Health Financial Systems F	RANCI SCAN HEALT	H CROWN POINT		In Lie	eu of Form CMS-	-2552-10
This report is required by law (42 USC 1395g; 42 CF	R 413.20(b)). F	ailure to repo	rt can result			
payments made since the beginning of the cost repor	ting period bei	ng deemed over	payments (42	USC 1395g).	OMB NO. 0938 EXPIRES 05-3	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPO	RT CERTIFICATIO	N Provider CC		Period:	Worksheet S	
AND SETTLEMENT SUMMARY				From 01/01/2016 To 12/31/2016		oporod
				To 12/31/2016	5/30/2017 2:	
PART I – COST REPORT STATUS					373072017 2.5	<u>50 pm</u>
Provider 1. [X] Electronically filed cost rep	ort			Date: 5/30/20	D17 Time:	2:36 pm
use only 2. [] Manually submitted cost repor				5410. 0, 00, 20		2100 pm
3. [0] If this is an amended report 4. [F] Medicare Utilization. Enter "	enter the number	er of times the "L" for low.	e provider res	ubmitted this c	cost report	
	Recei ved:		10. NP	R Date:		
use only (1) As Submitted 7. Contr	actor No.		11. Co	ntractor's Vend	or Code:	4
(2) Settled without Audit 8. [N]	Initial Report	for this Provi	der CCN 12. [
(5) Settled with Addit	Final Report fo	or this provide	ercon	number of ti	mes reopened =	0-9.
(4) Reopened						
(5) Amended						
PART II – CERTIFICATION						
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATI		THIS COST DED				ND
ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UND						
PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY O						
ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MA		A KICKDACK UK	WERE OTHERWI	SE ILLEGAL, CRI	WINAL, CIVIL A	IND .
ADMINISTRATIVE ACTION, TIMES AND/OR TWFRISONWENT WA	I KLJULI.					
CERTIFICATION BY OFFICER OR ADMINIS	STRATOR OF PROV	IDER(S)				
I HEREBY CERTIFY that I have read the above						
electronically filed or manually submitted						
Expenses prepared by FRANCI SCAN HEALTH CROW						
01/01/2016 and ending 12/31/2016 and to the						
correct, complete and prepared from the boo						
instructions, except as noted. I further c						
provision of health care services, and that	the services i	dentified in t	nis cost repo	rt were provide	ain	
compliance with such laws and regulations.						
	(Si gn	·				
		Offi ce	er or Administ	trator of Provid	der(s)	
		Title				
		Date				
		T 1 11				
		Title		-		
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		(1 540	11 01	4 EE 070		1 00
1.00 Hospital	0	-61, 548	11, 214			0 1.00
2.00 Subprovider - IPF	0	0	(5		2.00
3.00 Subprovider - IRF	0	24, 947				3.00
5.00 Swing bed - SNF	0	0	(כ		5.00
6.00 Swing bed - NF	0	o.,	44 64			6.00
200. 00 Total	0	-36, 601	11, 21			200.00
The above amounts represent "due to" or "due from"						
According to the Paperwork Reduction Act of 1995, n	o persons are r	equired to res	pond to a col	lection of info	rmation unless	; i t

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.

Heal th	Financial Systems	FRANCI SCAN HEAL	TH CROWN	POI NT		1	n Lieu	ı of For	m CMS-2	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA	Provi	der CCN:	15-0126	Period: From 01/01/	/2016	Workshe Part I	et S-2	
						To 12/31/	/2016	Date/Ti 5/30/20		
	1.00	2.00		3.00			4.00			
1.00	Hospital and Hospital Health Care Co Street: 1201 SOUTH MAIN STREET	PO Box:								1.00
2.00	City: CROWN POINT	State: IN		de: 46307			2		(5	2.00
		Component Name	CCN Number	CBSA Numbe		Date Certified		ent Syst , 0, or		
							V	XVIII	XIX	
	Hospital and Hospital-Based Componen	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00	Hospi tal	FRANCI SCAN HEALTH CROW	N 150126	23844	4 1	12/31/1973	N	Р	0	3.00
4.00	Subprovider - IPF	POI NT								4.00
5.00	Subprovi der – IRF	FRANCI SCAN HEALTH CROW	N 15T126	23844	4 5	06/30/1985	N	Р	Т	5.00
6 00	Subprovider (Other)	POI NT REHAB								6 00
6.00 7.00	Subprovider - (Other) Swing Beds - SNF									6.00 7.00
8.00	Swing Beds - NF									8.00
9.00 10.00	Hospi tal -Based SNF Hospi tal -Based NF									9.00 10.00
11.00	Hospi tal -Based OLTC									11.00
12.00 13.00	Hospital-Based HHA Separately Certified ASC									12.00 13.00
14.00	Hospi tal -Based Hospi ce									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16. 00 17. 00	Hospital-Based Health Clinic - FQHC Hospital-Based (CMHC) I									16.00 17.00
18.00	Renal Dialysis									18.00
19.00	Other					From:		To		19.00
	1					1.00		2.0	00	
20. 00 21. 00	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions)					01/01/2	016	12/31/	/2016	20.00 21.00
21.00	Inpatient PPS Information									21.00
22.00	Does this facility qualify and is it share hospital adjustment, in accord							N		22.00
	for yes or "N" for no. Is this facil	ity subject to 42 CFR S	Section §4							
22. 01	amendment hospital?) In column 2, en Did this hospital receive interim un			nie cost	reporting	N		N		22. 01
22.01	period? Enter in column 1, "Y" for y					IN		IN IN		22.01
	reporting period occurring prior to for no for the portion of the cost r			5						
	(see instructions)	eporting period occurri	ng on or	arter of	CLUDEI I.					
22. 02	Is this a newly merged hospital that determined at cost report settlement					N		N		22.02
	or "N" for no, for the portion of th					5				
	in column 2, "Y" for yes or "N" for	no, for the portion of	the cost	reportir	ng period o	n				
22. 03	or after October 1. Did this hospital receive a geograph	ic reclassification fro	om urban t	o rural	as a resul	t N		N		22.03
	of the OMB standards for delineating									
	in column 1, "Y" for yes or "N" for prior to October 1. Enter in column	2, "Y" for yes or "N" 1	For no for	the port	g period rtion of th	e				
	cost reporting period occurring on o	r after October 1. (see	e instruct	ions) Do	oes this					
	hospital contain at least 100 but no 42 CFR 412.105)? Enter in column 3,			i in acco	ordance wit	n				
23.00	Which method is used to determine Me	dicaid days on lines 24	l and/or 2				2	Ν		23.00
	1, enter 1 if date of admission, 2 i method of identifying the days in th									
	used in the prior cost reporting per	iod? In column 2, ente	er "Y" for	yes or	"N" for no					
		I n-St Medio		State i cai d	Out-of State		Medica IMO da		ther li cai d	
		pai d	days eli	gible l	Medi cai d	Medi cai d		- I	lays	
				paid p ays	baid days	el i gi bl e unpai d				
	1	1. (0 2	. 00	3.00	4.00	5.00		. 00	
24.00	If this provider is an IPPS hospital in-state Medicaid paid days in colum		5, 076	0	52	0		0	0	24.00
	Medicaid eligible unpaid days in col	umn 2,								
	out-of-state Medicaid paid days in c out-of-state Medicaid eligible unpai									
	4, Medicaid HMO paid and eligible bu	t unpaid days in								
25.00	column 5, and other Medicaid days in If this provider is an IRF, enter th		0	68	0	o		0		25.00
∠0. UU	Medicaid paid days in column 1, the			08	U					20.00
	Medicaid eligible unpaid days in col									
	out-of-state Medicaid days in column Medicaid eligible unpaid days in col									
	HMO paid and eligible but unpaid day	s in column 5.								

	Financial Systems FRANCISCAN AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DAT		H CROWN POINT Provider CC	N: 15-0126	Pe	riod:	Lieu	u of Fori Workshe		
					Fr To	om 01/01/2 12/31/2		Part I Date/Ti	me Pre	pared:
						Urban/Rur	al S	5/30/20 Date of		4 pm
<u> </u>		<u> </u>				1.00	4	2.0		0/ 00
26.00	Enter your standard geographic classification (not wag cost reporting period. Enter "1" for urban or "2" for	rural.					1			26.00
27.00	Enter your standard geographic classification (not wag reporting period. Enter in column 1, "1" for urban or	ge) sta "2" fo	atus at the end or rural If an	of the co plicable	ost		1			27.00
	enter the effective date of the geographic reclassific	cati on	in column 2.				-			
35.00	If this is a sole community hospital (SCH), enter the effect in the cost reporting period.	number	r of periods SC	H status i	in		0			35.00
					-	Begi nni r 1. 00	g:	Endi 1 2. 0	0	
36.00	Enter applicable beginning and ending dates of SCH sta		Subscript line	36 for nur	mber	1.00		2.0	0	36.00
37.00	of periods in excess of one and enter subsequent dates If this is a Medicare dependent hospital (MDH), enter		umber of period	s MDH stat	tus		0			37.00
37. 01	is in effect in the cost reporting period. Is this hospital a former MDH that is eligible for the	- MDU +	rancitional na	wmont in						37.01
37.01	accordance with FY 2016 OPPS final rule? Enter "Y" for									37.01
38.00	instructions) If line 37 is 1, enter the beginning and ending dates	of MDH	l status. If li	ne 37 is						38.00
	greater than 1, subscript this line for the number of enter subsequent dates.									
						Y/N		Y/I		
39.00	Does this facility qualify for the inpatient hospital	pavmer	nt adiustment f	or low vol	lume	1.00 N		2.0 N	0	39.00
	hospitals in accordance with 42 CFR §412.101(b)(2)(ii) or "N" for no. Does the facility meet the mileage requ	? Ente	er in column 1	"Y" for ye	es					
	CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes o	or "N"	for no. (see i	nstructior	ns)					
40.00	Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octobe					N		Y		40.00
	no in column 2, for discharges on or after October 1.						V	XVIII	VIV	
							1.00	_	XI X 3.00	
45.00	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital payment	for c	li sproporti onat	e share in	n acco	ordance	N	Y	N	45.00
	with 42 CFR Section §412.320? (see instructions)									
46.00	Is this facility eligible for additional payment excep pursuant to 42 CFR §412.348(f)? If yes, complete Wkst.						Ν	N	N	46.00
47 00	Pt. III. Is this a new hospital under 42 CFR §412.300 PPS capit	al? F	nter "Y for ve	s or "N" 1	for n	h	N	N	Ν	47.00
48.00	Is the facility electing full federal capital payment?						N	N	N	48.00
56.00	Teaching Hospitals Is this a hospital involved in training residents in a	approve	ed GME programs	? Enter '	"Y" fo	or yes	Y			56.00
57 00	or "N" for no. If line 56 is yes, is this the first cost reporting pe		lucing which co	cidonte ir	2 200	roved	N			57.00
57.00	GME programs trained at this facility? Enter "Y" for	yes or	- "N" for no in	column 1.	. If o	column 1				37.00
	is "Y" did residents start training in the first month for yes or "N" for no in column 2. If column 2 is "Y"			51						
58 00	"N", complete Wkst. D, Parts III & IV and D-2, Pt. II, If line 56 is yes, did this facility elect cost reimbu			ns' sarvi	- <u>-</u>	-	N			58.00
	defined in CMS Pub. 15-1, chapter 21, §2148? If yes, c	complet	te Wkst. D-5.		ces a:	5				
	Are costs claimed on line 100 of Worksheet A? If yes, Are you claiming nursing school and/or allied health c				the		N Y			59.00 60.00
	provider-operated criteria under §413.85? Enter "Y" f	For yes	s or "N" for no IME	. (see ins Direct (tions) IME		Direct	GME	
61.00	Did your hospital receive FTE slots under ACA	1.00 N	2.00	3.00		4.00	0.00	5.0		61.00
	section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)									
61. 01	Enter the average number of unweighted primary care		0.00		0. 00					61.01
	FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see									
61 02	instructions) Enter the current year total unweighted primary care		0.00		0.00					61.02
01.02	FTE count (excluding OB/GYN, general surgery FTEs,		0.00		0.00					01.02
	and primary care FTEs added under section 5503 of ACA). (see instructions)									
61. 03	Enter the base line FTE count for primary care		0.00		0. 00					61.03
	and/or general surgery residents, which is used for determining compliance with the 75% test. (see									
	instructions) Enter the number of unweighted primary care/or		0.00		0.00					61.04
61. 04			0.00							
61. 04	surgery allopathic and/or osteopathic FTEs in the		I							
	current cost reporting period. (see instructions). Enter the difference between the baseline primary		0.00		0. 00					61.05
	current cost reporting period. (see instructions).		0. 00		0.00					61.05

	AL AND HOSPITAL HEALTH CARE COMPI	LEX IDENTIFICATION DA	ATA	Provider CC		eriod: com 01/01/2016	Worksheet S-2 Part I	
					Tc			
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
ı	Enter the amount of ACA §5503 aw used for cap relief and/or FTEs care or general surgery. (see in	that are nonprimary		0.00				61. (
			Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
10				1.00	2.00	3.00	4.00	
1 	Of the FTEs in line 61.05, speci specialty, if any, and the numbe for each new program. (see instr column 1, the program name, ente program code, enter in column 3, unweighted count and enter in co FTE unweighted count.	r of FTE residents uctions) Enter in r in column 2, the the IME FTE				0.00	0.00	61.
I. 20 (Of the FTEs in line 61.05, speci program specialty, if any, and t residents for each expanded prog instructions) Enter in column 1, enter in column 2, the program c 3, the IME FTE unweighted count 4, direct GME FTE unweighted cou	he number of FTE ram. (see the program name, ode, enter in column and enter in column				0.00	0.00	61.
							1.00	
	ACA Provisions Affecting the Hea							10
	Enter the number of FTE resident your hospital received HRSA PCRE			in this cost	reporting peri	od for which	0.00	62.
C	Enter the number of FTE resident during in this cost reporting pe Teaching Hospitals that Claim Re	riod of HRSA THC prog	gram. (s	see instruction		your hospital	0.00	62.
3. OO 🛛	Has your facility trained reside "Y" for yes or "N" for no in col	nts in nonprovider se	ettings	during this co		eriod? Enter	N	63.
					Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
					Si te 1.00	2.00	3.00	-
	Section 5504 of the ACA Base Yea period that begins on or after J				This base year	is your cost r	reporting	
. 00 	Enter in column 1, if line 63 is in the base year period, the num resident FTEs attributable to ro settings. Enter in column 2 the resident FTEs that trained in yo of (column 1 divided by (column	yes, or your facili ber of unweighted nor tations occurring in number of unweighted ur hospital. Enter in	ty trair n-primar all nor d non-pr n columr	ned residents ry care nprovider rimary care n 3 the ratio	0.00	0.00	0. 000000	64.
		Program Name		ogram Code	Unwei ghted FTEs	Unweighted FTEs in	Ratio (col. 3/ (col. 3 + col.	
					Nonprovi der	Hospi tal	(01. 3 + 01. 4))	
		1.00		2.00	Si te 3. 00	4.00	5.00	-
 	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care				0.00			65.

Heal th Financial	Systems	FRANCI SCA	AN HEALTH C	ROWN POINT		١n	Li e	u of For	m CMS-2	552-10
HOSPI TAL AND HOS	PITAL HEALTH CARE COMPI	LEX IDENTIFICATION DA	ATA	Provider CC	F	Period: From 01/01/2 To 12/31/2		Workshe Part I Date/Ti 5/30/20	me Prep	pared:
					Unweighted	Unweight		Ratio (c	ol. 1/	
					FTEs Nonprovider	FTEs ir Hospita		(col. 1 2))		
					Si te	0.00				
Section 55	504 of the ACA Current	Year FTE Residents i	n Nonprovi	der Settings	1.00 sEffective f	2.00 for cost rep	orti	3.0 ng perio		
begi nni ng	on or after July 1, 20	10	•					<u> </u>	000000	() 00
	column 1 the number of butable to rotations o				0.0	0	0.00	0.	000000	66.00
	column 2 the number of trained in your hospit									
	divided by (column 1 +									
		Program Name	Progr	am Code	Unwei ghted FTEs	Unweight FTEsir		Ratio (c (col. 3		
					Nonprovi der	Hospi ta		(001. 3		
		1.00	2	. 00	Si te 3. 00	4.00		5.0	0	
	column 1, the program	1.00	2	. 00	0.0		0.00		000000	67.00
	ciated with each of ary care programs in									
whi ch you	trained residents.									
	column 2, the program er in column 3, the									
number of	unweighted primary									
	residents attributable ons occurring in all									
non-provi d	der settings. Enter in									
	the number of d primary care									
resident f	FTEs that trained in ital. Enter in column									
5, the rat	tio of (column 3									
	y (column 3 + column instructions)									
4)). (300										
I npati ent	Psychiatric Facility P	PS					1.00	0 2.00	3.00	
	acility an Inpatient Ps for yes or "N" for no		IPF), or do	bes it conta	in an IPF sub	provi der?	Ν			70.00
71.00 If line 70	Dyes: Column 1: Did th	e facility have an a					Ν	N	0	71.00
	st report filed on or b 2.424(d)(1)(iii)(c)) Co									
program in	n accordance with 42 CF	R 412.424 (d)(1)(iii))(D)? Enter	⁻ "Y" for ye	es or "N" for	no.				
Column 3: (see instr	lf column 2 is Y, indi ructions)	cate which program ye	ear began d	during this	cost reportin	g period.				
I npati ent	Rehabilitation Facilit		(1.55)				.,			75 00
subprovi de	acility an Inpatient Re er? Enter "Y" for yes	and "N" for no.					Y			75.00
	5 yes: Column 1: Did th st reporting period end						Ν		0	76.00
no. Col umr	n 2: Did this facility	train residents in a	new teachi	ng program	in accordance	with 42				
	24 (d)(1)(iii)(D)? Ente which program year bega					ı				
								1.0	0	
Long Term	Care Hospital PPS		6							00.00
	long term care hospita LTCH co-located within					period? En	ter	N N		80. 00 81. 00
"Y" for ye TEFRA Prov	es and "N" for no.									
85.00 Is this a	new hospital under 42						no.	N		85.00
	facility establish a ne)(1)(ii)? Enter "Y" fo			unit) under	42 CFR Sectio	n				86.00
87.00 Is this ho	ospital a "subclause (l r "N" for no.			on 1886(d)(1)(B)(iv)(II)	? Enter "Y"		N		87.00
	N TOT HO.					V		XIX		
Title V ar	nd XIX Services					1.00		2.0	0	
90.00 Does this	facility have title V ' for no in the applica		hospital s	servi ces? En	iter "Y" for	N		Y		90.00
91.00 Is this ho	ospital reimbursed for	title V and/or XIX th			either in	N		N		91.00
	n part? Enter "Y" for y XIX NF patients occupy				on)? (see			N		92.00
instructio	ons) Enter "Y" for yes facility operate an IC	or "N" for no in the	appl i cabl e	e column.	<i>,</i> ,	N		N		93.00
"Y" for ye	es or "N" for no in the	applicable column.								
94.00 Does title applicable	e V or XIX reduce capit e column.	al cost? Enter "Y" fo	or yes, and	d "N" for no	in the	N		N		94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	CROWN POINT Provider CC		Period: From 01/01/ To 12/31/	2016	i of Form Workshee Part I Date/Tin 5/30/20	et S-2 me Pre	pared:
			V		XI X		-
95.00 If line 94 is "Y", enter the reduction percentage in the appl	icable columr	۱.	1.00 0.00		2.0 0.0		95.00
96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes applicable column.			N		Ν		96.00
97.00 If line 96 is "Y", enter the reduction percentage in the appl Rural Providers	icable columr	1.	0.00		0.0	0	97.00
105.00 Does this hospital qualify as a critical access hospital (CAH 106.00 If this facility qualifies as a CAH, has it elected the all-i for outpatient services? (see instructions)		nod of paymen	t N				105. 00 106. 00
107.00 If this facility qualifies as a CAH, is it eligible for cost training programs? Enter "Y" for yes or "N" for no in column yes, the GME elimination is not made on Wkst. B, Pt. I, col. reimbursed. If yes complete Wkst. D-2, Pt. II.	1. (see instr 25 and the pr	ructions) lf rogram is cos					107.00
108.00 Is this a rural hospital qualifying for an exception to the C CFR Section §412.113(c). Enter "Y" for yes or "N" for no.							108.00
	Physi cal 1.00	Occupationa 2.00	Speec 3.00		Respi ra 4. 0		_
109.00 f 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.							109.00
110 00 Did this been tal porticipate in the Dural Community Happital	Demonstrati	n project (1	104 Dama)fa	-	1.0 N	0	110.00
110.00 Did this hospital participate in the Rural Community Hospital the current cost reporting period? Enter "Y" for yes or "N" f		on project (4	TUA Demo) FO				110.00
				1.00	2.00	3.00	-
Miscellaneous Cost Reporting Information 115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or is yes, enter the method used (A, B, or E only) in column 2. 3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers Dub 15.1 ebester 22 82020.1	lf column 2 i for long ter	s "E", enter rm care (incl	in column udes	N		0	115.00
Pub.15-1, chapter 22, §2208.1. 116.00 s this facility classified as a referral center? Enter "Y" f 117.00 s this facility legally-required to carry malpractice insura no.			"N" for	N Y			116. 00 117. 00
118.00 Is the malpractice insurance a claims-made or occurrence poli claim-made. Enter 2 if the policy is occurrence.	cy? Enter 1 i	f the policy	is	2			118.00
		Premiums	Losse	s	Insura	ance	
					moure		
		1.00	2.00	1	3.0	0	-
118.01List amounts of malpractice premiums and paid losses:		1. 00 701, 5	2.00	0, 701			0118.01
		701, 5	2.00 91 79 	0, 701		C	_
118.02 Are malpractice premiums and paid losses reported in a cost c Administrative and General? If yes, submit supporting schedu and amounts contained therein.		701,5 [,] than the	2.00	0, 701	3.0	C	118. 02
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	X IDENTIFICATION DATA	Provider CCN:	15-0126		1/01/2016 2/31/2016	Worksheet S- Part I Date/Time Pr 5/30/2017 2:	epared:
					1.00	2.00	_
33.00 If this is a Medicare certified o			tion date	2			133.00
in column 1 and termination date, 34.00 If this is an organ procurement of and termination date, if applicabl	rganization (OPO), enter th		column 1				134. 00
All Providers							_
40.00 Are there any related organization chapter 10? Enter "Y" for yes or "	'N" for no in column 1. If	yes, and home off	fice cost	s	Y		140. 0
are claimed, enter in column 2 the 1.00					3.00		
If this facility is part of a cha			143 the	name and	address	of the	
home office and enter the home of 41.00 Name: FRANCI SCAN ALLI ANCE	Contractor's Name: WIS		Contrac	tor's Nur	mber: 0800	1	141. 0
42.00 Street: 1717 W BROADWAY	PO Box:						142.0
43.00 City: MADISON	State:		Zip Coc	e:	5371	3-1834	143.0
						1.00	-
44.00 Are provider based physicians' cos	sts included in Worksheet A	?				Y	144.0
					1.00	2,00	-
45.00 If costs for renal services are cl	aimed on Wkst. A. line 74.	are the costs fo	or		1. UU Y	2.00	145.0
inpatient services only? Enter "Y no, does the dialysis facility in period? Enter "Y" for yes or "N"	' for yes or "N" for no in clude Medicare utilization	column 1. If colu	umn 1 is				
46.00 Has the cost allocation methodolog Enter "Y" for yes or "N" for no in yes, enter the approval date (mm/or head to the approval date (mm/or head to thead to	gy changed from the previou n column 1. (See CMS Pub. 1			f	N		146. (
							_
47.00Was there a change in the statisti	cal basis? Enter "Y" for v	es or "N" for no.				1.00 N	147.0
48.00Was there a change in the order o	f allocation? Enter "Y" for	yes or "N" for r	no.			1.00 N N	
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 48.00 Was there a change in the order of 49.00 Was there a change to the simplified or charges? Enter "Y" for yes or 55.00 Hospital 50.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC Multicampus 65.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 66.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in	f allocation? Enter "Y" for ed cost finding method? En ider that qualifies for an "N" for no for each compone ampus hospital that has one Name	yes or "N" for r iter "Y" for yes of Part A 1.00 exemption from t n N N N N N N N N N O N N N N N	no. pr "N" fc Part B 2.00 he applid d Part B N N N N N S in diff	Cation of (See 42	3.00 The Lowe CFR §413 N N N N N SAs? CBSA	N N N Title XIX 4.00 r of costs .13) N N N N N N N N N N N N TI.00 TI.00	148. (149. (149. (155. (156. (157. (158. (159. (160. (161. (165. (165. (165. (
 48.00 Was there a change in the order of 49.00 Was there a change to the simplified or charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC Multicampus 65.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 66.00 If line 165 is yes, for each campus enter the name in column 	f allocation? Enter "Y" for ed cost finding method? En ider that qualifies for an "N" for no for each compone ampus hospital that has one Name	yes or "N" for r iter "Y" for yes of Part A 1.00 exemption from t n N N N N N N N N N O N N N N N	no. pr "N" fc Part B 2.00 he applid d Part B N N N N N S in diff	Cation of (See 42	3.00 The Lowe CFR §413 N N N N N SAs? CBSA	N N N Title XIX 4.00 r of costs .13) N N N N N N N N N N N N TI.00 TI.00	148. C 149. C 155. C 156. C 157. C 158. C 159. C 160. C 161. C 165. C
<pre>48.00 Was there a change in the order of 49.00 Was there a change to the simplific Does this facility contain a prov or charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC Multicampus 65.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no. 66.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in</pre>	f allocation? Enter "Y" for ed cost finding method? En ider that qualifies for an "N" for no for each compone ampus hospital that has one Name	yes or "N" for r iter "Y" for yes of Part A 1.00 exemption from t n N N N N N N N N N O N N N N N	no. pr "N" fc Part B 2.00 he applid d Part B N N N N N S in diff	Cation of (See 42	3.00 The Lowe CFR §413 N N N N N SAs? CBSA	N N Title XIX 4.00 r of costs .13) N N N N N N N N N N N N N S T.00 FTE/Campus 5.00 O.C	148. C 149. C 155. C 156. C 157. C 158. C 159. C 160. C 161. C
 48.00 Was there a change in the order of 49.00 Was there a change to the simplified or charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 50.00 HOME HEALTH AGENCY 61.00 CMHC Multicampus 65.00 If fline 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	f allocation? Enter "Y" for ed cost finding method? En ider that qualifies for an "N" for no for each compone ampus hospital that has one Name 0	yes or "N" for r iter "Y" for yes of Part A 1.00 exemption from t exemption from t N N N N N N N N N N N N N	no. pr "N" fc Part B 2.00 he applid d Part B N N N N N N State 2 2.00	Ti (See 42 See 42 Serent CB Serent CB Serent CB	3.00 The Lowe CFR §413 N N N N N SAs? CBSA	N N N Title XIX 4.00 r of costs .13) N N N N N N N N N N N N TI.00 TI.00	148. C 149. C 155. C 156. C 157. C 158. C 159. C 160. C 161. C 165. C
 48.00 Was there a change in the order of 49.00 Was there a change to the simplified provides this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 50.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC Multicampus 65.00 If line 165 is yes, for each campus enter the name in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 	f allocation? Enter "Y" for ed cost finding method? En ider that qualifies for an "N" for no for each compone ampus hospital that has one Name 0 1) incentive in the America r under \$1886(n)? Enter "Y 05 is "Y") and is a meaning	ryes or "N" for r iter "Y" for yes of Part A 1.00 exemption from tl ent for Part A and N N N N N N N N N N N N N	no. pr "N" fc Part B 2.00 he applid A Part B N N N N N N N N N N S in diff State 2 2.00 einvestm for no.	Ti (See 42 (See 42) (See 42) (3.00 The Lowe CFR §413 N N N N SAS? CBSA 4.00	N N Title XIX 4.00 r of costs .13) N N N N N N N N N N N N N S T.00 FTE/Campus 5.00 O.C	148. C 149. C 155. C 156. C 157. C 158. C 159. C 160. C 161. C 165. C

Health Financial Systems	FRANCI SCAN HEALTH	CROWN POINT	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTI	FICATION DATA		Period: From 01/01/2016	Worksheet S-2 Part I	
				Date/Time Pre 5/30/2017 2:3	
			Begi nni ng	Endi ng	
			1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR beginnin period respectively (mm/dd/yyyy)	g date and ending dat	te for the reporting	01/01/2016	03/30/2016	170.00
			1.00	2.00	
171.00 If line 167 is "Y", does this provider ha section 1876 Medicare cost plans reported "Y" for yes and "N" for no in column 1. I 1876 Medicare days in column 2. (see inst	on Wkst. S-3, Pt. I, fcolumn 1 is yes, er	line 2, col. 6? Enter	n	0	171.00

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	Financial Systems FRANCISCAN HEALT	Provider C	CN: 15-0126	Period: From 01/01/2016 To 12/31/2016	5/30/2017 2:	2 epared:
				Y/N	Date	
	General Instruction: Enter Y for all YES responses. Enter N	for all NO re	sponsos Ent	1.00	2.00	
	mm/dd/yyyy format.	TOT ALL NO LE	sponses. Ento	er all dates in t	ne	
	COMPLETED BY ALL HOSPITALS					_
	Provider Organization and Operation					
. 00	Has the provider changed ownership immediately prior to the	beginning of	the cost	N		1.0
	reporting period? If yes, enter the date of the change in c	olumn 2. (see	instructions)		
			Y/N	Date	V/I	
			1.00	2.00	3.00	
. 00	Has the provider terminated participation in the Medicare P yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.	5	N			2.0
. 00	Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home o or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members o of directors through ownership, control, or family and othe relationships? (see instructions)	ffices, drug er or its f the board	N			3. 0
			Y/N	Туре	Date	
			1.00	2.00	3.00	
	Financial Data and Reports					
. 00	Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" f or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	or Compiled,	Y	A	05/03/2017	4.0
. 00	Are the cost report total expenses and total revenues diffe		N			5. C
	those on the filed financial statements? If yes, submit rec	onciliation.				
				Y/N 1.00	Legal Oper. 2.00	
	Approved Educational Activities			1.00	2.00	
. 00	Column 1: Are costs claimed for nursing school? Column 2: the legal operator of the program?	lfyes, is th	ne provider i	s Y	Y	6.0
. 00	Are costs claimed for Allied Health Programs? If "Y" see in			Y		7.0
. 00	Were nursing school and/or allied health programs approved cost reporting period? If yes, see instructions.	and/or renewed	a during the	N		8.0
. 00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction		cal education	Y		9.0
0. 00	Was an approved Intern and Resident GME program initiated o		the current	Y		10.0
1. 00	cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	Ν		11. (
					Y/N 1.00	
	Bad Debts				1.00	
	Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection p			ost reporting	Y N	12. (13. (
4. 00	period? If yes, submit copy. If line 12 is yes, were patient deductibles and/or co-payme Bed Complement	nts waived? If	fyes, see in	structions.	N	14. (
5.00	Did total beds available change from the prior cost reporti	<u>v</u> 1		tructions.	Y + D	15.0
		Par Y/N	rt A Date	Par Y/N	t B Date	
		1.00	2.00	3.00	4.00	
	PS&R Data	1.00	2.00	5.00	, .00	
6. 00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see	Ν		N		16.0
7. 00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date	Y	04/04/2017	Y	04/04/2017	17.0
3. 00	in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	Ν		Ν		18. (
9. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	Ν		N		19. (

Health Financial Systems

In Lieu of Form CMS-2552-10

	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0126	Peri od:	Worksheet S-2	2002 10
				From 01/01/2016 To 12/31/2016		pared:
		, I		N/ /11	5/30/2017 2:3	4 pm
			ption)	Y/N 1.00	Y/N 3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R			N	3.00	20.00
	Report data for Other? Describe the other adjustments:					
		Y/N	Date	Y/N	Date	
21 00	Was the cost report prepared only using the provider's	1.00 N	2.00	3.00 N	4.00	21.00
21.00	records? If yes, see instructions.	i v		IN		21.00
	CONDUCTED BY COST DELMBURGED AND TEEDA HOSDITALS ONLY (EVO				1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC Capital Related Cost	EPT CHILDRENS H	USPITALS)			+
22.00	Have assets been relifed for Medicare purposes? If yes, see	e instructions			N	22.00
	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.		als made duri	ng the cost	N	23.00
24.00	Were new leases and/or amendments to existing leases enterous leases and/or amendments to existing leases enterous lf yes, see instructions	ed into during	this cost rep	orting period?	Ν	24.00
25.00	Have there been new capitalized leases entered into during instructions.	the cost repor	ting period?	lfyes, see	Ν	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during th	he cost reporti	ng period? If	yes, see	Ν	26.00
27.00	instructions. Has the provider's capitalization policy changed during the	e cost reportin	g period?lf	yes, submit	Ν	27.00
	copy. Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit en period? If yes, see instructions.	ntered into dur	ing the cost	reporting	N	28.00
29.00	Did the provider have a funded depreciation account and/or treated as a funded depreciation account? If yes, see inst		bt Service Re	serve Fund)	Ν	29.00
30.00	Has existing debt been replaced prior to its scheduled mate		debt? If yes,	see	Ν	30.00
31.00	instructions. Has debt been recalled before scheduled maturity without is	ssuance of new	debt? If yes,	see	Ν	31.00
	i nstructi ons. Purchased Servi ces					
32.00	Have changes or new agreements occurred in patient care set arrangements with suppliers of services? If yes, see instru		d through con	tractual	Ν	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 ap no, see instructions.		g to competit	ive bidding? If	Ν	33.00
	Provi der-Based Physi ci ans					
34.00	Are services furnished at the provider facility under an an If yes, see instructions.	rrangement with	provi der-bas	ed physi ci ans?	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended exi		ts with the p	rovi der-based	Ν	35.00
	physicians during the cost reporting period? If yes, see in	nstructions.	-	Y/N	Date	
				1.00	2.00	
	Home Office Costs					
	Were home office costs claimed on the cost report?			Y		36.00
	If line 36 is yes, has a home office cost statement been pulf yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home of the provider? If yes, enter in column 2 the fiscal year end			N		38.00
39.00	If line 36 is yes, did the provider render services to othe see instructions.	er chain compon	ents? If yes,	N		39.00
40.00	If line 36 is yes, did the provider render services to the instructions.	home office?	lfyes, see	Ν		40.00
		1.	00	2	00	-
	Cost Report Preparer Contact Information					
	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	MATTHEW		DEETS		41.00
42.00	respectively. Enter the employer/company name of the cost report	FRANCI SCAN ALL	I ANCE			42.00
	preparer. Enter the telephone number and email address of the cost	219-932-2300 E		MATTHEW. DEETS@	FRANCISCANALL	43.00
+5.00	report preparer in columns 1 and 2, respectively.	L		ANCE. ORG	I TO INCI JOANALLI	+5.00

Heal th	Financial Systems FRANCISCAN HE	ALTH CROWN POINT	In Lie	u of Form CMS-:	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0126	Period: From 01/01/2016	Worksheet S-2 Part II	
			To 12/31/2016		
		3.00			
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position	SR. ANALYST			41.00
	held by the cost report preparer in columns 1, 2, and 3,				
	respecti vel y.				
42.00	Enter the employer/company name of the cost report				42.00
	preparer.				
43.00	Enter the telephone number and email address of the cost				43.00
	report preparer in columns 1 and 2, respectively.				

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HOSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC		Period: From 01/01/2016 To 12/31/2016			ared:
						5/30/2017 2:	34	
						Visits / Trip		
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V		
		Line Number		Avai I abl e				
1 00		1.00	2.00	3.00	4.00	5.00	_	1 00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and	30.00	161	58, 92	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 I PF Subprovi der							3.00
4.00	HMO IRF Subprovider							4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						ol	5.00
6.00	Hospital Adults & Peds. Swing Bed NF						0	6.00
7.00	Total Adults and Peds. (exclude observation		161	58, 92	0.00		0	7.00
	beds) (see instructions)							
8.00	INTENSIVE CARE UNIT	31.00	22	8, 05	0.00		0	8.00
9.00	CORONARY CARE UNIT							9.00
10.00	BURN INTENSIVE CARE UNIT							10.00
11.00	SURGICAL INTENSIVE CARE UNIT							11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	12	4, 39	0.00			12.00
13.00	NURSERY	43.00						13.00
14.00	Total (see instructions)		195	71, 37	0.00			14.00
15.00	CAH visits							15.00
16.00	SUBPROVIDER - IPF	11.00	10					16.00
17.00	SUBPROVIDER - IRF	41.00	10	3, 66	0			17.00
18.00	SUBPROVIDER							18.00
19.00 20.00	SKILLED NURSING FACILITY							19.00 20.00
20.00	NURSING FACILITY OTHER LONG TERM CARE							20.00
21.00	HOME HEALTH AGENCY							21.00
22.00	AMBULATORY SURGICAL CENTER (D. P.)							22.00
23.00	HOSPICE							24.00
24.10	HOSPICE (non-distinct part)	30, 00						24.10
25.00	CMHC - CMHC	30.00						25.00
26.00	RURAL HEALTH CLINIC							26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00						26.25
27.00	Total (sum of lines 14-26)	0.00	205					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)		13	4, 75	8			32.00
32.01	Total ancillary labor & delivery room							32. 01
	outpatient days (see instructions)							
33.00	LTCH non-covered days							33.00

IOSPI 1	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider C		Period: From 01/01/20 To 12/31/20		epared:
		I/P Days	/ O/P Visits	/ Trips	Full Time	e Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interr & Residents		
		6.00	7.00	8.00	9.00	10.00	
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15, 278	2, 027	26, 46			1.00
. 00	HMO and other (see instructions)	3, 397	0				2.00
. 00	HMO I PF Subprovider	0	0				3.00
. 00	HMO IRF Subprovider	41	0				4.00
. 00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.00
. 00	Hospital Adults & Peds. Swing Bed NF		0		0		6.00
. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	15, 278	2, 027	26, 46	1		7.00
. 00	INTENSIVE CARE UNIT	1, 697	279	3, 34	9		8.00
. 00	CORONARY CARE UNI T						9.00
0.00	BURN INTENSIVE CARE UNIT						10.00
1.00	SURGI CAL I NTENSI VE CARE UNI T						11.00
2.00	NEONATAL INTENSIVE CARE UNIT	0	1, 282	3, 14	1		12.00
3.00	NURSERY		883	2, 55	2		13.00
4.00	Total (see instructions)	16, 975	4, 471	35, 50		58 949.79	14.00
5.00	CAH visits	0	0		0		15.00
6.00	SUBPROVIDER - IPF						16.00
7.00	SUBPROVIDER - IRF	942	68	1, 34	6 0.	10.66	17.00
8.00	SUBPROVI DER						18.00
9.00	SKILLED NURSING FACILITY						19.0
0.00	NURSING FACILITY						20.0
1.00	OTHER LONG TERM CARE						21.0
2.00	HOME HEALTH AGENCY						22.0
3.00	AMBULATORY SURGICAL CENTER (D. P.)						23.0
4.00	HOSPI CE						24.0
4.10	HOSPICE (non-distinct part)	0	0		0		24.1
5.00	CMHC - CMHC						25.0
6.00	RURAL HEALTH CLINIC						26.0
6. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0.0.	0.00	26.2
7.00	Total (sum of lines 14-26)				1.	58 960.45	27.0
8.00	Observation Bed Days		718	3, 08	1		28.0
9.00	Ambul ance Trips	0					29.0
0.00	Employee discount days (see instruction)				0		30.0
1.00	Employee discount days - IRF				0		31.0
2.00	Labor & delivery days (see instructions)	0	883	3, 71	3		32.0
2.01	Total ancillary labor & delivery room	Ŭ	000	3,71	0		32.0
	outpatient days (see instructions)				-		02.0
2 00	LTCH non-covered days	0			1		33.0

	Financial Systems Fi AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider C	CN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part I Date/Time Pre 5/30/2017 2:3	pared:
		Full Time Equivalents		Di s	charges		
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)		0	3, 4	23 1, 585	8, 157	1.00
2.00 3.00 4.00	HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider			5	88 0 0		2.00 3.00 4.00
4.00 5.00 6.00 7.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions)				0		4.00 5.00 6.00 7.00
8.00 9.00 10.00 11.00	INTEŃSÌVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						8.00 9.00 10.00 11.00
12.00 13.00 14.00	NEONATAL INTENSIVE CARE UNIT NURSERY Total (see instructions)	0. 00	0	3, 4	23 1, 585	8, 157	12.00 13.00 14.00
15.00 16.00 17.00	CAH visits SUBPROVIDER - IPF SUBPROVIDER - IRF	0. 00	0		67 12	101	15.00 16.00 17.00
18.00 19.00 20.00 21.00 22.00 23.00 24.00 24.10 25.00	SUBPROVIDER SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC	0.00					18.00 19.00 20.00 21.00 22.00 23.00 24.00 24.10 25.00
26.00 26.25 27.00 28.00 29.00 30.00 31.00 32.00 32.01	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) LTCH non-covered days	0. 00 0. 00					26. 00 26. 25 27. 00 28. 00 30. 00 31. 00 32. 00 32. 01 33. 00

