00	02200 I & R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY)	25			0 0 0 0	0 0	
23. 01 23. 02	02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI OLOGY	143			0 0 0 0	0	23.01 23.02
23. 03 23. 04	02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY	13 <sup>-</sup> 914	0		0 0	0	
30.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	27, 613		8, 4		34, 778	1
31.00	03100 I NTENSI VE CARE UNI T	4, 985	5 36, 490	2, 1	71 1	8, 139	31.00
32.00 35.00	02060 CORONARY CARE UNI T 02040 NEWBORN I NTENSI VE CARE UNI T	(			0 0	0 0	35.00
40. 00 43. 00	04000 SUBPROVIDER - IPF 04300 NURSERY			2'	0 0	27, 863 361	43.00
44.00 45.00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	(	0 0 0 0		0 0 0 0	0	44.00 45.00
50.00	ANCI LLARY SERVI CE COST CENTERS	2, 173	3 22, 391	3, 59	92 125	16, 931	50.00
50. 01	05001 OPEN HEART SURGERY	131	1, 141	5	71 0	1, 235	50.01
50. 02 51. 00	05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM	1, 722		1, 6		7, 157 3, 166	1
53.00	05300 ANESTHESI OLOGY	288		49		9, 433	
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 618		55		11, 616	
54.01	05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND	1, 363		70			54.01
54.02 55.00	05500 RADI OLOGY-THERAPEUTI C	682		2'	0 0	8, 437 0	1
55.01	05501 COMPUTED TOMOGRAPHY	922	2 0	2, 72	24 0	29, 306	•
57.00	05700 CT SCAN	(	0		0 0	0	
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON					0	
60.00	06000 LABORATORY	(			0 0	50, 871	60.00
60. 01	06001 BLOOD LABORATORY	(	0 0		0 0	0	60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	(	0 0		0 0	3, 559	•
63.01	06301 NUCLEAR MEDICINE	377			70 1, 800	5, 409	
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	3, 152 4, 325			26 11 78 0	15, 442 5, 329	1
67.00	06700 OCCUPATI ONAL THERAPY	4, 323			41 0	2, 731	1
68.00	06800 SPEECH PATHOLOGY	416			71 0	1, 184	1
69.00	06900 ELECTROCARDI OLOGY	885		1!		10, 463	•
70.00	07000 ELECTROENCEPHALOGRAPHY	510	0 0	1		2, 146	1
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT			67, 32		16, 475	•
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS			73, 50	0 160, 992	6, 011 117, 554	•
	03020 PAIN CLINIC	(			0 0	0	1
76.01	03950 ORTHOPEDI CS	0	869		92 0	53	•
	03140 CARDI OVASCULAR SERVI CES	1,437		2, 00		15, 540	•
76.03	03957 CARDI AC REHABI LI TATI ON	734			98 0	1, 418	•
	03190 RADIATION ONCOLOGY 03951 MRI	1, 144			76 1 56 0	6, 012 7, 999	
76.05	03951 MRT 03952 BARI ATRI C CENTER	312		30		7,999	
	03550 PSYCH ACTI VI TY THERAPY		0		0 0	2, 809	•
76.08	03953 WOUND CARE	730	0 0	20	05 64	2, 014	76.08
76.09	03954 RENAL DI ALYSI S	(	0		0 0	2, 304	•
76. 10	03955 I NFUSI ON	3,049	0	1, 92	24 0	9, 463	76.1

Health Financial Systems F	RANCISCAN ST MA	ARGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Peri od:	Worksheet B	
				From 01/01/2014 To 12/31/2014	Part II Date/Time Pre	narod
				10 12/31/2014	5/27/2015 5:2	pareu. 9 pm
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11.00	13.00	14.00	15.00	16.00	
76. 11 03956 CARE TRANSITION CENTER	80			0 0	14	
76. 12 03958 ANTI COAGULATI ON CLINIC	315	0	17	3 0	658	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	-		0 0	0	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90. 01 09001 OCC HEALTH CLINIC	0	0		0 0	0	90.01
91. 00 09100 EMERGENCY	10, 126	60, 051	5, 76	0 74	51, 285	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS		1				
99.00 09900 CMHC	0	-		0 0	0	99.00
99. 10 09910 CORF	0	-		0 0	0	99.10
101.00 10100 HOME HEALTH AGENCY	5, 553	0	68	2 54	4, 962	101.00
SPECIAL PURPOSE COST CENTERS		1				
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	94, 188	161, 826	175, 73	4 163, 292	508, 960	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	209			0 0		190.00
190. 01 19001 CONVENT	0	-		0 0		190.01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0			0 0		190. 02
190. 03 19003 MEDI CAL ARTS BUI LDI NG	0	-		0 0		190. 03
190. 04 19004 WOMEN'S HEALTH CENTER	448			0 0		190.04
190. 05 19005 DEVELOPMENT	0	0		0 0		190.05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0		190.06
190. 07 19007 I MAGE RECOVERY	0	0		0 0		190.07
190. 08 19008 FAMILY SERVICES	0			0 0		190.08
190. 09 19009 MDWI SE	160			0 0		190.09
190. 10 19010 CATHERINE MCAULEY CLINIC	796		4			190.10
190. 11 19011 CENTER OF HOPE	26			0 0		190. 11
190. 12 19012 SELECT	0	-		0 0		190. 12
190. 13 19013 PERCI NI AS	0			0 0		190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	413		1			192.00
192.01 19201 WORKING WELL	905	-	51	3 263		192. 01
193.00 19300 NONPALD WORKERS	0			0 0		193.00
194. 01 07951 REHAB	2, 706	0		0 0	0	194.01
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)	99, 851	161, 826	176, 30	5 163, 664	508, 960	202.00

	Financial Systems	FRANCISCAN ST MA			In Lie Period:	u of Form CMS-: Worksheet B	2552-
					From 01/01/2014 To 12/31/2014	Part II Date/Time Pre	
			INTERNS &			5/27/2015 5:2	<u>9 pm</u>
	Cost Center Description	SOCI AL SERVI CE	RESIDENTS SERVICES-OTHEF PRGMCOSTS	R PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM -	
		17.00	APPRV 22.00	23.00	23.01	RADI OLOGY 23. 02	
	GENERAL SERVICE COST CENTERS			1			
. 00 . 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.0
. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.0
. 01	01160 COMMUNI CATI ONS						5.0
. 02	00550 DATA PROCESSING						5.0
. 03 . 04	00561 PURCHASING RECEIVING AND STORES 00570 ADMITTING						5.0
. 05	00590 OTHER ADMINISTRATIVE AND GENERAL						5.0
. 00	00600 MAINTENANCE & REPAIRS						6.0
. 00 . 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE						7.0
. 00	00900 HOUSEKEEPING						9.0
0.00	01000 DI ETARY						10.0
1.00	01100 CAFETERI A						11. (
3.00	01300 NURSI NG ADMI NI STRATI ON						13.0
4.00 5.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14.0
6.00	01600 MEDICAL RECORDS & LIBRARY						16.0
7.00		10, 632					17.0
2.00 3.00		0	3, 67	1    1	1		22.0
3.00	02300 PARAMED ED PRGM - LAB	0		1	1, 229		23.0
3. 02	02302 PARAMED ED PRGM - RADI OLOGY	0			.,	685	
3.03	02303 PARAMED ED PRGM - RESP THER	0					23.0
3.04	02304 PARAMED ED PRGM-PHARMACY I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0					23.0
0. 00	03000 ADULTS & PEDIATRICS	716					30.0
1.00	03100 I NTENSI VE CARE UNI T	167					31.0
2.00	02060 CORONARY CARE UNIT	0					32.0
5.00 0.00	02040 NEWBORN I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	0 573					35.0
3.00	04300 NURSERY	7					43.0
4.00	04400 SKI LLED NURSI NG FACI LI TY	0					44.0
5.00	04500 NURSING FACILITY	0					45.0
0. 00	ANCI LLARY SERVI CE COST CENTERS	348					50.0
0. 01	05001 OPEN HEART SURGERY	25					50.0
0.02		147					50.0
1.00 3.00		65 194					51. ( 53. (
4.00		239					54. (
4. 01	05401 RADI OLOGY SPECI AL PROCEDURES	182					54.0
	05402 ULTRASOUND	174					54.0
	05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY	0 603					55. 55.
7.00		0					57.
8.00		0					58.
9.00 0.00		01,047					59. 60.
0.00	06000 LABORATORY	1,047					60. 60.
3.00		73					63.
3.01	06301 NUCLEAR MEDICINE	111					63.
5.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	318					65. 66.
5.00 7.00		56					67.
8. 00	06800 SPEECH PATHOLOGY	24					68.
9.00		215					69.
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	44 339					70.
	07200 IMPL. DEV. CHARGED TO PATIENTS	124					72.
3. 00	07300 DRUGS CHARGED TO PATIENTS	2, 580					73.
		0					76.
	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES	1 320					76. 76.
	03140 CARDI OVASCULAR SERVICES 03957 CARDI AC REHABI LI TATI ON	29					76.
	03190 RADI ATI ON ONCOLOGY	124					76.
	03951 MRI	165					76.0
	03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	0					76.0
$n \cup l$	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE	58					76.0

Health Financial Systems F	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS	1		CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Pre 5/27/2015 5:2	
Cost Center Description	SOCI AL SERVI CE	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADI OLOGY	
	17.00	22.00	23.00	23.01	23.02	
76. 09 03954 RENAL DI ALYSI S	47	22100	20100	20101	201 02	76.09
76. 10 03955 I NFUSI ON	195					76.10
76. 11 03956 CARE TRANSITION CENTER	0					76.11
76. 12 03958 ANTI COAGULATI ON CLINIC	14					76.12
OUTPATIENT SERVICE COST CENTERS			I	-		
88.00 08800 RURAL HEALTH CLINIC	0					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89,00
90. 00 09000 CLINIC	0					90.00
90.01 09001 OCC HEALTH CLINIC	0					90.01
91.00 09100 EMERGENCY	1,055					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92,00
OTHER REIMBURSABLE COST CENTERS					-	1
99. 00 09900 CMHC	0					99.00
99. 10 09910 CORF	0					99, 10
101.00 10100 HOME HEALTH AGENCY	102					101.00
SPECIAL PURPOSE COST CENTERS		I	1			
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10, 632	0		0 0	0	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190. 01 19001 CONVENT	0					190.01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0					190.02
190. 03 19003 MEDICAL ARTS BUILDING	0					190.03
190.04 19004 WOMEN'S HEALTH CENTER	0					190.04
190. 05 19005 DEVELOPMENT	0					190.05
190. 06 19006 NEUROSURGERY PROF SERVICES	0					190.06
190. 07 19007 I MAGE RECOVERY	0					190.07
190. 08 19008 FAMILY SERVICES	0					190.08
190. 09 19009 MDWI SE	0					190.09
190. 10 19010 CATHERINE MCAULEY CLINIC	0					190. 10
190.11 19011 CENTER OF HOPE	0					190. 11
190. 12 19012 SELECT	0					190, 12
190. 13 19013 PERCI NI AS	0					190.13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0					192.00
192.01 19201 WORKING WELL	0					192.01
193. 00 19300 NONPALD WORKERS	0					193.00
194. 01 07951 REHAB	0					194.01
200.00 Cross Foot Adjustments		3, 671		1 1, 229	685	200.00
201.00 Negative Cost Centers	0	0		0 0		201.00
202.00 TOTAL (sum lines 118-201)	10, 632	3, 671		1 1, 229		202.00
	1					

	Financial Systems TION OF CAPITAL RELATED COSTS	FRANCISCAN ST MA		CCN: 150004	In Lie Period: From 01/01/2014 To 12/31/2014	u of Form CMS-2 Worksheet B Part II Date/Time Prep 5/27/2015 5:20	pared:
	Cost Center Description	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	2 pm
		23.03	23.04	24.00	25.00	26.00	
4 5-	GENERAL SERVICE COST CENTERS		1				
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
4.00 5.01	01160 COMMUNI CATI ONS						4.00 5.01
5.01	00550 DATA PROCESSI NG						5.01
5.03	00561 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMI TTI NG						5.04
5.05	00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600 MAI NTENANCE & REPAI RS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8.00 9.00
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDI CAL RECORDS & LI BRARY						16.00
17.00 22.00	01700 SOCIAL SERVICE 02200 I&R SERVICES-OTHER PRGM COSTS APPRV						17.00 22.00
22.00	02200 PARAMED ED PRGM-(SPECIFY)						22.00
23.01	02301 PARAMED ED PRGM - LAB						23.01
23.02	02302 PARAMED ED PRGM - RADIOLOGY						23.02
23.03	02303 PARAMED ED PRGM - RESP THER	600					23.03
23.04	02304 PARAMED ED PRGM-PHARMACY		5, 503				23.04
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS			2 454 04	7 0	2 454 047	30.00
30.00 31.00	03100 INTENSIVE CARE UNIT			2, 654, 06 356, 31		2, 654, 067 356, 317	30.00
32.00	02060 CORONARY CARE UNI T				0 0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT				0 0	0	35.00
40.00	04000 SUBPROVI DER – I PF			69, 804	4 0	69, 804	40.00
43.00	04300 NURSERY			5, 55		5, 551	43.00
44.00 45.00	04400 SKI LLED NURSI NG FACI LI TY					0	44.00 45.00
45.00	04500 NURSI NG FACI LI TY ANCI LLARY SERVI CE COST CENTERS				<u> </u>	0	45.00
50.00	05000 OPERATI NG ROOM			732, 988	8 0	732, 988	50.00
50.01	05001 OPEN HEART SURGERY			25, 89		25, 895	50. 01
50.02	05002 OUTPATI ENT SURGERY			349, 73		349, 737	
51.00	05100 RECOVERY ROOM			14, 18		14, 187	
53.00				176, 580		176, 580	
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES			334, 670 251, 160		334, 676 251, 166	
54.02				97, 930		97, 930	
55.00					0 0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY			66, 440	6 0	66, 446	55.01
57.00	05700 CT SCAN			(	0 0	0	57.00
58.00						0	58.00
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY			392, 324	0 4 0	0 392, 324	59.00 60.00
60.00	06001 BLOOD LABORATORY				0 0	372, 324 0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.			11, 71	-	11, 713	
			1			74, 883	
63.01	06301 NUCLEAR MEDICINE			74, 883			
65.00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY			173, 40	7 0	173, 407	65.00
65.00 66.00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY			173, 40 <sup>-</sup> 164, 938	7 0 8 0	173, 407 164, 938	65. 00 66. 00
65.00 66.00 67.00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY			173, 40 <sup>-</sup> 164, 938 21, 14 <sup>-</sup>	7 0 8 0 7 0	173, 407 164, 938 21, 147	65.00 66.00 67.00
65.00 66.00 67.00 68.00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY			173, 40 164, 938 21, 14 48, 84	7 0 8 0 7 0 1 0	173, 407 164, 938 21, 147 48, 841	65.00 66.00 67.00 68.00
65.00 66.00 67.00 68.00 69.00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY			173, 40 <sup>-</sup> 164, 938 21, 14 <sup>-</sup>	7 0 8 0 7 0 1 0 3 0	173, 407 164, 938 21, 147	65.00 66.00 67.00 68.00 69.00
65.00 66.00 67.00 68.00 69.00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY			173, 40 164, 938 21, 14 48, 84 103, 663	7 0 8 0 7 0 1 0 3 0 4 0	173, 407 164, 938 21, 147 48, 841 103, 663	65.00 66.00 67.00 68.00 69.00
65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS			173, 40 164, 93 21, 14 48, 84 103, 66 47, 14 105, 94 98, 51	7 0 8 0 7 0 1 0 3 0 4 0 9 0 6 0	173, 407 164, 938 21, 147 48, 841 103, 663 47, 144 105, 949 98, 516	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00
65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS			173, 40 164, 93 21, 14 48, 84 103, 66 47, 14 105, 94 98, 510 391, 818	7 0 8 0 7 0 1 0 3 0 4 0 9 0 6 0 8 0	173, 407 164, 938 21, 147 48, 841 103, 663 47, 144 105, 949 98, 516 391, 818	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00
65.00 66.00 67.00 68.00 70.00 71.00 72.00 73.00 76.00	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC			173, 40 164, 93 21, 14 48, 84 103, 66 47, 14 105, 94 98, 51 391, 81	7 0 8 0 7 0 1 0 3 0 4 0 9 0 6 0 8 0 0 0	173, 407 164, 938 21, 147 48, 841 103, 663 47, 144 105, 949 98, 516 391, 818 0	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00
65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06700 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC 03950 ORTHOPEDICS			173, 40 164, 938 21, 14 48, 84 103, 66 47, 14 105, 94 98, 51 391, 818 ( 10, 03	7 0 8 0 7 0 1 0 3 0 4 0 9 0 6 0 8 0 3 0 3 0	173, 407 164, 938 21, 147 48, 841 103, 663 47, 144 105, 949 98, 516 391, 818 0 10, 033	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00
65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 00 76. 01 76. 02	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC 03950 ORTHOPEDICS 03140 CARDIOVASCULAR SERVICES			173, 40 164, 938 21, 14 48, 84 103, 663 47, 144 105, 946 98, 516 391, 816 (10, 033 171, 014	7     0       8     0       7     0       1     0       3     0       4     0       9     0       6     0       8     0       0     0       3     0       4     0	173, 407 164, 938 21, 147 48, 841 103, 663 47, 144 105, 949 98, 516 391, 818 0 10, 033 171, 014	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01 76.02
65.00 66.00 67.00 68.00 70.00 71.00 72.00 73.00 76.00 76.01 76.02 76.03	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06500 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC 03950 ORTHOPEDICS 03140 CARDIOVASCULAR SERVICES 03957 CARDIAC REHABILITATION			173, 40 164, 93 21, 14 48, 84 103, 66 47, 14 105, 94 98, 51 391, 818 ( 10, 03 171, 01 57, 92	7     0       8     0       7     0       1     0       3     0       4     0       9     0       6     0       0     0       0     0       3     0       4     0       0     0       3     0       4     0       7     0	173, 407 164, 938 21, 147 48, 841 103, 663 47, 144 105, 949 98, 516 391, 818 0 10, 033 171, 014 57, 927	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01 76.02 76.03
65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01 76.02 76.03 76.04	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06500 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC 03950 ORTHOPEDICS 03140 CARDIOVASCULAR SERVICES 03957 CARDIAC REHABILITATION			173, 40 164, 938 21, 14 48, 84 103, 663 47, 144 105, 946 98, 516 391, 816 (10, 033 171, 014	7       0         8       0         7       0         1       0         3       0         4       0         9       0         6       0         0       0         3       0         4       0         0       0         3       0         0       0         3       0         0       0         3       0         1       0	173, 407 164, 938 21, 147 48, 841 103, 663 47, 144 105, 949 98, 516 391, 818 0 10, 033 171, 014	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01 76.02 76.03 76.04
$\begin{array}{c} 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 04\\ 76.\ 03\\ 76.\ 04\\ 76.\ 05\\ 76.\ 06\\ \end{array}$	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC 03950 ORTHOPEDICS 03140 CARDIOVASCULAR SERVICES 03957 CARDIAC REHABILITATION 03190 RADIATION ONCOLOGY 03951 MRI 03952 BARIATRIC CENTER			173, 40 164, 93( 21, 14 48, 84 103, 66; 47, 14 105, 94( 98, 51( 391, 81( 10, 03; 171, 01- 57, 92; 378, 83; 398, 53; (	7     0       8     0       7     0       1     0       3     0       4     0       9     0       6     0       9     0       0     0       3     0       4     0       7     0       1     0       0     0       0     0	173, 407 164, 938 21, 147 48, 841 103, 663 47, 144 105, 949 98, 516 391, 818 0 10, 033 171, 014 57, 927 378, 831 398, 531 0	65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 76.00 76.01 76.02 76.03 76.04 76.05 76.06
$\begin{array}{c} 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 03\\ 76.\ 04\\ 76.\ 05\\ 76.\ 06\\ 76.\ 07\\ \end{array}$	06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY 06500 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC 03950 ORTHOPEDICS 03140 CARDIOVASCULAR SERVICES 03957 CARDIAC REHABILITATION 03190 RADIATION ONCOLOGY 03951 MRI 03952 BARIATRIC CENTER			173, 40 164, 93( 21, 14 48, 84 103, 66: 47, 14 105, 94( 98, 51( 391, 81( ( 10, 03: 171, 01- 57, 92( 378, 83' 398, 53'	7     0       8     0       7     0       1     0       3     0       4     0       9     0       6     0       9     0       0     0       1     0       1     0       0     0       5     0	173, 407 164, 938 21, 147 48, 841 103, 663 47, 144 105, 949 98, 516 391, 818 0 10, 033 171, 014 57, 927 378, 831 398, 531	$\begin{array}{c} 65. \ 00\\ 66. \ 00\\ 67. \ 00\\ 68. \ 00\\ 69. \ 00\\ 70. \ 00\\ 71. \ 00\\ 72. \ 00\\ 73. \ 00\\ 73. \ 00\\ 76. \ 01\\ 76. \ 02\\ 76. \ 03\\ 76. \ 04\\ 76. \ 05\\ 76. \ 06\\ 76. \ 07\\ \end{array}$

Health Financial Systems FF	RANCISCAN ST MA	ARGARET-HA			Inlie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS				CCN: 150004	Period: From 01/01/2014	Worksheet B Part II	2002 10
					To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
Cost Center Description	PARAMED ED	PARAMED	ED	Subtotal	Intern &	Total	
'	PRGM - RESP	PRGM-PHAF	RMACY		Residents Cost		
	THER				& Post		
					Stepdown		
					Adjustments		
	23.03	23.04	ł	24.00	25.00	26.00	
76. 09 03954 RENAL DI ALYSI S				126, 3		126, 332	76.09
76. 10 03955 I NFUSI ON				43, 5		43, 591	76.10
76. 11 03956 CARE TRANSITION CENTER					07 0	507	76.11
76. 12 03958 ANTI COAGULATI ON CLINIC				2, 8	36 0	2, 886	76. 12
OUTPATIENT SERVICE COST CENTERS	[	1				0	
88.00 08800 RURAL HEALTH CLINIC					0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0 0	0	89.00
90. 00 09000 CLINIC					0 0	0	90.00
90. 01 09001 OCC HEALTH CLINIC				425 0	0 0	0	90.01
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				425, 0	25 O	425, 025	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART OTHER REIMBURSABLE COST CENTERS					0		92.00
99. 00 09900 CMHC		1			0 0	0	99.00
99. 10 09910 CORF					0 0	0	99.10
101.00 10100 HOME HEALTH AGENCY				148, 0		148,005	
SPECIAL PURPOSE COST CENTERS		1		110, 0		110,000	101.00
113. 00 11300 I NTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0		0	8, 609, 3	97 0	8, 609, 397	
NONREI MBURSABLE COST CENTERS		•	-		-		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				13, 8	15 0	13, 815	190.00
190. 01 19001 CONVENT				107, 8		107, 817	
190. 02 19002 HOME MEDI CAL EQUI PMENT					0 0	0	190. 02
190. 03 19003 MEDICAL ARTS BUILDING				1, 2	94 0	1, 294	190. 03
190.04 19004 WOMEN'S HEALTH CENTER				12, 3	13 0	12, 343	190. 04
190. 05 19005 DEVELOPMENT					0 0	0	190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES					0 0	0	190. 06
190. 07 19007 I MAGE RECOVERY					0 0	0	190. 07
190. 08 19008 FAMILY SERVICES					0 0		190. 08
190. 09 19009 MDWI SE				32, 1		32, 199	•
190. 10 19010 CATHERINE MCAULEY CLINIC				6, 2			190. 10
190.11 19011 CENTER OF HOPE				4, 9			190. 11
190. 12 19012 SELECT				373, 1		373, 188	
190. 13 19013 PERCI NI AS					0 0		190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES				42, 8		42, 860	
192. 01 19201 WORKI NG WELL				70, 9	79 0	70, 979	
193. 00 19300 NONPAI D WORKERS					0 0		193.00
194. 01 07951 REHAB		J		203, 8		203, 875	
200.00 Cross Foot Adjustments	600		5, 503	11, 6		11, 699	
201.00 Negative Cost Centers	0			0 400 5	0 0 31 0		201.00
202.00   TOTAL (sum lines 118-201)	600	4	5, 503	9, 490, 5	ןי נ	9, 490, 581	202.00

	Financial Systems F ALLOCATION - STATISTICAL BASIS	RANCISCAN ST MA		CCN: 150004 P	In Lie Period: Prom 01/01/2014	u of Form CMS-2 Worksheet B-1	
					o 12/31/2014	Date/Time Pre 5/27/2015 5:2	
		CAPI TAL RE	LATED COSTS			10/2//2010 0/2	
	Cost Center Description	BLDG & FI XT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATI ONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF T IME)	
		1.00	2.00	4.00	5. 01	5. 02	
4 00	GENERAL SERVICE COST CENTERS	444.055	-	1	1		1 00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 22.\ 00\\ 23.\ 01\\ 23.\ 02\\ 3.\ 01\\ 23.\ 02\\ \end{array}$	00100       CAP REL COSTS-BLDG & FIXT         00200       CAP REL COSTS-WVBLE EQUIP         00400       EMPLOYEE BENEFITS DEPARTMENT         01160       COMMUNI CATIONS         00550       DATA PROCESSI NG         00561       PURCHASI NG RECEIVING AND STORES         00570       ADMITTING         00600       MAINTENANCE & REPAIRS         00700       OPERATION OF PLANT         00800       LAUNDRY & LINEN SERVICE         00900       HOUSEKEEPING         01000       DI ETARY         01100       CAFETERIA         01300       NURSI NG ADMINISTRATION         01400       CENTRAL SERVICES & SUPPLY         01500       PHARMACY         01600       MEDICAL RECORDS & LIBRARY         01700       SOCIAL SERVICE         02300       PARAMED ED PRGM - LAB         02301       PARAMED ED PRGM - LAB         02302       PARAMED ED PRGM - RADIOLOGY	666, 255 4, 741 1, 505 7, 553 1, 918 4, 378 36, 764 43, 286 29, 872 7, 544 11, 001 7, 818 10, 342 7, 206 10, 673 5, 206 18, 953 1, 124 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4, 145, 619         3, 281         6, 135         1, 146, 330         5, 785         0         4, 9, 970         3, 876         2, 20, 338         8, 676         7, 801         2, 20, 338         4, 49, 670         5, 785         6, 30, 876         2, 20, 338         8, 676         7, 801         2, 20, 338         4, 49, 670         3, 833         5, 6, 865         4, 074         3, 1, 157	54, 507, 208 197, 896 23, 882 128, 030 604, 093 2, 897, 127 1, 591, 296 325, 419 0 1, 345, 718 272, 465 391, 948 3, 239, 667 424, 808 1, 509, 834 1, 099, 387	1, 319, 341 0 18, 667 56, 667 164, 668 91, 334 40, 000 8, 667 9, 333 18, 000 0 44, 667 22, 667 35, 334 11, 333 0 0 667	1, 056, 600 34, 300 74, 925 314, 430 0 0 0 0 0 12, 253 0 69, 558 264, 987 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$
23.03	02303 PARAMED ED PRGM - RESP THER	C	0	56, 892	667	0	
23.04	02304 PARAMED ED PRGM-PHARMACY	C	0	573, 143	0	0	23.04
30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	160, 192 19, 248 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3         74, 769           0         0           0         2, 234           0         0           0         0	2, 296, 971 C C 2, 462, 807 554, 720 C	33, 334 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	31. 00 32. 00 35. 00 40. 00 43. 00 44. 00
50.00	ANCI LLARY SERVI CE COST CENTERS	36 588	276, 967	875, 153	78,000	22, 226	50.00
$\begin{array}{c} 50.\ 01\\ 50.\ 02\\ 51.\ 00\\ 53.\ 00\\ 54.\ 00\\ 54.\ 01\\ 54.\ 02\\ 55.\ 00\\ 55.\ 01\\ 57.\ 00\\ 58.\ 00\\ \end{array}$	05001 OPEN HEART SURGERY 05002 OUTPATI ENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI	36, 588 27, 948 0 16, 905 4, 082 2, 032 0 2, 075 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19,458           50,120           2,003           143,595           71,859           181,195           61,117           0           0	102, 548 887, 079 288, 019 72, 398 1, 086, 696 723, 491	0 30, 667 0 6, 000 56, 667 4, 000 8, 667 0	0 0 61, 013 0 0 0 0 0 0 0 0	$\begin{array}{c} 50. \ 01 \\ 50. \ 02 \\ 51. \ 00 \\ 53. \ 00 \\ 54. \ 01 \\ 54. \ 02 \\ 55. \ 00 \\ 55. \ 01 \\ 57. \ 00 \\ 58. \ 00 \end{array}$
$\begin{array}{c} 59.\ 00\\ 60.\ 00\\ 60.\ 01\\ 63.\ 01\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 67.\ 00\\ 68.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 74.\ 00\\ 74.\ 00\\ 74.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 03\\ 76.\ 04\\ 76.\ 05\\ 76.\ 06\\ \end{array}$	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06301 NUCLEAR MEDI CI NE 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 OCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 03020 PAI N CLI NI C 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03952 BARI ATRI C CENTER	13, 880 13, 880 2, 748 5, 514 14, 266 1, 318 4, 084 2, 295 1, 864 0 0 0 0 0 0 0 0 0 0 0 0 0	0         0           0         34, 862           81, 362         2, 912           68         62, 989           6         5, 383           6         62, 989           23, 019         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           10         0           11         0	1, 455, 005 1, 324, 614 419, 945 256, 261 325, 973 252, 681 0 446, 928 0 928, 339 362, 320 608, 867 152, 583	18,000 35,334 8,000 2,000 9,333 12,667 0 0 0 0 50,667 2,000 0 0	0 141, 402 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 60. \ 01 \\ 63. \ 00 \\ 63. \ 01 \\ 65. \ 00 \\ 66. \ 00 \\ 67. \ 00 \\ 68. \ 00 \\ 70. \ 00 \\ 71. \ 00 \\ 72. \ 00 \\ 73. \ 00 \\ 73. \ 00 \\ 76. \ 01 \\ 76. \ 01 \\ 76. \ 03 \\ 76. \ 04 \\ 76. \ 05 \end{array}$

	ncial Systems Fl ATION - STATISTICAL BASIS	NANCI JUAN JI WA	RGARET-HAMMONE		Peri od:	u of Form CMS-2 Worksheet B-1	
UST ALLOUP	TION - STATISTICAL DASIS		11001dei		From 01/01/2014	worksheet D-1	
					To 12/31/2014	Date/Time Pre	par
			LATED COSTS			5/27/2015 5:2	29 pi
		CAPITAL RE	LATED CUSTS				
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	COMMUNI CATI ONS	DATA	
			(DOLLAR VALUE)			PROCESSING	
		,		DEPARTMENT	(NUMBER OF	(ALLOC OF T	
				(GROSS	PHON)	Ì ME)	
				SALARI ES)			
		1.00	2.00	4.00	5. 01	5.02	
	O PSYCH ACTIVITY THERAPY	0			0 0	0	
	3 WOUND CARE	6, 535				0	
	4 RENAL DIALYSIS	12, 621		477,60		0	
	5 I NFUSI ON	664				0	
	6 CARE TRANSITION CENTER	0				0	
	8 ANTI COAGULATI ON CLINIC	0	C	168, 80	07 0	0	76
	ATIENT SERVICE COST CENTERS			J		^	
	O RURAL HEALTH CLINIC	0			0 0	0	
	O FEDERALLY QUALIFIED HEALTH CENTER	0			0 0	0	-
		0			0 0	0	
	1 OCC HEALTH CLINIC	15 502	00 701	7 004 47	0 0	0	
-	O EMERGENCY	15, 593	90, 731	7, 904, 47	9 0	0	1 .
	O OBSERVATION BEDS (NON-DISTINCT PART R REIMBURSABLE COST CENTERS			I			92
	O CMHC	0	(	1	0 0	0	99
. 10 0991						0	1
	O HOME HEALTH AGENCY	4, 108	1, 013	2, 594, 86	61, 334	61, 506	
	I AL PURPOSE COST CENTERS	4,100	1,010	2,374,00	01, 334	01, 300	
	OINTEREST EXPENSE						1113
8.00	SUBTOTALS (SUM OF LINES 1-117)	590, 764	4,069,243	53, 466, 46	5 1, 240, 008	1, 056, 600	
NONR	EIMBURSABLE COST CENTERS						
0. 00 1900	O GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 354	0	39, 80	0 3, 333	0	190
	1 CONVENT	11, 351	0	)	0 22,000	0	190
0. 02 1900	2 HOME MEDICAL EQUIPMENT	0	0		0 0	0	190
0.03 1900	3 MEDICAL ARTS BUILDING	0	611		0 0	0	190
0.04 1900	4 WOMEN'S HEALTH CENTER	1, 148	0	123, 29	1 3, 333	0	190
0. 05 1900	5 DEVELOPMENT	0	0	)	0 0	0	190
0. 06 1900	6 NEUROSURGERY PROF SERVICES	0	0		0 0	0	190
0. 07 1900	7 I MAGE RECOVERY	0	0		0 0	0	190
0. 08 1900	8 FAMILY SERVICES	0	0		0 0	0	190
0. 09 1900		0	0	66, 19			190
	O CATHERINE MCAULEY CLINIC	0	1, 983				190
	1 CENTER OF HOPE	503	0	15, 02	1 0		190
0. 12 1901		39, 454	( C		0 0		190
	3 PERCI NI AS	0	( C		0 0		190
	0 PHYSI CLANS' PRI VATE OFFI CES	3, 974					192
	1 WORKING WELL	0	63, 155	319, 41	0 0		192
	O NONPAID WORKERS	0	0		0 0		193
4.010795	I REHAB	17, 707	8, 231		0 18, 667	0	194
0.00	Cross Foot Adjustments						200
1.00	Negative Cost Centers	F 0//				0 / 10 0	201
02.00	Cost to be allocated (per Wkst. B,	5, 264, 782	4, 225, 799	14, 544, 89	6 712, 447	2, 618, 912	202
2 00	Part I)	7 000050	1 01001		0 540000	0 470/00	0
3.00	Unit cost multiplier (Wkst. B, Part I)	7. 902053	1. 019341			2.478622	
04.00	Cost to be allocated (per Wkst. B,			40, 80	18, 295	1, 228, 205	202
	Part II) Unit cost multiplier (Wkst. B, Part			0.00074	.9 0. 013867	1. 162412	
5.00							

DST P	LLOCATION - STATISTICAL BASIS		Provi der		Period:	Worksheet B-1	
					From 01/01/2014 To 12/31/2014		
	Cost Center Description	PURCHASI NG	ADMI TTI NG	Reconciliatior	OTHER	5/27/2015 5:2 MAINTENANCE &	9 piii
		RECEI VI NG AND	(GROSS CHAR		ADMI NI STRATI VE		
		STORES (COSTED	GES)		AND GENERAL (ACCUM. COST)	(SQUARE FEET)	
		REQUIS.)					
	1	5.03	5.04	5A. 05	5. 05	6.00	
00	GENERAL SERVICE COST CENTERS	1		[	1	[	1 1
00 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1. ( 2. (
00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. (
01	01160 COMMUNI CATI ONS						5.0
02	00550 DATA PROCESSI NG						5.0
03	00561 PURCHASING RECEIVING AND STORES	8, 261, 079	500 700 00/				5.0
04 05	00570 ADMI TTI NG 00590 OTHER ADMI NI STRATI VE AND GENERAL	10, 021 30	523, 702, 296 0	-18, 903, 105	5 127, 211, 647		5. 5.
00	00600 MAI NTENANCE & REPAI RS	510	0	-10, 903, 103			6.
00	00700 OPERATION OF PLANT	0	0	0			7.
00	00800 LAUNDRY & LINEN SERVICE	122, 339	0	0			8.
00	00900 HOUSEKEEPING	703	0		2/ 120/ 2/0		9.
). 00 I. 00	01000 DI ETARY 01100 CAFETERI A	54, 144	0		000,007	7, 818	
3.00	01300 NURSI NG ADMI NI STRATI ON	15, 604	0				
4.00	01400 CENTRAL SERVICES & SUPPLY	486, 479	0	0			
5.00	01500 PHARMACY	308, 828	0	0	0,707,102		
5.00 7.00	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	2	0		-,,		
2.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0				17. 22.
. 00	02300 PARAMED ED PRGM-(SPECIFY)	0	0		360	0	23.
3. 01	02301 PARAMED ED PRGM - LAB	0	0	0	182, 656	0	23.
3. 02	02302 PARAMED ED PRGM - RADIOLOGY	0	0	0		0	23.
3.03	02303 PARAMED ED PRGM - RESP THER	0	0	(		0	23.
3. 04	02304 PARAMED ED PRGM-PHARMACY	0	0	[(	0 743, 849	0	23.
0. 00	03000 ADULTS & PEDI ATRI CS	586, 979	35, 780, 187	(	14, 856, 616	160, 192	30.
I. 00	03100 INTENSIVE CARE UNIT	217, 143	8, 373, 356	( ) (	3, 276, 982	19, 248	31.
2.00	02060 CORONARY CARE UNIT	0	0	(	-	0	32.
5.00 ).00	02040 NEWBORN I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	0 9, 787	0 28, 665, 563		-	0	35. 40.
3.00	04300 NURSERY	9,787	371, 688		-,,	0	40.
1.00	04400 SKILLED NURSING FACILITY	0	0	0		0	44.
5.00	04500 NURSING FACILITY	0	0	(	0 0	0	45.
). 00	ANCI LLARY SERVI CE COST CENTERS	2,043,535	17, 418, 477		2, 471, 245	36, 588	50.
). 00 ). 01	05001 OPEN HEART SURGERY	160, 066	1, 270, 579				50.
0. 02	05002 OUTPATIENT SURGERY	272, 910	7, 363, 012	(			
. 00	05100 RECOVERY ROOM	14, 375	3, 256, 998				51.
	05300 ANESTHESI OLOGY	100, 599	9, 704, 511	-	2, 954, 256	0	
	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	26, 542 515, 595	11, 950, 995 9, 087, 960				
	05402 ULTRASOUND	69, 298	8, 679, 821				
	05500 RADI OLOGY-THERAPEUTI C	0	0				
. 01	05501 COMPUTED TOMOGRAPHY	65, 035	30, 149, 797	0	918, 041	2, 079	
. 00	05700 CT SCAN	0	0			0	57.
. 00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	0			0	58. 59.
. 00	06000 LABORATORY	0	52, 336, 454	-			
. 01	06001 BLOOD LABORATORY	0	0	C		0	
. 00	06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	3, 661, 809		., 2.0, 0, 1		
. 01	06301 NUCLEAR MEDICINE	3, 611	5, 564, 790		,		
. 00 . 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	153, 719 11, 401	15, 887, 109 5, 482, 033		2, 234, 574 2, 676, 051		
00	06700 OCCUPATI ONAL THERAPY	11, 081	2, 809, 707				
00	06800 SPEECH PATHOLOGY	25, 853	1, 217, 950				
. 00	06900 ELECTROCARDI OLOGY	8, 231	10, 764, 843				
	07000 ELECTROENCEPHALOGRAPHY	10, 047	2, 207, 838		110/0/1		
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16, 950, 009 6, 184, 133				
	07300 DRUGS CHARGED TO PATIENTS	0	121, 018, 860				
. 00	03020 PAIN CLINIC	0	0	0	0 0	0	76.
. 01	03950 ORTHOPEDI CS	22, 571	54, 502	(	.0,02/		
. 02	03140 CARDI OVASCULAR SERVI CES	1, 974, 045	15, 987, 377				
	03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY	5, 216 4, 742	1, 458, 421 6, 184, 936				
	03190 RADIATION UNCOLOGY	4,742	8, 229, 777				
. 06	03952 BARI ATRI C CENTER	23, 377	0,227,777		0 0	0	76.
. 07	03550 PSYCH ACTIVITY THERAPY	0	2, 889, 726				76.
<u>, ∩</u> 8	03953 WOUND CARE	115, 022	2, 072, 275	(	492, 558	6, 535	76

		RANCISCAN ST MAI				u of Form CMS-2	
COST A	LLOCATION - STATISTICAL BASIS		Provi der		Period: From 01/01/2014 To 12/31/2014	Worksheet B-1 Date/Time Pre	
					10 12/31/2014	5/27/2015 5:2	9 pm
	Cost Center Description	PURCHASI NG	ADMI TTI NG	Reconciliatio	n OTHER	MAINTENANCE &	
		RECEIVING AND	(GROSS CHAR		ADMI NI STRATI VE		
		STORES	GES)		AND GENERAL	(SQUARE FEET)	
		(COSTED			(ACCUM. COST)		
		REQUIS.)	F 04		F 0F	( 00	
76.09	03954 RENAL DI ALYSI S	5.03	<u>5.04</u> 2,370,748	5A. 05	5.05 0 758,710	6.00 12,621	76.09
	03955 I NFUSI ON	150, 593	9, 736, 043		0 1, 887, 756	664	
	03956 CARE TRANSITION CENTER	130, 373	14, 859		0 66, 270	0	76.11
	03958 ANTI COAGULATI ON CLINIC	7,271	677, 302		248, 048	0	
	OUTPATIENT SERVICE COST CENTERS	77271	011/002		210,010		1 101 12
	08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00	08900 FEDERALLY QUALI FIED HEALTH CENTER	0	0		0 0	0	89.00
	09000 CLINIC	0	0	)	0 0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0		0 0	0	90.01
	09100 EMERGENCY	525, 329	52, 762, 470		0 6, 289, 188	15, 593	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS						
	09900 CMHC	0	0		0 0	0	
	09910 CORF	0	0		0 0	0	
101.00	10100 HOME HEALTH AGENCY	84, 559	5, 105, 381		0 3, 724, 267	4, 108	101.00
	SPECIAL PURPOSE COST CENTERS	1 1		1	-		
	11300 INTEREST EXPENSE	0 010 000		10 000 10	110 770 101	400 / 10	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	8, 219, 392	523, 702, 296	-18, 903, 10	5 118, 772, 121	490, 619	118.00
100 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11, 202	0		0 125, 197	1 35/	190.00
	19001 CONVENT	0	0		0 115, 643	11, 354	
	19002 HOME MEDICAL EQUIPMENT	0	0		0 115, 045		190.01
	19003 MEDICAL ARTS BUILDING	0	0		0 120, 001		190.02
	19004 WOMEN'S HEALTH CENTER	0	0		0 169, 558		190.04
	19005 DEVELOPMENT	0	0		0 0		190.05
	19006 NEUROSURGERY PROF SERVICES	0	0		0 0		190.06
	19007 I MAGE RECOVERY	0	0		0 0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	)	0 0	0	190.08
190.09	19009 MDWI SE	0	0		0 5, 720, 576	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0		0 528, 488	0	190. 10
	19011 CENTER OF HOPE	0	0		0 23, 660	503	190. 11
	19012 SELECT	0	0		0 311, 768		190. 12
	19013 PERCI NI AS	0	0		0 0		190. 13
	19200 PHYSI CLANS' PRI VATE OFFI CES	676	0		0 368, 284		192.00
	19201 WORKING WELL	29, 809	0		0 797, 959		192.01
	19300 NONPAID WORKERS	0	0		0 0		193.00
	07951 REHAB	0	0		0 158, 392	17, 707	194.01
200.00							200.00
201.00		252 400	1 020 142		10 002 105	E (17 041	201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	352, 408	1, 038, 143	1	18, 903, 105	5, 617, 041	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 042659	0. 001982		0. 148596	9. 922172	203 00
203.00		61, 279	123, 001		711, 398	403, 331	
204.00	Part II)	01,279	123, 001		/11, 370	403, 331	204.00
		0.007410	0,000005		0.005500	0 7104/0	205 00
205.00	Unit cost multiplier (Wkst. B, Part	0.007418	0. 000235		0.005592	0. 712460	205.00