PI T	Financial Systems AL WAGE INDEX INFORMATION			Provider CC		eriod: rom 01/01/2016	Worksheet S-3 Part II	
					T			epare
		Worksheet A Line Number		Reclassificati on of Salaries (from	Adj usted Sal ari es (col . 2 ± col .		Average Hourly Wage (col. 4 ÷ col. 5)	
	-	1.00	2.00	Worksheet A-6) 3.00	3)	col. 4 5.00	6.00	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	0.00	
)	SALARIES Total salaries (see	200.00	62, 168, 119	o	62, 168, 119	1, 975, 365. 00	31.47	1.
	instructions)	200.00						
)	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2
)	Non-physician anesthetist Part		0	О	0	0.00	0.00) 3
)	Þ Physician-Part A -		0	О	0	0.00	0.00	
1	Administrative Physicians – Part A – Teaching		0	0	0	0.00	0.00	
)	Physician and Non		0	0	0	0.00		
)	Physician-Part B Non-physician-Part B for		0	О	0	0.00	0.00	
	hospital-based RHC and FQHC services							
)	Interns & residents (in an	21.00	0	8, 576	8, 576	184.23	46. 55	5 7
1	approved program) Contracted interns and		0	151, 040	151, 040	3, 245. 00	46. 55	5 7
	residents (in an approved		Ū	,	,	0,210.00		
)	programs) Home office and/or related		0	о	0	0.00	0.00) 8
)	organization personnel SNF	44.00	0	0	0	0.00	0.00) (
	Excluded area salaries (see	44.00	2, 324, 541	26, 890	2, 351, 431	78, 711. 96		
	instructions) OTHER WAGES & RELATED COSTS							
	Contract Labor: Direct Patient		1, 555, 713	0	1, 555, 713	26, 184. 00	59. 41	11
00	Care Contract Labor: Top Level		0	О	0	0.00	0.00	12
	management and other management and administrative							
	services							
00	Contract Labor: Physician-Part A - Administrative		789, 904	0	789, 904	4, 817. 75	163.96	1:
00	Home office and/or related orgainzation salaries and		0	0	0	0.00	0.00	14
	wage-related costs							
	Home office salaries Related organization salaries		10, 643, 465 0	0	10, 643, 465 0	335, 969. 42 0. 00		
	Home office: Physician Part A		0	0	0	0.00		
00	- Administrative Home office and Contract		0	О	0	0.00	0.00	10
	Physicians Part A - Teaching WAGE-RELATED COSTS			<u> </u>				
	Wage-related costs (core) (see		14, 141, 322	0	14, 141, 322			1
00	instructions) Wage-related costs (other)		0	О	0			18
00	(see instructions) Excluded areas		566, 132	0	566, 132			10
00	Non-physician anesthetist Part		0	0	000, 132			20
00	A Non-physician anesthetist Part		0	о	0			2
	B Physician Part A -		0		- ^			22
	Admi ni strati ve		0	0	0			
	Physician Part A - Teaching Physician Part B		0	0	0			22
00	Wage-related costs (RHC/FQHC)		0	0	0			24
JU	Interns & residents (in an approved program)		0	0	0			25
	Home office wage-related Related orgainzation		0	0	0			25
	wage-rel ated		0	0	0			
52	Home office: Physician Part A - Administrative -		0	0	0			25
	wage-rel ated		~		0			
აკ	Home office & Contract Physicians Part A - Teaching -		0	0	0			25
	wage-related OVERHEAD COSTS - DIRECT SALARIE	S						
	Employee Benefits Department	4.00	952, 906	0	952, 906	28, 503. 37	33. 43	26

Heal th	Financial Systems	FF	RANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider C		Period: From 01/01/2016 Fo 12/31/2016		
		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	
28.00	Administrative & General under contract (see inst.)		177, 114	0	177, 114	4 3, 896. 27	45.46	28.00
29.00	Maintenance & Repairs	6.00	1, 029, 421	0	1, 029, 42	1 34, 010. 00	30. 27	29.00
30.00	Operation of Plant	7.00	1, 211, 658	-26, 890	1, 184, 768	43, 702. 75	27.11	30.00
31.00	Laundry & Linen Service	8.00	0	0 0	(0.00	0.00	31.00
32.00	Housekeepi ng	9.00	1, 493, 970	0 0	1, 493, 970	0 108, 930. 68	13. 71	32.00
33.00	Housekeeping under contract (see instructions)		C	0	(0.00	0.00	33.00
34.00	Dietary	10. 00	1, 382, 598	-913, 459	469, 139	27, 793. 73	16. 88	34.00
35.00	Dietary under contract (see instructions)		(0	(0.00	0.00	35.00
36.00	Cafeteri a	11.00	(913, 459	913, 459	9 54, 116. 53	16. 88	36.00
37.00	Maintenance of Personnel	12.00	(0		0.00	0. 00	37.00
38.00	Nursing Administration	13.00	1, 802, 807	0	1, 802, 80	7 43, 065. 54	41.86	38.00
39.00	Central Services and Supply	14.00	313, 507	0	313, 50	7 20, 825. 57	15.05	39.00
40.00	Pharmacy	15.00	2, 291, 526	0	2, 291, 520	60, 716. 42	37.74	40.00
41.00	Medi cal Records & Medi cal Records Li brary	16.00	533, 593		533, 593	3 14, 764. 80	36. 14	41.00
42.00	Social Service	17.00	1, 857, 834	0	1, 857, 834	4 54, 519. 66	34.08	42.00
43.00	Other General Service	18.00	(0	(0.00		43.00

Heal th	Financial Systems	FI	RANCI SCAN HEAL	TH CROWN POINT		In Lie	eu of Form CMS-2	2552-10
HOSPI 1	AL WAGE INDEX INFORMATION			Provider CC		Period: From 01/01/2016 To 12/31/2016		
		Worksheet A		Recl assi fi cati			Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.		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		62, 345, 233	-159, 616	62, 185, 61	7 1, 975, 832. 04	31.47	1.00
	instructions)							
2.00	Excluded area salaries (see instructions)		2, 324, 541	26, 890	2, 351, 43	1 78, 711. 96	29. 87	2.00
3.00	Subtotal salaries (line 1		60, 020, 692	-186, 506	59, 834, 18	6 1, 897, 120. 08	31. 54	3.00
	minus line 2)							
4.00	Subtotal other wages & related costs (see inst.)		12, 989, 082	0	12, 989, 08	2 366, 971. 17	35.40	4.00
5.00	Subtotal wage-related costs (see inst.)		14, 141, 322	0	14, 141, 32	2 0.00	23. 63	5.00
6.00	Total (sum of lines 3 thru 5)		87, 151, 096	- 186, 506	86, 964, 59	2, 264, 091. 25	38, 41	6.00
7.00	Total overhead cost (see		16, 857, 763					
	i nstructi ons)		,,		, 022, 27		27.20	

Heal th	Financial Systems FRANCI SCAN HEALTH	CROWN POINT	In Lie	u of Form CMS-2	2552-10
	AL WAGE RELATED COSTS	Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Pre 5/30/2017 2:3	pared:
				Amount	
			-	Reported 1.00	
	PART IV - WAGE RELATED COSTS		I	1.00	
	Part A - Core List				
	RETI REMENT COST				
1.00	401K Employer Contributions			475, 850	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00	
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3, 363, 956	4.00		
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0	
6.00	Legal/Accounting/Management Fees-Pension Plan			0	6.00
7.00	Employee Managed Care Program Administration Fees			0	7.00
	HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			5, 760, 647	8.00
8.01	Health Insurance (Self Funded without a Third Party Administr			0	
8.02	Health Insurance (Self Funded with a Third Party Administrate	or)		0	
8.03	Heal th Insurance (Purchased)			0	
9.00	Prescription Drug Plan			0	
10.00 11.00	Dental, Hearing and Vision Plan Life Insurance (If employee is owner or beneficiary)			640, 963	
12.00	Accident Insurance (If employee is owner or beneficiary)			28, 026 0	
12.00	Disability Insurance (If employee is owner or beneficiary)			487, 744	
14.00		.0			14.00
15.00	Workers' Compensation Insurance	y)		-329, 585	
16.00	Retirement Health Care Cost (Only current year, not the extra	aordi parvi accruali requi re	d by FASB 106	327, 303	
10.00	Non cumulative portion)		ou by 11100 100.	0	10.00
	TAXES		I		
17.00	FICA-Employers Portion Only			4, 269, 542	17.00
18.00	Medicare Taxes - Employers Portion Only			0	18.00
19.00	Unemployment Insurance			10, 512	19.00
20.00	State or Federal Unemployment Taxes			0	20.00
	OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Finstructions))	Reported on lines 1 throu	ugh 4 above. (see	0	21.00
22.00	Day Care Cost and Allowances			0	22.00
	Tuition Reimbursement			-201	
24.00	Total Wage Related cost (Sum of lines 1 -23)			14, 707, 454	24.00
	Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0	25.00

Heal th	Financial Systems	FRANCISCAN HEALTH CROW	N POINT	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST	Pro	vider CCN: 15-0126	Period: From 01/01/2016	Worksheet S-3 Part V	
				To 12/31/2016	5/30/2017 2:3	
	Cost Center Description			Contract Labor	Benefit Cost	
				1.00	2.00	
	PART V - Contract Labor and Benefit Cost					
	Hospital and Hospital-Based Component Iden					
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					3.00
4.00	Subprovider - IRF			0	0	4.00
5.00	Subprovider - (Other)			0	0	5.00
6.00	Swing Beds - SNF			0	0	6.00
7.00	Swing Beds - NF			0	0	7.00
8.00	Hospital-Based SNF					8.00
9.00	Hospital-Based NF					9.00
10.00	Hospital-Based OLTC					10.00
11.00	Hospital-Based HHA					11.00
12.00	Separately Certified ASC					12.00
13.00	Hospital-Based Hospice					13.00
14.00	Hospital-Based Health Clinic RHC					14.00
15.00	Hospital-Based Health Clinic FQHC					15.00
16.00	Hospital-Based-CMHC					16.00
	Renal Dialysis			0	0	17.00
18.00	Other			0	0	18.00

Heal th	Financial Systems FRANCI SCAN HEALTH	CROWN POINT		In Lie	u of Form CMS-2	2552-10		
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CO	CN: 15-0126	Peri od:	Worksheet S-1	0		
				From 01/01/2016		norod.		
				To 12/31/2016	Date/Time Pre 5/30/2017 2:3			
					1.00			
	Uncompensated and indigent care cost computation							
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 c	divided by li	ne 202 columr	8)	0. 282527	1.00		
2.00	Medicaid (see instructions for each line) Net revenue from Medicaid				10, 791, 161	2.00		
2.00	Did you receive DSH or supplemental payments from Medicaid?				N 10, 791, 181	3.00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplement	tal navments	from Medicaid	2	N	4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments fr		in mean care		0			
6.00	Medicaid charges 63, 260, 870							
7.00	J. J							
8.00	Difference between net revenue and costs for Medicaid program	n (line 7 min	us sum of lir	es 2 and 5; if	7, 081, 743			
	< zero then enter zero)	-						
	Children's Health Insurance Program (CHIP) (see instructions	for each line	e)					
9.00	Net revenue from stand-alone CHIP				0			
10.00	Stand-alone CHIP charges				0	10.00		
11.00	Stand-alone CHIP cost (line 1 times line 10)			c	0	11.00		
12.00	Difference between net revenue and costs for stand-alone CHIF	o (line 11 mi	nus line 9; i	f < zero then	0	12.00		
	enter zero) Other state or local government indigent care program (see ir	structions f	or each line)					
13.00	Net revenue from state or local indigent care program (Net in				0	13.00		
14.00								
11.00	00 Charges for patients covered under state or local indigent care program (Not included in lines 6 or 0 10)							
15.00	State or local indigent care program cost (line 1 times line	14)			0	15.00		
16.00	Difference between net revenue and costs for state or local i	ndigent care	program (lir	e 15 minus line	0	16.00		
	13; if < zero then enter zero)							
47 00	Uncompensated care (see instructions for each line)	<u> </u>				1 4 7 4 4		
17.00	Private grants, donations, or endowment income restricted to	0	2		0			
18.00	Government grants, appropriations or transfers for support of				0	18.00		
19.00	Total unreimbursed cost for Medicaid, CHIP and state and loc 8, 12 and 16)	cal indigent	care programs	(sum of lines	7, 081, 743	19.00		
			Uni nsured	Insured	Total (col. 1			
			patients	patients	+ col. 2)			
			1.00	2.00	3.00			
20.00	Charity care charges for the entire facility (see instruction	ıs)	2, 068, 20	16, 184, 000	18, 252, 200	20.00		
21.00	Cost of patients approved for charity care (line 1 times line	e 20)	584, 32					
22.00	Partial payment by patients approved for charity care		60, 80					
23.00	Cost of charity care (line 21 minus line 22)		523, 52	3, 063, 817	3, 587, 339	23.00		
					1.00			
24.00	Does the amount in line 20 column 2 include charges for patie	nt dava hava	nd a langth a	f otov limit	1.00	24.00		
24.00	imposed on patients covered by Medicaid or other indigent car		nd a rength c	i stay i mit		24.00		
25.00	If line 24 is "yes," charges for patient days beyond an indi		oaram's Lenat	h of stav limit	0	25.00		
26.00	Total bad debt expense for the entire hospital complex (see i				4, 227, 347			
27.00	Medicare bad debts for the entire hospital complex (see instr				369, 100			
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (s line 27)		3, 858, 247			
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt e	•		28)	1, 090, 059			
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				4, 677, 398	30.00		
31.00	Total unreimbursed and uncompensated care cost (line 19 plus	line 30)			11, 759, 141	31.00		

				T	rom 01/01/2016 o 12/31/2016	Date/Time Pre	
	Cost Center Description	Sal ari es	Other		Recl assi fi cati		4 pm
				+ col. 2)	ons (See A-6)	Trial Balance (col. 3 +-	
		1.00	2.00	3.00	4.00	col. 4) 5.00	
	SENERAL SERVICE COST CENTERS	1 1	14 242 400	14 242 400	F 4(4 001	10 700 / 00	1,
	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP		16, 262, 689 0				
	00400 EMPLOYEE BENEFITS DEPARTMENT	952, 906	15, 519, 934				
	00500 ADMI NI STRATI VE & GENERAL	3, 810, 829	36, 127, 478		573, 510	40, 511, 817	5
	00600 MAINTENANCE & REPAIRS	1,029,421	1, 131, 877				
	00700 OPERATION OF PLANT 00701 OPERATION OF PLANT - FP	1, 211, 658 0	3, 338, 729 762, 368				
	00800 LAUNDRY & LINEN SERVICE	0	564,057				
	DO900 HOUSEKEEPI NG	1, 397, 074	339, 964				
	01851 ENVIRONMENTAL SERVICES - FP	96, 896	24, 112			,	
	01000 DI ETARY 01100 CAFETERI A	1, 382, 598	1, 051, 680 0	2, 434, 278 0			
	01300 NURSI NG ADMI NI STRATI ON	1, 802, 807	279, 086	-			
	01400 CENTRAL SERVICES & SUPPLY	313, 507	1, 461, 324				
	01500 PHARMACY	2, 291, 526	5, 506, 222				
	01600 MEDICAL RECORDS & LIBRARY	533, 593	2, 393, 615				
	01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRV	1, 857, 834 0	420, 877 0	2, 278, 711 0			
	2200 I & SERVICES-OTHER PRGM COSTS APPRV	0	0				
	D2300 PARAMED ED PRGM-(SPECIFY)	149, 280	108, 394	257, 674			
	2301 ECHOCARDIOLOGY EDUCATION PROGRAM	54, 092	7, 907	61, 999	0	61, 999	23
	NPATIENT ROUTINE SERVICE COST CENTERS	17.000.504		00 505 407		10.110.1/0	
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	17, 922, 581 2, 968, 664	2, 602, 556 415, 081	20, 525, 137 3, 383, 745			
	22060 NEONATAL INTENSIVE CARE UNIT	2, 487, 593	673, 381	3, 160, 974			
	04100 SUBPROVIDER - IRF	1, 144, 985	536, 075				
	04300 NURSERY	0	0	0	1, 248, 281	1, 248, 281	43
	NCI LLARY SERVICE COST CENTERS	4 420 010	10 004 100	1/ 7/5 100	0.044.004	(000 774	
	05000 OPERATING ROOM 05100 RECOVERY ROOM	4, 430, 910 1, 334, 328	12, 334, 190 128, 741	16, 765, 100 1, 463, 069		6, 920, 774 1, 424, 208	
	D5200 DELIVERY ROOM & LABOR ROOM	134, 570	13, 763				
	05300 ANESTHESI OLOGY	0	1, 552, 441	1, 552, 441			
	05400 RADI OLOGY-DI AGNOSTI C	4, 091, 808	4, 287, 472				
	05401 RADI OLOGY - I -65	391, 385	318, 209				
	05402 RADI OLOGY DI AGNOSTI C – SJ 05403 LOWELL RADI OLOGY	45, 722 50, 725	-24, 347 13, 567				
	05500 RADI OLOGY-THERAPEUTI C	0	13, 307	04,272			
	05501 CARDI AC CATHERI ZATON LAB	824, 228	3, 687, 864	4, 512, 092	-1, 840, 929	2, 671, 163	
	03140 CARDI OLOGY	440, 323	287, 433				
	03450 NEURO-DI AGNOSTI CS	247, 106	147, 574				
	06000 LABORATORY 06001 BLOOD LABORATORY	0	7, 977, 141 0	7, 977, 141	-9, 938		
	06500 RESPI RATORY THERAPY	1, 117, 328	278, 151	1, 395, 479	-		
	06600 PHYSI CAL THERAPY	521, 230	24, 705	545, 935			
	06601 PHYSI CAL THERAPY I -65	400, 408	13, 029				
	06602 PHYSICAL THERAPY ST JOHN	100, 974	1, 243				
	06700 OCCUPATI ONAL THERAPY 06701 OCCUPATI ON THERAPY I -65	203, 756 76, 357	258 44, 671	204, 014 121, 028			
	06702 OCCUPATIONAL THERAPY ST. JOHN	38, 712	-540				
00 0	06800 SPEECH PATHOLOGY	113, 195	1, 549	114, 744	-165	114, 579	68
	06801 SPEECH PATHOLOGY I -65	142, 616	5, 326				
	06802 SPEECH THERAPY ST. JOHN	34,830	31 19 079	34, 861		,	
	06900 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	381, 376	18, 078 0	399, 454 0	-233 2, 630, 658		
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	9, 997, 681	9, 997, 681	
00 0	07300 DRUGS CHARGED TO PATIENTS	0	0	0	4, 486, 670	4, 486, 670	73
	07400 RENAL DI ALYSI S	0	386, 795				
	03020 RADIATION ONCOLOGY DUTPATIENT SERVICE COST CENTERS	479, 211	545, 844	1, 025, 055	-5, 963	1, 019, 092	76
	09000 CLINIC	397, 728	88, 718	486, 446	-148	486, 298	90
01 0	09001 DIABETES CLINIC	71, 762	2, 832	74, 594			
	09002 OUTPATIENT CLINICS	0	3, 039				
	09003 OCCUPATIONAL MEDICINE CLINIC	434, 573	265, 945	700, 518			
	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	3, 690 3, 275, 240	0 2, 532, 099	3, 690 5, 807, 339		3, 690 5, 672, 060	
	09101 EMERGENCY ROOM PHYSICANS	3, 275, 240	2, 332, 099 N	5,807,339		5, 672, 060	
	09102 EXPRESS CARE	0	0	3	0		
00 0	09200 OBSERVATION BEDS (NON-DISTINCT PART						92
S	PECIAL PURPOSE COST CENTERS						
			8, 742, 901	8, 742, 901	-2, 913, 162	5, 829, 739	

Health Financial Systems F	RANCI SCAN HEALT	H CROWN POINT		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES			eriod:	Worksheet A	
				rom 01/01/2016 o 12/31/2016	Date/Time Pre 5/30/2017 2:3	
Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	Recl assi fi ed	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	711, 527	26, 182	737, 709	27, 215	764, 924	192.00
194. 00 07950 FHC	0	0	C	0 0	0	194.00
194.0207952 OTHER NON REIMB - BUILDINGS	0	428, 244	428, 244	0	428, 244	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	220, 809	-77, 018	143, 791	0	143, 791	194.03
194.0407954 CENTER OF HOPE	43, 848	0	43, 848	0	43, 848	194.04
200.00 TOTAL (SUM OF LINES 118-199)	62, 168, 119	133, 583, 536	195, 751, 655	0	195, 751, 655	200. 00

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LOLADOTI TOATTON AND	ADJUSTMENTS OF TRIAL BALANCE	SI ENIENSES	Provider CCN: 1	From 01/0	Worksheet A 01/2016 01/2016 Date/Time Prepare
				10 12/3	5/30/2017 2:34 pr
Cost Cer	ter Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	CE COST CENTERS COSTS-BLDG & FIXT	2, 383, 031	13, 181, 719		1
	COSTS-BEDG & FIXT COSTS-MVBLE EQUIP	2, 383, 031			2
	BENEFITS DEPARTMENT	925, 255			4
	RATIVE & GENERAL	-4, 238, 032			5
00 00600 MAI NTEN/		0	2, 161, 273		6
00 00700 OPERATI (N OF PLANT	-111, 026	4, 411, 731		7
	N OF PLANT - FP	0	762, 368		7
	& LINEN SERVICE	0	564,057		8
00 00900 HOUSEKEE		0	1, 737, 038		9
01 01851 ENVI ROM 00 01000 DI ETARY	ENTAL SERVICES - FP	-12, 538 -146, 918			9
. 00 01100 DIETART	Δ	-848,079			11
. 00 01300 NURSI NG		-16, 934			13
. 00 01400 CENTRAL		-271, 132			14
. 00 01500 PHARMAC		-247, 629			15
. 00 01600 MEDI CAL	RECORDS & LI BRARY	-359, 192	2, 568, 016		16
. 00 01700 SOCIAL S		-350, 500			17
	ICES-SALARY & FRINGES APPRV	0	8, 576		21
	I CES-OTHER PRGM COSTS APPRV	0	193, 267		22
. 00 02300 PARAMED	ED PRGM-(SPECIFY) IOLOGY EDUCATION PROGRAM	0	254, 082 61, 999		23
	TINE SERVICE COST CENTERS	0	01, 999		23
0. 00 03000 ADULTS 8		-4, 484, 135	14, 628, 033		30
.00 03100 INTENSI		-22, 404	3, 293, 722		31
	INTENSIVE CARE UNIT	-626, 315	2, 485, 202		35
. 00 04100 SUBPROVI	DER – IRF	0	1, 663, 173		41
. 00 04300 NURSERY		0	1, 248, 281		43
	I CE COST CENTERS	740 755	(000 010		
0.00 05000 OPERATI 1		-718, 755			50
. 00 05100 RECOVER 2. 00 05200 DELIVER	ROOM & LABOR ROOM	-1	1, 424, 208 148, 296		51
3. 00 05300 ANESTHES		-1, 200, 000			53
. 00 05400 RADI OLO		-164, 185	8, 035, 629		54
. 01 05401 RADI OLO		0	709, 549		54
. 02 05402 RADI OLO		25, 086	46, 461		54
.03 05403 LOWELL F	ADI OLOGY	-1, 419	62, 873		54
5. 00 05500 RADI OLO		0	0		55
. 01 05501 CARDI AC		-8, 179			55
02 03140 CARDI OL		-3, 908	592, 629		55
. 03 03450 NEURO-DI		0	394, 678		55
0. 00 06000 LABORAT(0. 01 06001 BLOOD LA		-49, 476			60 60
. 00 06500 RESPI RA		-9, 568			65
. 00 06600 PHYSI CAI		1	525, 973		66
. 01 06601 PHYSI CAI		0	408, 062		66
. 02 06602 PHYSI CAI		0	101, 818		66
. 00 06700 0CCUPATI		0	203, 770		67
. 01 06701 0CCUPATI		0	120, 071		67
	ONAL THERAPY ST. JOHN	0	38, 100		67
. 00 06800 SPEECH F		0	114, 579		68
. 01 06801 SPEECH F . 02 06802 SPEECH			147, 942 34, 861		68 68
02 06802 SPEECH		-4, 045	395, 176		69
	SUPPLIES CHARGED TO PATIENT	0	2, 630, 658		71
	V. CHARGED TO PATIENTS	0	9, 997, 681		72
. 00 07300 DRUGS CH		0	4, 486, 670		73
. 00 07400 RENAL DI		0	386, 795		74
. 00 03020 RADI ATI (-215, 757	803, 335		76
	RVICE COST CENTERS	00.000	457.440		
. 00 09000 CLINIC		-28, 838	457, 460		90
. 01 09001 DI ABETES . 02 09002 OUTPATI I			74, 594 2, 696		90 90
	ONAL MEDICINE CLINIC	-279, 780			90
	OGY CLINIC-FRANCISCAN POINT	2,7,700 N	3, 690		90
. 00 09100 EMERGEN		-1, 452, 801	4, 219, 259		91
. 01 09101 EMERGEN		0	0		91
. 02 09102 EXPRESS	CARE	0	0		91
	ION BEDS (NON-DISTINCT PART				92
	SE COST CENTERS				
3. 00 11300 I NTERES		-5, 829, 739	1		113
	S (SUM OF LINES 1-117)	-18, 353, 945	176, 016, 903		118
INDINKET MBURSAB	<u>E COST CENTERS</u> NS' PRIVATE OFFICES	0	764, 924		192

Health Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT		In Lieu	u of Form CMS-	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	OF EXPENSES	Provider CC	CN: 15-0126	Period: From 01/01/2016	Worksheet A	
				To 12/31/2016	Date/Time Pre 5/30/2017 2:3	
Cost Center Description	Adjustments	Net Expenses				
	(See A-8)	For Allocation				
	6.00	7.00				
194. 00 07950 FHC	0	0				194.00
194.0207952 OTHER NON REIMB - BUILDINGS	0	428, 244				194.02
194.0307953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	143, 791				194.03
194.0407954 CENTER OF HOPE	0	43, 848				194.04
200.00 TOTAL (SUM OF LINES 118-199)	-18, 353, 945	177, 397, 710				200. 00

	inancial Systems FICATIONS	FR	ANCI SCAN HEALT	CROWN POINT Provider CCN: 15-0126		Form CMS-2552 ksheet A-6
					To 12/31/2016 Dat	e/Time Prepar 0/2017 2:34 pi
	Cost Center	l ncreases Li ne #	Salary	Other		
	2.00	3.00	4.00	5.00		
A	A - CAFETERIA	0100			· · · · ·	
		11.00	913, 459	694, 827		1
	TOTALS		913, 459	694, 827		
	B - MEDICAL EDUCATION					
	&R SERVICES-OTHER PRGM	22.00	0	1, 392		1
	COSTS APPRV &R SERVICES-SALARY &	21.00	8, 576	0		2
	FRINGES APPRV	21.00	8, 570	8		2
		+	8, 576	1, 392		
	C - SECURI TY	1				
) F	PHYSICIANS' PRIVATE OFFICES	192.00	26, 890	740		1
	TOTALS		26, 890	740		
	D - CAPITAL					
	CAP REL COSTS-MVBLE EQUIP		0	7, 232, 758		1
			0	7, 232, 758		
	E - CHARGEABLE SUPPLIES	71.00	0	2, 630, 658		1
	PATIENT	71.00	U	2,030,030		'
, ľ		0.00	о	0		2
		0.00	0	o		
		0.00	0	0		4
		0.00	О	0		5
		0.00	0	0		6
		0.00	0	0		
		0.00	0	0		8
		0.00 0.00	0	0		10
		0.00	0	0		1
		0.00	0	0		12
0		0.00	Ö	0		13
0		0.00	0	0		14
0		0.00	0	0		15
0		0.00	0	0		16
0		0.00	0	0		17
0		0.00	0	0		18
0		0.00 0.00	0	0 0		19
		0.00	0	0		21
		0.00	0	0		22
0		0.00	Ö	0		23
0		0.00	0	0		24
0		0.00	0	0		25
0		0.00	0	0		26
0		0.00	0	0		27
0		0.00	0	0		28
0		0.00 0.00	0	0		29
0		0.00	0	0		31
		0.00	0	0		32
		0.00	o	o		33
0		0.00	0	0		34
0		0.00	О	0		35
		0.00	•	<u>0</u>		36
			0	2, 630, 658		
	- PROPERTY INSURANCE	0.00		07 570		
	CAP_REL_COSTS-MVBLE_EQUIP		0	_ <u>97, 579</u> 97, 579		1
	G - INTERNS AND RESIDENTS		U	77, 379		
	&R SERVICES-OTHER PRGM	22.00	0	191, 875		1
	COSTS APPRV					
Т	TOTALS		0	191, 875		
	H - INSURANCE					
	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	271, 447		
	ADMINISTRATIVE & GENERAL	5.00	0	773, 510		
	ADMI NI STRATI VE & GENERAL	5.00	0	<u>1, 869</u>		
	TOTALS		0	1, 046, 826		
	VURSERY	43.00	1, 073, 083	175, 198		1
	TOTALS	43.00	1, 073, 083	17 <u>5, 198</u>		'
	J - PHARMACY		1, 0, 0, 000			
	DRUGS CHARGED TO PATIENTS	73.00	ol	4, 486, 670		1
	TOTALS			4, 486, 670		· · ·

Health Financial Systems	F	RANCI SCAN HEALT	TH CROWN POINT		In Lieu	u of Form CMS	-2552-10
RECLASSI FI CATI ONS			Provider (CN: 15-0126	Peri od:	Worksheet A-	6
					From 01/01/2016 To 12/31/2016	Date/Time Pr	onarod
					10 12/31/2010	5/30/2017 2:	34 pm
	Increases						
Cost Center	Line #	Salary	Other				
2.00	3.00	4.00	5.00				
K - IMPLANT RECLASS							
1.00 IMPL. DEV. CHARGED TO	72.00	0	9, 997, 681				1.00
PATI ENTS							
2.00	0.00	0	0				2.00
3.00	0.00	0	0				3.00
4.00	0.00	0	0				4.00
5.00	0.00	0	0				5.00
6.00	0.00	0	0				6.00
7.00	0.00	0	0				7.00
8.00	0.00	0	0				8.00
9.00	0.00	0	0				9.00
TOTALS	+		9, 997, 681				1
L - INTEREST EXPENSE	· · · · · ·						1
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	2, 572, 300				1.00
2.00 CAP REL COSTS-BLDG & FIXT	1.00	0	340, 862				2.00
TOTALS	+	0	2, 913, 162				1
500.00 Grand Total: Increases		2, 022, 008	29, 469, 366				500.00

ASS	Financial Systems SFFICATIONS			H CROWN POINT Provider (CCN: 15-0126	Peri od:	u of Form CMS-2552 Worksheet A-6
						From 01/01/2016 To 12/31/2016	
		Decreases				· · · · · · · · · · · · · · · · · · ·	5/30/2017 2:34 pr
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref	<u>.</u>	
	6.00 A - CAFETERIA	7.00	8.00	9.00	10.00		
)	DI ETARY	10.00	913, 459	694, 827	•	0	1
,	TOTALS		913, 459	<u>694, 827</u>			· · ·
	B - MEDICAL EDUCATION	I					
)	ADMI NI STRATI VE & GENERAL	5.00	8, 576	1, 392	2	0	1
)		0.00	0	C	<u> </u>	0	2
	TOTALS		8, 576	1, 392	2		
	C - SECURI TY				Т	1	
)	OPERATION OF PLANT	7.00	<u>26, 890</u>	740	<u> </u>	0	1
	TOTALS D - CAPITAL		26, 890	740)		
)	CAP REL COSTS-BLDG & FIXT	1.00	0	7, 232, 758	2	9	1
,	TOTALS		0	7, 232, 758		2	
	E - CHARGEABLE SUPPLIES			7,202,700	, 		
)	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	370)	0	1
)	ADMI NI STRATI VE & GENERAL	5.00	0	26	b	0	2
)	NURSI NG ADMI NI STRATI ON	13.00	0	409		0	3
	PHARMACY	15.00	0	45		0	4
	PARAMED ED PRGM- (SPECI FY)	23.00	0	3, 592		0	5
	ADULTS & PEDIATRICS	30.00	0	164, 688		0	6
	INTENSIVE CARE UNIT	31.00	0	62, 980		0	7
	NEONATAL INTENSIVE CARE UNIT SUBPROVIDER - IRF	35.00 41.00	0	49, 457		0	8
0	OPERATING ROOM	41.00 50.00	0	17, 887 1, 311, 133		0	10
	RECOVERY ROOM	50.00 51.00	0	38, 861		0	11
0	DELIVERY ROOM & LABOR ROOM	52.00	0	36		0	12
	ANESTHESI OLOGY	53.00	0	90, 848		0	13
0	RADI OLOGY-DI AGNOSTI C	54.00	o	138, 676		0	14
	RADI OLOGY - 1-65	54.01	0	45		0	15
0	CARDIAC CATHERIZATON LAB	55.01	0	557, 084	Ļ	0	16
0	CARDI OLOGY	55.02	o	441		0	17
0	NEURO-DI AGNOSTI CS	55.03	0	2		0	18
0	LABORATORY	60.00	0	9, 938		0	19
	RESPI RATORY THERAPY	65.00	0	15, 573		0	20
00	PHYSICAL THERAPY	66.00	0	19, 963		0	21
00	PHYSICAL THERAPY I-65 PHYSICAL THERAPY ST JOHN	66.01	0	5, 375		0	22
	OCCUPATIONAL THERAPY	66. 02 67. 00	0	399 244		0	23
	OCCUPATIONAL THERAPT	67.01	0	957		0	24
0	OCCUPATIONAL THERAPY ST.	67.02	0	72		0	25
0	JOHN	07.02	Ŭ	12	-		20
00	SPEECH PATHOLOGY	68.00	о	165	5	0	27
00	ELECTROCARDI OLOGY	69.00	О	233		0	28
00	RADIATION ONCOLOGY	76.00	О	4, 211		0	29
00	CLINIC	90.00	0	148	3	0	30
	OUTPATIENT CLINICS	90.02	0	60		0	31
	OCCUPATIONAL MEDICINE CLINIC	90.03	0	1, 137		0	32
	EMERGENCY	91.00	0	135, 162		0	33
00	PHYSICIANS' PRIVATE OFFICES	192.00	0	415		0	34
)0)0	MAINTENANCE & REPAIRS CENTRAL SERVICES & SUPPLY	6.00 14.00	0	25		0	35
0	TOTALS		0	2, 630, 658			30
	F - PROPERTY INSURANCE		U	2,030,030	1		
)	CAP REL COSTS-BLDG & FIXT	1.00	0	97, 579	1	1	1
	TOTALS		— — — ö	97, 579		1	'
	G - INTERNS AND RESIDENTS	1	-1				
	ADMI NI STRATI VE & GENERAL	5.00	0	191,875		0	1
	TOTALS		o	191, 875			
	H – INSURANCE						
	CAP REL COSTS-BLDG & FIXT	1.00	0	271, 447		4	1
	CAP REL COSTS-BLDG & FIXT	1.00	0	773, 510		4	2
	CAP REL COSTS-BLDG & FIXT		•	<u>1,869</u>		4	3
			U	1, 046, 826			
	I - NURSERY ADULTS & PEDIATRICS	30.00	1, 073, 083	175 100		0	1
)	TOTALS		1,073,083	17 <u>5, 1</u> 98 175, 198			
	J - PHARMACY		1, 073, 003	175, 198	'I		
	PHARMACY	15.00	0	4, 486, 670		0	1
	TOTALS		— — — o	4, 486, 670		7	'
	K - IMPLANT RECLASS			., 100, 070			
)	CENTRAL SERVICES & SUPPLY	14.00	0	2, 284		0	1
	INTENSIVE CARE UNIT	31.00	0	4, 639		0	2
)	OPERATING ROOM	50.00	О	8, 533, 193	8	0	3
	RADI OLOGY-DI AGNOSTI C	54.00	o	40, 790		0	4

Heal th	Financial Systems	F	RANCI SCAN HEAL	TH CROWN POINT	F	In Lie	u of Form CMS	-2552-10
RECLAS	SIFICATIONS			Provider (CCN: 15-0126	Peri od:	Worksheet A-	6
						From 01/01/2016 To 12/31/2016	Date/Time Pr 5/30/2017 2:	epared: 34 pm
		Decreases						
	Cost Center	Line #	Sal ary	0ther	Wkst. A-7 Ref	-		
	6. 00	7.00	8.00	9.00	10.00			
5.00	CARDIAC CATHERIZATON LAB	55.01	0	1, 283, 845		0		5.00
6.00	RADIATION ONCOLOGY	76.00	0	1, 752		0		6.00
7.00	OUTPATIENT CLINICS	90.02	0	283		0		7.00
8.00	CARDI OLOGY	55.02	0	130, 778		0		8.00
9.00	EMERGENCY	91.00	0	117		0		9.00
	TOTALS		0	9, 997, 681				
	L - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	2, 572, 300	1	1		1.00
2.00	INTEREST EXPENSE	113.00	0	340, 862	1	1		2.00
	TOTALS		0	2, 913, 162				
500.00	Grand Total: Decreases		2, 022, 008	29, 469, 366				500.00

^{5/30/2017 2:34} pm C:\Work Files\Crown Point FY2016 Cost Report\16 costrp\FY2016\HFS\FY16 150126 v3 - tw.mcrx

2.00 Land Improvements 14,050,400 962,876 0 962,876 273,789 2 3.00 Buildings and Fixtures 153,897,071 0 0 0 1,630,599 2 4.00 Building Improvements 6,266,560 6,646,922 0 6,646,922 0 6,646,922 0 <t< th=""><th></th><th></th><th>RANCI SCAN HEALT</th><th>H CROWN POINT</th><th></th><th></th><th>In Lie</th><th>u of Form CMS-:</th><th>2552-10</th></t<>			RANCI SCAN HEALT	H CROWN POINT			In Lie	u of Form CMS-:	2552-10
Beginning Balances Purchases Donation Total Retirements Disposal s and Retirements 1.00 2.00 3.00 4.00 5.00 7.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 12,496,378 0	RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider CC	CN: 15-0126	From	n 01/01/2016	Part I Date/Time Pre	pared:
Bai ances Bai ances Retirements 1.00 2.00 3.00 4.00 5.00 PART 1 - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 12, 496, 378 0 0 0 0 0 70 2.00 Land Improvements 12, 496, 378 0 0 0 0 10 10 2.00 Buildings and Fixtures 15, 897, 071 0 0 0 16, 646, 922 0 6, 646, 922 0 6, 646, 922 0 6, 646, 922 0 <td></td> <td></td> <td></td> <td></td> <td>Acqui si ti on</td> <td>s</td> <td></td> <td></td> <td></td>					Acqui si ti on	s			
Image: Note of the integration of the integratical of the integration of the integratint of the integrated of the integration of the integrati			Begi nni ng	Purchases	Donati on		Total	Disposals and	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 12,496,378 0 0 0 0 2.00 Land Improvements 14,950,378 0			Bal ances					Retirements	
1.00 Land 12,496,378 0 0 0 0 0 2.00 Land Improvements 14,050,400 962,876 0 962,876 273,789 2 3.00 Buil dings and Fixtures 153,897,071 0 0 0 1,630,599 2 5.00 Fixed Equipment 138,434,629 15,150,700 0 15,150,700 5,307,216 5 6.00 Movable Equipment 0			1.00	2.00	3.00		4.00	5.00	
2.00 Land Improvements 14,050,400 962,876 0 962,876 273,789 2 3.00 Buildings and Fixtures 153,897,071 0 0 0 1,630,599 2 4.00 Building Improvements 6,266,560 6,646,922 0 6,646,922 0 6,646,922 0 0 1,630,599 2 5.00 Fixed Equipment 138,434,629 151,700 0		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	F BALANCES		_				
3.00 Buildings and Fixtures 153,897,071 0 0 1,630,599 0 4.00 Building Improvements 6,266,560 6,646,922 0 6,646,922 0 0 5.00 Fixed Equipment 138,434,629 15,150,700 0 0 0 0 0 6.00 Movable Equipment 0	1.00	Land	12, 496, 378	0		0	0	0	1.00
4.00 Building Improvements 6,266,560 6,646,922 0 6,646,922 0 6,646,922 0 6 5.00 Fixed Equipment 138,434,629 15,150,700 0 15,150,700 5,307,216 5 6.00 Movable Equipment 0 0 0 0 0 0 7.00 HIT designated Assets 0 0 0 0 0 0 8.00 Subtotal (sum of lines 1-7) 325,145,038 22,760,498 0 22,760,498 7,211,604 8 9.00 Reconciling Items 0 </td <td>2.00</td> <td>Land Improvements</td> <td>14, 050, 400</td> <td>962, 876</td> <td></td> <td>0</td> <td>962, 876</td> <td>273, 789</td> <td>2.00</td>	2.00	Land Improvements	14, 050, 400	962, 876		0	962, 876	273, 789	2.00
5.00 Fixed Equipment 138, 434, 629 15, 150, 700 0 15, 150, 700 5, 307, 216 5 6.00 Movable Equipment 0	3.00	Buildings and Fixtures	153, 897, 071	0		0	0	1, 630, 599	3.00
5.00 Fixed Equipment 138, 434, 629 15, 150, 700 0 15, 150, 700 5, 307, 216 5 6.00 Movable Equipment 0	4.00		6, 266, 560	6, 646, 922		0	6, 646, 922	0	4.00
7.00 HIT designated Assets 0 </td <td>5.00</td> <td></td> <td>138, 434, 629</td> <td>15, 150, 700</td> <td></td> <td>0</td> <td>15, 150, 700</td> <td>5, 307, 216</td> <td>5.00</td>	5.00		138, 434, 629	15, 150, 700		0	15, 150, 700	5, 307, 216	5.00
7.00 HIT designated Assets 0 </td <td>6.00</td> <td>Movable Equipment</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>6.00</td>	6.00	Movable Equipment	0	0		0	0	0	6.00
9.00 Reconciling Items 0	7.00		0	0		0	0	0	7.00
9.00 Reconciling Items 0	8.00		325, 145, 038	22, 760, 498		0	22, 760, 498	7, 211, 604	8.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 0 7.00 7.00 2.00 Land Improvements 12, 496, 378 0 7.00 3.00 Buildings and Fixtures 152, 266, 472 12, 630, 557 2.00 6.00 Fixed Equipment 148, 278, 113 19, 521, 202 2.00 2.00 6.00 Movable Equipment 0 0 0 0 2.00 8.00 Subtotal (sum of lines 1-7) 340, 693, 932 33, 685, 651 2.00 33, 685, 651 33, 685, 651	9.00		0	0		0	0		9.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES Fully Depreciated Assets 1.00 Land 12,496,378 0 2.00 Land Improvements 14,739,487 1,533,892 2 3.00 Buildings and Fixtures 152,266,472 12,630,557 2 4.00 Building Improvements 12,913,482 0 2 5.00 Fixed Equipment 148,278,113 19,521,202 2 6.00 0 0 0 2 2 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 33	10.00	Total (line 8 minus line 9)	325, 145, 038	22, 760, 498		0	22, 760, 498	7, 211, 604	10.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET Depreciated Assets Assets 0 7.00 1.00 Land 12,496,378 0 2.00 Land Improvements 14,739,487 1,533,892 2.00 2.00 Land Improvements 14,739,487 1,533,892 2.00 2.00 Land Improvements 14,739,487 1,533,892 2.00 2.00 2.00 1.00 Fixed Equipment 148,278,113 19,521,202 0 2.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>						-			
Assets 6.00 7.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 12,496,378 0 7 1.00 Land 12,496,378 0 7 2.00 Land Improvements 14,739,487 1,533,892 2 3.00 Building Improvements 152,266,472 12,630,557 5 4.00 Building Improvements 12,913,482 0 7 5.00 Fixed Equipment 148,278,113 19,521,202 5 6.00 Movable Equipment 0 0 0 6 7.00 HIT designated Assets 0 0 0 6 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 8			J						
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 Land 12,496,378 0 2.00 Land Improvements 14,739,487 1,533,892 2 3.00 Buildings and Fixtures 152,266,472 12,630,557 2 4.00 Building Improvements 12,913,482 0 2 5.00 Fixed Equipment 148,278,113 19,521,202 2 6.00 Movable Equipment 0 0 0 2 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 2									
1.00 Land 12,496,378 0 2.00 Land Improvements 14,739,487 1,533,892 2 3.00 Buildings and Fixtures 152,266,472 12,630,557 2 4.00 Building Improvements 12,913,482 0 2 5.00 Fixed Equipment 148,278,113 19,521,202 2 6.00 Movable Equipment 0 0 2 7.00 HIT designated Assets 0 0 2 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 2			6.00	7.00					
2.00 Land Improvements 14,739,487 1,533,892 2 3.00 Buildings and Fixtures 152,266,472 12,630,557 2 4.00 Building Improvements 12,913,482 0 2 5.00 Fixed Equipment 148,278,113 19,521,202 2 6.00 Movable Equipment 0 0 2 7.00 HIT designated Assets 0 0 2 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 2		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	F BALANCES						
3.00 Buildings and Fixtures 152,266,472 12,630,557 57 4.00 Building Improvements 12,913,482 0 64 5.00 Fixed Equipment 148,278,113 19,521,202 56 6.00 Movable Equipment 0 0 66 7.00 HIT designated Assets 0 0 0 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 651	1.00	Land	12, 496, 378	0					1.00
3.00 Buildings and Fixtures 152,266,472 12,630,557 2 4.00 Building Improvements 12,913,482 0 2 5.00 Fixed Equipment 148,278,113 19,521,202 5 6.00 Movable Equipment 0 0 6 7.00 HIT designated Assets 0 0 0 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 6	2.00	Land Improvements	14, 739, 487	1, 533, 892					2.00
4.00 Building Improvements 12,913,482 0 4 5.00 Fixed Equipment 148,278,113 19,521,202 5 6.00 Movable Equipment 0 0 6 7.00 HIT designated Assets 0 0 6 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 6	3.00		152, 266, 472	12, 630, 557					3.00
5.00 Fixed Equipment 148,278,113 19,521,202 5 6.00 Movable Equipment 0 0 6 7.00 HIT designated Assets 0 0 7 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 651									4.00
6.00 Movable Equipment 0 0 0 7.00 HIT designated Assets 0 0 0 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 8				19, 521, 202					5.00
7.00 HIT designated Assets 0 0 7 8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651 8			0	0					6.00
8.00 Subtotal (sum of lines 1-7) 340,693,932 33,685,651			0	0					7.00
			340, 693, 932	33, 685, 651					8.00
9.00 Reconciling Items 0 0 0	9.00	Reconciling Items	0	0					9.00
			340, 693, 932	33, 685, 651					10.00

Heal th	Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT			In Lie	u of Form CMS-2	2552-10
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider CO	CN: 15-0126	Peri		Worksheet A-7	
					To	01/01/2016		pared [.]
						12/01/2010	5/30/2017 2:3	
		SUMMARY OF CAPITAL						
	Cost Center Description	Depreciation	Lease	Interest	Ins	surance (see	Taxes (see	
					in	structions)	instructions)	
		9.00	10.00	11.00		12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	N 2, LINES 1 a	nd 2				
1.00	CAP REL COSTS-BLDG & FIXT	14, 960, 937	0		0	1, 301, 752	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0	0	0	2.00
3.00	Total (sum of lines 1-2)	14, 960, 937	0		0	1, 301, 752	0	3.00
		SUMMARY 0	F CAPITAL					
		0.11	T I I (1) (
	Cost Center Description		Total (1) (sum					
		Capi tal -Rel ate						
		d Costs (see	through 14)					
		instructions)	15.00	-				
		14.00	15.00					
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM		1				4
1.00	CAP REL COSTS-BLDG & FIXT	0	16, 262, 689					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0					2.00
3.00	Total (sum of lines 1-2)	0	16, 262, 689					3.00

, , , , , , , , , , , , , , , , , , ,	FRANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CO		Period: From 01/01/2016 To 12/31/2016	Date/Time Prep 5/30/2017 2:34	
	COMI	PUTATION OF RAT	FI OS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
PART III - RECONCILIATION OF CAPITAL COSTS C	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)	179, 502, 337 161, 191, 595 340, 693, 932	0	161, 191, 59 340, 693, 93	5 0. 473127 2 1. 000000	0 0 0	1.00 2.00 3.00
	ALLOCA	TION OF OTHER (CAPI TAL	SUMMARY C	F CAPITAL	
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 C	ENTERS		1	7 700 470		1 00
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0	, o		0 7, 728, 179 0 7, 232, 758 0 14, 960, 937	0 0	1.00 2.00 3.00
		SL	JMMARY OF CAPI			0100
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 (1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	ENTERS 2, 770, 861 97, 579 2, 868, 440	0		0 1, 380, 927 0 13, 967 0 1, 394, 894	13, 181, 719 7, 344, 304 20, 526, 023	1.00 2.00 3.00

Heal th	Fi nanci a	I Systems
AD JUST	MENTS TO	EXPENSES

FRANCISCAN HEALTH CROWN POINT

	Financial Systems	FR	ANCI SCAN HEAL	TH CROWN POINT		eu of Form CMS-	
ADJUST	MENTS TO EXPENSES			Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016		pared:
				Expense Classification o To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00 B	2.00	3.00 CAP REL COSTS-BLDG & FIXT	4.00	5.00	1.0
1.00	COSTS-BLDG & FIXT (chapter 2)	D	-2, 304	CAP REL CUSTS-DEDG & FIAT	1.00	1	1.0
2.00	Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.0
3.00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other		0		0.00	o	3.0
I. 00	(chapter 2) Trade, quantity, and time		0		0.00	0	4.0
	discounts (chapter 8)		0		0.00		4.0
. 00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.0
o. 00	Rental of provider space by		0		0.00	o	6.0
. 00	suppliers (chapter 8) Telephone services (pay		0		0.00	0	7.0
	stations excluded) (chapter 21)		0				
3. 00	Television and radio service (chapter 21)		0		0.00	C	8.0
9.00 10.00	Parking lot (chapter 21) Provider-based physician	A-8-2	0 -9, 289, 247		0.00	0	
1. 00	adjustment Sale of scrap, waste, etc. (chapter 23)		0		0.00	C	11. (
2.00 3.00	Related organization transactions (chapter 10) Laundry and linen service	A-8-1	-2, 540, 122		0.00	0	
4.00	Cafeteria-employees and guests		-848, 079	CAFETERI A	11.00	0	14.
5.00	Rental of quarters to employee and others		0		0.00	0	15.
6. 00	Sale of medical and surgical supplies to other than patients		0		0.00	С	16.
7.00	Sale of drugs to other than patients		0		0.00	C	17.
8.00	Sale of medical records and abstracts		0		0.00	0	18.
9. 00	Nursing school (tuition, fees,		0		0.00	0	19.
0. 00	books, etc.) Vending machines		0		0.00	C	20.
1.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		
2.00	Interest expense on Medicare overpayments and borrowings to		0		0.00	o	22.
3. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPI RATORY THERAPY	65.00		23.
4.00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66.00		24.
5.00	limitation (chapter 14) Utilization review - physicians' compensation		0	*** Cost Center Deleted ***	114.00		25.
	(chapter 21)		-		4.00	_	
6. 00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	C	26.
7.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00		
3.00 9.00	Non-physician Anesthetist Physicians' assistant		0 0	*** Cost Center Deleted ***	19.00 0.00		28. 29.
	Adjustment for occupational therapy costs in excess of	A-8-3	0	OCCUPATI ONAL THERAPY	67.00		30.
). 99	limitation (chapter 14) Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30.
1. 00	instructions) Adjustment for speech pathology costs in excess of	A-8-3		SPEECH PATHOLOGY	68.00		31.
2.00	limitation (chapter 14) CAH HIT Adjustment for		0		0.00	0	32.
3.00	Depreciation and Interest PENSION EXPENSE	А	927.219	EMPLOYEE BENEFITS DEPARTMEN	T 4.00	c	33.
33.01	ADVERTI SI NG	A		ADMI NI STRATI VE & GENERAL	5.00		33.

Heal th	Fi nanci a	al Systems
AD IIIST	MENTS TO	EXPENSES

FRANCISCAN HEALTH CROWN POINT

In Lieu of Form CMS-2552-10

						Date/Time Pre 5/30/2017 2:34	
				Expense Classification on To/From Which the Amount is t			
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
. 02	NON ALLOWABLE INTEREST EXP	1.00 A	2.00	3.00	<u>4.00</u> 113.00	5.00	33.
	UNCLAIMED PROPERTY RECEIPTS	B		ADMI NI STRATI VE & GENERAL	5.00	0	
	MI SCELLANEOUS - OTHER	В		ADMI NI STRATI VE & GENERAL	5.00	0	
	OPERATI NG						
	CAPITAL CARRY-FORWARD OLD CAPITAL CARRY-FORWARD NEW	A		CAP REL COSTS-MVBLE EQUIP	2.00 2.00	14	
	LOBBYING DUES	A		ADMINI STRATI VE & GENERAL	5.00	0	
	PATI ENT/PHYSI CI AN TELEPHONE	A		ADMI NI STRATI VE & GENERAL	5.00		
	PATIENT ACCOUNTING MISC. REV	В		ADMINISTRATIVE & GENERAL	5.00	0	33.
	HEALTH PROMOTION/WELLNES	В		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.
	REVENUE						
	EDUCATION MISC REV	В		ADMI NI STRATI VE & GENERAL	5.00	0	
	HUMAN RESOURCES MISC REV	В		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.
. 13	OTHER OPERATING REV - PHYSICIAN	В	- 1	ADMI NI STRATI VE & GENERAL	5.00	0	33.
14	REST HOME ULTILITIES	В	-110 850	OPERATION OF PLANT	7.00	0	33.
	MASSAGE THERAPY REV	B		RADI OLOGY-DI AGNOSTI C	54.00	0	33.
. 16	MISC INCOME	В		ADMINISTRATIVE & GENERAL	5.00	0	33.
17	SPRITUAL CARE - MISC REV	В	-10, 538	ADMINISTRATIVE & GENERAL	5.00	0	33
. 18	SOCIAL ACCOUNTABILITY (DEPT.	A	-34,457	ADMINISTRATIVE & GENERAL	5.00	0	33
. 19		В	10 440		20.00	0	22
	CHILDBIRTH CLASS REVENUE SAFESITTER PROGRAM REVENUE	В		ADULTS & PEDIATRICS ADMINISTRATIVE & GENERAL	30.00 5.00	0	33 33
-	MI SCELLANEOUS - OTHER	B		ADMI NI STRATI VE & GENERAL	5.00	0	33
	OPERATI NG	5	.,		0100	Ũ	
. 22	MAIL ROOM	В	-9, 992	ADMINISTRATIVE & GENERAL	5.00	0	33
	CLINIC MISC REV	В		CLINIC	90.00	0	33
	OTHER NURSING REV	В		NURSING ADMINISTRATION	13.00	0	33
	OTHER REVENUE RADIOLOGY	В		RADI OLOGY-DI AGNOSTI C	54.00	0	33
	ADMIN PROPERTY TAXES RADIOLOGY DIAGNOSTICS PROPERTY	A A		ADMINISTRATIVE & GENERAL RADIOLOGY-DIAGNOSTIC	5.00 54.00	0	33. 33.
. 21	TAXE		-22, 317	RADI OLOGI - DI AGNOSTI C	54.00	0	33.
. 28	ADJUST TO MEDICARE DEP	Α	-42, 138	CAP REL COSTS-BLDG & FIXT	1.00	11	33
	DONATIONS EXPENSE (SUB 714350)	A		ADMINISTRATIVE & GENERAL	5.00	0	
. 30	ST. JOHN DIAGNOSTIC PROPERTY	A	25, 086	RADIOLOGY DIAGNOSTIC - SJ	54.02	0	33
21	TAX	^	1	PHYSICAL THERAPY	44 00	0	22
. 31	CHERRY CREEK PHYSICAL THERAPY PROPE	A	'	PHISICAL THERAPT	66.00	0	33.
. 32	ST. CLARE CLINIC PROPERTY	А	1		90.00	0	33.
	TAXES						
	ENVIRONMENTAL SVCS - FP	В		BENVIRONMENTAL SERVICES - FP	9.01		33.
. 34	MI SCELLANEOUS - OTHER	В	1	ADMI NI STRATI VE & GENERAL	5.00	0	33
35	OPERATING MISCELLANEOUS - OTHER	В	1	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33
. 30	OPERATING	D		EMPLOTEE BENEFITS DEPARTMENT	4.00	0	33
. 36	DI SCOUNTS EARNED/REBATES	В	-176	OPERATION OF PLANT	7.00	0	33
37	DI SCOUNTS EARNED/REBATES	В	-101, 872	2 DI ETARY	10.00	0	33
	DI SCOUNTS EARNED/REBATES	В		CENTRAL SERVICES & SUPPLY	14.00	0	33
	DI SCOUNTS EARNED/REBATES	В		CENTRAL SERVICES & SUPPLY	14.00	0	
	DI SCOUNTS EARNED/REBATES	В		PHARMACY	15.00	0	33
	DI SCOUNTS EARNED/REBATES DI SCOUNTS EARNED/REBATES	B B		ADULTS & PEDIATRICS	30. 00 50. 00	0	33 33
	DI SCOUNTS EARNED/REBATES	В		RESPIRATORY THERAPY	65.00	0	33
	MI SCELLANEOUS - OTHER	B		RADI OLOGY-DI AGNOSTI C	54.00	0	33
	OPERATI NG					_	
45	MI SCELLANEOUS - OTHER	В	-45, 046	5 DI ETARY	10.00	0	33.
	OPERATING					_	
46	MI SCELLANEOUS - OTHER	В	1	EMERGENCY	91.00	0	33.
47	OPERATING MISCELLANEOUS - OTHER	В	1	ADMI NI STRATI VE & GENERAL	5.00	0	33.
• •	OPERATI NG				5.00	0	
48	MI SCELLANEOUS - OTHER	В	-3,600	ADULTS & PEDIATRICS	30.00	0	33.
	OPERATI NG						
49	MI SCELLANEOUS - OTHER	В	-1, 303	OPERATING ROOM	50.00	0	33
50	OPERATING	D D	15 000		13 00		22
	APPLICATION PROCESSING FEES DISCOUNTS EARNED/REBATES	BB		NURSING ADMINISTRATION	13.00 60.00	0	33
	DI SCOUNTS EARNED/REBATES DI SCOUNTS EARNED/REBATES	В		RADI OLOGY-DI AGNOSTI C	54.00	0	
	HAF FEES	A		ADMI NI STRATI VE & GENERAL	5.00	0	
	WORKSHOP/SPEAKER INCOME	B		ADMINISTRATIVE & GENERAL	5.00		

Heal th	Financial Systems	FI	RANCI SCAN HEAL	TH CROWN POINT	In Lieu of Form CMS-2552-			
ADJUST	MENTS TO EXPENSES			Provider CCN: 15-0126	Period:	Worksheet A-8		
					From 01/01/2016 To 12/31/2016			
				Expense Classification o	n Worksheet A			
				To/From Which the Amount is	s to be Adjusted			
	Cost Center Description	Pasis(Codo (2))	Amount	Cost Center	Line #	Wkst. A-7 Ref.		
	cost center bescription	1.00	2.00	3.00	4,00	5. 00		
33, 55	GOODWILL			I NTEREST EXPENSE			33.55	
		A			113.00			
33.56	FP SURGERY CENTER PROPERTY TAX			OPERATING ROOM	50.00		33.56	
33.57	PRENATAL ASSISTANCE PROPERTY	A	-1	DELIVERY ROOM & LABOR ROOM	52.00	0	33.57	
	TAX							
34.00	LOWELL RADIOLOGY PROPERTY TAX	A	-1, 419	LOWELL RADIOLOGY	54.03	0	34.00	
34.01			0		0.00	0	34.01	
50,00	TOTAL (sum of lines 1 thru 49)		-18, 353, 945				50.00	
	(Transfer to Worksheet A,							
	column 6, line 200.)							

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

Heal th	Financial Systems	FRANCI SCAN HEA	In Lieu of Form CMS-2552-10			
STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HO				Period:	Worksheet A-8	8-1
OFFICE	COSTS			From 01/01/2016 To 12/31/2016		
	Line No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2.00	3. 00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
	HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2, 427, 753	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	17, 508, 305	19, 893, 089	2.00
3.00	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	661, 727	751, 860	3.00
4.00	15.00	PHARMACY	COEP/PHARMACY	365, 794	387, 264	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1, 942, 881	2, 288, 305	4.01
4.02	113.00	INTEREST EXPENSE	INTEREST	6, 273, 041	8, 399, 105	4.02
4.03	0.00			0	0	4.03
5.00	TOTALS (sum of lines 1-4).			29, 179, 501	31, 719, 623	5.00
	Transfer column 6, line 5 to					
	Worksheet A-8, column 2,					
	line 12.					

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

			Related Organization(s) and/	or Home Office		
Symbol (1)	Name	Percentage of	Name	Percentage of		
y		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	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or					100.00
	non-financial) specify:					

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

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

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

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

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

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

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

Health Financial Systems		FRANCI SCAN HEALTH CROWN POINT			In Lieu of Form CMS-2552		2552-10		
		SERVICES FROM	RELATED (ORGANIZATIONS AND HO	ME	Provider CCN: 15-0126	Peri od:	Worksheet A-8	3-1
OFFICE	COSTS						From 01/01/2016 To 12/31/2016	Date/Time Pre	nared
							10 12/01/2010	5/30/2017 2:3	
	Net	Wkst. A-7 Ref.							
	Adjustments								
	(col. 4 minus								
	col. 5)*								
	6.00	7.00							
	A. COSTS INCUR	RED AND ADJUST	MENTS REQU	UIRED AS A RESULT OF	TRAN	SACTIONS WITH RELATED	ORGANIZATIONS OR	CLAI MED	1
	HOME OFFICE CO	STS:							1
1.00	2, 427, 753	14							1.00
2.00	-2, 384, 784	0							2.00
3.00	-90, 133	0							3.00
4.00	-21, 470	0							4.00
4.01	-345, 424	0							4.01

 5.00
 -2,540,122
 5.00

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

has not	been posted to Worksheet A,	columns 1 and/or 2, the amount allowable should be indic	ated in column 4 of this part.
	Rel ated Organization(s)		
	and/or Home Office		
	Type of Business		
	Type of Busiliess		
	6. 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			6.00				
7.00 8.00 9.00 10.00			7.00				
8.00			8.00				
9.00			9.00				
10.00			10.00				
100.00		1	00.00				

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

0

0

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.

4.02

4.03

-2, 126, 064

0

4 02

4.03

Heal th	Fi	nanci a	I Systems	
PROVI D	FR	BASED	PHYSI CLAN	AD JUSTME

FRANCI SCAN HEALTH CROWN POINT

In Lieu of Form CMS-2552-10

	Financial Syste		FRANCI SCAN HEA	LTH CROWN POINT			eu of Form CMS-	
PROVI DE	ER BASED PHYSIC	I AN ADJUSTMENT		Provider C		Period:	Worksheet A-8	-2
						rom 01/01/2016		
					1	o 12/31/2016	Date/Time Pre 5/30/2017 2:3	pared:
	Wkct Alipo #	Cost Contor/Dhysician	Total	Professi onal	Provi der	RCE Amount		4 pili
	Wkst. A Line #					RUE AMOUNT	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
	1.00	2.00	0.00	4.00	F 00	(00	Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		MEDICAL RECORDS & LIBRARY	13, 768			197, 500		1.00
2.00		SOCIAL SERVICE	350, 500			197, 500		2.00
3.00		ADULTS & PEDIATRICS	4, 509, 536			197, 500		3.00
4.00	31.00	INTENSIVE CARE UNIT	26, 772	21, 022	5, 750	197, 500	46	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	780, 802	577, 427	203, 375	197, 500	1, 627	5.00
6.00	50.00	OPERATING ROOM	744, 594	543, 594	201,000	197, 500	670	6.00
7.00	53.00	ANESTHESI OLOGY	1, 200, 000	1, 200, 000	0	197, 500	0	7.00
8.00	54.00	RADI OLOGY-DI AGNOSTI C	450	450	0	197, 500	0	8.00
9.00	55.01	CARDIAC CATHERIZATON LAB	22, 992		22, 992	197, 500		9.00
10.00		CARDI OLOGY	14, 925		13, 950	246, 400		10.00
11.00		NEURO-DI AGNOSTI CS	15,000		15,000	246, 400		11.00
12.00		LABORATORY	49, 579			239,400		12.00
13.00		RESPI RATORY THERAPY	25, 000		25,000	197, 500		13.00
14.00		ELECTROCARDI OLOGY						14.00
			9, 742		9, 742	197, 500		
15.00		RADIATION ONCOLOGY	215, 757		0	197, 500		15.00
16.00			15, 330			197, 500		16.00
17.00		OCCUPATIONAL MEDICINE CLINIC	279, 780		0	197, 500	0	17.00
18.00	91.00	EMERGENCY	1, 476, 635			197, 500		18.00
200.00			9, 751, 162		787, 641			200.00
	Wkst. A Line #		Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE		Component	of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00		MEDICAL RECORDS & LIBRARY	C	-	-	0	0	1.00
2.00		SOCIAL SERVICE	0	0	-	0	-	2.00
3.00		ADULTS & PEDIATRICS	124, 957			0	0	3.00
4.00		INTENSIVE CARE UNIT	4, 368			0	0	4.00
5.00		NEONATAL INTENSIVE CARE UNIT	154, 487	7, 724	0	0	0	5.00
6.00	50.00	OPERATING ROOM	63, 618	3, 181	0	0	0	6.00
7.00	53.00	ANESTHESI OLOGY	0	0	0	0	0	7.00
8.00	54.00	RADI OLOGY-DI AGNOSTI C	C	0	0	0	0	8.00
9.00	55. 01	CARDIAC CATHERIZATON LAB	14, 813	741	0	0	0	9.00
10.00	55.02	CARDI OLOGY	11, 017	551	0	0	0	10.00
11.00	55.03	NEURO-DI AGNOSTI CS	19, 309	965	0	0	0	11.00
12.00	60.00	LABORATORY	23, 710	1, 186	0	0	0	12.00
13.00		RESPI RATORY THERAPY	20, 415		0	0	0	13.00
14.00		ELECTROCARDI OLOGY	5, 697			0	0	14.00
15.00		RADIATION ONCOLOGY	0	0	0	0	0	15.00
16.00		CLINIC	0	0	0	0	0	16.00
17.00		OCCUPATIONAL MEDICINE CLINIC		0	0	0	0	17.00
18.00		EMERGENCY	23, 833	1, 192	0	0	-	18.00
200.00	71.00		466, 224		0	0	-	200.00
200.00	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	0	200.00
	WKSL. A LINE #	I denti fi er	Component	Limit	Di sal I owance	Aujustillent		
		ruchtinci	Share of col.		Di Sal i Owaliee			
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00		MEDICAL RECORDS & LIBRARY	0			13, 768		1.00
2.00		SOCIAL SERVICE	0		0	350, 500		2.00
3.00		ADULTS & PEDIATRICS	0	124, 957	-	4, 384, 579		3.00
4.00		I NTENSI VE CARE UNI T	0	4, 368		22, 404		4.00
5.00		NEONATAL INTENSIVE CARE UNIT		154, 487	48, 888	626, 315		5.00
6.00		OPERATING ROOM	0	63, 618		680, 976		6.00
				03, 018				7.00
7.00				-	-	1, 200, 000		
8.00		RADI OLOGY-DI AGNOSTI C	0	-	0	450		8.00
9.00		CARDI AC CATHERI ZATON LAB	0	14, 813	8, 179	8, 179		9.00
10.00		CARDI OLOGY	0		2, 933	3, 908		10.00
11.00		NEURO-DI AGNOSTI CS	0	19, 309	0	0		11.00
12.00		LABORATORY	C	/		25, 869		12.00
13.00		RESPI RATORY THERAPY	0	20, 415		4, 585		13.00
14.00	69.00	ELECTROCARDI OLOGY	0	5, 697	4, 045	4, 045		14.00
15.00	76.00	RADIATION ONCOLOGY	C	0	0	215, 757		15.00
16.00	90.00	CLINIC	0	0	0	15, 330		16.00
17.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	279, 780		17.00
18.00	91.00	EMERGENCY	C	23, 833	7, 573	1, 452, 802		18.00
200.00			C					200.00
		•						

	Financial Systems I ALLOCATION - GENERAL SERVICE COSTS	RANCI SCAN HEAL	TH CROWN POINT		eriod:	u of Form CMS-2 Worksheet B	2552-10
					rom 01/01/2016 o 12/31/2016	Part I Date/Time Pre 5/30/2017 2:3	
			CAPI TAL REL	ATED COSTS		573072017 2.3	
	Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Subtotal	
		for Cost			BENEFI TS		
		Allocation (from Wkst A			DEPARTMENT		
		col. 7)					
		0	1.00	2.00	4.00	4A	
1.00	GENERAL SERVICE COST CENTERS	13, 181, 719	13, 181, 719				1.00
2.00	00200 CAP REL COSTS-MVBLE EQUI P	7, 344, 304	10,101,11	7, 344, 304			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	17, 669, 172	176, 881	9, 912			4.00
5.00 6.00	00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	36, 273, 785 2, 161, 273	3, 509, 832 37, 339	700, 091 65, 085		41, 592, 795 2, 563, 971	5.00 6.00
7.00	00700 OPERATION OF PLANT	4, 411, 731	1, 259, 923	87, 332		6, 104, 573	7.00
7.01	00701 OPERATION OF PLANT - FP	762, 368	0	1, 028	0	763, 396	
8.00	00800 LAUNDRY & LINEN SERVICE	564,057	205, 538	8, 385		777, 980	
9.00 9.01	00900 HOUSEKEEPING 01851 ENVIRONMENTAL SERVICES - FP	1, 737, 038 108, 470	97, 097 0	15, 976 0		2, 257, 626 136, 734	9.00 9.01
10.00	01000 DI ETARY	679, 074	596, 568	52, 955		1, 465, 441	10.00
11.00	01100 CAFETERI A	760, 207	0	0	266, 449	1, 026, 656	
13.00 14.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	2, 064, 550 1, 501, 414	73, 241 546, 159	774, 080 63, 197		3, 437, 735 2, 202, 217	
15.00	01500 PHARMACY	3, 063, 404	137, 367	1, 752		3, 870, 943	
	01600 MEDI CAL RECORDS & LI BRARY	2, 568, 016	188, 801	2, 441	155, 645	2, 914, 903	
	01700 SOCIAL SERVICE	1, 928, 211	501, 557	326		2, 972, 009	
21.00 22.00	02100 I & SERVI CES-SALARY & FRI NGES APPRV 02200 I & SERVI CES-OTHER PRGM COSTS APPRV	8, 576 193, 267	0	0		11, 078 193, 267	21.00 22.00
23.00	02300 PARAMED ED PRGM-(SPECI FY)	254, 082	0	19, 800	-	317, 426	
23. 01	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	61, 999	0	11, 700	15, 778	89, 477	23.01
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	14, 628, 033	1, 333, 253	252, 392	4, 914, 840	21, 128, 518	30.00
31.00	03100 I NTENSI VE CARE UNI T	3, 293, 722	183, 030	28, 532		4, 371, 220	
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2, 485, 202	0	222, 956		3, 433, 769	
41.00 43.00	04100 SUBPROVI DER – I RF 04300 NURSERY	1, 663, 173 1, 248, 281	211, 776 0	2, 901 0		2, 211, 833	41.00 43.00
43.00	ANCI LLARY SERVICE COST CENTERS	1, 240, 201	0	0	313, 010	1, 561, 291	43.00
50.00	05000 OPERATI NG ROOM	6, 202, 019	737, 207	1, 331, 680		9, 563, 367	50.00
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	1, 424, 208	323, 974 109, 879	49, 537 366		2, 186, 932	
52.00	05300 ANESTHESI OLOGY	148, 296 261, 593	45, 699	8, 713		297, 794 316, 005	
54.00	05400 RADI OLOGY-DI AGNOSTI C	8, 035, 629	764, 802	1, 368, 126		11, 362, 105	
54.01	05401 RADI OLOGY - I -65	709, 549	0	419, 490		1, 243, 203	
54.02 54.03	05402 RADI OLOGY DI AGNOSTI C - SJ 05403 LOWELL RADI OLOGY	46, 461 62, 873	0	0 19, 459		59, 798 97, 128	
	05500 RADI OLOGY-THERAPEUTI C	02,070	0	0	0	0	1
	05501 CARDI AC CATHERI ZATON LAB	2, 662, 984		591, 512		3, 700, 958	
55. 02 55. 03	03140 CARDI OLOGY 03450 NEURO-DI AGNOSTI CS	592, 629 394, 678	50, 391 60, 243	162, 482 26, 459		933, 941 553, 459	
60.00	06000 LABORATORY	7, 917, 727	303, 282	1, 011		8, 222, 020	
60. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
65.00		1, 370, 338	20, 818	60, 821		1, 777, 893	
66. 00 66. 01	06600 PHYSI CAL THERAPY 06601 PHYSI CAL THERAPY I -65	525, 973 408, 062	116, 477 0	3, 158 1, 570		797, 647 526, 428	66.00 66.01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	101, 818	0	0	29, 453	131, 271	
67.00	06700 OCCUPATI ONAL THERAPY	203, 770	1, 834	0	59, 434	265, 038	
67.01 67.02	06701 OCCUPATION THERAPY I-65 06702 OCCUPATIONAL THERAPY ST. JOHN	120, 071 38, 100	0	0	22, 273 11, 292	142, 344 49, 392	
68.00	06800 SPEECH PATHOLOGY	114, 579	0	0	33, 018	147, 597	
68. 01	06801 SPEECH PATHOLOGY I -65	147, 942	0	0		189, 542	
68.02	06802 SPEECH THERAPY ST. JOHN 06900 ELECTROCARDI OLOGY	34, 861	0	0		45, 021	68.02
69.00 71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	395, 176 2, 630, 658	67, 074 0	5, 789	111, 244 0	579, 283 2, 630, 658	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9, 997, 681	0	0	0	9, 997, 681	
73.00	07300 DRUGS CHARGED TO PATIENTS	4, 486, 670	0	0	0	4, 486, 670	
74.00 76.00	07400 RENAL DI ALYSI S 03020 RADI ATI ON ONCOLOGY	386, 795 803, 335	9, 276 286, 563	0 729, 337	0 139, 782	396, 071 1, 959, 017	
, 0, 00	OUTPATIENT SERVICE COST CENTERS				107,702	., , , , , , , , , , , , , , , , , , ,	1
90.00	09000 CLINIC	457, 460	0	6, 315		579, 789	•
90. 01 90. 02	09001 DI ABETES CLINIC 09002 OUTPATI ENT CLINICS	74, 594 2, 696	2, 157 167, 785	0 1, 393		97, 683 171, 874	90.01 90.02
90. 02 90. 03	09003 OCCUPATIONAL MEDICINE CLINIC	419, 601	29, 789	5, 523		581, 674	
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	3, 690	0	0	1, 076	4, 766	90.04
91.00 91.01	09100 EMERGENCY 09101 EMERGENCY ROOM PHYSI CANS	4, 219, 259	632, 002	114, 665 0		5, 921, 287 0	91.00 91.01
	09101 EMERGENCY ROOM PHYSICANS			931	-	931	
91.02	OTIO2 ENTRESS CARE					,	71.02

Health Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT	In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS	-			Period: From 01/01/2016 To 12/31/2016		pared: 4 pm
		CAPI TAL REI	_ATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
	0	1.00	2.00	4.00	4A	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	176, 016, 903	12, 993, 655	7, 229, 17	8 17, 563, 377	175, 421, 125	118.00
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	764, 924	123, 650	1, 22	6 215, 390		
194. 00 07950 FHC	0	0		0 0		194.00
194.02079520THER NON REIMB - BUILDINGS	428, 244		113, 90		542, 144	•
194.0307953OTHR NON REIM-FHC BEHAVORIAL HEALTH	143, 791	34, 769		0 64, 408		•
194.04 07954 CENTER OF HOPE	43, 848	29, 645		0 12, 790		194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0		0 0		201.00
202.00 TOTAL (sum lines 118-201)	177, 397, 710	13, 181, 719	7, 344, 30	4 17, 855, 965	177, 397, 710	202.00

			Provider CC	Fi To	rom 01/01/2016 p 12/31/2016	Part I Date/Time Pre 5/30/2017 2:3	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
	GENERAL SERVICE COST CENTERS						
00 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.
00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.
00	00500 ADMI NI STRATI VE & GENERAL	41, 592, 795					5.
00	00600 MAINTENANCE & REPAIRS	785, 265	3, 349, 236				6.
00	00700 OPERATION OF PLANT	1, 869, 641	446, 176	8, 420, 390			7.
01	00701 OPERATION OF PLANT - FP	233, 805	0	0	997, 201		7.
00	00800 LAUNDRY & LINEN SERVICE	238, 271	72, 787	211, 120	336, 309		8
00	00900 HOUSEKEEPI NG	691, 441	34, 385	99, 734	69, 533	145, 268	
01	01851 ENVI RONMENTAL SERVICES - FP	41,877	0	0	0	0	
. 00 . 00	01000 DI ETARY 01100 CAFETERI A	448, 819	211, 262	612, 771 0	0	19, 695	10
. 00	01300 NURSI NG ADMI NI STRATI ON	314, 433 1, 052, 872	25, 937	75, 230	0	0	13
. 00	01400 CENTRAL SERVICES & SUPPLY	674, 471	193, 411	560, 992	0	4, 753	
. 00	01500 PHARMACY	1, 185, 550	48, 646	141, 098	0	0	15
. 00	01600 MEDI CAL RECORDS & LI BRARY	892, 744	66, 860	193, 928	0	0	16
. 00	01700 SOCIAL SERVICE	910, 234	177, 616	515, 179	0	0	17
. 00	02100 I &R SERVICES-SALARY & FRINGES APPRV	3, 393	0	0	0	0	21
. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	59, 192	0	0	0	0	22
. 00	02300 PARAMED ED PRGM-(SPECIFY)	97, 218	0	0	0	0	23
. 01	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	27, 404	0	0	0	0	23
. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	6, 470, 967	472, 145	1, 369, 464	0	826, 464	30
. 00	03100 I NTENSI VE CARE UNI T	1, 338, 769	64, 816	1, 369, 464	0	56, 256	
. 00	02060 NEONATAL INTENSIVE CARE UNIT	1, 051, 657	04,010	100, 001	0	38, 835	
. 00	04100 SUBPROVIDER - IRF	677, 416	74, 996	217, 528	0	40, 665	
. 00	04300 NURSERY	478, 175	0	0	0	17, 025	
	ANCILLARY SERVICE COST CENTERS						
. 00	05000 OPERATI NG ROOM	2, 928, 963	261, 066	757, 229	0	178, 900	50
. 00	05100 RECOVERY ROOM	669, 789	114, 729	332, 773	0	0	51
. 00	05200 DELIVERY ROOM & LABOR ROOM	91, 205	38, 911	112, 863	0	0	52
. 00	05300 ANESTHESI OLOGY	96, 783	16, 183	46, 940	0	0	53
. 00	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY - I -65	3, 479, 861 380, 755	270, 839 0	785, 574 0	0 239, 827	41, 093 40, 401	54 54
. 01	05402 RADIOLOGY DIAGNOSTIC - SJ	18, 314	0	0	237, 027	289	
. 03	05403 LOWELL RADI OLOGY	29, 747	0	0	0	0	54
. 00	05500 RADI OLOGY-THERAPEUTI C	27,717	0	0	0	0	55
. 01	05501 CARDI AC CATHERI ZATON LAB	1, 133, 489	72, 965	211, 637	0	14, 330	
. 02	03140 CARDI OLOGY	286, 037	17, 845	51, 760	0	0	55
. 03	03450 NEURO-DI AGNOSTI CS	169, 507	21, 334	61, 879	0	13, 109	55
. 00	06000 LABORATORY	2, 518, 150	107, 401	311, 519	0	1, 887	
. 01	06001 BLOOD LABORATORY	0	0	0	0	0	
		544, 514	7, 372	21, 383	0	•	
. 00 . 01	06600 PHYSI CAL THERAPY 06601 PHYSI CAL THERAPY I -65	244, 295 161, 229	41, 248 0	119, 640 0	0 242 114	7, 098	66
. 02	06602 PHYSICAL THERAPY ST JOHN	40, 204	0	0	262, 114 0	0	66
. 00	06700 OCCUPATI ONAL THERAPY	81, 173	649	1, 884	0	0	67
. 01	06701 OCCUPATION THERAPY I -65	43, 596	0	0	32, 237	0	67
. 02	06702 OCCUPATIONAL THERAPY ST. JOHN	15, 127	0	0	0	0	67
. 00	06800 SPEECH PATHOLOGY	45, 204	0	0	0	0	68
. 01	06801 SPEECH PATHOLOGY I -65	58, 051	0	0	57, 181	0	68
. 02	06802 SPEECH THERAPY ST. JOHN	13, 789	0	0	0	0	68
. 00	06900 ELECTROCARDI OLOGY	177, 416	23, 753	68, 896	0	9, 731	69
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	805, 689	0	0	0	0	71
. 00 . 00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	3, 061, 980 1, 374, 128	0	0	0	0	72
	07400 RENAL DIALYSIS	1, 374, 128	3, 285	9, 528	0	0	
	03020 RADI ATI ON ONCOLOGY	599, 986	101, 480	9, 526 294, 346	0	8, 241	76
	OUTPATIENT SERVICE COST CENTERS		,	, _ 10		-,	1
. 00	09000 CLI NI C	177, 571	0	0	0	987	90
. 01	09001 DI ABETES CLINIC	29, 917	764	2, 216	0	8, 749	
. 02	09002 OUTPATIENT CLINICS	52,640	59, 417	172, 342	0	46, 008	
. 03	09003 OCCUPATIONAL MEDICINE CLINIC	178, 149	10, 549	30, 598	0	0	90
	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	1,460	0	0	0	0	90
. 00	09100 EMERGENCY	1, 813, 507	223, 810	649, 167	0	116, 683	
	09101 EMERGENCY ROOM PHYSI CANS	0 285	0	0	0	0	
. 02 . 00	09102 EXPRESS CARE 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART	285	0	0	0	0	91 92
. 00	SPECIAL PURPOSE COST CENTERS						1 72
	11300 INTEREST EXPENSE						113
3.00							1.10
3.00 3.00		40, 987, 428	3, 282, 637	8, 227, 219	997, 201	1, 636, 467	118

Health Financial Systems	RANCI SCAN HEALTH CROWN POINT				u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		eriod:	Worksheet B	
				rom 01/01/2016		
				0 12/31/2016		
					5/30/2017 2: 34	<u>+ pm</u>
Cost Center Description	ADMI NI STRATI VE	MAINTENANCE &	OPERATION OF	OPERATION OF	LAUNDRY &	
	& GENERAL	REPAI RS	PLANT	PLANT - FP	LINEN SERVICE	
	5.00	6.00	7.00	7.01	8.00	
194.0007950 FHC	0	0	C	0	0	194.00
194.0207952 OTHER NON REIMB - BUILDINGS	166, 042	0	C	0	0	194. 02
194.0307953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	74, 414	12, 313	35, 713	0	0	194. 03
194.04 07954 CENTER OF HOPE	26, 426	10, 498	30, 450	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	C	0	0	201.00
202.00 TOTAL (sum lines 118-201)	41, 592, 795	3, 349, 236	8, 420, 390	997, 201	1, 636, 467	202.00

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	Financial Systems F LLOCATION - GENERAL SERVICE COSTS	FRANCI SCAN HEAL	Provi der CC		eriod: rom 01/01/2016	eu of Form CMS-: Worksheet B Part I	
				T		Date/Time Pre	
	Cost Center Description	HOUSEKEEPI NG	ENVI RONMENTAL	DI ETARY	CAFETERI A	5/30/2017 2:3 NURSI NG	
		0.00	SERVICES - FP	10.00	11 00	ADMI NI STRATI ON	
	GENERAL SERVICE COST CENTERS	9.00	9.01	10.00	11.00	13.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						4.00 5.00
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT - FP						7.01
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	2 207 007					8.00
9.00 9.01	01851 ENVI RONMENTAL SERVI CES - FP	3, 297, 987	178, 611				9.00 9.01
10.00	01000 DI ETARY	249, 202		3, 007, 190			10.00
11.00	01100 CAFETERI A	0	0	0	1, 341, 089		11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	30, 594		0	37, 059		13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	228, 144 57, 382		0	17, 921 52, 247	0	14.00 15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	78, 867		0	12, 705		16.00
17.00	01700 SOCIAL SERVICE	209, 513		0	46, 915	0	17.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23. 00 23. 01	02300 PARAMED ED PRGM-(SPECIFY) 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	0	0 0	4, 032 1, 213	90	23.00 23.01
20.01	INPATIENT ROUTINE SERVICE COST CENTERS		<u> </u>	0	1,213	<u> </u>	20.01
30.00	03000 ADULTS & PEDIATRICS	556, 933	0	2, 595, 539	437, 688	2, 626, 910	30.00
31.00	03100 I NTENSI VE CARE UNI T	76, 456		293, 643	77, 357	288, 452	
35.00 41.00	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	0 88, 464	-	119 009	50, 475 34, 079		35.00 41.00
41.00	04300 NURSERY	00,404	0	118, 008 0	34, 079	242, 677	1
101 00	ANCI LLARY SERVICE COST CENTERS					, , , , , , , , , , , , , , , , , , ,	101.00
50.00	05000 OPERATI NG ROOM	307, 950		0	114, 511	522, 551	50.00
51.00	05100 RECOVERY ROOM	135, 332		0	32, 742		
52.00 53.00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	45, 899 19, 090		0	5, 041	0	52.00 53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	319, 477		0	119, 487	21, 256	
54.01	05401 RADI OLOGY - I -65	0	72, 436	0	10, 904	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	1, 506		54.02
54.03	05403 LOWELL RADI OLOGY	0	0	0	1, 657	0	54.03
55. 00 55. 01	05500 RADI OLOGY-THERAPEUTI C 05501 CARDI AC CATHERI ZATON LAB	86,069	0	0	0 17, 348	0 91, 784	55.00 55.01
55.02	03140 CARDI OLOGY	21,050		0	11, 582		
55.03	03450 NEURO-DI AGNOSTI CS	25, 165		0	7, 444		55.03
60.00	06000 LABORATORY	126, 689		0	0	0	60.00
60.01	06001 BLOOD LABORATORY 06500 RESPI RATORY THERAPY	0	-	0 0	0 32, 029	0	
66. 00	06600 PHYSI CAL THERAPY	8, 696 48, 655		0	9, 973		66.00
66. 01	06601 PHYSI CAL THERAPY I -65	0	79, 167	0	8, 036	0	66.01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	0	0	0	1, 989	0	66. 02
67.00	06700 OCCUPATIONAL THERAPY	766		0	4, 117	0	67.00
67.01 67.02	06701 OCCUPATI ON THERAPY I -65 06702 OCCUPATI ONAL THERAPY ST. JOHN		9, 737	0	2, 038 975		67.01 67.02
68.00	06800 SPEECH PATHOLOGY		0	0	2, 315		68.00
68.01	06801 SPEECH PATHOLOGY I -65	0	17, 271	0	3, 203		68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	756		68.02
69.00	06900 ELECTROCARDI OLOGY	28, 019	0	0	9, 758		69.00
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	3, 875	0	0	0	0	74.00
76.00	03020 RADI ATI ON ONCOLOGY	119, 705	0	0	14, 374	14,000	76.00
90.00		0	0	0	10 224	0	00.00
90.00 90.01	09000 CLINIC 09001 DIABETES CLINIC	901		0	10, 336 1, 445		90.00 90.01
90.02	09002 OUTPATIENT CLINICS	70, 088	0	0	11, 977	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	12, 444		0	9, 953		90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	66		90.04
91.00 91.01	09100 EMERGENCY	264,003	0	0	96, 319		91.00
91.01 91.02	09101 EMERGENCY ROOM PHYSI CANS 09102 EXPRESS CARE			0	344 592	0 54, 632	91.01 91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			0	572	54, 032	92.00
	SPECIAL PURPOSE COST CENTERS	1				1	
	11300 INTEREST EXPENSE	0.040.400	170 / 41	0 007 400	1 014 500	4 / 50 407	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	3, 219, 428	178, 611	3, 007, 190	1, 314, 508	4, 659, 427	1118.00
192.00	19200 PHYSI CLANS' PRI VATE OFFI CES	51, 652	0	0	17, 365	0	192.00
		5., 302	. 9	0	, 850		