		FRANCISCAN ST MA				u of Form CMS-2	
COST A	LLOCATION - STATISTICAL BASIS		Provi der	F	Period: From 01/01/2014	Worksheet B-1	
					o 12/31/2014	Date/Time Pre 5/27/2015 5:2	
	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	(POUNDS OF	HOUSEKEEPING (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	LAUNDRY) 8.00	9.00	10.00	11.00	
	GENERAL SERVICE COST CENTERS		1	1			1
15.00 16.00 17.00 22.00 23.00 23.01	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00550 DATA PROCESSING 00561 PURCHASING RECEIVING AND STORES 00570 ADMITTING 00590 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 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM - RESP THER	536, 238 754 11, 001 7, 818 10, 342 7, 206 10, 673 5, 206 18, 953 1, 124 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		524, 483 7, 818 10, 342 7, 206 10, 673 5, 206 18, 953 1, 124 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	191, 239 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 394, 626 89, 018 24, 908 48, 688 44, 273 0 356 0 1, 998 2, 193 1, 835 12, 761	13.00 14.00 15.00 16.00 17.00 22.00 23.00 23.01 23.02 23.03
31.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T 02040 NEWBORN I NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF 04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY	160, 192 19, 248 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			21,036 0 0 0 0 0 0 0 0 0 0 0	385, 679 69, 629 0 0 0 0 0 0 0	30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00
50.00	ANCI LLARY SERVI CE COST CENTERS	36, 588	3 C	36, 588	3 0	30, 354	50.00
50. 01	05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM	27, 948			0 3 0	1, 824 24, 052 7, 445	50. 01 50. 02
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	C 16, 909		0 C 16, 909		4, 024 50, 533	
	05401 RADI OLOGY SPECIAL PROCEDURES	4, 082				19, 033	
	05402 ULTRASOUND	2,032	0	2, 032		9, 520	
	05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY	2,079		2,079	-	0 12, 878	
	05700 CT SCAN	2,079			0	0	57.00
	05800 MRI	C		) C	0	0	58.00
	05900 CARDI AC CATHETERI ZATI ON	12,000	0		0	0	59.00
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	13, 880		13,880		0	60.00 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0			0	0	63.00
	06301 NUCLEAR MEDICINE	2, 748	3 C	2, 748	0	5, 259	
	06500 RESPI RATORY THERAPY	5, 514				44, 022	65.00
	06600 PHYSI CAL THERAPY	14, 266		14, 266		60, 414	
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	1, 318				11, 581 5, 815	67.00 68.00
	06900 ELECTROCARDI OLOGY	2, 295		2, 295		12, 359	
	07000 ELECTROENCEPHALOGRAPHY	1, 864		1, 864		7, 126	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	C		C	0 0	0	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	C	0 0	) C	0	0	
	07300 DRUGS CHARGED TO PATIENTS	C	0		0	0	
	03020 PALN CLINIC				0	0	
	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES	925 8, 144		925 925 8, 144		0 20, 076	76. 01 76. 02
	03957 CARDI AC REHABI LI TATI ON	1, 754		1, 754		10, 253	
	03190 RADIATION ONCOLOGY	18, 277		18, 277		15, 972	
76.05	03951 MRI	4, 002		4, 002		4, 382	76.05
	03952 BARI ATRI C CENTER	C	-	0	-	0	
	03550 PSYCH ACTIVITY THERAPY			-	0	0 10 106	
	03953 WOUND CARE 03954 RENAL DIALYSIS	6, 535 12, 621		6, 535 12, 621		10, 196 0	

	2	RANCISCAN ST MA			In Lie	u of Form CMS-2	
COST ALL	OCATION - STATISTICAL BASIS		Provi der		eri od:	Worksheet B-1	
					rom 01/01/2014 o 12/31/2014	Date/Time Pre	narod
				1	0 12/31/2014	5/27/2015 5:2	
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
		PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	(PROD HOURS)	
		(SQUARE FEET)	(POUNDS OF				
			LAUNDRY)				
		7.00	8.00	9.00	10.00	11.00	
	3955 I NFUSI ON	664	0		0	42, 579	
	3956 CARE TRANSITION CENTER	0	0		0	1, 116	
	3958 ANTI COAGULATI ON CLINIC	0	0	0	0	4, 405	76. 12
	JTPATIENT SERVICE COST CENTERS	1	1	1	1		
	3800 RURAL HEALTH CLINIC	0	0	0	0	0	
	3900 FEDERALLY QUALIFIED HEALTH CENTER	0	C	0	0	0	
	9000 CLINIC	0	0	0	0	0	90.00
	9001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
	9100 EMERGENCY	15, 593	C	15, 593	0	141, 426	
	9200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
	THER REIMBURSABLE COST CENTERS	1		1			
	9900 CMHC	0	0		0		
	9910 CORF	0	0		0	0	99.10
	D100 HOME HEALTH AGENCY	4, 108	0	4, 108	0	77, 554	101.00
	PECIAL PURPOSE COST CENTERS			1			
	1300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	460, 747	558, 182	448, 992	168, 290	1, 315, 536	118.00
	ONREI MBURSABLE COST CENTERS	4.054		4 054		0.004	100.00
	9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	.,	0	_,	190.00
	POOT CONVENT	11, 351	0		0		190.01
	POO2 HOME MEDI CAL EQUI PMENT	0	0	0	0		190.02
	POO3 MEDICAL ARTS BUILDING	Ŭ	0	0	0		190.03
	9004 WOMEN'S HEALTH CENTER	1, 148	0	1, 148	0		190.04
		0	0	0	0		190.05
	POO6 NEUROSURGERY PROF SERVICES	0	0	0	0		190.06
	9007 I MAGE RECOVERY	0	0	0	0		190.07
	POOR FAMILY SERVICES	0		0	0		190.08
	9009 MDWI SE	0			0		190.09
	9010 CATHERINE MCAULEY CLINIC 9011 CENTER OF HOPE	503		503	0		190.10
	9011 CENTER OF HOPE 9012 SELECT	39, 454		39, 454	0		190. 11 190. 12
	9012 SELECT 9013 PERCINIAS	39,434		39,434	0	-	190.12
	9013 PERCINIAS 9200 PHYSICIANS' PRIVATE OFFICES	3.974		3,974			190.13
	9200 PHYSICIANS PRIVATE OFFICES 9201 WORKING WELL	3,974		3, 9/4	0	12, 637	
	9201 WORKING WELL 9300 NONPAID WORKERS						192.01
	7300 NONPALD WORKERS 7951 REHAB	17, 707	76, 116	17, 707	22, 949	37, 796	
200.00	Cross Foot Adjustments	17,707	70, 110	17,707	22, 949	37,790	200.00
200.00	Negative Cost Centers						200.00
201.00	Cost to be allocated (per Wkst. B,	5, 527, 820	593, 124	2, 664, 815	1, 186, 031	711, 740	
202.00	Part I)	5, 527, 620	J 575, 124	2,004,010	1, 100, 031	/11,740	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10. 308520	0. 935087	5. 080842	6. 201826	0. 510345	203 00
203.00	Cost to be allocated (per Wkst. B,	304, 332	101, 155		106, 577		203.00
204.00	Part II)	507, 552	101,103	121,775	100, 377	,,,031	207.00
205.00	Unit cost multiplier (Wkst. B, Part	0. 567532	0. 159476	0. 232600	0. 557297	0.071597	205.00
1	1	1	I	1	1 I	1	1

ST A	ALLOCATION - STATISTICAL BASIS		Provi der		Period:	Worksheet B-1	
					From 01/01/2014 To 12/31/2014	Date/Time Pre	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	5/27/2015 5:2 SOCI AL SERVI CE	
		ADMI NI STRATI ON	SERVICES &	(COSTED REQ	RECORDS &		
		(DI RECT NRS	SUPPLY (COSTED	UIS)	LI BRARY (GROSS CHAR	(GROSS CHAR GES)	
		I NG)	REQUIS.)		GES)	023)	
		13.00	14.00	15.00	16.00	17.00	
00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1 1
00	00200 CAP REL COSTS-MVBLE EQUIP						2
00	00400 EMPLOYEE BENEFITS DEPARTMENT						4
)1							5
)2 )3	00550 DATA PROCESSING 00561 PURCHASING RECEIVING AND STORES						5
)4	00570 ADMI TTI NG						5
)5	00590 OTHER ADMINISTRATIVE AND GENERAL						5
00	00600 MAINTENANCE & REPAIRS						6
00	00700 OPERATION OF PLANT						7
)0 )0	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						8
00	01000 DI ETARY						10
00	01100 CAFETERI A						11
00	01300 NURSI NG ADMI NI STRATI ON	16, 023					13
00 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	658 0	7, 410, 304		0		14
	01600 MEDICAL RECORDS & LIBRARY	0	9, 556 2		o 0 523, 702, 296		16
	01700 SOCIAL SERVICE	0	0		0 0 0	523, 702, 296	
00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0 0	0	22
00	02300 PARAMED ED PRGM-(SPECIFY)	0	0		0 0	0	
01 02	02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI OLOGY	0	0		0 0	0	
02	02303 PARAMED ED PRGM - RESP THER	0	0		0 0	0	
04	02304 PARAMED ED PRGM-PHARMACY	0	0		0 0	0	
	INPATIENT ROUTINE SERVICE COST CENTERS				1		
00	03000 ADULTS & PEDIATRICS	208	356, 904			35, 780, 187	
00 00	03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	3, 613 0	91, 242 0		3 8, 373, 356 0 0	8, 373, 356 0	1
00	02040 NEWBORN I NTENSI VE CARE UNI T	0	0		0 0	0	
00	04000 SUBPROVI DER – I PF	0	9, 038		0 28, 665, 563	28, 665, 563	
00	04300 NURSERY	0	0		0 371, 688	371, 688	
00 00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	0	0		0 0 0 0	0	
00	ANCI LLARY SERVICE COST CENTERS	V	0	I	0 0	0	1 40
00	05000 OPERATI NG ROOM	2, 217	150, 967			17, 418, 477	
01	05001 OPEN HEART SURGERY	113	23, 982		0 1, 270, 579	1, 270, 579	
02 00	05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM	1, 110 490	70, 231 7, 818		6 7, 363, 012 8 3, 256, 998	7, 363, 012 3, 256, 998	
	05300 ANESTHESI OLOGY	470	20, 878			9, 704, 511	
	05400 RADI OLOGY-DI AGNOSTI C	0	23, 494		2 11, 950, 995	11, 950, 995	
	05401 RADI OLOGY SPECI AL PROCEDURES	0	32, 200		2 9, 087, 960		
	05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C	0	8, 908 0		0 8, 679, 821	8, 679, 821	
	05501 COMPUTED TOMOGRAPHY	0	114, 505		0 0 0 30, 149, 797	0 30, 149, 797	
	05700 CT SCAN	0	0		0 0	00,111,111	
	05800 MRI	0	0		0 0	0	
00	05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	
00 01	06000 LABORATORY 06001 BLOOD LABORATORY	0	0		0 52, 336, 454 0 0	52, 336, 454 0	
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 3, 661, 809	3, 661, 809	
01	06301 NUCLEAR MEDICINE	0	2, 963			5, 564, 790	
00	06500 RESPI RATORY THERAPY	0	38, 909	1, 02	1 15, 887, 109	15, 887, 109	65
00	06600 PHYSI CAL THERAPY	0	3, 286		0 5, 482, 033	5, 482, 033	
00 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	1, 724 2, 983		0 2, 809, 707 0 1, 217, 950	2, 809, 707 1, 217, 950	
	06900 ELECTROCARDI OLOGY	0	6, 618			10, 764, 843	
00	07000 ELECTROENCEPHALOGRAPHY	0	7, 438		0 2, 207, 838	2, 207, 838	70
		0	2, 829, 888		0 16, 950, 009	16, 950, 009	
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	3, 092, 179		0 6, 184, 133	6, 184, 133	
	07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC	0	0		9 121, 018, 860 0 0	121, 018, 860 0	
	03950 ORTHOPEDI CS	86	3, 884		0 54, 502	54, 502	
	03140 CARDI OVASCULAR SERVI CES	1, 027	86, 975			15, 987, 377	
03	03957 CARDI AC REHABI LI TATI ON	555	4, 099		0 1, 458, 421	1, 458, 421	76
	03190 RADIATION ONCOLOGY	0	3, 212			6, 184, 936	
		0	14, 945		0 8, 229, 777	8, 229, 777	
06	03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	0	0		0 0 0 2, 889, 726	0	
07		0	0		0 2, 889, 726	2, 889, 726	76

Health Financial Systems F	RANCI SCAN ST MAI	RGARET-HAMMOND		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		eri od:	Worksheet B-1	
			Fi To	rom 01/01/2014 5 12/31/2014	Date/Time Pre	oorod.
				J 12/31/2014	5/27/2015 5:2	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
	ADMI NI STRATI ON	SERVICES &	(COSTED REQ	RECORDS &		
		SUPPLY	UIS)	LI BRARY	(GROSS CHAR	
	(DI RECT NRS	(COSTED		(GROSS CHAR	GES)	
	I NG)	REQUIS.)		GES)		
	13.00	14.00	15.00	16.00	17.00	74.00
76. 09 03954 RENAL DI ALYSI S	0	0	0	2, 370, 748		
76.10 03955 INFUSION 76.11 03956 CARE TRANSITION CENTER	0	80, 879	0	9, 736, 043		76. 10 76. 11
76. 12 03958 ANTICOAGULATION CLINIC	0	7, 271	0	14,859		-
OUTPATIENT SERVICE COST CENTERS	0	1,211	0	677, 302	077, 302	70.12
88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90. 00 09000 CLINIC	0	0	0	0	0	90.00
90. 01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91. 00 09100 EMERGENCY	5, 946	242, 085	6, 812	52, 762, 470	52, 762, 470	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	-,	,	-,			92.00
OTHER REIMBURSABLE COST CENTERS	11				1	
99.00 09900 CMHC	0	0	0	0	0	99.00
99. 10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	28, 648	4, 992	5, 105, 381	5, 105, 381	101. 00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 I NTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	16, 023	7, 386, 327	15, 125, 497	523, 702, 296	523, 702, 296	118.00
NONREI MBURSABLE COST CENTERS	11					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	-	0		190.00
190. 01 19001 CONVENT	0	0	-	0	-	190.01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0	0	0		190.02
190. 03 19003 MEDICAL ARTS BUILDING	0	0	0	0		190.03
190. 04 19004 WOMEN' S HEALTH CENTER 190. 05 19005 DEVELOPMENT	0	0	0	0		190. 04 190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0		190.05 190.06
190. 07 19007 I MAGE RECOVERY	0	0	0	0		190.00
190. 08 19008 FAMILY SERVICES	0	0	0	0		190.07
190. 09 19009 MDWI SE	0	0	0	0		190.00
190. 10 19010 CATHERINE MCAULEY CLINIC	0	1, 879		0		190.10
190. 11 19011 CENTER OF HOPE	0	0	0,111	0		190.11
190. 12 19012 SELECT	0	0	0	0		190. 12
190. 13 19013 PERCI NI AS	0	0	0	0		190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	530	3, 691	0	0	192.00
192.01 19201 WORKING WELL	0	21, 568		0	0	192. 01
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193.00
194. 01 07951 REHAB	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	5, 460, 270	1, 572, 410	4, 681, 224	4, 029, 392	38, 653	202.00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)		0. 212192		0.007694		
204.00 Cost to be allocated (per Wkst. B,	161, 826	176, 305	163, 664	508, 960	10, 632	204.00
Part II)	10,000/07	0 000700	0.01070/	0 000070	0 000000	205 00
205.00 Unit cost multiplier (Wkst. B, Part	10. 099607	0. 023792	0. 010796	0. 000972	0. 000020	205.00
	I		I		I	l

	Financial Systems F LLOCATION - STATISTICAL BASIS	RANCI SCAN ST MAI		CCN: 150004	Period:	u of Form CMS-: Worksheet B-1	2552-10
					From 01/01/2014 To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV (ASSI GNED TI ME) 22. 00	PARAMED ED PRGM (ASSI GNED TI ME) 23.00	PARAMED ED PRGM - LAB (ASSI GNED TIME) 23.01	PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02	PARAMED ED PRGM - RESP THER (ASSI GNED TI ME) 23. 03	
	GENERAL SERVICE COST CENTERS			1			
15.00 16.00 17.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 00550 DATA PROCESSING 00561 PURCHASING RECEIVING AND STORES 00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE						$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 17.\ 00\\ 26.\ 00\\ 10.\ 00\$
22. 00 23. 00 23. 01 23. 02 23. 03 23. 04	02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY) 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY	100	764 C C C C C	) 177, 70 )		114, 230 0	
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	0	C			0	30.00
30.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	0	C			0	30.00
32.00	02060 CORONARY CARE UNI T	0	C		0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0	C		o o	0	35.00
40.00	04000 SUBPROVIDER - IPF	0	C		0 0	0	40.00
43.00	04300 NURSERY	0	C		0 0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	C		0 0	0	44.00
45.00	04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	0	C		0 0	0	45.00
50.00	05000 OPERATING ROOM	0	C		0 0	0	50.00
	05001 OPEN HEART SURGERY	0	C		o o	0	
	05002 OUTPATI ENT SURGERY	0	C		o o	0	50.02
	05100 RECOVERY ROOM	0	C		0 0	0	51.00
53.00	05300 ANESTHESI OLOGY	0	C		0 0	0	53.00
	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	0			170, 485	0	54.00
54.01 54.02	05402 ULTRASOUND	0	C C		0 3, 589 0 1, 795	0	54.01 54.02
55.00	05500 RADI OLOGY-THERAPEUTI C	0	C		0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	C		3, 589	0	55.01
57.00	05700 CT SCAN	0	C		0 0	0	57.00
58.00		0	C		0	0	58.00
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0		145, 72		0	59.00 60.00
60.00	06001 BLOOD LABORATORY	0	C	)		0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	C	28, 43	3 0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0	C	3, 55	4 0	0	63.01
65.00		0	C		0	114, 230	1
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	C			0	66.00 67.00
67.00 68.00	06800 SPEECH PATHOLOGY	0	ſ			0	68.00
	06900 ELECTROCARDI OLOGY	0	C		0 0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	C		0 0	0	70.00
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	C		o	0	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			0	72.00
	07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC		764			0	73.00 76.00
76.01	03950 ORTHOPEDI CS	0	C			0	76.00
	03140 CARDI OVASCULAR SERVI CES	0	C		o o	0	76.02
76.03	03957 CARDI AC REHABI LI TATI ON	0	C		0 0	0	76.03
	03190 RADIATION ONCOLOGY	0	C			0	76.04
76.05 76.06	03951 MRI 03952 BARI ATRI C CENTER	0	C			0	1
70.00		<u>ן</u> ע	L.	1		0	1 / 0. 00

IST ALLOCATION - STATISTICAL BASIS		Provi der		Period: From 01/01/2014 To 12/31/2014	Worksheet B-1 Date/Time Prep	pare
Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV (ASSI GNED TI ME)	PARAMED ED PRGM (ASSI GNED TI ME)	PARAMED ED PRGM - LAB (ASSIGNED TIME)	PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME)	PARAMED ED PRGM - RESP THER (ASSI GNED TI ME)	9 pm
	22.00	23.00	23.01	23.02	23.03	
0.07       03550       PSYCH ACTIVITY THERAPY         0.08       03953       WOUND CARE         0.09       03954       RENAL DIALYSIS         0.10       03955       INFUSION         0.11       03956       CARE TRANSITION CENTER         0.12       03958       ANTI COAGULATION CLINIC	0 0 0 0 0	0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	
OUTPATIENT SERVICE COST CENTERS			1			4
00         08800         RURAL         HEALTH         CLINIC           00         08900         FEDERALLY         QUALIFIED         HEALTH         CENTER           00         09000         CLINIC         00000         CLINIC         000000	0 0 0 100	0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	88. 89. 90. 90. 91. 92.
OTHER REIMBURSABLE COST CENTERS			1		-	1 00
. 00 09900 CMHC . 10 09910 CORF	0	0 0		0 0 0 0	0	
1.00 10100 HOME HEALTH AGENCY	0	0		0 0		101
SPECIAL PURPOSE COST CENTERS	V	0	1	9 9	0	101
3.00 11300 INTEREST EXPENSE 8.00 SUBTOTALS (SUM OF LINES 1-117)	100	764	177, 70	07 179, 458		113 118
NONREI MBURSABLE COST CENTERS 0. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 0	0	190
D. 01 19001 CONVENT	0	0		0 0		190
D. 02 19002 HOME MEDI CAL EQUI PMENT	0	0		0 0		190
0. 03 19003 MEDICAL ARTS BUILDING	0	0		0 0	0	190
0.04 19004 WOMEN'S HEALTH CENTER	0	0		0 0	0	190
D. 05 19005 DEVELOPMENT	0	0		0 0		190
0. 06 19006 NEUROSURGERY PROF SERVICES	0	0		0 0		190
D. 07 19007 I MAGE RECOVERY D. 08 19008 FAMILY SERVICES	0	0		0 0		190 190
). 09/19009 MDWI SE	0	0				190
D. 10 19010 CATHERINE MCAULEY CLINIC	0	0		0 0		190
D. 11 19011 CENTER OF HOPE	0	0		0 0		190
D. 12 19012 SELECT	0	0		0 0	0	190
D. 13 19013 PERCI NI AS	0	0		0 0	0	190
2. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0		192
2. 01 19201 WORKI NG WELL	0	0		0 0		192
3. 00 19300 NONPALD_WORKERS 4. 01 07951 REHAB	0	0				193 194
0.00 Cross Foot Adjustments	0	0				200
1.00 Negative Cost Centers						201
2.00 Cost to be allocated (per Wkst. B, Part I)	748, 411	413			86, 572	202
3.00 Unit cost multiplier (Wkst. B, Part		0. 540576				
4.00 Cost to be allocated (per Wkst. B, Part II)	3, 671	0.014209				
5.00 Unit cost multiplier (Wkst. B, Part	36. 710000	0. 014398	0. 00691	0. 003817	0. 005253	1205

OST A	LLOCATION - STATISTICAL BASIS		Provider CCN: 150004	Peri od:	Worksheet B-1	
				From 01/01/2014 To 12/31/2014	Date/Time Prepa 5/27/2015 5:29	
	Cost Center Description	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)		<u> </u>	572772015 5.29	piii
		23.04				
00	GENERAL SERVICE COST CENTERS					
. 00 . 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP					1. 2.
. 00	00400 EMPLOYEE BENEFITS DEPARTMENT					4.
. 01	01160 COMMUNI CATI ONS					5.
. 02	00550 DATA PROCESSI NG					5.
. 03	00561 PURCHASING RECEIVING AND STORES					5.
. 04 . 05	00570 ADMITTING 00590 OTHER ADMINISTRATIVE AND GENERAL					5. 5.
. 00	00600 MAI NTENANCE & REPAI RS					6.
. 00	00700 OPERATION OF PLANT					7.
. 00	00800 LAUNDRY & LINEN SERVICE					8.
. 00	00900 HOUSEKEEPING					9.
	01000 DI ETARY 01100 CAFETERI A					10. 11.
	01300 NURSING ADMINISTRATION					13.
	01400 CENTRAL SERVICES & SUPPLY					14.
	01500 PHARMACY					15.
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE					16. 17.
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV					22.
	02300 PARAMED ED PRGM-(SPECIFY)					23.
	02301 PARAMED ED PRGM - LAB					23.
	02302 PARAMED ED PRGM - RADI OLOGY					23.
	02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY	715, 898				23. 23.
0.01	INPATIENT ROUTINE SERVICE COST CENTERS	110,070				20.
0. 00	03000 ADULTS & PEDI ATRI CS	0			3	30.
	03100 I NTENSI VE CARE UNI T	0				31.
	02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT	0				32. 35.
	04000 SUBPROVI DER – I PF	0				40.
	04300 NURSERY	0				43.
	04400 SKI LLED NURSI NG FACI LI TY	0				44.
5.00	04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	0			4	45.
0.00	05000 OPERATI NG ROOM	0			5	50.
	05001 OPEN HEART SURGERY	0				50.
	05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM	0				50. 51.
	05300 ANESTHESI OLOGY	0				53.
	05400 RADI OLOGY-DI AGNOSTI C	0				54.
	05401 RADI OLOGY SPECI AL PROCEDURES	0				54.
	05402 ULTRASOUND 05500 RADI OLOGY - THERAPEUTI C	0				54.
	05501 COMPUTED TOMOGRAPHY	0				55. 55.
	05700 CT SCAN	0				57.
B. 00	05800 MRI	0			5	58.
	05900 CARDI AC CATHETERI ZATI ON	0				59.
	06000 LABORATORY 06001 BLOOD LABORATORY	0				60. 60.
	06300 BLOOD STORING, PROCESSING & TRANS.	0				60. 63.
	06301 NUCLEAR MEDICINE	Ŏ				63.
	06500 RESPI RATORY THERAPY	0			6	65.
	06600 PHYSI CAL THERAPY	0				66.
	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0				67. 68.
	06900 ELECTROCARDI OLOGY	0				68. 69.
	07000 ELECTROENCEPHALOGRAPHY	Ŏ				70.
. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0			7	71.
	07200 I MPL. DEV. CHARGED TO PATIENTS	0				72.
	07300 DRUGS CHARGED TO PATIENTS 03020 PAIN CLINIC	715, 898				73.
	03020 PATN CLINIC 03950 ORTHOPEDICS	0				76. 76.
	03140 CARDI OVASCULAR SERVI CES	0				76.
o. 03	03957 CARDI AC REHABI LI TATI ON	Ō			7	76.
	03190 RADIATION ONCOLOGY	0				76.
		0				76.
	03952 BARIATRIC CENTER 03550 PSYCH ACTIVITY THERAPY	0				76. 76.
	03953 WOUND CARE	0				76. 76.
5. 08						

Heal th Financial	Systems
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In Lieu of Form CMS-2552-10

Health Financial Systems		RANCISCAN SI MARGA			u of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BAS	SES		Provider CCN: 15000		Worksheet B-1
				From 01/01/2014 To 12/31/2014	Date/Time Prepared:
				10 12/31/2014	5/27/2015 5:29 pm
Cost Center Descripti	on	PARAMED ED			
		PRGM-PHARMACY			
		(ASSI GNED			
		TIME)			
		23.04			
76. 10 03955 I NFUSI ON		0			76.10
76. 11 03956 CARE TRANSITION CENTE		0			76. 11
76. 12 03958 ANTI COAGULATI ON CLINI		0			76. 12
OUTPATIENT SERVICE COST CE	NTERS				
88.00 08800 RURAL HEALTH CLINIC		0			88.00
89.00 08900 FEDERALLY QUALIFIED H	HEALTH CENTER	0			89.00
90. 00 09000 CLI NI C		0			90.00
90. 01 09001 OCC HEALTH CLINIC		0			90.01
91.00 09100 EMERGENCY		0			91.00
92.00 09200 OBSERVATION BEDS (NON					92.00
OTHER REIMBURSABLE COST CE	NTERS				
99.00 09900 CMHC		0			99.00
99. 10 09910 CORF		0			99.10
101.00 10100 HOME HEALTH AGENCY	20	0			101.00
SPECIAL PURPOSE COST CENTER	RS	1			
113.00 11300 INTEREST EXPENSE	IFC 4 447)	745 000			113.00
118.00 SUBTOTALS (SUM OF LIN		715, 898			118.00
NONREI MBURSABLE COST CENTE 190. 00 19000 GI FT, FLOWER, COFFEE		0			190.00
190. 01 19001 CONVENT	SHOP & CANTELIN	0			190.00
190. 02 19002 HOME MEDI CAL EQUI PMEN	ит	0			190. 02
190. 03 19003 MEDICAL ARTS BUILDING		0			190.02
190. 04 19004 WOMEN' S HEALTH CENTER		0			190.04
190. 05 19005 DEVELOPMENT	X .	0			190.05
190. 06 19006 NEUROSURGERY PROF SEP	RVICES	0			190.06
190. 07 19007 I MAGE RECOVERY	WI CES	0			190.07
190. 08 19008 FAMILY SERVICES		0			190.08
190. 09 19009 MDWI SE		0			190.09
190. 10 19010 CATHERINE MCAULEY CLI	NLC	0			190.10
190. 11 19011 CENTER OF HOPE		0			190. 11
190. 12 19012 SELECT		0			190. 12
190. 13 19013 PERCI NI AS		0			190. 13
192. 00 19200 PHYSI CI ANS' PRI VATE (	)FFI CES	0			192.00
192. 01 19201 WORKI NG WELL		0			192.01
193. 00 19300 NONPAI D WORKERS		0			193.00
194. 01 07951 REHAB		0			194. 01
200.00 Cross Foot Adjustment	ts				200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated		860, 895			202.00
Part I)					
203.00 Unit cost multiplier	(Wkst. B, Part I)	1. 202539			203.00
204.00 Cost to be allocated		5, 503			204.00
Part II)					
205.00 Unit cost multiplier	(Wkst B Part	0.007687			205.00
	(intoti b) i di t	0.007007			205.00

Health Financial Systems F	RANCISCAN ST MARGARET-HAMMON	D	In Lie	eu of Form CMS-2	2552-10
POST STEPDOWN ADJUSTMENTS	Provi der	CCN: 150004	Period:	Worksheet B-2	
			From 01/01/2014 To 12/31/2014		
		Wo	rksheet		
	Description	Part	Line No.	Amount	
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME		1 94.00	0	2.00
3. 00	PROGRAM ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5. 00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6. 00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	ADJ FOR LAB ALLIED HEALTH PROGRAM FE		1 60.00	-25, 120	7.00

	Financial Systems ATION OF RATIO OF COSTS TO CHARGES	FRANCISCAN ST MA		CCN: 150004 P	veriod: from 01/01/2014 fo 12/31/2014	u of Form CMS-: Worksheet C Part I Date/Time Pre 5/27/2015 5:2	pared:
				e XVIII	Hospi tal	PPS	
		<b>T</b> + + 0 +			Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	00 444 540		00 444 546		00 444 540	
	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNI T	23, 111, 519 5, 798, 039		23, 111, 519 5, 798, 039		23, 111, 519 5, 798, 039	
	02060 CORONARY CARE UNIT	3, 748, 034		5, 798, 039		5, 798, 039	
	02040 NEWBORN I NTENSI VE CARE UNI T	0			0	0	
40.00	04000 SUBPROVI DER – I PF	6, 432, 284		6, 432, 284		6, 432, 284	40.00
43.00	04300 NURSERY	964, 375		964, 375	0	964, 375	
	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	0			0	0	
45.00	ANCI LLARY SERVICE COST CENTERS	0	1		0	0	45.00
50.00	05000 OPERATI NG ROOM	4, 706, 468		4, 706, 468	5, 065	4, 711, 533	50.00
	05001 OPEN HEART SURGERY	340, 880		340, 880		359, 932	
	05002 OUTPATIENT SURGERY	2, 971, 330		2, 971, 330		2, 971, 330	
51.00 53.00	05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	641, 038 3, 478, 328		641, 038 3, 478, 328		641, 038 3, 478, 328	
	05400 RADI OLOGY-DI AGNOSTI C	2, 835, 812		2, 835, 812		2, 835, 812	
	05401 RADI OLOGY SPECIAL PROCEDURES	2, 315, 272		2, 315, 272		2, 315, 272	
	05402 ULTRASOUND	942, 429		942, 429	0	942, 429	
	05500 RADI OLOGY-THERAPEUTI C	0		0	0	0	
	05501 COMPUTED TOMOGRAPHY	1, 374, 075		1, 374, 075		1, 374, 075	
57.00 58.00	05700 CT SCAN 05800 MRI	0			0	0	
59.00	05900 CARDI AC CATHETERI ZATI ON	0			0	0	
60.00	06000 LABORATORY	7, 610, 011		7, 610, 011	13, 624	7, 623, 635	
	06001 BLOOD LABORATORY	0		C	0	0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1, 459, 662		1, 459, 662		1, 459, 662	
63.01 65.00	06301 NUCLEAR MEDI CI NE 06500 RESPI RATORY THERAPY	1, 000, 643 2, 947, 211	l c	1, 000, 643 2, 947, 211		1, 000, 643 2, 947, 211	
66.00	06600 PHYSI CAL THERAPY	3, 508, 909		3, 508, 909		3, 508, 909	
67.00	06700 OCCUPATI ONAL THERAPY	851, 118		851, 118		851, 118	
68.00	06800 SPEECH PATHOLOGY	632, 247	0	632, 247		632, 247	
69.00		799, 328		799, 328		799, 328	
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	540, 900 4, 393, 067		540, 900 4, 393, 067		545, 716 4, 393, 067	
	07200 I MPL. DEV. CHARGED TO PATIENTS	4, 269, 920		4, 269, 920		4, 269, 920	
	07300 DRUGS CHARGED TO PATIENTS	23, 245, 665		23, 245, 665		23, 245, 665	
	03020 PAIN CLINIC	0		C	0	0	
76.01	03950 ORTHOPEDI CS	69,619		69, 619		69, 619	
	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON	2, 618, 727 864, 720		2, 618, 727 864, 720		2, 625, 105 864, 720	
	03190 RADIATION ONCOLOGY	2, 108, 495		2, 108, 495		2, 108, 495	
76.05	03951 MRI	909, 334		909, 334	0	909, 334	76.05
	03952 BARI ATRI C CENTER	0			0	0	76.06
	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE	441, 318 756, 110		441, 318 756, 110		441, 318 758, 425	
	03954 RENAL DI ALYSI S	1, 209, 324		1, 209, 324		1, 209, 324	
76. 10	03955 I NFUSI ON	2, 299, 597		2, 299, 597		2, 299, 597	
	03956 CARE TRANSITION CENTER	76, 802		76, 802	0	76, 802	
76. 12		293, 959		293, 959	0	293, 959	76. 12
88.00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	0			0	0	88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0				0	
90.00	09000 CLI NI C	0		0	o o	0	
	09001 OCC HEALTH CLINIC	0		C	0	0	
	09100 EMERGENCY	10, 180, 185		10, 180, 185		10, 219, 940	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	3, 490, 938	1	3, 490, 938		3, 490, 938	92.00
99.00	09900 CMHC	0		C		0	99.00
99. 10	09910 CORF	0		0		0	
101. 00	10100 HOME HEALTH AGENCY	4, 468, 515		4, 468, 515		4, 468, 515	101.00
110 05	SPECIAL PURPOSE COST CENTERS			1	1		110 0
113. 00 200. 00	11300 INTEREST EXPENSE Subtotal (see instructions)	136, 958, 173	C	136, 958, 173	91, 005	137, 049, 178	113.00
200.00 201.00		3, 490, 938		3, 490, 938		3, 490, 938	
	Total (see instructions)	133, 467, 235				133, 558, 240	

	ancial Systems Fi N OF RATIO OF COSTS TO CHARGES	RANCISCAN ST MAR		CCN: 150004	Period:	u of Form CMS- Worksheet C	2552-10
					From 01/01/2014 To 12/31/2014	Part I Date/Time Pre	pared:
			T: +1	a XV/111	lloopital	5/27/2015 5:2	9 pm
			Charges	e XVIII	Hospi tal	PPS	
	Cost Center Description	Inpati ent	Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
	ATIENT ROUTINE SERVICE COST CENTERS						
	00 ADULTS & PEDIATRICS	30, 199, 081		30, 199, 08			30.00
	00 I NTENSI VE CARE UNI T 60 CORONARY CARE UNI T	8, 373, 356		8, 373, 35	0		31.00 32.00
	40 NEWBORN I NTENSI VE CARE UNI T	0			0		35.00
	00 SUBPROVI DER – I PF	28, 665, 563		28, 665, 56	53		40.00
	00 NURSERY	371, 688		371, 68			43.00
	00 SKILLED NURSING FACILITY	0			0		44.00
	00 NURSING FACILITY ILLARY SERVICE COST CENTERS	0			0		45.00
	00 OPERATING ROOM	7, 201, 776	10, 216, 701	17, 418, 47	0. 270200	0. 000000	50.00
	01 OPEN HEART SURGERY	1, 270, 579	0			0. 000000	
	02 OUTPATI ENT SURGERY	3, 086, 363	4, 276, 649			0. 000000	
	OO RECOVERY ROOM	1, 432, 261	1, 824, 737			0. 000000	1
		4, 229, 411	5, 475, 100			0.00000	
	00 RADI OLOGY-DI AGNOSTI C 01 RADI OLOGY SPECI AL PROCEDURES	3, 812, 987 3, 646, 521	8, 138, 008 5, 441, 439			0. 000000 0. 000000	
	02 ULTRASOUND	3, 042, 005	5, 637, 816			0.000000	
	00 RADI OLOGY-THERAPEUTI C	0	C		0 0.000000	0.000000	1
	01 COMPUTED TOMOGRAPHY	10, 186, 909	19, 962, 888	30, 149, 79		0. 000000	1
	00 CT SCAN	0	0		0 0.000000	0.00000	
	00 MRI 00 CARDI AC CATHETERI ZATI ON	0	0		0 0. 000000 0 0. 000000	0. 000000 0. 000000	
	00 LABORATORY	27, 965, 531	24, 370, 923	52, 336, 45		0. 000000	
	01 BLOOD LABORATORY	0	21, 070, 720	02,000,10	0 0.000000	0. 000000	
	00 BLOOD STORING, PROCESSING & TRANS.	1, 971, 355	1, 690, 454	3, 661, 80		0. 000000	
	01 NUCLEAR MEDICINE	1, 647, 068	3, 917, 722			0. 000000	
		14, 391, 483	1, 495, 626			0.00000	1
	00 PHYSI CAL THERAPY 00 OCCUPATI ONAL THERAPY	3, 343, 552	2, 138, 481			0.00000	1
	00 SPEECH PATHOLOGY	2, 425, 184 985, 331	384, 523 232, 619			0. 000000 0. 000000	1
	00 ELECTROCARDI OLOGY	5, 943, 710	4, 821, 133			0. 000000	
70.00 070	00 ELECTROENCEPHALOGRAPHY	38, 266	2, 169, 572			0. 000000	
	00 MEDICAL SUPPLIES CHARGED TO PATIENT	11, 591, 440	5, 358, 569			0.00000	
	00 I MPL. DEV. CHARGED TO PATIENTS	3, 697, 204	2, 486, 929			0.00000	
	00 DRUGS CHARGED TO PATIENTS 20 PAIN CLINIC	40, 930, 542	80, 088, 318	121, 018, 86	0 0. 192083 0 0. 000000	0. 000000 0. 000000	
	50 ORTHOPEDI CS	4,600	49, 902	54, 50		0. 000000	
	40 CARDI OVASCULAR SERVI CES	9, 159, 992	6, 827, 385			0.000000	
	57 CARDI AC REHABI LI TATI ON	312, 351	1, 146, 070			0. 000000	
	90 RADIATION ONCOLOGY	447, 953	5, 736, 983			0.00000	
	51 MRI 52 BARI ATRI C CENTER	3, 065, 498	5, 164, 279	8, 229, 77	0. 110493 0. 000000	0. 000000 0. 000000	1
	50 PSYCH ACTIVITY THERAPY	2, 889, 726	0	2, 889, 72		0. 000000	1
	53 WOUND CARE	19, 257	2, 053, 018			0. 000000	
	54 RENAL DIALYSIS	2, 333, 902	36, 846			0. 000000	
	55 I NFUSI ON	0	9, 736, 043			0. 000000	
	56 CARE TRANSITION CENTER	0	14, 859			0.00000	
	58 ANTICOAGULATION_CLINIC PATIENT_SERVICE_COST_CENTERS	1,633	675, 669	677, 30	0. 434015	0.000000	76. 12
	00 RURAL HEALTH CLINIC	0	0		0		88.00
	00 FEDERALLY QUALIFIED HEALTH CENTER	0	C	)	0		89.00
	00 CLINIC	0	0		0 0.000000	0. 000000	1
	01 OCC HEALTH CLINIC	0	0	F0 7/0	0 0.00000	0.00000	1
	00 EMERGENCY 00 OBSERVATION BEDS (NON-DISTINCT PART	12, 911, 773	39, 850, 697			0.00000	1
	ER REIMBURSABLE COST CENTERS	1, 566, 863	4, 014, 243	5, 581, 10	0. 625492	0.000000	92.00
		0	C		0		99.00
99.10 099	10 CORF	0	C		0		99.10
	OO HOME HEALTH AGENCY	0	5, 105, 381	5, 105, 38	31		101.00
	CIAL PURPOSE COST CENTERS	1 1		1			112 00
200.00	00 INTEREST EXPENSE Subtotal (see instructions)	253, 162, 714	270, 539, 582	523, 702, 29	26		113.00 200.00
200.00	Less Observation Beds	200, 102, 714	2,0,007,002	020, 102, 23			200.00
202.00	Total (see instructions)	253, 162, 714	270, 539, 582	523, 702, 29	96		202.00
1					•	•	-

Heal th	Fi nar	ici al	Syst	ems			
COMPLIE				0	COCTC	ΤO	_

Heal th	Financial Systems	FRANCISCAN ST MARGA	ARET-HAMMOND	In Lie	u of Form CMS-2552
	FATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepare 5/27/2015 5:29 pm
			Title XVIII	Hospi tal	PPS
	Cost Center Description	PPS Inpatient Ratio 11.00			
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00			
30.00	03000 ADULTS & PEDI ATRI CS				30.
31.00	03100 INTENSIVE CARE UNIT				31.
32.00	02060 CORONARY CARE UNI T				32.
35.00	02040 NEWBORN INTENSIVE CARE UNIT				35.
40.00	04000 SUBPROVIDER - IPF				40.
43.00	04300 NURSERY				43.
44.00	04400 SKILLED NURSING FACILITY				44.
45.00	04500 NURSING FACILITY				45.
	ANCI LLARY SERVICE COST CENTERS				
50.00	05000 OPERATI NG ROOM	0. 270491			50.
50.01	05001 OPEN HEART SURGERY	0. 283282			50.
50.02	05002 OUTPATIENT SURGERY	0. 403548			50.
51.00	05100 RECOVERY ROOM	0. 196819			51.
53.00	05300 ANESTHESI OLOGY	0. 358424			53.
54.00 54.01	05400 RADI OLOGY -DI AGNOSTI C	0. 237287			54.
54.01 54.02	05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND	0. 254763			54. 54.
54.02 55.00	05500 RADI OLOGY-THERAPEUTI C	0. 108577 0. 000000			55.
55.00	05501 COMPUTED TOMOGRAPHY	0. 045575			55.
57.00	05700 CT SCAN	0. 000000			57.
58.00	05800 MRI	0. 000000			58.
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 000000			59.
60.00	06000 LABORATORY	0. 145666			60.
60.01	06001 BLOOD LABORATORY	0. 000000			60.
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 398618			63.
63.01	06301 NUCLEAR MEDICINE	0. 179817			63.
65.00	06500 RESPI RATORY THERAPY	0. 185510			65.
66.00	06600 PHYSI CAL THERAPY	0. 640074			66.
67.00	06700 OCCUPATI ONAL THERAPY	0. 302921			67.
68.00	06800 SPEECH PATHOLOGY	0. 519108			68.
69.00	06900 ELECTROCARDI OLOGY	0. 074254			69.
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 247172			70.
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 259178			71.
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 690464			72.
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 192083			73.
76.00	03020 PAIN CLINIC	0. 000000			76.
76. 01 76. 02	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES	1. 277366			76.
76.02 76.03	03140 CARDI OVASCULAR SERVICES 03957 CARDI AC REHABI LI TATI ON	0. 164199 0. 592915			76. 76.
76.03		0. 340908			76.
76.04	03951 MRI	0. 340908			76.
76.06	03952 BARI ATRI C CENTER	0. 000000			76.
76.07		0. 152720			76.
	03953 WOUND CARE	0. 365987			76.
	03954 RENAL DI ALYSI S	0. 510102			76.
	03955   NFUSI ON	0. 236194			76.
76. 11	03956 CARE TRANSITION CENTER	5. 168719			76.
	03958 ANTI COAGULATI ON CLINIC	0. 434015			76.
	OUTPATIENT SERVICE COST CENTERS				
	08800 RURAL HEALTH CLINIC				88.
89.00					89.
	09000 CLINIC	0. 000000			90.
90.01		0.00000			90.
	09100 EMERGENCY	0. 193697			91.
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 625492			92.
00.00		1			
	09900 CMHC				99.
	09910 CORF 0 10100 HOME HEALTH AGENCY				99. 101.
101.00	SPECIAL PURPOSE COST CENTERS				101.
112 00	DI11300 INTEREST EXPENSE				113.
200.00					200.
200.00					200. 201.
201.00					201.
202.00		1			1202.