Health Financial Systems	FRANCI SCAN HEAL	TH CROWN POINT		In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	CN: 15-0126	Peri od:	Worksheet B		
				From 01/01/2016			
				To 12/31/2016	Date/Time Pre 5/30/2017 2:3-	pared:	
Cost Costos Description						4 pm	
Cost Center Description	HOUSEKEEPI NG	ENVI RONMENTAL	DI ETARY	CAFETERI A	NURSI NG		
		SERVICES - FP			ADMI NI STRATI ON		
	9.00	9.01	10.00	11.00	13.00		
194.00 07950 FHC	0	0		0 0	0	194.00	
194.0207952OTHER NON REIMB - BUILDINGS	0	0		0 0	0	194.02	
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	14, 524	0		0 8, 739	0	194.03	
194.04 07954 CENTER OF HOPE	12, 383	0		0 477	0	194.04	
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)	3, 297, 987	178, 611	3, 007, 1	70 1, 341, 089	4, 659, 427	202.00	

	RANCI SCAN HEALT			In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO	F	eriod: rom 01/01/2016 o 12/31/2016	Worksheet B Part I Data /Time Dro	naradi
			T	0 12/31/2016	Date/Time Pre 5/30/2017 2:3 INTERNS &	4 pm
		DUADNAOV	NEDLOAL		RESI DENTS	
Cost Center Description	CENTRAL SERVI CES &	PHARMACY	MEDI CAL RECORDS &	SOCI AL SERVI CE	Y & FRINGES	
	SUPPLY 14.00	15.00	LI BRARY 16.00	17.00	APPRV 21.00	
GENERAL SERVICE COST CENTERS						1 00
1.00 00100 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.00 00500 ADMINISTRATIVE & GENERAL						4.00 5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATI ON OF PLANT 7.01 00701 OPERATI ON OF PLANT - FP						7.00
7. 01 00701 0PERATION OF PLANT - FP 8. 00 00800 LAUNDRY & LINEN SERVICE						7.01 8.00
9. 00 00900 HOUSEKEEPING 9. 01 01851 ENVIRONMENTAL SERVICES - FP						9.00 9.01
9. 01 01851 ENVI RONMENTAL SERVICES - FP 10. 00 01000 DI ETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION 14.00 01400 CENTRAL SERVICES & SUPPLY	3, 881, 909					13.00 14.00
15.00 01500 PHARMACY	5, 815	5, 361, 681	4 4 4 9 9 9 7			15.00
16. 00 01600 MEDI CAL RECORDS & LI BRARY 17. 00 01700 SOCI AL SERVI CE	0	0	4, 160, 007 0	4, 831, 466		16.00 17.00
21.00 02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	14, 471	21.00
22. 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRV 23. 00 02300 PARAMED ED PRGM-(SPECIFY)	0 1, 117	0	0	0		22.00 23.00
23. 01 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	0	0	0		23.01
30. 00 03000 ADULTS & PEDI ATRI CS	139, 922	0	266, 611	309, 671	14	30.00
31. 00 03100 I NTENSI VE CARE UNI T	34, 742	0	50, 860	59, 074	0	31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 41. 00 04100 SUBPROVIDER - IRF	22, 455 2, 394	0 0			0	35.00 41.00
43. 00 04300 NURSERY	2, 374	0		26, 902	0	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 0PERATI NG ROOM	770, 568	3, 003	409, 483	475, 619	0	50.00
51.00 05100 RECOVERY ROOM	10, 360	0,000	44, 529	51, 721	0	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	0 20, 069	0 160, 172	39, 554 100, 295	45, 942 116, 494	0	52.00 53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	15, 173	0	806, 434	936, 256	0	54.00
54.01 05401 RADIOLOGY - I-65 54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	1, 374 40	0	117, 640 1, 856		0	54.01 54.02
54. 03 05403 LOWELL RADI OLOGY	0	0	2, 888		0	54.03
55. 00 05500 RADI OLOGY-THERAPEUTI C 55. 01 05501 CARDI AC CATHERI ZATON LAB	0	0	0 207, 673	0 241, 214	0	55.00 55.01
55. 02 03140 CARDI OLOGY	1, 230	0	62, 427	72, 510	0	55.02
55. 03 03450 NEURO-DI AGNOSTI CS 60. 00 06000 LABORATORY	2, 050 1, 844	0	30, 950 523, 222		0	55. 03 60. 00
60. 01 06001 BLOOD LABORATORY	0	0	023,222	007,720	0	60.01
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	24, 866 287	602 0	106, 283 20, 408		0	65.00 66.00
66. 01 06601 PHYSI CAL THERAPY 1-65	679	0			0	66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN 67. 00 06700 OCCUPATI ONAL THERAPY	55 0	0	5, 795 7, 838		0	66. 02 67. 00
67.01 06701 OCCUPATION THERAPY I-65	135	0	3, 645	4, 233	0	67.01
67. 02 06702 OCCUPATI ONAL THERAPY ST. JOHN 68. 00 06800 SPEECH PATHOLOGY	90	0	2, 053 4, 851		0	67.02 68.00
68.01 06801 SPEECH PATHOLOGY I-65	108	0	7, 168	8, 326	0	68.01
68. 02 06802 SPEECH THERAPY ST. JOHN 69. 00 06900 ELECTROCARDI OLOGY	0 1, 004	0	1, 656 43, 726		0	68. 02 69. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	591, 758	0	159, 167		0	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATI ENTS 73.00 07300 DRUGS CHARGED TO PATI ENTS	2, 136, 914 0	0 5, 142, 126	107, 724 448, 600		0	72.00 73.00
74. 00 07400 RENAL DI ALYSI S	325	3, 142, 120	6, 831		0	74.00
76. 00 03020 RADI ATI ON ONCOLOGY OUTPATI ENT SERVI CE COST CENTERS	2, 298	0	59, 349	68, 934	0	76.00
90. 00 09000 CLINIC	4, 853	22, 086			0	
90. 01 09001 DI ABETES CLI NI C 90. 02 09002 OUTPATI ENT CLI NI CS	61 27	0	150 5	174	0	90. 01 90. 02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	2, 605	33, 692	ס 7, 911	o 9, 189	0	90.02 90.03
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91. 00 09100 EMERGENCY 91. 01 09101 EMERGENCY ROOM PHYSI CANS	86, 688 0	0	344, 013 0	399, 575 0	14, 457 0	91.00 91.01
91. 02 09102 EXPRESS CARE	3	0	0	0	0	
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART SPECI AL PURPOSE COST CENTERS	<u> </u>		l	<u> </u>		92.00
113.00 11300 INTEREST EXPENSE						113.00

Health Financial Systems	FRANCI SCAN HEALT	H CROWN POINT		In Lie	eu of Form CMS-2552-10	
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period:	Worksheet B	
				From 01/01/2016 To 12/31/2016		red:
					5/30/2017 2:34 p	om
					INTERNS &	
Cont. Conton Decomination	CENTRAL	DUADMACY	MEDICAL		RESI DENTS	
Cost Center Description	CENTRAL SERVICES &	PHARMACY	MEDICAL RECORDS &	SOCIAL SERVICE	Y & FRINGES	
	SUPPLY		LIBRARY		APPRV	
	14.00	15.00	16.00	17.00	21.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	3, 881, 909	5, 361, 681		7 4, 831, 466	14, 471 118	8.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0	0 192	2.00
194. 00 07950 FHC	0	0		0 0	0 194	
194.0207952OTHER NON REIMB - BUILDINGS	0	0		0 0	0 194	
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0		0 0	0 194	
194.04 07954 CENTER OF HOPE	0	0		0 0	0 194	
200.00 Cross Foot Adjustments		-		_	0 200	
201.00 Negative Cost Centers	0	0		0 0	0 201	
202.00 TOTAL (sum lines 118-201)	3, 881, 909	5, 361, 681	4, 160, 00	7 4, 831, 466	14, 471 202	2.00

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ST Ā	LLOCATION - GENERAL SERVICE COSTS		Provider C		eriod: com 01/01/2016 0 12/31/2016		
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	ECHOCARDI OLOGY EDUCATI ON PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
. 00 . 00 . 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00701 OPERATION OF PLANT - FP 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01851 ENVIRONMENTAL SERVICES - FP 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE						1 2 4 5 6 7 7 7 8 9 9 9 9 9 10 11 13 14 15 16 17 21
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	252, 459					22
	02300 PARAMED ED PRGM-(SPECIFY)		419, 883				23
. 01	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM			118, 094			23
. 00	03000 ADULTS & PEDI ATRI CS	252	C	0 0	37, 201, 098	-266	30
	03100 I NTENSI VE CARE UNI T	0	C		6, 899, 646	0	31
. 00	02060 NEONATAL INTENSIVE CARE UNIT	0	0		5, 158, 362	0	35
. 00	04100 SUBPROVI DER – I RF 04300 NURSERY	0	C		3, 759, 245 2, 106, 554	0	41
. 00	ANCI LLARY SERVICE COST CENTERS	<u> </u>		,	2,100,001	0	1
. 00	05000 OPERATI NG ROOM	0	C	0 0	16, 293, 210	0	50
. 00	05100 RECOVERY ROOM	0	C		3, 736, 975	0	51
. 00	05200 DELIVERY ROOM & LABOR ROOM	0	0	-	677, 209	0	52
. 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0	(892, 031 18, 157, 555	0	53 54
. 01	05401 RADI OLOGY - I -65	0	0	0	2, 243, 180	0	54
. 02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	C	0 0	83, 959	0	54
. 03	05403 LOWELL RADI OLOGY	0	C	0	134, 775	0	54
	05500 RADI OLOGY-THERAPEUTI C	0	C		0 5 777 447	0	55
. 01 . 02	05501 CARDI AC CATHERI ZATON LAB 03140 CARDI OLOGY	0	(5, 777, 467 1, 459, 884	0	55
	03450 NEURO-DI AGNOSTI CS	0	0	0	920, 845	0	55
. 00	06000 LABORATORY	0	C	0 0	12, 420, 460	0	60
	06001 BLOOD LABORATORY	0	0	0	0	0	60
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0			2, 647, 087 1, 312, 955	0	65
. 01	06601 PHYSI CAL THERAPY I -65	0	0		1, 084, 401	0	66
. 02	06602 PHYSI CAL THERAPY ST JOHN	0	C	0	186, 045	0	66
. 00	06700 OCCUPATI ONAL THERAPY	0	C	0 0	370, 569	0	67
	06701 OCCUPATION THERAPY I-65 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	237, 965	0	6
	06800 SPEECH PATHOLOGY	0			70, 021 205, 602	0	67
	06801 SPEECH PATHOLOGY I -65	0	0	0	340, 850	0	68
. 02	06802 SPEECH THERAPY ST. JOHN	0	C	0	63, 145	0	68
	06900 ELECTROCARDI OLOGY	0	C	118, 094	1, 124, 558	-78, 125	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	(4, 372, 146	0	71
	07300 DRUGS CHARGED TO PATIENTS	0			15, 429, 421 11, 972, 577	0	72
	07400 RENAL DIALYSIS	0	0	0	549, 153	0	74
. 00	03020 RADI ATI ON ONCOLOGY	0	C	0	3, 241, 730	0	76
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	0	0	0	810, 819	0	90
	09001 DI ABETES CLINIC 09002 OUTPATI ENT CLINICS	0	(142, 114 584, 384	0	90
	09003 OCCUPATIONAL MEDICINE CLINIC	0	(876, 764	0	90
	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	C	0	6, 292	0	90
. 00	09100 EMERGENCY	252, 207	419, 883	B 0	10, 843, 008	-385, 832	91
	09101 EMERGENCY ROOM PHYSI CANS	0	C	0	344	0	91
. 02	09102 EXPRESS CARE	0	C	0 וי	56, 443	0	91
	09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92

Health Financial Systems F	RANCI SCAN HEALT	H CROWN POINT		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period: Worksheet B From 01/01/2016 Part I		
				To 12/31/2016	Date/Time Pre 5/30/2017 2:3	pared: 4 pm
	I NTERNS & RESI DENTS					
Cost Center Description	SERVI CES-OTHER		ECHOCARDI OLOO		Intern &	
	PRGM COSTS APPRV	PRGM	EDUCATION PROGRAM		Residents Cost & Post	
			TROOMAN		Stepdown	
					Adjustments	
	22.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	252, 459	419, 883	118, 09	174, 450, 848	-464, 223	118.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 1, 683, 488		192.00
194. 00 07950 FHC	0	0		0 0		194.00
194.0207952OTHER NON REIMB - BUILDINGS	0	0		0 708, 186		194. 02
194.0307953OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0		0 388, 671		194. 03
194.0407954CENTER OF HOPE	0	0		0 166, 517		194.04
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)	252, 459	419, 883	118, 09	94 177, 397, 710	-464, 223	202.00

Heal th Financial	Systems		
COST ALLOCATION	- GENERAL	SERVI CE	COSTS

Provider CCN: 15-0126

In Lieu of Form CMS-2552-10 Period: Worksheet B From 01/01/2016 Part I To 12/31/2016 Date/Time Prepared:

			To 12/31/2016 Date/Time Pro 5/30/2017 2: 3	
	Cost Center Description	Total 26.00		
	GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT			1
2.00	00200 CAP REL COSTS-MVBLE EQUIP			2
1.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4
. 00	00500 ADMINISTRATIVE & GENERAL			5
. 00	00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT			-
. 00 . 01				-
. 00	00701 OPERATION OF PLANT - FP 00800 LAUNDRY & LINEN SERVICE			8
. 00	00900 HOUSEKEEPING			
. 00	01851 ENVIRONMENTAL SERVICES - FP			
	01000 DI ETARY			1
	01100 CAFETERIA			1
	01300 NURSI NG ADMI NI STRATI ON			1
	01400 CENTRAL SERVICES & SUPPLY			1
	01500 PHARMACY			1
	01600 MEDI CAL RECORDS & LI BRARY			10
	01700 SOCIAL SERVICE			1
	02100 I &R SERVI CES-SALARY & FRI NGES APPRV			2
	02200 I&R SERVICES-OTHER PRGM COSTS APPRV			2
	02300 PARAMED ED PRGM-(SPECIFY)			2
	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM			2
	INPATIENT ROUTINE SERVICE COST CENTERS	· · · · · ·		
0. 00	03000 ADULTS & PEDIATRICS	37, 200, 832		30
	03100 INTENSIVE CARE UNIT	6, 899, 646		3
5.00	02060 NEONATAL INTENSIVE CARE UNIT	5, 158, 362		3
1.00	04100 SUBPROVI DER – I RF	3, 759, 245		4
3.00	04300 NURSERY	2, 106, 554		43
	ANCI LLARY SERVICE COST CENTERS	-		
	05000 OPERATI NG ROOM	16, 293, 210		5
		3, 736, 975		5
	05200 DELIVERY ROOM & LABOR ROOM	677, 209		5
	05300 ANESTHESI OLOGY	892, 031		5
	05400 RADI OLOGY-DI AGNOSTI C	18, 157, 555		5
	05401 RADI OLOGY - I -65	2, 243, 180		5
	05402 RADIOLOGY DIAGNOSTIC - SJ	83, 959		5
	05403 LOWELL RADI OLOGY	134, 775		5
	05500 RADI OLOGY-THERAPEUTI C	0		5
5.01	05501 CARDI AC CATHERI ZATON LAB	5, 777, 467		5
		1, 459, 884		5!
	03450 NEURO-DI AGNOSTI CS	920, 845		5!
		12, 420, 460		60
0.01		0		60
5.00 6.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	2,647,087		6
6.00 6.01		1, 312, 955		6
	06601 PHYSI CAL THERAPY I -65 06602 PHYSI CAL THERAPY ST JOHN	1, 084, 401 186, 045		6
	06700 OCCUPATIONAL THERAPY	370, 569		6
	06701 OCCUPATION THERAPY I -65	237, 965		6
	06702 OCCUPATION THERAPT 1-03	70, 021		6
	06800 SPEECH PATHOLOGY	205, 602		6
	06801 SPEECH PATHOLOGY I -65	340, 850		6
	06802 SPEECH THERAPY ST. JOHN	63, 145		6
	06900 ELECTROCARDI OLOGY	1, 046, 433		6
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4, 372, 146		7
	07200 I MPL. DEV. CHARGED TO PATIENTS	15, 429, 421		7
	07300 DRUGS CHARGED TO PATIENTS	11, 972, 577		7
	07400 RENAL DIALYSIS	549, 153		7
	03020 RADIATION ONCOLOGY	3, 241, 730		70
	OUTPATIENT SERVICE COST CENTERS	,,		
0. 00	09000 CLINIC	810, 819		7 9
0. 01	09001 DIABETES CLINIC	142, 114		90
	09002 OUTPATIENT CLINICS	584, 384		90
D. 03	09003 OCCUPATIONAL MEDICINE CLINIC	876, 764		90
0. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	6, 292		90
	09100 EMERGENCY	10, 457, 176		9
1. 01	09101 EMERGENCY ROOM PHYSI CANS	344		9
1. 02	09102 EXPRESS CARE	56, 443		9
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			9
	SPECIAL PURPOSE COST CENTERS			
	11300 INTEREST EXPENSE]11:
18.00		173, 986, 625		118
	NONREI MBURSABLE COST CENTERS	-		
	19200 PHYSICIANS' PRIVATE OFFICES	1, 683, 488		192
	07950 FHC	0		194

Health Financial Systems	FRANCI SCAN HEALTH	CROWN POINT	In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period:	Worksheet B		
			From 01/01/2016 To 12/31/2016	Part Date/Time Pre	nared	
			10 12/31/2010	5/30/2017 2:34		
Cost Center Description	Total					
	26.00					
194.0207952 OTHER NON REIMB - BUILDINGS	708, 186				194.02	
194.0307953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	388, 671				194.03	
194.0407954 CENTER OF HOPE	166, 517				194.04	
200.00 Cross Foot Adjustments	0				200. 00	
201.00 Negative Cost Centers	0				201.00	
202.00 TOTAL (sum lines 118-201)	176, 933, 487				202.00	

	Financial Systems TION OF CAPITAL RELATED COSTS	FRANCI SCAN HEAL	Provider CC	F	In Lie eriod: rom 01/01/2016 o 12/31/2016	u of Form CMS-2 Worksheet B Part II Date/Time Pre 5/30/2017 2:3	pared:
			CAPI TAL REL	ATED COSTS		373072017 2.3	
	Cost Center Description	Directly Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
		Related Costs	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	176, 881	9, 912	186, 793	186, 793	4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	0	3, 509, 832		4, 209, 923	11, 601	5.00
6.00 7.00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	0	37, 339 1, 259, 923		102, 424 1, 347, 255	3, 141 3, 615	6.00 7.00
7.01	00701 OPERATION OF PLANT - FP	0	0	1, 028	1, 028	0,010	7.01
8.00	00800 LAUNDRY & LINEN SERVICE	0	205, 538		213, 923	0	8.00
9.00 9.01	00900 HOUSEKEEPING 01851 ENVIRONMENTAL SERVICES - FP	0	97, 097 0	15, 976	113, 073 0	4, 262 296	9.00 9.01
10.00	01000 DI ETARY	0	596, 568	U U	649, 523	1, 431	10.00
11.00	01100 CAFETERI A	0	0	0	0	2, 787	11.00
	01300 NURSI NG ADMI NI STRATI ON	0	73, 241	774,080	847, 321	5, 500	
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0	546, 159 137, 367	63, 197 1, 752	609, 356 139, 119	957 6, 991	14.00 15.00
	01600 MEDICAL RECORDS & LIBRARY	0	188, 801	2, 441	191, 242	1, 628	16.00
	01700 SOCIAL SERVICE	0	501, 557	326	501, 883	5, 668	
	02100 I & SERVI CES-SALARY & FRI NGES APPRV 02200 I & SERVI CES-OTHER PRGM COSTS APPRV	0	0	0	0	26 0	21.00
	02300 PARAMED ED PRGM-(SPECIFY)	0	0	19, 800	19, 800	455	1
	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	0	11, 700	11, 700	165	1
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	0	1 222 252	252,202	1 505 (45	E1 404	20.00
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNI T	0	1, 333, 253 183, 030		1, 585, 645 211, 562	51, 434 9, 057	30.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	0	222, 956	222, 956	7, 590	1
41.00	04100 SUBPROVIDER - IRF	0	211, 776		214, 677	3, 493	
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	3, 274	43.00
50.00	05000 OPERATI NG ROOM	0	737, 207	1, 331, 680	2, 068, 887	13, 519	50.00
	05100 RECOVERY ROOM	0	323, 974		373, 511	4, 071	51.00
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	0	109, 879 45, 699		110, 245 54, 412	411 0	52.00 53.00
54.00	05400 RADI OLOGY - DI AGNOSTI C	0	43, 899 764, 802	1, 368, 126	2, 132, 928	12, 484	53.00
	05401 RADI OLOGY - 1-65	0	0	419, 490	419, 490	1, 194	
	05402 RADI OLOGY DI AGNOSTI C - SJ	0	0	0	0	139	
54.03 55.00	05403 LOWELL RADI OLOGY 05500 RADI OLOGY-THERAPEUTI C	0	0	19, 459	19, 459	155 0	54.03 55.00
	05501 CARDI AC CATHERI ZATON LAB	0	206, 041	591, 512	797, 553	2, 515	
	03140 CARDI OLOGY	0	50, 391		212, 873		55.02
55.03 60.00	03450 NEURO-DI AGNOSTI CS 06000 LABORATORY	0	60, 243	26, 459 1, 011	86, 702	754 0	55.03 60.00
	06001 BLOOD LABORATORY	0	303, 282 0	I, 011 0	304, 293 0	0	60.00
	06500 RESPI RATORY THERAPY	0	20, 818	60, 821	81, 639	3, 409	
	06600 PHYSI CAL THERAPY	0	116, 477			1, 590	
	06601 PHYSICAL THERAPY I -65 06602 PHYSICAL THERAPY ST JOHN	0	0	1, 570 0	1, 570 0	1, 222 308	
	06700 OCCUPATI ONAL THERAPY	0	1, 834	0	1, 834	622	1
	06701 OCCUPATION THERAPY I-65	0	0	0	0	233	
67. 02 68. 00	06702 OCCUPATIONAL THERAPY ST. JOHN 06800 SPEECH PATHOLOGY	0	0	0	0	118 345	1
	06801 SPEECH PATHOLOGY I -65	0	0	0	0	435	1
68. 02	06802 SPEECH THERAPY ST. JOHN	0	0	0	0	106	
	06900 ELECTROCARDI OLOGY	0	67, 074	5, 789	72, 863	1, 164	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	71.00
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
	07400 RENAL DIALYSIS	0	9, 276		9, 276	0	74.00
76.00	03020 RADI ATI ON ONCOLOGY	0	286, 563	729, 337	1, 015, 900	1, 462	76.00
90.00	OUTPATIENT SERVICE COST CENTERS	0	0	6, 315	6, 315	1, 213	90.00
	09001 DI ABETES CLINIC	0	2, 157	0	2, 157	219	1
	09002 OUTPATIENT CLINICS	0	167, 785			0	90.02
	09003 OCCUPATIONAL MEDICINE CLINIC 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	29, 789 0	5, 523	35, 312	1, 326 11	90.03 90.04
	09100 EMERGENCY	0	632, 002	114, 665	746, 667	9, 993	
	09101 EMERGENCY ROOM PHYSI CANS		0	0	0	0	91.01
	09102 EXPRESS CARE	0	0	931	931	0	91.02

Health Financial Systems F	RANCI SCAN HEALT	In Lie	eu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 15-0126 Pe Fr To			Worksheet B /2016 Part II /2016 Date/Time Prepared: 5/30/2017 2:34 pm	
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	12, 993, 655	7, 229, 17	8 20, 222, 833	183, 732	118.00
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	123, 650	1, 22	6 124, 876	2, 253	192.00
194. 00 07950 FHC	0	0		0 0	0	194.00
194.0207952OTHER NON REIMB - BUILDINGS	0	0	113, 90	0 113, 900	0	194.02
194.0307953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	34, 769		0 34, 769	674	194.03
194.04 07954 CENTER OF HOPE	0	29, 645		0 29, 645	134	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0		0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	13, 181, 719	7, 344, 30	4 20, 526, 023	186, 793	202.00

	Financial Systems TION OF CAPITAL RELATED COSTS	FRANCI SCAN HEALT	Provi der C		eriod: rom 01/01/2016	u of Form CMS-: Worksheet B Part II Date/Time Pre 5/30/2017 2:3	pared:
	Cost Center Description	ADMI NI STRATI VE & GENERAL 5. 00	MAI NTENANCE & REPAI RS 6.00	OPERATION OF PLANT 7.00	OPERATION OF PLANT - FP 7.01	LAUNDRY & LINEN SERVICE 8.00	
	GENERAL SERVICE COST CENTERS	0.00	0.00	7.00	7.01	0.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINI STRATI VE & GENERAL	4, 221, 524					4.00 5.00
6.00	00600 MAI NTENANCE & REPAI RS	79, 701	185, 266				6.00
7.00	00700 OPERATION OF PLANT	189, 761	24, 681				7.00
7.01	00701 OPERATION OF PLANT - FP	23, 730	0		24, 758		7.01
8.00	00800 LAUNDRY & LINEN SERVICE	24, 184	4, 026			289, 729	8.00
9. 00 9. 01	00900 HOUSEKEEPING 01851 ENVIRONMENTAL SERVICES - FP	70, 178 4, 250	1, 902 0		1, 726 0	25, 719 0	9.00 9.01
9.01 10.00	01000 DI ETARY	4, 250	11, 686	-	0	3, 487	10.00
11.00	01100 CAFETERIA	31, 914	0		0	0,407	11.00
13.00	01300 NURSING ADMINISTRATION	106, 862	1, 435	13, 985	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	68, 456	10, 699			842	
15.00	01500 PHARMACY	120, 328	2, 691		0	0	15.00
16.00 17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	90, 610	3, 698			0	16.00 17.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRV	92, 385 344	9, 825 0		0	0	21.00
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	6,008	0		0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	9, 867	0		0	0	23.00
23.01	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	2, 781	0	0	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS			I			
30.00	03000 ADULTS & PEDIATRICS	656, 808	26, 118			146, 321	30.00
31.00 35.00	03100 INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	135, 879 106, 739	3, 585 0		0	9, 960 6, 876	
41.00	04100 SUBPROVIDER - IRF	68, 755	4, 148		0	7, 200	
43.00	04300 NURSERY	48, 533	0			3, 014	43.00
	ANCI LLARY SERVI CE COST CENTERS				· · · · ·		
50.00	05000 OPERATI NG ROOM	297, 277	14, 441	140, 765		31, 673	50.00
51.00	05100 RECOVERY ROOM	67, 981	6, 346		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9, 257	2, 152		0	0	52.00
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	9, 823 353, 191	895 14, 982			0 7, 275	53.00 54.00
54.00 54.01	05401 RADI 0L0GY - 1 - 65	38, 645	14, 982		5, 954	7, 273	54.00
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	1,859	0		0,701	51	54.02
54.03	05403 LOWELL RADI OLOGY	3, 019	0	0	0	0	54.03
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
55.01	05501 CARDI AC CATHERI ZATON LAB	115, 044	4, 036			2, 537	55.01
55. 02 55. 03		29,032	987			0	55.02
55. 03 60. 00	03450 NEURO-DI AGNOSTI CS 06000 LABORATORY	17, 204 255, 581	1, 180 5, 941		0	2, 321 334	55.03 60.00
60.00	06001 BLOOD LABORATORY	233, 301	0, , , , ,		-	0	60.01
65.00	06500 RESPI RATORY THERAPY	55, 266	408				
66.00	06600 PHYSI CAL THERAPY	24, 795	2, 282	22, 241	0	1, 257	66.00
66.01	06601 PHYSI CAL THERAPY I -65	16, 364	0	0	6, 508	0	66.01
66.02	06602 PHYSI CAL THERAPY ST JOHN	4,081	0	0	0	0	66.02
67.00 67.01	06700 OCCUPATIONAL THERAPY 06701 OCCUPATION THERAPY I-65	8, 239 4, 425	36 0		0 800	0	67.00 67.01
67.01	06702 OCCUPATION INERAPT 1-03	1, 535	0		0	0	67.02
68.00	06800 SPEECH PATHOLOGY	4, 588	0	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I -65	5, 892	0		1, 420	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	1, 399	0	-	0	0	68.02
69.00	06900 ELECTROCARDI OLOGY	18,007	1, 314		0	1, 723	69.00
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	81, 774 310, 778	0	0	0	0	71.00
72.00	07200 TMPL. DEV. CHARGED TO PATTENTS	139, 468	0		0	0	72.00
74.00	07400 RENAL DIALYSIS	12, 312	182	1, 771	0	0	74.00
	03020 RADI ATI ON ONCOLOGY	60, 896	5, 613		-	1, 459	76.00
	OUTPATIENT SERVICE COST CENTERS			1			
90.00	09000 CLINIC	18, 023	0		0	175	90.00
90.01		3,036	42		0	1,549	90.01
90. 02 90. 03	09002 OUTPATIENT CLINICS 09003 OCCUPATIONAL MEDICINE CLINIC	5, 343 18, 081	3, 287 584		0	8, 145 0	90.02 90.03
90. 03 90. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	148	564 0	5,000	0	0	90.03
90.04 91.00	09100 EMERGENCY	184, 063	12, 380	-	0	20, 658	91.00
91.01	09101 EMERGENCY ROOM PHYSI CANS	0	_, 100	0	0	0	91.01
91.02	09102 EXPRESS CARE	29	0	0	0	0	91.02
92.00	09200 OBSERVATI ON BEDS (NON-DI STI NCT PART						92.00
110 00	SPECIAL PURPOSE COST CENTERS	1		1			112 00
113.00	11300 INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117)	4, 160, 081	181, 582	1, 529, 402	24, 758	289, 729	113.00
110.00	NONREI MBURSABLE COST CENTERS	4,100,081	101, 302	1, 527, 402	24,730	207, 129	1.10.00
192.00	19200 PHYSI CI ANS' PRI VATE OFFI CES	34, 355	2, 422	23, 610	0	0	192.00
				-			

Health Financial Systems F	TH CROWN POINT		In Lie	u of Form CMS-2	2552-10	
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period:	Worksheet B	
				rom 01/01/2016		
				o 12/31/2016	Date/Time Pre 5/30/2017 2:3	
Cost Center Description	ADMI NI STRATI VE	MAINTENANCE &	OPERATION OF	OPERATION OF	LAUNDRY &	
	& GENERAL	REPAI RS	PLANT	PLANT - FP	LINEN SERVICE	
	5.00	6.00	7.00	7.01	8.00	
194.0007950 FHC	0	0	(0 0	0	194.00
194.0207952 OTHER NON REIMB - BUILDINGS	16, 853	0	(0 0	0	194.02
194.0307953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	7, 553	681	6, 639	0	0	194.03
194.0407954 CENTER OF HOPE	2, 682	581	5, 66	0	0	194.04
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)	4, 221, 524	185, 266	1, 565, 312	2 24, 758	289, 729	202.00

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ALLOCA	Financial Systems TION OF CAPITAL RELATED COSTS	FRANCI SCAN HEAL	Provi der CCN:		eriod: com 01/01/2016		pared:
	Cost Center Description	HOUSEKEEPING	ENVI RONMENTAL SERVI CES – FP	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	
		9.00	9.01	10.00	11.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
. 00	00500 ADMI NI STRATI VE & GENERAL						5.00
. 00	00600 MAI NTENANCE & REPAI RS						6.00
. 00	00700 OPERATION OF PLANT						7.00
. 01	00701 OPERATION OF PLANT - FP						7.0
. 00	00800 LAUNDRY & LINEN SERVICE						8.0
. 00	00900 HOUSEKEEPING	235, 400					9.0
. 01	01851 ENVI RONMENTAL SERVICES - FP 01000 DI ETARY	17 707	4, 546	042 270			9.0
0.00 1.00	01100 CAFETERIA	17, 787	0	843, 378 0	34, 701		10.0 11.0
	01300 NURSI NG ADMI NI STRATI ON	2, 184	0	0	959	978, 246	13.0
	01400 CENTRAL SERVICES & SUPPLY	16, 284	0	0	464	0	14.0
	01500 PHARMACY	4, 096	0	0	1, 352	0	15.0
	01600 MEDICAL RECORDS & LIBRARY	5, 629	0	0	329	0	16.0
	01700 SOCIAL SERVICE	14, 954	0	0	1, 214	0	17.0
	02100 I & R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.0
	02200 I & R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	22.0
	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	0	0	104 31	19 0	23. 0 23. 0
5.01	INPATIENT ROUTINE SERVICE COST CENTERS	0	<u>Ч</u>	0	51	0	25.0
30.00	03000 ADULTS & PEDI ATRI CS	39, 752	0	727, 929	11, 325	551, 520	30.0
31.00	03100 I NTENSI VE CARE UNI T	5, 457	0	82, 353	2,002	60, 560	31.0
35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	1, 306	80, 191	35.0
	04100 SUBPROVI DER – I RF	6, 314	0	33, 096	882	50, 950	41.0
3.00	04300 NURSERY	0	0	0	0	0	43.0
50.00	ANCI LLARY SERVI CE COST CENTERS	21, 980	0	0	2, 963	109, 710	50.0
1.00	05100 RECOVERY ROOM	9,660	0	0	2,903	33, 186	50.0
	05200 DELIVERY ROOM & LABOR ROOM	3, 276	0	0	130	0	52.0
3.00	05300 ANESTHESI OLOGY	1, 363	0	0	0	0	53.0
4.00	05400 RADI OLOGY-DI AGNOSTI C	22, 803	0	0	3, 092	4, 463	54.0
64.01	05401 RADI OLOGY - I -65	0	1, 844	0	282	0	54.0
	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	39	0	54.0
	05403 LOWELL RADIOLOGY	0	0	0	43	0	54.0
55.00 55.01	05500 RADI OLOGY-THERAPEUTI C 05501 CARDI AC CATHERI ZATON LAB	0 6, 143	0	0	0 449	0 19, 270	55. 0 55. 0
	03140 CARDI OLOGY	1, 502	0	0	300	315	55.0
5.03	03450 NEURO-DI AGNOSTI CS	1, 796	Ő	0	193	0	55.0
0.00	06000 LABORATORY	9, 043	0	0	0	0	60.0
0. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60.0
	06500 RESPI RATORY THERAPY	621	0	0	829		65.0
	06600 PHYSI CAL THERAPY	3, 473	0	0	258		66.0
6. 01 6. 02	06601 PHYSI CAL THERAPY I -65 06602 PHYSI CAL THERAPY ST JOHN	0	2, 014	0	208 51	0	66.0 66.0
7.00	06700 OCCUPATIONAL THERAPY	55	0	0	107	0	67. C
7.01	06701 OCCUPATION THERAPY I -65	0	248	0	53	0	67. C
	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	25	0	67. C
8.00	06800 SPEECH PATHOLOGY	0	0	0	60	0	68. C
	06801 SPEECH PATHOLOGY I -65	0	440	0	83	0	68.0
	06802 SPEECH THERAPY ST. JOHN	0	0	0	20	0	68.0
	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	2,000	0	0	252	2, 958	69.0
1.00 2.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71. C 72. C
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.0
	07400 RENAL DIALYSIS	277	0	0	0	0	74.0
	03020 RADIATION ONCOLOGY	8, 544	0	0	372	2, 939	76.0
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLI NI C	0	0	0	267	0	90.0
	09001 DI ABETES CLI NI C	64	0	0	37	11	90.0
	09002 OUTPATIENT CLINICS	5,003	0	0	310	0	90.0
0. 02		888	0	0	258	0	90. 0 90. 0
0. 02 0. 03	09003 OCCUPATIONAL MEDICINE CLINIC	∩	. VI	0	2	50, 684	
0. 02 0. 03 0. 04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0 18 844	0	0	.) 40.)		91 1
0. 02 0. 03 0. 04 1. 00	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 09100 EMERGENCY	0 18, 844 0	0	0	2, 492 9	0,004	
0. 02 0. 03 0. 04 1. 00 1. 01	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0 18, 844 0 0	0 0 0	0 0 0	2, 492 9 15	0	91.0
0. 02 0. 03 0. 04 01. 00 01. 01 01. 02	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 09100 EMERGENCY 09101 EMERGENCY ROOM PHYSICANS	0 18, 844 0 0	0 0 0	0 0 0	9	0	91. 0 91. 0
0. 02 0. 03 0. 04 1. 00 1. 01 1. 02 2. 00	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 09100 EMERGENCY 09101 EMERGENCY ROOM PHYSICANS 09102 EXPRESS CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS	0 18,844 0 0	0 0 0	0 0 0	9	0	91.0 91.0 91.0 92.0
0. 02 0. 03 0. 04 1. 00 1. 01 1. 02 2. 00 13. 00	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 09100 EMERGENCY 09101 EMERGENCY ROOM PHYSICANS 09102 EXPRESS CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE	000	000	0 0	9 15	0 11, 470	91.0 91.0 92.0 113.0
0. 02 0. 03 0. 04 1. 00 1. 01 1. 02 2. 00	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 09100 EMERGENCY 09101 EMERGENCY ROOM PHYSICANS 09102 EXPRESS CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE	0 18, 844 0 0 229, 792	0 0 0 4, 546	0 0 0 843, 378	9	0	91.0 91.0 92.0 113.0

 192. 00
 19200
 PHYSI CLANS'
 PRI VATE OFFICES
 3, 687
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Health Financial Systems	FRANCI SCAN HEAL	TH CROWN POINT		In Lieu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period: Worksheet B			
				From 01/01/2016		l	
	_	_		To 12/31/2016	Date/Time Prep 5/30/2017 2:34	ared: 1_pm	
Cost Center Description	HOUSEKEEPI NG	ENVI RONMENTAL	DI ETARY	CAFETERI A	NURSI NG		
		SERVICES - FP			ADMI NI STRATI ON		
	9.00	9.01	10.00	11.00	13.00		
194.00 07950 FHC	0	0		0 0	0	194.00	
194.0207952OTHER NON REIMB - BUILDINGS	0	0		0 0	0	194. 02	
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	1,037	0		0 226	0	194.03	
194.04 07954 CENTER OF HOPE	884	0		0 12	0	194. 04	
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)	235, 400	4, 546	843, 37	8 34, 701	978, 246	202.00	

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LOCATION OF CAPITAL RELATED COSTS		TH CROWN POINT	CN: 15-0126 P	eriod:	u of Form CMS-2 Worksheet B	2002-
			F	rom 01/01/2016	Part II	
				o 12/31/2016	Date/Time Pre 5/30/2017 2:3	
					INTERNS &	
					RESI DENTS	
Cost Center Description	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE		
	SERVICES &		RECORDS &		Y & FRINGES	
	SUPPLY 14.00	15.00	LI BRARY 16. 00	17.00	APPRV 21.00	
GENERAL SERVICE COST CENTERS	14.00	15.00	10.00	17.00	21.00	
00 00100 CAP REL COSTS-BLDG & FIXT						1.
00 00200 CAP REL COSTS-MVBLE EQUIP						2.
00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.
00 00500 ADMINISTRATIVE & GENERAL						5.
00 00600 MAI NTENANCE & REPAI RS						6.
00 00700 OPERATION OF PLANT						7.
01 00701 OPERATION OF PLANT - FP						7.
00 00800 LAUNDRY & LINEN SERVICE						8.
00 00900 HOUSEKEEPING 01 01851 ENVIRONMENTAL SERVICES - FP						9. 9.
01 01851 ENVI RONMENTAL SERVI CES - FP . 00 01000 DI ETARY						10.
. 00 01100 CAFETERIA						11.
. 00 01300 NURSI NG ADMI NI STRATI ON						13.
. 00 01400 CENTRAL SERVICES & SUPPLY	811, 344					14.
. 00 01500 PHARMACY	1, 215	302, 021				15.
. 00 01600 MEDICAL RECORDS & LIBRARY	0	0	329, 186			16.
. 00 01700 SOCIAL SERVICE	0	0	C	721, 698		17.
. 00 02100 I &R SERVICES-SALARY & FRINGES APPI	1	0	C	0	370	
00 02200 I &R SERVICES-OTHER PRGM COSTS APPI		0	C	0		22.
. 00 02300 PARAMED ED PRGM-(SPECI FY)	233	0		-		23.
01 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	0	C	0		23.
. 00 03000 ADULTS & PEDIATRICS	29, 245	0	21 114	46, 257		30.
00 03100 I NTENSI VE CARE UNI T	7, 261	0	21, 116 4, 028			31
00 02060 NEONATAL INTENSIVE CARE UNIT	4, 693	0	6, 567			35.
00 04100 SUBPROVIDER - IRF	500	0				41
00 04300 NURSERY	0	0				43.
ANCILLARY SERVICE COST CENTERS			· · · ·	·		
. 00 05000 OPERATI NG ROOM	161, 053	169	32, 431	71, 046		50.
. 00 05100 RECOVERY ROOM	2, 165	0	3, 527			51.
. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0	3, 133			52.
00 05300 ANESTHESI OLOGY	4, 195	9, 022	7, 943			53.
. 00 05400 RADI OLOGY - DI AGNOSTI C . 01 05401 RADI OLOGY - I -65	3, 171	0	63, 580			54. 54.
01 05401 RADI OLOGY - I -65 02 05402 RADI OLOGY DI AGNOSTI C - SJ	287	0	9, 317 147			54.
. 03 05403 LOWELL RADIOLOGY	0	0	229			54
00 05500 RADI OLOGY-THERAPEUTI C	0	0				55
01 05501 CARDI AC CATHERI ZATON LAB	0	0	16, 448	36, 031		55
02 03140 CARDI OLOGY	257	0				55
03 03450 NEURO-DI AGNOSTI CS	428	0	2, 451	5, 370		55
. 00 06000 LABORATORY	385	0	41, 440	90, 780		60
01 06001 BLOOD LABORATORY	0	0	C	0		60
00 06500 RESPI RATORY THERAPY	5, 197	34				65
00 06600 PHYSI CAL THERAPY	60	0	.,			66
01 06601 PHYSI CAL THERAPY I -65	142	0	-			66
02 06602 PHYSI CAL THERAPY ST JOHN 00 06700 OCCUPATI ONAL THERAPY	11	0	459			66
00 06700 0CCUPATIONAL THERAPY 01 06701 0CCUPATION THERAPY 1-65	0 28	0	621 289			67 67
02 06702 OCCUPATIONAL THERAPY ST. JOHN	19	0	163			67.
00 06800 SPEECH PATHOLOGY	0	0	384			68
01 06801 SPEECH PATHOLOGY I -65	23	0	568			68
02 06802 SPEECH THERAPY ST. JOHN	0	0	131			68
00 06900 ELECTROCARDI OLOGY	210	0	3, 463			69
00 07100 MEDICAL SUPPLIES CHARGED TO PATIE		0	12, 606			71
00 07200 IMPL. DEV. CHARGED TO PATIENTS	446, 632	0	8, 532			72
00 07300 DRUGS CHARGED TO PATIENTS	0	289, 654				73
00 07400 RENAL DIALYSIS	68	0	541			74
00 03020 RADI ATI ON ONCOLOGY	480	0	4, 700	10, 297		76
OUTPATIENT SERVICE COST CENTERS	1 014	1 244	FCD	1 220		00
01 09001 DIABETES CLINIC	1, 014 13	1, 244 0	557 12			90 90
02 09002 OUTPATIENT CLINICS	13	0	12			90
03 09003 OCCUPATIONAL MEDICINE CLINIC	6 545	1, 898	627			90
04 09004 NEONATOLOGY CLINIC-FRANCISCAN POI		1, 0 7 0 N	027	1, 3/3		90
00 09100 EMERGENCY	18, 118	0	27, 246	59, 687		91.
. 01 09101 EMERGENCY ROOM PHYSI CANS	0	0	27,240	0		91.
. 02 09102 EXPRESS CARE	1	0		0		91.
. 00 09200 OBSERVATION BEDS (NON-DISTINCT PA	rτ 'Ι	0				92.
SPECIAL PURPOSE COST CENTERS]

Health Financial Systems		In Lieu of Form CMS-2552-10				
ALLOCATION OF CAPITAL RELATED COSTS	OCATION OF CAPITAL RELATED COSTS			Period:	Worksheet B	
				From 01/01/2016 To 12/31/2016	Part II Date/Time Pre	pared:
					5/30/2017 2:3	4 pm
					INTERNS &	
	OFNEDAL	DUADUAOV	MEDION		RESI DENTS	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE		
	SERVICES & SUPPLY		RECORDS & LI BRARY		Y & FRI NGES APPRV	
	14.00	15.00	16, 00	17.00	21,00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	811, 344	302, 021				118.00
NONREI MBURSABLE COST CENTERS	011, 344	502, 021	527,10	721,070	0	110.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0		192.00
194. 00 07950 FHC	0	0		0 0		194.00
194.0207952 OTHER NON REIMB - BUILDINGS	0	0		0 0		194.02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0		0 0		194.03
194.04 07954 CENTER OF HOPE	0	0		0 0		194.04
200.00 Cross Foot Adjustments					370	200. 00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	811, 344	302, 021	329, 18	6 721, 698	370	202.00

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	Financial Systems F TION OF CAPITAL RELATED COSTS	FRANCI SCAN HEALT			eriod: rom 01/01/2016	Date/Time Pre	pared:
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	ECHOCARDI OLOGY EDUCATI ON PROGRAM	Subtotal	5/30/2017 2:3 Intern & Residents Cost & Post Stepdown Adjustments	
	GENERAL SERVICE COST CENTERS	22.00	23.00	23.01	24.00	25.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 7.\ 01\\ 8.\ 00\\ 9.\ 00\\ 9.\ 01\\ 10.\ 00\\ 11.\ 00\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BUDG & FIXT 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00701 OPERATION OF PLANT - FP 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01851 ENVIRONMENTAL SERVICES - FP 01000 DIETARY 01100 CAFETERIA						1.00 2.00 4.00 5.00 6.00 7.00 7.01 8.00 9.01 10.00 11.00
13. 00 14. 00 15. 00 16. 00 17. 00 21. 00 22. 00 23. 00 23. 01	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 02100 I &R SERVI CES-SALARY & FRI NGES APPRV 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECI FY) 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	6, 008	30, 478	3 14, 677			13. 00 14. 00 15. 00 16. 00 17. 00 21. 00 22. 00 23. 00 23. 01
30. 00 31. 00 35. 00 41. 00 43. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF 04300 NURSERY ANCILLARY SERVICE COST CENTERS				4, 148, 049 575, 476 451, 304 436, 437 60, 673	0 0 0	31.00 35.00 41.00
50.00 51.00 52.00 53.00 54.01 54.02 54.03 55.00 55.01 55.02 55.03 60.01 65.00 66.01 66.02 67.00 67.01 67.02 68.02 68.01 68.02 69.00 71.00 72.00 73.00 74.00 74.00 76.00 70.00 74.00 7	05000 OPERATI NG ROOM 05100 RECOVERY ROOM 05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY - DI AGNOSTI C 05401 RADI OLOGY - I - 65 05402 RADI OLOGY - I - 65 05402 RADI OLOGY - THERAPEUTI C 05501 CARDI AC CATHERI ZATON LAB 03140 CARDI OLOGY 05500 RADI OLOGY 03450 NEURO-DI AGNOSTI CS 06000 LABORATORY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06601 PHYSI CAL THERAPY 06602 PHYSI CAL THERAPY 06601 PHYSI CAL THERAPY 06600 SPEECH PATHOLOGY 06800 SPEECH PATHOLOGY 06801 SPEECH PATHOLOGY 06801 SPEECH THERAPY ST. JOHN 06800 SPEECH PATHOLOGY 06801 SPEECH THERAPY ST. JOHN 06800 SPEECH THERAPY ST. JOHN 06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 03020 RADI ATI ON ONCOLOGY 0UTPATI ENT SERVICE COST CENTERS				2, 965, 914 570, 881 156, 448 113, 780 2, 903, 852 504, 577 2, 565 23, 406 129, 902 765, 707 0 178, 236 180, 748 33, 493 5, 915 13, 224 6, 219 10, 105 1, 943 124, 348 245, 677 784, 632 542, 484 25, 612 1, 167, 380		51.00 52.00 53.00 54.00 54.01 54.02 54.03 55.00 55.02 55.02 55.02 55.02 55.02 55.02 55.02 60.00 60.01 65.00 66.01 66.02 67.01 67.02 68.00 68.01 68.02 69.00 71.00 72.00 73.00 74.00 74.00
90. 00 90. 01 90. 02 90. 03 90. 04 91. 00 91. 01 91. 02 92. 00	09000 CLINIC 09001 DIABETES CLINIC 09002 OUTPATIENT CLINICS 09003 OCCUPATIONAL MEDICINE CLINIC 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 09100 EMERGENCY 09101 EMERGENCY ROOM PHYSICANS 09102 EXPRESS CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART				30, 028 7, 578 223, 311 66, 580 161 1, 271, 509 9 12, 446	0 0 0 0 0	90. 01 90. 02 90. 03 90. 04 91. 00 91. 01 91. 02

Health Financial Systems F	RANCI SCAN HEALT	ANCISCAN HEALTH CROWN POINT				2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period: From 01/01/2016 To 12/31/2016		pared: 4 pm
Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	ECHOCARDI OLOG EDUCATI ON PROGRAM		Intern & Residents Cost & Post Stepdown Adjustments	
	22.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0		0 20, 060, 907	0	118.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES				191, 652	0	192.00
194. 00 07950 FHC				0	0	194.00
194.02079520THER NON REIMB - BUILDINGS				130, 753		194. 02
194.0307953OTHR NON REIM-FHC BEHAVORIAL HEALTH				51, 579		194.03
194.0407954 CENTER OF HOPE				39, 599		194.04
200.00 Cross Foot Adjustments	6, 008	30, 478	14, 67	7 51, 533		200.00
201.00 Negative Cost Centers	0	C		0 0		201.00
202.00 TOTAL (sum lines 118-201)	6,008	30, 478	14, 67	7 20, 526, 023	0	202.00

Health Fina	nci al	Syste	ms	
ALLOCATI ON	OF CA	API TAL	RELATED	COSTS

Provider CCN: 15-0126

In Lieu of Form CMS-2552-10 Period: Worksheet B From 01/01/2016 Part II To 12/31/2016 Date/Time Prepared:

Cost Center Description	Total	
	26.00	
GENERAL SERVICE COST CENTERS		
00 00100 CAP REL COSTS-BLDG & FIXT		1
00 00200 CAP REL COSTS-MVBLE EQUIP 00 00400 EMPLOYEE BENEFITS DEPARTMENT		2
00 00400 EMPLOYEE BENEFITS DEPARTMENT 00 00500 ADMINISTRATIVE & GENERAL		4
00 00600 MAI NTENANCE & REPAI RS		6
00 00700 OPERATION OF PLANT		7
01 00701 OPERATION OF PLANT - FP		7
00 00800 LAUNDRY & LINEN SERVICE		8
00 00900 HOUSEKEEPI NG		9
01 01851 ENVI RONMENTAL SERVICES - FP		9
0. 00 01000 DI ETARY		10
		11
3. 00 01300 NURSI NG ADMI NI STRATI ON 4. 00 01400 CENTRAL SERVI CES & SUPPLY		13 14
5. 00 01500 PHARMACY		15
5. 00 01600 MEDICAL RECORDS & LIBRARY		16
7. 00 01700 SOCIAL SERVICE		17
1.00 02100 I &R SERVICES-SALARY & FRINGES APPRV		21
2.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRV		22
3.00 02300 PARAMED ED PRGM-(SPECIFY)		23
3. 01 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM		23
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		
D. 00 03000 ADULTS & PEDIATRICS	4, 148, 049	30
1. 00 03100 INTENSIVE CARE UNIT	575, 476	31
5. 00 02060 NEONATAL INTENSIVE CARE UNIT 1. 00 04100 SUBPROVIDER - IRF	451, 304 436, 437	35
3. 00 04300 NURSERY	60, 673	41
ANCI LLARY SERVICE COST CENTERS		
D. 00 05000 OPERATING ROOM	2, 965, 914	50
1.00 05100 RECOVERY ROOM	570, 881	51
2.00 05200 DELIVERY ROOM & LABOR ROOM	156, 448	52
3. 00 05300 ANESTHESI OLOGY	113, 780	53
4. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 903, 852	54
4. 01 05401 RADI OLOGY - I -65	504, 577	54
4. 02 05402 RADIOLOGY DIAGNOSTIC - SJ	2, 565	54
4. 03 05403 LOWELL RADI OLOGY	23, 406	54
5. 00 05500 RADI OLOGY-THERAPEUTI C 5. 01 05501 CARDI AC CATHERI ZATON LAB	1, 039, 368	55
5. 02 03140 CARDI OLOGY	272,006	55
5. 03 03450 NEURO-DI AGNOSTI CS	129, 902	55
D. 00 06000 LABORATORY	765, 707	60
D. 01 06001 BLOOD LABORATORY	0	60
5. 00 06500 RESPI RATORY THERAPY	178, 236	65
5. 00 06600 PHYSI CAL THERAPY	180, 748	66
5. 01 06601 PHYSI CAL THERAPY 1-65	33, 493	66
6. 02 06602 PHYSI CAL THERAPY ST JOHN	5, 915	66
7.00 06700 OCCUPATIONAL THERAPY	13, 224	67
7. 01 06701 0CCUPATION THERAPY 1-65	6, 708	67
7. 02 06702 0CCUPATIONAL THERAPY ST. JOHN 3. 00 06800 SPEECH PATHOLOGY	2,216	67
3. 00 06800 SPEECH PATHOLOGY 3. 01 06801 SPEECH PATHOLOGY -65	6, 219 10, 105	68
3. 02 06802 SPEECH THERAPY ST. JOHN	1, 943	68
9. 00 06900 ELECTROCARDI OLOGY	124, 348	69
1. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	245, 677	71
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	784, 632	72
3. 00 07300 DRUGS CHARGED TO PATIENTS	542, 484	73
4. 00 07400 RENAL DIALYSIS	25, 612	74
5. 00 03020 RADI ATI ON ONCOLOGY	1, 167, 380	
	20,020	
0. 00 09000 CLINIC 0. 01 09001 DIABETES CLINIC	30, 028	90
D. 01 09001 DI ABETES CLINIC D. 02 09002 OUTPATIENT CLINICS	7, 578 223, 311	90
D. 03 09002 00 PATTENT CETNICS D. 03 09003 OCCUPATIONAL MEDICINE CLINIC	66, 580	90
D. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	161	90
1. 00 09100 EMERGENCY	1, 271, 509	91
1. 01 09101 EMERGENCY ROOM PHYSI CANS	9	91
1. 02 09102 EXPRESS CARE	12, 446	91
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		92
SPECIAL PURPOSE COST CENTERS	· · · · · · · · · · · · · · · · · · ·	
13.00 11300 INTEREST EXPENSE		113
18.00 SUBTOTALS (SUM OF LINES 1-117)	20, 060, 907	118
NONREI MBURSABLE COST CENTERS		
92. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	191, 652	192

Health Financial Systems	alth Financial Systems FRANCISCAN HEALTH			I POINT In Lieu of Form CMS-2			
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2016	Worksheet B Part			
			To 12/31/2016				
Cost Center Description	Total						
	26.00						
194.0207952 OTHER NON REIMB - BUILDINGS	130, 753				194.02		
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	51, 579				194.03		
194.04 07954 CENTER OF HOPE	39, 599				194.04		
200.00 Cross Foot Adjustments	51, 533				200.00		
201.00 Negative Cost Centers	0				201.00		
202.00 TOTAL (sum lines 118-201)	20, 526, 023				202.00		

^{5/30/2017 2:34} pm C:\Work Files\Crown Point FY2016 Cost Report\16 costrp\FY2016\HFS\FY16 150126 v3 - tw.mcrx

. 00 2. 00 5. 00 5. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 9. 00 9	Cost Center Description GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	CAPITAL REI BLDG & FIXT (SOUARE FEET) 1.00 733, 231 9, 839	2.00		rom 01/01/2016 o 12/31/2016 Reconciliation	Date/Time Prep 5/30/2017 2:34 ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
. 00 2. 00 5. 00 5. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 9. 00 9	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	BLDG & FIXT (SOUARE FEET) 1.00 733,231	MVBLE EQUI P (DOLLAR VALUE) 2.00	BENEFI TS DEPARTMENT (GROSS SALARI ES)	Reconciliation	ADMI NI STRATI VE & GENERAL	
. 00 2. 00 5. 00 5. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 9. 00 9	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	(SOUARE FEET)	(DOLLAR VALUE)	BENEFI TS DEPARTMENT (GROSS SALARI ES)	Reconciliation	& GENERAL	
. 00 2. 00 5. 00 5. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 9. 00 9	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	733, 231					
. 00 2. 00 5. 00 5. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 7. 00 9. 00 9	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS			4.00	5A	5.00	
2.00 4.00 5.00 5.00 7.00 7.00 7.01 8.00 9.00 9.00 9.00 1.00 3.00 4.00	00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFI TS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS						
1.00 5.00 5.00 7.00 7.01 8.00 9.00 <t< td=""><td>00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS</td><td>0 830</td><td>5, 151, 801</td><td></td><td></td><td></td><td>1.00</td></t<>	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	0 830	5, 151, 801				1.00
5.00 .00 .00 .01 3.00 .00 .00 1.00 3.00 4.00	00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS			61, 215, 213			4.00
7.00 7.01 8.00 9.00 9.01 0.00 1.00 3.00 4.00		195, 234		3, 802, 253		135, 804, 915	5.00
7.01 8.00 9.00 9.01 0.00 1.00 3.00 4.00		2,077		1, 029, 421		2, 563, 971	
3. 00 9. 00 9. 01 0. 00 1. 00 3. 00 4. 00	00700 OPERATION OF PLANT 00701 OPERATION OF PLANT - FP	70, 083	61, 261 721	1, 184, 768 0		6, 104, 573 763, 396	
2.00 2.01 0.00 1.00 3.00 4.00	00800 LAUNDRY & LINEN SERVICE	11, 433		0		703, 370	
0.00 1.00 3.00 4.00	00900 HOUSEKEEPI NG	5, 401		1, 397, 074		2, 257, 626	
1.00 3.00 4.00	01851 ENVI RONMENTAL SERVICES - FP	0	0	96, 896		136, 734	
3.00 4.00	01000 DI ETARY 01100 CAFETERI A	33, 184	37, 146	469, 139 913, 459		1, 465, 441 1, 026, 656	
4.00	01300 NURSI NG ADMI NI STRATI ON	4,074	542, 993	1, 802, 807		3, 437, 735	
	01400 CENTRAL SERVICES & SUPPLY	30, 380		313, 507		2, 202, 217	
	01500 PHARMACY	7,641		2, 291, 526		3, 870, 943	
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	10, 502 27, 899		533, 593 1, 857, 834		2, 914, 903 2, 972, 009	
	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0	8, 576		11, 078	
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	193, 267	
	02300 PARAMED ED PRGM-(SPECIFY)	0		149, 280		317, 426	
	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	8, 207	54, 092	0	89, 477	23.0
	03000 ADULTS & PEDIATRICS	74, 162	177, 045	16, 849, 498	8 0	21, 128, 518	30.0
	03100 I NTENSI VE CARE UNI T	10, 181		2, 968, 664		4, 371, 220	
	02060 NEONATAL INTENSIVE CARE UNIT	0	156, 397	2, 487, 593		3, 433, 769	
	04100 SUBPROVIDER - IRF 04300 NURSERY	11, 780		1, 144, 985 1, 073, 083		2, 211, 833 1, 561, 291	
	ANCI LLARY SERVI CE COST CENTERS			1,070,000		1,001,271	10.0
	05000 OPERATING ROOM	41, 007		4, 430, 910			
1	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	18, 021 6, 112		1, 334, 328		2, 186, 932 297, 794	
	05300 ANESTHESI OLOGY	2, 542		134, 570 0		316, 005	
	05400 RADI OLOGY-DI AGNOSTI C	42, 542		4, 091, 808	-	11, 362, 105	
	05401 RADI OLOGY - I -65	0	294, 259	391, 385		1, 243, 203	
	05402 RADI OLOGY DI AGNOSTI C - SJ 05403 LOWELL RADI OLOGY	0	0 13, 650	45, 722 50, 725		59, 798 97, 128	
	05500 RADI OLOGY-THERAPEUTI C	0	0	00,720		0	
	05501 CARDI AC CATHERI ZATON LAB	11, 461		824, 228			
	03140 CARDI OLOGY 03450 NEURO-DI AGNOSTI CS	2, 803 3, 351		440, 323		933, 941 553, 459	
	06000 LABORATORY	16, 870		247, 106 0	0	8, 222, 020	
	06001 BLOOD LABORATORY	0	0	0	0	0	
	06500 RESPI RATORY THERAPY	1, 158		1, 117, 328		1, 777, 893	
	06600 PHYSI CAL THERAPY 06601 PHYSI CAL THERAPY I -65	6, 479	2, 215 1, 101	521, 230 400, 408		797, 647 526, 428	
	06602 PHYSI CAL THERAPY ST JOHN	0	0	100, 974		131, 271	
	06700 OCCUPATI ONAL THERAPY	102	0	203, 756		265, 038	
	06701 OCCUPATION THERAPY I-65	0	0	76, 357		142, 344	
	06702 OCCUPATIONAL THERAPY ST. JOHN 06800 SPEECH PATHOLOGY		0	38, 712 113, 195		49, 392 147, 597	
	06801 SPEECH PATHOLOGY I -65	0	0	142, 616		189, 542	
	06802 SPEECH THERAPY ST. JOHN	0	0	34, 830	0	45, 021	
	06900 ELECTROCARDI OLOGY	3, 731	4, 061	381, 376	0	579, 283	
1	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS		0	0		2, 630, 658 9, 997, 681	
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	4, 486, 670	
	07400 RENAL DI ALYSI S	516		0	0	396, 071	
	03020 RADIATION ONCOLOGY OUTPATIENT SERVICE COST CENTERS	15, 940	511, 607	479, 211	0	1, 959, 017	76.0
	09000 CLINIC	0	4, 430	397, 728	0	579, 789	90.0
0. 01	09001 DI ABETES CLINIC	120	0	71, 762		97, 683	90.0
	09002 OUTPATIENT CLINICS	9, 333		0	0	171, 874	
	09003 OCCUPATIONAL MEDICINE CLINIC 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	1,657	3, 874	434, 573 3, 690		581, 674 4, 766	
	09100 EMERGENCY	35, 155	80, 434	3, 275, 240		5, 921, 287	
1. 01	09101 EMERGENCY ROOM PHYSI CANS	0	0	0	0	0	91.0
1. 02	09102 EXPRESS CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	653	0	0	931	91.0 92.0

Health Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC		Peri od:	Worksheet B-1	
				From 01/01/2016 To 12/31/2016	Date/Time Pre 5/30/2017 2:3	
	CAPI TAL REI	LATED COSTS				
Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUI P (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
	1.00	2.00	4.00	5A	5.00	
SPECIAL PURPOSE COST CENTERS		1				
113.00 11300 INTEREST EXPENSE				44 500 505		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	722, 770	5, 071, 044	60, 212, 139	-41, 592, 795	133, 828, 330	118.00
NONREI MBURSABLE COST CENTERS 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	6, 878	860	738, 41	7	1, 105, 190	102.00
192.0019200 PHTSICIANS PRIVATE OFFICES	0, 0/0	000	/30,41			192.00
194. 02/07952 OTHER NON REIMB - BUILDINGS	0	79,897			542, 144	
194. 03 07953 OTHER NON RELIMB - BOTEDINGS	1, 934		220, 80		242, 968	
194. 04 07954 CENTER OF HOPE	1, 649		43, 848		86, 283	
200.00 Cross Foot Adjustments	1,017		10/01			200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	13, 181, 719	7, 344, 304	17, 855, 96	5	41, 592, 795	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	17.977580	1. 425580	0. 291692	2	0. 306269	203.00
204.00 Cost to be allocated (per Wkst. B,			186, 793	3	4, 221, 524	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part			0.00305	1	0. 031085	205.00

	Financial Systems F LLOCATION - STATISTICAL BASIS	FRANCI SCAN HEAL	Provider C		eriod: rom 01/01/2016	u of Form CMS-: Worksheet B-1	
				То	0 12/31/2016	Date/Time Pre 5/30/2017 2:3	
	Cost Center Description	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (SQUARE FEET)	
		6.00	7.00	7.01	8. 00	9.00	
1 00	GENERAL SERVICE COST CENTERS	1					1 4 00
1.00 2.00 4.00 5.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	504 001					1.00 2.00 4.00 5.00
6.00 7.00 7.01	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00701 OPERATION OF PLANT - FP	526, 081 70, 083 0	0	70, 158			6.00 7.00 7.01
8.00 9.00 9.01	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01851 ENVIRONMENTAL SERVICES - FP	11, 433 5, 401 0	11, 433 5, 401 0	23, 661 4, 892 0	860, 385 76, 376 0	439, 164 0	8.00 9.00 9.01
10.00 11.00 13.00	01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	33, 184 0 4, 074	33, 184 0 4, 074	0 0 0	10, 355 0 0	33, 184 0 4, 074	10.00 11.00 13.00
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	30, 380 7, 641	30, 380 7, 641	0	2, 499 0	30, 380 7, 641	14.00 15.00
16. 00 17. 00	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	10, 502 27, 899	10, 502 27, 899	0	0	10, 502 27, 899	16. 00 17. 00
22.00	02100 I &R SERVI CES-SALARY & FRI NGES APPRV 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECI FY)	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	21.00 22.00 23.00
23.01	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	23.01
	03000 ADULTS & PEDIATRICS	74, 162	74, 162	0	434, 519	74, 162	
31.00 35.00	03100 I NTENSI VE CARE UNI T 02060 NEONATAL I NTENSI VE CARE UNI T	10, 181	10, 181 0	0	29, 577 20, 418	10, 181 0	31.00 35.00
41.00 43.00	04100 SUBPROVI DER - I RF 04300 NURSERY	11, 780 0	11, 780 0	0 0	21, 380 8, 951	11, 780 0	1
50.00	ANCI LLARY SERVICE COST CENTERS	41,007	41,007	0	94, 058	41, 007	50.00
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	18, 021 6, 112	18, 021 6, 112	0	0	18, 021 6, 112	
53.00	05300 ANESTHESI OLOGY	2, 542	2, 542	0	0	2, 542	53.00
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY - 1-65	42, 542	42, 542 0	0 16, 873	21, 605 21, 241	42, 542 0	54.00 54.01
54.03	05402 RADI OLOGY DI AGNOSTI C – SJ 05403 LOWELL RADI OLOGY	0	0 0	0 0	152 0	0 0	54.02 54.03
	05500 RADI OLOGY-THERAPEUTI C 05501 CARDI AC CATHERI ZATON LAB	0 11, 461	0 11, 461	0	0 7, 534	0 11, 461	55.00 55.01
	03140 CARDI OLOGY 03450 NEURO-DI AGNOSTI CS	2, 803	2, 803		0	2, 803	55.02
	06000 LABORATORY	3, 351 16, 870	3, 351 16, 870	0 0	6, 892 992	3, 351 16, 870	
60. 01 65. 00	06001 BLOOD LABORATORY 06500 RESPI RATORY THERAPY	0	-	-	0	0 1, 158	
66.00	06600 PHYSI CAL THERAPY	6, 479		0	3, 732	6, 479	66.00
66. 01 66. 02	06601 PHYSI CAL THERAPY I -65 06602 PHYSI CAL THERAPY ST JOHN	0	0	18, 441 0	0	0	66. 01 66. 02
67.00	06700 OCCUPATI ONAL THERAPY	102	102	0	0	102	67.00
67. 01 67. 02	06701 OCCUPATI ON THERAPY I -65 06702 OCCUPATI ONAL THERAPY ST. JOHN	0	0	2, 268 0	0	0 0	67.01 67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68. 01 68. 02	06801 SPEECH PATHOLOGY I -65 06802 SPEECH THERAPY ST. JOHN	0	0	4, 023 0	0	0	68. 01 68. 02
69.00	06900 ELECTROCARDI OLOGY	3, 731	3, 731	0	5, 116	3, 731	69.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0 0	0	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	Ő	0	73.00
	07400 RENAL DIALYSIS 03020 RADIATION ONCOLOGY	516 15, 940			0 4, 333	516 15, 940	
	OUTPATIENT SERVICE COST CENTERS	1	1				1
90. 00 90. 01	09000 CLINIC 09001 DIABETES CLINIC	0		-	519 4, 600	0 120	90.00 90.01
90.02	09002 OUTPATIENT CLINICS	9, 333	9, 333		24, 189	9, 333	90. 02
90. 03 90. 04	09003 OCCUPATIONAL MEDICINE CLINIC 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	1,657	1, 657 0	0	0	1, 657 0	90.03
91.00	09100 EMERGENCY	35, 155	35, 155	0	61, 347	35, 155	91.00
91.01 91.02	09101 EMERGENCY ROOM PHYSI CANS 09102 EXPRESS CARE	0	0 0	0	0	0	91.01 91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
113.00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	515, 620	445, 537	70, 158	860, 385	428, 703	118.00

Health Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1	
				From 01/01/2016 Fo 12/31/2016		pared: 4 pm
Cost Center Description	MAINTENANCE &		OPERATION OF		HOUSEKEEPI NG	
	REPAI RS	PLANT	PLANT - FP	LINEN SERVICE	(SQUARE FEET)	
	(SQUARE FEET)	(SQUARE FEET)	(ASSI GNED	(POUNDS OF		
			TIME)	LAUNDRY)		
	6.00	7.00	7.01	8.00	9.00	
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	6, 878	6, 878	(0 0	6, 878	192.00
194. 00 07950 FHC	0	0	(0 0	0	194.00
194.0207952OTHER NON REIMB - BUILDINGS	0	0	(0 0	0	194.02
194.0307953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	1, 934	1, 934	(0 0	1, 934	194.03
194.04 07954 CENTER OF HOPE	1, 649	1, 649	(0 0	1, 649	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3, 349, 236	8, 420, 390	997, 201	1, 636, 467	3, 297, 987	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6. 366388	18. 465849	14. 213646	5 1. 902017	7.509693	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	185, 266	1, 565, 312	24, 758	3 289, 729	235, 400	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 352162	3. 432717	0. 352889	0. 336743	0. 536018	205.00

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	FRANCI SCAN HEALT		N. 15 0104		u of Form CMS-	
CUST ALLUCATION - STATISTICAL BASIS		Provider CC	1	Period: From 01/01/2016 To 12/31/2016		pared:
Cost Center Description	ENVI RONMENTAL SERVI CES - FP (ASSI GNED TI ME)	DI ETARY (PATI ENT ME ALS)	CAFETERI A (FTE' S)	NURSI NG ADMI NI STRATI ON (DI RECT NRSI NG	SUPPLY (COSTED	
	9.01	10.00	11.00	HRS) 13.00	REQUIS.) 14.00	
GENERAL SERVI CE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.00 00500 ADMI NI STRATI VE & GENERAL 6.00 00600 MAI NTENANCE & REPAI RS 7.00 00700 OPERATI ON OF PLANT 7.01 00701 OPERATI ON OF PLANT 7.01 00701 OPERATI ON OF PLANT 8.00 00800 LAUNDRY & LI NEN SERVI CE 9.01 01851 ENVI ROMMENTAL SERVI CE FP 10.00 01000 DI ETARY 11.00 01100 CAFETERI A 13.00 01300 NURSI NG ADMI NI STRATI ON 14.00 01400 CENTRAL SERVI CES & SUPPLY 15.00 <td< td=""><td>41, 605 0 0 0 0 0 0 0 0 0 0</td><td>123, 465 0 0 0 0 0 0</td><td>1, 558, 48 43, 06 20, 82 60, 71 14, 76 54, 52</td><td>2 6 518, 211 6 0 5 0</td><td></td><td>15.00 16.00</td></td<>	41, 605 0 0 0 0 0 0 0 0 0 0	123, 465 0 0 0 0 0 0	1, 558, 48 43, 06 20, 82 60, 71 14, 76 54, 52	2 6 518, 211 6 0 5 0		15.00 16.00
21.00 02100 I &R SERVI CES-SALARY & FRI NGES APPRV 22.00 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 23.00 02300 PARAMED ED PRGM-(SPECI FY) 23.01 02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM I NPATI ENT ROUTI NE SERVI CE COST CENTERS		0 0 0		0 0 0 0 6 10	0 0	21.00 22.00 23.00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT 41. 00 04100 SUBPROVIDER - IRF 43. 00 04300 NURSERY	0 0 0 0	106, 564 12, 056 0 4, 845 0	508, 63 89, 89 58, 65 39, 60	7 32, 081 7 42, 480	162, 541 105, 059	31.00 35.00 41.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM	0	0 0	133, 07 38, 04			•
52. 00 05200 DELIVERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY - DI AGNOSTI C 54. 01 05401 RADI OLOGY - I - 65 54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ 54. 03 05403 LOWELL RADI OLOGY 55. 00 05500 RADI OLOGY-THERAPEUTI C	0 0 16, 873 0 0 0	0 0 0 0 0 0	138, 85 12, 67 1, 75 1, 92	0 0 6 2, 364 1 0 0 0	0 93, 896 70, 988 6, 430 186 0 0	53.00 54.00 54.01 54.02 54.03
55. 01 05501 CARDI AC CATHERI ZATON LAB 55. 02 03140 CARDI OLOGY 55. 03 03450 NEURO-DI AGNOSTI CS 60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY 65. 00 06500 RESPI RATORY THERAPY		0 0 0 0 0	20, 16 13, 45 8, 65 37, 22	9 167 1 0 0 0 0 0	9, 589	55. 02 55. 03 60. 00 60. 01
66.00 06600 PHYSI CAL THERAPY 66.01 06601 PHYSI CAL THERAPY I -65 66.02 06602 PHYSI CAL THERAPY ST JOHN 67.00 06700 OCCUPATI ONAL THERAPY -65 67.01 06701 OCCUPATI ONAL THERAPY -65 67.02 06202 OCUPATI ONAL THERAPY ST. JOHN 68.00 06800 SPEECH PATHOLOGY	0 18, 441 0 0 2, 268 0 0	0 0 0 0 0 0 0	11, 59 9, 33 2, 31 4, 78 2, 36 1, 13 2, 69	D 0 9 0 2 0 4 0 8 0 3 0 0 0	1, 345 3, 177 257 0 630 421 2	66.00 66.01 66.02 67.00 67.01 67.02 68.00
68. 01 06801 SPEECH PATHOLOGY I - 65 68. 02 06802 SPEECH THERAPY ST. JOHN 69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 73. 00 07300 DRUGS CHARGED TO PATI ENTS 74. 00 07400 RENAL DI ALYSI S 76. 00 03020 RADI ATI ON ONCOLOGY	4, 023 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	3, 72. 87 11, 34 16, 70	9 0 0 1,567 0 0 0 0 0 0 0 0 0 0	504 0 4, 698 2, 768, 576 9, 997, 683 0 1, 521 10, 749	68. 02 69. 00 71. 00 72. 00 73. 00 74. 00
90:00 DUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 90.01 09001 DIABETES CLINIC 90.02 09002 OUTPATIENT CLINICS 90.03 09003 OCUPATIENT CLINICS 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 91.00 09100 EMERGENCY 91.01 09101 EMERGENCY ROOM PHYSICANS 91.02 09102 EXPRESS CARE 92.00 095ERVATION BEDS (NON-DISTINCT PART SPECIAL PURPOSE COST CENTERS 113.00 113.00 INTEREST EXPENSE			12, 01 1, 67 13, 91 11, 56 7 111, 93 40 68	1 0 9 6 8 0 6 0 7 0 3 26, 849 0 0	22, 707 286 127 12, 189 0 405, 575 0	90. 00 90. 01 90. 02 90. 03 90. 04 91. 00 91. 01

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0126 Period: From 01/01/2016 To 12/31/2016 Worksheet B-1 Date/Time Prepared: 5/30/2017 2: 34 pm Cost Center Description ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME) DIETARY (PATIENT ME ALS) CAFETERIA (FTE'S) NURSING ADMINISTRATION (DIRECT NRSING PREQUIS.) CCNTRAL SERVICES & SUPPLY (COSTED HRS) 118.00 SUBTOTALS (SUM OF LINES 1-117) 9.01 10.00 11.00 13.00 14.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 41.605 123.465 1,527.592 518.211 18.161,762 118.00 192.00 019200 PHYSICI ANS' PRIVATE OFFICES 0 0 0 0 192.00 194.00 07950 FLC 0 0 0 0 194.00 0 0 194.00 194.00 07950 FLC 0 0 0 0 194.00 0 194.00 0 194.00 0 194.00 0 194.00 0 194.00 0 194.00 0 194.00 0 0 194.00 0 194.00<	Health Financ	ial Systems F	RANCI SCAN HEALT	TH CROWN POINT		In Lie	u of Form CMS-2	2552-10
Cost Center Description ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME) DIETARY (PATIENT ME ALS) CAFETERIA (FTE'S) NURSING ADMINISTRATION CENTRATION SERVICES & (DIRECT NRSING (COSTED REDUIS.) 118.00 SUBTOTALS (SUM OF LINES 1-117) 9.01 10.00 11.00 13.00 14.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 41.605 123,465 1,527,592 518,211 18.161,762 118.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 41.605 123,465 1,527,592 518,211 18.161,762 118.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 194.00 194.00 07950 FHC 0 0 0 0 194.00 194.02 07952 OTHER NON REIMB - BUILDINGS 0 0 0 0 194.02 194.04 O7954 CENTR OF HOPE 0 0 0 194.02 0 194.03 200.00 201.00 201.00 202.00 Cross Foot Adjustments 178,611 3,007,190 1,3	COST ALLOCATI	ION - STATISTICAL BASIS		Provider CC			Worksheet B-1	
SERVICES - FP (ASSIGNED TIME) (PATIENT ME ALS) (FTE'S) ADMINISTRATION PORTING SERVICES & SUPPLY (DIRECT NRSING REQUIS.) 118.00 SUBTOTALS (SUM OF LINES 1-117) 9.01 10.00 11.00 13.00 14.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 41,605 123,465 1,527,592 518,211 18,161,762 118.00 118.00 OT950 FHC 0 0 0 0 192.00 0 192.00 0 194.00 0 0 192.00 192.00 194.00 0 0 0 192.00 0 192.00 0 192.00 194.00 0 0 0 192.00 192.00 194.00 0 0 0 0 192.00 194.02 0 0 0 0 194.02 0 0 0 0 194.02 0 0 0 0 194.02 0 0 0 0 194.02 0 0 0 194.02 0 0 0 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Image: Normal Substant Sector Substant Sector Supply (Costed) ((Cost Center Description			CAFETERI A	NURSI NG	CENTRAL	
TIME) DIRECT NRSING HRS) (COSTED REQUIS.) 9.01 10.00 11.00 13.00 14.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 41,605 123,465 1,527,592 518,211 18.161,762 118.00 NONREI MBURSABLE COST CENTERS 0 0 20,180 0 0 192.00 192.00 19200 PHYSI CLANS' PRI VATE OFFICES 0 0 0 0 194.02 194.02 07952 OTHER NON REIMB - BUILDINGS 0 0 0 194.02 194.03 07953 OTHER NON REIMB - BEHAVORI AL HEALTH 0 0 10,156 0 194.02 194.04 07954 CENTER OF HOPE 0 0 194.03 0 194.04 0 10,156 0 0 194.03 202.00 Cross Foot Adj ustments 200.00 201.00 205.00 203.00 0 13,007,190 1,341,089 4,659,427 3,881,909 202.00 201.00 203.00 Unit cost multiplier (Wkst					(FTE'S)	ADMI NI STRATI ON		
Image: Nonregistry of the second se			(ASSI GNED	ALS)				
9.01 10.00 11.00 13.00 14.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 41,605 123,465 1,527,592 518,211 18,161,762 118.00 NONREI MBURSABLE COST CENTERS 192.00 19200 PHYSI CLANS' PRI VATE OFFI CES 0 0 0 0 192.00 194.00 07950 FHC 0 0 0 0 194.00 194.02 07952 OTHER NON REI MB - BUILDINGS 0 0 0 0 194.02 194.03 07953 OTHR NON REI M-FHC BEHAVORI AL HEALTH 0 0 10,156 0 0 194.03 194.04 07954 CENTER OF HOPE 0 0 194.04 200.00 201.00 201.00 201.00 201.00 200.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00			TIME)			· ·	•	
118.00 SUBTOTALS (SUM OF LINES 1-117) 41,605 123,465 1,527,592 518,211 18,161,762 118.00 NONREI MBURSABLE COST CENTERS 0 0 0 0 0 192.00 192.00 PHYSI CLANS' PRI VATE OFFICES 0 0 0 0 192.00 192.00 192.00 0 0 0 0 0 192.00 194.02 0 0 0 0 0 194.02 0 0 0 0 0 194.02 0 0 0 0 194.02 0 0 0 0 194.02 0 0 0 194.02 0 194.02 0 0 0 194.02 0 0 194.03 0 0 194.04 0 0 0 194.04 0 0 0 194.04 0 0 194.04 200.00 201.00 202.00 0 194.04 200.00 201.00 202.00 201.00 201.00 202.00 2						· · · · · ·		
NOREI MBURSABLE COST CENTERS 192.00 19200 PHYSI CI ANS' PRI VATE OFFICES 0 0 20, 180 0 0 192.00 194.00 07950 FHC 0 0 0 0 0 192.00 194.02 07952 OTHER NON REIMB - BUILDINGS 0 0 0 0 0 194.02 194.03 07953 OTHER NON REIM-FHC BEHAVORI AL HEALTH 0 0 0 0 194.03 194.04 07954 CENTER OF HOPE 0 0 194.04 0 104.156 0 0 194.04 200.00 Cross Foot Adjustments 200.00 205.00 Negative Cost Centers 200.00 201.00 202.00 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 4.293018 24.356619 0.860510 8.991370 0.213741 203.00 204.00 Cost to be allocated (per Wkst. B, Part I) 4.293018 24.356619 0.860510 8.991370 0.213741 203.00 205.00 Unit cost mul								
192.00 19200 PHYSICLANS' PRIVATE OFFICES 0 0 20,180 0 0 192.00 194.00 07950 FHC 0 0 0 0 0 0 194.00 194.02 07952 OTHER NON REIMB - BUILDINGS 0 0 0 0 0 0 194.00 194.03 07953 OTHER NON REIMB - BUILDINGS 0 0 0 0 0 0 0 0 194.02 194.03 07953 OTHER NON REIME - BUEHAVORIAL HEALTH 0 0 10,156 0 0 194.03 194.04 07954 CENTER OF HOPE 0 0 554 0 0 194.04 200.00 Cost to be allocated (per Wkst. B, 178,611 3,007,190 1,341,089 4,659,427 3,881,909 202.00 201.00 Negative Cost Centers 201.00 203.00 Unit cost multiplier (Wkst. B, Part I) 4.293018 24.356619 0.860510 8.991370 0.213741 203.00 204.00 Cost to be allocated (per Wkst. B, 4,546 843,378 34,			41, 605	123, 465	1, 527, 592	2 518, 211	18, 161, 762	118.00
194.00 07950 FHC 0 0 0 0 194.00 194.02 07952 OTHER NON REIMB - BUILDINGS 0 0 0 0 0 194.02 194.03 07952 OTHER NON REIMB - BUILDINGS 0 0 0 0 194.02 194.03 07953 OTHER NON REIM-FHC BEHAVORIAL HEALTH 0 0 10,156 0 0 194.03 194.04 07954 CENTER OF HOPE 0 0 554 0 0 194.04 200.00 Cross Foot Adjustments 0 0 554 0 0 201.00 202.00 Cost to be allocated (per Wkst. B, 178, 611 3,007,190 1,341,089 4,659,427 3,881,909 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 4.293018 24.356619 0.860510 8.991370 0.213741 203.00 204.00 Cost to be allocated (per Wkst. B, 4,546 843,378 34,701 978,246 811,344 204.00 205.00 Unit cost multiplier (Wkst. B, Part 0.109266 6.830908 0.022266 1.88773	NONREI	MBURSABLE COST CENTERS						
194.02 07952 OTHER NON REIMB - BUILDINGS 0 0 0 0 194.02 194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH 0 0 10,156 0 0 194.03 194.04 07954 CENTER OF HOPE 0 0 554 0 0 194.04 200.00 Cross Foot Adjustments 0 0 554 0 0 194.04 201.00 Negative Cost Centers 201.00 202.00 Cost to be allocated (per Wkst. B, 178, 611 3,007,190 1,341,089 4,659,427 3,881,909 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 4.293018 24.356619 0.860510 8.991370 0.213741 203.00 204.00 Cost to be allocated (per Wkst. B, 4,546 843,378 34,701 978,246 811,344 204.00 205.00 Unit cost multiplier (Wkst. B, Part 0.109266 6.830908 0.022266 1.887737 0.044673 205.00	192.00 19200 1	PHYSICIANS' PRIVATE OFFICES	0	0	20, 180	0 0	0	192.00
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH 0 0 10,156 0 0 194.03 194.04 07954 CENTER OF HOPE 0 0 554 0 0 194.04 200.00 Cross Foot Adjustments 0 0 554 0 0 194.04 201.00 Negative Cost Centers 201.00 202.00 Cost to be allocated (per Wkst. B, Part I) 178,611 3,007,190 1,341,089 4,659,427 3,881,909 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 4.293018 24.356619 0.860510 8.991370 0.213741 203.00 204.00 Cost to be allocated (per Wkst. B, Art I) 4,546 843,378 34,701 978,246 811,344 204.00 205.00 Unit cost multiplier (Wkst. B, Part I) 0.109266 6.830908 0.022266 1.887737 0.044673 205.00	194.0007950	FHC	0	0	(0 0	0	194.00
194.04 07954 CENTER OF HOPE 0 0 554 0 0 194.04 200.00 Cross Foot Adjustments	194.0207952	OTHER NON REIMB - BUILDINGS	0	0	(0 0	0	194. 02
200.00 Cross Foot Adjustments 200.00 200.00 201.00 Negative Cost Centers 201.00 201.00 202.00 Cost to be allocated (per Wkst. B, Part I) 3,007,190 1,341,089 4,659,427 3,881,909 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 4.293018 24.356619 0.860510 8.991370 0.213741 203.00 204.00 Cost to be allocated (per Wkst. B, Part I) 4,546 843,378 34,701 978,246 811,344 204.00 205.00 Unit cost multiplier (Wkst. B, Part 0.109266 6.830908 0.022266 1.887737 0.044673 205.00	194.0307953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	10, 156	5 0	0	194.03
201.00 Negative Cost Centers 201.00 202.00 Cost to be allocated (per Wkst. B, Part I) 3,007,190 1,341,089 4,659,427 3,881,909 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 4.293018 24.356619 0.860510 8.991370 0.213741 203.00 204.00 Cost to be allocated (per Wkst. B, Part I) 4,546 843,378 34,701 978,246 811,344 204.00 205.00 Unit cost multiplier (Wkst. B, Part 0.109266 6.830908 0.022266 1.887737 0.044673 205.00	194.04 07954	CENTER OF HOPE	0	0	554	1 0	0	194.04
202. 00 Cost to be allocated (per Wkst. B, Part I) 178, 611 3, 007, 190 1, 341, 089 4, 659, 427 3, 881, 909 202. 00 203. 00 Unit cost multiplier (Wkst. B, Part I) 4. 293018 24. 356619 0. 860510 8. 991370 0. 213741 203. 00 204. 00 Cost to be allocated (per Wkst. B, Part I) 4, 546 843, 378 34, 701 978, 246 811, 344 204. 00 205. 00 Unit cost multiplier (Wkst. B, Part 0. 109266 6. 830908 0. 022266 1. 887737 0. 044673 205. 00	200.00	Cross Foot Adjustments						200. 00
Part I) 203.00 204.00Part I) Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B, Part II) Unit cost multiplier (Wkst. B, Part4.293018 4,54624.356619 843,3780.860510 34,7018.991370 978,2460.213741 811,344203.00 204.00205.00Unit cost multiplier (Wkst. B, Part0.1092666.8309080.0222661.8877370.044673205.00	201.00	Negative Cost Centers						201.00
203.00 Unit cost multiplier (Wkst. B, Part I) 4.293018 24.356619 0.860510 8.991370 0.213741 203.00 204.00 Cost to be allocated (per Wkst. B, Part I) 4,546 843,378 34,701 978,246 811,344 204.00 205.00 Unit cost multiplier (Wkst. B, Part 0.109266 6.830908 0.022266 1.887737 0.044673 205.00	202.00	Cost to be allocated (per Wkst. B,	178, 611	3, 007, 190	1, 341, 089	4, 659, 427	3, 881, 909	202.00
204.00 Cost to be allocated (per Wkst. B, Part II) 4,546 843,378 34,701 978,246 811,344 204.00 205.00 Unit cost multiplier (Wkst. B, Part 0.109266 6.830908 0.022266 1.887737 0.044673 205.00		Part I)						
Part II) Part II) 205.00 Unit cost multiplier (Wkst. B, Part 0.109266 6.830908 0.022266 1.887737 0.044673 205.00	203.00	Unit cost multiplier (Wkst. B, Part I)	4. 293018	24. 356619	0.860510	8. 991370	0. 213741	203.00
205.00 Unit cost multiplier (Wkst. B, Part 0.109266 6.830908 0.022266 1.887737 0.044673 205.00	204.00	Cost to be allocated (per Wkst. B,	4, 546	843, 378	34, 701	978, 246	811, 344	204.00
		Part II)						
	205.00	Unit cost multiplier (Wkst. B, Part	0. 109266	6. 830908	0. 022266	1. 887737	0.044673	205.00
		11)						