	Financial Systems ATION OF RATIO OF COSTS TO CHARGES	FRANCISCAN ST MA		CCN: 150004 F	Period:	u of Form CMS-2 Worksheet C	2002-1
					rom 01/01/2014 o 12/31/2014	Part I Date/Time Pre	
			Tit	tle XIX	Hospi tal	5/27/2015 5:2 Cost	9 pm
					Costs		
	Cost Center Description	Total Cost (from Wkst. B,	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
		Part I, col.	, Auj .		Disarrowance		
		26)					
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
30.00	03000 ADULTS & PEDIATRICS	23, 111, 519		23, 111, 519	0	23, 111, 519	30.00
31.00	03100 INTENSIVE CARE UNIT	5, 798, 039		5, 798, 039		5, 798, 039	
32.00	02060 CORONARY CARE UNI T	0		0		0	
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0		( 422.20)	,	0	
40.00 43.00	04000 SUBPROVI DER – I PF 04300 NURSERY	6, 432, 284 964, 375		6, 432, 284 964, 375		6, 432, 284 964, 375	
44.00	04400 SKI LLED NURSI NG FACI LI TY	0				0	1
45.00	04500 NURSING FACILITY	0		0	0	0	45.0
- 00	ANCI LLARY SERVICE COST CENTERS	4 704 440	1	4 704 446	E O/F	4 711 522	
50.00 50.01	05000 OPERATING ROOM 05001 OPEN HEART SURGERY	4, 706, 468 340, 880		4, 706, 468		4, 711, 533 359, 932	
50.02	05002 OUTPATI ENT_SURGERY	2, 971, 330		2, 971, 330		2, 971, 330	
51.00	05100 RECOVERY ROOM	641, 038		641, 038		641, 038	
53.00	05300 ANESTHESI OLOGY	3, 478, 328		3, 478, 328		3, 478, 328	
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES	2, 835, 812 2, 315, 272		2, 835, 812		2, 835, 812 2, 315, 272	
54.01	05402 ULTRASOUND	942, 429		942, 429		942, 429	
55.00	05500 RADI OLOGY-THERAPEUTI C	0		0	0 0	0	
55. 01	05501 COMPUTED TOMOGRAPHY	1, 374, 075		1, 374, 075		1, 374, 075	
57.00	05700 CT SCAN	0		0		0	
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0				0	
50.00	06000 LABORATORY	7, 610, 011		7, 610, 011	-	7, 623, 635	
50.01	06001 BLOOD LABORATORY	0		(	0	0	1
53.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS.	1, 459, 662		1, 459, 662		1, 459, 662	
53.01	06301 NUCLEAR MEDICINE	1,000,643		1, 000, 643		1,000,643	
55.00 56.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	2, 947, 211 3, 508, 909				2, 947, 211 3, 508, 909	
57.00	06700 OCCUPATI ONAL THERAPY	851, 118		-,,		851, 118	
58.00	06800 SPEECH PATHOLOGY	632, 247		632, 247		632, 247	
69.00	06900 ELECTROCARDI OLOGY	799, 328		799, 328		799, 328	
70.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	540, 900 4, 393, 067		540, 900		545, 716 4, 393, 067	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4, 393, 007		4, 269, 920		4, 393, 007	
73.00	07300 DRUGS CHARGED TO PATIENTS	23, 245, 665		23, 245, 665		23, 245, 665	1
76.00	03020 PAIN CLINIC	0		C	-	0	
76.01	03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES	69,619		69, 619		69, 619	
	03957 CARDI AC REHABI LI TATI ON	2, 618, 727 864, 720		2, 618, 727 864, 720		2, 625, 105 864, 720	
76.04	03190 RADI ATI ON ONCOLOGY	2, 108, 495		2, 108, 495		2, 108, 495	
76.05	03951 MRI	909, 334		909, 334	0	909, 334	
76.06	03952 BARI ATRI C CENTER	0		(	0	0	
76.07 76.08	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE	441, 318 756, 110		441, 318		441, 318 758, 425	
76.09	03954 RENAL DI ALYSI S	1, 209, 324		1, 209, 324		1, 209, 324	
76. 10	03955 I NFUSI ON	2, 299, 597		2, 299, 597	0	2, 299, 597	76. 1
76. 11	03956 CARE TRANSITION CENTER	76, 802		76, 802		76, 802	
76. 12		293, 959		293, 959	0	293, 959	76. 1
38. 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	0		0	0	0	88.0
39.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0		0	
90.00	09000 CLI NI C	0		0	-	0	90.0
90.01	09001 OCC HEALTH CLINIC	10, 100, 105		10 100 100	0 20 755	0	90.0
91.00 92.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	10, 180, 185 3, 490, 938		10, 180, 185		10, 219, 940 3, 490, 938	
2.00	OTHER REIMBURSABLE COST CENTERS	0,470,750	1	1 0, 470, 750	·	5, 475, 750	1 /2.0
99.00	09900 CMHC	0		0		0	
	09910 CORF	0				0	
01.00	DIO100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	4, 468, 515		4, 468, 515		4, 468, 515	1101. 0 
13.00	DI1300 INTEREST EXPENSE						113.0
200.00		136, 958, 173	(	136, 958, 173	91, 005	137, 049, 178	
201.00	Less Observation Beds	3, 490, 938		3, 490, 938		3, 490, 938	
202.00	) Total (see instructions)	133, 467, 235		133, 467, 235	91,005	133, 558, 240	1202 0

	Financial Systems ATION OF RATIO OF COSTS TO CHARGES		RGARET-HAMMOND Provi der	CCN: 150004	Peri od: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Pre 5/27/2015 5:2	epared:
				le XIX	Hospi tal	Cost	1
	Cost Center Description	I npati ent	Charges Outpatient	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	30, 199, 081		30, 199, 08			30.00
	03100 I NTENSI VE CARE UNI T 02060 CORONARY CARE UNI T	8, 373, 356		8, 373, 35	0		31.00
	02040 NEWBORN INTENSIVE CARE UNIT	0			0		35.00
	04000 SUBPROVI DER – I PF	28, 665, 563		28, 665, 56	53		40.00
	04300 NURSERY	371, 688		371, 68			43.00
	04400 SKILLED NURSING FACILITY	0			0		44.00
5.00	04500 NURSING FACILITY	0			0	L	45.00
0 00	ANCI LLARY SERVICE COST CENTERS	7 001 77/	10 01/ 701	17 410 47		0.00000	
	05000 OPERATING ROOM 05001 OPEN HEART SURGERY	7, 201, 776 1, 270, 579	10, 216, 701 0	17, 418, 47 1, 270, 57		0.00000 0.000000	
	05002 OUTPATIENT SURGERY	3, 086, 363	4, 276, 649			0.000000	
	05100 RECOVERY ROOM	1, 432, 261	1, 824, 737			0.000000	
	05300 ANESTHESI OLOGY	4, 229, 411	5, 475, 100			0.000000	
	05400 RADI OLOGY-DI AGNOSTI C	3, 812, 987	8, 138, 008			0.000000	
4. 01	05401 RADIOLOGY SPECIAL PROCEDURES	3, 646, 521	5, 441, 439	9, 087, 96	0. 254763	0. 000000	54.01
	05402 ULTRASOUND	3, 042, 005	5, 637, 816	8, 679, 82		0. 000000	
	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0.000000	0.00000	
	05501 COMPUTED TOMOGRAPHY	10, 186, 909	19, 962, 888	30, 149, 79		0.00000	
	05700 CT SCAN	0	0		0 0.00000	0.000000	
	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0.000000 0 0.000000	0. 000000 0. 000000	
	06000 LABORATORY	27, 965, 531	24, 370, 923	52, 336, 45		0.000000	
	06001 BLOOD LABORATORY	27, 703, 331	24, 370, 723	52, 550, 45	0 0.000000	0.000000	
	06300 BLOOD STORING, PROCESSING & TRANS.	1, 971, 355	1, 690, 454	3, 661, 80		0. 000000	
	06301 NUCLEAR MEDICINE	1, 647, 068	3, 917, 722	5, 564, 79		0.00000	
5.00	06500 RESPI RATORY THERAPY	14, 391, 483	1, 495, 626	15, 887, 10	0. 185510	0. 000000	65.00
6. 00	06600 PHYSI CAL THERAPY	3, 343, 552	2, 138, 481	5, 482, 03		0. 000000	
	06700 OCCUPATI ONAL THERAPY	2, 425, 184	384, 523			0.00000	
	06800 SPEECH PATHOLOGY	985, 331	232, 619			0.000000	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	5, 943, 710 38, 266	4, 821, 133 2, 169, 572			0. 000000 0. 000000	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11, 591, 440	5, 358, 569			0.000000	
	07200 I MPL. DEV. CHARGED TO PATIENTS	3, 697, 204	2, 486, 929			0.000000	
	07300 DRUGS CHARGED TO PATIENTS	40, 930, 542	80, 088, 318			0.000000	
6. 00	03020 PAIN CLINIC	0	0		0 0.000000	0. 000000	76.00
	03950 ORTHOPEDI CS	4, 600	49, 902	54, 50		0. 000000	
	03140 CARDI OVASCULAR SERVI CES	9, 159, 992	6, 827, 385			0.00000	
	03957 CARDI AC REHABI LI TATI ON	312, 351	1, 146, 070			0.00000	
	03190 RADIATION ONCOLOGY	447, 953 3, 065, 498	5, 736, 983			0. 000000 0. 000000	
	03951 MRI 03952 BARI ATRI C CENTER	3, 003, 498	5, 164, 279	8, 229, 77	0 0. 000000	0.000000	
	03550 PSYCH ACTI VI TY THERAPY	2, 889, 726	0	2, 889, 72		0.000000	
	03953 WOUND CARE	19, 257	2, 053, 018			0.000000	
	03954 RENAL DI ALYSI S	2, 333, 902	36, 846			0. 000000	
6. 10	03955 I NFUSI ON	0	9, 736, 043			0. 000000	
6. 11	03956 CARE TRANSITION CENTER	0	14, 859	14, 85	59 5. 168719	0.00000	76.11
6. 12	03958 ANTI COAGULATI ON CLINIC	1, 633	675, 669	677, 30	0. 434015	0.00000	76. 12
0 00	OUTPATIENT SERVICE COST CENTERS		-	1	0 0 000000	0.000000	00.00
	08800 RURAL HEALTH CLINIC	0	0		0 0. 000000 0 0. 000000	0. 000000 0. 000000	
	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	0	0		0 0.000000	0.000000	
	09001 OCC HEALTH CLINIC	0	0		0 0.000000	0.000000	
	09100 EMERGENCY	12, 911, 773	39, 850, 697	52, 762, 47		0.000000	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	1, 566, 863	4, 014, 243			0. 000000	
	OTHER REIMBURSABLE COST CENTERS						
	09900 CMHC	0	0		0		99.00
	09910 CORF	0	0		0		99.10
UT. 00	10100 HOME HEALTH AGENCY	0	5, 105, 381	5, 105, 38	51		101.00
	SPECIAL PURPOSE COST CENTERS			1			112 00
12 00	11200 INTEDECT EVDENCE						
	11300 INTEREST EXPENSE Subtotal (see instructions)	253 162 714	270 520 502	522 702 20	26		
13.00 00.00 01.00	Subtotal (see instructions)	253, 162, 714	270, 539, 582	523, 702, 29	96		113.00 200.00 201.00

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Health Financial Systems	FRANCISCAN ST MARGA	ARET-HAMMOND	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Pre	epared:
		Title XIX	Hospi tal	5/27/2015 5:2 Cost	29 pm
Cost Center Description	PPS Inpatient Ratio 11.00			0031	
INPATIENT ROUTINE SERVICE COST CENTERS	11.00				
30. 00 03000 ADULTS & PEDI ATRI CS					30.00
31.00 03100 INTENSIVE CARE UNIT					31.00
32.00 02060 CORONARY CARE UNIT					32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT					35.00
40. 00 04000 SUBPROVIDER - IPF					40.00
43.00 04300 NURSERY					43.00
44. 00 04400 SKILLED NURSING FACILITY					44.00
45. 00 04500 NURSI NG FACI LI TY					45.00
ANCI LLARY SERVICE COST CENTERS	0.070401				
50. 00 05000 OPERATING ROOM 50. 01 05001 OPEN HEART SURGERY	0. 270491 0. 283282				50.00
50. 02 05002 OUTPATIENT SURGERY	0. 403548				50.01
51. 00 05100 RECOVERY ROOM	0. 196819				51.00
53. 00 05300 ANESTHESI OLOGY	0. 358424				53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 237287				54.00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	0. 254763				54.01
54. 02 05402 ULTRASOUND	0. 108577				54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000				55.00
55.01 05501 COMPUTED TOMOGRAPHY	0. 045575				55.01
57.00 05700 CT SCAN	0.00000				57.00
58. 00 05800 MRI	0. 000000				58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0.000000				59.00
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	0. 145666				60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000 0. 398618				63.00
63. 01 06301 NUCLEAR MEDICINE	0. 179817				63.00
65. 00 06500 RESPI RATORY THERAPY	0. 185510				65.00
66. 00 06600 PHYSI CAL THERAPY	0. 640074				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 302921				67.00
68.00 06800 SPEECH PATHOLOGY	0. 519108				68.00
69.00 06900 ELECTROCARDI OLOGY	0. 074254				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 247172				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIEN					71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 690464				72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 76. 00 03020 PAIN CLINIC	0. 192083 0. 000000				73.00
76. 01 03950 ORTHOPEDI CS	1. 277366				76.00
76. 02 03140 CARDI OVASCULAR SERVI CES	0. 164199				76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0. 592915				76.03
76.04 03190 RADIATION ONCOLOGY	0. 340908				76.04
76. 05 03951 MRI	0. 110493				76.05
76. 06 03952 BARI ATRI C CENTER	0. 000000				76.06
76. 07 03550 PSYCH ACTIVITY THERAPY	0. 152720				76.07
76. 08 03953 WOUND CARE	0. 365987				76.08
76. 09 03954 RENAL DI ALYSI S	0. 510102				76.09
76. 10 03955 INFUSION	0. 236194				76.10
76. 11 03956 CARE TRANSITION CENTER 76. 12 03958 ANTICOAGULATION CLINIC	5. 168719 0. 434015				76.11
OUTPATIENT SERVICE COST CENTERS	0. 434015				1 /0.12
88. 00 08800 RURAL HEALTH CLINIC	0. 000000				88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				89.00
90. 00 09000 CLINIC	0. 000000				90.00
90. 01 09001 OCC HEALTH CLINIC	0. 000000				90.01
91.00 09100 EMERGENCY	0. 193697				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PAR	T 0. 625492				92.00
OTHER REIMBURSABLE COST CENTERS					00.00
99. 00 09900 CMHC 99. 10 09910 CORF					99.00 99.10
101.00 10100 HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS					
113. 00 11300 I NTEREST EXPENSE					113.00
	1				200.00
200.00 Subtotal (see instructions)					
200.00Subtotal (see Instructions)201.00Less Observation Beds202.00Total (see instructions)					201.00

Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND	I	In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITA	L COSTS	Provi der		Period: From 01/01/2014 To 12/31/2014		pared:
			e XVIII	Hospi tal	PPS	9 pili
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient		
	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	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	2, 654, 067	0	2, 654, 06	7 29, 567	89.76	
31.00 INTENSIVE CARE UNIT	356, 317		356, 31	7 3, 623	98.35	31.00
32.00 CORONARY CARE UNI T	0			0 0	0.00	
35.00 NEWBORN INTENSIVE CARE UNIT	0			0 0	0.00	
40. 00 SUBPROVIDER – IPF	69, 804	0	69, 80		8. 18	
43.00 NURSERY	5, 551		5, 55	1 226	24.56	
44.00 SKILLED NURSING FACILITY	0			0 0	0.00	
45.00 NURSING FACILITY	0			0 0	0.00	
200.00 Total (lines 30-199)	3, 085, 739		3, 085, 73	9 41, 953		200.00
Cost Center Description	Inpati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
	( 00	6)	-			
	6.00	7.00				
30.00 ADULTS & PEDIATRICS	13, 624	1, 222, 890	,			30, 00
30. 00 TADULTS & PEDIATRICS 31. 00 TINTENSIVE CARE UNIT	2, 135					30.00
31.00 TINTENSIVE CARE UNIT 32.00 CORONARY CARE UNIT	2, 135	209,977				31.00
32.00 CORONARY CARE UNIT 35.00 NEWBORN INTENSIVE CARE UNIT	0					32.00
40. 00 SUBPROVIDER - IPF	1, 166	9, 538				40.00
43. 00 NURSERY	1,100	9, 000				40.00
43.00 INDRSERY 44.00 ISKILLED NURSING FACILITY						43.00
45.00 NURSING FACILITY						44.00
200.00 Total (lines 30-199)	16, 925	1, 442, 405				200.00
200.0010101 (111185 30-199)	10, 925	1, 442, 405	1			200.00

		RGARET-HAMMOND			2552-10		
APPORT	IONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL CUSTS	Provider	CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Pre 5/27/2015 5:2	pared:
			Titl	e XVIII	Hospi tal	PPS	7 piii
	Cost Center Description	Capi tal	Total Charges			Capital Costs	
		Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,	Part I, col.	(col. 1 ÷ col		column 4)	
		Part II, col.	8)	2)	Ŭ		
		26)					
		1.00	2.00	3.00	4.00	5.00	
	ANCI LLARY SERVI CE COST CENTERS		1	1			
50.00	05000 OPERATI NG ROOM	732, 988					
50. 01	05001 OPEN HEART SURGERY	25, 895				9, 780	
50. 02	05002 OUTPATI ENT SURGERY	349, 737					
51.00	05100 RECOVERY ROOM	14, 187					
53.00	05300 ANESTHESI OLOGY	176, 580				37, 982	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	334, 676				59, 036	
54.01	05401 RADI OLOGY SPECI AL PROCEDURES	251, 166				62, 508	
54.02	05402 ULTRASOUND	97, 930	8, 679, 821			17, 491	54.02
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0.0000		0	55.00
55. 01	05501 COMPUTED TOMOGRAPHY	66, 446	30, 149, 797	0.00220	04 4, 874, 048	10, 742	55.01
57.00	05700 CT SCAN	0	0	0.0000	0 00	0	57.00
58.00	05800 MRI	0	0	0.0000	0 00	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	0.0000	0 00	0	59.00
50.00	06000 LABORATORY	392, 324	52, 336, 454	0.0074	96 13, 350, 967	100, 079	60. OC
60. 01	06001 BLOOD LABORATORY	0	0	0.0000	0 00	0	60.01
53.00	06300 BLOOD STORING, PROCESSING & TRANS.	11, 713	3, 661, 809	0.0031	99 1, 042, 506	3, 335	63.00
53.01	06301 NUCLEAR MEDICINE	74, 883	5, 564, 790	0. 0134	57 784, 960	10, 563	63.01
55.00	06500 RESPI RATORY THERAPY	173, 407	15, 887, 109	0. 0109	15 7, 804, 889	85, 190	65.00
56.00	06600 PHYSI CAL THERAPY	164, 938	5, 482, 033	0. 0300	87 454, 733	13, 682	66.00
57.00	06700 OCCUPATI ONAL THERAPY	21, 147	2, 809, 707	0.0075	403, 236	3, 035	67. OC
58.00	06800 SPEECH PATHOLOGY	48, 841	1, 217, 950	0. 0401		27, 463	68. OC
69.00	06900 ELECTROCARDI OLOGY	103, 663	10, 764, 843	0.0096	30 2, 976, 030	28, 659	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	47,144	2, 207, 838	0. 0213	53 16, 500	352	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	105, 949	16, 950, 009	0.0062	6, 117, 403	38, 240	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	98, 516	6, 184, 133	0. 01593	30 2, 126, 068	33, 868	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	391, 818	121, 018, 860	0.0032	38 22, 245, 306	72, 030	73.00
76.00	03020 PAIN CLINIC	0	C	0.0000		0	76.00
76. 01	03950 ORTHOPEDI CS	10, 033	54, 502	0. 1840	3, 061	563	76.01
76. 02	03140 CARDI OVASCULAR SERVI CES	171,014	15, 987, 377	0. 0106	97 4, 380, 540	46, 859	76.02
76.03	03957 CARDI AC REHABI LI TATI ON	57, 927	1, 458, 421	0. 0397	19 176, 464	7,009	76.03
76.04	03190 RADIATION ONCOLOGY	378, 831	6, 184, 936	0.0612	51 261, 516	16, 018	76.04
76. 05	03951 MRI	398, 531			25 1, 291, 151	62, 524	76.05
76.06	03952 BARI ATRI C CENTER	0				0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	5, 585	2, 889, 726			0	76.07
	03953 WOUND CARE	71, 443				494	76.08
76.09	03954 RENAL DI ALYSI S	126, 332					76.09
76.10	03955 I NFUSI ON	43, 591	9, 736, 043			0	76.10
	03956 CARE TRANSITION CENTER	507				0	
	03958 ANTI COAGULATI ON CLINIC	2,886					
	OUTPATIENT SERVICE COST CENTERS				., .,		1
38. 00	08800 RURAL HEALTH CLINIC	0	C	0.0000	0 00	0	88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	-	0.0000		0	
	09000 CLINIC	0	-	0.0000		0	
	09001 OCC HEALTH CLINIC	0		0.0000		0	
	09100 EMERGENCY	425, 025	-				
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	400, 889	5, 581, 106	0. 0718	30 929, 317	66, 753	92.00

Health Financial Systems	FRANCISCAN ST MA	ARGARET-HAMMOND	)	In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS	TS Provi der		Period: From 01/01/2014 To 12/31/2014		
		. Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School	Allied Health	All Other	Swing-Bed	Total Costs	
	-	Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos	t Amount (see	1 through 3,	
				instructions)	minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0	C	)	0 0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	C		0	0	31.00
32.00 02060 CORONARY CARE UNI T	0	) c		0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	) c		0	0	35.00
40. 00 04000 SUBPROVI DER – I PF	0	) c		0 0	0	40.00
43.00 04300 NURSERY	0	) c		0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	) c		0	0	44.00
45.00 04500 NURSING FACILITY	0			0	0	45.00
200.00 Total (lines 30-199)	0			0	0	200.00
Cost Center Description	Total Patient	Per Diem (col.	Inpati ent	I npati ent		
	Days	5 ÷ col. 6)	Program Days			
		,		Pass-Through		
				Cost (col. 7 x		
				col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS	· ·					
30. 00 03000 ADULTS & PEDI ATRI CS	29, 567	0.00	13, 62	4 0		30.00
31.00 03100 INTENSIVE CARE UNIT	3, 623	0.00	2,13	5 0		31.00
32.00 02060 CORONARY CARE UNI T	0	0.00	)	0 0		32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0.00		0 0		35.00
40. 00 04000 SUBPROVI DER - I PF	8, 537			6 0		40.00
43. 00 04300 NURSERY	226			0 0		43.00
44. 00 04400 SKI LLED NURSI NG FACI LI TY	0			0 0		44.00
45.00 04500 NURSING FACILITY	0	0.00		0 0		45.00
200.00 Total (lines 30-199)	41, 953		16, 92	5 0		200.00
				1		

Interview         Interview <t< th=""><th></th><th></th><th>RANCISCAN ST MA</th><th></th><th></th><th></th><th>eu of Form CMS-</th><th>2552-10</th></t<>			RANCISCAN ST MA				eu of Form CMS-	2552-10
Cost Center Description         Non Physician Nursing School         All ied Heal th All ied Heal th Cost         All ied Heal th Medical Education Cost         Total Cost           0         0.00         0.00         0			RVICE OTHER PAS	S Provi der	- CCN: 150004	From 01/01/2014	Part IV Date/Time Pre	
Cost Center Description         Non Physician Anesthetist Cost         Nursing School a         Allied Health activity         Allied Health activity         Allied Health activity         Allied Health activity           MACILLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           50:00         50001 0PEN HART SURGERY         0         0         0         0           50:00         50020 UTPATIENT SURGERY         0         0         0         0           50:00         50020 UTPATIENT SURGERY         0         0         0         0           50:00         05300 ANESTHESI DLOGY         0         0         0         0           51:00         05401 RAD IOLOCY -INERAPCUTIC         0         0         1.922         0         1,92           51:00         05500 CARDI COCY-INERAPCUTIC         0         0         0         0         0         0           50:00         05500 RAD IOLOCY-INERAPCUTIC         0         0         0         0         1.922         1,92           51:00         05501 CARDI AC CATHETRIZATION         0         0         0         0         0         0           50:00         05500 CARDI AC CATHETRIZATION         0         0         <				Ti t	le XVIII	Hospi tal		. 7 pili
Avesthetist Cost         Medical Education Cost         Sum of col 1 through col. 40           AVELLARY SERVICE COST CENTERS         0         3.00         4.00         5.00           0.00         05000 OPERATING ROW         0<		Cost Center Description	Non Physician					
ANCILLARY SERVICE COST CENTERS         0 <th< td=""><td></td><td>···· F···</td><td></td><td>J</td><td></td><td></td><td>(sum of col 1</td><td></td></th<>		···· F···		J			(sum of col 1	
Incol         2.00         3.00         4.00         5.00           ANOLLARY SERVICE COST CENTES         0 <td></td> <td></td> <td>Cost</td> <td></td> <td></td> <td>Education Cost</td> <td>through col.</td> <td></td>			Cost			Education Cost	through col.	
ANCILLARY SERVICE COST CENTERS           50.00         OSCOD OPERATINE ROOM         0         0         0         0           50.01         OSCOD OPERATINE ROOM         0         0         0         0           50.01         OSCOD OPERATINE ROOM         0         0         0         0           51.00         OSCOD OPERATINES INCEREY         0         0         0         0           51.00         OSCOD RECOVERY ROM         0         0         0         0           51.00         OSCOD RECOVERY ROM         0         0         0         0           51.00         OSCOD RADIOLOGY - DI KANOSTI C         0         0         1, 92         1, 92           51.01         OSCOD RADIOLOGY - THERAPUTI C         0         0         0         0         0           51.01         OSCOD CARDID AC CATHETERIZATION         0			1.00	0.00		1.00	,	
50. 00         05000         0FORD         0         0         0         0         0           50. 01         05000         0PEN HEART SURGERY         0		ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	-
50. 01         050.01         0FCN         0         0         0           50. 02         050.02         00700         0         0         0           51. 00         051.00         00         0         0         0         0           54. 00         054.00         NASTHESIDLOGY         0         0         91, 29         0         1, 92         0         1, 92           54. 01         054.01         RADILOGY-THERAPEUTIC         0         0         91, 29         1, 92         1,			0		0	0 0	0 0	50.00
50. 02         050.02         0UTPATIENT SUBGERY         0         0         0           51.00         05100         RECOVERY ROOM         0         0         0           53.00         05300         ANESTHESI OLOGY         0         0         0         0           54.00         05400         RADI OLOGY SPECIAL PROCEDURES         0         0         91, 292         1, 922           54.02         05400         RADI OLOGY SPECIAL PROCEDURES         0         0         0         0           55.01         05500         RADI OLOGY THEAPEUTI C         0         0         0         0           55.01         05500         CRADI AC CATHETERIZATION         0         0         0         0           58.00         05600         RADI OLOGY THEAR ANDI CINE         0         0         147,75           60.01         06000         LABORATORY         0         0         0         147,75           63.00         06300         RESI RATORY THEARAY         0         0         6,57         0         6,57           63.00         06300         BLODD ASTORY THEARAY         0         0         0         0         0         0         0         0         0			0		0	0 0		
51.00         05100         PECOVERV ROOM         0         0         0           54.00         05400         RADIOLOGY-DI AGNOSTIC         0         0         91, 29           54.01         05400         RADIOLOGY-DI AGNOSTIC         0         0         91, 29           54.02         05402         ULTRASOUND         0         0         961         0           55.00         05500         RADIOLOGY-THERAPEUTIC         0         0         0         0           55.01         05500         CRADIOLOGY-THERAPEUTIC         0         0         0         0           56.01         05500         CARDIAC CATHETERIZATION         0         0         0         0           59.00         05500         CARDIAC CATHETERIZATION         0         0         0         0           60.00         BLODD LABORATORY         0         0         147, 751         0         147, 75           60.00         GEOD STORE V THERAPEU         0         0         33, 731         0         33, 73           63.00         06300         RESPI RATORY THERAPY         0         0         0         0           64.00         06000         PHYSICLAR MEDICINC         RESPI RATO			0					50.02
54.00         05400         RADI OLGOY-DI AGNOSTI C         0         0         91, 298         0         91, 22         0         1, 92           54.00         05402         ULTRASOUND         0         0         961         0         966           55.00         05500         RADI OLGOY-THERAPEUTI C         0         0         0         0         966           55.00         05500         CMOULOSY-THERAPEUTI C         0         0         0         0         0         0         967         0			0		0	0 0	0 0	51.00
54.01       05401       RADIOLOGY SPECIAL PROCEDURES       0       1,922       0       1,92         54.02       05402       ULTRASOUND       0       0       96         55.00       05500       RADIOLOGY - THERAPEUTIC       0       0       0       96         55.01       05500       CMPUTED       TOMOGRAPHY       0       0       1,922       0       1,925         57.00       05700       CTSCAN       0<	53.00	05300 ANESTHESI OLOGY	0		o	0 0	o o	53.00
54. 02       DS402       ILTRASOUND       0       0       696         55. 00       DS500       RAD LOLGY-THERAPEUTI C       0       0       0         55. 01       DS501       COMPUTED TOMOGRAPHY       0       0       0       0         57. 00       DS500       CROD OLSOO       CT SCAN       0       0       0       0       0       0         59. 00       DS600       DRAD OLSOO       CATHETRIZATION       0       0       0       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       147, 751       0       0       4, 216       0       4, 216       0       4, 216       0       4, 216       0       4, 216       0       4, 216       0       4, 216       0       600       0       0       0       0       0       0       0       0       0       0       0       0       0	54.00	05400 RADI OLOGY-DI AGNOSTI C	0		0 91,	298 C	91, 298	54.00
55.00         OS500         RADIOLOGY-THERAPEUTIC         0         0         0           55.01         05501         COMPUTED TOMOGRAPHY         0         0         1,922         0         1,922           57.00         05700         CT SCAN         0         0         0         0         0           58.00         05800         MR         0         0         0         0         0           59.00         CSO0 CARDIAC CATHETERIZATION         0         0         147,751         0         147,755           60.01         BLODD LADRAC CATHETERIZATION         0         0         147,751         0         33,73           63.00         BLODD LADRAPATORY         0         0         33,731         0         33,73           63.01         OSCOI ORESPIRATORY THERAPY         0         0         86,572         0         86,572           65.00         ORGOI ORESPIRATONAL THERAPY         0         0         0         0         0           66.00         PEECH PATHOLOGY         0         0         0         0         0         0           70.00         OZOO OLCUPATI DAL THERAPY         0         0         0         0         0	54.01	05401 RADI OLOGY SPECI AL PROCEDURES	0		0 1,	922 C	1, 922	54.01
55.01         OSF001         COMPUTED TOMOGRAPHY         0         0         1,922         0         1,92           57.00         05700         CT SCAN         0         0         0         0           59.00         DS600 MRI         0         0         0         0         0           59.00         DS600 LABORATORY         0         0         147, 751         0         147, 75           60.00         D6000 LABORATORY         0         0         33, 731         0         33, 73           63.00         D6301 NUCLEAR MEDI CINE         0         0         4, 216         0         4, 216           63.01         OG301 NUCLEAR MEDI CINE         0         0         66, 572         0         86, 572           64.00         D64000 PHYSI CAL THERAPY         0         0         0         0         0           67.00         D67000 CCUPATI ONAL THERAPY         0         0         0         0         0         0           70.00         O7000 ELECTROCARDI DLOGY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	54.02	05402 ULTRASOUND	0		0	961 C	961	54.02
57.00         CT SCAN         0         0         0         0           58.00         05800         MRI         0         0         0         0           59.00         05900         CARDIA C. CATHETERIZATION         0	55.00	05500 RADI OLOGY-THERAPEUTI C	0		0	0 0	0 0	55.00
58.00         OSE00         RIT         O         O         O           59.00         05900         CARDIAC CATHETERIZATION         O         O         O         O           59.00         05000         CARDIAC CATHETERIZATION         O         O         O         O           60.00         CARDIAC CATHETERIZATION         O         O         147, 751         O         147, 751           60.01         BLOOD LABORATORY         O         O         0         33, 731         O         33, 731           63.01         NUCLEAR MEDICINE         O         O         4, 216         4, 216           65.00         06500         RESPI RATORY THERAPY         O         O         86, 572         0         86, 572           0         05000         SPECET PATHOLOGY         O         O         O         0	55.01	05501 COMPUTED TOMOGRAPHY	0		0 1,	922 C	1, 922	55.01
59:00         CARDIAC CATHETERIZATION         0         0         0         0           60:00         06000         LABORATORY         0         0         147,751         0         147,751           63:00         06001         BLODD LABORATORY         0         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         35,70         0         0         0         4,216         0         4,216         0         4,216         0         4,216         0         4,216         0         600         <			0		0	0 0	0 0	57.00
60.00         [ABORATORY         0         147,751         0         147,751         0           60.01         06001         BLOOD LABORATORY         0         0         0         0         0         0         0         0         0         0         0         0         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         35,01         0         6         0         6         6         0         6			0		0	0 0	0 0	58.00
60.01         IBLOOD LABORATORY         0         0         0           63.00         06300         BLOOD STORING, PROCESSING & TRANS.         0         0         33, 731         0         33, 73           63.01         06301         NUCLEAR MEDICINE         0         0         4, 216         0         4, 216           65.00         06500         RESPI RATORY THERAPY         0         0         0         86, 572         0         86, 577           66.00         06700         0CUPATI ONAL THERAPY         0			-		0			
63.00         06300         BLOOD STORING, PROCESSING & TRANS.         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         33,731         0         4,216         0         4,216         0         4,216         0         4,216         0         4,216         0         4,216         0         4,216         0         4,216         0         66.00         0			0		0 147,	751 C	147, 751	60.00
63.01       06301       NUCLEAR MEDICINE       0       4,216       0       4,21         65.00       06500       RESPIRATORY THERAPY       0       0       86,572       0       86,572       0       86,572       0 <td></td> <td></td> <td>-</td> <td></td> <td>°  </td> <td></td> <td></td> <td>1</td>			-		°			1
65.00         06500         RESPIRATORY THERAPY         0         0         86, 572         0         86, 57           66.00         06600         PHYSI CAL THERAPY         0 <td></td> <td></td> <td>-</td> <td></td> <td>00,</td> <td></td> <td></td> <td></td>			-		00,			
66.00       06600       PHYSI CAL THERAPY       0       0       0         67.00       0CCUPATI ONAL THERAPY       0       0       0         68.00       06800       SPEECH PATHOLOGY       0       0       0         69.00       06900       ELECTROENCEPHALOGRAPHY       0       0       0         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0         76.01       0320       PAIN CLINIC       0       0       0         76.10       03950       ORTHOPEDI CS       0       0       0         76.11       03950       ORTHOPEDI CS       0       0       0         76.20       0340       CARDI ACREHABI LI TATI ON       0       0       0         76.30       03957       CARDI AC REHABI LI TATI ON       0       0       0         76.40       03140       CARDI ACREHABI LI TATI ON       0			-					
67.00       06700       0CCUPATI ONAL THERAPY       0       0       0         68.00       06800       SPEECH PATHOLOGY       0       0       0         69.00       06900       ELECTROCARDI OLOGY       0       0       0         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0       0       0         73.00       07200 I MPL. DEV. CHARGED TO PATI ENTS       0       0       0       0         73.00       07300       RUGS CHARGED TO PATI ENTS       0       0       0       0         76.01       03950       RAIN CLINIC       0       0       0       0       0         76.02       03140       CARDI OVASCULAR SERVICES       0       0       0       0       0         76.03       03957       CRADI AC REHABI LITATI ON       0       0       0       0       0       0         76.04       03190       RADI ATI O NOCOLOGY       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								1
68.00       06800       SPEECH PATHOLOGY       0       0       0         69.00       06900       ELECTROCARDI OLOGY       0       0       0         70.00       07000       ELECTROCARDI OLOGY       0       0       0         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0       0       0         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0         74.01       03950       ORTHOPEDI CS       0       0       0         76.01       03950       ORTHOPEDI CS       0       0       0       0         76.02       03140       CARDI AC REHABI LI TATI ON       0       0       0       0         76.03       03957       CARDI AC REHABI LI TATI ON       0       0       0       0         76.04       03190       RADI ATI ON ONCOLOGY       0       0       0       0         76.05       03951       MRI       0       0       0       0       0         76.07       03955       DRI ATI ON ONCOLOGY       0       0       0       0 </td <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>					-			
69.00       06900       ELECTROCARDI OLOGY       0       0       0         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0         71.00       OT000       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0       0       0         72.00       07300       REDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0         76.00       03020       PAI N CLINIC       0       0       0       0         76.01       03950       ORTHOPEDI CS       0       0       0       0         76.02       03140       CARDI AC REHABI LI TATI ON       0       0       0       0         76.02       03140       CARDI AC REHABI LI TATI ON       0       0       0       0         76.03       03957       CARDI AC REHABI LI TATI ON       0       0       0       0         76.04       03190       RADI ATI NO NOCOLOGY       0       0       0       0       0         76.05       03951       MRI       0       0       0       0       0       0         76.06       03952       B			-		-	-		
70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0       0       0         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0       0         76.00       03020       PAIN CLINIC       0       0       0       0       0         76.01       03950       ORTHOPEDI CS       0       0       0       0       0         76.02       03140       CARDI OVASCULAR SERVI CES       0       0       0       0       0         76.03       03957       CARDI AC REHABI LI TATI ON       0       0       0       0       0         76.04       03190       RADI ATI ON ONCOLOGY       0       0       0       0       0       0       0         76.05       03951       BRI       0       <			-		°			
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0       0       0         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0         76.00       03020       PAI N CLI NI C       0       0       0       0         76.00       03950       ORTHOPEDI CS       0       0       0       0         76.01       03950       ORTHOPEDI CS       0       0       0       0         76.02       03140       CARDI AVSCULAR SERVI CES       0       0       0       0         76.02       03190       RADI ATI ON ONCOLOGY       0       0       0       0         76.03       03957       CARDI AC REHABI LITATI ON       0       0       0       0         76.04       03190       RADI ATI ON ONCOLOGY       0       0       0       0       0         76.05       03951       MRI       0       0       0       0       0       0         76.06       03952       BARI ATRI C CENTER       0       0       0       0       0       0       0			-		-			
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       0         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       861,308       861,308         76.00       03020       PAIN CLINIC       0       0       0       0       0         76.01       03950       ORTHOPEDICS       0       0       0       0       0         76.02       03140       CARDI AXCULAR SERVICES       0       0       0       0         76.03       03957       CARDI AC REHABILITATION       0       0       0       0         76.04       03190       RADI ATION ONCOLOGY       0       0       0       0       0         76.05       03951       MRI       0       0       0       0       0       0         76.06       03952       BARI ATRIC CENTER       0					-			
73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       861, 308       0       861, 30         76.00       03020       PAIN CLINIC       0       0       0       0       0         76.01       03950       ORTHOPEDICS       0       0       0       0       0         76.02       03140       CARDIOVASCULAR SERVICES       0       0       0       0         76.03       03957       CARDI AC REHABILITATION       0       0       0       0         76.04       03190       RADI ATI ON ONCOLOGY       0       0       0       0         76.05       03951       MRI       0       0       0       0       0         76.05       03951       MRI       0       0       0       0       0       0         76.06       03952       BARI ATRI C CENTER       0       0       0       0       0       0       0         76.07       03550       PSYCH ACTIVITY THERAPY       0 <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>					-			
76.00       03020       PAIN CLINIC       0       0       0         76.01       03950       ORTHOPEDICS       0       0       0         76.02       03140       CARDI OVASCULAR SERVICES       0       0       0         76.03       03957       CARDI AC REHABILITATION       0       0       0       0         76.03       03190       RADI ATI ON ONCOLOGY       0       0       0       0       0         76.04       03190       RADI ATI ON ONCOLOGY       0       0       0       0       0         76.05       03951       MRI       0       0       0       0       0         76.06       03952       BARI ATRI C CENTER       0       0       0       0       0         76.07       03550       PSYCH ACTI VI TY THERAPY       0       0       0       0       0         76.08       03953       WOUND CARE       0       0       0       0       0       0         76.10       03954       RENAL DI ALYSI S       0       0       0       0       0       0         76.11       03956       CARE TRANSI TI ON CENTER       0       0       0       0 <td></td> <td></td> <td>-</td> <td></td> <td>°  </td> <td></td> <td>-</td> <td></td>			-		°		-	
76.01       03950       ORTHOPEDI CS       0       0       0         76.02       03140       CARDI OVASCULAR SERVI CES       0       0       0       0         76.03       03957       CARDI AC REHABILI TATI ON       0       0       0       0         76.04       03190       RADI ATI ON ONCOLOGY       0       0       0       0         76.05       03951       MRI       0       0       0       0       0         76.05       03952       BARI ATRI C CENTER       0       0       0       0       0         76.06       03952       BARI ATRI C CENTER       0       0       0       0       0         76.07       03550       PSYCH ACTI VI TY THERAPY       0       0       0       0       0         76.08       03953       WOUND CARE       0       0       0       0       0       0         76.10       03954       RENAL DI ALYSI S       0       0       0       0       0       0       0         76.11       03955       INFUSI ON       0       0       0       0       0       0       0       0       0       0       0       0 <td></td> <td></td> <td>-</td> <td></td> <td>0017</td> <td></td> <td></td> <td>1</td>			-		0017			1
76.02       03140       CARDI OVASCULAR SERVICES       0       0       0         76.03       03957       CARDI AC REHABILI TATI ON       0       0       0         76.04       03190       RADI ATI ON ONCOLOGY       0       0       0         76.05       03951       MRI       0       0       0       0         76.06       03952       BARI ATRI C CENTER       0       0       0       0         76.07       03550       PSYCH ACTI VI TY THERAPY       0       0       0       0         76.08       03953       WOUND CARE       0       0       0       0       0         76.09       03954       RENAL DI ALYSI S       0       0       0       0       0         76.09       03954       INFUSION       0       0       0       0       0         76.10       03955       INFUSION       0       0       0       0       0       0         76.11       03956       CARE TRANSI TI ON CENTER       0       0       0       0       0         76.11       03956       CARE TRANSI TI ON CLI NIC       0       0       0       0       0         76					°			
76.03       03957       CARDI AC REHABILITATION       0       0       0         76.04       03190       RADI ATI ON ONCOLOGY       0       0       0         76.05       03951       MRI       0       0       0       0         76.06       03952       BARI ATRI C CENTER       0       0       0       0         76.06       03952       BARI ATRI C CENTER       0       0       0       0         76.07       03550       PSYCH ACTI VI TY THERAPY       0       0       0       0         76.08       03953       WOUND CARE       0       0       0       0       0         76.08       03954       RENAL DI ALYSI S       0       0       0       0       0         76.10       03955       INFUSION       0       0       0       0       0         76.11       03955       INFUSION       0       0       0       0       0       0         76.11       03956       CARE TRANSI TION CENTER       0       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0       0       0					-			
76.04       03190       RADI ATI ON ONCOLOGY       0       0       0         76.05       03951       MRI       0       0       0       0         76.06       03952       BARI ATRI C CENTER       0       0       0       0         76.07       03550       PSYCH ACTI VI TY THERAPY       0       0       0       0         76.08       03953       WOUND CARE       0       0       0       0         76.08       03953       WOUND CARE       0       0       0       0         76.09       03954       RENAL DI ALYSI S       0       0       0       0         76.10       03955       INFUSION       0       0       0       0         76.11       03956       CARE TRANSI TI ON CENTER       0       0       0       0         76.11       03956       CARE TRANSI TI ON CLINI C       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINI C       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINI C       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINI C       0					-			
76.05       03951       MRI       0       0       0       0         76.06       03952       BARI ATRI C CENTER       0       0       0       0         76.07       03550       PSYCH ACTI VI TY THERAPY       0       0       0       0         76.08       03953       WOUND CARE       0       0       0       0         76.08       03953       WOUND CARE       0       0       0       0         76.09       03954       RENAL DI ALYSI S       0       0       0       0         76.09       03955       INFUSION       0       0       0       0         76.10       03955       INFUSION       0       0       0       0         76.11       03956       CARE TRANSI TI ON CENTER       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLI NI C       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLI NI C       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLI NI C       0       0       0       0         76.12       03958       NUTAT TERT SERVICE COST CENTERS <td></td> <td></td> <td>-</td> <td></td> <td>-</td> <td></td> <td></td> <td></td>			-		-			
76.06       03952       BARI ATRI C CENTER       0       0       0         76.07       03550       PSYCH ACTI VI TY THERAPY       0       0       0         76.08       03953       WOUND CARE       0       0       0       0         76.09       03954       RENAL DI ALYSI S       0       0       0       0         76.10       03955       INFUSION       0       0       0       0         76.11       03956       CARE TRANSI TI ON CENTER       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0       0         77.12       8800       RURAL HEALTH CLINIC       0       0       0       0       0         89.00       08900       FEDERALLY QU			-					
76.07       03550       PSYCH ACTIVITY THERAPY       0       0       0         76.07       03953       WOUND CARE       0       0       0         76.09       03954       RENAL DI ALYSI S       0       0       0         76.10       03955       INFUSI ON       0       0       0         76.11       03956       CARE TRANSITI ON CENTER       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0         77.12       03958       RURAL HEALTH CLINIC       0       0       0         78.00       08800       RURAL HEALTH CLINIC       0       0       0         89.00       08900       FEDERALLY QUALI FIED HEALTH CENTER       0       0       0			-		-			1
76.08       03953       WOUND CARE       0       0       0         76.09       03954       RENAL DI ALYSI S       0       0       0         76.10       03955       I NFUSI ON       0       0       0       0         76.11       03956       CARE TRANSI TI ON CENTER       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLI NI C       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLI NI C       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLI NI C       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLI NI C       0       0       0       0         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       0         88.00       08000       RURAL HEALTH CLINIC       0       0       0       0         89.00       08900       FEDERALLY QUALI FIED HEALTH CENTER       0       0       0       0			-					
76.09       03954       RENAL DI ALYSI S       0       0       0         76.10       03955       I NFUSI ON       0       0       0         76.11       03956       CARE TRANSI TI ON CENTER       0       0       0       0         76.11       03956       CARE TRANSI TI ON CENTER       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0       0         76.12       03958       ANTI COAGULATI ON CLINIC       0       0       0       0         76.13       03958       ANTI COAGULATI ON CLINIC       0       0       0       0         76.14       08800       RURAL HEALTH CLINIC       0       0       0       0         88.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0			0		0			
76.10       03955       INFUSION       0       0       0       0         76.11       03956       CARE TRANSITION CENTER       0       0       0       0         76.12       03958       ANTI COAGULATION CLINIC       0       0       0       0       0         76.12       03958       ANTI COAGULATION CLINIC       0       0       0       0       0         76.12       04958       ANTI COAGULATION CLINIC       0       0       0       0       0         77.12       04958       ANTI COAGULATION CLINIC       0       0       0       0       0         88.00       08800       RURAL HEALTH CLINIC       0       0       0       0       0         89.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0			0		0			
76.11       03956       CARE TRANSITION CENTER       0       0       0       0         76.12       03958       ANTI COAGULATION CLINIC       0       0       0       0       0         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       0       0         88.00       08800       RURAL HEALTH CLINIC       0       0       0       0         89.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0			0		0	0 0	0	
76. 12         03958         ANTI COAGULATI ON CLINIC         0         0         0           OUTPATI ENT SERVICE COST CENTERS         0         0         0         0         0           88. 00         08800         RURAL HEALTH CLINIC         0         0         0         0           89. 00         08900         FEDERALLY QUALI FIED HEALTH CENTER         0         0         0         0			0		0	0 0	0	1
88.00         08800         RURAL         HEALTH         CLINIC         0         0         0         0           89.00         08900         FEDERALLY         QUALIFIED         HEALTH         CENTER         0         0         0         0         0			0		0	0 0	0 0	76.12
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0								
	38.00	08800 RURAL HEALTH CLINIC	0		0	0 0	0 0	88.00
			0		0	0 0	0 0	89.00
			0		0	0 0	0 0	90.00
			-		0	0 0	0 0	1
			-		0	0 C	0 0	91.00
						0		
200.00         Total (lines 50-199)         0         1, 229, 681         0         1, 229, 68	200.00	Total (lines 50-199)	0	4	0 1, 229,	681 C	1, 229, 681	200.00