IST A	LLOCATION - STATISTICAL BASIS		Provider C		eriod: rom 01/01/2016	Worksheet B-1	
					o 12/31/2016		
						5/30/2017 2:34	
					INTERNS &	RESIDENTS	
	Cost Center Description	PHARMACY	MEDI CAL	SOCIAL SERVICE	SERVI CES-SALAR	SERVI CES-OTHER	
		(COSTED	RECORDS &		Y & FRINGES	PRGM COSTS	
		REQUIS.)	LI BRARY	(GROSS CHAR	APPRV	APPRV	
			(GROSS CHAR	GES)	(ASSI GNED	(ASSI GNED	
		15.00	<u>GES)</u> 16. 00	17.00	TIME) 21.00	TIME) 22.00	-
	GENERAL SERVICE COST CENTERS	101.00	10100	11100	21100	221.00	
	00100 CAP REL COSTS-BLDG & FIXT] ·
00	00200 CAP REL COSTS-MVBLE EQUIP						
00	00400 EMPLOYEE BENEFITS DEPARTMENT						
00 00	00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS						
00 00	00700 OPERATION OF PLANT						-
01	00701 OPERATION OF PLANT - FP						
00	00800 LAUNDRY & LINEN SERVICE						8
	00900 HOUSEKEEPI NG						9
	01851 ENVI RONMENTAL SERVICES - FP						9
	01000 DI ETARY						10
	01100 CAFETERIA 01300 NURSING ADMINISTRATION						11
	01400 CENTRAL SERVICES & SUPPLY						14
	01500 PHARMACY	4, 418, 847					15
	01600 MEDICAL RECORDS & LIBRARY	0	615, 823, 717				16
	01700 SOCIAL SERVICE	0	C				17
	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	C	-	1, 002	1 000	2
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY)	0	C	-		1, 002	22
	02301 ECHOCARDI OLOGY EDUCATI ON PROGRAM	0	C				23
. 01	INPATIENT ROUTINE SERVICE COST CENTERS	0		<u>л</u> 0	I I		2.
. 00	03000 ADULTS & PEDI ATRI CS	0	39, 468, 679	39, 468, 679	1	1	30
	03100 INTENSIVE CARE UNIT	0	7, 529, 242		0	0	31
	02060 NEONATAL INTENSIVE CARE UNIT	0	12, 274, 381		0	0	35
	04100 SUBPROVIDER - IRF	0	3, 505, 615		0	0	4
. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	3, 428, 719	3, 428, 719	0	0	43
. 00	05000 OPERATING ROOM	2,475	60, 619, 308	60, 619, 308	0	0	50
. 00	05100 RECOVERY ROOM	0	6, 592, 075		0	0	5
	05200 DELIVERY ROOM & LABOR ROOM	0	5, 855, 496	5, 855, 496	0	0	52
	05300 ANESTHESI OLOGY	132,006	14, 847, 526		0	0	53
	05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY - I -65	0	119, 365, 465		0	0	54 54
	05401 RADIOLOGY - 1-05 05402 RADIOLOGY DIAGNOSTIC - SJ	0	17, 415, 300 274, 813		0	0	54
	05403 LOWELL RADI OLOGY	0	427, 594		0	Ő	54
	05500 RADI OLOGY-THERAPEUTI C	0	C	0	0	0	55
. 01	05501 CARDI AC CATHERI ZATON LAB	0	30, 743, 594	30, 743, 594	0	0	55
	03140 CARDI OLOGY	0	9, 241, 637		0	0	
	03450 NEURO-DI AGNOSTI CS	0	4, 581, 725		0	0	
	06000 LABORATORY 06001 BLOOD LABORATORY	0	77, 457, 041 (0	0	60
	06500 RESPI RATORY THERAPY	496	15, 734, 002	-	0	0	
	06600 PHYSI CAL THERAPY	0	3, 021, 166		0	o	66
	06601 PHYSI CAL THERAPY I -65	0	3, 201, 698		0	0	60
	06602 PHYSI CAL THERAPY ST JOHN	0	857, 920		0	0	60
	06700 OCCUPATIONAL THERAPY	0	1, 160, 385		0	0	
	06701 OCCUPATION THERAPY 1-65	0	539, 564		0	0	
	06702 OCCUPATIONAL THERAPY ST. JOHN 06800 SPEECH PATHOLOGY	0	303, 907 718, 141		0	0	6
	06801 SPEECH PATHOLOGY 06801 SPEECH PATHOLOGY I-65	0	1, 061, 200		0	0	68
	06802 SPEECH THERAPY ST. JOHN	0	245, 078		0	0	68
	06900 ELECTROCARDI OLOGY	o o	6, 473, 172		0	0	69
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23, 562, 799		0	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15, 947, 271		0	0	
	07300 DRUGS CHARGED TO PATIENTS	4, 237, 901	66, 410, 022		0	0	
	07400 RENAL DIALYSIS 03020 RADIATION ONCOLOGY	0	1, 011, 193 8, 785, 865		0	0	
. 00	OUTPATIENT SERVICE COST CENTERS	0	0, 700, 000	<u>ر 0,763,605</u>	<u> </u>	0	1 ''
. 00	09000 CLINIC	18, 202	1, 040, 833	1, 040, 833	0	0	90
	09001 DI ABETES CLINIC	0	22, 178		0	0	
	09002 OUTPATIENT CLINICS	0	745	5 745	0	0	
	09003 OCCUPATIONAL MEDICINE CLINIC	27, 767	1, 171, 143	1, 171, 143	0	0	
	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	C		0	0	
	09100 EMERGENCY	0	50, 927, 225	50, 927, 225	1, 001	1, 001	
	09101 EMERGENCY ROOM PHYSI CANS 09102 EXPRESS CARE	0	(0	0	9' 9'
	09200 OBSERVATION BEDS (NON-DISTINCT PART		Ĺ	ĺ	0	0	92
		1					

Health Financial Systems F	RANCI SCAN HEALT	H CROWN POINT		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1	
				rom 01/01/2016 To 12/31/2016	Date/Time Pre 5/30/2017 2:3	
				INTERNS &	RESI DENTS	
Cost Center Description	PHARMACY	MEDI CAL	SOCIAL SERVICE	SERVI CES-SALAR	SERVI CES-OTHER	
	(COSTED	RECORDS &		Y & FRINGES	PRGM COSTS	
	REQUIS.)	LI BRARY	(GROSS CHAR	APPRV	APPRV	
		(GROSS CHAR	GES)	(ASSI GNED	(ASSI GNED	
		GES)		TIME)	TIME)	
	15.00	16.00	17.00	21.00	22.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4, 418, 847	615, 823, 717	615, 823, 717	1, 002	1,002	118.00
NONREI MBURSABLE COST CENTERS	· · · · · ·					
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	(0 0		192.00
194.0007950 FHC	0	0	(0 0		194.00
194.0207952 OTHER NON REIMB - BUILDINGS	0	0	(0 0		194.02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	(0 0		194.03
194. 04 07954 CENTER OF HOPE	0	0	(0 0		194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	F A (A)					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5, 361, 681	4, 160, 007	4, 831, 466	5 14, 471	252, 459	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1. 213367	0. 006755	0.007846	5 14. 442116	251.955090	203.00
204.00 Cost to be allocated (per Wkst. B,	302, 021	329, 186	721, 698	3 370	6, 008	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	0. 068348	0. 000535	0. 001172	0. 369261	5.996008	205.00
11)	I I		I	1		I

5/30/2017 2:34 pm C:\Work Files\Crown Point FY2016 Cost Report\16 costrp\FY2016\HFS\FY16 150126 v3 - tw.mcrx

Cost Center Description PMARE Let (Station) Columbia (Station) Columbia (Station) 1 Description PMARE Let (Station) Columbia (Station) Columbia (Station) Columbia (Station) Columbia (Station) Columbia (Station) 1 Description Execute Service Cost Centers 23.00 23.01 Columbia (Station)	Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	FRANCI SCAN HEAL	TH CROWN POINT Provider CO	i od:	u of Form CMS-2 Worksheet B-1	2552-1
Cost. Conter Description PARAMET DD (00 CH) (00 CH) (0					Date/Time Prep 5/30/2017 2:34	
PURCEASE (RELD) PURCEASE (RELD) 1.000 OUTOD CAF FEL COST - CENTERS 23.00 1.000 OUTOD CAF FEL COST - CENTERS 23.00 0.0000 ADM IN STRATTVE 3. CENTERS 23.00 0.0000 ADM IN STRATTVE 3. CENTERS 23.00 0.0000 ADM IN STRATTVE 3. CENTERS 20.00 0.0000 ADM IN STRATTVE 3. CENTERS 20.00 0.00000 ADM IN STRATTVE 3. CENTERS 20.00 0.000000 ADM IN STRATTVE 3. CENTERS <td>Cost Center Description</td> <td></td> <td></td> <td> </td> <td></td> <td></td>	Cost Center Description			 		
1.00 1.00 23.00 23.00 0.00 00000 (AP VEL 0035 - BLUE & FTAH 1.00 00000 (AP VEL 0035 - BLUE & FTAH 0.00 00000 (AP VEL 0035 - BLUE & FTAH 1.00 00000 (AP VEL 0035 - BLUE & FTAH 0.00 00000 (AP VEL 0035 - BLUE & FTAH 1.00 0.00 0.00 0.00 00000 (AP VEL 0035 - BLUE & FTAH 1.00 1.00 1.00 0.00 00000 (AP VEL 0035 - BLUE & FTAH 1.00 1.00 1.00 0.00 00000 (AP VEL 0035 - BLUE & FTAH 1.00 1.00 1.00 0.00 00000 (AP VEL 014 (STAH FTAH 1.00 1.00 1.00 1.00 01000 (HAR AL SERVICE & SHPAY 1.00 1.00 1.00 1.00 01000 (HAR AL SERVICE & SHPAY 1.00 1.00 1.00 1.00 01000 (HAR AL SERVICE & SHPAY 1.00 1.00 1.00 1.00 01000 (HAR AL SERVICE & SHPAY 1.00 1.00 1.00 1.00 01000 (HAR AL SERVICE & SHPAY 1.00 1.00 1.00 1.00 010000 (HAR AL		(ASSI GNED	PROGRAM			
OF TRANS_STANDEC_CONST_CONTENTING 00 001000_CPR LL_COST_MURLE_EQUIP_NET 100 001000_CPR REL_COST_MURLE_EQUIP_NET 100 00000_CPR REL_COST_MURLE_EQUIP_NET 100 00000_CPR REL_COST_MURLE_EQUIP_NET 100 00000_CPR REL_COST_MURLE_EQUIP_NET 100 00000_CPR REL_COST_MURLE_ERUP_NET 100 00000_CPR RATING OF PLANT 110 00000_CPR RATING OF PLANT 110 00000_CPR RATING OF PLANT 1110 00000_CPR RATING OF PLANT 1110 000000_CPR RATING STUPE 1110 000000_CPR RATING STUPE 1110 000000_CPR RATING STUPE 1110 000000_CPR RATING STUPE 1110 000000000_CPR RATING STUPE 111000000000000000_CPR RATING STUPE			TIME)			
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4.00 BOUOD EARLOYSE ERREFT IS DEMATINENT 5.00 BOUOD CARLOYSE ERREFT IS DEMATINENT 5.00 BOUOD CARLOYSE OF REPAIL IS OF CREMENT 5.00 BOUOD CARLON OF PLANT PP 5.00 BOUOD CARLON OF PLANT PP 5.00 BOUOD CLANREY A LIVEN SERVICE S - FP 1.00 DISSI EWI ROWERTAL SERVICES - SUPPLY 1.00 DISSI EWI ROWERTAL SERVICES - SUPPLY 1.00 DISSI EWI ROWERTAL SERVICE S - SUPPLY 1.00 DISSI EWI ROWERTAL S	1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
5.00 OSCIOL ADM IN ISTRUTY OF A GENERAL 6.00 OSCIOL ADM INTENSION & GENERALS 7.00 DOTOR DEPARTING OF PLANE 7.00 DOTOR DEPARTING 7.00 DOTOR						2.00 4.00
7.00 DOYAD OPERATION OF PLANT PP 8.00 DOXAD OPERATION OF PLANT PP 8.01 DOXAD OPERATION OF PLANT PP 8.02 DOXAD OPERATION OF PLANT PP 9.00 DOXAD OPERATION OF PLANT PP 10.00 DIXENDERCEPTING PP 10.00 DIXEN DEVERSITION PLANT 11.00 DIXEN DEVERSITION PLANT 12.00 DIXEN DEVERSITION PLANT 13.00 DIXEN DEVERSITION PLANT 14.00 DIXENT ALL SERVICES & LIBRARY LIBRARY 15.00 DIXENT ALL SERVICES STEAMER PROL PLANT 10.0230 PRANLES REVICE COST CENTERS PLANT 10.0230 PRANLES REVICE COST CENTERS PLANT 10.001 TIMENT ENT FRUTTHE STRUCE COST CENTERS PLANT 10.001 DIXENT ALL SERVICE COST CENTERS PLANT	5. 00 00500 ADMI NI STRATI VE & GENERAL					5.00
2.101 OCYOL (DEFEATION OF FLANT - FP 9.00 OOGOOL HUSEKEEFING 9.00 OOGOOL HUSEKEEFING 9.01 OLETARE 9.02 OOGOOL HUSEKEEFING 9.03 OLETARE 9.04 OLETARE 9.05 OLETARE 9.06 OLETARE 9.07 OLETARE 9.08 OLETARE 9.09 OLETARE 9.00 OLETARE 9.01 OLETARE <tr< td=""><td></td><td></td><td></td><td></td><td></td><td>6.0</td></tr<>						6.0
8.00 DUBOL LANREY & LI NEN SERVICE 9.01 DISS LEWI ROWENTAL SERVICES - FP 10 DISS LEWI ROWENTAL SERVICES - FP 10 DISS LEWI ROWENTAL SERVICES - FP 10 DISS LEWI ROWENTAL SERVICES - SUPPLY 10 DISS LEWI ROWENTAL SERVICES - SUPPLY 10 DISS DISC ALL SERVICES - SUPPLY 10 DISS DISC DISC DISC DISC DISC DISC DISC						7.0 7.0
9.01 01551 EVI(NORMENTAL SERVICES - FP 11.00 01150 CAFETERIA 12.00 01200 EVITARIS GAMINISTRATION 14.00 01700 SOCIAL SERVICES A SUPPLY 14.00 01700 SOCIAL SERVICES A SUPPLY 17.00 01700 SOCIAL SERVICES - SUPPRY 17.00 01700 SOCIAL SERVICE - SUPPRY 17.00 010	8.00 00800 LAUNDRY & LINEN SERVICE					8.0
10.000 01000 DLETARY 11.000 01000 CHETERY 13.000 01300 NURSING ADMINISTRATION 14.000 014000 CHETERS & SUPPLY 15.000 01300 NURSING ADMINISTRATION 10.000 15.000 02300 PARAMED ED PROMICS APPRY 22.00 22300 PARAMED ED PROMICS SOFT 10.000 10.00 10.000						9.0
12.00 DISCO NURSI NG ADM IN STRATION						9.0 10.0
14.00 01400 CHNTRAL SERVICES & SUPPLY 15.00 1500 MED CAL BECORDS & LI BRARY 17.00 0100 SCI AL SERVICE. 20.01 200 RAT SERVICE. 10.00 100	11. 00 01100 CAFETERI A					11.0
15:00 D1500 PHARMACY Image: Construct Service Servic						13.0 14.0
17.00 01700 SQCIAL SERVICES -SALARY & FRINCES APPRV 22.00 2200 LAR SERVICES-SALARY & FRINCES APPRV 22.00 2200 LAR SERVICES-SALARY & FRINCES APPRV 22.00 2200 LAR SERVICES-SALARY & FRINCES APPRV 20.00 1,001						14.0
21:00 2010 1&R SERVICES-SALARY & FRINCES APPRV 2 22:00 22:00 FARS SERVICES-SALARY & FRINCES APPRV 1 23:00 22:00 FARS SERVICE COTER PROF ROSTS APPRV 1 23:00 22:00 FOCOARDI OL DE PROF. FRIST. SOLET & T	16.00 01600 MEDICAL RECORDS & LIBRARY					16. 0
22.00 02200 I.A. SERVI CES-OTHER PROM COSTS APPRV 100 02301 ECHOCARD 0LOCY EDUCATION PROGRAM 1,001 100 1,001 1,001 100 03000 ADULTS & PEDIATRICS 0 0.00 03000 ADULTS & PEDIATRICS 0 0.01 03000 INTENSIVE CARE UNI T 0 0.01 03000 JUNESSIVE CARE UNI T 0 0.01 04300 JUNESSIVE CARE UNI T 0 0.02000 JOPERATING ROOM 0 0 0.03000 JUNESSIVE CARE COST CENTERS 0 0.03000 JUNESSIVE CARE UNI TSC TO						17.0 21.0
23.01 0 (2301] ECHOCARDI 0LOCY EDUCATION PROGRAM 1.001 IMPATLERT ROUTIN RESPINCE COST CENTERS 0 0 30.00 0 (3000) ADULTS & PEDI ATRI CS 0 0 31.00 0 (3000) INTENSIVE CARE UNI T 0 0 35.00 0 (2000) NEONATAL INTENSIVE CARE UNI T 0 0 41.00 0 (4100) SUPROVI DER INFR 0 0 42.00 0 (4300) NURSISERY 0 0 43.00 0 (5000) OPERATI NG ROOM 0 0 51.00 0 (5100) RECOVERY ROOM 0 0 52.00 0 (5200) DELL VERY ROOM & LABOR ROOM 0 0 53.00 0 (5300) CROVERY ROOM & LABOR ROOM 0 0 54.00 0 (5400) RADI CLOCY - IAGNOSTI C - SJ 0 0 55.00 0 (5500) RADI CLOCY - INGRAPCITI C - SJ 0 0 55.01 0 (5500) CRADI CLOCY - INGRAPCITI C - SJ 0 0 55.01 0 (5500) CRADI CLOCY - INGRAPCITI C - SJ 0 0 55.01 0 (5500) CRADI CLOCY - INGRAPCITI C - SJ 0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>21.0</td></td<>						21.0
INPATI ENT ROUTI NE SERVICE COST CENTERS 00 03000 DUITS & PEDIATRICS 0 31.00 03100 INTERSIVE CARE UNIT 0 04100 SUBPROVIDER - IRF 0 0 04100 SUBPROVIDER - IRF NOM 0 0 04100 SUBPROVIDER - IRF NOM 0 0 04100 SUBPROVIDER - IRF NOM 0 0 05100 DEFEATING ROM 0 0 05100 DEFEATING ROM 0 0 51 00 05100 DEFEATING ROM 0 0 52 00 05200 DELVERY ROM 0 0 52 00 05200 DELVERY ROMA & LADOR ROM 0 0 53 00 05300 ARESTHESI 0LOCY 1-65 0 54 01 05401 RADIOLOCY - 1-65 0 0 54 01 05401 RADIOLOCY - 14RAPAPUTIC 0 0 55 01 05501 CARDIAC CATHER ZATON LAB 0 0 55 02 03140 CARDI LADORY 0 0 55 01 05501 CARDIAC CATHERPAPUTIC 0 0 60 00 06000 LABORATORY 0 0 61 00 05501 CARDIAC CATHERPAPUTIC 0 0	23.00 02300 PARAMED ED PRGM-(SPECIFY)	1,001				23.00
30:00 03000 ADULTS & PEDIATRICS 0 0 31:00 03100 (INTENSIVE CARE UNIT 0 0 35:00 02060 NEONATAL INTENSIVE CARE UNIT 0 0 41:00 04100 (INTENSIVE CARE UNIT 0 0 43:00 04300 NURSERY 0 0 43:00 05000 (PERATI NG ROM 0 0 52:00 05200 (PERATI NG ROM 0 0 53:00 05200 (PERATI NG ROM 0 0 54:00 05400 (RADIOCY-IARNOSTI C 5 0 0 54:00 05400 (RADIOCY-IARNOSTI C S 0 0 55:00 05500 (RADIOLOCY-THERAPEUTI C 0 0 0 55:01 05501 (RADIOLOCY-THERAPEUTI C 0 0 0 55:03 03430 (RADIOLOCY-THERAPEUTI C 0 0 0 55:03 03430 (RADIOLOCY-THERAPEUTI C 0 0 0 55:03 03430 (RADIOLOCY-THERAPEUTI C 0 0 0 60:01 06000 (ABODATORY 0 0 0 60:01 06000 (RESPI RATORY THE			1, 001			23. 0 ⁻
31.00 03100 INTENSI VE CARE UNI T 0 41.00 04100 SUBPROVIDER - IRF 0 41.00 04100 SUBPROVIDER - IRF 0 41.00 04100 SUBPROVIDER - IRF 0 50.00 20500 NURSERY 0 40.01 04100 SUBPROVIDER - IRF 0 50.00 05000 PERATI IR GNOM 0 51.00 05100 PERATI RG ROM 0 52.00 05200 PELVIERY POOM & LABOR ROM 0 52.00 05200 AMESTHESI DLOGY 0 54.01 05401 RADI LOCY - I AGONSTI C 0 55.01 05501 CARDI AC CATHERI ZATON LAB 0 60.01 06600 PHYSI CAL THERAPY TH C 0 61.01 06601 PHYSI CAL THERAPY TH EARAPY 0 61.01 06600 PHYSI CAL THERAPY TH EARAPY 0 61.01 06600 PHYSI CAL THERAPY 1-65 0 62.01 06600 PHYSI CAL THERAPY 1-65 0 63.00 06600 PHYSI CAL THERAPY 1-75 0 64.01 06601 PHYSI CAL THERAPY 1-75 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>30.00</td>		0	0			30.00
11.00 04100 SUBPROVIDER - I RF 0 0 10.00 04000 00 0 10.00 05100 REAVICE COST CENTERS 0 0 10.00 05100 REAVICE COST CENTERS 0 0 10.00 05100 RECOVERY ROOM 0 0 10.00 00 0 0 0 10.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 10.00 05400 RADIOLOCY - 1.65 0 0 10.00 05402 RADIOLOCY - 1.65 0 0 10.00 05402 RADIOLOCY - 1.65 0 0 10.00 05500 RADIOLOCY - 1.65 0 0 0 10.00 LABORATORY 0 0 0 0 0 0 10.00 LABORATORY 0	31.00 03100 INTENSIVE CARE UNIT		0			31.0
43.00 04300,NURSERY 0 0 ANCILLARY SERVICE COST CENTERS 0 0 50.00 05000 OPERATI NG ROOM 0 0 52.00 05200 DELIVERY ROM 0 0 53.00 05300 ANESTHES LOLOGY 0 0 54.01 05400 RADIOLOGY - 0 AGNOSTI C 0 0 54.01 05400 RADIOLOGY - 0 AGNOSTI C 5.1 0 0 54.01 05401 CARDIOLOGY - 0 AGNOSTI C S.J 0 0 54.02 05402 RADIOLOGY - HEAPEUTI CD 0 0 0 54.03 05403 CARDIOLOGY - HEAPEUTI CD 0 0 0 55.01 05501 CARDIAC CATHERI ZATON LAB 0 0 0 50.01 05501 CARDIAC CATHERI ZATON LAB 0 0 0 60.01 06001 BAGOR ATORY 0 0 0 60.01 06001 BAGOR ATORY 0 0 0 60.00 06000 CUPATI ON THERAPY 0 0 0 60.00 06000 CUP						35.0
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51:00 65:00 PECOVERY ROM ALBOR ROM 0 52:00 65:20 DELIVERY ROM & LABOR ROM 0 0 53:00 05:300 ANESTHESI OLOGY 0 0 54:00 05:400 RADI OLOGY - DI AGNOSTI C 0 0 54:01 05:401 05:401 05:401 0 0 55:00 05:00 RADI OLOGY - THERAPEUTI C 0 0 55:01 05:00 RADI OLOGY - THERAPEUTI C 0 0 55:01 05:00 RADI OLOGY - THERAPEUTI C 0 0 55:01 05:00 RADI OLOGY - THERAPEUTI C 0 0 55:01 05:00 CARDI AC CATHERI ZATON LAB 0 0 60:00 CARDI AC CATHERI ZATON LAB 0 0 0 60:00 CARDI AC CATHERI ZATON LAB 0 0 0 60:00 DEGON LABORATORY 0 0 0 60:00 DEGON ESPIRATORY 0 0 0 61:00 OBCON CLABORATORY 0 0 0 64:00 OBCON C	ANCI LLARY SERVI CE COST CENTERS					
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54.00 OS400 RADI 0LOGY-DI AGNOSTI C 0 54.01 OS401 RADI 0LOGY - DI AGNOSTI C SJ 54.02 OS402 RADI 0LOGY - DI AGNOSTI C SJ 0 54.02 OS403 LOWELL RADI 0LOGY DI AGNOSTI C SJ 0 55.01 OS500 RADI 0LOGY - THERAPEUTI C 0 0 55.01 OS601 AC CATHERI ZATON LAB 0 0 55.02 OS140 CARDI OLOGY 0 0 55.03 OS405 NEWO-DI AGNOSTI CS 0 0 60.01 BADRATORY 0 0 0 65.00 DESDI RATORY THERAPY 0 0 0 66.01 DEGO PHYSI CAL THERAPY 0 0 0 66.01 DEGO PHYSI CAL THERAPY ST. JOHN 0 0 0 67.01 OCCUPATI ONAL THERAPY ST. JOHN 0 0 0 67.01 OCCUPATI ONAL THERAPY ST. JOHN 0 0 0 68.00 DEECH PATHOLOGY 1.00 0		0				52.00
54.01 Robi OLOGY - 1 - 45 0 0 54.02 O5402 RADI OLOGY DI AGNOSTIC - SJ 0 0 54.03 O5403 LOWELL RADI OLOGY DI AGNOSTIC - SJ 0 0 55.04 OS500 RADI OLOGY - THERAPEUTIC 0 0 55.01 OS501 CARDI AC CATHERI ZATON LAB 0 0 55.02 O3430 NEWRO-DI AGNOSTI CS 0 0 60.00 D6000 LABORATORY 0 0 61.01 OBCON BLODE LABORATORY 0 0 65.00 OS600 RESPI RATORY THERAPY 0 0 66.00 OBCON BLODE LABORATORY 0 0 66.01 OBCON PHYSI CAL THERAPY 1-65 0 0 66.02 OBCON PHYSI CAL THERAPY ST JOHN 0 0 70.0 OTO OCCUPATI ON THERAPY ST. JOHN 0 0 70.0 OTO OCCUPATI ON THERAPY ST. JOHN 0 0 70.0 OTOO OCCUPATI ON THERAPY ST. JOHN 0 0 71.00 OTOO OLOGY 0 0		0				53.00
54.02 RADI OLOGY DI AGNOSTI C - SJ 0 0 54.03 05403 LOWELL RADI OLOGY 0 0 55.00 05500 RADI OLOGY-THERAPEUTI C 0 0 55.01 05501 CADI AC CATHERI ZATON LAB 0 0 55.02 03140 CATHERI ZATON LAB 0 0 55.03 03450 NEURO-DI AGNOSTI CS 0 0 60.00 06000 LBOOR TORY 0 0 60.01 06001 BLOOD LABORATORY 0 0 66.01 06600 PHYSI CAL THERAPY 1-65 0 0 66.01 06600 PHYSI CAL THERAPY J -65 0 0 67.00 0COUPATI ONAL THERAPY ST. JOHN 0 0 67.01 06700 0COUPATI ONAL THERAPY ST. JOHN 0 0 68.00 SPECH PATHOLOGY 0 0 0 68.01 06800 SPECH PATHOLOGY 0 0 69.00 69000 FORDO ILECTROCARDI OLOGY 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>54.00 54.0</td>		0				54.00 54.0
55.00 05500 RADI 0LGGY-THERAPFUTI C 0 55.01 05501 CARDI 0LG CATHERI ZATON LAB 0 55.02 03140 CARDI 0LGGY 0 55.03 03450 NEURO-DI AGNOSTI CS 0 0 60.01 06000 LABORATORY 0 0 60.01 06001 BLOOD LABORATORY 0 0 60.01 06001 PLORD THERAPY 0 0 66.01 06600 PHYSI CAL THERAPY 0 0 66.02 06600 PHYSI CAL THERAPY ST. JOHN 0 0 67.00 0C700 0CUPATI ONAL THERAPY I -65 0 0 67.00 0C700 0CUPATI ONAL THERAPY I -65 0 0 68.00 0E600 SPEECH PATHOLOGY 0 0 0 68.01 0E600 SPEECH PATHOLOGY 0 0 0 69.00 SPEECH PATHOLOGY 0 0 0 0 69.00 SPEECH PATHOLOGY 0 0 0 0 70.00 ORDI SPEECH PATHOLOGY 0 <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>54.0</td>		0				54.0
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ISPECIAL PURPUSE CUST CENTERS				 		92.0
113. 00 11300 I NTEREST EXPENSE						113.0

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 5/30/2017
 2:34 pm C: \Work Files\Crown Point FY2016 Cost Report\16 costrp\FY2016\HFS\FY16 150126 v3 - tw. mcrx

Health Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT		In Lieu	J of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CCN:	15-0126	Peri od:	Worksheet B-1
				From 01/01/2016 To 12/31/2016	Date/Time Prepared: 5/30/2017 2:34 pm
Cost Center Description		ECHOCARDI OLOGY			
	PRGM	EDUCATI ON			
	(ASSI GNED	PROGRAM			
	TI ME)	(ASSI GNED			
	00.00	TIME)			
	23.00	23.01			110.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,001	1, 001			118.00
					100.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0			192.00
194. 00 07950 FHC	0	0			194.00
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0			194.02
194.0307953OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0			194.03
194.0407954 CENTER OF HOPE	0	0			194.04
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B,	419, 883	118, 094			202.00
Part I)					
203.00 Unit cost multiplier (Wkst. B, Part I)	419. 463536	117. 976024			203.00
204.00 Cost to be allocated (per Wkst. B,	30, 478	14, 677			204.00
Part II)					
205.00 Unit cost multiplier (Wkst. B, Part	30. 447552	14. 662338			205.00
11)					

Health Financial Systems	FRANCISCAN HEALTH CROWN POINT			In Lieu of Form CMS-2552-10			
POST STEPDOWN ADJUSTMENTS	Provider CCN: 15-C		CN: 15-0126	Period:	Worksheet B-2		
				From 01/01/2016 To 12/31/2016	Date/Time Prepared: 5/30/2017 2:34 pm		
		Wo		ksheet			
		Description		Line No.	Amount		
	1.00		2.00	3.00	4.00		
1.00	ADJ FOR EPO COSTS	IN RENAL		1 74.00	0	1.00	
2.00	ADJ FOR EPO COSTS	IN HOME		1 94.00	0	2.00	
3.00	ADJ FOR ARANESP CO	OSTS IN		1 74.00	0	3.00	
4.00	ADJ FOR ARANESP CO	OSTS IN		1 94.00	0	4.00	
5.00	ADJ FOR ESA COSTS DI ALYSI S	IN RENAL		1 74.00	0	5.00	
6. 00	ADJ FOR ESA COSTS PROGRAM	IN HOME		1 94.00	0	6.00	
7.00	EKG ALLIED HEALTH	PROGRAM		1 69.00	-78, 125	7.00	
8.00	ER ALLIED HEALTH F FEES	PROGRAM		1 91.00	-119, 168	8.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCR: 15-0126 Perod: trom 10/02/201 bits/1 Morksheet C bits/1 Morksheet C bits/1 Cost Center Description Total Cost (from Wast, B) 200 Total Cost 200 Total	Heal th F	inancial Systems	FRANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-:	2552-10
To 12/31/2016 Based Friend Prepared: Bosgel Lat To 12/31/2017 2: 34 pat Form West: 8, Part 1, col. Total Cost: Cronx West: 8, Part 1, col. Total Cost: Cronx West: 8, Part 1, col. Total Cost: Disal I owance 0 00 000 MUESIST Cost: CentreRS 10.00				Provider CO		Period:	Worksheet C	
Instruction Title KVIII Hough Intil Register S/20/2017_234 pp (20) Cost Center Description Total Cost (Troi Wist, B) (20) Total Cost (20) Total Cost (20) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td> Part Date/Time Pre</td><td>narod</td></t<>							Part Date/Time Pre	narod
Cost Center Description Total Costs (Total Costs) Part I, col. Total Costs Part I, col. Total Costs Part I, col. Total Costs Part I, col. Total Costs Disal Dwance Total Costs 0.00 0.000 AULTS & PENDINE SERVICE COST CENTERS 37, 200, 832 37, 200, 832 37, 200, 832 100, 659 37, 307, 491 30, 00 0.100 Oligon NUTS & YEARU VE CARE UNIT 5.00 Obtain NUTS & PENDINE CARE UNIT 5.00 Obtain NUTS & PENDINE CARE UNIT 5.00 Obtain NUTS & YEARU VE CARE VE NOW 5.00 Obtain NUTS & YEARU VE CARE VE NOW 5.00 Obtain NUTS & YEARU VE VE CARE VE NOW 5.00 Obtain NUTS & YEARU VE VE CARE VE NOW 5.00 Obtain NUTS & YEARU VE VE CARE VE NOW 5.00 Obtain NUTS & YEARU VE VE CARE VE NOT 5.00 Obtain NUTS & YEARU VE						10 12/31/2010	5/30/2017 2:3	4 pm
Cost Center Description Total Cost (20) To				Title	XVIII	Hospi tal		
Image: constraint of the set of								
Part I, col. Part I, col.<		Cost Center Description			Total Costs		Total Costs	
260 2.00 3.00 4.00 5.00 INPATI ENT ROUTINE SERVICE COST CENTERS 37.200,832 37.200,832 106,659 37.307,491 30.00 31.00 03100 INTENSIVE CARE UNIT 6,999,646 6,899,646 1,382 6,011,028 31.00 31.00 04100 SUBPROVIDER - 1.8F 3,759,245 3,759,245 0,210,654 2,106,554 0,2,10,554 2,106,554 0,2,10,554 3,736,975 1,00 00 05000 PERATING KROM 16,293,210 16,293,210 16,293,210 137,382 16,430,592 50.00 00 05000 PERATING KROM 3,736,975 3,736,975 3,736,975 10 16,293,210 18,27,555 10 18,157,555 10 10,555 54.00 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,243,180 2,241,180 2,241,180 2,243,180				Adj.		Di sal I owance		
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OUTPATI ENT SERVICE COST CENTERS 90.00 09000 CLI NI C 810, 819 810, 819 0 810, 819 90. 00 90.01 09001 DI ABETES CLI NI C 142, 114 142, 114 0 142, 114 90. 01 90.02 09002 OUTPATI ENT CLI NI CS 584, 384 0 584, 384 0 584, 384 0 2584, 384 00. 2 90. 03 09003 OCCUPATI ONAL MEDI CI NE CLI NI C 876, 764 876, 764 0 876, 764 90. 03 90. 03 90.03 09004 NEONATOLOGY CLI NI C - FRANCI SCAN POI NT 6, 292 0 6, 292 90. 04 90. 04 90. 04 90. 04 90. 04 90. 04 90.04 NEONATOLOGY CLI NI C - FRANCI SCAN POI NT 6, 292 0 6, 292 90. 04 91. 00 91.00 09100 EMERGENCY 10, 457, 176 10, 457, 176 7, 573 10, 464, 749 91. 00 91.01 09101 EMERGENCY ROOM PHYSI CANS 344 0 344 0 344 0 344 91. 01	74.00 0	7400 RENAL DIALYSIS	549, 153		549, 15	3 0	549, 153	74.00
90.00 09000 CLINIC 810, 819 810, 819 0 810, 819 90.00 90.01 09001 DLABETES CLINIC 142, 114 142, 114 0 142, 114 90.01 90.02 09002 OUTPATIENT CLINICS 584, 384 584, 384 0 584, 384 90.02 90.03 09003 OCCUPATIONAL MEDICINE CLINIC 876, 764 876, 764 0 876, 764 90.03 90.04 NEONATOLOGY CLINIC-FRANCISCAN POINT 6, 292 0, 6, 292 90.04 91.00 09100 EMERGENCY 10, 457, 176 10, 457, 176 7, 573 10, 464, 749 91.00 91.01 09101 EMERGENCY ROOM PHYSICANS 344 0 344 0 344 91.01	76.00 0	3020 RADI ATI ON ONCOLOGY	3, 241, 730		3, 241, 73	0 0	3, 241, 730	76.00
90. 01 09001 DI ABETES CLINIC 142, 114 142, 114 0 142, 114 90. 01 90. 02 09002 OUTPATI ENT CLINICS 584, 384 584, 384 0 584, 384 90. 02 90. 03 09003 OCCUPATI ONAL MEDI CINE CLINIC 876, 764 876, 764 0 876, 764 90. 03 90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 6, 292 0 6, 292 0 6, 292 90. 04 91. 00 09101 EMERGENCY 10, 457, 176 10, 457, 176 7, 573 10, 464, 749 91. 00 91. 01 09101 EMERGENCY ROOM PHYSICANS 344 344 0 344 91. 01				1				
90. 02 09002 OUTPATI ENT CLINICS 584, 384 584, 384 0 584, 384 90. 02 90. 03 09003 OCCUPATI ONAL MEDI CINE CLINIC 876, 764 876, 764 0 876, 764 90. 03 90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 6, 292 0 6, 292 0 6, 292 90. 04 91. 00 09100 EMERGENCY 10, 457, 176 10, 457, 176 7, 573 10, 464, 749 91. 00 91. 01 09101 EMERGENCY ROOM PHYSICANS 344 0 344 0 344 91. 01								
90. 03 09003 OCCUPATI ONAL MEDI CI NE CLI NI C 876, 764 876, 764 0 876, 764 90. 03 90. 04 09004 NEONATOLOGY CLI NI C-FRANCI SCAN POI NT 6, 292 6, 292 0 6, 292 90. 04 91. 00 09100 EMERGENCY 10, 457, 176 10, 457, 176 7, 573 10, 464, 749 91. 00 91. 01 09101 EMERGENCY ROOM PHYSI CANS 344 0 344 0 344 91. 01								1
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 6, 292 0 6, 292 90. 04 91. 00 09100 EMERGENCY 10, 457, 176 10, 457, 176 7, 573 10, 464, 749 91. 00 91. 01 09101 EMERGENCY ROOM PHYSICANS 344 344 0 344 91. 01								
91. 00 09100 EMERGENCY 10, 457, 176 10, 457, 176 7, 573 10, 464, 749 91. 00 91. 01 09101 EMERGENCY ROOM PHYSI CANS 344 344 0 344 91. 01								
91. 01 09101 EMERGENCY ROOM PHYSI CANS 344 0 344 91. 01								
								1
91. 02 09102 EXPRESS CARE 56, 443 0 56, 443 0 56, 443 91. 02								
92. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART 3, 890, 872 3, 890, 872 3, 890, 872 3, 890, 872 92. 00								1
SPECIAL PURPOSE COST CENTERS			1 2,070,072	I	2, 0, 0, 01		2, 3, 3, 3, 2	1
113. 00 11300 I NTEREST EXPENSE 113. 00								113.00
200.00 Subtotal (see instructions) 177, 877, 497 0 177, 877, 497 325, 726 178, 203, 223 200.00								
201.00 Less Observation Beds 3, 890, 872 3, 890, 872 3, 890, 872								
202.00 Total (see instructions) 173, 986, 625 0 173, 986, 625 325, 726 174, 312, 351 202.00	202.00	liotai (see instructions)	173, 986, 625	0	173, 986, 62	5j 325, /26j	174, 312, 351	202.00

Heal th	Financial Systems F	RANCI SCAN HEALT	H CROWN POINT		In Lie	u of Form CMS-:	2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2016	Worksheet C Part I	
					To 12/31/2016		pared:
			Title	XVIII	Hospi tal	PPS	
			Charges		_		
	Cost Center Description	I npati ent	Outpati ent	Total (col. 6 + col. 7)	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						
30.00	03000 ADULTS & PEDIATRICS	33, 677, 507		33, 677, 50	7		30.00
31.00	03100 I NTENSI VE CARE UNI T	7, 529, 242		7, 529, 24			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	12, 274, 381		12, 274, 38	1		35.00
41.00	04100 SUBPROVIDER - IRF	3, 505, 615		3, 505, 61	5		41.00
43.00	04300 NURSERY	3, 428, 719		3, 428, 71	9		43.00
	ANCI LLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	18, 564, 023	42,055,285				
51.00	05100 RECOVERY ROOM	2, 360, 820	4, 231, 255			0.000000	
52.00	05200 DELIVERY ROOM & LABOR ROOM	5, 840, 221	15, 275			0.000000	
53.00	05300 ANESTHESI OLOGY	5, 415, 531	9, 431, 995			0.000000	
54.00	05400 RADI OLOGY-DI AGNOSTI C	30, 150, 503	89, 214, 962			0.000000	
54.01	05401 RADI OLOGY - I -65	99, 434	17, 315, 866			0.000000	1
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	314	274, 499			0.000000	
54.03	05403 LOWELL RADI OLOGY	2,079	425, 515			0.000000	
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0.00000	0.000000	
55.01	05501 CARDI AC CATHERI ZATON LAB	17, 267, 858	13, 475, 736			0.000000	
55.02	03140 CARDI OLOGY	3, 929, 831	5, 311, 806	9, 241, 63		0.000000	
55.03	03450 NEURO-DI AGNOSTI CS	1,048,234	3, 533, 491	4, 581, 72		0.000000	1
60.00		29, 363, 073	48, 093, 968 0	77, 457, 04		0.000000	
60.01	06001 BLOOD LABORATORY	12 7(0 010	1, 964, 083	15 724 00	0.00000	0.000000	
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	13, 769, 919	953, 242			0.000000	
66. 00	06601 PHYSICAL THERAPY I -65	2,067,924 2,772	3, 198, 926			0.000000	
66. 02	06602 PHYSI CAL THERAPY ST JOHN	1, 108	856, 812	857, 92		0. 000000	
67.00	06700 OCCUPATI ONAL THERAPY	1, 081, 309	79, 076			0. 000000	
67.00	06701 OCCUPATION THERAPY I -65	1, 081, 309	537, 873			0. 000000	
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	1,071	303, 907			0. 000000	
68.00	06800 SPEECH PATHOLOGY	590,063	128, 078			0. 000000	
68.01	06801 SPEECH PATHOLOGY I -65	13, 414	1, 047, 786			0. 000000	
68.02	06802 SPEECH THERAPY ST. JOHN	13, 414	245, 078			0. 000000	
69.02	06900 ELECTROCARDI OLOGY	2,012,003	4, 461, 169			0.000000	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13, 799, 775	9, 763, 024			0. 000000	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	9,060,163	6, 887, 108			0. 000000	
73.00	07300 DRUGS CHARGED TO PATIENTS	52, 016, 609	14, 393, 413			0. 000000	
74.00	07400 RENAL DIALYSIS	971, 667	39, 526			0. 000000	
76.00	03020 RADI ATI ON ONCOLOGY	249, 753	8, 536, 112			0. 000000	
10.00	OUTPATIENT SERVICE COST CENTERS	2177700	0,000,112	0,,00,00	01000771	01000000	1 1 0 1 0 0
90.00	09000 CLINIC	3, 958	1, 036, 875	1, 040, 83	3 0. 779010	0.000000	90.00
	09001 DIABETES CLINIC	0	22, 178			0.000000	
	09002 OUTPATIENT CLINICS	745	0			0. 000000	
	09003 OCCUPATIONAL MEDICINE CLINIC	0	1, 171, 143	1, 171, 14			
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		0. 000000	0. 000000	
91.00	09100 EMERGENCY	14, 283, 999	36, 643, 226	50, 927, 22	5 0. 205336	0. 000000	91.00
91.01	09101 EMERGENCY ROOM PHYSICANS	0	0		0. 000000	0. 000000	91.01
91.02	09102 EXPRESS CARE	0	0		0. 000000	0. 000000	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1, 560, 948	4, 230, 224	5, 791, 17	0. 671863	0. 000000	92.00
	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE						113.00
200.00		285, 945, 205	329, 878, 512	615, 823, 71	7		200.00
201.00							201.00
202.00	Total (see instructions)	285, 945, 205	329, 878, 512	615, 823, 71	7		202.00

Heal th	Fi nar	nci a	ıl Syst	ems			
COMPLIE		OF	DATIO	OF	COSTS	ΤO	CUA

Health Financial Systems	FRANCI SCAN HEALTH	CROWN POINT	In Lieu	」 of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0126	Peri od:	Worksheet C
			From 01/01/2016 To 12/31/2016	Part I Date/Time Prepared:
			10 12/31/2010	5/30/2017 2:34 pm
		Title XVIII	Hospi tal	PPS
Cost Center Description	PPS Inpatient			
	Ratio			
	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDI ATRI CS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT				35.00
41. 00 04100 SUBPROVI DER - I RF				41.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	I			43.00
50. 00 05000 OPERATING ROOM	0, 271046			50.00
51. 00 05100 RECOVERY ROOM	0. 566889			51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 115654			52.00
53. 00 05300 ANESTHESI OLOGY	0. 060079			53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 152117			54.00
54. 01 05401 RADIOLOGY - I - 65	0. 128805			54.01
54. 02 05402 RADIOLOGY DIAGNOSTIC - SJ	0. 305513			54.02
54. 03 05403 LOWELL RADI OLOGY	0. 315194			54.03
55. 00 05500 RADI OLOGY-THERAPEUTI C	0.000000			55.00
55. 01 05501 CARDI AC CATHERI ZATON LAB	0. 188190			55.01
55. 02 03140 CARDI OLOGY	0. 158285			55. 02
55. 03 03450 NEURO-DI AGNOSTI CS	0. 200982			55. 03
60. 00 06000 LABORATORY	0. 160406			60.00
60. 01 06001 BLOOD LABORATORY	0. 000000			60. 01
65. 00 06500 RESPI RATORY THERAPY	0. 168531			65.00
66. 00 06600 PHYSI CAL THERAPY	0. 434586			66.00
66. 01 06601 PHYSI CAL THERAPY I -65	0. 338696			66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN	0. 216856			66. 02
67.00 06700 OCCUPATIONAL THERAPY	0. 319350			67.00
67.01 06701 OCCUPATION THERAPY I-65	0. 441032			67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0. 230403			67.02
68.00 06800 SPEECH PATHOLOGY	0. 286298			68.00
68. 01 06801 SPEECH PATHOLOGY I -65	0. 321193			68.01
68. 02 06802 SPEECH THERAPY ST. JOHN	0. 257653			68.02
69. 00 06900 ELECTROCARDI OLOGY	0. 162282			69.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	0. 185553			71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.967527			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 180283			73.00
74. 00 07400 RENAL DI ALYSI S	0.543074			74.00
76. 00 03020 RADI ATI ON ONCOLOGY	0. 368971			76.00
OUTPATI ENT SERVICE COST CENTERS 90.00 09000 CLINIC C	0. 779010			90.00
90. 01 09000 CEINIC 90. 01 09001 DIABETES CLINIC	6. 407882			90.00
90. 02 09002 OUTPATIENT CLINICS	784. 408054			90.02
90. 02 09002 001PATTENT CETNICS 90. 03 09003 OCCUPATIONAL MEDICINE CLINIC	0. 748640			90.02
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0. 000000			90.04
91. 00 09100 EMERGENCY	0. 205484			91.00
91. 01 09101 EMERGENCY ROOM PHYSI CANS	0. 000000			91.01
91. 02 09102 EXPRESS CARE	0. 000000			91.02
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 671863			92.00
SPECIAL PURPOSE COST CENTERS				
113. 00 11300 I NTEREST EXPENSE				113.00
200.00 Subtotal (see instructions)				200.00
201.00Less Observation Beds202.00Total (see instructions)				201. 00 202. 00

Heal th	Financial Systems	FRANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-2	2552-10
	ATION OF RATIO OF COSTS TO CHARGES		Provider C		Period:	Worksheet C	
					From 01/01/2016 To 12/31/2016	Part I Date/Time Pre	narod
					10 12/31/2010	5/30/2017 2:3	4 pm
			Titl	e XIX	Hospi tal	Cost	
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj.		Di sal I owance		
		Part I, col.					
		26)	2.00	2.00	4.00	F 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
30, 00	03000 ADULTS & PEDIATRICS	37, 200, 832		37, 200, 83	2 106, 659	37, 307, 491	30.00
31.00	03100 I NTENSI VE CARE UNI T	6, 899, 646		6, 899, 64		6, 901, 028	
	02060 NEONATAL INTENSIVE CARE UNIT	5, 158, 362		5, 158, 36		5, 207, 250	
	04100 SUBPROVIDER - IRF	3, 759, 245		3, 759, 24		3, 759, 245	
	04300 NURSERY	2, 106, 554		2, 106, 55		2, 106, 554	
	ANCI LLARY SERVI CE COST CENTERS	1	I		-1 -1		
50.00	05000 OPERATI NG ROOM	16, 293, 210		16, 293, 21	0 137, 382	16, 430, 592	50.00
51.00	05100 RECOVERY ROOM	3, 736, 975		3, 736, 97	5 0	3, 736, 975	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	677, 209		677, 20	9 0	677, 209	52.00
53.00	05300 ANESTHESI OLOGY	892, 031		892, 03		892, 031	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	18, 157, 555		18, 157, 55		18, 157, 555	
	05401 RADI OLOGY - 1-65	2, 243, 180		2, 243, 18		2, 243, 180	
	05402 RADIOLOGY DIAGNOSTIC - SJ	83, 959		83, 95		83, 959	54.02
	05403 LOWELL RADI OLOGY	134, 775		134, 77		134, 775	54.03
55.00	05500 RADI OLOGY-THERAPEUTI C	0			0 0	0	55.00
55. 01 55. 02	05501 CARDI AC CATHERI ZATON LAB 03140 CARDI 0L0GY	5, 777, 467		5, 777, 46		5, 785, 646	55.01
55. 02 55. 03	03450 NEURO-DI AGNOSTI CS	1, 459, 884		1, 459, 88 920, 84		1, 462, 817	55.02 55.03
	06000 LABORATORY	920, 845 12, 420, 460		12, 420, 46		920, 845 12, 424, 560	
60.00	06001 BLOOD LABORATORY	12, 420, 400		12, 420, 40	4,100	12, 424, 500	60.00
65.00	06500 RESPI RATORY THERAPY	2, 647, 087	0	2, 647, 08	7 4,585	2, 651, 672	65.00
66.00	06600 PHYSI CAL THERAPY	1, 312, 955				1, 312, 955	66.00
66. 01	06601 PHYSI CAL THERAPY I -65	1, 084, 401	0	1, 084, 40		1, 084, 401	66.01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	186, 045	0	186, 04		186, 045	66.02
67.00	06700 OCCUPATI ONAL THERAPY	370, 569	0	370, 56		370, 569	67.00
67.01	06701 OCCUPATION THERAPY I-65	237, 965	0	237, 96	5 0	237, 965	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	70, 021	0	70, 02	1 0	70, 021	67.02
68.00	06800 SPEECH PATHOLOGY	205, 602	0	205, 60		205, 602	68.00
68. 01	06801 SPEECH PATHOLOGY I-65	340, 850	0			340, 850	
	06802 SPEECH THERAPY ST. JOHN	63, 145		63, 14		63, 145	68.02
	06900 ELECTROCARDI OLOGY	1,046,433		1, 046, 43		1,050,478	
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	4, 372, 146		4, 372, 14		4, 372, 146	
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATIENTS	15, 429, 421		15, 429, 42		15, 429, 421	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	11, 972, 577 549, 153		11, 972, 57 549, 15		11, 972, 577 549, 153	73.00 74.00
	03020 RADIATION ONCOLOGY	3, 241, 730		3, 241, 73		3, 241, 730	
70.00	OUTPATIENT SERVICE COST CENTERS	5,241,730		5, 241, 75	<u>v</u>	5, 241, 750	/0.00
90.00	09000 CLINIC	810, 819		810, 81	9 0	810, 819	90.00
	09001 DI ABETES CLINIC	142, 114		142, 11		142, 114	
	09002 OUTPATIENT CLINICS	584, 384		584, 38		584, 384	1
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	876, 764		876, 76		876, 764	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	6, 292		6, 29	2 0	6, 292	90.04
	09100 EMERGENCY	10, 457, 176		10, 457, 17	6 7, 573	10, 464, 749	91.00
	09101 EMERGENCY ROOM PHYSI CANS	344		34	4 0	344	91.01
	09102 EXPRESS CARE	56, 443		56, 44		56, 443	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3, 890, 872		3, 890, 87	2	3, 890, 872	92.00
	SPECIAL PURPOSE COST CENTERS			1			
	11300 INTEREST EXPENSE				_		113.00
200.00		177, 877, 497				178, 203, 223	
201.00 202.00		3, 890, 872 173, 986, 625		3, 890, 87 173, 986, 62		3, 890, 872 174, 312, 351	
202.00		1/3, 900, 023	ı 0	173, 900, 02	5 325, 726	114, 312, 351	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider COX: 15-012 Ford 37 (12)/120 Worksheet C Fart 1 (12)/120 Worksheet C Fart 1 (12)/120 Worksheet C Fart 1 (12)/120 0.00 Cost Center Description Inpati ent 6.00 Total (cell 6 (12)/120 Cost or Other Fart 0 (12)/120 Cost or Other Fart 0 (12)/120<	Heal th	Financial Systems F	RANCI SCAN HEALT	H CROWN POINT		In Lie	u of Form CMS-	2552-10
Total 1201/200 Data 231/200 Data 231/20	COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0126			
Cost Centor Description Title XIX Hospital Cost Cost TEFRA Inpatient Terra 0.00 5000 ARUTS SERVICE COST CENTERS 0.00 7.00 8.00 9.00 10.00 10.00 5000 ARUTS SERVICE COST CENTERS 3.677.507 3.677.577 7.00 8.00 9.00 30.00 35.00 02000 REMAK UNIT 7.529.242 7.529.242 3.07 3.07.507 3.07.507 3.07.507 3.07.507 3.07.00 3.00 3.00 36.00 02000 REMAK UNIT 7.2274.381 12.244.381 12.244.381 42.00							Date/Time Pre	pared:
Image: Cost Center Description Impatient Outpatient Total (col. oc) Cost Center Other Ratio TEFRA Institution 00.00 00000 ADULTS & PERVICE COST CENTERS 33.677.507 35.00 9.00 10.00 30.00 10.00 00000 ADULTS & PERVICE COST CENTERS 33.677.507 7.529.242				Titl	e XIX	Hospi tal		
Line of the set of th								
INPACT ENT ROUTINE SERVICE COST CENTERS 0.00 7.00 8.00 9.00 10.00 00.00 03000 Abult 5 & PEDIATRICS 33.077.507 7.529.242 7.229.242 7.229.242 33.077.507 33.077.507 33.077.507 33.077.507 33.077.507 33.00 35.00 02006 NEOMTAL INTENSIVE CARE UNIT 12.274.381 12.274.381 3.00 43.00 35.00 04.500 MURSER 43.00 43.00 43.00 0.4300 0.4300 0.4300 0.4300 0.4300 0.560.615 3.00 5.555.265 40.619.000 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260079 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.260779 0.2608 <t< td=""><td></td><td>Cost Center Description</td><td>Inpatient</td><td>Outpati ent</td><td></td><td></td><td>Inpati ent</td><td></td></t<>		Cost Center Description	Inpatient	Outpati ent			Inpati ent	
INPART LENT BOUTINE SERVICE COST CENTERS 33, 677, 507 33, 673, 543 43, 503 43, 503 43, 503 43, 503 44, 517 55, 500 55, 607 56, 622, 673 56, 622, 673 56, 622, 673 56, 622, 673			6.00	7.00	8,00	9,00		
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35. 00 02060 NEOMATAL INTENSIVE CARE UNIT 12, 274, 381 12, 274, 381 35, 505, 515 35, 505, 515 41, 00 43. 00 04300 NURSERY 3, 428, 719 3, 455, 515 3, 505, 515 42, 005, 328, 719 43, 00 50. 00 05000 OPECATING ROOM 18, 564, 023 42, 055, 285 60, 519, 308 0, 268779 50, 00 51. 00 05100 OPECATING ROOM 5, 446, 511 15, 275 5, 585, 496 0, 115656 0, 115656 51, 00 53, 00 0, 6200 REUNERY ROOM 5, 4415, 51 421, 995 14, 447, 520 0, 00, 00, 00, 00, 00, 00, 00, 00, 00,	30.00		33, 677, 507		33, 677, 50	7		30.00
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90.03 09003 0CCUPATI ONAL MEDI CINE CLINIC 0 1,171,143 1,171,143 0.748640 90.03 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0 0 0 0 0.000000 0.000000 90.04 91.00 09100 EMERGENCY 14,283,999 36,643,226 50,927,225 0.205336 0.205336 91.00 91.01 09101 EMERGENCY ROOM PHYSI CANS 0 0 0 0 0.000000 91.01 92.00 09102 EXPRESS CARE 0 0 0 0.000000 0.000000 91.02 92.00 OSERVATION BEDS (NON-DISTINCT PART 1,560,948 4,230,224 5,791,172 0.671863 0.671863 92.00 92.00 OSERVATION BEDS (NON-DISTINCT PART 1,560,948 4,230,224 5,791,172 0.671863 0.671863 92.00 92.00 I13.00 INTEREST EXPENSE 285,945,205 329,878,512 615,823,717 200.00 200.00 200.00 Less Observation Beds 285,945,205 329,878,512 615,823,717 200.00 201.00	90.01	09001 DIABETES CLINIC	0	22, 178	22, 17	8 6. 407882	6. 407882	90.01
90.03 09003 0CCUPATIONAL MEDICINE CLINIC 0 1,171,143 1,171,143 0.748640 90.03 90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0 0 0 0 0.00000 0.000000 90.04 91.00 09100 EMERGENCY 14,283,999 36,643,226 50,927,225 0.205336 0.205336 91.00 91.01 09101 EMERGENCY ROOM PHYSICANS 0 0 0 0 0.000000 91.01 92.00 09102 EXPRESS CARE 0 0 0 0.000000 0.000000 91.02 92.00 OBSERVATION BEDS (NON-DISTINCT PART 1,560,948 4,230,224 5,791,172 0.671863 0.671863 92.00 92.01 OBSERVATION BEDS (NON-DISTINCT PART 1,560,948 4,230,224 5,791,172 0.671863 0.671863 92.00 92.01 INTEREST EXPENSE 113.00 INTEREST EXPENSE 113.00 200.00 201.00 200.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 <td>90.02</td> <td>09002 OUTPATIENT CLINICS</td> <td>745</td> <td>0</td> <td>74</td> <td>5 784. 408054</td> <td>784. 408054</td> <td>90.02</td>	90.02	09002 OUTPATIENT CLINICS	745	0	74	5 784. 408054	784. 408054	90.02
91.00 09100 EMERGENCY 14,283,999 36,643,226 50,927,225 0.205336 0.205336 91.00 91.01 09101 EMERGENCY ROOM PHYSI CANS 0 0 0 0.000000 0.000000 91.01 91.02 09102 EXPRESS CARE 0 0 0 0.000000 0.000000 91.02 92.00 OBSERVATION BEDS (NON-DISTINCT PART 1,560,948 4,230,224 5,791,172 0.671863 0.671863 92.00 SPECIAL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE 285,945,205 329,878,512 615,823,717 415,823,717 200.00 201.00 200.00 Less Observation Beds 285,945,205 329,878,512 615,823,717 200.00 201.00	90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	1, 171, 143	1, 171, 14			
91. 01 09101 EMERGENCY ROOM PHYSICANS 0 0 0 0.000000 0.000000 91. 01 91. 02 09102 EXPRESS CARE 0 0 0 0.000000 0.000000 91. 01 92. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART 1,560,948 4,230,224 5,791,172 0.671863 0.671863 92. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE 285,945,205 329,878,512 615,823,717 113. 00 200. 00 201. 00 201. 00 Less Observation Beds 285,945,205 329,878,512 615,823,717 200. 00 201. 00	90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		0 0. 000000	0.00000	90.04
91. 02 09102 EXPRESS CARE 0 0 0 0.000000 0.000000 91. 02 92. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART 1,560,948 4,230,224 5,791,172 0.671863 0.671863 92. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE 285,945,205 329,878,512 615,823,717 113. 00 200. 00 201. 00 201. 00 Less Observation Beds 285,945,205 329,878,512 615,823,717 200. 00 201. 00	91.00	09100 EMERGENCY	14, 283, 999	36, 643, 226	50, 927, 22	5 0. 205336	0. 205336	91.00
92. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART 1,560,948 4,230,224 5,791,172 0.671863 0.671863 92. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE 113.00 200.00 285,945,205 329,878,512 615,823,717 113.00 200.00 201.00	91.01		0	0		0 0. 000000	0.00000	91.01
SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 285,945,205 329,878,512 615,823,717 200.00 201.00 Less Observation Beds 205,945,205 329,878,512 615,823,717 200.00			0	0				
113.00 11300 INTEREST EXPENSE 113.00 200.00 Subtotal (see instructions) 285,945,205 329,878,512 615,823,717 200.00 201.00 Less Observation Beds 205,945,205 329,878,512 615,823,717 200.00	92.00		1, 560, 948	4, 230, 224	5, 791, 17	2 0. 671863	0. 671863	92.00
200.00 Subtotal (see instructions) 285,945,205 329,878,512 615,823,717 200.00 201.00 201.00 Less Observation Beds 201.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
201.00 Less Observation Beds 201.00								
			285, 945, 205	329, 878, 512	615, 823, 71	7		
202.00 10Tai (see instructions) 285,945,205 329,878,512 615,823,717 202.00			005 015 015	000 070 5:5	(45 000 -	_		
	202.00	lotal (see instructions)	285, 945, 205	329, 878, 512	615, 823, 71	/		202.00

COMPUTATI ON	N OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepare 5/30/2017 2:34 pm
			Title XIX	Hospi tal	Cost
	Cost Center Description	PPS Inpatient			
	·	Ratio			
		11.00			
I NPA	TIENT ROUTINE SERVICE COST CENTERS				
30.00 0300	0 ADULTS & PEDIATRICS				30
31.00 0310	O INTENSIVE CARE UNIT				31
	O NEONATAL INTENSIVE CARE UNIT				35
	0 SUBPROVI DER – I RF				41.
	0 NURSERY				43
	LLARY SERVICE COST CENTERS				
	O OPERATI NG ROOM	0. 000000			50
	O RECOVERY ROOM	0. 000000			51
	O DELIVERY ROOM & LABOR ROOM	0. 000000			52
	O ANESTHESI OLOGY	0.00000			53
	0 RADI OLOGY-DI AGNOSTI C	0. 000000			54
	1 RADIOLOGY - I-65	0. 000000			54
	2 RADIOLOGY DIAGNOSTIC - SJ	0. 000000			54
	3 LOWELL RADI OLOGY	0. 000000			54
5.00 0550	0 RADI OLOGY-THERAPEUTI C	0. 000000			55.
5.01 0550	1 CARDI AC CATHERI ZATON LAB	0. 000000			55.
5.02 0314	O CARDI OLOGY	0. 000000			55
	0 NEURO-DI AGNOSTI CS	0. 000000			55
	0 LABORATORY	0. 000000			60
	1 BLOOD LABORATORY	0. 000000			60
	0 RESPI RATORY THERAPY	0. 000000			65
	0 PHYSI CAL THERAPY	0. 000000			66
	1 PHYSI CAL THERAPY I -65	0. 000000			66
					66
	2 PHYSI CAL THERAPY ST JOHN	0. 000000			
	0 OCCUPATIONAL THERAPY	0. 000000			67
	1 OCCUPATION THERAPY I -65	0. 000000			67
	2 OCCUPATIONAL THERAPY ST. JOHN	0. 000000			67
	O SPEECH PATHOLOGY	0. 000000			68
	1 SPEECH PATHOLOGY 1-65	0. 000000			68
	2 SPEECH THERAPY ST. JOHN	0. 000000			68
	0 ELECTROCARDI OLOGY	0. 000000			69
1.00 0710	O MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000			71
2.00 0720	O IMPL. DEV. CHARGED TO PATIENTS	0. 000000			72
3.00 0730	O DRUGS CHARGED TO PATIENTS	0. 000000			73
4.00 0740	0 RENAL DIALYSIS	0. 000000			74
	O RADIATION ONCOLOGY	0. 000000			76
	ATIENT SERVICE COST CENTERS	,			
	O CLINIC	0. 000000			90
	1 DIABETES CLINIC	0. 000000			90
	2 OUTPATIENT CLINICS	0. 000000			90
	3 OCCUPATIONAL MEDICINE CLINIC	0.000000			90
	4 NEONATOLOGY CLINIC-FRANCISCAN POINT				
		0. 000000			90
	O EMERGENCY	0. 000000			91
	1 EMERGENCY ROOM PHYSI CANS	0.00000			91
	2 EXPRESS CARE	0. 000000			91
	O OBSERVATION BEDS (NON-DISTINCT PART	0. 000000			92
	I AL PURPOSE COST CENTERS				
13.00 1130	O INTEREST EXPENSE				113
00.00	Subtotal (see instructions)				200
01.00	Less Observation Beds				201
02.00	Total (see instructions)	1			202

Health Financial Systems	FRANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITA	_ COSTS	Provider C	-	Period: From 01/01/2016 To 12/31/2016	Date/Time Pre 5/30/2017 2:3	pared: 4 pm
	-		XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	4, 148, 049	0	4, 148, 04	9 29, 542	140. 41	30.00
31.00 INTENSIVE CARE UNIT	575, 476		575, 47	6 3, 349	171.84	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	451, 304		451, 30	4 3, 141	143.68	35.00
41.00 SUBPROVIDER - IRF	436, 437	0	436, 43	7 1, 346	324.25	41.00
43.00 NURSERY	60, 673		60, 67	3 2, 552	23.77	43.00
200.00 Total (lines 30-199)	5, 671, 939		5, 671, 93	9 39, 930		200.00
Cost Center Description	I npati ent	Inpati ent				
·	Program days	Program				
	0 5	Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00	1			
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDI ATRI CS	15, 278	2, 145, 184				30.00
31.00 INTENSIVE CARE UNIT	1, 697	291, 612				31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	C				35.00
41.00 SUBPROVIDER - IRF	942	305, 444				41.00
43.00 NURSERY	0		1			43.00
200.00 Total (lines 30-199)	17, 917	2, 742, 240	1			200.00

2	FRANCI SCAN HEAL		CN. 15 0104		u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL CUSTS	Provider C	UN: 15-0126	Period: From 01/01/2016 To 12/31/2016		pared: 4 pm
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
		(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS	2.0(5.014	(0 (10 200	0.0400	0.040.005	202 521	
50. 00 05000 OPERATI NG ROOM	2, 965, 914				393, 531	•
51.00 05100 RECOVERY ROOM	570, 881				94, 280	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	156, 448					•
53. 00 05300 ANESTHESI OLOGY	113, 780					•
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 903, 852					
54. 01 05401 RADI 0L0GY - 1 -65	504, 577					
54. 02 05402 RADIOLOGY DIAGNOSTIC - SJ	2, 565				2	
54. 03 05403 LOWELL RADI OLOGY	23, 406				78	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	-	0.0000.		0	
55. 01 05501 CARDI AC CATHERI ZATON LAB	1, 039, 368					
55. 02 03140 CARDI OLOGY	272,006				61, 193	
55. 03 03450 NEURO-DI AGNOSTI CS	129, 902					
60. 00 06000 LABORATORY	765, 707				147, 740	
60. 01 06001 BLOOD LABORATORY	0	-	0.0000.		0	
65. 00 06500 RESPI RATORY THERAPY	178, 236					•
66. 00 06600 PHYSI CAL THERAPY	180, 748				71, 046	•
66. 01 06601 PHYSI CAL THERAPY I -65	33, 493					
66. 02 06602 PHYSI CAL THERAPY ST JOHN	5, 915				0	
67. 00 06700 OCCUPATI ONAL THERAPY	13, 224					
67. 01 06701 OCCUPATION THERAPY I-65	6, 708				4	67.01
67. 02 06702 OCCUPATIONAL THERAPY ST. JOHN	2, 216				0	
68. 00 06800 SPEECH PATHOLOGY	6, 219		1		2, 505	•
68. 01 06801 SPEECH PATHOLOGY I -65	10, 105					
68. 02 06802 SPEECH THERAPY ST. JOHN	1, 943				0	
69. 00 06900 ELECTROCARDI OLOGY	124, 348					•
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	245, 677					•
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	784, 632					•
73. 00 07300 DRUGS CHARGED TO PATIENTS	542, 484					
74. 00 07400 RENAL DIALYSIS	25, 612					
76. 00 03020 RADI ATI ON ONCOLOGY	1, 167, 380	8, 785, 865	0. 1328	70 61, 507	8, 172	76.00
	20,020	1 040 000	0.0000	-0 - 2 154	01	00.00
90. 00 09000 CLINIC	30, 028				91	
90. 01 09001 DI ABETES CLINIC	7, 578					
90. 02 09002 0UTPATIENT CLINICS 90. 03 09003 0CCUPATIONAL MEDICINE CLINIC	223, 311				0	
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC 90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	66, 580		0.0568		0	
	1 271 500				-	
	1, 271, 509					
91. 01 09101 EMERGENCY ROOM PHYSI CANS	10 44	0			0	•
91.02 09102 EXPRESS CARE	12, 446				0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	432, 607					
200.00 Total (lines 50-199)	14, 821, 575	555, 408, 253	1	110, 384, 640	2, 374, 907	1200. OO

Health Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COS		CN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Date/Time Pre 5/30/2017 2:3	pared: 4 pm
			e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School			Swi ng-Bed	Total Costs	
		Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos		1 through 3,	
				instructions)	minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1	1	1	- 1		
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	D.	0 0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	D.	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0		0	0	35.00
41. 00 04100 SUBPROVI DER – I RF	0	(C		0 0	0	41.00
43. 00 04300 NURSERY	0	(C		0	0	43.00
200.00 Total (lines 30-199)	0	0)	0	0	200.00
Cost Center Description	Total Patient	Per Diem (col.		Inpati ent		
	Days	5 ÷ col. 6)	Program Days	5		
				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, 542					30.00
31.00 03100 INTENSIVE CARE UNIT	3, 349			97 0		31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	3, 141			0 0		35.00
41. 00 04100 SUBPROVI DER – I RF	1, 346			42 0		41.00
43. 00 04300 NURSERY	2, 552	0.00)	0 0		43.00
200.00 Total (lines 30-199)	39, 930		17, 9	17 0		200. 00

	Financial Systems IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	FRANCI SCAN HEALT	Provider C	CN: 15 0126 E	Period:	u of Form CMS-: Worksheet D	2552-10
	H COSTS	WICE UTHER PASS	Provider C	F	From 01/01/2016 o 12/31/2016	Part IV	
			Title	e XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician N Anesthetist Cost			Medical Education Cost	4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS			1			
50.00	05000 OPERATING ROOM	0	0	-	-	0	
51.00	05100 RECOVERY ROOM	0	0	0	0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	C	0	0 0	0	52.00
53.00	05300 ANESTHESI OLOGY	0	0	0	0 0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0 0	0	54.00
54.01	05401 RADI OLOGY - I -65	0	0	0	0 0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		0 0	0	54.02
54.03	05403 LOWELL RADI OLOGY	0	0	0	0 0	0	54.03
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
55.01	05501 CARDI AC CATHERI ZATON LAB	0	0	0	0 0	0	55.01
55.02	03140 CARDI OLOGY	0	0	0	0 0	0	55.02
55.03	03450 NEURO-DI AGNOSTI CS	0	0	0	0 0	0	55.03
60.00	06000 LABORATORY	0	0	0	0 0	0	60.00
60. 01	06001 BLOOD LABORATORY	0	0	0	0 0	0	60. 01
65.00	06500 RESPI RATORY THERAPY	0	0	0	0 0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	0	-	0 0	0	66.00
66. 01	06601 PHYSI CAL THERAPY I -65	0	0	0	0 0	0	66. 01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	0	0	0	0 0	0	66. 02
67.00	06700 OCCUPATI ONAL THERAPY	0	0	0	0 0	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	0	0	0 0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0 0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	0 0	0	68.00
68. 01	06801 SPEECH PATHOLOGY I -65	0	0	0	0 0	0	68. 01
68. 02	06802 SPEECH THERAPY ST. JOHN	0	C	-	0 0	0	68. 02
69.00	06900 ELECTROCARDI OLOGY	0	C	118, 094	l 0	118, 094	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	C	0	0 0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	C	0	0 0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	C	-	0 0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76.00	03020 RADI ATI ON ONCOLOGY	0	0	(0 0	0	76.00
	OUTPATIENT SERVICE COST CENTERS	-		-	-	-	
90.00	09000 CLINIC	0	0			0	
90.01	09001 DI ABETES CLINIC	0	0		0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0		0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0			0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0			0	90.04
91.00	09100 EMERGENCY	0	0			300, 715	
91.01	09101 EMERGENCY ROOM PHYSI CANS	0	0		0	0	91.01
91.02	09102 EXPRESS CARE	0	0	-	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			0	92.00
200.00	Total (lines 50-199)	0	0	418, 809	0	418, 809	∠UU. UU

	3		TH CROWN POINT	01 45 0404		u of Form CMS-2	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEA H COSTS	RVICE UTHER PAS	S Provider C		Period: From 01/01/2016 To 12/31/2016		pared:
			Title	e XVIII	Hospi tal	PPS	4 piii
	Cost Center Description	Total	Total Charges			Inpatient	
		Outpati ent	(from Wkst. C,	to Charges	Ratio of Cost	Program	
		Cost (sum of	Part I, col.	(col. 5 ÷ col		Charges	
		col. 2, 3 and	8)	7)	(col. 6 ÷ col.	Ŭ	
		4)			7)		
		6.00	7.00	8.00	9.00	10.00	
	ANCI LLARY SERVI CE COST CENTERS	1	I	1			
50.00	05000 OPERATING ROOM	0				8, 043, 235	1
51.00	05100 RECOVERY ROOM	0				1, 088, 671	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0				7, 126	
53.00	05300 ANESTHESI OLOGY	0				2, 229, 089	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0				15, 749, 725	
54.01	05401 RADI OLOGY - 1-65	0				59, 058	
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0				252	
54.03	05403 LOWELL RADI OLOGY	0				1, 434	54.03
55.00	05500 RADI OLOGY-THERAPEUTI C	0	-	0.00000		0	55.00
55.01	05501 CARDI AC CATHERI ZATON LAB	0		0. 00000	0 0. 000000	8, 859, 859	55.01
55.02	03140 CARDI OLOGY	0				2, 079, 073	
55.03	03450 NEURO-DI AGNOSTI CS	0				615, 990	55.03
60.00	06000 LABORATORY	0				14, 944, 322	60.00
60. 01	06001 BLOOD LABORATORY	0		0.00000		0	60.01
65.00	06500 RESPI RATORY THERAPY	0			0 0.000000	7, 804, 894	65.00
66.00	06600 PHYSI CAL THERAPY	0	3, 021, 166	0. 00000	0 0.000000	1, 187, 532	66.00
66. 01	06601 PHYSI CAL THERAPY I -65	0	3, 201, 698	0. 00000	0 0.000000	2, 176	66.01
66. 02	06602 PHYSI CAL THERAPY ST JOHN	0	857, 920	0.00000	0 0.000000	0	66.02
67.00	06700 OCCUPATI ONAL THERAPY	0			0 0.000000	671, 953	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	539, 564	0.00000	0 0.000000	316	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	303, 907	0. 00000	0 0.000000	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	718, 141	0.00000	0 0.000000	289, 251	68.00
68. 01	06801 SPEECH PATHOLOGY I -65	0	1,061,200	0.00000	0 0.000000	338	68.01
68. 02	06802 SPEECH THERAPY ST. JOHN	0	245, 078	0.00000	0 0.000000	0	68.02
69.00	06900 ELECTROCARDI OLOGY	118, 094	6, 473, 172	0. 01824	4 0. 018244	1, 204, 186	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23, 562, 799	0.00000	0 0.000000	6, 605, 066	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15, 947, 271	0.00000	0 0.000000	4, 871, 709	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	66, 410, 022	0.00000	0 0.000000	26, 442, 424	73.00
74.00	07400 RENAL DI ALYSI S	0	1, 011, 193	0.00000	0 0.000000	859, 414	74.00
76.00	03020 RADI ATI ON ONCOLOGY	0	8, 785, 865	0.00000	0 0.000000	61, 507	76.00
	OUTPATIENT SERVICE COST CENTERS	T	1				
90.00	09000 CLI NI C	0	1, 040, 833			3, 154	90.00
90. 01	09001 DI ABETES CLINIC	0				0	90. 01
90. 02	09002 OUTPATIENT CLINICS	0				0	90. 02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	1, 171, 143			0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	C	0. 00000		0	90.04
91.00	09100 EMERGENCY	300, 715	50, 927, 225			5, 813, 740	
91.01	09101 EMERGENCY ROOM PHYSI CANS	0	C			0	91.01
91.02	09102 EXPRESS CARE	0	C	0.00000		0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0.00000	0 0. 000000	889, 146	
200.00	Total (lines 50-199)	418, 809	555, 408, 253	1		110, 384, 640	000 00