APPORT INVERT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS.         Provider COX 150004         Provider COX 1	Health Financial Systems	FRANCISCAN ST MA	RGARET-HAMMOND	)	In Lie	u of Form CMS-	2552-10
Intervention         Total         Total         Charges         Data of time Prepared: 527/2018 5:20 pr           Cost Center Description         Total Loss Tsun of (1, 2, 3 and (4)         Total Cost Stant of (2, 2, 3, 2, 3, 3, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,		ERVICE OTHER PAS	S Provi der			Part IV	
Cost Center Description         Total Outpatient         Total Cost Sum of col 2 as and bit of Cost col 5 + col.         Hespital Cost col 5 + col.         Perspital Cost col 5 + col 5 +						Date/Time Pre	pared: 9 pm
Outpatient         Cfrom Wiss1, C. Part I, col.         to charges col.         Ratio of Cost scol.         Program (col.			Titl	e XVIII	Hospi tal		
Cost (sum of col 2, 3 and 4)         Part I, col (col 3, 3 and 4)         Cost (sum of (sum of 4)         Part I, col (sum of 7)         Col (sum of col 4)         Cost (sum of 7)         Col (sum of 7) <thcol (sum of 7)         Col (sum of 7)</thcol 	Cost Center Description						
Col.         Z,         3 and 4,0         8)         7,0         Col.         7,0           MCILLARY SERVICE COST CENTERS         -         -         -         0.00         0.00000         0.00000         0.00000         3.340.463         50.00           0.00         DENI HEART SURGEY         0         1.270.579         0.000000         0.000000         1.79.223         51.00           0.00         DENIOD RECOTERT FORMERY         0         7.343.079         0.000000         1.79.223         51.00           0.010000 RECOTERT FORMERY         0         7.343.079         0.000000         0.000000         2.007.358         53.00           0.01000 RECOTERT FORMERY         0         7.744.179         0.000000         0.000000         2.007.358         53.00           0.01000 RECOTERT FORMERS         1.922         9.037.995         0.000001         0.0000000							
4)         70         70         70           6.00         7.00         8.00         9.00         10.00           00         05000 (0PERATI NR GOM         0         17,418,477         0.000000         0.000000         3.340,433         50.00           50.01         05001 (0PEN HEART SURGERY         0         1.270,579         0.000000         0.000000         17,403,473         50.01           50.01         05001 (0PEN HEART SURGERY         0         1.270,579         0.000000         0.000000         0.000000         1.740,935         50.02           51.00         025100 (ECOVERY ROU         0         3.260,999         0.000000         0.000000         2.081,28         51.00           54.01         02400 (ABI) GLOV- DLARMOSTIC         91,292         1.922         1.940,995         0.001739         0.00739         2.00749         2.109,128         54.00           55.00         05500 (RAI) GLOV- DLARMOSTIC         91,292         1.940,997         0.00000         0.00739         0.00739         2.00749         2.109,128         54.00           55.00         05500 (RAI) GLOV- DLARMOSTINC         91,292         3.049,497         0.000000         0.00739         0.00749         2.108,125         54.00         0.000000 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>Charges</td><td></td></t<>						Charges	
MALLLARY SERVICE COST CENTERS         0         7.00         8.00         9.00         10.00           50.00         05000         OPERATING ROOM         0         17.415.477         0.000000         0.000000         3.340.463         50.00           50.00         05000         OPEN HEAT SURGERY         0         7.363.012         0.000000         0.000000         7.40.923         50.02           50.00         05300         ARCUELTENT SURGERY         0         7.363.012         0.000000         0.000000         2.087.385         53.00           60.00         054.01         054.01         0.6401 RADICLOY-DIACNOSTIC         91.291         11.950.996         0.000211         0.000211         2.00			8)	(	•		
ARCILLARY SERVICE COST CENTRES           0.00         05000 (DPERATING ROAM         0         17,418,477         0.000000         0.000000         3.344,63         50.01           50.01         05001 (DPERATING ROAM         0         1,720,579         0.000000         0.000000         17,403,500         50.01         0.000000         1,740,923         50.02         50.00         0.000000         0.000000         1,740,923         50.02         50.00         0.000000         0.000000         0.000000         1,740,923         50.02         50.00         50.00         0.5000 (RADIOLOGY-DI AGNOSTIC         91,298         11,950,995         0.007639         0.007639         2.261,75         54.01           54.00         05400 (RADIOLOGY-THEAPEUTIC         0         0         0.000000         0.000000         0.000000         0.000000         0.05500         0.0000000         0.000000         0.0000000			7.00	8.00		10.00	
50. 01         560.01         950.01         950.01         950.01         950.00000         1.270, 579         0.000000         1.479, 871         50.01           51. 00         05100         RECOVERY ROM         0         3.256, 998         0.000000         0.000000         1.270, 579         0.000000         0.000000         2.087, 3293         51.00           54. 00         05400         RADI LOCY PLACIAL PROCEDURES         1,922         9.047, 4511         0.000000         0.007639         2.108, 125         54.00           54. 00         05400         RADI LOCY SPECIAL PROCEDURES         1,922         9.047, 960         0.000111         0.000111         1,550, 321         54.02           55. 01         05501         COMOCARDILOCY-THERAPEUTIC         0         0         0.000000         0         0550         0.5500         0.5500         0.000000         0.000000         0         55.01         0.5000         650.00         0         0.000000         0         0.000000         0         55.01         0.5000         650.00         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.00000         0         0.000000         0         0.000000         0.000000         0.0000	ANCI LLARY SERVI CE COST CENTERS	0.00	7.00	0.00	9.00	10.00	
50. 02         500.20         017041         ENTROM         0         0.000000         1, 740, 923         50. 02           51. 00         05100         RECOVERY         0         9, 704, 511         0.000000         2, 087, 328         51. 00           54. 01         05400         RADILOGCY - DRAGNETIC         91, 724         11, 950, 995         0.00769         2.00769	50. 00 05000 OPERATI NG ROOM	0	17, 418, 477	0.00000	0.000000	3, 340, 463	50.00
51.00         05100 RECOVERY BOOM         0         3.256.998         0.000000         783.293         51.00           54.00         05400 RADI LOGY         0         9,704.511         0.000000         0.007639         2.081.255         54.00           54.00         05400 RADI LOGY-DI AGNOSTI C         91,298         11,950.967         0.0077639         2.081.255         54.00           54.01         05401 COMPUTED TAMORAPHY         922         9.087.960         0.000211         0.000211         1.550.21         54.02           05501 COMPUTED TAMORAPHY         1.922         30.149.797         0.000000         0         55.00           05500 CARDI CONF.THERAPEUTI C         0         0         0.000000         0         55.00           05501 COMPUTED TAMORAPHY         1.922         30.149.797         0.000000         0.000000         0         58.00           05800 MRI         0         0         0.000000         0.000000         0         59.00           06.000 CARDI ACCATHETERI ZATI ON         0         0         0.000000         0.000000         69.00           06.000 GARDI ACCATHETERI ZATI ON         0         0.000000         0.000000         69.00           06.000 GARDI ACCATHETERI ZATI ON         0         0	50.01 05001 OPEN HEART SURGERY	0	1, 270, 579	0.00000	0.00000	479, 871	50.01
53. 00         05300 ANESTNESI OLOGY         0         9,704,511         0.000000         2.087,358         53. 00           54. 01         05401 RADIOLOGY. SPECI AL PROCEDURES         1,922         9,087,960         0.007639         0.000001         2,261,757         54. 01           54. 01         05401 RADIOLOGY. THERAPEUTI C         0         0.0000064         0.000000         0.000000         55. 00           55. 00         05500 RADIOLOGY. THERAPEUTI C         0         0.0000064         0.0000064         0.000000         55. 00           57. 00         05700 CT SCM         0         0.000000         0.000000         0.57. 00           68. 00         05900 CARDI AC CATHETERI ZATI ON         0         0.000000         0.000000         0.57. 00           60. 01         06000 LABORATORY         147,751         52,336,454         0.002223         0.002223         13,250,67         60. 00           61. 01         06000 LABORATORY         0         0         0.000000         0.63. 00         147,448,866         63. 01           63. 00         06300 BLODD LABORATORY         0         0.564,970         0.00278         0.000758         784,966         63. 01           63. 00         06300 BESDI RATIORY THERAPY         0         2,487,933 <td>50. 02 05002 OUTPATI ENT SURGERY</td> <td>0</td> <td>7, 363, 012</td> <td>0. 00000</td> <td>0.00000</td> <td>1, 740, 923</td> <td>50.02</td>	50. 02 05002 OUTPATI ENT SURGERY	0	7, 363, 012	0. 00000	0.00000	1, 740, 923	50.02
54.00         06400         RADI LOGY-DI AGNOSTI C         91,298         11,950,995         0.007639         2.108,125         54.00           54.01         06401         ULTRASOUND         961         8.679,890         0.000211         0.000211         2.261,75         54.01           54.02         05402         ULTRASOUND         0         0.000000         0         55.01         05501         0.000004         4.874,048         55.01           55.01         05501         CMMOVTED <tomography< td="">         1.922         30.149,797         0.000004         0.000000         0         57.00           57.00         05700         CATHETERIZATION         0         0         0.000000         0.000000         0         58.00           00         000000         LABORATORY         147,751         52.33.644         0.0002212         0.002212         1.042,506         63.00           01         00000         LABORATORY         0         0         0.000000         0         63.00         0.002712         1.042,506         63.01           63.00         06500         RESPI RATORY THERAPY         0         2.869,770         0.000000         0.000000         64.33.26         60.00         66.00         6600         <t< td=""><td>51.00 05100 RECOVERY ROOM</td><td>0</td><td>3, 256, 998</td><td>0. 00000</td><td>0 0. 000000</td><td>783, 293</td><td>51.00</td></t<></tomography<>	51.00 05100 RECOVERY ROOM	0	3, 256, 998	0. 00000	0 0. 000000	783, 293	51.00
54. 01       054.01       PADLOGY SPECIAL PROCEDURES       1, 922       9, 087, 964       0. 000211       2, 261, 757       54. 01         54. 02       05500       RADILOGY THERAPUTIC       0       0       0.000000		0	9, 704, 511			2, 087, 358	53.00
54. 02       054.02       ULTRASOUND       961       8.679.81       0.000111       0.000111       1.550.32       550.03         55. 00       05501       00500       CMD LOGY-THERAPEUT C       0       0       0.000000 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
55. 00         05500         NADIOLGOY-THERAPEUTIC         0         0         0         0.000000         0         55. 00           55. 01         055701         CMIDICADEVTHERAPEUTIC         1, 922         30, 149, 797         0.000000         0.000000         0.000000         57. 00           57. 00         05700         CT SCAN         0         0         0.000000         0.000000         0         58. 00           59. 00         05800         CARDIAC CATHETERIZATION         0         0         0.000000         0         60. 00           0         06000         LABORATORY         147, 751         52, 364, 454         0.002823         0.00283         0.00283         0.00283         0.002833         0.002833         0.00283							•
55.01         OBSOI COMPUTED TOMOGRAPHY         1,922         30,149,797         0.000064         0.000064         4,874,048         55.01           57.00         05700 CT SCAN         0         0         0.000000         0.000000         0         55.00           97.00         05800 LRB         0         0         0.000000         0.000000         0         55.00           97.00         05600 LRB0RATORY         147,751         52,336,454         0.002823         0.002823         13,350,967         60.01           63.00         06300 LABORATORY         147,751         52,336,454         0.002823         0.002823         142,506         63.00           63.01         06300 RLDOD STORING, PROCESSING & TRANS.         33,731         3,661,809         0.000758         0.000758         784,960         63.01           65.00         06500 RESPI RATORY THERAPY         0         5,482,033         0.000000         0.000000         463.23         66.00           66.00         0CH2PHTONAL THERAPY         0         2,207,838         0.000000         0.000000         464,856         68.00           70.00         07000 ELECTROCANCEPHALOGRAPHY         0         2,207,838         0.000000         0.000000         2,120,68         70.00							•
57. 00         057.00         CT SCAN         0         0         0.000000         0.000000         0.000000         0.59.00           58. 00         DS500         CARDI AC CATHETERI ZATI ON         0         0         0.000000         0.000000         0.59.00           60. 00         D6000         LABORATORY         0         0         0.000200         0.000200         0.000000         0.60.00           63. 00         D6300         BLODD LABORATORY         0         0         0.000000         0.000200         0.60.01           63. 00         D6300         BLODD STORI NC, PROCESSI NG & TRANS.         33, 731         3, 661.899         0.009212         0.009212         1.042, 506         63.01           65. 00         D6500         PRSPIE RATORY THERAPY         86, 572         15, 887, 109         0.005449         0.005449         7.844, 960         63.01           66. 00         D6600         SPEECH PATHOLOGY         0         1.217, 950         0.000000         0.000000         4.0323         67.00           71. 00         DFDICAL SUPPLIES CHARGED TO PATI ENT         0         1.277, 950         0.000000         0.000000         2.976, 530         67.00           71. 00         OT200         IELECTROCARDI DLOGY <td< td=""><td></td><td>-</td><td>-</td><td></td><td></td><td></td><td>•</td></td<>		-	-				•
58.00         OSB00         MRI         0         0         0.000000         0.000000         0.000000         0         58.00         59.00         60.000         60.00000         60.00000         60.00000         60.00000         60.00000         60.00000         60.00000         60.00000         60							•
59. 00         Obspool         CARDINAC CATHETERI ZATION         0         0.0000000         0.0000000         0.0000000         0.000223         0.002823         0.000758         0.000758         0.000758         0.000758         0.000758         0.000758         0.000758         0.000758         0.0000000         0.0000000<		-	-				•
60.00         06000         LABORATORY         147,751         52,336,454         0.002823         0.002823         13,350,967         60.01           60.01         06001         BLOOD LABORATORY         0         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000001         0.001         0.00001         0.000001         0.000000			-				•
60. 01         0.0001         BLOOD         LABORATORY         0         0         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000001         0.000000		-	-				
63:00         0x300         BLOOD STORI NG, PROCESSI NG & TRANS.         33, 731         3, 661, 809         0.099212         0.099212         1, 042, 506         63: 01           63:01         NUCLEAR MEDICI NE         4, 216         5, 564, 790         0.000758         0.000758         784, 960         63: 01           65:00         06500         RESPI RATORY THERAPY         86, 572         15, 887, 109         0.005449         0.00000         4454, 733         66: 00           06:00         06600         OCCUPATI ONL THERAPY         0         2.809, 707         0.000000         0.000000         454, 733         66: 00           06:00         D6900         ELECTROCARDI ONAL THERAPY         0         1, 217, 950         0.000000         0.000000         165, 00         70. 00           0:00         07000         DELCTROCARDI OLOGY         0         1, 744, 843         0.000000         0.000000         16, 500, 70. 00           0:00         07100         DELICAL CARDI CHEARHALES TO PATI ENT         0         6, 184, 133         0.000000         0.000000         1, 17, 03         71. 00           0:0320         PAIN CLINIC         0         0         0.000000         0.000000         0.000000         0.000000         0.000000         1, 656, 67. 00							•
63.01       06301       NUCLEAR MEDICINE       4, 216       5, 564, 790       0.000758       0.000758       784, 960       65.00         65.00       06500       RESPRATORY THERAPY       86, 572       15, 887, 109       0.00000       0.000000       454, 733       66.00         66.00       06000       PHYSI CAL THERAPY       0       2, 809, 707       0.000000       0.000000       403, 236       67.00         67.00       0CCUPATI ONAL THERAPY       0       2, 809, 707       0.000000       0.000000       468, 856       68.00         68.00       06000       SPECEL PATHOLOGY       1, 217, 950       0.000000       0.000000       1, 650       70.00         0.00       OT000       ELECTROCARDI OLOGY       0       10, 764, 843       0.000000       0.000000       1, 650       70.00         71.00       OT100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       6, 184, 133       0.000000       0.000000       2, 126, 668       72.00         73.00       07300       DRUSC CHARGED TO PATI ENTS       861, 308       121, 018, 430       0.000000       0.000000       2, 126, 568       73.00         76.00       03202 PAIN CLINIC       0       0       0.000117       22, 245, 306       73.00 <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			-				
65.00         06500         RESPI RATORY THERAPY         86,572         15,887,109         0.005449         0.005449         7,804,889         65.00           66.00         06600         PHYSI CAL THERAPY         0         5,482,033         0.000000         0.000000         454,733         66.00           07.00         05700         0CUPATI ONAL THERAPY         0         2,809,707         0.000000         0.000000         454,733         66.00           08.00         OSECCH PATHOLOGY         0         1,217,950         0.000000         0.000000         2,976,333         0.000000         0.000000         2,976,030         69.00           0.00         OTOO         ELECTROENCEPHALOGRAPHY         0         2,207,838         0.000000         0.000000         6,117,403         71.00           0.010         OTIO         DEV <charged ents<="" pati="" td="" to="">         6,184,133         0.000000         0.000000         2,22,45,368         72.00           73.00         ORUGS CHARGED TO PATI ENTS         861,308         121,018,860         0.007117         20,24,25,4368         73.00           76.00         03202         PAIN ACLINIC         0         0         0.000000         0.000000         3,661         76.00           76.02         03140&lt;</charged>							•
66.00         06600         PHYSI CAL THERAPY         0         5,482,033         0.000000         0.000000         454,733         66.00           67.00         06700         0CCUPATI ONAL THERAPY         0         2,809,707         0.000000         0.000000         453,236         67.00           68.00         06600         SPEECH PATHOLOGY         0         1,217,950         0.000000         0.000000         2,976,030         69.00           0.00         07000         ELECTROCARDI OLOGY         0         10,764,843         0.000000         0.000000         6.184,153         70.00           0.00         07100         MEDL CAL SUPPLIES CHARGED TO PATI ENTS         6,184,133         0.000000         0.000000         2,126,068         72.00           0.03000         PRUS CHARGED TO PATI ENTS         861,308         121,018,860         0.007117         0.22,245,306         73.00           76.00         03020         PAIN CLINIC         0         0         0.000000         0.000000         4.380,540         76.00           76.01         CARDI AC REHABI LI TATI ON         14,858,737         0.000000         0.000000         4.380,540         76.02           76.03         03957         CARDI AC REHABI LI TATI ON         1,458,97.77							
67.00       06700       0CCUPATI ONAL THERAPY       0       2, 809, 707       0.000000       0.000000       403, 236       67.00         68.00       06800       SPECCH PATHOLOGY       0       1, 217, 950       0.000000       0.000000       684, 856       68.00         09.00       06900       ELECTROEACEDI OLOGY       0       10, 764, 843       0.000000       0.000000       2, 976, 303       69.00         01.00       MCDI CAL SUPPLIES CHARGED TO PATIENTS       0       6, 184, 133       0.000000       0.000000       2, 126, 068       72.00         07200       IMPL. DEV. CHARGED TO PATIENTS       0       6, 184, 133       0.000000       0.000000       2, 126, 068       72.00       73.00         73.00       07200       INUS CHARGED TO PATIENTS       861, 308       121, 018, 860       0.07117       0.00117       2, 245, 306       73.00         76.00       03202       PAIN CLINIC       0       0       0.000000       0.000000       438, 054       76.02         76.02       0340       CARDI ACREHABILITATION       1, 458, 421       0.000000       0.000000       176, 444       76.03         76.02       03551       MCIA       CENTER       0       0.000000       0.0000000       17							
68.00       06600       SPECH PATHOLOGY       0       1, 217, 950       0.000000       0.000000       2, 976, 030       69, 00         07.00       07000       ELECTROCARNIPLAGGRAPHY       0       2, 207, 838       0.000000       0.000000       2, 976, 030       69, 00         071.00       EDICAL SUPPLIES CHARGED TO PATIENT       0       16, 950, 009       0.000000       0.000000       2, 126, 068       72. 00         072.00       IMPL.       DEV. CHARGED TO PATIENTS       6, 184, 133       0.000000       0.000000       2, 126, 068       72. 00         073.00       D7300       DRUSC CHARGED TO PATIENTS       861, 308       121, 018, 860       0.007117       0.007117       22, 245, 306       73. 00         76.00       0320       PAIN CLINIC       0       54, 502       0.000000       0.000000       3, 061       76. 00         76.03       03957       CARDIAC REHABILITATION       0       14, 458, 421       0.000000       0.000000       261, 516       76. 02         76.05       03951       MRI       0       0, 289, 777       0.000000       0.000000       261, 516       76. 02         76.06       03951       MRI       0       0, 200000       0.0000000       0.000000       76		-					•
69.00       06900       ELECTROCARDIOLOGY       0       10, 764, 843       0.000000       0.000000       2, 976, 030       69, 00         70.00       07000       ELECTROENCEPHALOGRAPHY       0       2, 207, 838       0.000000       0.000000       6, 1500       70. 00         72.00       07200       IMPL.       DEV. CHARGED TO PATIENTS       0       6, 184, 133       0.000000       0.000000       2, 126, 068       72. 00         73.00       DRUGS CHARGED TO PATIENTS       861, 308       121, 018, 860       0.007117       0.007117       22, 245, 306       73. 00         0       03020       PAIN CLINIC       0       0       0.000000       0.000000       3, 061       76. 01         76.02       03140       CARDI OVASCULAR SERVI CES       0       15, 987, 377       0.000000       0.000000       4, 380, 540       76. 02         76.04       03190       RADI ATI ON ONCOLOGY       0       6, 184, 936       0.000000       0.000000       1, 241, 151       76. 02         76.05       03951       MRI       0       8, 292, 777       0.000000       0.000000       1, 261, 516       76. 04         76.06       03952       BAI ATRI C CENTER       0       2, 372, 748       0.000000							•
70.00         70000         ELECTROENCEPHALOGRAPHY         0         2, 207, 838         0.000000         0.000000         16, 500         70.00           71.00         MEDI CAL SUPPLIES CHARGED TO PATIENT         0         16, 950, 009         0.000000         0.000000         6, 117, 403         71.00           72.00         72.00         IMPL         DEV.         CHARGED TO PATIENTS         0         6, 184, 133         0.000000         0.000000         2, 22, 245, 306         73.00           73.00         07300         DRUGS CHARGED TO PATIENTS         861, 308         121, 018, 860         0.007117         0.007117         22, 245, 306         73.00           76.01         03950         ORTHOPEDICS         0         54, 502         0.000000         0.000000         0.000000         76.00           76.02         03140         CARDI AC REHABI LI TATI ON         0         1, 458, 421         0.000000         0.000000         176, 644         76.03           76.05         03951         MRI         0         0, 184, 936         0.000000         0.000000         176, 644         76.03           76.06         03952         BARI ATRI C CENTER         0         8, 229, 777         0.000000         0.0000000         176.07		-					•
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0       16, 950, 009       0.000000       0.000000       6, 117, 403       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       6, 184, 133       0.000000       0.000000       2, 126, 068       72.00         73.00       07300       DRUSC CHARGED TO PATI ENTS       861, 308       121, 018, 860       0.07117       0.000000       0.000000       76.00         76.00       03020       PAI N CLINIC       0       0.000000       0.000000       0.000000       3, 061       76.00         76.01       03950       ORTHOPEDI CS       0       54, 502       0.000000       0.000000       176, 644       76.03         76.03       03957       CARDI AC REHABI LI TATI ON       0       1, 458, 421       0.000000       0.000000       176, 644       76.03         76.04       03190       RADI ATI ON ONCOLOGY       0       8, 229, 777       0.000000       0.000000       1, 291, 151       76.05         76.06       03952       BARI ATRI C CENTER       0       2, 072, 275       0.000000       0.000000       14, 341       76.08         76.07       73550       PSYCH ACT VI TY THERAPY       0       2, 370, 748 <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>•</td>		-					•
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       6, 184, 133       0.000000       2, 126, 068       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       861, 308       121, 018, 860       0.007117       0.007117       22, 245, 306       73.00         76.00       03950       PRINCLINIC       0       0.000000       0.000000       3, 061       76.00         76.01       03950       ORTHOPEDICS       0       15, 987, 377       0.000000       0.000000       4, 380, 540       76.02         76.04       03190       RADIATION ONCOLOGY       0       14, 458, 421       0.000000       0.000000       21, 21, 516       76.03         76.05       03951       MRI       0       0, 23, 528       77.70       0.000000       0.000000       21, 21, 516       76.03         76.06       03952       BARIATRIC CENTER       0       8, 229, 777       0.000000       0.000000       1, 291, 151       76.05         76.07       03550       PSYCH ACTIVITY THERAPY       0       2, 889, 726       0.000000       0.000000       14, 341       76.09         76.10       03954       INFUSION       0       2, 370, 748       0.000000       0.000000       14, 434		-					•
73.00       07300       DRUGS CHARGED TO PATIENTS       861,308       121,018,860       0.007117       0.007117       22,245,306       73.00         76.01       03020       PAIN CLINIC       0       0       0.000000       0.000000       0.000000       76.01         76.01       03950       ORTHOPEDICS       0       54,502       0.000000       0.000000       4,380,540       76.02         76.02       03140       CARDI OVASCULAR SERVICES       0       1,458,421       0.000000       0.000000       176,464       76.04         76.05       03957       CARDI AC REHABILITATION       0       1,458,421       0.000000       0.000000       261,516       76.04         76.05       03957       MRI       0       8,229,777       0.000000       0.000000       1,291,151       76.05         76.06       03953       WORND CARE       0       2,889,726       0.000000       0.000000       0       76.07         76.07       03550       PSYCH ACTIVITY THERAPY       0       2,370,748       0.000000       0.000000       1,431,478,893       76.09         76.10       03955       INFUSION       0       9,736,043       0.000000       0.0000000       1,487,893       76.19		-					•
76.00       03020       PAIN CLINIC       0       0       0.000000       0.000000       76.00         76.01       03950       ORTHOPEDICS       0       54,502       0.000000       0.000000       3,061       76.01         76.02       0340       CARDI AC REHABI LITATION       0       15,987,377       0.000000       0.000000       4,380,540       76.02         76.03       03957       CARDI AC REHABI LITATION       0       1,458,421       0.000000       0.000000       176,464       76.03         76.04       03190       RADI ATI ON ONCOLOGY       0       6,184,936       0.000000       0.000000       1,291,151       76.05         76.05       03951       BARI ATRI C CENTER       0       8,229,777       0.000000       0.000000       0       76.06         76.07       03550       PSYCH ACTI VI TY THERAPY       0       2,889,726       0.000000       0.000000       0       76.07         76.10       03955       INFUSI ON       0       2,072,275       0.000000       0.000000       14,341       76.09         76.11       03955       INFUSI ON       0       9,736,043       0.000000       0.000000       0       76.11         76.12							•
76.01       03950       ORTHOPEDICS       0       54,502       0.000000       0.000000       3,061       76.01         76.02       03140       CARDI OVASCULAR SERVICES       0       15,987,377       0.000000       0.000000       4,380,540       76.02         76.03       03957       CARDI AC REHABILITATION       0       1,458,421       0.000000       0.000000       176,464       76.03         76.05       03951       MRI       0       6,184,936       0.000000       0.000000       1,291,151       76.04         76.05       03952       BARI ATRI C CENTER       0       0       0       0.000000       0.000000       1,487,893         76.06       03952       BARI ATRI C CENTER       0       2,077       0.000000       0.000000       0       76.06         76.08       03953       WOUND CARE       0       2,072,755       0.000000       0.000000       14,381       76.09         76.10       03954       INFUSI ON       0       9,736,043       0.000000       0.000000       1,487,893       76.00         76.11       03955       INFUSI ON       0       9,736,043       0.000000       0.000000       0       76.10         76.12							•
76.02       03140       CARDI OVASCULAR SERVICES       0       15, 987, 377       0.000000       0.000000       4, 380, 540       76.02         76.03       03957       CARDI AC REHABI LITATION       0       1, 458, 421       0.000000       0.000000       176, 464       76.03         76.04       03190       RADI ATION ONCOLOGY       0       6, 184, 936       0.000000       0.000000       1, 291, 151       76.04         76.05       03951       MRI       0       8, 229, 777       0.000000       0.000000       1, 291, 151       76.05         76.06       03952       BARI ATRIC CENTER       0       0       0.000000       0.000000       0.000000       0       76.06         76.08       03953       WOUND CARE       0       2, 072, 275       0.000000       0.000000       14, 341       76.09         76.10       03954       RENAL DI ALYSI S       0       2, 370, 748       0.000000       0.000000       1, 487, 937       76.09         76.11       03955       INFUSI ON       0       9, 736, 043       0.000000       0.000000       0       76.10         76.12       03958       ANTI COAGULATION CLINIC       0       677, 302       0.000000       0.000000 <td< td=""><td></td><td>0</td><td>54, 502</td><td></td><td></td><td>3, 061</td><td>•</td></td<>		0	54, 502			3, 061	•
76. 04         03190         RADI ATI ON ONCOLOGY         0         6, 184, 936         0.000000         0.000000         261, 516         76. 04           76. 05         03951         MRI         0         8, 229, 777         0.000000         0.000000         1, 291, 151         76. 05           76. 06         03952         BARI ATRI C CENTER         0         0         0.000000         0.000000         0         0         76. 06           76. 07         03550         PSYCH ACTI VI TY THERAPY         0         2, 889, 726         0.000000         0.000000         14, 341         76. 08           76. 09         03953         WOUND CARE         0         2, 072, 275         0.000000         0.000000         14, 381, 976. 08           76. 10         03955         INFUSI ON         0         9, 736, 043         0.000000         0.000000         1, 487, 93         76. 09           76. 10         03954         RENAL DI ALYSI S         0         14, 859         0.000000         0.000000         0         76. 10           76. 11         03956         CARE TRANSI TI ON CENTER         0         14, 859         0.000000         0.000000         1, 148         76. 12           76. 12         03958         NTI COA	76. 02 03140 CARDI OVASCULAR SERVI CES	0					76.02
76.05       03951       MRI       0       8,229,777       0.000000       0.000000       1,291,151       76.05         76.06       03952       BARI ATRI C CENTER       0       0       0.000000       0.000000       0       76.06         76.07       03550       PSYCH ACTI VI TY THERAPY       0       2,889,726       0.000000       0.000000       14,341       76.08         76.09       03954       RENAL DI ALYSI S       0       2,370,748       0.000000       0.000000       1,487,893       76.09         76.10       03955       INFUSI ON       0       9,736,043       0.000000       0.000000       0       76.10         76.11       03955       INFUSI ON       CENTER       0       14,859       0.000000       0.000000       0       76.10         76.12       03958       ANTI COAGULATI ON CENTER       0       14,859       0.000000       0.000000       0       76.11         76.12       03958       ANTI COAGULATI ON CLINIC       0       677,302       0.000000       0.000000       1,148       76.12         76.11       03955       INRAL       FEDERALLY QUALI FIED HEALTH CENTER       0       0       0.0000000       0       0.000000       0 <td>76. 03 03957 CARDI AC REHABI LI TATI ON</td> <td>0</td> <td>1, 458, 421</td> <td>0.00000</td> <td>0.00000</td> <td>176, 464</td> <td>76.03</td>	76. 03 03957 CARDI AC REHABI LI TATI ON	0	1, 458, 421	0.00000	0.00000	176, 464	76.03
76.06         03952         BARI ATRI C CENTER         0         0         0.000000         0.000000         0         76.06           76.07         03550         PSYCH ACTI VI TY THERAPY         0         2,889,726         0.000000         0.000000         14,341         76.08           76.09         03954         RENAL DI ALYSI S         0         2,072,275         0.000000         0.000000         14,341         76.08           76.10         03955         INFUSI ON         0         9,736,043         0.000000         0.000000         0         76.10           76.11         03956         CARE TRANSI TI ON CENTER         0         14,859         0.000000         0.000000         0         76.11           76.12         03958         ANTI COAGULATI ON CLINIC         0         677,302         0.000000         0.000000         0         76.11           76.12         03958         ANTI COAGULATI ON CLINIC         0         677,302         0.000000         0.000000         0         76.11           76.12         03958         NURAL HEALTH CLINIC         0         0         0.000000         0.000000         0         88.00           88.00         08900         FEDERALLY QUALI FI ED HEALTH CENTER		0	6, 184, 936	0. 00000	0.00000	261, 516	76.04
76.07       03550       PSYCH ACTIVITY THERAPY       0       2,889,726       0.000000       0.000000       14,341       76.07         76.08       03953       WOUND CARE       0       2,072,275       0.000000       0.000000       14,341       76.08         76.09       03954       RENAL DIALYSIS       0       2,370,748       0.000000       0.000000       14,487,893       76.09         76.10       03955       INFUSION       0       9,736,043       0.000000       0.000000       0       76.10         76.12       03956       CARE TRANSITION CENTER       0       14,859       0.000000       0.000000       1,487,893       76.09         76.12       03958       ANTI COAGULATI ON CLINIC       0       677,302       0.000000       0.000000       1,148       76.12         0017PATIENT SERVICE COST CENTERS       0       0       0.000000       0.000000       0       88.00         88.00       08800       RURAL HEALTH CLINIC       0       0       0.000000       0.000000       89.00         90.00       09000       CLINIC       0       0       0.000000       0.000000       0       90.00         90.01       09001       0CC HEALTH CLINIC	76. 05 03951 MRI	0	8, 229, 777	0. 00000	0.00000	1, 291, 151	76.05
76.08         03953         WOUND CARE         0         2,072,275         0.000000         0.000000         14,341         76.08           76.09         03954         RENAL DI ALYSI S         0         2,370,748         0.000000         0.000000         1,487,893         76.09           76.10         03955         I NFUSI ON         0         9,736,043         0.000000         0.000000         0         76.10           76.11         03956         CARE TRANSI TI ON CENTER         0         14,859         0.000000         0.000000         0         76.11           76.12         03958         ANTI COAGULATI ON CLINIC         0         677,302         0.000000         0.000000         1,148         76.12           0170-TT IENT SERVICE COST CENTERS         0         0         0.000000         0.000000         0         88.00           89.00         08800         RURAL HEALTH CLINIC         0         0         0.000000         0         89.00           90.00         09000         CLINIC         0         0         0.000000         0         90.00           90.00         09000         CLINIC         0         0         0.000000         0         90.00           90.01	76. 06 03952 BARI ATRI C CENTER	0	0	0. 00000	0.00000	0	76.06
76.09         03954         RENAL DIALYSIS         0         2,370,748         0.00000         0.000000         1,487,893         76.09           76.10         03955         INFUSION         0         9,736,043         0.000000         0.000000         0         76.10           76.11         03956         CARE TRANSITION CENTER         0         14,859         0.000000         0.000000         0         76.11           76.12         03958         ANTI COAGULATION CLINIC         0         677,302         0.000000         0.000000         1,148         76.12           0UTPATIENT SERVICE COST CENTERS         0         0         0.000000         0.000000         0         88.00           88.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0.000000         0         89.00           90.00         09000         CLINIC         0         0         0.000000         0         90.00           90.01         09001         CC HEALTH CLINIC         0         0         0.000000         0         90.00           90.01         09001         CC HEALTH CLINIC         0         0         0.000000         0         90.01           91.00         09100 <td>76.07 03550 PSYCH ACTIVITY THERAPY</td> <td>0</td> <td>2, 889, 726</td> <td>0.00000</td> <td>0.00000</td> <td>0</td> <td>76.07</td>	76.07 03550 PSYCH ACTIVITY THERAPY	0	2, 889, 726	0.00000	0.00000	0	76.07
76. 10         03955         I NFUSI ON         0         9, 736, 043         0.000000         0.000000         0         76. 10           76. 11         03956         CARE TRANSI TI ON CENTER         0         14, 859         0.000000         0.000000         0         76. 11           76. 12         03958         ANTI COAGULATI ON CLINIC         0         677, 302         0.000000         0.000000         1, 148         76. 12           0UTPATI ENT SERVICE COST CENTERS         0         0         0.000000         0.000000         0         88. 00           88. 00         08900         FEDERALLY QUALI FIED HEALTH CENTER         0         0         0.000000         0.000000         88. 00           90. 00         09000         CLINIC         0         0         0.000000         0.000000         90. 00           90. 01         09001         OCC HEALTH CLINIC         0         0         0.000000         0.000000         90. 00           90. 01         09001         OCC HEALTH CLINIC         0         0         0.000000         0.000000         90. 01           91. 00         09100         EMERGENCY         0         52, 762, 470         0.000000         0.000000         4, 520, 073         91. 00	76.08 03953 WOUND CARE	0	2, 072, 275	0. 00000	0.00000	14, 341	76.08
76.11       03956       CARE TRANSITION CENTER       0       14,859       0.000000       0.000000       0       76.11         76.12       03958       ANTI COAGULATION CLINIC       0       677,302       0.000000       0.000000       1,148       76.12         OUTPATI ENT SERVICE COST CENTERS         88.00       08800       RURAL HEALTH CLINIC       0       0       0.000000       0       88.00         89.00       08900       FEDERALLY QUALI FIED HEALTH CENTER       0       0       0.000000       0       89.00         90.00       09000       CLINIC       0       0       0.000000       0.000000       89.00         90.01       09001       CCC HEALTH CLINIC       0       0       0.000000       0.000000       90.00         90.01       09001       CCC HEALTH CLINIC       0       0       0.000000       0.000000       90.01         91.00       09100       EMERGENCY       0       52,762,470       0.000000       0.000000       4,520,073       91.00         92.00       09200       0BSERVATION BEDS (NON-DISTINCT PART       0       5,581,106       0.000000       0.000000       929,317       92.00		0	2, 370, 748	0. 00000	0.00000	1, 487, 893	76.09
76. 12         03958         ANTI COAGULATI ON CLINIC         0         677, 302         0.000000         0.000000         1, 148         76. 12           OUTPATI ENT SERVICE COST CENTERS         0         0         0.000000         0.000000         0         88. 00           88. 00         08800         RURAL HEALTH CLINIC         0         0         0.000000         0.000000         0         88. 00           90. 00         09000         CLINIC         0         0         0.000000         0.000000         0         89. 00           90. 01         09001         CLENTIC         0         0         0.000000         0         90. 00           90. 01         09001         CCC HEALTH CLINIC         0         0         0.000000         0         90. 00           90. 01         09010         CK HEALTH CLINIC         0         0         0.000000         0         90. 01           91. 00         09100         EMERGENCY         0         52, 762, 470         0.000000         4, 520, 073         91. 00           92. 00         09200         OBSERVATI ON BEDS (NON-DI STINCT PART         0         5, 581, 106         0.000000         0.000000         929, 317         92. 00	76. 10 03955 I NFUSI ON	0	9, 736, 043	0.00000	0.00000	0	76.10
OUTPATIENT SERVICE COST CENTERS           88.00         08800         RURAL HEALTH CLINIC         0         0         0.000000         0.000000         0         88.00           89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0.000000         0.000000         0         89.00           90.00         09000         CLINIC         0         0         0.000000         0.000000         90.00           90.01         09001         0CC HEALTH CLINIC         0         0         0.000000         0.9001         90.01           91.00         09100         EMERGENCY         0         52,762,470         0.000000         4,520,073         91.00           92.00         09200         DBSERVATI ON BEDS (NON-DI STINCT PART         0         5,581,106         0.000000         929,317         92.00	76. 11 03956 CARE TRANSI TI ON CENTER					0	76.11
88.00         08800         RURAL HEALTH CLINIC         0         0         0.000000         0.000000         0         88.00           89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0.000000         0.000000         0         89.00           90.00         09000         CLINIC         0         0         0.000000         0.000000         0         90.00           90.01         09001         0CC HEALTH CLINIC         0         0         0.000000         0.000000         0         90.01           91.00         09100         EMERGENCY         0         52,762,470         0.000000         0.000000         4,520,073         91.00           92.00         09200         DSERVATI ON BEDS (NON-DI STINCT PART         0         5,581,106         0.000000         0.000000         929,317         92.00		0	677, 302	0.00000	0 0.00000	1, 148	76. 12
89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0.000000         0.000000         0.000000         89.00           90.00         09000         CLINIC         0         0         0         0.000000         0.000000         0         90.00           90.01         09001         0CC HEALTH CLINIC         0         0         0         0.000000         0         90.01           91.00         09100         EMERGENCY         0         52,762,470         0.000000         0.000000         4,520,073         91.00           92.00         09200         DSERVATION BEDS (NON-DISTINCT PART         0         5,581,106         0.000000         0.000000         929,317         92.00				0,0000	0 0,00000	0	88 00
90.00         09000         CLINIC         0         0         0.00000         0.000000         0         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.01							•
90. 01         09001         0CC         HEALTH         CLINIC         0         0         0.00000         0.000000         0         90. 01           91. 00         09100         EMERGENCY         0         52, 762, 470         0.000000         0.000000         4, 520, 073         91. 00           92. 00         09200         DBSERVATI ON BEDS (NON-DISTINCT PART         0         5, 581, 106         0.000000         0.000000         929, 317         92.00							•
91. 00         09100         EMERGENCY         0         52, 762, 470         0. 000000         4, 520, 073         91. 00           92. 00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART         0         5, 581, 106         0. 000000         0. 000000         929, 317         92. 00		-	-				
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 0 5, 581, 106 0. 000000 0. 000000 929, 317 92. 00		-	-				•
							•
		1, 229, 681					

PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S		RGARET-HAMMOND	CCN: 150004	Peri od:	u of Form CMS-2 Worksheet D	
HROUGH COSTS	SERVICE OTHER TASS		. 150004	From 01/01/2014 To 12/31/2014	Part IV	oared: ∂nm
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	I npati ent	Outpati ent	Outpati ent			
	Program	Program	Program			
	Pass-Through	Charges	Pass-Throug			
	Costs (col. 8		Costs (col.	9		
	x col. 10)		x col. 12)			
	11.00	12.00	13.00			
ANCI LLARY SERVI CE COST CENTERS		0 470 045	1			
0.00 05000 OPERATING ROOM	0	3, 170, 815		0		50.0
0. 01 05001 OPEN HEART SURGERY	0	0		0		50.0
0. 02 05002 OUTPATIENT SURGERY	0	1, 407, 087		0		50.0
1.00 05100 RECOVERY ROOM	0	608, 113		0		51.0
3. 00 05300 ANESTHESI OLOGY	0	1, 696, 629		0		53.00
4. 00 05400 RADI OLOGY-DI AGNOSTI C	16, 104	1, 648, 519				54.0
4. 01 05401 RADIOLOGY SPECIAL PROCEDURES	477	2, 467, 075		21		54.0
4. 02 05402 ULTRASOUND	172	1, 286, 655	1	43		54.0
5. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0		55.0
5.01 05501 COMPUTED TOMOGRAPHY	312	5, 084, 931	3	25		55.0
7. 00 05700 CT SCAN	0	0		0		57.0
8. 00 05800 MRI	0	0		0		58.0
9. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0		59.0
0. 00 06000 LABORATORY	37, 690	4, 260, 894	12, 0	29		60.0
0. 01 06001 BLOOD LABORATORY	0	0		0		60.0
3.00 06300 BLOOD STORING, PROCESSING & TRANS.	9,604	415, 205	3, 8	25		63.0
3. 01 06301 NUCLEAR MEDICINE	595	1, 622, 706	1, 2	30		63.0
5. 00 06500 RESPI RATORY THERAPY	42, 529	370, 367		18		65.0
6. 00 06600 PHYSI CAL THERAPY	0	868		0		66.0
7. 00 06700 OCCUPATI ONAL THERAPY	0	0		0		67.0
8.00 06800 SPEECH PATHOLOGY	0	11, 612		0		68.0
9.00 06900 ELECTROCARDI OLOGY	0	1, 639, 954		0		69.0
0.00 07000 ELECTROENCEPHALOGRAPHY	0	828, 716		0		70.0
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,627,029		0		71.0
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1, 277, 223		0		72.0
3.00 07300 DRUGS CHARGED TO PATIENTS	158, 320	35, 322, 985				73.0
6.00 03020 PAIN CLINIC	0	00,022,,000	20170	0		76.0
76. 01 03950 ORTHOPEDI CS	0	23, 269		0		76.0
76. 02 03140 CARDI OVASCULAR SERVI CES	0	3, 286, 406		0		76.0
76. 03 03957 CARDI AC REHABI LI TATI ON	0	437, 838		0		76.0
76. 04 03190 RADIATION ONCOLOGY	0	2, 914, 111		0		76.0
76. 05 03951 MRI	0	1, 621, 689		0		76.0
76. 06 03952 BARI ATRI C CENTER	0	1, 021, 009		0		76.0
6. 07 03550 PSYCH ACTIVITY THERAPY	0	0		0		76.0
	0	1 101 447		-		
76. 08 03953 WOUND CARE 76. 09 03954 RENAL DI ALYSI S	0	1, 191, 467		0		76. 0 76. 0
	0	0 2 257 544		0		
6.10 03955 INFUSION	0	2, 357, 564		0		76.1
6. 11 03956 CARE TRANSITION CENTER	0	3, 670		0		76.1
76. 12 03958 ANTI COAGULATI ON CLINIC	0	422, 563	I	U		76. 1
OUTPATIENT SERVICE COST CENTERS		^	1	0		00 0
88.00 08800 RURAL HEALTH CLINIC	0	0		0		88.0
9.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0		89.0
0.00 09000 CLINIC	0	0		0		90.0
0.01 09001 OCC HEALTH CLINIC	0	0		0		90.0
1.00 09100 EMERGENCY	0	5, 764, 407		0		91.0
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1, 345, 147		0		92.0
200.00 Total (lines 50-199)	265, 803	85, 115, 514	284, 0	78	2	200. C

	Financial Systems F ONMENT OF MEDICAL, OTHER HEALTH SERVICES AND		ARGARET-HAMMOND Provi der	CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Pre 5/27/2015 5:2	pared:
			Ti tl	e XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	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. & Coi ns	. Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
A	NCILLARY SERVICE COST CENTERS						
	05000 OPERATI NG ROOM	0. 270200	3, 170, 815		0 0	856, 754	50.00
50. 01 O	05001 OPEN HEART SURGERY	0. 268287			0 0	0	•
	05002 OUTPATI ENT SURGERY	0. 403548			0 0	567, 827	•
	D5100 RECOVERY ROOM	0. 196819			0 0	119, 688	
	05300 ANESTHESI OLOGY	0. 358424			0 0	608, 113	•
	05400 RADI OLOGY-DI AGNOSTI C	0. 237287			0 0		
						391, 172	•
	05401 RADI OLOGY SPECI AL PROCEDURES	0. 254763			0 0	628, 519	
	05402 ULTRASOUND	0. 108577			0 0	139, 701	54.02
	05500 RADI OLOGY-THERAPEUTI C	0. 000000			0 0	0	•
	05501 COMPUTED TOMOGRAPHY	0. 045575			0 0	231, 746	•
	05700 CT SCAN	0. 000000			0 0	0	•
58.00 0	05800 MRI	0. 000000	0		0 0	0	58.00
59.00 0	05900 CARDI AC CATHETERI ZATI ON	0. 000000	0		0 0	0	59.00
60.00 0	06000 LABORATORY	0. 145406	4, 260, 894	3, 95	64 0	619, 560	60.00
	06001 BLOOD LABORATORY	0. 000000	0		0 0	0	60.01
	06300 BLOOD STORING, PROCESSING & TRANS.	0. 398618	415, 205		0 0	165, 508	•
	06301 NUCLEAR MEDICINE	0. 179817			0 0	291, 790	
	06500 RESPI RATORY THERAPY	0. 185510			0 0	68, 707	
	06600 PHYSI CAL THERAPY	0. 640074			0 0	556	
	06700 OCCUPATI ONAL THERAPY	0. 302921			0 0	0	•
					0 0		
	06800  SPEECH PATHOLOGY 06900  ELECTROCARDI OLOGY	0. 519108			0 0	6, 028	1
		0. 074254				121, 773	
	07000 ELECTROENCEPHALOGRAPHY	0. 244991			0 0	203, 028	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 259178			0 0	680, 868	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 690464			0 0	881, 877	
	07300 DRUGS CHARGED TO PATIENTS	0. 192083			0 57, 217	6, 784, 945	
	D3020 PAIN CLINIC	0. 000000			0 0	0	•
76.01 0	03950 ORTHOPEDI CS	1. 277366	23, 269		0 0	29, 723	76.01
76.02 0	03140 CARDI OVASCULAR SERVI CES	0. 163800	3, 286, 406		0 0	538, 313	76.02
76.03 0	03957 CARDI AC REHABI LI TATI ON	0. 592915	437, 838		0 0	259, 601	76.03
76.04 0	03190 RADIATION ONCOLOGY	0. 340908	2, 914, 111		0 0	993, 444	76.04
76.05 0	03951 MRI	0. 110493	1, 621, 689		0 0	179, 185	76.05
76.06 0	03952 BARI ATRI C CENTER	0. 000000	0		0 0	0	76.06
	03550 PSYCH ACTIVITY THERAPY	0. 152720			0 0	0	76.07
	03953 WOUND CARE	0. 364870			0 0	434, 731	
	03954 RENAL DI ALYSI S	0. 510102			0 0	0	•
	03955 I NFUSI ON	0. 236194			0 0		
	03956 CARE TRANSI TI ON CENTER	5. 168719			0 0		
					0 0		•
	03958 ANTI COAGULATI ON CLINI C	0. 434015	422, 563		0 0	183, 399	76.12
	DUTPATIENT SERVICE COST CENTERS	0.00000	1	1		0	00.00
	08800 RURAL HEALTH CLINIC	0. 000000				0	•
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000			-	0	
	09000 CLINIC	0. 000000			0	0	•
	09001 OCC HEALTH CLINIC	0. 000000			0 0	0	
	09100 EMERGENCY	0. 192944			0 0	1, 112, 208	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 625492	1, 345, 147		0 0	841, 379	92.00
200.00	Subtotal (see instructions)		85, 115, 514	3, 95	57, 217	18, 515, 954	200.00
201.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
201.00			1	1	1		
201.00	Only Charges						

Health Financial Systems F	RANCISCAN ST MA	RGARET-HAMMOND		In Lieu	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	) VACCINE COST	Provider C	CN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Pre 5/27/2015 5:2	
		Title	XVIII	Hospi tal	PPS	
	Cos					
Cost Center Description	Cost Reimbursed Services Subject To Ded. & Coins.	Cost Reimbursed Services Not Subject To Ded. & Coins.				
	(see inst.)	(see inst.)				
	6.00	7.00				
ANCILLARY SERVICE COST CENTERS		· · · ·				
50.00 05000 OPERATING ROOM	0	0				50.00
50. 01 05001 OPEN HEART SURGERY	0	0				50.01
50. 02 05002 OUTPATI ENT SURGERY	0	0				50.02
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
54. 02 05402 ULTRASOUND	0	0				54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0				55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0				55.01
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MRI	0	0				58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0				59.00
60. 00 06000 LABORATORY	575	0				60.00
60. 01 06001 BLOOD LABORATORY	0	0				60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
63. 01 06301 NUCLEAR MEDICINE	0	0				63.01
65. 00 06500 RESPI RATORY THERAPY	0	0				65.00
66. 00 06600 PHYSI CAL THERAPY	0	0				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	o				67.00
68.00 06800 SPEECH PATHOLOGY	0	o				68.00
69. 00 06900 ELECTROCARDI OLOGY	0	o				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	o				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	o				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	10, 990				73.00
76.00 03020 PAIN CLINIC	0	0				76.00
76. 01 03950 ORTHOPEDI CS	0	0				76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0	0				76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	0				76.03
76.04 03190 RADIATION ONCOLOGY	0	o				76.04
76.05 03951 MRI	0	0				76.05
76. 06 03952 BARI ATRI C CENTER	0	0				76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0				76.07
76.08 03953 WOUND CARE	0	0				76.08
76. 09 03954 RENAL DI ALYSI S	0	0				76.09
76. 10 03955 I NFUSI ON	0					76.10
76. 11 03956 CARE TRANSITION CENTER	0	0				76.11
76.12 03958 ANTI COAGULATI ON CLINIC	0					76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90. 00 09000 CLINIC	0	0				90.00
90. 01 09001 OCC HEALTH CLINIC	0	0				90.01
91.00 09100 EMERGENCY	0					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
200.00 Subtotal (see instructions)	575					200.00
201.00 Less PBP Clinic Lab. Services-Program	0					201.00
Only Charges						
202.00 Net Charges (line 200 +/- line 201)	575	10, 990				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERV	ICE CAPITAL COSTS	RGARET-HAMMOND		Peri od:	u of Form CMS-2 Worksheet D	
AT ON TO THE ATENT ANOTEENT JENT	THE OUT THE OUT O			From 01/01/2014 To 12/31/2014		
		Ti tl	e XVIII	Subprovider - IPF	PPS	<i>,</i> biii
Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,			. Charges	column 4)	
	Part II, col.	8)	2)			
	26)	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
50. 00 05000 OPERATI NG ROOM	732, 988	17, 418, 477	0. 04208	1, 802	76	50.00
50. 01 05001 OPEN HEART SURGERY	25, 895	1, 270, 579	0. 02038	30 O	0	50.01
50. 02 05002 OUTPATI ENT SURGERY	349, 737	7, 363, 012	0. 04749	09 0	0	50.02
51.00 05100 RECOVERY ROOM	14, 187	3, 256, 998	0. 00435	6 0	0	51.00
53. 00 05300 ANESTHESI OLOGY	176, 580	9, 704, 511	0. 01819	96 844	15	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	334, 676				149	•
54. 01 05401 RADIOLOGY SPECIAL PROCEDURES	251, 166					54.01
54. 02 05402 ULTRASOUND	97, 930				11	54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0				0	55.00
55. 01 05501 COMPUTED TOMOGRAPHY	66, 446				45	55.01
57. 00 05700 CT SCAN	0	-	0100000		0	57.00
58. 00 05800 MRI	0	-			0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0		0.0000		0	59.00
60. 00 06000 LABORATORY	392, 324	52, 336, 454			1, 673	
60. 01 06001 BLOOD LABORATORY 63. 00 06300 BLOOD STORING, PROCESSING & T	DANS 11 712	2 441 900	0. 00000		0	60.01 63.00
63. 01 06301 NUCLEAR MEDICINE	RANS. 11, 713 74, 883				0	63.00
65. 00 06500 RESPIRATORY THERAPY	173, 407					65.00
66. 00 06600 PHYSI CAL THERAPY	164, 938				89	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	21, 147				0	67.00
68. 00 06800 SPEECH PATHOLOGY	48, 841				0	68.00
69. 00 06900 ELECTROCARDI OLOGY	103, 663				310	•
70. 00 07000 ELECTROENCEPHALOGRAPHY	47, 144				0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO F					100	•
72.00 07200 I MPL. DEV. CHARGED TO PATIENT					0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	391, 818	121, 018, 860	0. 00323	433, 619	1, 404	73.00
76.00 03020 PAIN CLINIC	0	C	0. 00000	0 0	0	76.00
76. 01 03950 ORTHOPEDI CS	10, 033	54, 502	0. 18408	35 0	0	76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	171, 014	15, 987, 377	0. 01069	97 0	0	76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	57, 927		1		0	76.03
76.04 03190 RADIATION ONCOLOGY	378, 831		1		0	76.04
76.05 03951 MRI	398, 531				371	76.05
76.06 03952 BARIATRIC CENTER	0	-			0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	5, 585				417	76.07
76. 08 03953 WOUND CARE	71, 443				0	76.08
76. 09 03954 RENAL DI ALYSI S	126, 332				0	76.09
76. 10 03955 I NFUSI ON	43, 591				0	76.10
76. 11 03956 CARE TRANSITION CENTER	507					
76. 12 03958 ANTI COAGULATI ON CLINIC OUTPATI ENT SERVICE COST CENTERS	2, 886	677, 302	0.00426	01 0	0	76. 12
88.00 08800 RURAL HEALTH CLINIC	0	C	0.0000	0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CE	NTER O	C			0	89.00
90. 00 09000 CLINIC	0	C	0. 00000	0 0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	C	0. 00000		0	•
91.00 09100 EMERGENCY	425, 025				945	•
92.00 09200 OBSERVATION BEDS (NON-DISTING					0	
200.00 Total (lines 50-199)	5, 375, 653	450, 987, 227	7	1, 087, 282	5 712	200.00

	FRANCISCAN ST MARGA				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI THROUGH COSTS	ERVI CE OTHER PASS		CCN: 150004 t CCN: 15S004	Period: From 01/01/2014 To 12/31/2014		pared: 9 pm
		Ti tl	e XVIII	Subprovider - IPF	PPS	<u>, bur</u>
Cost Center Description	Non Physician Nur Anesthetist Cost	sing School	Allied Healt		Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS			1		-	
50. 00 05000 OPERATING ROOM	0	C		0 0		
50. 01 05001 OPEN HEART SURGERY 50. 02 05002 OUTPATI ENT SURGERY	0	C		0 0	-	50. 01 50. 02
51. 00 05100 RECOVERY ROOM	0	C		0 0	0	51.00
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	-	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	C		-		
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	0	C				
54. 02 05402 ULTRASOUND	0	C				54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C		0 0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	C	1, 92	22 0	1, 922	55.01
57.00 05700 CT SCAN	0	C	)	0 0	0	57.00
58.00 05800 MRI	0	C		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	C	1	0 0	0	59.00
60. 00 06000 LABORATORY	0	C				60.00
60. 01 06001 BLOOD LABORATORY	0	C		0 0		60.01
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	C				63.00
63. 01 06301 NUCLEAR MEDICINE	0	C				
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	0	C		0 0		65.00 66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 0		
68. 00 06800 SPEECH PATHOLOGY	0	C		0 0		68.00
69. 00 06900 ELECTROCARDI OLOGY	0	C		0 0		69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	C		0 0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	C	)	0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	C		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C	861, 30	0 8	861, 308	73.00
76.00 03020 PAIN CLINIC	0	C		0 0	0	76.00
76. 01 03950 ORTHOPEDI CS	0	C		0 0		
76. 02 03140 CARDI OVASCULAR SERVI CES	0	C		0 0		76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	C		0 0		76.03
76. 04 03190 RADIATION ONCOLOGY 76. 05 03951 MRI	0	C		0 0 0 0		76.04
76. 05 03951 MRI 76. 06 03952 BARI ATRI C CENTER	0	C		0 0		76.05
76. 07 03550 PSYCH ACTIVITY THERAPY	0	0		0 0		76.00
76. 08 03953 WOUND CARE	0	C		0 0	-	76.08
76. 09 03954 RENAL DI ALYSI S	0	C		0 0	0	76.09
76. 10 03955 I NFUSI ON	0	C		0 0		76.10
76. 11 03956 CARE TRANSITION CENTER	0	C		0 0		76.11
76. 12 03958 ANTI COAGULATI ON CLINIC OUTPATI ENT SERVICE COST CENTERS	0	C		0 0	0	76. 12
88.00 08800 RURAL HEALTH CLINIC	0	C		0 0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C	1	0 0		89.00
90. 00 09000 CLINIC	0	C		0 0	0	90.00
90. 01 09001 OCC HEALTH CLINIC	0	C		0 0	0	90.01
91. 00 09100 EMERGENCY	0	C		0 0	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	C		0 0		
200.00  Total (lines 50-199)	0	C	1, 254, 80	01 0	1, 254, 801	∠UU. UU

PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY		RGARET-HAMMOND		Period:	u of Form CMS-2 Worksheet D	2002 10
HROUGH COSTS	SERVICE OTHER PAS			From 01/01/2014 To 12/31/2014	Part IV Date/Time Pre 5/27/2015 5:2	pared:
		Ti tl	e XVIII	Subprovider - IPF	PPS	7 piii
Cost Center Description	Total	Total Charges	Ratio of Cost		I npati ent	
	Outpati ent	(from Wkst. C,	U U	Ratio of Cost	Program	
	Cost (sum of	Part I, col.	$(col \cdot 5 \div col$		Charges	
	col. 2, 3 and 4)	8)	7)	(col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVI CE COST CENTERS						
0. 00 05000 OPERATI NG ROOM	0	17, 418, 477	0. 00000	0 0.000000	1, 802	50.00
0. 01 05001 OPEN HEART SURGERY	0	1, 270, 579	0. 00000	0.000000	0	50.01
0. 02 05002 OUTPATI ENT SURGERY	0	7, 363, 012			0	50.02
1.00 05100 RECOVERY ROOM	0				0	51.00
3. 00 05300 ANESTHESI OLOGY	0				844	53.00
4. 00 05400 RADI OLOGY-DI AGNOSTI C	91, 298				5, 313	54.00
4. 01 05401 RADI OLOGY SPECIAL PROCEDURES	1, 922				278	54.01
4. 02 05402 ULTRASOUND	961				976	54.02
5. 00 05500 RADI OLOGY-THERAPEUTI C	0	-			0	55.00
5. 01 05501 COMPUTED TOMOGRAPHY 7. 00 05700 CT SCAN	1, 922				20, 301	55.01
8. 00 05800 MRI	0	-	0.00000		0	57.00 58.00
9. 00 05900 CARDI AC CATHETERI ZATI ON	0	-			0	59.00
0. 00 06000 LABORATORY	172, 871	52, 336, 454			223, 136	60.00
0. 01 06001 BLOOD LABORATORY	0		0.00000		223, 130	60.01
3. 00 06300 BLOOD STORING, PROCESSING & TRANS.	33, 731	-			0	63.00
3. 01 06301 NUCLEAR MEDICINE	4, 216				0	63.01
5. 00 06500 RESPIRATORY THERAPY	86, 572				9, 083	65.00
6. 00 06600 PHYSI CAL THERAPY	0				2, 955	66.00
7.00 06700 OCCUPATI ONAL THERAPY	0	2, 809, 707	0. 00000	0.000000	0	67.00
8.00 06800 SPEECH PATHOLOGY	0	1, 217, 950	0. 00000	0. 000000	0	68.00
9. 00 06900 ELECTROCARDI OLOGY	0	10, 764, 843	0. 00000	0 0.000000	32, 195	69.00
0. 00 07000 ELECTROENCEPHALOGRAPHY	0	_,,			0	70.00
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIEN					15, 922	71.00
2.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0				0	72.00
3.00 07300 DRUGS CHARGED TO PATIENTS	861, 308				433, 619	73.00
6. 00 03020 PALN CLINIC	0	-			0	76.00
6. 01 03950 ORTHOPEDI CS 6. 02 03140 CARDI OVASCULAR SERVI CES	0				0	76.01
6. 03 03957 CARDI AC REHABI LI TATI ON	0				0	76.02 76.03
6. 04 03190 RADIATION ONCOLOGY	0				0	76.03
6. 05 03951 MRI	0				7,652	76.05
6. 06 03952 BARIATRIC CENTER	0				,,032	76.06
6. 07 03550 PSYCH ACTIVITY THERAPY	0	-			215, 878	76.07
6. 08 03953 WOUND CARE	0				0	76.08
6. 09 03954 RENAL DIALYSIS	0				0	76.09
6. 10 03955 I NEUSI ON	0				0	76.10
6.11 03956 CARE TRANSITION CENTER	0	14, 859	0. 00000	0.000000	0	76.11
6. 12 03958 ANTI COAGULATI ON CLINIC	0	677, 302	0. 00000	0.000000	0	76.12
OUTPATIENT SERVICE COST CENTERS		1				
8.00 08800 RURAL HEALTH CLINIC	0	-			0	
9.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0				0	
0. 00 09000 CLINIC	0		0. 00000		0	90.00
0. 01 09001 OCC HEALTH CLINIC	0	-	0.00000		0	90.01
1.00 09100 EMERGENCY	0				117, 328	
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PAR				0 0. 000000	0	92.00
00.00 Total (lines 50-199)	1, 254, 801	450, 987, 227	1		1, 087, 282	1200.00

Health Financial Systems		RANCISCAN ST MAR				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/O THROUGH COSTS	UTPATIENT ANCILLARY SE	RVICE OTHER PASS		CCN: 150004 t CCN: 15S004	Period: From 01/01/2014 To 12/31/2014		epared: 29 pm
			Ti tl	e XVIII	Subprovider -	PPS	
Cost Center Desc	ription	Inpatient Program Pass-Through Costs (col. 8 x col. 10) 11.00	Outpatient Program Charges 12.00	Outpatien Program Pass-Throu Costs (col. x col. 12	gh 9	1	
ANCI LLARY SERVI CE COST	CENTERS	11.00	12.00	13.00			
50. 00 05000 OPERATING ROOM		0	(		0		50.00
50.01 05001 OPEN HEART SURGE	RY	0	(	D	0		50.01
50. 02 05002 OUTPATI ENT SURGE	RY	0	(	-	0		50.02
51.00 05100 RECOVERY ROOM		0	(		0		51.00
53. 00 05300 ANESTHESI OLOGY		0	(	-	0		53.00
54. 00 05400 RADI OLOGY-DI AGNO 54. 01 05401 RADI OLOGY SPECI A		41 0	(		0		54.00 54.01
54. 02 05402 ULTRASOUND	L PROCEDURES	0	(		0		54.01
55. 00 05500 RADI OLOGY-THERAP	PEUTLC	0	(		0		55.00
55.01 05501 COMPUTED TOMOGRA		1	(		0		55.01
57.00 05700 CT SCAN		0	(		0		57.00
58.00 05800 MRI		0	(		0		58.00
59.00 05900 CARDI AC CATHETER	RI ZATI ON	0	(		0		59.00
60. 00 06000 LABORATORY		737	(		0		60.00
60. 01 06001 BLOOD LABORATORY		0	(		0		60.01
63.00 06300 BLOOD STORING, F 63.01 06301 NUCLEAR MEDICINE		0	(		0		63.00 63.01
65. 00 06500 RESPIRATORY THER		49	(		0		65.00
66. 00 06600 PHYSI CAL THERAPY		0	(		0		66.00
67.00 06700 OCCUPATIONAL THE		0	(		0		67.00
68.00 06800 SPEECH PATHOLOGY	, ,	0	(	D	0		68.00
69.00 06900 ELECTROCARDI OLOG		0	(		0		69.00
70.00 07000 ELECTROENCEPHALC		0	(		0		70.00
71.00 07100 MEDI CAL SUPPLIES		0	(		0		71.00
72.00 07200 I MPL. DEV. CHARG 73.00 07300 DRUGS CHARGED TO		0 3, 086	(		0		72.00
76. 00 03020 PALN CLINIC	FAITENIS	3,080	(		0		76.00
76. 01 03950 ORTHOPEDI CS		0	(		0		76.01
76. 02 03140 CARDI OVASCULAR S	ERVI CES	0	(		0		76.02
76. 03 03957 CARDI AC REHABI LI	TATION	0	(	D	0		76.03
76.04 03190 RADIATION ONCOLO	0GY	0	(	D	0		76.04
76.05 03951 MRI		0	(		0		76.05
76. 06 03952 BARI ATRI C CENTER		0	(		0		76.06
76.07 03550 PSYCH ACTIVITY T	HERAPY	0	(		0		76.07
76.08 03953 WOUND CARE 76.09 03954 RENAL DIALYSIS		0	(		0		76.08
76. 10 03955 I NFUSI ON		0	(		0		76.10
76. 11 03956 CARE TRANSI TI ON	CENTER	0			0		76.11
76. 12 03958 ANTI COAGULATI ON OUTPATI ENT SERVICE COS	CLINIC	0	(		0		76. 12
88.00 08800 RURAL HEALTH CLI		0	(	D	0		88.00
89.00 08900 FEDERALLY QUALIF	IED HEALTH CENTER	0	(	D	0		89.00
90. 00 09000 CLINIC	<b>^</b>	0	(		0		90.00
90. 01 09001 OCC HEALTH CLINI	C	0	(	2	0		90.01
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS	NON DISTINCT DADT	0	(		0		91.00 92.00
200.00 Total (lines 50-		3, 914			0		200.00
200.00 Total (THES 50-	177	3,914	(	4			I <u>∼</u> 00. 00

			RGARET-HAMMON			u of Form CMS-2	2552-10
APPORI	IONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS		r CCN: 150004 nt CCN: 15S004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Pre	
			Ti	tle XIX	Subprovider -	5/27/2015 5:2 PPS	9 pm
	Cost Conton Description	Carital	Tatal Chaver		I PF		
	Cost Center Description	Capi tal Rel ated Cost	(from Wkst. 0	s Ratio of Co to Charges		Capital Costs (column 3 x	
		(from Wkst. B,		(col. 1 ÷ co		column 4)	
		Part II, col.	8)	2)	n. onarges	corumn 4)	
		26)					
		1.00	2.00	3.00	4.00	5.00	
	ANCI LLARY SERVI CE COST CENTERS			_			
50.00	05000 OPERATING ROOM	732, 988				0	
50.01	05001 OPEN HEART SURGERY	25, 895				0	50.01
50. 02	05002 OUTPATI ENT SURGERY	349, 737				0	50.02
51.00	05100 RECOVERY ROOM	14, 187				0	51.00
53.00	05300 ANESTHESI OLOGY	176, 580				0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	334, 676				0	54.00
54.01	05401 RADI OLOGY SPECI AL PROCEDURES	251, 166				0	54.0
54.02	05402 ULTRASOUND	97, 930	8, 679, 82			0	54.02
55.00	05500 RADI OLOGY-THERAPEUTI C	0		0 0.0000		0	55.00
55. 01	05501 COMPUTED TOMOGRAPHY	66, 446	30, 149, 79			0	55.0
57.00	05700 CT SCAN	0		0 0.0000		0	57.00
58.00	05800 MRI	0		0 0.0000	000 0	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0		0 0.0000	000 0	0	59.0
60.00	06000 LABORATORY	392, 324	52, 336, 45	0.0074	196 0	0	60.00
60. 01	06001 BLOOD LABORATORY	0		0 0.0000	000 0	0	60. 0 <sup>2</sup>
53.00	06300 BLOOD STORING, PROCESSING & TRANS.	11, 713	3, 661, 80	0. 0031	99 0	0	63.00
53. 01	06301 NUCLEAR MEDICINE	74, 883	5, 564, 79	0 0.0134	157 0	0	63. 0 <sup>2</sup>
65.00	06500 RESPI RATORY THERAPY	173, 407	15, 887, 10	0. 0109	015 0	0	65.00
66.00	06600 PHYSI CAL THERAPY	164, 938	5, 482, 03	0. 0300	087 0	0	66.00
57.00	06700 OCCUPATI ONAL THERAPY	21, 147	2, 809, 70	0.0075	526 0	0	67.00
58.00	06800 SPEECH PATHOLOGY	48, 841	1, 217, 95	0. 0401	01 0	0	68.0
59.00	06900 ELECTROCARDI OLOGY	103, 663	10, 764, 84	3 0.0096	59, 706	575	69.0
70.00	07000 ELECTROENCEPHALOGRAPHY	47, 144	2, 207, 83	0. 0213	353 0	0	70.0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	105, 949	16, 950, 00	0. 0062	251 0	0	71.0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	98, 516	6, 184, 13			0	72.0
73.00	07300 DRUGS CHARGED TO PATIENTS	391, 818	121, 018, 86	0.0032	238 0	0	73.0
76.00	03020 PAIN CLINIC	0		0 0.0000	000 0	0	76.00
76. 01	03950 ORTHOPEDI CS	10, 033	54, 50			0	76.0
76. 02	03140 CARDI OVASCULAR SERVI CES	171,014				0	76.0
76. 03	03957 CARDI AC REHABI LI TATI ON	57, 927			/19 0	0	76.0
76.04	03190 RADIATION ONCOLOGY	378, 831				0	76.0
76.05	03951 MRI	398, 531				0	76.0
76.06	03952 BARIATRIC CENTER	0		0 0.0000		0	76.0
76.07	03550 PSYCH ACTIVITY THERAPY	5, 585	2, 889, 72			1, 383	
76. 08	03953 WOUND CARE	71, 443				0	76.08
76.09	03954 RENAL DI ALYSI S	126, 332				0	76.09
	03955 I NFUSI ON	43, 591				0	76.10
	03956 CARE TRANSITION CENTER	507					
	03958 ANTI COAGULATI ON CLINIC	2, 886					
	OUTPATIENT SERVICE COST CENTERS	2,000					1
38. 00	08800 RURAL HEALTH CLINIC	0		0 0.0000	0 00	0	88. 00
39.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0 0.0000		0	
90.00	09000 CLINIC	0		0 0.0000		0	90.00
	09001 OCC HEALTH CLINIC	0		0 0.0000		0	
	09100 EMERGENCY	425, 025	52, 762, 47			0	91.0
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0				0	
92.00			j <u>0.001.</u> IU		000 0000	( <i>)</i>	1 72 14

Health Financial Systems	FRANCISCAN ST MARG	GARET-HAMMOND		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	ERVICE OTHER PASS	Provi der	CCN: 150004	Peri od:	Worksheet D	
THROUGH COSTS		Component	CCN: 15S004	From 01/01/2014 To 12/31/2014		
		Ti t	le XIX	Subprovider - IPF	PPS	
Cost Center Description	Non Physician Nu	Irsing School	Allied Healt		Total Cost	
	Anestheti st	0		Medi cal	(sum of col 1	
	Cost			Education Cost	5	
	1.00	2.00	3.00	4.00	4) 5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
50. 01 05001 OPEN HEART SURGERY	0	0		0 0	0	50.01
50. 02 05002 OUTPATI ENT SURGERY	0	0		0 0	0	50.02
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	91, 29	98 0	91, 298	54.00
54. 01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	1, 93	22 0	1, 922	54.01
54. 02 05402 ULTRASOUND	0	0	90	51 0	961	54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0		
55.01 05501 COMPUTED TOMOGRAPHY	0	0	1, 93	22 0	1, 922	55.01
57.00 05700 CT SCAN	0	0		0 0		57.00
58. 00 05800 MRI	0	0		0 0		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	-	
60. 00 06000 LABORATORY	0	0				
60. 01 06001 BLOOD LABORATORY	0	0		0 0		
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	,			
63. 01 06301 NUCLEAR MEDICINE	0	0	., –		., =	
65. 00 06500 RESPI RATORY THERAPY	0	0				•
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0		
67. 00 06700 OCCUPATIONAL THERAPY	0	0		0 0		
68. 00 06800 SPEECH PATHOLOGY	0	0		0 0		
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0		
70. 0007000ELECTROENCEPHALOGRAPHY71. 0007100MEDI CALSUPPLI ESCHARGEDTOPATI ENT	0	0			0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				•
76. 00 03020 PAIN CLINIC	0	0				
76. 01 03950 ORTHOPEDI CS	0	0		0 0		•
76. 02 03140 CARDI OVASCULAR SERVI CES	0	0		0 0		
76. 03 03957 CARDI AC REHABI LI TATI ON	0	0		0 0		•
76. 04 03190 RADIATION ONCOLOGY	0	0		0 0		
76. 05 03951 MRI	0	0		0 0		
76. 06 03952 BARI ATRI C CENTER	0	0		0 0		
76. 07 03550 PSYCH ACTI VI TY THERAPY	0	0		0 0		
76. 08 03953 WOUND CARE	0	0		0 0	0	
76. 09 03954 RENAL DI ALYSI S	Ő	0		0 0	0	
76. 10 03955 I NFUSI ON	Ő	0		0 0	-	
76. 11 03956 CARE TRANSITION CENTER	Ő	0		0 0	-	
76. 12 03958 ANTI COAGULATI ON CLINIC	0	0		0 0		-
OUTPATI ENT SERVICE COST CENTERS						1
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0		
90. 00 09000 CLINIC	0	0		0 0	0	
90. 01 09001 OCC HEALTH CLINIC	0	0		0 0	0	•
91.00 09100 EMERGENCY	0	0		0 0		•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0		•
200.00 Total (lines 50-199)	0	0	1, 254, 80			
				•		•

	FRANCISCAN ST MA			In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PAS	S Provi der		Period:	Worksheet D	
THROUGH COSTS		Componen		From 01/01/2014 To 12/31/2014	Part IV Date/Time Pre 5/27/2015 5:2	
		Ti t	le XIX	Subprovider - IPF	PPS	
Cost Center Description	Total		Ratio of Cost		Inpati ent	
	Outpati ent	(from Wkst. C,		Ratio of Cost	Program	
	Cost (sum of		(col. 5 ÷ col		Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.		
	4)	7.00	8.00	7)	10.00	
ANCI LLARY SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
50. 00 05000 OPERATING ROOM	0	17, 418, 477	0.00000	0.00000	0	50.00
50. 01 05001 OPEN HEART SURGERY	0	1, 270, 579	0. 00000	0. 000000	0	50.01
50. 02 05002 OUTPATIENT SURGERY	0	7, 363, 012	0. 00000	0. 000000	0	50.02
51.00 05100 RECOVERY ROOM	0	3, 256, 998	0.00000	0. 000000	0	51.00
53. 00 05300 ANESTHESI OLOGY	0	9, 704, 511	0.00000	0. 000000	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	91, 298	11, 950, 995	0. 00763	9 0. 007639	0	54.00
54. 01 05401 RADIOLOGY SPECIAL PROCEDURES	1, 922	9, 087, 960	0. 00021	1 0. 000211	0	54.01
54. 02 05402 ULTRASOUND	961	8, 679, 821			0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	-			0	
55.01 05501 COMPUTED TOMOGRAPHY	1, 922				0	
57.00 05700 CT SCAN	0	-			0	
58.00 05800 MRI	0	-			0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	-			0	
60. 00 06000 LABORATORY	172, 871				0	
60.01 06001 BLOOD LABORATORY	0	-	0.00000		0	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	33, 731				0	
63. 01 06301 NUCLEAR MEDICINE	4, 216				0	
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	86, 572				0	
67. 00 06700 OCCUPATIONAL THERAPY	0				0	
68. 00 06800 SPEECH PATHOLOGY	0				0	
69. 00 06900 ELECTROCARDI OLOGY	0				59, 706	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0				0	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0				0	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0				0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	861, 308				0	
76.00 03020 PAIN CLINIC	0				0	
76. 01 03950 ORTHOPEDI CS	0	54, 502			0	76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0				0	76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	1, 458, 421	0.00000	0. 000000	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	6, 184, 936	0.00000	0. 000000	0	76.04
76. 05 03951 MRI	0	8, 229, 777	0.00000	0. 000000	0	76.05
76.06 03952 BARIATRIC CENTER	0	C	0. 00000	0. 000000	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	2, 889, 726			715, 473	76.07
76.08 03953 WOUND CARE	0	2,072,275			0	
76. 09 03954 RENAL DI ALYSI S	0				0	
76. 10 03955 I NFUSI ON	0				0	
76. 11 03956 CARE TRANSITION CENTER	0					
76. 12 03958 ANTI COAGULATI ON CLINIC	0	677, 302	0.00000	0.00000	0	76. 12
			0.00000	0 000000		00.00
88. 00 08800 RURAL HEALTH CLINIC	0				0	
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0				0	
90. 00 09000 CLINIC	0				0	
90. 01 09001 0CC HEALTH CLINIC 91. 00 09100 EMERGENCY			0.00000		0	
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0				0	
200.00 Total (lines 50-199)	1, 254, 801			0.00000	775, 179	
200.00   10tal (11165 30-199)	1, 204, 801	400, 907, 227	I	1	//0, //9	1200. 00

	FRANCISCAN ST MAR				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI THROUGH COSTS	ERVICE OTHER PASS		CCN: 150004 t CCN: 15S004	Period: From 01/01/2014 To 12/31/2014	Date/Time Pre	epared:
		Tit	tle XIX	Subprovider -	5/27/2015 5:2 PPS	<u>29 pm</u>
Cost Center Description	Inpatient Program Pass-Through Costs (col. 8	Outpatient Program Charges	Outpatien Program Pass-Throug Costs (col.	gh 9		
	x col. 10) 11.00	12.00	x col . 12 13.00	)		
ANCI LLARY SERVI CE COST CENTERS	11.00	12.00	13.00			
50.00 05000 OPERATING ROOM	0	(		0		50.00
50. 01 05001 OPEN HEART SURGERY	0	(		0		50.01
50. 02 05002 0UTPATI ENT SURGERY 51. 00 05100 RECOVERY ROOM	0	(		0		50.02 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 SPECIAL PROCEDURES	0	(		0		54.01
54. 02 05402 ULTRASOUND	0	(	b	0		54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	(	D	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	(		0		55.01
57.00 05700 CT SCAN	0	(		0		57.00
58. 00 05800 MRI	0	(		0		58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	0	(		0		59.00
60. 00  06000  LABORATORY 60. 01  06001  BLOOD LABORATORY	0			0		60.00 60.01
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	(	1	0		63.00
63. 01 06301 NUCLEAR MEDICINE	0	(		0		63.01
65. 00 06500 RESPI RATORY THERAPY	0	(	b	0		65.00
66. 00 06600 PHYSI CAL THERAPY	0	(	D	0		66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	(		0		67.00
68.00 06800 SPEECH PATHOLOGY	0	(		0		68.00
	0	(		0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	-		0		70.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	(		0		72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	(		0		73.00
76. 00 03020 PAIN CLINIC	0	(		0		76.00
76. 01 03950 ORTHOPEDI CS	0	(	D	0		76.01
76. 02 03140 CARDI OVASCULAR SERVI CES	0	(		0		76.02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	(		0		76.03
76. 04 03190 RADI ATI ON ONCOLOGY	0			0		76.04
76. 05 03951 MRI 76. 06 03952 BARI ATRI C CENTER	0	(		0		76.05
76. 07 03550 PSYCH ACTIVITY THERAPY	0	(		0		76.07
76. 08 03953 WOUND CARE	0	(		0		76.08
76. 09 03954 RENAL DI ALYSI S	0	(		0		76.09
76. 10 03955 I NFUSI ON	0	(		0		76.10
76. 11 03956 CARE TRANSITION CENTER	0	(		0		76.11
76. 12 03958 ANTI COAGULATI ON CLINIC OUTPATI ENT SERVICE COST CENTERS	0	(		0		76. 12
88.00 08800 RURAL HEALTH CLINIC	0	(	D	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0		89.00
90. 00 09000 CLI NI C	0	(		0		90.00
90. 01 09001 OCC HEALTH CLINIC	0	(		0		90.01
91. 00 09100 EMERGENCY	0	(		0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 200.00 Total (lines 50-199)	0			0		92.00 200.00
200.00  10101 (111185 30-199)	I U	(	4	U		∠00. 00

FRANCI SCAN	ST	MARGARET-HAMMOND

In Lieu of Form CMS-2552-10

	Financial Systems FRANCISCAN ST MARGAR	ET-HAMMOND	In Lie	u of Form CMS-2	<u>2552-1</u> 0
	ATION OF INPATIENT OPERATING COST	Provider CCN: 150004	Peri od:	Worksheet D-1	
			From 01/01/2014 To 12/31/2014	Date/Time Pre	pared.
			10 12/31/2014	5/27/2015 5: 2	
		Title XVIII	Hospi tal	PPS	
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				1
1.00	Inpatient days (including private room days and swing-bed days,	excluding newborn)		29, 567	1.00
2.00	Inpatient days (including private room days, excluding swing-be	d and newborn days)		29, 567	2.00
3.00	Private room days (excluding swing-bed and observation bed days	). If you have only pr	ivate room days,	0	3.00
1 00	do not complete this line.			05 101	1 00
4.00 5.00	Semi-private room days (excluding swing-bed and observation bed Total swing-bed SNF type inpatient days (including private room		r 21 of the cost	25, 101 0	4.00 5.00
5.00	reporting period	days) through becenibe	a si oi the cost		5.00
6.00	Total swing-bed SNF type inpatient days (including private room	days) after December	31 of the cost	0	6.00
	reporting period (if calendar year, enter 0 on this line)	5 /			
7.00	Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7.00
0 00	reporting period				0.00
8.00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after December 3	I OF THE COST	0	8.00
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	13, 624	9.00
	newborn days)	···· ··· ··· ··· ··· ·················	,		
10.00	Swing-bed SNF type inpatient days applicable to title XVIII onl		oom days)	0	10.00
	through December 31 of the cost reporting period (see instructi				
11.00	Swing-bed SNF type inpatient days applicable to title XVIII on December 31 of the cost reporting period (if calendar year, ent		oom days) atter	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room davs)	0	12.00
	through December 31 of the cost reporting period		······································		
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13.00
4.4.00	after December 31 of the cost reporting period (if calendar yea				11.00
14.00 15.00	Medically necessary private room days applicable to the Program Total nursery days (title V or XIX only)	(excluding swing-bed	days)	0	
16.00	Nursery days (title V or XIX only)			0	1
10.00	SWING BED ADJUSTMENT				10.00
17.00	Medicare rate for swing-bed SNF services applicable to services	through December 31 c	of the cost	0.00	17.00
	reporting period				
18.00	Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0.00	18.00
19.00	reporting period Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19.00
17.00	reporting period	thi ough becember 31 of		0.00	17.00
20.00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0.00	20.00
	reporting period				
21.00 22.00	Total general inpatient routine service cost (see instructions) Swing-bed cost applicable to SNF type services through December		ing pariod (line	23, 111, 519	1
22.00	5 x line 17)	ST OF THE COST TEPOL	ing period (inne	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 3	1 of the cost reportir	g period (line 6	0	23.00
	x line 18)				
24.00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24.00
25.00	7 x line 19) Swing-bed cost applicable to NF type services after December 31	of the cost reporting	poriod (line 9	0	25.00
23.00	x line 20)	of the cost reporting	period (inne o		23.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (I	ine 21 minus line 26)		23, 111, 519	27.00
~~ ~~	PRIVATE ROOM DI FFERENTI AL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed	and observation bed cr	arges)	0	•
29.00 30.00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0. 000000	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34.00	Average per diem private room charge differential (line 32 minu	, ,	tions)	0.00	
35.00 36.00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	31)		0.00	
36.00 37.00	General inpatient routine service cost net of swing-bed cost an	d private room cost di	fferential (line	0 23, 111, 519	
37.00	27 minus line 36)			20, 111, 017	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				]
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS				
38.00	Adjusted general inpatient routine service cost per diem (see i	-		781.67	
39.00 40.00	Program general inpatient routine service cost (line 9 x line 3 Medically necessary private room cost applicable to the Program	-		10, 649, 472 0	
	Total Program general inpatient routine service cost (line 39 +			10, 649, 472	
	1 $2$ $2$ $2$ $2$ $2$ $2$ $2$ $2$ $2$ $2$				

IPUTATION OF INPATIENT OPERATING COST		Provi der	CCN: 150004	Period: From 01/01/2014		
				To 12/31/2014	5/27/2015 5:2	
Cost Center Description	Total	Ti tl Total	e XVIII Average Per	Hospital Program Days	PPS Program Cost	
		Inpatient Days			(col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
00 NURSERY (title V & XIX only)	0	C	0.0	0 00	0	) 42.
Intensive Care Type Inpatient Hospital Units 00 INTENSIVE CARE UNIT	5, 798, 039	3, 623	1,600.3	34 2, 135	3, 416, 726	43.
00 CORONARY CARE UNI T	0,770,007					
00 BURN INTENSIVE CARE UNIT						45
00 SURGI CAL I NTENSI VE CARE UNI T	0					46.
00 NEWBORN INTENSIVE CARE UNIT Cost Center Description	0	0	0. (	0 00	0	) 47.
·					1.00	
00 Program inpatient ancillary service cost (Wkst. 00 Total Program inpatient costs (sum of lines 41			ne)		19, 662, 024 33, 728, 222	
PASS THROUGH COST ADJUSTMENTS			115)			47
00 Pass through costs applicable to Program inpati	ent routine	services (from	Wkst. D, sur	n of Parts I and	1, 432, 867	50
) 00 Dass through costs applicable to Drogram inpati	ont oncillor	a convione (fr	som Wkst D (	sum of Dorte II	1 400 400	5 51
00 Pass through costs applicable to Program inpati- and IV)	ent anci i af	y services (Tr	UM WKSL. D, S	Jum UI PAILS II	1, 422, 433	2 31.
00 Total Program excludable cost (sum of lines 50					2, 855, 300	
00 Total Program inpatient operating cost excludin	g capital re	elated, non-phy	si ci an anesth	netist, and	30, 872, 922	2 53
medical education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION					1	
00 Program di scharges					0	54
00 Target amount per discharge					0.00	
00 Target amount (line 54 x line 55) 00 Difference between adjusted inpatient operating	cost and ta	arget amount (1	ing 56 minus	line 53)	0	
00 Bonus payment (see instructions)	COST and ta	inger anount (i	The so minus	TTHE 53)	0	
00 Lesser of lines 53/54 or 55 from the cost repor	ting period	ending 1996, u	pdated and co	ompounded by the		
market basket 00 Lesser of lines 53/54 or 55 from prior year cos	t roport up	datad by the m	arkat backat		0.00	60
00 Lesser of lines 53/54 or 55 from prior year cos 00 If line 53/54 is less than the lower of lines 5				the amount by	0.00	
which operating costs (line 53) are less than e	xpected cost					
amount (line 56), otherwise enter zero (see ins	tructions)					
00 Relief payment (see instructions) 00 Allowable Inpatient cost plus incentive payment	(see instru	uctions)			0	
PROGRAM INPATIENT ROUTINE SWING BED COST	• •					
00 Medicare swing-bed SNF inpatient routine costs	through Dece	ember 31 of the	: cost reporti	ng period (See	0	64
instructions)(title XVIII only) 00 Medicare swing-bed SNF inpatient routine costs	after Decemb	per 31 of the c	ost reporting	period (See	0	65
instructions)(title XVIII only)						
00 Total Medicare swing-bed SNF inpatient routine	costs (line	64 plus line 6	5)(title XVII	l only). For	0	66
CAH (see instructions) 00 Title V or XIX swing-bed NF inpatient routine c	osts through	n December 31 d	of the cost re	eporting period	0	67
(line 12 x line 19)	0					
00 Title V or XIX swing-bed NF inpatient routine c	osts after D	ecember 31 of	the cost repo	orting period	0	68
(line 13 x line 20) 00 Total title V or XIX swing-bed NF inpatient rou	tine costs (	line 67 + line	2 68)		0	69
PART III - SKILLED NURSING FACILITY, OTHER NURS	NG FACILITY	, AND ICF/MR C	NLY			
00 Skilled nursing facility/other nursing facility						70
00 Adjusted general inpatient routine service cost 00 Program routine service cost (line 9 x line 71)	per drem (r	The 70 ÷ The	2)			71
00 Medically necessary private room cost applicable	e to Program	n (line 14 x li	ne 35)			73
00 Total Program general inpatient routine service	•	,				74
00 Capital-related cost allocated to inpatient rou 26, line 45)	tine service	e costs (from W	orksheet B, F	art II, column		75
00 Per diem capital-related costs (line 75 ÷ line	2)					76
00 Program capital-related costs (line 9 x line 76						77
00 Inpatient routine service cost (line 74 minus I 00 Aggregate charges to beneficiaries for excess c		rovider record	ls)			78
00 Total Program routine service costs for compari	• •		· ·	us line 79)		80
00 Inpatient routine service cost per diem limitat	i on		-			81
00 Inpatient routine service cost limitation (line						82
00 Reasonable inpatient routine service costs (see 00 Program inpatient ancillary services (see instr		15)				83
00 Utilization review - physician compensation (se		ons)				85
00 Total Program inpatient operating costs (sum of		nrough 85)				86
PART IV - COMPUTATION OF OBSERVATION BED PASS TI 00 Total observation bed days (see instructions)	IROUGH COST				4, 466	87
					4,400	10/
00 Adjusted general inpatient routine cost per die	m (line 27 ÷	line 2)			781.67	88

Health Financial Systems Fi	RANCISCAN ST MA	ARGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Period: From 01/01/2014	Worksheet D-1	
				To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
		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, 654, 067	23, 111, 519	0. 11483	7 3, 490, 938	400, 889	90.00
91.00 Nursing School cost	C	23, 111, 519	0.00000	3, 490, 938	0	91.00
92.00 Allied health cost	C	23, 111, 519	0.00000	3, 490, 938	0	92.00
93.00 All other Medical Education	C	23, 111, 519	0.00000	3, 490, 938	0	93.00

MPUTA	ATION OF INPATIENT OPERATING COST	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Pre 5/27/2015 5:20	pare
		Title XVIII	Subprovider - IPF	PPS	
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS Inpatient days (including private room days and swing-bed days,	excluding newborn)		8, 537	1 1
	Inpatient days (including private room days, excluding swing-be			8, 537	2
00	Private room days (excluding swing-bed and observation bed days	). If you have only pr	vate room days,	0	3
00	do not complete this line.	davc)		8, 537	4
00	Semi-private room days (excluding swing-bed and observation bed Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	0, 557	
	reporting period			-	
00	Total swing-bed SNF type inpatient days (including private room	days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7
50	reporting period	days) through becember	ST OF THE COST	0	'
00	Total swing-bed NF type inpatient days (including private room	days) after December 3	1 of the cost	0	8
00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	the Program (oveluding	swing_bed_and	1, 166	9
.0	newborn days)	the riogram (excruding	swing-bed and	1, 100	`
. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl		oom days)	0	10
~	through December 31 of the cost reporting period (see instructi			0	11
	Swing-bed SNF type inpatient days applicable to title XVIII onl December 31 of the cost reporting period (if calendar year, ent		Join days) after	0	
	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12
	through December 31 of the cost reporting period				
	Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar yea			0	13
	Medically necessary private room days applicable to the Program			0	14
. 00	Total nursery days (title V or XIX only)	· 5 5	5 /	0	
	Nursery days (title V or XIX only)			0	16
	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to services	through December 31 o	f the cost	0.00	1 17
	reporting period				
. 00	Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0.00	18
. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19
	reporting period	0			
. 00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	ne cost	0.00	20
. 00	reporting period Total general inpatient routine service cost (see instructions)			6, 432, 284	21
	Swing-bed cost applicable to SNF type services through December		ng period (line	0, 102, 201	
	5 x line 17)				
. 00	Swing-bed cost applicable to SNF type services after December 3 x line 18)	1 of the cost reporting	g period (line 6	0	23
. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reportion	ng period (line	0	24
	7 x line 19)	· · · · · · · · · · · · · · · · · · ·			
. 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
1	General inpatient routine service cost net of swing-bed cost (I	ine 21 minus line 26)		6, 432, 284	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	and obsorvation had ch	argos)	0	28
	Private room charges (excluding swing-bed charges)		ai ges)	0	29
00	Semi-private room charges (excluding swing-bed charges)			0	30
	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 0.00	
	Average per diem private room charge differential (line 32 minu	s line 33)(see instruc	tions)	0.00	
00	Average per diem private room cost differential (line 34 x line		-	0.00	35
	Private room cost differential adjustment (line 3 x line 35)	d polyoto pro-	Ferentici (1)	0	
00	General inpatient routine service cost net of swing-bed cost ar 27 minus line 36)	u private room cost di	irerential (IINe	6, 432, 284	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS			750 ()	
	Adjusted general inpatient routine service cost per diem (see i Program general inpatient routine service cost (line 9 x line 3			753. 46 878, 534	
	Medically necessary private room cost applicable to the Program			878, 534	
	Total Program general inpatient routine service cost (line 39 +	, , ,		878, 534	

MPUL	ATION OF INPATIENT OPERATING COST			CCN: 150004	Period: From 01/01/2014	Worksheet D-1	1
			Componen	t CCN: 15S004	To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
			Ti tl	e XVIII	Subprovider -	PPS	
	Cost Center Description	Total	Total	Average Per	IPF Program Days	Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. 1 col. 2)	÷	(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	C	0.	00 0	) (	42
00	INTENSIVE CARE UNIT	0	C	0.	00 0		3 43
00	CORONARY CARE UNIT	0	C	0.	00 0		
00 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45
00	NEWBORN I NTENSI VE CARE UNI T	0	C	0.	00 0	0 (	) 47
	Cost Center Description					1.00	+
	Program inpatient ancillary service cost (Wks					185, 581	
00	Total Program inpatient costs (sum of lines / PASS THROUGH COST ADJUSTMENTS	1 through 48)(	see instructio	ons)		1, 064, 115	5 49
00	Pass through costs applicable to Program inpa	atient routine	services (from	n Wkst. D, su	m of Parts I and	9, 538	3 50
00	<pre>III) Deep through costs applieship to Dreamen input</pre>	tiont oncillor		am What D	our of Dorto II	0.424	
00	Pass through costs applicable to Program inpa and IV)	atrent anciiiar	y services (Tr	UNI WKST. D,	Sum OF PARTS II	9, 626	5 51
00	Total Program excludable cost (sum of lines !					19, 164	
00	Total Program inpatient operating cost exclud medical education costs (line 49 minus line !		erated, non-phy	isician anest	netist, and	1, 044, 951	1 53
	TARGET AMOUNT AND LIMIT COMPUTATION	1				-	
	Program discharges Target amount per discharge					0.00	
00	Target amount (line 54 x line 55)					0	5   5
00 00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ng cost and ta	arget amount (I	ine 56 minus	line 53)		D 57 D 58
00	Lesser of lines 53/54 or 55 from the cost rep	porting period	endi ng 1996, ι	updated and c	ompounded by the		
00	market basket	act report up	datad by the p	arkat backat		0.00	
00	Lesser of lines 53/54 or 55 from prior year of lines 53/54 is less than the lower of lines					0.00	
	which operating costs (line 53) are less than		s (lines 54 x	60), or 1% o	f the target		
00	amount (line 56), otherwise enter zero (see i Relief payment (see instructions)	nstructions)				0	0 62
00	Allowable Inpatient cost plus incentive payme	ent (see instru	ictions)				63
00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	s through Dece	ember 31 of the	e cost report	ing period (See		0 64
	instructions)(title XVIII only)						
00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	s after Decemb	per 31 of the c	cost reportin	g period (See		) 65
00	Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line 6	5)(title XVI	II only). For	0	66
00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	costs through	December 31 c	of the cost r	eporting period		0 67
00	(line 12 x line 19)	costs through	December 31 c	on the cost is	eporting period		
. 00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)	e costs after D	ecember 31 of	the cost rep	orting period	0	5 68
. 00	Total title V or XIX swing-bed NF inpatient i	outine costs (	line 67 + line	e 68)		0	0 69
00	PART III - SKILLED NURSING FACILITY, OTHER NU					1	
00 00	Skilled nursing facility/other nursing facili Adjusted general inpatient routine service co	5					70
. 00	Program routine service cost (line 9 x line	/1)					72
00	Medically necessary private room cost applica Total Program general inpatient routine servi	Ũ	•				73
00	Capital-related cost allocated to inpatient	•			Part II, column		75
00	26, line 45) Per diem capital-related costs (line 75 ÷ lin	ne 2)					76
00	Program capital-related costs (line 9 x line	76)					77
00 00	Inpatient routine service cost (line 74 minus Aggregate charges to beneficiaries for excess		rovi der record	le)			78
00	Total Program routine service costs for compa	• •			nus line 79)		80
00	Inpatient routine service cost per diem limi		<b>N</b>		-		81
00 00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (						82
. 00	Program inpatient ancillary services (see in	structions)					84
. 00 . 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85
00	PART IV - COMPUTATION OF OBSERVATION BED PASS						
	Total observation bed days (see instructions)						
1.11.1	Adjusted general inpatient routine cost per of Observation bed cost (line 87 x line 88) (see	nem (IINe Z/ ÷	· i i ne Z)			0.00	2 88 2 89

Health Financial Systems Fi	RANCISCAN ST MA	ARGARET	-HAMMOND		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		P	rovi der		Period: From 01/01/2014	Worksheet D-1	
		С	omponent		To 12/31/2014		
			Title	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost	Routir	ne Cost	column 1 ÷	Total	Observati on	
		(from I	ine 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	69, 804	I 6,	432, 284	0. 01085	0	0	90.00
91.00 Nursing School cost	0	6,	432, 284	0.00000	0 0	0	91.00
92.00 Allied health cost	0	6,	432, 284	0.00000	0 0	0	92.00
93.00 All other Medical Education	0	6,	432, 284	0.00000	0 0	0	93.00

00 00 00 00	Cost Center Description PART I - ALL PROVIDER COMPONENTS NPATIENT DAYS Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-be Private room days (excluding swing-bed and observation bed day do not complete this line.	ed and newborn days)	I PF	1.00	
00 00 00 00	NPATIENT DAYS npatient days (including private room days and swing-bed days npatient days (including private room days, excluding swing-b Private room days (excluding swing-bed and observation bed day do not complete this line.	ed and newborn days)		1.00	-
00 00 00 00 00	npatient days (including private room days and swing-bed days npatient days (including private room days, excluding swing-b Private room days (excluding swing-bed and observation bed day do not complete this line.	ed and newborn days)			
00 00 00 00	npatient days (including private room days, excluding swing-b Private room days (excluding swing-bed and observation bed day do not complete this line.	ed and newborn days)		8, 537	1 1
00	do not complete this line.			8, 537	
00 00	1	rs). If you have only pri	vate room days,	0	3
00	Somi privata room days (avaluding swing bod and absorvation be	d dave)		8, 537	4
	Semi-private room days (excluding swing-bed and observation be Fotal swing-bed SNF type inpatient days (including private roc		r 31 of the cost	0, 557	
	reporting period				
	Total swing-bed SNF type inpatient days (including private roo	om days) after December (	31 of the cost	0	6
	reporting period (if calendar year, enter O on this line) Fotal swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7
	reporting period			J. J	<sup>′</sup>
	Total swing-bed NF type inpatient days (including private room	n days) after December 3 <sup>°</sup>	1 of the cost	0	8
	reporting period (if calendar year, enter O on this line) Fotal inpatient days including private room days applicable to	the Program (excluding	swing-bed and	2, 666	9
	newborn days)	cho i rogram (choradring	saring bou dilu	2,000	'
	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days)	0	10
	through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII or		nom davs) after	0	11
	December 31 of the cost reporting period (if calendar year, er		Join days) arter	0	' '
	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including private	e room days)	0	12
	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI>	( oply (including privat	a room davc)	0	13
	after December 31 of the cost reporting period (if calendar ye			0	13
	Medically necessary private room days applicable to the Progra			0	14
	Total nursery days (title V or XIX only)			226	
	Nursery days (title V or XIX only) WING BED ADJUSTMENT			46	16
	Medicare rate for swing-bed SNF services applicable to service	es through December 31 of	f the cost	0.00	17
	reporting period			0.00	
	Medicare rate for swing-bed SNF services applicable to service reporting period	es atter December 31 of 1	the cost	0.00	118
. 00	Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19
	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 21 of th	an cost	0.00	20
	reporting period		le cost	0.00	20
. 00	Total general inpatient routine service cost (see instructions			6, 432, 284	
	Swing-bed cost applicable to SNF type services through Decembe 5 x line 17)	er 31 of the cost reporti	ng period (line	0	22
	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	a period (line 6	0	23
	k line 18)				
	Swing-bed cost applicable to NF type services through December	31 of the cost reportin	ng period (line	0	24
	/ x line 19) Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25
	k line 20)	1 3			
	Fotal swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (	lino 21 minus lino 26)		0 6, 432, 284	
	RIVATE ROOM DIFFERENTIAL ADJUSTMENT	TTHE 21 MITHUS TTHE 20)		0, 432, 204	21
	General inpatient routine service charges (excluding swing-bed	I and observation bed cha	arges)	0	28
	Private room charges (excluding swing-bed charges)			0	
	Semi-private room charges (excluding swing-bed charges) Seneral inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0 0. 000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mir Average per diem private room cost differential (line 34 x lir		tions)	0.00 0.00	
	Private room cost differential adjustment (line 3 x line 35)			0.00	
00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	6, 432, 284	
	27 minus line 36)				-
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	STMENTS			
	Adjusted general inpatient routine service cost per diem (see			753.46	38
00	Program general inpatient routine service cost (line 9 x line	38)		2, 008, 724	
	Medically necessary private room cost applicable to the Progra Fotal Program general inpatient routine service cost (line 39	. ,		0 2, 008, 724	

	ATION OF INPATIENT OPERATING COST				CCN: 150004	From 01/01/2014		
			Compo	onent	CCN: 15S004	To 12/31/2014	4 Date/Time Pr 5/27/2015 5:	
				Ti tl	e XIX	Subprovider - IPF	PPS	
	Cost Center Description	Total Inpatient Cost	Total I npati ent	Days	•	Program Days	Program Cost (col. 3 x col 4)	
		1.00	2.00		<u>col.2)</u> 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 43
00	CORONARY CARE UNI T	0		Ő	0.		-	0 44
	BURN INTENSIVE CARE UNIT							45
00	SURGICAL INTENSIVE CARE UNIT NEWBORN INTENSIVE CARE UNIT	0		0	0.	00		46 0 47
00	Cost Center Description		<u>/</u>	0	0.	00		0 4
00	Program inpatient ancillary service cost (Wk	+ D 2 aal (	2 11 200				1.00	
	Total Program inpatient costs (sum of lines				is)		2, 122, 42	
	PASS THROUGH COST ADJUSTMENTS	<u> </u>	·				-	
00	Pass through costs applicable to Program inpa 111)	atient routine	services (	from	Wkst. D, su	m of Parts I and		0 50
00	Pass through costs applicable to Program inp	atient ancillar	ry services	s (fro	om Wkst. D,	sum of Parts II	1, 95	8 5
00	and IV) Total Drogram evoludable cost (sum of lines )	O and E1)					1.05	0 5
. 00 . 00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu		elated nor	-phv	ician anest	hetist. and	1, 95	
	medical education costs (line 49 minus line			. יעייק			2,120,40	
00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges							0 54
00	Target amount per discharge						0.0	
00	Target amount (line 54 x line 55)							0 50
00 00	Difference between adjusted inpatient operat Bonus payment (see instructions)	ng cost and ta	arget amour	nt (li	ne 56 minus	line 53)		0 57 0 58
00	Lesser of lines 53/54 or 55 from the cost re	porting period	endi na 199	96. ur	dated and c	ompounded by the		
	market basket	0.1	0					
. 00 . 00	Lesser of lines 53/54 or 55 from prior year						0.0	0 60 0 61
. 00	If line 53/54 is less than the lower of line: which operating costs (line 53) are less that							
	amount (line 56), otherwise enter zero (see					<u>j</u>		
. 00 . 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive paymu	ant (and instru	untions)					0 62 0 63
. 00	PROGRAM INPATIENT ROUTINE SWING BED COST							
00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of	f the	cost report	ing period (See		0 64
. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decemb	ber 31 of t	the co	ost reportin	a period (See		0 65
. 00	instructions)(title XVIII only)					g period (dee		
. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus li	ne 65	5)(title XVI	II only). For		0 66
. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	e costs through	h December	31 of	the cost r	eporting period		0 67
	(line 12 x line 19)	5				1 31		
. 00	Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)	e costs after [	December 31	l of 1	he cost rep	orting period		0 68
. 00	Total title V or XIX swing-bed NF inpatient	outine costs (	(line 67 +	line	68)			0 69
00	PART III - SKILLED NURSING FACILITY, OTHER NU						1	/
. 00 . 00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service of	5						70
. 00	Program routine service cost (line 9 x line				- /			72
. 00	Medically necessary private room cost application	0			ne 35)			73
00	Total Program general inpatient routine serv Capital-related cost allocated to inpatient	•			rksheet B	Part II column		74
	26, line 45)							
. 00	Per diem capital related costs (line 75 ÷ lin Program capital related costs (line 9 × line							70
00 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu:							78
00	Aggregate charges to beneficiaries for excess		provider re	ecords	;)			79
00	Total Program routine service costs for compa		cost limita	ati on	(line 78 mi	nus line 79)		80
00 00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I		1)					8
00	Reasonable inpatient routine service cost (							83
. 00	Program inpatient ancillary services (see in	structions)						84
. 00	Utilization review - physician compensation							8
. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		ni ougn 85)					80
00	Total observation bed days (see instructions							0 87
. 00	Adjusted general inpatient routine cost per						0.0	0 88

Health Financial Systems Fi	RANCISCAN ST	MARGA	ARET-HAMMOND		In Lie	u 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			
			Ti tl	le XIX	Subprovider - IPF	PPS		
Cost Center Description	Cost		outine Cost	column 1 ÷	Total	Observati on		
		(fr	rom 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		0	6, 432, 284	0.0000	0 0	0	90.00	
91.00 Nursing School cost		0	6, 432, 284	0.00000	0 0	0	91.00	
92.00 Allied health cost		0	6, 432, 284	0.0000	0 0	0	92.00	
93.00 All other Medical Education		0	6, 432, 284		0 00	0	93.00	

ealth Financial S	rstems FRANCISCAN ST M/		CCN: 150004	Peri od:	u of Form CMS-2 Worksheet D-3	
NI ATTENT ANOTEEAD	SERVICE COST AT ORTONWENT	110VI dei	0011. 100004	From 01/01/2014		
				To 12/31/2014		
		Ti †I	e XVIII	Hospi tal	5/27/2015 5:2 PPS	9 pili
Cost (	enter Description		Ratio of Cos		Inpatient	
0001			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2.00	3.00	
	UTI NE SERVI CE COST CENTERS & PEDI ATRI CS		1	15 471 007		1 20
	IVE CARE UNIT			15, 471, 007 4, 736, 749		30.
	RY CARE UNIT			4,730,749		32.
	N INTENSIVE CARE UNIT			0		35.
0. 00 04000 SUBPRO				0		40.
3.00 04300 NURSEF						43.0
	RVICE COST CENTERS			I		
0.00 05000 0PERAT			0. 27049		903, 565	
	EART SURGERY		0. 28328		135, 939	
50. 02 05002 0UTPAT 51. 00 05100 RECOVE			0.40354		702, 546 154, 167	
3. 00 05300 ANESTH			0. 1968 0. 35842		748, 159	
	OGY-DI AGNOSTI C		0. 23728		500, 231	
	OGY SPECIAL PROCEDURES		0. 25476		576, 212	
54. 02 05402 ULTRAS	OUND		0. 10857		168, 329	54.0
	OGY-THERAPEUTI C		0.00000		0	
	ED TOMOGRAPHY		0.04557		222, 135	
57.00 05700 CT SCA	Ν		0.0000		0	57.0
58.00 05800 MRI			0.00000		0	
59.00 05900 CARDI A 00.00 06000 LABORA	C CATHETERI ZATI ON		0. 00000		0 1, 944, 782	59. 60.
0. 01 06001 BL00D			0. 14586		1, 944, 782	
	STORING, PROCESSING & TRANS.		0. 3986		415, 562	
3. 01 06301 NUCLEA			0. 1798		141, 149	
5. 00 06500 RESPI F	ATORY THERAPY		0. 1855	7, 804, 889	1, 447, 885	65.
6. 00 06600 PHYSI 0			0. 64007		291, 063	
	TI ONAL THERAPY		0. 30292		122, 149	
8.00 06800 SPEECH			0. 51910		355, 514	
9.00 06900 ELECTR 0.00 07000 ELECTR	OENCEPHALOGRAPHY		0. 07425		220, 982 4, 078	
	L SUPPLIES CHARGED TO PATIENT		0. 25917		1, 585, 496	
	DEV. CHARGED TO PATIENTS		0. 69046		1, 467, 973	
	CHARGED TO PATIENTS		0. 19208		4, 272, 945	
76.00 03020 PAIN (	LINIC		0.00000	0 0	0	76.
6. 01 03950 ORTHOF			1. 27736		3, 910	
	VASCULAR SERVICES		0. 16419		719, 280	
	C REHABILITATION		0. 5929		104, 628	
76.04 03190 RADIAT 76.05 03951 MRI	I ON ONCOLOGY		0. 34090		89, 153 142, 663	
6. 06 03952 BARIAT	RLC CENTER		0. 00000		142,003	I
	ACTI VI TY THERAPY		0. 15272		0	
6.08 03953 WOUND			0. 36598		5, 249	
6.09 03954 RENAL	DI ALYSI S		0. 51010		758, 977	76.
76. 10 03955 I NFUSI			0. 23619		0	
	RANSITION CENTER		5. 1687		0	76.
6. 12 03958 ANTI CO			0. 4340	1, 148	498	76.
	ERVICE COST CENTERS		0.0000			88.
	HEALTH CLINIC LLY QUALIFIED HEALTH CENTER		0.00000		0	
0. 00 09000 CLI NI 0			0.00000		0	
0. 01 09001 0CC HE			0.00000		0	
21.00 09100 EMERGE			0. 19369		875, 525	
	ATION BEDS (NON-DISTINCT PART		0. 62549		581, 280	
	(sum of lines 50-94 and 96-98)			90, 299, 117	19, 662, 024	
	BP Clinic Laboratory Services-Program only char	ges (line 61)		0		201.
202.00 Net Ch	arges (line 200 minus line 201)			90, 299, 117		202.

Health Financial Systems FRAN	CISCAN ST MARGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 1		Period: From 01/01/2014	Worksheet D-3	
	Component CCN:		To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
	Title XVI	11	Subprovider - IPF	PPS	<u>, bur</u>
Cost Center Description	Ratio	o of Cost		Inpati ent	
	То	Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1 00	2.00	2)	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS			0		30.00
31. 00 03100 I NTENSI VE CARE UNI T			0		31.00
32.00 02060 CORONARY CARE UNI T			0		32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT			0		35.00
40. 00 04000 SUBPROVIDER - IPF			2, 055, 165		40.00
43. 00 04300 NURSERY					43.00
ANCI LLARY SERVI CE COST CENTERS			1 1 000	107	
50. 00 05000 OPERATING ROOM		0.27049		487	50.00
50. 01 05001 0PEN HEART SURGERY 50. 02 05002 0UTPATI ENT SURGERY		0. 28328 0. 40354		0	
51. 00  05100  RECOVERY ROOM		0. 19681		0	
53. 00 05300 ANESTHESI OLOGY		0. 35842		303	
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 23728		1, 261	
54. 01 05401 RADI OLOGY SPECI AL PROCEDURES		0.25476		71	•
54. 02 05402 ULTRASOUND		0. 10857	7 976	106	54.02
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.00000	0 0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY		0. 04557		925	•
57. 00 05700 CT SCAN		0.00000		0	57.00
		0.00000		0	
59. 00  05900  CARDI AC CATHETERI ZATI ON 60. 00  06000  LABORATORY		0.00000		0 32, 503	
60. 01 06001 BLOOD LABORATORY		0. 00000		32, 503	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 39861		0	1
63. 01 06301 NUCLEAR MEDICINE		0.17981		0	
65. 00 06500 RESPI RATORY THERAPY		0. 18551	0 9, 083	1, 685	65.00
66. 00 06600 PHYSI CAL THERAPY		0.64007	4 2, 955	1, 891	66.00
67.00 06700 OCCUPATI ONAL THERAPY		0. 30292		0	
68. 00 06800 SPEECH PATHOLOGY		0.51910		0	
69. 00  06900  ELECTROCARDI OLOGY 70. 00  07000  ELECTROENCEPHALOGRAPHY		0.07425 0.24717		2, 391 0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 25917		4, 127	•
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS		0.69046		0	
73.00 07300 DRUGS CHARGED TO PATIENTS		0.19208		83, 291	•
76.00 03020 PAIN CLINIC		0.00000		0	1
76. 01 03950 ORTHOPEDI CS		1.27736	6 0	0	76.01
76. 02 03140 CARDI OVASCULAR SERVI CES		0. 16419		0	
76. 03 03957 CARDI AC REHABI LI TATI ON		0.59291		0	
76.04  03190  RADIATION ONCOLOGY 76.05  03951  MRI		0.34090		0 845	
76. 06 03951 MRI 76. 06 03952 BARI ATRI C CENTER		0. 11049 0. 00000		845	
76. 07 03550 PSYCH ACTIVITY THERAPY		0. 15272		32, 969	
76. 08 03953 WOUND CARE		0. 36598		0	
76.09 03954 RENAL DIALYSIS		0.51010		0	1
76. 10 03955 I NFUSI ON		0.23619		0	1
76. 11 03956 CARE TRANSI TI ON CENTER		5. 16871		0	
76. 12 03958 ANTI COAGULATI ON CLINIC		0. 43401	5 0	0	76.12
		0.00000	0		00.00
88.00 08800 RURAL HEALTH CLINIC		0.00000		0	
89. 00  08900  FEDERALLY_QUALI FIED_HEALTH_CENTER 90. 00  09000  CLI NI C		0.00000		0	
90.01 09000 CEINIC 90.01 09001 OCC HEALTH CLINIC		0.00000		0	
91. 00 09100 EMERGENCY		0. 19369		22, 726	•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 62549		0	
200.00 Total (sum of lines 50-94 and 96-98)			1, 087, 282	185, 581	200.00
201.00 Less PBP Clinic Laboratory Services-Progra	am only charges (line 61)		0		201.00
202.00 Net Charges (line 200 minus line 201)			1, 087, 282		202.00

VPATI ENT	ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150004	Peri od:	Worksheet D-3
				From 01/01/2014 To 12/31/2014	Date/Time Pre
					5/27/2015 5:2
		Ti t	le XIX	Hospi tal	Cost
	Cost Center Description		Ratio of Co		Inpatient
			To Charges	6 Program Charges	Program Costs (col. 1 x col.
				ondi ges	2)
			1.00	2.00	3.00
	ATIENT ROUTINE SERVICE COST CENTERS				
	DO ADULTS & PEDIATRICS			2, 413, 967	
	DO INTENSIVE CARE UNIT			439, 847	
	50 CORONARY CARE UNIT			0	
	40 NEWBORN INTENSIVE CARE UNIT			0	
	DO SUBPROVI DER – I PF DO NURSERY			124.090	
	LLARY SERVICE COST CENTERS			124, 080	
	DO OPERATI NG ROOM		0. 2702	698, 017	188, 604
	D1 OPEN HEART SURGERY		0. 2682		0
	02 OUTPATI ENT SURGERY		0. 4035		80, 275
. 00 051	DO RECOVERY ROOM		0. 1968	129, 998	25, 586
	DO ANESTHESI OLOGY		0. 3584	24 325, 120	116, 531
	DO RADI OLOGY-DI AGNOSTI C		0. 2372		56, 200
	D1 RADI OLOGY SPECI AL PROCEDURES		0. 2547		50, 751
	D2 ULTRASOUND		0. 1085		20, 349
	DO RADI OLOGY-THERAPEUTI C		0.0000		0
	D1 COMPUTED TOMOGRAPHY D0 CT SCAN		0. 0455		38, 256 0
	DO MRI		0.0000		0
	DO CARDI AC CATHETERI ZATI ON		0.0000		0
	DO LABORATORY		0. 1454		255, 389
	D1 BLOOD LABORATORY		0.0000		0
	DO BLOOD STORING, PROCESSING & TRANS.		0. 3986		64, 548
3. 01 063	D1 NUCLEAR MEDICINE		0. 1798	119, 327	21, 457
	00 RESPI RATORY THERAPY		0. 1855	610 866, 880	160, 815
	DO PHYSI CAL THERAPY		0.6400		0
	DO OCCUPATI ONAL THERAPY		0.3029		0
	DO SPEECH PATHOLOGY		0. 5191		5, 644
	DO ELECTROCARDI OLOGY DO ELECTROENCEPHALOGRAPHY		0. 0742		25,057
	DO MEDICAL SUPPLIES CHARGED TO PATIENT		0. 2449		1, 150 201, 363
	DO IMPL. DEV. CHARGED TO PATIENTS		0. 6904		104, 344
	DO DRUGS CHARGED TO PATIENTS		0. 1920		643, 518
	20 PAIN CLINIC		0.0000		0
5. 01 039	50 ORTHOPEDI CS		1. 2773	66 524	669
5. 02 031	40 CARDI OVASCULAR SERVI CES		0. 1638	541, 215	88, 651
	57 CARDI AC REHABI LI TATI ON		0. 5929	15 13, 951	8, 272
	90 RADIATION ONCOLOGY		0.3409		18, 990
	51 MRI		0. 1104		29, 172
	52 BARI ATRI C CENTER		0.0000		0
	50 PSYCH ACTIVITY THERAPY 53 WOUND CARE		0. 1527 0. 3648		0
	54 RENAL DI ALYSI S		0. 5101		0
	55 I NFUSI ON		0. 2361		0
	56 CARE TRANSITION CENTER		5. 1687		0
	58 ANTI COAGULATI ON CLINIC		0. 4340		0
	PATIENT SERVICE COST CENTERS				
	DO RURAL HEALTH CLINIC		0.0000		0
	DO FEDERALLY QUALIFIED HEALTH CENTER		0.0000		0
			0.0000		0
	D1 OCC HEALTH CLINIC		0.0000		0
	DO EMERGENCY		0. 1929		111, 412
2.00 092 00.00	00 OBSERVATION BEDS (NON-DISTINCT PART Total (sum of lines 50-94 and 96-98)		0. 6254	11, 803, 585	2, 317, 003
	Less PBP Clinic Laboratory Services-Program only charges (I	(1)		11, 003, 383	2, 317, 003
01.00					

PATI EN	NT ANCILLARY SERVICE COST APPORTIONMENT		CCN: 150004 CCN: 15S004	Period: From 01/01/201 To 12/31/201	Worksheet D-3 4 4 Date/Time Pre 5/27/2015 5:2	pare
		Ti t	le XIX	Subprovider - IPF	PPS	•
	Cost Center Description	L	Ratio of Cos To Charges	t Inpatient Program	Inpatient Program Costs (col. 1 x col.	
			1.00	Charges 2.00	2) 3.00	
	NPATIENT ROUTINE SERVICE COST CENTERS		1		-	
	3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT				0	30.
	2060 CORONARY CARE UNIT				0	32.
	2040 NEWBORN INTENSIVE CARE UNIT				0	35.
	4000 SUBPROVI DER – I PF			4, 334, 59	8	40
	4300 NURSERY				0	43
	NCI LLARY SERVI CE COST CENTERS		0.0704	24		1
	5000 OPERATING ROOM 5001 OPEN HEART SURGERY		0. 2704 0. 2832		0 0 0 0	
	5002 OUTPATI ENT SURGERY		0. 2832			
	5100 RECOVERY ROOM		0. 1968		0 0	
	5300 ANESTHESI OLOGY		0. 3584		0 0	
00 0	5400 RADI OLOGY-DI AGNOSTI C		0. 2372	87	0 0	54
	5401 RADI OLOGY SPECI AL PROCEDURES		0. 2547		0 0	
	5402 ULTRASOUND		0. 1085		0 0	
	5500 RADI OLOGY-THERAPEUTI C 5501 COMPUTED TOMOGRAPHY		0.0000		0 0 0 0	
	5700 CT SCAN		0. 0455 0. 0000			
	5800 MRI		0.0000		0 0	
	5900 CARDI AC CATHETERI ZATI ON		0.0000		0 0	
	6000 LABORATORY		0. 1456		0 0	60
	6001 BLOOD LABORATORY		0.0000	00	0 0	60
	6300 BLOOD STORING, PROCESSING & TRANS.		0. 3986		0 0	
	6301 NUCLEAR MEDICINE		0. 1798		0 0	
	6500 RESPI RATORY THERAPY 6600 PHYSI CAL THERAPY		0. 1855 0. 6400		0 0 0 0	65
	6700 OCCUPATI ONAL THERAPY		0. 3029		0 0	
	6800 SPEECH PATHOLOGY		0. 5191		0 0	
00 0	6900 ELECTROCARDI OLOGY		0.0742	54 59, 70	6 4, 433	69
	7000 ELECTROENCEPHALOGRAPHY		0. 2471		0 0	
	7100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT		0. 2591		0 0	
	7200 I MPL. DEV. CHARGED TO PATI ENTS 7300 DRUGS CHARGED TO PATI ENTS		0.6904		0 0 0 0	
	3020 PAIN CLINIC		0. 1920			
	3950 ORTHOPEDI CS		1. 2773		0 0	
	3140 CARDI OVASCULAR SERVI CES		0. 1641		0 0	
	3957 CARDI AC REHABI LI TATI ON		0. 5929		0 0	
	3190 RADIATION ONCOLOGY		0.3409		0 0	
	3951 MRI		0. 1104		0 0	
	3952 BARI ATRI C CENTER 3550 PSYCH ACTI VI TY THERAPY		0.0000		0 0	
	3550 PSYCH ACTIVITY THERAPY 3953 WOUND CARE		0. 1527 0. 3659		3 109, 267 0 0	76
	3954 RENAL DI ALYSI S		0. 5101		0 0	
	3955 I NFUSI ON		0. 2361		0 0	
	3956 CARE TRANSITION CENTER		5. 1687		0 0	
	3958 ANTI COAGULATI ON CLI NI C		0.4340	15	0 0	76
	UTPATIENT SERVICE COST CENTERS		0,0000	00		0.0
	8800 RURAL HEALTH CLINIC 8900 FEDERALLY QUALIFIED HEALTH CENTER		0.0000		0 0 0 0	
	9000 CLINIC		0.0000			
	9001 OCC HEALTH CLINIC		0.0000		0 0	
	9100 EMERGENCY		0. 1936		0 0	
	9200 OBSERVATI ON BEDS (NON-DI STI NCT PART		0. 6254		0 0	
0. 00	Total (sum of lines 50-94 and 96-98)			775, 17	9 113, 700	
1.00	Less PBP Clinic Laboratory Services-Program only charges (	line 61)			Ol	201

	Financial Systems FRANCISCAN ST MARGAR ATION OF REIMBURSEMENT SETTLEMENT	1	CCN: 150004	In Lie Period:	u of Form CMS- Worksheet E	-2552-10
CALCUL	ATTON OF REFMOORSEMENT SETTEEMENT	FIOVIDEI	CCN. 150004	From 01/01/2014 To 12/31/2014	Part A Date/Time Pro	epared:
		Ti tl	e XVIII	Hospi tal	5/27/2015 5:: PPS	29 pm
			0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	2.00	
1.00 1.01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurrin	a pri or		0 19, 048, 197		1.00 1.01
1.01	to October 1 (see instructions)	y prior		19, 046, 197		1.01
1.02	DRG amounts other than outlier payments for discharges occurrin after October 1 (see instructions)	g on or		6, 349, 399		1. 02
1.03	DRG for federal specific operating payment for Model 4 BPCI for			0		1.03
1.04	discharges occurring prior to October 1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI for			0		1.04
	discharges occurring on or after October 1 (see instructions)					
2.00 2.01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			1, 627, 598		2.00
2.02	Outlier payment for discharges for Model 4 BPCI (see instructio	ns)		0		2. 02
3.00 4.00	Managed Care Simulated Payments Bed days available divided by number of days in the cost report	ina		3, 585, 974 178. 76		3.00 4.00
4.00	period (see instructions)	ing		170.70		4.00
5.00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the most	rocont	1	6. 11		5.00
	cost reporting period ending on or before 12/31/1996. (see instr	ucti ons)				
6.00	FTE count for allopathic and osteopathic programs which meet th criteria for an add-on to the cap for new programs in accordance			0.00		6.00
	CFR 413.79(e)					
7.00	MMA Section 422 reduction amount to the IME cap as specified un CFR §412.105(f)(1)(iv)(B)(1)	der 42		1.72		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified u			0.00		7.01
	CFR $412.105(f)(1)(iv)(B)(2)$ If the cost report straddles July then see instructions.	1, 2011				
8.00	Adjustment (increase or decrease) to the FTE count for allopath			0. 73		8.00
	osteopathic programs for affiliated programs in accordance with 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67					
0.01	(August 1, 2002).			0.00		0.01
8.01	The amount of increase if the hospital was awarded FTE cap slot section 5503 of the ACA. If the cost report straddles July 1, 2			0.00		8. 01
0.00	instructions.			0.00		0.00
8.02	The amount of increase if the hospital was awarded FTE cap slot closed teaching hospital under section 5506 of ACA. (see instru			0.00		8. 02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines	(8, 8,01		5.12		9.00
10.00	and 8,02) (see instructions) FTE count for allopathic and osteopathic programs in the curren	t year		3. 61		10.00
11.00	from your records FTE count for residents in dental and podiatric programs.			2.85		11.00
12.00	Current year allowable FTE (see instructions)			6.46		12.00
13.00 14.00	Total allowable FTE count for the prior year. Total allowable FTE count for the penultimate year if that year	ondod on		7.06 6.30		13.00 14.00
14.00	or after September 30, 1997, otherwise enter zero.	ended on		0.30		14.00
15. 00 16. 00	Sum of lines 12 through 14 divided by 3. Adjustment for residents in initial years of the program			6. 61 0. 00		15.00 16.00
17.00	Adjusment for residents displaced by program or hospital closur	е		0.00		17.00
18.00	Adjusted rolling average FTE count Current year resident to bed ratio (line 18 divided by line 4).			6. 61 0. 036977		18.00
19. 00 20. 00	Prior year resident to bed ratio (see instructions)			0. 043985		19.00 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0. 036977		21.00
22. 00 22. 01	IME payment adjustment (see instructions) IME payment adjustment – Managed Care (see instructions)			579, 642 0		22. 00 22. 01
22.00	Indirect Medical Education Adjustment for the Add-on for Sectio		he MMA	0.00		
23.00	Number of additional allopathic and osteopathic IME FTE residen slots under 42 Sec. 412.105 (f)(1)( $iv$ )(C).	т сар		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	war of		-1.51		24.00
25.00	If the amount on line 24 is greater than -O-, then enter the lo line 23 or line 24 (see instructions)	wer of		0.00		25.00
26. 00 27. 00	Resident to bed ratio (divide line 25 by line 4)			0. 000000 0. 000000		26.00 27.00
27.00	IME payments adjustment factor. (see instructions) IME add-on adjustment amount (see instructions)			0.00000		28.00
28. 01 29. 00	IME add-on adjustment amount - Managed Care (see instructions)			0 579, 642		28. 01 29. 00
29.00 29.01	Total IME payment ( sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			579, 842		29.00
30 00	Disproportionate Share Adjustment	ient dave		0 40		30.00
30. 00	Percentage of SSI recipient patient days to Medicare Part A pat (see instructions)	i enti udys		8.43		30.00
31. 00 32. 00	Percentage of Medicaid patient days (see instructions) Sum of lines 30 and 31			21. 48 29. 91		31.00 32.00
32.00 33.00	Allowable disproportionate share percentage (see instructions)			13.89		32.00
34.00	Disproportionate share adjustment (see instructions)			881, 932		34.00

.CUL/	Financial Systems FRANCISCAN ST MARG/ ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004	Period: From 01/01/2014	w of Form CMS-2 Worksheet E Part A	
			To 12/31/2014		
	· · · · · · · · · · · · · · · · · · ·	Title XVIII	Hospi tal	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment		0 046 290 142	7 647 644 955	25
00 01	Total uncompensated care amount (see instructions) Factor 3 (see instructions)		9, 046, 380, 143	7, 647, 644, 855 0. 000292205	35. 35.
	Hospital uncompensated care payment (If line 34 is zero,		2, 456, 671	2, 234, 680	35.
0.2	enter zero on this line) (see instructions)		1 007 455	F(2, 2(2)	25
03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1, 837, 455	563, 262	35.
00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2, 400, 717		36.
	Additional payment for high percentage of ESRD beneficiary dis	scharges (lines 40 throu			
00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and		0		40.
	685 (see instructions)				
00	Total ESRD Medicare discharges excluding MS-DRGs 652,		0		41.
01	682, 683, 684 an 685. (see instructions) Total ESRD Medicare covered and paid discharges excluding		0		41.
	MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		_		
00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.
00	Total Medicare ESRD inpatient days excluding MS-DRGs 652,		0		43.
	682, 683, 684 an 685. (see instructions)		0.000000		
00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0. 000000		44.
00	Average weekly cost for dialysis treatments (see		0.00		45.
00	instructions) Total additional payment (line 45 times line 44 times line		0		46.
00	41.01) Subtotal (see instructions)		30, 887, 485		47.
	Hospital specific payments (to be completed by SCH and		0		47.
	MDH, small rural hospitals only. (see instructions)				
00	Total payment for inpatient operating costs (see instructions)		30, 887, 485		49.
00	Payment for inpatient program capital (from Wkst. L, Pt. I		2, 264, 384		50.
00	and Pt. II, as applicable) Exception payment for inpatient program capital (Wkst. L,		0		51.
	Pt. III, see instructions)		171 040		50
00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		171, 848		52.
	Nursing and Allied Health Managed Care payment		86, 001		53.
00 00	Special add-on payments for new technologies Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1,		0		54. 55.
00	line 69)		0		55
00	Cost of physicians' services in a teaching hospital (see		0		56.
00	intructions) Routine service other pass through costs (from Wkst. D,		0		57
00	Pt. III, column 9, lines 30 through 35).		245 002		58.
00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		265, 803		58.
	Total (sum of amounts on lines 49 through 58)		33, 675, 521		59.
00 00	Primary payer payments Total amount payable for program beneficiaries (line 59		7, 858 33, 667, 663		60. 61.
00	minus line 60)		33, 007, 003		01.
	Deductibles billed to program beneficiaries		2, 179, 296		62.
	Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)		290, 864 983, 267		63. 64.
00	Adjusted reimbursable bad debts (see instructions)		639, 124		65
00	Allowable bad debts for dual eligible beneficiaries (see		513, 839		66
00	instructions) Subtotal (line 61 plus line 65 minus lines 62 and 63)		31, 836, 627		67
00	Credits received from manufacturers for replaced devices		0		68.
00	for applicable to MS-DRGs (see instructions) Outlier payments reconciliation (sum of lines 93, 95 and		0		69
50	96). (For SCH see instructions)		0		07.
00	OTHER PSR		-572		70
50 89	RURAL DEMONSTRATION PROJECT Pioneer ACO demonstration payment adjustment amount (see		0		70
Ĩ,	instructions)		0		, , , , , , , , , , , , , , , , , , , ,
90	HSP bonus payment HVBP adjustment amount (see		0		70
91	instructions) HSP bonus payment HRR adjustment amount (see instructions)		0		70
	Bundled Model 1 discount amount (see instructions)		0		70.
	HVBP payment adjustment amount (see instructions)		-52, 873		70.
94	HRR adjustment amount (see instructions) Recovery of accelerated depreciation		-242, 260 0		70. 70.

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004		riod: om 01/01/2014 12/31/2014		epared: 9 pm
		Title XVIII		Hospi tal	PPS	
				Prior to October 1	On/After October 1	
		0		1.00	2.00	
D. 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		70.9
D. 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. 9
D. 98	Low Volume Payment-3			0		70.9
D. 99	HAC adjustment amount (see instructions)			0		70.9
1. 00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			31, 540, 922		71.0
1.01	Sequestration adjustment (see instructions)			630, 818		71.0
2.00	Interim payments			30, 484, 811		72.0
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)			425, 293		74.0
5.00	accordance with CMS Pub. 15-2, chapter 1, §115.2			2, 025, 546		75. (
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
0. 00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0		90.0
1.00	Capital outlier from Wkst. L, Pt. I, line 2			0		91. (
2.00	Operating outlier reconciliation adjustment amount (see instructions)			0		92. (
3. 00	Capital outlier reconciliation adjustment amount (see instructions)			0		93. (
	The rate used to calculate the time value of money (see instructions)			0.00		94. (
	Time value of money for operating expenses (see instructions)			0		95.0
6. 00	Time value of money for capital related expenses (see instructions)			0		96. (
			F		On/After 10/1	
				1.00	2.00	-
~ ~ ~	HSP Bonus Payment Amount		- 1			100 /
00. OC	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			0	0	100. (
01 00	HVBP adjustment factor (see instructions)			0	0	101.0
	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment	าร)		0		102.
<u>13</u> 00	HRR adjustment factor (see instructions)			0.0000	0, 0000	103
	HRR adjustment amount for HSP bonus payment (see instructions)	<b>`</b>		0.0000		103.

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014		naro
		Title XVIII	Hospital	5/27/2015 5: 2 PPS	
		<u> </u>			
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
00	Medical and other services (see instructions)			11, 565	
00	Medical and other services reimbursed under OPPS (see instructi PPS payments	ons)		18, 231, 876	2. 3.
00 00	Outlier payment (see instructions)			18, 346, 055 120, 999	
00	Enter the hospital specific payment to cost ratio (see instruct	ions)		0.000	
00	Line 2 times line 5			0	
00	Sum of line 3 plus line 4 divided by line 6			0.00	
00	Transitional corridor payment (see instructions)			0	
00 . 00	Ancillary service other pass through costs from Wkst. D, Pt. IN	7, col. 13, line 200		284, 078 0	9 10
	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			11, 565	
. 00	COMPUTATION OF LESSER OF COST OR CHARGES			11, 303	1
	Reasonable charges				
	Ancillary service charges			61, 171	
. 00 . 00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, co Total reasonable charges (sum of lines 12 and 13)	01.4)		0 61, 171	
. 00	Customary charges			01, 171	1 14
. 00	Aggregate amount actually collected from patients liable for pa	ayment for services on	a charge basis	0	15
. 00	Amounts that would have been realized from patients liable for		n a chargebasis	0	16
00	had such payment been made in accordance with 42 CFR §413.13(e)			0,000000	
. 00 . 00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 61, 171	
. 00	Excess of customary charges over reasonable cost (complete only	/ifline 18 exceeds li	ne 11) (see	49,606	
. 00	instructions)			17,000	'
. 00	Excess of reasonable cost over customary charges (complete only	/ifline 11 exceeds li	ne 18) (see	0	20
~~	instructions)				
. 00 . 00	Lesser of cost or charges (line 11 minus line 20) (for CAH see	instructions)		11, 565	21
	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see instru	ictions)		0	
	Total prospective payment (sum of lines 3, 4, 8 and 9)			18, 751, 132	
	COMPUTATION OF REIMBÜRSEMENT SETTLEMENT				
	Deductibles and coinsurance (for CAH, see instructions)			0	
. 00	Deductibles and Coinsurance relating to amount on line 24 (for Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) pl			3, 695, 485	
. 00	CAH, see instructions)	us the sum of Thes 22	anu 233 (101	15, 067, 212	21
. 00	Direct graduate medical education payments (from Wkst. E-4, lin	ne 50)		91, 479	28
	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29
	Subtotal (sum of lines 27 through 29)			15, 158, 691	
	Primary payer payments			11, 305	
. 00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE	· ()		15, 147, 386	32
. 00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33
	Allowable bad debts (see instructions)			894, 674	34
	Adjusted reimbursable bad debts (see instructions)			581, 538	
	Allowable bad debts for dual eligible beneficiaries (see instru	uctions)		548, 295	
	Subtotal (see instructions)			15, 728, 924	
	MSP-LCC reconciliation amount from PS&R			0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			0	39
	Partial or full credits received from manufacturers for replace		tions)	0	39
	RECOVERY OF ACCELERATED DEPRECIATION		,	0	39
. 00	Subtotal (see instructions)			15, 728, 924	40
. 01	Sequestration adjustment (see instructions)			314, 578	
	Interim payments			15, 078, 719	
	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)			335, 627	42
	Protested amounts (nonallowable cost report items) in accordance	ce with CMS Pub. 15-2	chapter 1.	24, 881	
	§115. 2				· ·
<i></i>	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)			0	90
	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	
	Total (sum of lines 91 and 93)			0	

CALCUL		vider CCN: 150004 ponent CCN: 15S004 Title XVIII	Peri od: From 01/01/2014 To 12/31/2014 Subprovi der - I PF	Worksheet E Part B Date/Time Prep 5/27/2015 5:20 PPS	pared: 9 pm
				1.00	
1.00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0	2.00
3.00	PPS payments			0	3.00
4.00 5.00	Outlier payment (see instructions) Enter the hospital specific payment to cost ratio (see instructions)			0 0. 000	4.00 5.00
6.00	Line 2 times line 5			0.000	6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00	
8.00	Transitional corridor payment (see instructions)	10 1: 000		0	
9.00 10.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col Organ acquisitions	. 13, 11ne 200		0	9.00 10.00
	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
12.00	Reasonable charges Ancillary service charges			0	12.00
	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)			0	
14.00	Total reasonable charges (sum of lines 12 and 13)			0	
4 5 00	Customary charges	<u> </u>			45 00
15.00 16.00	Aggregate amount actually collected from patients liable for payment Amounts that would have been realized from patients liable for payme		0	0	15.00 16.00
10.00	had such payment been made in accordance with 42 CFR §413.13(e)		r a onargobasi s	0	10.00
	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.00000	
18.00 19.00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete only if I	ino 19 overade li	20, 11) (500		18.00 19.00
19.00	instructions)	The To exceeds Th	16 11) (366	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if I	ine 11 exceeds li	ne 18) (see	0	20.00
21.00	instructions) Lesser of cost or charges (line 11 minus line 20) (for CAH see instr	uctions)		0	21.00
	Interns and residents (see instructions)	uctions)		0	21.00
	Cost of physicians' services in a teaching hospital (see instruction	s)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0	24.00
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH,	see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus th	e sum of lines 22	and 23} (for	0	27.00
28.00	CAH, see instructions) Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			0	30.00
31.00 32.00	Primary payer payments Subtotal (line 30 minus line 31)			0	31.00 32.00
52.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			0	52.00
	Composite rate ESRD (from Wkst. I-5, line 11)				33.00
	Allowable bad debts (see instructions)			0	
	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instruction	s)		0	35.00 36.00
37.00	Subtotal (see instructions)			0	37.00
	MSP-LCC reconciliation amount from PS&R			0	38.00
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			0	39.00 39.50
39. 50 39. 98	Partial or full credits received from manufacturers for replaced dev	ices (see instruc	tions)	0	39.50
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			0	40.00
40. 01 41. 00	Sequestration adjustment (see instructions) Interim payments			0	40.01 41.00
42.00				0	42.00
43.00	Balance due provider/program (see instructions)			0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance wit §115.2	h CMS Pub. 15-2, (	chapter 1,	0	44.00
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)			0	90.00
	Outlier reconciliation adjustment amount (see instructions)				91.00
	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)				92.00 93.00
	Total (sum of lines 91 and 93)				94.00

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provi der	CCN: 150004	Period: From 01/01/2014 To 12/31/2014		pared:
		. Ti tl	e XVIII	Hospi tal	PPS	
		I npati en	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00 2.00	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		30, 418, 91	1 0	15, 005, 419 0	1.00 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.00
3. 01	ADJUSTMENTS TO PROVIDER	06/26/2014	65, 90	0 06/26/2014	73, 300	3.01
3.02				0	0	3. 02
3.03				0	0	3.03
3.04				0	0	3.04
3.05				0	0	3.05
3.50	Provider to Program ADJUSTMENTS TO PROGRAM	1		0	0	3.50
3.50	ADJUSTMENTS TU PROGRAM			0	0	3.5
3.52				0	0	3.52
3.53				0	0	3. 53
3.54				0	0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		65, 90	00	73, 300	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		30, 484, 81	1	15, 078, 719	4.00
5.00	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after					5.00
5.00	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
5.01	Program to Provider TENTATIVE TO PROVIDER			0	0	5.01
5.01				0	0	5.02
5.02				0	0	5.03
	Provider to Program					
5.50	TENTATI VE TO PROGRAM			0	0	5.50
5.51				0	0	5.5
5.52				0	0	5.52 5.99
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	U	5.9
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6. 01	SETTLEMENT TO PROVIDER		425, 29	93	335, 627	6.01
6. 02	SETTLEMENT TO PROGRAM			0	0	6.02
7.00	Total Medicare program liability (see instructions)		30, 910, 10		15, 414, 346	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			)	1.00	2.00	

ALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		CCN: 150004 CCN: 15S004	Period: From 01/01/2014 To 12/31/2014		parec
		Ti tl	e XVIII	Subprovider - IPF	PPS	•
		Inpatien	it Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
	<b>T</b>	1.00	2.00	3.00	4.00	
00 00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate		751, 4	0	000	1. ( 2. ( 3. (
	for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					-
01	Program to Provider ADJUSTMENTS TO PROVIDER			0	0	3.
02	ABSOSTIMENTS TO TROVIDER			0	0	3.
03				0	0	
04				0	0	3
)5	Provider to Program			0	0	3
50	ADJUSTMENTS TO PROGRAM			0	0	3
51				0	0	3
52				0	0	
53				0	0	3
54 99	Subtotal (sum of lines 3.01–3.49 minus sum of lines 3.50–3.98)			0	0	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)		751, 4	30	0	4
	TO BE COMPLETED BY CONTRACTOR		1		1	
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5
	Program to Provider				1	
)1 )2	TENTATI VE TO PROVI DER			0	0	5
)3				0	0	
	Provider to Program					
50	TENTATI VE TO PROGRAM			0	0	
51 52				0	0	5
99 99	Subtotal (sum of lines 5.01–5.49 minus sum of lines 5.50–5.98)			0	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
)1 )2	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM		50, 52		0	6
)2 )0	Total Medicare program liability (see instructions)		802, 00	0		6
	returnment date program traditity (see thistrations)		002,00	Contractor	NPR Date	<b></b>
				Number	(Mo/Day/Yr)	
	Name of Contractor	(	2	1.00	2.00	8

Heal th Financial	Systems	FRANCI SCAN ST MARGA	RET-HAMMOND	In Lie	u of Form CMS-2	2552-10
CALCULATION OF R	EIMBURSEMENT SETTLEMENT FO	RHIT	Provider CCN: 150004	Peri od:	Worksheet E-1	
				From 01/01/2014 To 12/31/2014		aarad
				10 12/31/2014	5/27/2015 5:29	
			Title XVIII	Hospi tal	PPS	, biii
					1.00	
TO BE COMP	LETED BY CONTRACTOR FOR NO	ON STANDARD COST REPORTS				
HEALTH INF	ORMATION TECHNOLOGY DATA	COLLECTION AND CALCULATION				
1.00 Total hosp	ital discharges as define	d in AARA §4102 from Wkst.	S-3, Pt. I col. 15 line	e 14	5, 359	1.00
2.00 Medicare d	ays from Wkst. S-3, Pt. I	, col. 6 sum of lines 1, 8-	-12		15, 759	2.00
3.00 Medicare H	IMO days from Wkst. S-3, P <sup>.</sup>	t. I, col. 6. line 2			2, 624	3.00
4.00 Total inpa	tient days from S-3, Pt.	I col. 8 sum of lines 1, 8-	12		28, 724	4.00
5.00 Total hos	ital charges from Wkst C,	Pt. I, col. 8 line 200			523, 702, 296	5.00
6.00 Total hos	ital charity care charges	from Wkst. S-10, col. 3 li	ne 20		33, 336, 200	6.00
7.00 CAH only	The reasonable cost incu	rred for the purchase of ce	ertified HIT technology	Wkst. S-2, Pt. I	0	7.00
line 168						
	n of the HIT incentive pay	<b>3</b>			971, 254	
9.00 Sequestrat	ion adjustment amount (se	e instructions)			19, 425	9.00
		yment after sequestration (	see instructions)		951, 829	10.00
	HOSPITAL SERVICES UNDER PF					
	iterim HIT payment adjustme	ent (see instructions)			1, 016, 120	
	istment (specify)				0	31.00
32.00 Balance du	e provider (line 8 (or lin	ne 10) minus line 30 and li	ne 31) (see instruction	is)	-64, 291	32.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004	Peri od:	Worksheet E-3	2552
		Component CCN: 15S004	From 01/01/2014	Part II Date/Time Pre	
			10 12/31/2014	5/27/2015 5: 2	
		Title XVIII	Subprovider - IPF	PPS	
			-	1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS				
00	Net Federal IPF PPS Payments (excluding outlier, ECT, and me	edical education payments)		939, 405	1
00	Net IPF PPS Outlier Payments			0	2
00 00	Net IPF PPS ECT Payments Unweighted intern and resident FTE count in the most recent	cost roport filed on or b	aforo Novembor	0.00	3
00	15, 2004. (see instructions)	cost report fired on or b		0.00	
01	Cap increases for the unweighted intern and resident FTE cou			0.00	4
	program or hospital closure, that would not be counted with	out a temporary cap adjust	ment under 42		
~~	CFR §412. 424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	
00 00	New Teaching program adjustment. (see instructions)	n the new program growth n	oried of a "now	0.00 0.00	5
00	Current year's unweighted FTE count of I&R excluding FTEs in teaching program" (see instuctions)	In the new program growth p		0.00	
00	Current year's unweighted I&R FTE count for residents within	n the new program growth p	eriod of a "new	0.00	7
	teaching program" (see instuctions)	······································			
00	Intern and resident count for IPF PPS medical education adju	ustment (see instructions)		0.00	8
00	Average Daily Census (see instructions)			23.389041	ç
0. 00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to	o the power of .5150 -1}.		0.00000	10
. 00	Teaching Adjustment (line 1 multiplied by line 10).			0	11
2. 00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			939, 405	12
3.00	Nursing and Allied Health Managed Care payment (see instruct	ti on)		0	13
4.00	Organ acquisition (DO NOT USE THIS LINE)				14
5.00	Cost of physicians' services in a teaching hospital (see ins	structions)		020 405	15
5.00 7.00	Subtotal (see instructions) Primary payer payments			939, 405 4, 221	16
3.00	Subtotal (line 16 less line 17).			935, 184	
9.00	Deducti bl es			159, 232	
). 00	Subtotal (line 18 minus line 19)			775, 952	
1.00	Coi nsurance			9, 120	
2.00	Subtotal (line 20 minus line 21)			766, 832	
3.00	Allowable bad debts (exclude bad debts for professional serv	vices) (see instructions)		73, 268	
1.00	Adjusted reimbursable bad debts (see instructions)			47, 624	24
5.00	Allowable bad debts for dual eligible beneficiaries (see ins	structions)		22, 818	25
5.00	Subtotal (sum of lines 22 and 24)			814, 456	26
7.00	Direct graduate medical education payments (from Wkst. E-4,	line 49)		0	27
3.00	Other pass through costs (see instructions)			3, 914	28
9.00	Outlier payments reconciliation			0	29
). 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	222)		0	30
). 50 ). 99	Pioneer ACO demonstration payment adjustment (see instruction Recovery of Accelerated Depreciation	uns)		0	30
. 00	Total amount payable to the provider (see instructions)			818, 370	
1.00	Sequestration adjustment (see instructions)			16, 367	
2.00	Interim payments			751, 480	
	Tentative settlement (for contractor use only)				33
1.00	Balance due provider/program (line 31 minus lines 31.01, 32	and 33)		50, 523	
5.00	Protested amounts (nonallowable cost report items) in accord		chapter 1,	81	35
	§115. 2		-		
	TO BE COMPLETED BY CONTRACTOR		1		
	Original outlier amount from Worksheet E-3, Part II, line 2			0	
1.00	Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money			0.00	

			From 01/01/2014 To 12/31/2014	Part VII Date/Time Prep 5/27/2015 5:29	
		Title XIX	Hospi tal	Cost	
			Inpati ent	Outpati ent	<u> </u>
			1.00	2.00	<u> </u>
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV COMPUTATION OF NET COST OF COVERED SERVICES	ICES FOR TITLES V OR X	IX SERVICES		1
00	Inpatient hospital/SNF/NF services		0		1 1
00	Medical and other services		0	0	
00	Organ acquisition (certified transplant centers only)		0	0	3
00	Subtotal (sum of lines 1, 2 and 3)		0	0	
00	Inpatient primary payer payments		0	Ű	5
00	Outpatient primary payer payments		Ŭ	0	6
00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	
	COMPUTATION OF LESSER OF COST OR CHARGES				1
	Reasonabl e Charges				1
00	Routi ne servi ce charges		0		8
00	Ancillary service charges		11, 803, 585	0	
	Organ acquisition charges, net of revenue		0		10
	Incentive from target amount computation		0		11
2.00	Total reasonable charges (sum of lines 8 through 11)		11, 803, 585	0	12
	CUSTOMARY CHARGES				l .
3. 00	Amount actually collected from patients liable for payment for basis	services on a charge	0	0	13
. 00	Amounts that would have been realized from patients liable for a charge basis had such payment been made in accordance with 42		n 0	0	14
5.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0. 000000	0.00000	15
5.00	Total customary charges (see instructions)		11, 803, 585	0	16
7.00	Excess of customary charges over reasonable cost (complete only	if line 16 exceeds	11, 803, 585	0	17
3. 00	line 4) (see instructions) Excess of reasonable cost over customary charges (complete only	vifline 4 exceeds lin	e 0	0	18
	16) (see instructions)				
9.00	Interns and Residents (see instructions)		0	0	19
0. 00	Cost of physicians' services in a teaching hospital (see instru	ictions)	0	0	20
1.00	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 provi	ders.		
	Other than outlier payments		0	0	
	Outlier payments		0	0	
	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)		0	0	
	Customary charges (title V or XIX PPS covered services only)		0	0	
1.00	Titles V or XIX (sum of lines 21 and 27) COMPUTATION OF REIMBURSEMENT SETTLEMENT		0	0	29
D. 00	Excess of reasonable cost (from line 18)		0	0	30
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	
	Deductibles		0	0	
	Coinsurance		0	0	
	Allowable bad debts (see instructions)		0	0	
	Utilization review		0	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	
	Subtotal (line 36 $\pm$ line 37)		0	0	
	Direct graduate medical education payments (from Wkst. E-4)		0	0	39
	Total amount payable to the provider (sum of lines 38 and 39)		0	0	
	Interim payments		0	0	
	Balance due provider/program (line 40 minus line 41)		0	0	
	Protested amounts (nonallowable cost report items) in accordanc	e with CMS Pub 15-2,	0	0	

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Pre	
				5/27/2015 5:2	
		Title XIX	Subprovider - IPF	PPS	
			Inpatient 1.00	Outpatient 2.00	_
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER	VICES FOR TITLES V OR XI		2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				1
00	Inpatient hospital/SNF/NF services		0		] 1
00	Medical and other services			0	2
00	Organ acquisition (certified transplant centers only)		0		
00	Subtotal (sum of lines 1, 2 and 3)		0	0	
00	Inpatient primary payer payments		0		1
00	Outpatient primary payer payments			0	
00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	
	COMPUTATION OF LESSER OF COST OR CHARGES				4
~~	Reasonable Charges				Η,
00 00	Routi ne servi ce charges		0 775, 179	0	
. 00	Ancillary service charges Organ acquisition charges, net of revenue		//5, 1/9	0	1
. 00	Incentive from target amount computation		0		1
. 00	Total reasonable charges (sum of lines 8 through 11)		775, 179	0	
. 00	CUSTOMARY CHARGES		775,177	0	1''
. 00	Amount actually collected from patients liable for payment for	services on a charge	0	0	1:
	basi s			-	
. 00	Amounts that would have been realized from patients liable for	payment for services or	n 0	0	14
	a charge basis had such payment been made in accordance with 4	2 CFR §413.13(e)			
. 00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.00000	1!
. 00	Total customary charges (see instructions)		775, 179	0	
. 00	Excess of customary charges over reasonable cost (complete onl	y if line 16 exceeds	775, 179	0	1
	line 4) (see instructions)			_	
. 00	Excess of reasonable cost over customary charges (complete onl	y if line 4 exceeds line	e 0	0	1
. 00	16) (see instructions) Interns and Residents (see instructions)		0	0	1
. 00	Cost of physicians' services in a teaching hospital (see instructions)	ructions)	0	0	
. 00	Cost of covered services (enter the lesser of line 4 or line 1		0	0	
. 00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be				11
. 00	Other than outlier payments		0	0	2
. 00	Outlier payments		0	0	
. 00	Program capital payments		0		24
. 00	Capital exception payments (see instructions)		0		2
. 00	Routine and Ancillary service other pass through costs		0	0	20
. 00	Subtotal (sum of lines 22 through 26)		0	0	2
. 00	Customary charges (title V or XIX PPS covered services only)		0	0	28
. 00	Titles V or XIX (sum of lines 21 and 27)		0	0	20
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				4
. 00	Excess of reasonable cost (from line 18)		0	0	
. 00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	
	Deductibles		Ű	0	1 -
00	Coinsurance Allowable bad debts (see instructions)		0	0	
. 00	Utilization review		0	0	3
. 00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	1 33)	0	0	
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	,	0	0	
. 00	Subtotal (line 36 $\pm$ line 37)		0	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)		0	0	
. 00	Interim payments		0	0	
. 00	Balance due provider/program (line 40 minus line 41)		0	0	
	Protested amounts (nonallowable cost report items) in accordan		0		4

	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT L EDUCATION COSTS	Provider C		Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Pre	pared:
			XV/LLL	lloonital	5/27/2015 5: 20	9 pm
		Title	XVIII	Hospi tal	PPS	
					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic p	rograms for	cost reporti	ng periods	6. 11	1.00
2.00	ending on or before December 31, 1996. Unweighted FTE resident cap add-on for new programs per 42 CFR	112 70(a)(1	) (coo instr	uctions)	0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				1.75	3.00
3. 01	Direct GME cap reduction amount under ACA §5503 in accordance		§413.79 (m).	(see	0.00	3.0
	instructions for cost reporting periods straddling 7/1/2011)					
1.00	Adjustment (plus or minus) to the FTE cap for allopathic and o		rograms due	to a Medicare	0. 76	4.0
4.01	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) ACA Section 5503 increase to the Direct GME FTE Cap (see instr		cost reporti	na neriods	0.00	4.0
+. 01	straddling 7/1/2011)		cost reporti	ng perious	0.00	4.0
4.02	ACA Section 5506 number of additional direct GME FTE cap slots	(see instr	uctions for	cost reporting	0.00	4. 02
	periods straddling 7/1/2011)					
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plu	is or minus l	ine 4 plus l	ines 4.01 and	5. 12	5.00
6.00	4.02 plus applicable subscripts Unweighted resident FTE count for allopathic and osteopathic p	rograms for	the current	vear from your	3. 61	6.00
0.00	records (see instructions)			year from your	0.01	0.00
7.00	Enter the lesser of line 5 or line 6				3. 61	7.00
		-	Primary Care		Total	
3.00	Weighted FTE count for physicians in an allopathic and osteopa	thi c	1.00	2.00 0 3.52	3.00 3.52	8.00
5.00	program for the current year.		0.0	0 5.52	5. 52	0.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwi	se	0.0	0 3.52	3.52	9.00
	multiply line 8 times the result of line 5 divided by the amou	int on line				
10.00	6. Weighted dental and podiatric resident FTE count for the curre	nt yoar		2.55		10.00
11.00	Total weighted FTE count	int year	0.0			11.00
12.00	Total weighted resident FTE count for the prior cost reporting	year (see	0.0			12.00
	instructions)					
13.00	Total weighted resident FTE count for the penultimate cost rep	orting	0.0	0 6.13		13.00
14.00	year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided	by 3)	0.0	0 6.35		14.00
	Adjustment for residents in initial years of new programs	by 5).	0.0			15.0
16.00	Adjustment for residents displaced by program or hospital clos	sure	0.0			16.00
17.00	Adjusted rolling average FTE count		0.0			17.00
18.00	Per resident amount		85, 409. 6		540 550	18.00
19.00	Approved amount for resident costs			0 513, 559	513, 559	19.00
					1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FT	E resident c	ap slots rec	eived under 42	0.00	20.00
	Sec. 413.79(c)(4)					
21.00	Direct GME FTE unweighted resident count over cap (see instruc					21.0
22.00 23.00	Allowable additional direct GME FTE Resident Count (see instru Enter the locally adjustment national average per resident amo		tructions)			22. 0 23. 0
	Multiply line 22 time line 23				0.00	•
	Total direct GME amount (sum of lines 19 and 24)				513, 559	
		I	•	t Managed care		
		_	A 1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD		1.00	2.00	3.00	
26.00	Inpatient Days (see instructions)		16, 92	5 2, 731		26.00
27.00	Total Inpatient Days (see instructions)		37, 58	2 37, 582		27.00
28.00	Ratio of inpatient days to total inpatient days		0. 45034			28.00
	Program direct GME amount		231, 28			29.00
29.00	Deduction for direct CME normante for Medicara Advertage			E 070		
30. 00	Reduction for direct GME payments for Medicare Advantage Net Program direct GME amount			5, 273	263, 327	30. 0 31. 0

Heal th	Financial Systems FRANCI	SCAN ST MARGAR	ET-HAMMOND	In Lie	u of Form CMS-2	2552-10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIE	NT DIRECT	Provider CCN: 150004	Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS			From 01/01/2014		
				To 12/31/2014	Date/Time Prep 5/27/2015 5:20	
			Title XVIII	Hospi tal	PPS	<u>, bui</u>
				-	1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE	E RATE - TITLE	XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL	
	EDUCATION COSTS)		•			
32.00	Renal dialysis direct medical education costs (fr	rom 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 (N			74 and 94)		33.00
34.00	Ratio of direct medical education costs to total	5 .	32 ÷ line 33)			
35.00	Medicare outpatient ESRD charges (see instruction				0	35.00
36.00	Medicare outpatient ESRD direct medical education				0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST -	- TITLE XVIII O	NLY			
	Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)				34, 792, 337	
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col.				0	38.00
39.00	Cost of physicians' services in a teaching hospit	tal (see instru	ctions)		0	39.00
40.00	Primary payer payments (see instructions)	1 00 ·			12,079	40.00
41.00	Total Part A reasonable cost (sum of lines 37 th	rougn 39 minus	line 40)		34, 780, 258	41.00
42.00	Part B Reasonable Cost Reasonable cost (see instructions)				18, 527, 519	40.00
42.00	Primary payer payments (see instructions)				18, 527, 519	
43.00	Total Part B reasonable cost (line 42 minus line	12)			18, 514, 359	
44.00	Total reasonable cost (sum of lines 41 and 44)	43)			53, 294, 617	
46.00	Ratio of Part A reasonable cost to total reasonable	ole cost (line	41 ÷ line 45)		0. 652604	
47.00	Ratio of Part B reasonable cost to total reasonable				0. 347396	
17.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN F				0.017070	
48.00	Total program GME payment (line 31)		-		263, 327	48.00
	Part A Medicare GME payment (line 46 x 48) (title	e XVIII onlv) (	see instructions)		171, 848	
	Part B Medicare GME payment (line 47 x 48) (title				91, 479	
		57 (		I		

_ANCE S	nancial Systems FRANCISCAN ST MA SHEET (If you are nonproprietary and do not maintain	Provi der	CCN: 150004 F	Period:	u of Form CMS- Worksheet G	
nd-typ	e accounting records, complete the General Fund column onl	I y)		From 01/01/2014 To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
		General Fund	Specific Purpose Fund	Endowment Fund		
CU	IDDENT ASSETS	1.00	2.00	3.00	4.00	
	JRRENT ASSETS ash on hand in banks	-159, 307, 273			0	1
	emporary investments	13, 865, 818			0	
	otes recei vabl e	C	(	0 0	0	
00 Ac	ccounts receivable	106, 765, 085	(	0 0	0	4
	ther receivable	C	(	0 0	0	
	llowances for uncollectible notes and accounts receivable	-10, 862, 263		0	0	
	nventory repaid expenses	3, 449, 438			0	
	ther current assets	65, 992, 643			0	
	ue from other funds	00,772,010		, v	0	
	otal current assets (sum of lines 1-10)	19, 903, 448			0	
FI	XED ASSETS					
	and	5, 547, 620			0	
	and improvements	3, 607, 761			0	
	ccumulated depreciation	-145, 258, 217		0	0	
	uildings ccumulated depreciation	44, 603, 040			0	
	easehold improvements	157, 134		, i	0	
	ccumulated depreciation	137, 134		, v	0	
	i xed equi pment	144, 353, 553		-	0	
	ccumulated depreciation	0	(	0 0	0	20
00 AL	utomobiles and trucks	0	(	0 0	0	21
	ccumulated depreciation	0	0	0 0	0	
-	ajor movable equipment	0	(	0 0	0	
	ccumulated depreciation	390, 842	1	0	0	
	inor equipment depreciable ccumulated depreciation			-	0	
	IT designated Assets			, i	0	
	ccumulated depreciation			-	0	
	i nor equi pment-nondepreci abl e			, v	0	
	otal fixed assets (sum of lines 12-29)	53, 401, 733			0	
ОТ	THER ASSETS					
	nvestments	2, 132, 953			0	
	eposits on leases	0		-	0	
	ue from owners/officers	1 700 000	(	-	0	
	ther assets otal other assets (sum of lines 31-34)	1, 700, 000 3, 832, 953		-	0	
	otal assets (sum of lines 11, 30, and 35)	77, 138, 134			0	
	JRRENT LI ABI LI TI ES	1 11,130,134	1	<u> </u>	0	
	ccounts payable	9, 421, 881	(	0 0	0	37
	al ari es, wages, and fees payable	9, 976, 254	(	0 0	0	38
	ayroll taxes payable	0			0	
	otes and loans payable (short term)	166, 464	(	0 0	0	
	eferred income	0	(	0 0	0	
	ccelerated payments ue to other funds	4 190 001		0	0	42
	ther current liabilities	4, 189, 991 5, 513, 611		-	0	
	otal current liabilities (sum of lines 37 thru 44)	29, 268, 201			0	
	ONG TERM LIABILITIES	27,200,201	· · · · ·		0	
	ortgage payable	292, 553	(	0 0	0	46
00 No	otes payable	2, 902, 878	(	0 0	0	47
	nsecured Loans	-33, 848, 572	1	0	0	
	ther long term liabilities	747, 425		-	0	
	otal long term liabilities (sum of lines 46 thru 49	-29, 905, 716			0	
	otal liabilites (sum of lines 45 and 50) APITAL ACCOUNTS	-637, 515	(	0 0	0	51
	eneral fund balance	77, 775, 649				52
	pecific purpose fund					53
	onor created - endowment fund balance - restricted			0		54
	onor created - endowment fund balance - unrestricted			0		55
00 Go	overning body created - endowment fund balance			0		56
	ant fund balance - invested in plant				0	
	ant fund balance - reserve for plant improvement,				0	58
	eplacement, and expansion				~	F0
	otal fund balances (sum of lines 52 thru 58)	77, 775, 649			0	
JUJ 110	otal liabilities and fund balances (sum of lines 51 and	77, 138, 134	1 (	ן 0	0	60

Heal th	Financial Systems FF	RANCISCAN ST MAR	GARET-HAMMOND		In Lie	eu of Form CMS-2	2552-10
	IENT OF CHANGES IN FUND BALANCES			CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet G-1	pared:
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) REDUCTION TO FUND BALANCE Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	1,00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 85,516,158 35,913,253 121,429,411 0 121,429,411 121,429,411 191,857 121,237,554			0 0 0 0 0 0 0	$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 11. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 18. \ 00\\ 19. \ 00\\ \end{array}$
		Endowment Fund	Pl ant	Fund	_		
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) Additions (credit adjustments) (specify)	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 19. 00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) REDUCTION TO FUND BALANCE Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0 0 0	0 0 0 0 0 0		0 0 0		10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

Heal th	Financial Systems FRANCISCAN ST MARGAR	ET-HAMMONE	)	In Li	eu of Form CMS-2	2552-10
STATEM	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der	CCN: 150004	Period: From 01/01/2014 To 12/31/2014		pared:
	Cost Center Description		I npati ent	Outpati ent	Total	
	PART I - PATIENT REVENUES		1.00	2.00	3.00	
	General Inpatient Routine Services					
1.00	Hospi tal		31, 142, 7	17	31, 142, 717	1.00
2.00	SUBPROVIDER - IPF		28, 665, 5		28, 665, 563	2.00
3.00	SUBPROVIDER - IRF					3.00
4.00	SUBPROVI DER					4.00
5.00	Swing bed - SNF			0	0	5.00
6.00	Swing bed - NF			0	0	6.00
7.00	SKILLED NURSING FACILITY			0	0	7.00
8.00 9.00	NURSING FACILITY OTHER LONG TERM CARE			0	0	8.00 9.00
10.00	Total general inpatient care services (sum of lines 1-9)		59, 808, 2	80	59, 808, 280	
10.00	Intensive Care Type Inpatient Hospital Services		57,000,2	00	37,000,200	10.00
11.00	INTENSI VE CARE UNI T		8, 373, 3	56	8, 373, 356	11.00
12.00	CORONARY CARE UNI T			0	0	12.00
13.00	BURN INTENSIVE CARE UNIT					13.00
14.00	SURGI CAL I NTENSI VE CARE UNI T					14.00
15.00	NEWBORN INTENSIVE CARE UNIT			0	0	15.00
16.00	Total intensive care type inpatient hospital services (sum of 1 11-15)	i nes	8, 373, 3	56	8, 373, 356	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)		68, 181, 6	36	68, 181, 636	
18.00	Ancillary services		170, 894, 9			
19.00	Outpatient services		14, 478, 6			
20.00	RURAL HEALTH CLINIC			-	0 0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER			-		21.00 22.00
22.00 23.00	HOME HEALTH AGENCY AMBULANCE SERVICES			5, 105, 38	5, 105, 381	22.00
23.00	CMHC				0 0	23.00
24. 00	CORF					24.10
25.00	AMBULATORY SURGICAL CENTER (D. P. )					25.00
26.00	HOSPI CE					26.00
27.00	NON-REI MBURSABLE		-22, 189, 7	41 16, 970, 463	3 -5, 219, 278	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 t	o Wkst.	231, 365, 4	49 287, 117, 56	7 518, 483, 016	28.00
	G-3, line 1)					
20.00	PART II - OPERATING EXPENSES		1	152 404 74		
29.00 30.00	Operating expenses (per Wkst. A, column 3, line 200) ADD (SPECIFY)			153, 406, 762 0	2	29.00 30.00
30.00	ADD (SFECTIT)			0		30.00
32.00				0		32.00
33.00				0		33.00
34.00				0		34.00
35.00				0		35.00
36.00	Total additions (sum of lines 30-35)			(		36.00
37.00	DEDUCT (SPECIFY)			0		37.00
38.00				0		38.00
39.00				0		39.00
40.00				0		40.00 41.00
41.00 42.00	Total deductions (sum of lines 37-41)			0		41.00
42.00	Total operating expenses (sum of lines 29 and 36 minus line 42)	(transfer		153, 406, 762		42.00
10.00	to Wkst. G-3, line 4)	(		100, 100, 70.		
			•		•	•

Heal th	Financial Systems FRANCISCAN ST MARGAR	ET-HAMMOND	In Lie	u of Form CMS-2	2552-10
	IENT OF REVENUES AND EXPENSES	Provider CCN: 150004	Peri od:	Worksheet G-3	
			From 01/01/2014		
			To 12/31/2014		
				5/27/2015 5:2	9 pili
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line	28)		518, 483, 016	1.00
2.00	Less contractual allowances and discounts on patients' accounts			332, 380, 763	2.00
3.00	Net patient revenues (line 1 minus line 2)			186, 102, 253	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43	3)		153, 406, 762	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-		32, 695, 491	5.00
	OTHER I NCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			0	7.00
8.00	Revenues from telephone and other miscellaneous communication s	servi ces		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			0	14.00
15.00	5 1			0	15.00
	Revenue from sale of medical and surgical supplies to other that	in patients		0	16.00
17.00	Revenue from sale of drugs to other than patients			0	17.00
18.00				0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20.00 21.00	Revenue from gifts, flowers, coffee shops, and canteen Rental of vending machines			0	20. 00 21. 00
21.00	Rental of hospital space			0	21.00
22.00	Governmental appropriations			0	22.00
23.00	PREMI UM REVENUE			8, 684, 865	
24.00	OTHER OPERATING REVENUE			5, 764, 440	24.00
24.01	NET ASSETS RELEASED FROM OPERATIONS			0,704,440	24.02
24.02	NON-OPERATI NG REVENUE			0	24.02
24.04	EQUI TY TRANSFERS			0	24.04
24.05	NET ASSETS RELEASED FROM RESTRICTION			0	24.05
25.00	Total other income (sum of lines 6-24)			14, 449, 305	
26.00	Total (line 5 plus line 25)			47, 144, 796	
27.00	ALLOWANCE FOR DOUBTFUL ACCOUNTS			11, 129, 853	
27.01	NON-OPERATING REVENUE			101, 690	
27.02	EQUI TY TRANSFERS			0	27.02
28.00	Total other expenses (sum of line 27 and subscripts)			11, 231, 543	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			35, 913, 253	29.00
			·		

	Financial Systems IS OF PROVIDER-BASED HOME HEALT		RANCISCAN ST MA	RGARET-HAMMOND		In Lie Period:	u of Form CMS-: Worksheet H	2552-1
ALTS	IS OF PROVIDER-DASED NOME HEALT	H AGENCE CUSIS		HHA CCN:	1	From 01/01/2014 To 12/31/2014		pared
						Home Health	5/27/2015 5:2 PPS	9 pm
		Sal ari es	Employee	Transportati on		Agency I Other Costs	Total (sum of	
		54141163	Benefits	(see	chased	other costs	cols. 1 thru	
		1.00	2.00	instructions) 3.00	Services 4.00	5.00	5) 6.00	
	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	0.00	
00	Capital Related - Bldg. & Fixtures			C		0	0	1. C
00	Capital Related - Movable			C		258	258	2.0
00	Equipment Plant Operation & Maintenance	0	o				0	3.0
00	Transportation	0	0	-			0	
00	Administrative and General	732, 767	0	4, 871	48, 27	7 36, 854	822, 769	5.0
00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	1, 296, 741	0	48, 290		9, 294	1, 354, 325	6.0
00	Physical Therapy	382,000	0	19, 103	54, 540	2, 065	457, 708	7.0
00 00	Occupational Therapy Speech Pathology	122, 161 2, 157	0	6, 330 32		2 421 0 0	128, 912 2, 189	
. 00	Medical Social Services	2, 15,	0	0		0 0	2, 156	
. 00	Home Health Aide	56, 879 0	0	11, 059		0 850 0 94, 229	68, 788	
. 00	Supplies (see instructions) Drugs	0	0			0 94, 229	94, 229 0	
. 00	DME	0	0	C		0 0	0	14. (
. 00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	0	0		0 0	0	15.0
. 00	Respiratory Therapy	0	0	c c		0 0	0	
. 00	Private Duty Nursing	0	0	0		0	0	
. 00 . 00	Clinic Health Promotion Activities	0	0				0	1
. 00	Day Care Program	0	0	C		0 0	0	20.
. 00	Home Delivered Meals Program Homemaker Service	0	0	0			0	21.
. 00	All Others (specify)	0	0	0		0 0	0	
. 00	Total (sum of lines 1-23)	2, 594, 861 Recl assi fi cati	0 Recl assi fi ed	89,685 Adjustments	102,81 Net Expenses	7 143, 971	2, 931, 334	24. (
		on	Trial Balance	Aujustilients	for Allocation	n		
			(col. 6 +		(col. 8 + col. 9)			
		7.00	col . 7) 8. 00	9.00	10.00	-		1
00	GENERAL SERVICE COST CENTERS	0	0	0				1 1.
00	Capital Related - Bldg. & Fixtures	0	-	_		-		
00	Capital Related – Movable Equipment	0	258	C	258	3		2.
00	Plant Operation & Maintenance	0	0	-		D		3.
00 00	Transportation Administrative and General	0	0 822, 769	-	746, 389	9		4.
	HHA REI MBURSABLE SERVI CES							1.
00 00	Skilled Nursing Care Physical Therapy	0	1, 354, 325 457, 708		1, 354, 32 457, 708			6. 7.
00	Occupational Therapy	0	128, 912	0	128, 912	2		8.
00 . 00	Speech Pathology Medical Social Services	0	2, 189 2, 156		2, 18 2, 15			9. 10.
. 00	Home Heal th Aide	0	68, 788		68, 78			11.
. 00	Supplies (see instructions)	-55, 901	38, 328		38, 328			12.
. 00	Drugs DME	0	0					13. 14.
	HHA NONREIMBURSABLE SERVICES			1	· · · · ·	-1		
. 00	Home Dialysis Aide Services Respiratory Therapy	0						15. 16.
. 00	Private Duty Nursing	0	0	0				17.
. 00	Clinic	0	0	0				18.
. 00	Health Promotion Activities Day Care Program	0						19. 20.
0.00	3		0			-		21.
. 00 . 00	Home Delivered Meals Program	0	0	1 0	y (	J		
	Home Delivered Meals Program Homemaker Service All Others (specify)	0	0	0				22. 23.

	Financial Systems		ANCISCAN ST MAR	GARET-HAMMOND		In Lie	u of Form CMS-	2552-10
COST A	ALLOCATION - HHA GENERAL SERVICE	COST		Provi der HHA CCN:	CCN: 150004 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Pre	pared:
						Home Health	5/27/2015 5:2 PPS	9 pili
			Capital Rela	ated Costs		Agency I		
		Net Expenses for Cost Allocation (from Wkst. H,	BI dgs & Fixtures	Movable Equipment	Plant Operation & Maintenance		Subtotal (cols. 0-4)	
		col. 10) 0	1.00	2.00	3.00	4.00	4A. 00	
1.00	GENERAL SERVICE COST CENTERS Capital Related - Bldg. &	0	0				0	1.00
2.00	Fixtures Capital Related - Movable Equipment	258		258			C	
3.00 4.00	Plant Operation & Maintenance Transportation	0 0	0	0 0		0 0	0	4.00
5.00	Administrative and General HHA REIMBURSABLE SERVICES	746, 389	0	258		0 0	746, 647	5.00
6.00	Skilled Nursing Care	1, 354, 325	0	0		0 0		
7.00 8.00	Physical Therapy Occupational Therapy	457, 708 128, 912	0	0		0 0 0 0	457, 708 128, 912	
9.00	Speech Pathol ogy	2, 189	0	0		0 0	2, 189	
10.00 11.00	Medical Social Services Home Health Aide	2, 156 68, 788	0	0		0 0 0 0	2, 156 68, 788	
12.00	Supplies (see instructions)	38, 328	О	0		0 0	38, 328	
13.00 14.00	Drugs DME	0	0	0		0 0	0	
	HHA NONREI MBURSABLE SERVI CES		- 1				-	
15.00 16.00	Home Dialysis Aide Services Respiratory Therapy	0	0	0		0 0		
17.00	Private Duty Nursing	0	0	0		0 0	0	
18.00 19.00	Clinic Health Promotion Activities	0	0	0		0 0 0 0	0	
20.00	Day Care Program	0	0	0		0 0	0	
21.00	Home Delivered Meals Program	0	0	0		0 0	0	
22.00 23.00	Homemaker Service All Others (specify)	0	0	0 0		0 0 0 0	0	
24.00	Total (sum of lines 1-23)	2, 799, 053	0	258		0 0	2, 799, 053	24.00
		Admi ni strati ve & General	4A + 5)					
	GENERAL SERVICE COST CENTERS	5.00	6.00					
1.00	Capital Related - Bldg. &							1.00
2.00	Fixtures Capital Related - Movable							2.00
3.00	Equipment Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
	Administrative and General	746, 647						5.00
5.00		, 10, 017						
6. 00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	492, 693	1, 847, 018					6.00
6.00 7.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy	492, 693 166, 510	624, 218					6. 00 7. 00
6.00 7.00 8.00 9.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	492, 693 166, 510 46, 897 796	624, 218 175, 809 2, 985					6.00 7.00 8.00 9.00
6.00 7.00 8.00 9.00 10.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	492, 693 166, 510 46, 897 796 784	624, 218 175, 809 2, 985 2, 940					6.00 7.00 8.00 9.00 10.00
6.00 7.00 8.00 9.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	492, 693 166, 510 46, 897 796	624, 218 175, 809 2, 985					6.00 7.00 8.00 9.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	492, 693 166, 510 46, 897 784 25, 024 13, 943 0	624, 218 175, 809 2, 985 2, 940 93, 812 52, 271 0					6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00
6.00 7.00 8.00 9.00 10.00 11.00 12.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME HHA NONREIMBURSABLE SERVICES	492, 693 166, 510 46, 897 796 784 25, 024 13, 943	624, 218 175, 809 2, 985 2, 940 93, 812 52, 271					6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	492, 693 166, 510 46, 897 784 25, 024 13, 943 0 0	624, 218 175, 809 2, 985 2, 940 93, 812 52, 271 0 0					6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME HHA NONREIMBURSABLE SERVICES	492, 693 166, 510 46, 897 796 784 25, 024 13, 943 0 0	624, 218 175, 809 2, 985 2, 940 93, 812 52, 271 0 0					6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 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	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	492, 693 166, 510 46, 897 784 25, 024 13, 943 0 0 0	624, 218 175, 809 2, 985 2, 940 93, 812 52, 211 0 0 0					6. 00 7. 00 8. 00 9. 00 11. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00
6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	492, 693 166, 510 46, 897 784 25, 024 13, 943 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	624, 218 175, 809 2, 985 2, 940 93, 812 52, 271 0 0 0 0					6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 15.00 17.00 18.00 19.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program	492, 693 166, 510 46, 897 784 25, 024 13, 943 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	624, 218 175, 809 2, 985 2, 940 93, 812 52, 271 0 0 0 0					6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	492, 693 166, 510 46, 897 796 784 25, 024 13, 943 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	624, 218 175, 809 2, 985 2, 940 93, 812 52, 271 0 0 0 0					6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00

COST AL	LOCATION - HHA STATISTICAL BAS	IS		Provi der	CCN: 150004	Peri od:	Worksheet H-1	
				HHA CCN:	157145		Part II Date/Time Prep 5/27/2015 5:29	pared: 9 pm
						Home Health	PPS	
		Capital Rel	atod Costs			Agency I		
		Capital Kei	aleu costs					
		BI dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Operation & Maintenance	Transportati (MI LEAGE)	onReconciliation	Administrative & General (ACCUM. COST)	
		1.00	0.00	(SQUARE FEET)	4.00	54.00	F 00	
c	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5A. 00	5.00	
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
	Capital Related - Movable Equipment		258			0		2. 00
	Plant Operation & Maintenance	0	0	0		0		3.00
	Transportation (see instructions)	0	0	0		0		4.00
	Administrative and General	0	258	0		0 -746, 647	2, 052, 406	5.00
	HA REIMBURSABLE SERVICES						,	
	Skilled Nursing Care	0	-	0		0 0	1, 354, 325	6.00
	Physical Therapy	0	0	0		0 0	457, 708	
	Occupational Therapy	0	0	0		0 0	128, 912	
	Speech Pathology Medical Social Services	0	0	0		0 0	2, 189	
	Home Health Aide	0	0	0		0 0	2, 156 68, 788	
	Supplies (see instructions)	0	0	0		0 0	38, 328	
	Drugs	0	0	0		0	0	13.00
	DME	0	-	0		0 0	0	14.00
	HA NONREI MBURSABLE SERVI CES	-	-	-	1		-	
15.00 I	Home Dialysis Aide Services	0	0	0		0 0	0	15.00
	Respiratory Therapy	0	0	0		0 0	0	16.00
	Private Duty Nursing	0	0	0		0 0	0	17.00
	Clinic	0	0	0		0 0	0	18.00
	Health Promotion Activities	0	0	0		0 0	0	19.00
	Day Care Program	0	0	0		0 0	0	20.00
	Home Delivered Meals Program	0	0	0		0 0	0	21.00
	Homemaker Service	0	0	0		0 0	0	22.00
	All Others (specify)	0	0	0		0 74( (47	0	23.00
	Total (sum of lines 1-23) Cost To Be Allocated (per	0	258 258	0		0 -746, 647	2,052,406	24.00 25.00
	Worksheet H-1, Part I)	0	258	0		U	746, 647	25.00
	Unit Cost Multiplier	0. 000000	1. 000000	0. 000000	0.0000	00	0. 363791	26.00

LOCATION OF GENERAL SERVICE COSTS TO	) HHA COST CENT	TERS			Period: From 01/01/2014	Worksheet H-2 Part I	
			HHA CCN:	157145	To 12/31/2014	5/27/2015 5:2	pared 9 pm
					Home Health Agency I	PPS	
		CAPITAL REL	ATED COSTS				
Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS	DATA PROCESSI NG	
	0	1.00	2.00	4.00	5. 01	5.02	
<ul> <li>Administrative and General</li> <li>Skilled Nursing Care</li> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Pathology</li> <li>Medical Social Services</li> <li>Home Health Aide</li> <li>Supplies (see instructions)</li> <li>Drugs</li> <li>Home Dialysis Aide Services</li> <li>Respiratory Therapy</li> <li>Health Promotion Activities</li> <li>Day Care Program</li> <li>Home Delivered Meals Program</li> <li>Home Mealers Service</li> <li>All Others (specify)</li> <li>Total (sum of lines 1-19) (2)</li> <li>Unit Cost Multiplier: column 26, line 1, rounded to 6 decimal places.</li> </ul>	0 1, 847, 018 624, 218 175, 809 2, 985 2, 940 93, 812 52, 271 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	32, 462 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 033 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			152, 450 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19.
Cost Center Description	PURCHASI NG RECEI VI NG AND STORES	ADMI TTI NG	Subtotal	OTHER ADMI NI STRATI VI AND GENERAL	MAI NTENANCE & E REPAI RS	OPERATION OF PLANT	
	5.03	5.04	5A. 04	5.05	6.00	7.00	
D0Administrative and GeneralD0Skilled Nursing CareD0Physical TherapyD0Occupational TherapyD0Speech PathologyD0Medical Social ServicesD0Home Health AideD0Supplies (see instructions)D0DrugsD0Home Dialysis Aide Services00Home Dialysis Aide Services00Respiratory Therapy00Private Duty Nursing00Clinic00Health Promotion Activities00Day Care Program00Home Delivered Meals Program00All Others (specify)00Total (sum of Lines 1-19) (2)	3, 607 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10, 119 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	925, 214 1, 847, 018 624, 218 175, 809 2, 985 2, 940 93, 812 52, 271 0 0 0 0 0 0 0 0 0 0 0 0 0	274, 45 92, 75 26, 12 44 13, 94 7, 76	9       0         6       0         5       0         4       0         7       0         0       0         7       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	42, 347 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19.

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS	TO HHA COST CEN	TERS	Provider HHA CCN:	CCN: 150004 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part I Date/Time Pre 5/27/2015 5:2	pared:
Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DI ETARY	CAFETERI A	Home Health Agency I NURSING ADMINISTRATION	PPS CENTRAL SERVI CES & SUPPLY	
	8.00	9.00	10.00	11.00	13.00	14.00	
<ul> <li>.00 Administrative and General</li> <li>2.00 Skilled Nursing Care</li> <li>8.00 Physical Therapy</li> <li>8.00 Occupational Therapy</li> <li>8.00 Speech Pathology</li> <li>9.00 Medical Social Services</li> <li>7.00 Home Health Aide</li> <li>8.00 Supplies (see instructions)</li> <li>9.00 DME</li> <li>1.00 Home Dialysis Aide Services</li> <li>2.00 Respiratory Therapy</li> <li>3.00 Private Duty Nursing</li> <li>4.00 Clinic</li> <li>5.00 Health Promotion Activities</li> <li>6.00 Day Care Program</li> <li>7.00 Home Delivered Meals Program</li> <li>8.00 Homemaker Service</li> <li>9.00 All Others (specify)</li> <li>20.00 Total (sum of lines 1-19) (2)</li> <li>21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.</li> </ul>		20, 872 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		39, 5	79       0         0       0	6, 079 6, 079 6, 079 6, 079	2.0 3.0 4.0 5.0 6.0 7.0 8.0 10.0 11.0 12.0 13.0 14.0 15.0 14.0 15.0 14.0 15.0 14.0 15.0 14.0 14.0 15.0 14.0 14.0 14.0 14.0 14.0 14.0 14.0 14
Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	I NTERNS & RESI DENTS SERVI CES-OTHI PRGM COSTS APPRV	ER PARAMED ED PRGM	PARAMED ED PRGM - LAB	_
	15.00	16.00	17.00	22.00	23.00	23.01	
<ul> <li>Administrative and General</li> <li>Skilled Nursing Care</li> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Pathology</li> <li>Medical Social Services</li> <li>Home Health Aide</li> <li>Supplies (see instructions)</li> <li>Drugs</li> <li>Meme Ealth Saide Services</li> <li>Meme Health Aide</li> <li>Supplies (see instructions)</li> <li>Drugs</li> <li>Meme Health Aide Services</li> <li>Meme Health Aide</li> <li>Respiratory Therapy</li> <li>Of Home Dialysis Aide Services</li> <li>Respiratory Therapy</li> <li>Of Halth Promotion Activities</li> <li>Day Care Program</li> <li>Home Delivered Meals Program</li> <li>Home Delivered Meals Program</li> <li>Homemaker Service</li> <li>All Others (specify)</li> <li>Otal (sum of lines 1-19) (2)</li> <li>Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.</li> </ul>	1, 541 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						2.0         3.0         4.0         5.0         6.0         7.0         8.0         7.0         8.0         10.0         11.0         12.0         14.0         15.0         16.0         17.0         18.0         19.0         19.0

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOC	ATION OF GENERAL SERVICE COSTS 1	O HHA COST CEN	TERS	Provi der HHA CCN:	CCN: 150004 157145	Peri od: From 01/01/2014 To 12/31/2014	Date/Time Pre	pared:
						Home Health Agency I	5/27/2015 5: 2 PPS	9 pm
	Cost Center Description	PARAMED ED PRGM - RADI OLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.02	23.03	23.04	24.00	25.00	26.00	1 00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 15.\ 00\\ 21.\ 00\\ 21.\ 00\\ 21.\ 00\\ \end{array}$	Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to				1, 253, 5         2, 121, 4         716, 9         201, 9         3, 3         107, 7         60, 0         0         0         107, 7         0         0         0         0         107, 7         0 <t< td=""><td>77       0         74       0         34       0         29       0         77       0         52       0         0       0</td><td>2, 121, 477 716, 974 201, 934 3, 429 3, 377 107, 752 60, 038 0 0 0 0</td><td>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</td></t<>	77       0         74       0         34       0         29       0         77       0         52       0         0       0	2, 121, 477 716, 974 201, 934 3, 429 3, 377 107, 752 60, 038 0 0 0 0	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
	6 decimal places. Cost Center Description	Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 20.\ 00\\ 21.\ 00\\ 21.\ 00\\ \end{array}$	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2)	827, 172 279, 551 78, 735 1, 337 42, 013 23, 409 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2, 948, 649 996, 525 280, 669 4, 766 4, 694 149, 765 83, 447 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					1.00 2.00 3.00 4.00 5.00 6.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 15.00 15.00 15.00 15.00 12.00 20.00 21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Health Financial Systems		ANCISCAN ST MA				u of Form CMS-2	
ALLOCATION OF GENERAL SERVICE COSTS T BASIS	O HHA COST CEN	TERS STATISTIC	AL Provider HHA CCN:	CCN: 150004 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Pre 5/27/2015 5:2	pared:
					Home Health Agency I	PPS	•
	CAPI TAL REL	ATED COSTS			Agency		
Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUI P (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATI ON (NUMBER OF PHON)	NS DATA PROCESSING (ALLOC OF T IME)	PURCHASI NG RECEI VI NG AND STORES (COSTED REQUI S.)	
	1.00	2.00	4.00	5.01	5. 02	5. 03	
<ol> <li>1.00 Administrative and General</li> <li>2.00 Skilled Nursing Care</li> <li>3.00 Physical Therapy</li> <li>4.00 Occupational Therapy</li> <li>5.00 Speech Pathology</li> <li>6.00 Medical Social Services</li> <li>7.00 Home Health Aide</li> <li>8.00 Supplies (see instructions)</li> <li>9.00 Drugs</li> <li>10.00 DME</li> <li>11.00 Home Dialysis Aide Services</li> <li>12.00 Respiratory Therapy</li> <li>13.00 Private Duty Nursing</li> <li>14.00 Clinic</li> <li>15.00 Health Promotion Activities</li> <li>16.00 Day Care Program</li> <li>17.00 Home Delivered Meals Program</li> <li>18.00 Home Service</li> <li>19.00 All Others (specify)</li> <li>20.00 Total (sum of lines 1-19)</li> <li>21.00 Total cost to be allocated</li> </ol>	4, 108 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 013 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0         0           0         0	84, 559 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00
22.00 Unit cost multiplier	32, 462 7. 902142	1, 033					
Cost Center Description	ADMI TTI NG (GROSS CHAR GES)	Reconci I i ati on	OTHER ADMI NI STRATI VE AND GENERAL (ACCUM. COST)		& OPERATION OF PLANT ) (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A. 05	5.05	6.00	7.00	8.00	
<ol> <li>Administrative and General</li> <li>O Skilled Nursing Care</li> <li>O Physical Therapy</li> <li>O Occupational Therapy</li> <li>O Speech Pathology</li> <li>O Medical Social Services</li> <li>O Home Health Aide</li> <li>O Supplies (see instructions)</li> <li>O DME</li> <li>O Respiratory Therapy</li> <li>O Respiratory Therapy</li> <li>O Clinic</li> <li>O Haelth Promotion Activities</li> <li>O Day Care Program</li> <li>O Home Delivered Meals Program</li> <li>O Home Delivered Meals Program</li> <li>O Total (sum of lines 1-19)</li> <li>O Total cost to be allocated</li> </ol>	5, 105, 381 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1, 847, 018 624, 218 175, 809 2, 985 2, 940 93, 812 52, 271 0 0	4, 10	0         0           0         0		11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00

Heal th	Financial Systems	FF	RANCISCAN ST MA	RGARET-HAMMOND		In Lie	u of Form CMS-2	2552-10
ALLOCA BASI S	TION OF GENERAL SERVICE COSTS 1	TO HHA COST CEN	TERS STATISTIC	AL Provider HHA CCN:		Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Pre	pared:
						Home Health	5/27/2015 5:2 PPS	9 pm
	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSI NG ADMI NI STRATI O (DI RECT NRS	Agency I CENTRAL N SERVICES & SUPPLY (COSTED	PHARMACY (COSTED REQ UIS)	
		9.00	10.00	11.00	I NG) 13.00	REQUIS.) 14.00	15.00	
1.00 2.00 3.00	Administrative and General Skilled Nursing Care Physical Therapy	4, 108 0 0		77, 554 0 0		0 28,648 0 0 0 0	4, 992 0 0	2.00 3.00
4.00 5.00 6.00 7.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide		0 0 0 0			0 0 0 0 0 0 0 0	0 0 0	
8.00 9.00 10.00 11.00	Supplies (see instructions) Drugs DME Home Dialysis Aide Services		0 0 0 0			0 0 0 0 0 0 0 0	0 0 0 0	8.00 9.00 10.00 11.00
12.00 13.00 14.00 15.00	Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities		0 0 0 0				0 0 0 0	12. 00 13. 00 14. 00 15. 00
16.00 17.00 18.00 19.00	Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	0 0 0 0	0 0 0			0 0 0 0 0 0 0 0	0 0 0	16. 00 17. 00 18. 00 19. 00
20.00 21.00 22.00	Total (sum of lines 1–19) Total cost to be allocated Unit cost multiplier	4, 108 20, 872 5. 080818		77, 554 39, 579 0. 510341 I NTERNS &		0 28, 648 0 6, 079 0 0. 212196	4, 992 1, 541 <u>0. 308694</u>	21.00
	Cost Center Description	MEDI CAL RECORDS & LI BRARY (GROSS CHAR GES)	SOCI AL SERVI CE (GROSS CHAR GES)	RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV (ASSI GNED TI ME)	PRGM (ASSIGNED TIME)	PARAMED ED PRGM - LAB (ASSI GNED TI ME)	PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME)	
1.00	Administrative and General	16.00 5,105,381	17.00 5,105,381	22.00	23.00	23.01 0 0	23.02	1.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	
9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00	Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program							10.00 11.00 12.00 13.00 14.00 15.00 16.00
17.00 18.00 19.00 20.00 21.00 22.00	Homemaker Service All Others (specify)	0 0 5, 105, 381 39, 281 0. 007694	0 0 5, 105, 381 378 0. 000074			0 0 0 0 0 0 0 0 0 0 0 0 0 0.000000	0 0 0 0 0 0.000000	18.00 19.00 20.00 21.00

	Financial Systems	FI	RANCISCAN ST MARGA	REI-HAMMOND		In Lie	u of Form CMS-	2552-10
ALLOC/	ATION OF GENERAL SERVICE COSTS T	O HHA COST CEN	TERS STATISTICAL	Provi der C	CN: 150004	Peri od:	Worksheet H-2	2
BASI S						From 01/01/2014	Part II	
				HHA CCN:	157145	To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
						Home Health	PPS	•
						Agency I		
	Cost Center Description	PARAMED ED	PARAMED ED					
		PRGM - RESP	PRGM-PHARMACY					
		THER	(ASSI GNED					
		(ASSI GNED	TIME)					
		TIME)						
		23.03	23.04					
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathol ogy	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	o					13.00
14.00	Clinic	0	o					14.00
15.00	Health Promotion Activities	0	o					15.00
16.00	Day Care Program	l o	ol					16.00
17.00	Home Delivered Meals Program	l o	o					17.00
18.00		0	0					18.00
	All Others (specify)	l o	o					19.00
	Total (sum of lines 1-19)	l o	o					20.00
	Total cost to be allocated	0	0					21.00
	Unit cost multiplier	0. 000000	0. 000000					22.00

	Financial Systems		RANCISCAN ST MA			In Lie Period:	eu of Form CMS-2	
	ITUNMENT OF PATTENT SERVICE CUST	5		HHA CCN:	CCN: 150004 157145	From 01/01/2014 To 12/31/2014		pared:
				Ti tl	e XVIII	Home Health Agency I	PPS	
	Cost Center Description		Facility Costs		Total HHA	Total Visits	Average Cost	
		H-2, Part I, col. 28, line	(from Wkst. H-2, Part I)	Ancillary Costs (from	Costs (cols. + 2)	1	Per Visit (col. 3 ÷ col.	
		0	1.00	Part II) 2.00	3.00	4.00	4) 5.00	
	PART I - COMPUTATION OF LESSER							
	BENEFICIARY COST LIMITATION Cost Per Visit Computation							-
1.00	Skilled Nursing Care	2.00	2, 948, 649		2, 948, 64	49 14, 152	208.36	1.00
2.00	Physical Therapy	3.00						
3.00	Occupational Therapy	4.00						
4.00	Speech Pathol ogy	5.00		C	4,70			
5.00	Medical Social Services	6.00			4,6			•
6.00	Home Health Aide	7.00			149, 70			
7.00	Total (sum of lines 1-6)		4, 385, 068	0	4,385,00 Program Visi			7.00
						art B		1
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject <sup>.</sup>			
					Deducti bl es Coi nsurance			
	<u> </u>	0	1.00	2.00	3.00	4.00	5.00	
0 00	Limitation Cost Computation	1	23844		10.4			
8.00 9.00	Skilled Nursing Care Physical Therapy		23844 23844					8.00 9.00
10.00	Occupational Therapy		23844					10.00
11.00	Speech Pathol ogy		23844			21		11.00
12.00	Medical Social Services		23844	0		25		12.00
13.00	Home Health Aide		23844	C				13.00
14.00	Total (sum of lines 8-13)			C	17, 8	83		14.00
	Cost Center Description		Facility Costs		Total HHA		Ratio (col. 3	
		Part I, col. 28, line	(from Wkst. H-2, Part I)	Ancillary Costs (from Part II)	Costs (cols. + 2)	1 (from HHA Record)	÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Comput						1	
15.00	Cost of Medical Supplies	8.00		C				
16.00	Cost of Drugs	9.00				0 91, 993	0. 000000	16.00
			Program Visits		Cost of Services			
			Par	tВ		Part B		
	Cost Center Description	Part A	Not Subject to		Part A	Not Subject to		
			Deductibles &			Deductibles &		
		( 00	Coi nsurance	Coi nsurance	0.00	Coi nsurance	Coi nsurance	
	PART I - COMPUTATION OF LESSER	0F ACCRECATE	7.00	8.00			11.00	-
	BENEFICIARY COST LIMITATION	OF AGOREGATE P	AUDIT, A					
1 00	Cost Per Visit Computation	-	10.401		-	0 0 10/ 0/7		1 1 00
1.00	Skilled Nursing Care	0				0 2, 186, 947		1.00
	Physical Therapy	0				0 762, 919		2.00
2.00		0	1, 338 21			0 228, 156 0 2, 634		3.00
2.00 3.00	Occupational Therapy	0				0 4,890		5.00
2.00 3.00 4.00	Speech Pathology	0						•
2.00 3.00 4.00 5.00			25			0 147,080		6.00
2.00 3.00 4.00 5.00 6.00 7.00	Speech Pathology Medical Social Services		25 2, 022					7.00
2.00 3.00 4.00 5.00 6.00	Speech Pathology Medical Social Services Home Health Aide	0	25 2, 022 17, 883		0.00	0 147, 080 0 3, 332, 626		•
2.00 3.00 4.00 5.00 6.00	Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6)	0	25 2, 022		9.00	0 147, 080		•
2.00 3.00 4.00 5.00 6.00	Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description	0	25 2, 022 17, 883		9.00	0 147, 080 0 3, 332, 626		•
2.00 3.00 4.00 5.00 6.00 7.00	Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation	0	25 2, 022 17, 883		9.00	0 147, 080 0 3, 332, 626		7.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation Skilled Nursing Care Physical Therapy Occupational Therapy	0	25 2, 022 17, 883		9.00	0 147, 080 0 3, 332, 626		7.00 8.00 9.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00	Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	0	25 2, 022 17, 883		9.00	0 147, 080 0 3, 332, 626		7.00 8.00 9.00 10.00 11.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	0	25 2, 022 17, 883		9.00	0 147, 080 0 3, 332, 626		7.00 8.00 9.00 10.00 11.00 12.00
2. 00 3. 00 4. 00 5. 00 5. 00 7. 00 3. 00 9. 00 10. 00 11. 00 12. 00 13. 00	Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	0	25 2, 022 17, 883		9.00	0 147, 080 0 3, 332, 626		7.00 8.00 9.00 10.00 11.00

Heal th	Financial Systems	FI	RANCISCAN ST MA	RGARET-HAMMOND	)	In Lie	eu of Form CMS-:	2552-10
APPORT	IONMENT OF PATIENT SERVICE COST	S		Provi der	CCN: 150004	Peri od:	Worksheet H-3	
				HHA CCN:	157145	From 01/01/2014 To 12/31/2014		
				Ti tl	e XVIII	Home Health	PPS	, bu
					-	Agency I		
		Prog	ram Covered Cha	irges	Cost of Services			
			Par	t B	_	Part B		
	Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance		Part A	Not Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computa	ations						
15.00		C				_	_	15.00
16.00	Cost of Drugs	<b>T</b> 1 1 5	0		)	0	0	16.00
	Cost Center Description	Total Program Cost (sum of cols. 9-10) 12.00	-					
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE I	PROGRAM COST, A	GGREGATE OF TH	IE PROGRAM LI	MITATION COST, OF	2	
	Cost Per Visit Computation	1	1					
1.00	Skilled Nursing Care	2, 186, 947						1.00
2.00	Physical Therapy	762, 919						2.00
3.00	Occupational Therapy	228, 156						3.00
4.00 5.00	Speech Pathology Medical Social Services	2, 634 4, 890						4.00 5.00
5.00 6.00	Home Health Aide							6.00
8.00 7.00	Total (sum of lines 1-6)	147,080 3,332,626						7.00
7.00	Cost Center Description	5, 332, 020						7.00
		12.00						1
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathol ogy							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

Health Financial Systems	FF	RANCISCAN ST MA	RGARET-HAMM	ND	In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF PATIENT SERVICE COS	TS		Provi d	er CCN: 150004	Period: From 01/01/2014	Worksheet H-3 Part II	
			ННА СС	N: 157145			
			Т	tle XVIII	Home Health	PPS	
					Agency I		
Cost Center Description	From Wkst. C,	Cost to Charge	Total HHA	HHA Share	d Transfer to		
	Part I, col.	Ratio	Charge (fr	m Ancillary	Part I as		
	9, line		provi der	Costs (col.	1 Indicated		
			records)	x col. 2)			
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COS	T OF HHA SERVIC	CES FURNI SHED B	Y SHARED HO	SPITAL DEPARTM	ENTS		
1.00 Physical Therapy	66.00	0. 640074		0	0 col. 2, line 2	. 00	1.00
2.00 Occupational Therapy	67.00	0. 302921		0	0 col. 2, line 3	. 00	2.00
3.00 Speech Pathology	68.00	0. 519108		0	0 col. 2, line 4	. 00	3.00
4.00 Cost of Medical Supplies	71.00	0. 259178		0	0 col. 2, line 1	5.00	4.00
5.00 Cost of Drugs	73.00	0. 192083		0	0 col. 2, line 1	6.00	5.00
				•			•

ULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider HHA CCN:	CCN: 150004 157145	Period: From 01/01/2014 To 12/31/2014		
				5/27/2015 5:2	
	liti	e XVIII	Home Health Agency I	PPS	
		Part A	Par Not Subject to	t B	
		Part A	Deductibles &	Deductibles &	
		1.00	Coi nsurance 2.00	Coi nsurance 3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOM	ARY CHARGE		2.00	5.00	
Reasonable Cost of Part A & Part B Services		-			1
Reasonable cost of services (see instructions)			0 0		
Total charges			0 0	0	1
Customary Charges		1			
Amount actually collected from patients liable for payment for on a charge basis (from your records)	servi ces		0 0	0	
Amount that would have been realized from patients liable for particular states of the second	avment		0 0	0	4
for services on a charge basis had such payment been made in ac			0 0	0	
with 42 CFR §413.13(b)					
Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000	0. 000000	0.000000	1
Total customary charges (see instructions)			0 0	0	
Excess of total customary charges over total reasonable cost (c	omplete		0 0	0	·
only if line 6 exceeds line 1) Excess of reasonable cost over customary charges (complete only	ifling		0 0	0	
1 exceeds line 6)			0 0	0	
Primary payer amounts			0 1, 855	0	
			Part A	Part B	
			Servi ces	Servi ces	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			1.00	2.00	-
0 Total reasonable cost (see instructions)			0	-1,855	1 1
0 Total PPS Reimbursement - Full Episodes without Outliers			0	2, 615, 795	
0 Total PPS Reimbursement - Full Episodes with Outliers			0	17, 534	
0 Total PPS Reimbursement - LUPA Episodes			0	63, 807	1
0 Total PPS Reimbursement - PEP Episodes			0	16, 726	1
0 Total PPS Outlier Reimbursement - Full Episodes with Outliers			0	0	1
0 Total PPS Outlier Reimbursement - PEP Episodes			0	0	
0 Total Other Payments			0	0	
0 DME Payments			0	0	
0 Oxygen Payments			0	0	
0  Prosthetic and Orthotic Payments 0  Part B deductibles billed to Medicare patients (exclude coinsur	anco)		0	0	
0 Subtotal (sum of lines 10 thru 20 minus line 21)	ance)		0	2, 712, 007	
0 Excess reasonable cost (from line 8)			0	2, 712, 007	
0 Subtotal (line 22 minus line 23)			0	2, 712, 007	
0 Coinsurance billed to program patients (from your records)			-	0	
0 Net cost (line 24 minus line 25)			0	2, 712, 007	2
0 Reimbursable bad debts (from your records)					2
0 Reimbursable bad debts for dual eligible beneficiaries (see ins	tructions)	1			2
0 Total costs - current cost reporting period (line 26 plus line 3	27)		0		
0 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	
0 Pioneer ACO demonstration payment adjustment (see instructions)			0	0	
0 Subtotal (see instructions)			0	2, 712, 007	
1 Sequestration adjustment (see instructions) 0 Interim payments (see instructions)			0	54, 240 2, 657, 767	
0 Tentative settlement (for contractor use only)			0	2,057,707	
0 Balance due provider/program (line 31 minus lines 31.01, 32, and	1 33)		0	0	
			0	0	1 34
0 Protested amounts (nonallowable cost report items) in accordance	e with CMS	S Pub. 15-2	0	0	3

	IS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED T	0 Provi de	r CCN: 150004	Peri od:	Worksheet H-5	
ROGRA	M BENEFICIARIES	HHA CCN	: 157145	From 01/01/201 To 12/31/201		pare 9 pm
				Home Health Agency I	PPS	<u>, bui</u>
		Inpatio	ent Part A		art 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			0 0	2, 657, 767 0	1. 2.
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.
01				0	0	3.
)2				0	0	3.
)3				0	0	3.
4				0	0	3
15				0	0	3
	Provider to Program				-	
0				0	0	3
1				0	0	3
2				0	0	3
3				0	0	3
54				0	0	3
9	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3
0	3.50-3.98)			0	2 (57 7(7	4
0	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)			0	2, 657, 767	4
	TO BE COMPLETED BY CONTRACTOR				•	
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5
	Program to Provider					
1				0	0	5
2				0	0	5
3				0	0	5
	Provider to Program					
0				0	0	5
1				0	0	5
2				0	0	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			0	0	6
)2	SETTLEMENT TO PROGRAM			0	0	6
00	Total Medicare program liability (see instructions)			0	2, 657, 767	7
				Contractor Number	NPR Date (Mo/Day/Yr)	
	—		0	1.00	2.00	F

ALCULATI C	ON OF CAPITAL PAYMENT	Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014		
		Title XVIII	Hospi tal	PPS	
				1.00	
	T I - FULLY PROSPECTIVE METHOD				
	ITAL FEDERAL AMOUNT				
	bital DRG other than outlier			2, 029, 871	1.
	del 4 BPCI Capital DRG other than outlier			0	
	bital DRG outlier payments			59, 538	
	del 4 BPCI Capital DRG outlier payments			0	2.
	tal inpatient days divided by number of days in the cos	t reporting period (see inst	ructions)	79. 58	
	nber of interns & residents (see instructions)			6. 61	4.
	direct medical education percentage (see instructions)		、 、	2. 37 48, 108	
30)	(see instructions)		, part A line	8.43	
	centage of Medicaid patient days to total days (see ins	structions)		21.48	
	n of lines 7 and 8			29. 91	
	owable disproportionate share percentage (see instructi			6. 25	
	sproportionate share adjustment (line 10 times the sum o			126, 867	
2.00  Tot	tal prospective capital payments (sum of lines 1, 1.01,	2, 2.01, 6 and 11)		2, 264, 384	12.
				1.00	
	T II - PAYMENT UNDER REASONABLE COST			0	
	ogram inpatient routine capital cost (see instructions)	- \		0	
	ogram inpatient ancillary capital cost (see instructions	5)		0	
	tal inpatient program capital cost (line 1 plus line 2)			0	3. 4.
	bital cost payment factor (see instructions) tal inpatient program capital cost (line 3 x line 4)			0	
00 1101				0	0.
DAD	T III - COMPUTATION OF EXCEPTION PAYMENTS			1.00	
	ogram inpatient capital costs (see instructions)			0	1.
	ogram inpatient capital costs for extraordinary circums	tances (see instructions)		0	
	program inpatient capital costs (line 1 minus line 2)			0	
	blicable exception percentage (see instructions)			0.00	
· · ·	pital cost for comparison to payments (line 3 x line 4)			0	
	centage adjustment for extraordinary circumstances (see	e instructions)		0.00	
	ustment to capital minimum payment level for extraordin		line 6)	0	
	pital minimum payment level (line 5 plus line 7)	· ·		0	8.
00 Cur	rrent year capital payments (from Part I, line 12, as a	oplicable)		0	9.
	rent year comparison of capital minimum payment level	to capital payments (line 8	less line 9)	0	10.
. 00 Cur	rryover of accumulated capital minimum payment level over rksheet L, Part III, line 14)	er capital payment (from pri	or year	0	11.
.00 Car		navmonts (line 10 plus lin	e 11)	0	12.
.00 Car Wor	comparison of capital minimum payment level to capital	i payments (inne io prus inn		-	13.
.00 Car Wor 2.00 Net			)	0	1 13.
1.00 Car Wor 2.00 Net 3.00 Cur 4.00 Car	comparison of capital minimum payment level to capital rrent year exception payment (if line 12 is positive, er ryover of accumulated capital minimum payment level over	nter the amount on this line		0	
1.00 Car Wor 2.00 Net 3.00 Cur 4.00 Car (if	comparison of capital minimum payment level to capital rrent year exception payment (if line 12 is positive, en ryover of accumulated capital minimum payment level over fline 12 is negative, enter the amount on this line)	nter the amount on this line er capital payment for the f		-	14.
1.00 Car Wor 2.00 Net 3.00 Cur 4.00 Car (if 5.00 Cur	comparison of capital minimum payment level to capital rrent year exception payment (if line 12 is positive, er ryover of accumulated capital minimum payment level over	nter the amount on this line er capital payment for the f instructions)		0	14 15