	Financial Systems TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE	FRANCI SCAN HEALT		CN: 15-0126	Peri od:	u of Form CMS Worksheet D	
	H COSTS			GN. 13 0120	From 01/01/2016 To 12/31/2016	Part IV Date/Time Pr 5/30/2017 2:	
				XVIII	Hospi tal	PPS	
	Cost Center Description	Inpati ent	Outpati ent	Outpati ent			
		Program	Program	Program			
		Pass-Through	Charges	Pass-Throug			
		Costs (col. 8		Costs (col.	9		
		x col. 10)	40.00	x col. 12)			
		11.00	12.00	13.00			
0.00	ANCI LLARY SERVI CE COST CENTERS	0	11, 354, 401		0		50.00
1.00	05100 RECOVERY ROOM	0			0		50.00
		0	1, 176, 077 0		0		
2.00	05200 DELIVERY ROOM & LABOR ROOM		0		0		52.00
3.00	05300 ANESTHESI OLOGY	0	2, 431, 303		-		53.00
4.00	05400 RADI OLOGY-DI AGNOSTI C	0	25, 413, 142		0		54.00
4.01	05401 RADI OLOGY - I -65	Ŭ	4, 884, 179		0		54.0
4.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	112, 808		0		54.0
4.03	05403 LOWELL RADI OLOGY	0	146, 435	1	0		54.0
5.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0		55.0
5.01	05501 CARDI AC CATHERI ZATON LAB	0	6, 714, 258		0		55.0
5.02	03140 CARDI OLOGY	0	1, 691, 862		0		55.0
5.03	03450 NEURO-DI AGNOSTI CS	0	827, 537		0		55.0
0.00	06000 LABORATORY	0	5, 529, 630		0		60.0
0. 01	06001 BLOOD LABORATORY	0	0		0		60.0
5.00	06500 RESPI RATORY THERAPY	0	488, 874		0		65.00
6.00	06600 PHYSI CAL THERAPY	0	31, 387		0		66.0
6. 01	06601 PHYSI CAL THERAPY I -65	0	38, 963		0		66.0
6. 02	06602 PHYSI CAL THERAPY ST JOHN	0	13, 039		0		66.0
7.00	06700 OCCUPATI ONAL THERAPY	0	20, 186		0		67.0
7.01	06701 OCCUPATION THERAPY I-65	0	10, 232		0		67.0
7.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	9, 639		0		67.0
8.00	06800 SPEECH PATHOLOGY	0	5, 789		0		68.0
8. 01	06801 SPEECH PATHOLOGY I -65	0	4, 300		0		68.0
8. 02	06802 SPEECH THERAPY ST. JOHN	0	4, 331		0		68. 0
9.00	06900 ELECTROCARDI OLOGY	21, 969	1, 693, 203	30, 8	91		69.0
1.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2, 797, 149		0		71.0
2.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2, 424, 170)	0		72.0
3.00	07300 DRUGS CHARGED TO PATIENTS	0	6, 681, 586		0		73.0
4.00	07400 RENAL DI ALYSI S	0	25, 756		0		74.0
6.00	03020 RADI ATI ON ONCOLOGY	0	3, 908, 868		0		76.0
	OUTPATIENT SERVICE COST CENTERS						
0.00	09000 CLINIC	0	569, 312		0		90.00
0. 01	09001 DIABETES CLINIC	0	2, 993		0		90.0
0. 02	09002 OUTPATIENT CLINICS	0	0		0		90.0
0.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0		0		90.0
0.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		0		90.0
1.00	09100 EMERGENCY	34, 330	6, 577, 486	38, 8	-		91.0
1.01	09101 EMERGENCY ROOM PHYSI CANS	0	0,077,100		0		91.0
1. 02	09102 EXPRESS CARE	0	0		0		91.0
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1, 320, 833		0		92.00
2.00		56, 299	86, 909, 728	1	-		200. 0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-012 Title XVIII Cost Center Description Cost to Charge Ratio From Worksheet C, Part I, col. 9 ANCILLARY SERVICE COST CENTERS So. 00 So. 00 OSS100 PERATING ROOM Site Cost Centers So. 00 OSS00 OPERATING ROOM Site Cost Centers So. 00 Site Cost Centers So. 00 Site Cost Centers Site Cost Centers Site Cost Centers Site Cost Cost Centers Site Cost Cost Centers Site Cost Cost Centers	From To less t rsed R ces Se t To S Coins. Dec ist.) (S 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	od: 01/01/2016 12/31/2016 Hospital Cost Reimbursed Prvices Not Subject To d. & Coins. See inst.) 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Date/Time Pre 5/30/2017 2:3 PPS Costs PPS Services (see inst.) 5.00 3,051,825 666,705 0 146,070 3,865,771 629,107	4 pm 50.00 51.00 52.00 53.00 53.00 54.00
Cost Center Description Cost to Charge Ratio From Worksheet C, Part I, col. 9 Cost to Charge PPS Reimbursed Services (see inst.) Charge Cost Reimbursed Services (see inst.) ANCI LLARY SERVICE COST CENTERS 1.00 2.00 3.00 50.00 05000 0PERATING ROOM 0.268779 11,354,401 51.00 05100 RECOVERY ROOM 0.566889 1,176,077 52.00 05200 DELIVERY ROOM & LABOR ROOM 0.115654 0 53.00 05300 ANESTHESI OLOGY 0.060079 2,431,303 54.00 05400 RADI OLOGY - I -65 0.128805 4,884,179 54.02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112,808	Images Images t rsed R ces Se Se t To S coins. Dec Se 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Hospi tal Cost Rei mbur sed ervi ces Not bubj ect To d. & Coi ns. see i nst.) 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5/30/2017 2: 3 PPS Costs PPS Services (see inst.) 5.00 3,051,825 666,705 0 146,070 3,865,771 629,107	4 pm 50.00 51.00 52.00 53.00 53.00 54.00
Cost Center Description Cost to Charge Ratio From Worksheet C, Part I, col. 9 PPS Reimbursed Services (see inst.) Cost Reimbursed Services Subject Ded. & C (see in 1.00 4NCI LLARY SERVICE COST CENTERS 1.00 2.00 3.00 50.00 05000 OPERATING ROOM 05100 RECOVERY ROOM 51.00 0.268779 0.5200 DELIVERY ROOM 0.5106889 111,354,401 0.566889 0.268779 11,354,401 51.00 05100 RECOVERY ROOM 0.500 ANESTHESI OLOGY 0.268779 0.5300 0.5300 ANESTHESI OLOGY 11,6554 0.060079 0.431,303 54.00 05400 RADI OLOGY - I -65 0.128805 4,884,179 54.02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112,808	ges t rsed R ces Se t T Soins. Dec Se t Soins. Dec Se t O O O O O O O O O O O O O	Cost Reimbursed ervices Not Subject To d. & Coins. see inst.) 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PPS Costs PPS Services (see inst.) 5.00 3,051,825 666,705 0 146,070 3,865,771 629,107	50.00 51.00 52.00 53.00 54.00
Cost Center Description Cost to Charge Ratio From Worksheet C, Part I, col. 9 PPS Reimbursed Services (see inst.) Cost Reimbursed Services (see inst.) 4NCI LLARY SERVICE COST CENTERS 1.00 2.00 3.00 50.00 05000 OPERATI NG ROOM 0.268779 11,354,401 51.00 05100 RECOVERY ROOM 0.566889 1,176,077 52.00 05200 DELI VERY ROOM & LABOR ROOM 0.115654 0 53.00 05300 ANESTHESI OLOGY 0.060079 2,431,303 54.00 05400 RADI OLOGY - I -65 0.128805 4,884,179 54.02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112,808	t rsed R ces Se t To S Coins. Dec nst.) (s 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Reimbursed ervices Not subject To d. & Coins. see inst.) 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PPS Services (see inst.) 5.00 3,051,825 666,705 0 146,070 3,865,771 629,107	51.00 52.00 53.00 54.00
ANCI LLARY SERVICE COST CENTERS Ratio From Worksheet C, Part I, col. 9 Services (see inst.) Reimbur Service Subject Ded. & C 50.00 05000 OPERATI NG ROOM 0.268779 11,354,401 51.00 05100 RECOVERY ROOM 0.566889 1,176,077 52.00 05200 DELI VERY ROOM & LABOR ROOM 0.115654 0 53.00 05300 ANESTHESI OLOGY 0.060079 2,431,303 54.00 05400 RADI OLOGY - 1-65 0.128805 4,884,179 54.02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112,808	rsed R ces Se t To S coins. Dec nst.) (s 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Reimbursed ervices Not subject To d. & Coins. see inst.) 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see inst.) 5.00 3,051,825 666,705 0 146,070 3,865,771 629,107	51.00 52.00 53.00 54.00
ANCI LLARY SERVICE COST CENTERS 50.00 05000 OPERATI NG ROOM 0.268779 11, 354, 401 51.00 05000 OPERATI NG ROOM 0.268779 11, 354, 401 51.00 05200 DELI VERY ROOM 0.566889 1, 176, 077 52.00 05200 DELI VERY ROOM 0.115654 0 53.00 05300 ANESTHESI OLOGY 0.060079 2, 431, 303 54.00 05400 RADI OLOGY - I -65 0.128805 4, 884, 179 54.02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112, 808	ces Se t To S coins. Dec Se 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ervices Not Subject To d. & Coins. see inst.) 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 00 3, 051, 825 666, 705 0 146, 070 3, 865, 771 629, 107	51.00 52.00 53.00 54.00
ANCI LLARY SERVICE COST CENTERS Subject Ded. & C (see in 1.00) Subject Ded. & C (see in 2.00) 50.00 05000 0PERATI NG ROOM 0.268779 11,354,401 51.00 05100 RECOVERY ROOM 0.566889 1,176,077 52.00 05200 DELI VERY ROOM & 0.115654 0 53.00 05300 ANESTHESI OLOGY 0.060079 2,431,303 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.152117 25,413,142 54.01 05401 RADI OLOGY - 1-65 0.128805 4,884,179 54.02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112,808	t To S Coins. Dec (sst.) (S 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Subject To d. & Coins. see inst.) 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3, 051, 825 666, 705 0 146, 070 3, 865, 771 629, 107	51.00 52.00 53.00 54.00
ANCI LLARY SERVICE COST CENTERS Ded. & C (see in 1.00 Ded. 2.00 C 3.00 50.00 05000 0PERATI NG ROOM 0.268779 11,354,401 11,354,401 11,00 11	Coi ns. Dec nst.) (s 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	d. & Coins. see inst.) 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3, 051, 825 666, 705 0 146, 070 3, 865, 771 629, 107	51.00 52.00 53.00 54.00
I. 00 2. 00 3. 00 ANCI LLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM 0. 268779 11, 354, 401 51. 00 05100 RECOVERY ROOM 0. 566889 1, 176, 077 52. 00 05200 DELI VERY ROOM & LABOR ROOM 0. 115654 0 53. 00 05300 ANESTHESI OLOGY 0. 060079 2, 431, 303 54. 00 05400 RADI OLOGY - I AGNOSTI C 0. 128805 4, 884, 179 54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ 0. 305513 112, 808		4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3, 051, 825 666, 705 0 146, 070 3, 865, 771 629, 107	51.00 52.00 53.00 54.00
ANCI LLARY SERVICE COST CENTERS 50.00 05000 OPERATI NG ROOM 0.268779 11,354,401 51.00 05100 RECOVERY ROOM 0.566889 1,176,077 52.00 05200 DELI VERY ROOM 0.115654 0 53.00 05300 ANESTHESI OLOGY 0.060079 2,431,303 54.00 05400 RADI OLOGY - I -65 0.128805 4,884,179 54.02 05402 RADI OLOGY DI AGNOSTI C SJ 0.305513 112,808	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	3, 051, 825 666, 705 0 146, 070 3, 865, 771 629, 107	51.00 52.00 53.00 54.00
50. 00 05000 OPERATI NG ROOM 0. 268779 11, 354, 401 51. 00 05100 RECOVERY ROOM 0.566889 1, 176, 077 52. 00 05200 DELI VERY ROOM & LABOR ROOM 0.115654 0 53. 00 05300 ANESTHESI OLOGY 0.060079 2, 431, 303 54. 00 05400 RADI OLOGY - I -65 0.152117 25, 413, 142 54. 01 05401 RADI OLOGY - I -65 0.128805 4, 884, 179 54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112, 808	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	666, 705 0 146, 070 3, 865, 771 629, 107	51.00 52.00 53.00 54.00
51.00 05100 RECOVERY ROOM 0.566889 1,176,077 52.00 05200 DELI VERY ROOM & LABOR ROOM 0.115654 0 53.00 05300 ANESTHESI OLOGY 0.060079 2,431,303 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.152117 25,413,142 54.01 05401 RADI OLOGY - I -65 0.128805 4,884,179 54.02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112,808	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	666, 705 0 146, 070 3, 865, 771 629, 107	51.00 52.00 53.00 54.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 0. 115654 0 53. 00 05300 ANESTHESI OLOGY 0. 060079 2, 431, 303 54. 00 05400 RADI OLOGY-DI AGNOSTI C 0. 152117 25, 413, 142 54. 01 05401 RADI OLOGY - I - 65 0. 128805 4, 884, 179 54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ 0. 305513 112, 808	0 0 0 0 0 0	0 0 0 0 0	0 146, 070 3, 865, 771 629, 107	52.00 53.00 54.00
53. 00 05300 ANESTHESI OLOGY 0.060079 2, 431, 303 54. 00 05400 RADI OLOGY-DI AGNOSTI C 0.152117 25, 413, 142 54. 01 05401 RADI OLOGY - I -65 0.128805 4, 884, 179 54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112, 808	0 0 0 0 0	0 0 0 0	146, 070 3, 865, 771 629, 107	53.00 54.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C 0.152117 25, 413, 142 54. 01 05401 RADI OLOGY - I -65 0.128805 4, 884, 179 54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ 0.305513 112, 808	0 0 0 0 0	0 0 0	3, 865, 771 629, 107	54.00
54. 01 05401 RADI OLOGY - I - 65 0. 128805 4, 884, 179 54. 02 05402 RADI OLOGY DI AGNOSTI C - SJ 0. 305513 112, 808	0 0 0	0		
	0 0	-	34, 464	54.01
54. 03 05403 LOWELL RADIOLOGY 0. 315194 146, 435	0	0		54.02
			46, 155	54.03
55. 00 05500 RADI OLOGY-THERAPEUTI C 0. 000000 0		0	0	55.00
55. 01 05501 CARDIAC CATHERIZATON LAB 0. 187924 6, 714, 258	0	0	.,,	
55. 02 03140 CARDI OLOGY 0. 157968 1, 691, 862	0	0		
55. 03 03450 NEURO-DI AGNOSTI CS 0. 200982 827, 537	0	0		
60. 00 06000 LABORATORY 0. 160353 5, 529, 630 60. 01 06001 BLOOD LABORATORY 0. 000000	3, 871	0		
60. 01 06001 BLOOD LABORATORY 0. 000000 0 65. 00 06500 RESPI RATORY THERAPY 0. 168240 488, 874	0	0		
66. 00 06600 PHYSI CAL THERAPY 0. 434586 31, 387	0	0		1
66. 01 06601 PHYSI CAL THERAPY I -65 0. 338696 38, 963	0	0		1
66. 02 06602 PHYSI CAL THERAPY ST JOHN 0. 216856 13, 039	Ö	0		
67. 00 06700 OCCUPATI ONAL THERAPY 0. 319350 20, 186	Ō	0		1
67. 01 06701 0CCUPATI ON THERAPY I -65 0. 441032 10, 232	0	0	4, 513	67.01
67. 02 06702 0CCUPATI ONAL THERAPY ST. JOHN 0. 230403 9, 639	0	0	2, 221	67.02
68. 00 06800 SPEECH PATHOLOGY 0. 286298 5, 789	0	0	1, 657	
68. 01 06801 SPEECH PATHOLOGY I -65 0. 321193 4, 300	0	0		1
68. 02 06802 SPEECH THERAPY ST. JOHN 0. 257653 4, 331	0	0		
69. 00 06900 ELECTROCARDI OLOGY 0. 161657 1, 693, 203	0	0		
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 0. 185553 2, 797, 149 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0. 967527 2, 424, 170	0	0		
72.00 07200 TMPL Dev. CHARGED TO PATIENTS 0.967527 2,424,170 73.00 07300 DRUGS CHARGED TO PATIENTS 0.180283 6,681,586	0	40, 423		1
73. 00 07300 DR003 CHARGED TO PATENTS 0. 180203 0, 081, 380 74. 00 07400 RENAL DI ALYSI S 0. 543074 25, 756	0	40, 423		
76. 00 03020 RADIATION ONCOLOGY 0. 368971 3, 908, 868	0	0		
OUTPATIENT SERVICE COST CENTERS	-		.,	
	31, 164	0	443, 500	90.00
90. 01 09001 DI ABETES CLINIC 6. 407882 2, 993	0	0	19, 179	90.01
90. 02 09002 OUTPATIENT CLINICS 784. 408054 0	0	0		
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC 0. 748640 0	0	0		
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT 0. 000000 0	0	0		
91. 00 09100 EMERGENCY 0. 205336 6, 577, 486	0	0		
91.01 09101 EMERGENCY ROOM PHYSI CANS 0.000000 0 91.02 09102 EXPRESS CARE 0.000000 0	0	0		
91. 02 09102 EXPRESS CARE 0. 000000 0 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART 0. 671863 1, 320, 833	0	0		
	35, 035	40, 423		
201.00 Less PBP Clinic Lab. Services-Program	033, 033	40, 423		201.00
Only Charges	Ŭ	0		
202.00 Net Charges (line 200 +/- line 201) 86,909,728	35, 035	40, 423	19, 651, 089	202.00

PORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST	Provider C	CN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Pro 5/30/2017 2:3	
		Title	× XVIII	Hospi tal	PPS	
	Cos	ts				
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				
ANCI LLARY SERVI CE COST CENTERS	0.00	7.00	1			
. 00 05000 OPERATING ROOM	0	0				50.0
. 00 05100 RECOVERY ROOM	0	0	1			51.0
	0	0				52.0
			•			
. 00 05300 ANESTHESI OLOGY	0	0				53.0
. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.0
. 01 05401 RADI OLOGY - I -65	0	0	1			54.0
. 02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	1			54.0
. 03 05403 LOWELL RADI OLOGY	0	0				54.0
. 00 05500 RADI OLOGY-THERAPEUTI C	0	0				55.0
. 01 05501 CARDI AC CATHERI ZATON LAB	0	0				55.0
. 02 03140 CARDI OLOGY	0	0				55. C
. 03 03450 NEURO-DI AGNOSTI CS	0	0				55.0
. 00 06000 LABORATORY	621	0				60.0
. 01 06001 BLOOD LABORATORY	021	0	•			60.0
. 00 06500 RESPIRATORY THERAPY	0	0				65.0
. 00 06600 PHYSI CAL THERAPY	0	0				66.0
		0				
. 01 06601 PHYSI CAL THERAPY I -65	0					66.0
. 02 06602 PHYSI CAL THERAPY ST JOHN	0	0	1			66.0
. 00 06700 OCCUPATI ONAL THERAPY	0	0				67.0
. 01 06701 OCCUPATION THERAPY I-65	0	0	1			67.0
. 02 06702 OCCUPATI ONAL THERAPY ST. JOHN	0	0				67.0
. 00 06800 SPEECH PATHOLOGY	0	0				68.0
. 01 06801 SPEECH PATHOLOGY I-65	0	0				68. (
. 02 06802 SPEECH THERAPY ST. JOHN	0	0				68.0
. 00 06900 ELECTROCARDI OLOGY	0	0				69.0
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.0
.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72. (
. 00 07300 DRUGS CHARGED TO PATIENTS	0	7, 288				73.0
. 00 07400 RENAL DIALYSIS	0	0				74.0
. 00 03020 RADI ATI ON ONCOLOGY	0	0				76.0
OUTPATIENT SERVICE COST CENTERS	9	0				- /0. (
. 00 09000 CLINIC	24, 277	0				90. (
		0	1			
01 09001 DI ABETES CLINIC	0		1			90.0
. 02 09002 OUTPATIENT CLINICS	0	0	1			90.0
. 03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	1			90.0
. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0				90.0
. 00 09100 EMERGENCY	0	0	1			91.0
. 01 09101 EMERGENCY ROOM PHYSI CANS	0	0				91. (
. 02 09102 EXPRESS CARE	0	0				91.0
. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92. (
0.00 Subtotal (see instructions)	24, 898	7, 288				200. (
1.00 Less PBP Clinic Lab. Services-Program	0					201.0
Only Charges						
2.00 Net Charges (line 200 +/- line 201)	24, 898	7, 288				202.

Heal th Financi		FRANCI SCAN HEAL				u of Form CMS-	2552-10
APPORTI ONMENT	OF INPATIENT ANCILLARY SERVICE CAPIT	FAL COSTS	Provider C	CN: 15-0126	Period: From 01/01/2016	Worksheet D Part II	
			Component	CCN: 15-T126	To 12/31/2016		nared
			oomporterre	0011. 10 1120	10 12/01/2010	5/30/2017 2:3	4 pm
			Titl€	e XVIII	Subprovider -	PPS	
C	ost Center Description	Capi tal	Total Charges	Ratio of Cos	IRF st Inpatient	Capital Costs	
0.	bat benter bescription		(from Wkst. C,			(column 3 x	
		(from Wkst. B,	Part I, col.	$(col. 1 \div col$		column 4)	
		Part II, col.	8)	2)	in ondrigeo		
		26)					
		1.00	2.00	3.00	4.00	5.00	
	RY SERVICE COST CENTERS		1				
	PERATING ROOM	2, 965, 914	60, 619, 308			615	50.00
51.00 05100 RI	ECOVERY ROOM	570, 881	6, 592, 075	0. 0866	01 4, 282	371	51.00
	ELIVERY ROOM & LABOR ROOM	156, 448				0	
	NESTHESI OLOGY	113, 780	14, 847, 526	0.0076	63 641	5	53.00
54.00 05400 R/	ADI OLOGY-DI AGNOSTI C	2, 903, 852	119, 365, 465	0. 0243	27 84, 221	2, 049	54.00
54.01 05401 R/	ADIOLOGY - I-65	504, 577	17, 415, 300	0. 0289	73 0	0	54.01
54.02 05402 R/	ADIOLOGY DIAGNOSTIC - SJ	2, 565	274, 813	0.0093	34 0	0	54.02
54.03 05403 L	OWELL RADI OLOGY	23, 406	427, 594	0. 0547	39 0	0	54.03
55.00 05500 R/	ADI OLOGY-THERAPEUTI C	0	C	0.0000	00 0	0	55.00
55.01 05501 C/	ARDI AC CATHERI ZATON LAB	1, 039, 368	30, 743, 594	0. 0338	08 0	0	55.01
55.02 03140 C	ARDI OLOGY	272,006	9, 241, 637	0. 0294	33 0	0	55.02
55.03 03450 NI	EURO-DI AGNOSTI CS	129, 902	4, 581, 725	0. 0283	52 0	0	55.03
60.00 06000 L/	ABORATORY	765, 707	77, 457, 041	0.0098	86 176, 288	1, 743	60.00
60.01 06001 BI	LOOD LABORATORY	0	C	0.0000	00 0	0	60.01
65.00 06500 RI	ESPI RATORY THERAPY	178, 236	15, 734, 002	0. 0113	28 126, 940	1, 438	65.00
66.00 06600 PI	HYSI CAL THERAPY	180, 748	3, 021, 166	0. 0598	27 60, 163	3, 599	66.00
	HYSI CAL THERAPY 1-65	33, 493	3, 201, 698			0	66.01
	HYSI CAL THERAPY ST JOHN	5, 915	857, 920	0. 0068	95 0	0	66. 02
	CCUPATI ONAL THERAPY	13, 224	1, 160, 385			2, 575	67.00
	CCUPATION THERAPY 1-65	6, 708	539, 564	0. 0124	32 0	0	67.01
	CCUPATIONAL THERAPY ST. JOHN	2, 216				0	67.02
68.00 06800 SI	PEECH PATHOLOGY	6, 219	718, 141	0.0086	60 0	0	68.00
68.01 06801 SI	PEECH PATHOLOGY I-65	10, 105	1,061,200	0. 0095	22 6, 441	61	68.01
	PEECH THERAPY ST. JOHN	1, 943	245, 078			0	68.02
69.00 06900 EI	LECTROCARDI OLOGY	124, 348	6, 473, 172	0. 0192	10 8, 028	154	69.00
	EDICAL SUPPLIES CHARGED TO PATIENT	245, 677	23, 562, 799			1, 205	71.00
	MPL. DEV. CHARGED TO PATIENTS	784, 632	15, 947, 271			0	72.00
	RUGS CHARGED TO PATIENTS	542, 484	66, 410, 022	0. 0081	69 353, 695	2, 889	73.00
	ENAL DIALYSIS	25, 612	1, 011, 193	0. 0253	28 44, 345	1, 123	74.00
	ADIATION ONCOLOGY	1, 167, 380	8, 785, 865	0. 1328	70 0	0	76.00
	ENT SERVICE COST CENTERS			1			
90.00 09000 CI		30, 028				0	
	IABETES CLINIC	7, 578				0	
	UTPATIENT CLINICS	223, 311				0	
	CCUPATIONAL MEDICINE CLINIC	66, 580				0	
	EONATOLOGY CLINIC-FRANCISCAN POINT	161	C	0.0000		0	
	MERGENCY	1, 271, 509	50, 927, 225			0	
	MERGENCY ROOM PHYSICANS	9	C			0	
91.02 09102 EX	XPRESS CARE	12, 446				0	
92.00 09200 01	BSERVATION BEDS (NON-DISTINCT PART otal (lines 50-199)	0 14, 388, 968	0, , , , , , , , , , , , , , , , , , ,		00 2, 183 1, 221, 355	0 17, 827	

		FRANCI SCAN HEALTH	CROWN POINT		In Lie	u of Form CMS-2	2552-10
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provider C		Period: From 01/01/2016	Worksheet D Part IV	
THROUG	H COSTS		Component (To 12/31/2016		pared:
			Title	XVIII	Subprovider - IRF	PPS	- piii
	Cost Center Description	Non Physician Nu	Irsing School	Allied Health		Total Cost	
		Anesthetist	-		Medi cal	(sum of col 1	
		Cost			Education Cost		
		1.00	2.00	3.00	4.00	<u>4)</u> 5.00	
	ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50.00	05000 OPERATING ROOM	0	0		0 0	0	50.00
51.00	05100 RECOVERY ROOM	0	0		0 0	0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	•
53.00	05300 ANESTHESI OLOGY	o	0		0 0	0	•
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
54.01	05401 RADI OLOGY - 1-65	0	0		0 0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		0 0	0	54.02
54.03	05403 LOWELL RADI OLOGY	0	0		0 0	0	54.03
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
55.01	05501 CARDI AC CATHERI ZATON LAB	0	0		0 0	0	55.01
55.02	03140 CARDI OLOGY	0	0		0 0	0	55.02
55.03	03450 NEURO-DI AGNOSTI CS	0	0		0 0	0	55.03
60.00	06000 LABORATORY	0	0		0 0	0	60.00
60. 01	06001 BLOOD LABORATORY	0	0		0 0	0	60.01
65.00	06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
66. 01	06601 PHYSI CAL THERAPY I -65	0	0		0 0	0	
66. 02	06602 PHYSI CAL THERAPY ST JOHN	0	0		0 0	0	
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	
67.01	06701 OCCUPATION THERAPY I-65	0	0		0 0	0	
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		0 0	0	
68.00	06800 SPEECH PATHOLOGY	0	0		0 0	0	
68.01	06801 SPEECH PATHOLOGY I -65	0	0		0 0	0	
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	110.00	0 0	0	
69.00 71.00	06900 ELECTROCARDI OLOGY	0	0	118, 09	4 0	118, 094 0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			0	
74.00	07400 RENAL DIALYSIS	0	0			0	
76.00	03020 RADI ATI ON ONCOLOGY	0	0		0 0	0	
/0.00	OUTPATIENT SERVICE COST CENTERS				o <u> </u>		/0.00
90.00	09000 CLINIC	0	0		0 0	0	90.00
90.01	09001 DI ABETES CLINIC	0	0		0 0	0	
90.02	09002 OUTPATIENT CLINICS	0	0		0 0	0	90.02
	09003 OCCUPATIONAL MEDICINE CLINIC	0	0		0 0	0	•
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		0 0	0	90.04
91.00	09100 EMERGENCY	0	0	419, 88	3 0	419, 883	91.00
91.01	09101 EMERGENCY ROOM PHYSICANS	0	0		0 0	0	91.01
91.02	09102 EXPRESS CARE	0	0		0 0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0	0	
	Total (lines 50-199)			537, 97	7 0	537, 977	

PORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	ERVICE OTHER PASS	S Provider C	CN: 15-0126	Peri od:	Worksheet D	
IROUGH COSTS				From 01/01/2016	Part IV	
		Component	CCN: 15-T126	To 12/31/2016	Date/Time Pre 5/30/2017 2:3	eparec
		Title	e XVIII	Subprovider - IRF	PPS	n pii
Cost Center Description	Total	Total Charges	Ratio of Cost		Inpati ent	
	Outpati ent	(from Wkst. C,	to Charges	Ratio of Cost	Program	
	Cost (sum of	Part I, col.	(col. 5 ÷ col	. to Charges	Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.		
	4)			7)		
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVI CE COST CENTERS		(0. (10. 000	0.0000		40.575	1 50
0. 00 05000 OPERATING ROOM	0				12, 575	
00 05100 RECOVERY ROOM	0	-, ,			4, 282	
2. 00 05200 DELIVERY ROOM & LABOR ROOM	0				0	
B. 00 05300 ANESTHESI OLOGY	0				641	
I. 00 05400 RADI OLOGY-DI AGNOSTI C	0	119, 365, 465			84, 221	
I. 01 05401 RADI OLOGY - I -65	0	1			0	
I. 02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	274, 813			0	
I. 03 05403 LOWELL RADI OLOGY	0				0	
5. 00 05500 RADI OLOGY-THERAPEUTI C	0	0			0	
5. 01 05501 CARDI AC CATHERI ZATON LAB	0	30, 743, 594			0	
5. 02 03140 CARDI OLOGY	0	9, 241, 637			0	
5. 03 03450 NEURO-DI AGNOSTI CS	0	4, 581, 725			0	
0. 00 06000 LABORATORY	0	77, 457, 041			176, 288	
0. 01 06001 BLOOD LABORATORY	0		0.00000		0	
5. 00 06500 RESPI RATORY THERAPY	0	15, 734, 002			126, 940	
5. 00 06600 PHYSI CAL THERAPY	0	3, 021, 166			60, 163	
5. 01 06601 PHYSI CAL THERAPY 1-65	0	3, 201, 698			0	
5. 02 06602 PHYSI CAL THERAPY ST JOHN	0	857, 920			0	
7.00 06700 OCCUPATI ONAL THERAPY	0	1, 160, 385			225, 978	
7.01 06701 OCCUPATION THERAPY I-65	0	539, 564			0	67.
7.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	303, 907			0	
3. 00 06800 SPEECH PATHOLOGY	0	718, 141			0	68.
3. 01 06801 SPEECH PATHOLOGY I -65	0	1, 061, 200	0.00000	0 0. 000000	6, 441	68.
3. 02 06802 SPEECH THERAPY ST. JOHN	0	245, 078	0.00000	0 0. 000000	0	68.
P. 00 06900 ELECTROCARDI OLOGY	118, 094	6, 473, 172	0. 01824	4 0. 018244	8, 028	69.
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23, 562, 799	0.00000	0 0. 000000	115, 575	71.
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	15, 947, 271	0. 00000	0 0. 000000	0	72.
3. 00 07300 DRUGS CHARGED TO PATIENTS	0	66, 410, 022	0. 00000	0 0. 000000	353, 695	73.
I. 00 07400 RENAL DIALYSIS	0	1, 011, 193	0. 00000	0 0. 000000	44, 345	74.
0. 00 03020 RADIATION ONCOLOGY	0	8, 785, 865	0.00000	0 0. 000000	0	76.
OUTPATIENT SERVICE COST CENTERS						
). 00 09000 CLINIC	0	1, 040, 833	0.00000	0 0. 000000	0	90.
D. 01 09001 DIABETES CLINIC	0	22, 178	0.00000	0 0. 000000	0	90.
0. 02 09002 OUTPATIENT CLINICS	0	745			0	
0. 03 09003 OCCUPATIONAL MEDICINE CLINIC	0	1, 171, 143	0.00000	0 0. 000000	0	90.
0.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.00000		0	90.
00 09100 EMERGENCY	419, 883	50, 927, 225	0.00824	5 0. 008245	0	91.
01 09101 EMERGENCY ROOM PHYSI CANS	0	0	0. 00000		0	91.
02 09102 EXPRESS CARE	0	0			0	91.
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5, 791, 172	0. 00000	0 0. 000000	2, 183	92.
00.00 Total (lines 50-199)	537, 977				1, 221, 355	

Health Financial Systems	FRANCI SCAN HEALTH				u of Form CMS	-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	ERVICE OTHER PASS	Provi der C	CN: 15-0126	Period: From 01/01/2016	Worksheet D Part IV	
THROUGH COSTS		Component	CCN: 15-T126	To 12/31/2016	Date/Time Pro 5/30/2017 2:3	
		Title	e XVIII	Subprovider -	PPS	
Cost Center Description	I npati ent	Outpati ent	Outpati ent		1	
·	Program	Program	Program			
	Pass-Through	Charges	Pass-Throug	h		
	Costs (col. 8		Costs (col.	9		
	x col. 10)		x col. 12)			
	11.00	12.00	13.00			
ANCI LLARY SERVI CE COST CENTERS			1			
50. 00 05000 OPERATING ROOM	0	C		0		50.00
51.00 05100 RECOVERY ROOM	0	C		0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C)	0		52.00
53. 00 05300 ANESTHESI OLOGY	0	C)	0		53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	C		0		54.00
54.01 05401 RADI OLOGY - I -65	0	C		0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	C		0		54.02
54. 03 05403 LOWELL RADI OLOGY	0	C		0		54.03
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C		0		55.00
55. 01 05501 CARDI AC CATHERI ZATON LAB	0	C		0		55.01
55. 02 03140 CARDI OLOGY	0	C		0		55.02
55. 03 03450 NEURO-DI AGNOSTI CS	0	C		0		55.03
60. 00 06000 LABORATORY	0	C		0		60.00
60. 01 06001 BLOOD LABORATORY	0	C		0		60.01
65. 00 06500 RESPI RATORY THERAPY	0	C		0		65.00
66. 00 06600 PHYSI CAL THERAPY	0	C		0		66.00
66. 01 06601 PHYSI CAL THERAPY 1-65	0	C		0		66. 01
66. 02 06602 PHYSI CAL THERAPY ST JOHN	0	C		0		66. 02
67.00 06700 OCCUPATI ONAL THERAPY	0	C		0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	C		0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	C		0		67.02
68.00 06800 SPEECH PATHOLOGY	0	C		0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	C		0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	C		0		68.02
69. 00 06900 ELECTROCARDI OLOGY	146	C		0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	C		0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	C)	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C)	0		73.00
74.00 07400 RENAL DIALYSIS	0	C		0		74.00
76.00 03020 RADIATION ONCOLOGY	0	C)	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	C		0		90.00
90. 01 09001 DIABETES CLINIC	0	C	•	0		90.01
90. 02 09002 OUTPATIENT CLINICS	0	C		0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	C		0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	C		0		90.04
91. 00 09100 EMERGENCY	0	C		0		91.00
91. 01 09101 EMERGENCY ROOM PHYSI CANS	0	C		0		91.01
91. 02 09102 EXPRESS CARE	0	C		0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	C		0		92.00
200.00 Total (lines 50-199)	146	C		0		200.00

ealth Financial Systems \PPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT		TH CROWN POINT Provider C	CNI 15 0104	Peri od:	u of Form CMS-: Worksheet D	2002 1
APPORTIONMENT OF INPATIENT ANGILLARY SERVICE CAPIT	AL CUSIS	Provider C	CN: 15-0120	From 01/01/2016		
		Component	CCN: 15-T126	To 12/31/2016	Date/Time Pre	pared:
		T: +1	e XIX	Subprovider -	5/30/2017 2:3	4 pm
		11 11	e XIX	IRF	Tefra	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	Part I, col.		. Charges	column 4)	
	Part II, col.	8)	2)			
	26)		0.00			
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
io. 00 05000 OPERATI NG ROOM	2, 965, 914	60, 619, 308	0.04892	27 0	0	50.00
1. 00 05100 RECOVERY ROOM	570, 881	6, 592, 075			0	•
2.00 05200 DELIVERY ROOM & LABOR ROOM	156, 448				0	
3. 00 05300 ANESTHESI OLOGY	113, 780				0	
4. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 903, 852				0	
4. 01 05400 RADIOLOGY - I -65	504, 577				0	
4. 02 05402 RADIOLOGY - 1-85					0	
4. 03 05403 LOWELL RADI OLOGY	2, 565 23, 406				0	
	23, 406	427, 594			0	
5. 00 05500 RADI OLOGY-THERAPEUTI C 5. 01 05501 CARDI AC CATHERI ZATON LAB					0	
	1, 039, 368					
5. 02 03140 CARDI OLOGY	272,006				0	
55. 03 03450 NEURO-DI AGNOSTI CS	129, 902					
0. 00 06000 LABORATORY	765, 707				0	
0. 01 06001 BLOOD LABORATORY	0		0.0000		0	
5. 00 06500 RESPI RATORY THERAPY	178, 236				0	
6. 00 06600 PHYSI CAL THERAPY	180, 748				0	
6. 01 06601 PHYSI CAL THERAPY I -65	33, 493				0	
6. 02 06602 PHYSI CAL THERAPY ST JOHN	5, 915				0	
7.00 06700 OCCUPATIONAL THERAPY	13, 224				0	
07.01 06701 0CCUPATION THERAPY I -65	6, 708				0	
7. 02 06702 OCCUPATIONAL THERAPY ST. JOHN	2, 216				0	
8.00 06800 SPEECH PATHOLOGY	6, 219				0	
8. 01 06801 SPEECH PATHOLOGY I -65	10, 105				22	
8. 02 06802 SPEECH THERAPY ST. JOHN	1, 943				0	
9.00 06900 ELECTROCARDI OLOGY	124, 348				0	
1.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	245, 677	23, 562, 799			0	
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	784, 632				0	
3.00 07300 DRUGS CHARGED TO PATIENTS	542, 484				0	
4.00 07400 RENAL DIALYSIS	25, 612				0	
6.00 03020 RADIATION ONCOLOGY	1, 167, 380	8, 785, 865	0. 1328	70 0	0	76.0
OUTPATIENT SERVICE COST CENTERS	00.000	1 0 4 0 0 0 0	0.0000	- 0		
0.00 09000 CLINIC	30, 028					
0. 01 09001 DI ABETES CLINIC	7, 578				0	
0. 02 09002 0UTPATIENT CLINICS	223, 311	745			0	
0.03 09003 OCCUPATIONAL MEDICINE CLINIC	66, 580				0	
0. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	161	0			0	
1.00 09100 EMERGENCY	1, 271, 509				0	
1.01 09101 EMERGENCY ROOM PHYSI CANS	9	0			0	
1.02 09102 EXPRESS CARE	12, 446				0	
22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0111112			0	
00.00 Total (lines 50-199)	14, 388, 968	555, 408, 253		2, 355	22	200.0

Health Financial Systems	FRANCI SCAN HEALTH				eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI THROUGH COSTS	ERVICE OTHER PASS	Provider C	UN: 15-0126	Period: From 01/01/2016	Worksheet D Part IV	
		Component	CCN: 15-T126	To 12/31/2016	Date/Time Pre	pared:
		Ti tl	e XIX	Subprovider -	5/30/2017 2:3 Tefra	4 pm
			0 /// //	IRF		
Cost Center Description	Non Physician Nu	irsing School	Allied Healt		Total Cost	
	Anesthetist			Medical	(sum of col 1	
	Cost			Education Cost	4)	
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS		2.00	0.00		0100	
50. 00 05000 OPERATI NG ROOM	0	0	I	0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
54. 01 05401 RADI OLOGY - I -65	0	0		0 0	0	
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		0 0	0	
54. 03 05403 LOWELL RADI OLOGY	0	0		0 0	0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	
55. 01 05501 CARDI AC CATHERI ZATON LAB	0	0		0 0	0	
55. 02 03140 CARDI OLOGY	0	0		0 0	0	
55. 03 03450 NEURO-DI AGNOSTI CS	0	0		0 0	0	
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	0	0		0 0	0	
65. 00 06500 RESPI RATORY THERAPY	0	0				
66. 00 06600 PHYSI CAL THERAPY	0	0			0	
66. 01 06601 PHYSI CAL THERAPY 1-65	0	0		0 0	0	
66. 02 06602 PHYSI CAL THERAPY ST JOHN	0	0		0 0	0	
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	o o	
67.01 06701 OCCUPATION THERAPY I-65	0	0		0 0	0	
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		0 0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		0 0	0	68.01
58.02 06802 SPEECH THERAPY ST. JOHN	0	0		0 0	0	68.02
69. 00 06900 ELECTROCARDI OLOGY	0	0	118, 04	94 0	118, 094	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	1
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	
74. 00 07400 RENAL DI ALYSI S	0	0		0 0	0	
76. 00 03020 RADIATION ONCOLOGY OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	76.00
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90. 01 09001 DI ABETES CLINIC	0	0			0	
90. 02 09002 OUTPATIENT CLINICS	0	0		0 0	0	
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		0 0	0	
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		0 0	0	
91.00 09100 EMERGENCY	0	0	419, 88	33 0	419, 883	
91.01 09101 EMERGENCY ROOM PHYSI CANS	0	0		0 0	0	
91. 02 09102 EXPRESS CARE	0	0		0 0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0	-	
200.00 Total (lines 50-199)	0	0	537, 9	77 0	537, 977	200.00

Health Financial Systems	FRANCI SCAN HEAL			In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	6 Provider C	CN: 15-0126	Period: From 01/01/2016	Worksheet D Part IV	
THROUGH COSTS		Component		To 12/31/2016		pared:
		•			5/30/2017 2:3	4 pm
		Titl	e XIX	Subprovider -	Tefra	
Cost Center Description	Total	Total Charges	Datio of Cost	IRF Outpatient	Inpati ent	
cost center bescription		(from Wkst. C,		Ratio of Cost	Program	
	Cost (sum of		$(col. 5 \div col)$		Charges	
	col. 2, 3 and	8)	7)	(col. 6 ÷ col.	onar ges	
	4)	- /		7)		
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	0	60, 619, 308	0. 00000	0 0. 000000	0	50.00
51.00 05100 RECOVERY ROOM	0				0	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0				0	
53. 00 05300 ANESTHESI OLOGY	0				0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0				0	
54. 01 05401 RADIOLOGY - I -65	0				0	
54. 02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	274, 813			0	
54. 03 05403 LOWELL RADI OLOGY	0				0	•
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0			0	
55. 01 05501 CARDI AC CATHERI ZATON LAB	0				0	
55. 02 03140 CARDI OLOGY	0				0	
55. 03 03450 NEURO-DI AGNOSTI CS 60. 00 06000 LABORATORY	0	4, 581, 725 77, 457, 041			0	
60. 01 06001 BLOOD LABORATORY	0				0	
65. 00 06500 RESPIRATORY THERAPY	0	15, 734, 002			0	•
66. 00 06600 PHYSI CAL THERAPY	0	3, 021, 166			0	
66. 01 06601 PHYSI CAL THERAPY 1-65	0				0	•
66. 02 06602 PHYSI CAL THERAPY ST JOHN	0	857, 920			0	
67. 00 06700 OCCUPATI ONAL THERAPY	0	1, 160, 385			0	
67. 01 06701 OCCUPATION THERAPY I -65	0	539, 564			0	
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	303, 907			0	
68.00 06800 SPEECH PATHOLOGY	0	718, 141	0.00000	0.000000	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	1, 061, 200	0. 00000	0 0. 000000	2, 355	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	245, 078	0. 00000	0.000000	0	68.02
69. 00 06900 ELECTROCARDI OLOGY	118, 094	6, 473, 172	0. 01824	4 0. 018244	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23, 562, 799	0. 00000	0 0. 000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	15, 947, 271	0.00000	0 0. 000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	66, 410, 022	0. 00000	0 0. 000000	0	73.00
74.00 07400 RENAL DIALYSIS	0				0	
76. 00 03020 RADI ATI ON ONCOLOGY	0	8, 785, 865	0.00000	0 0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS	-		1	1		
90. 00 09000 CLINIC	0				0	•
90. 01 09001 DI ABETES CLI NI C	0	,			0	
90. 02 09002 OUTPATIENT CLINICS	0				0	•
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC	0				0	
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0				0	
91.00 09100 EMERGENCY	419, 883				0	
91. 01 09101 EMERGENCY ROOM PHYSI CANS 91. 02 09102 EXPRESS CARE	0				0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0				0	
200.00 Total (lines 50-199)	537, 977			0.00000		200.00
200.00 [T0tal (THES 30-177)	551,711	1 555, 400, 255	1	T	2,500	I≤00. 00

Health Financial Systems		RANCI SCAN HEALTH				u of Form CMS	-2552-10
APPORTIONMENT OF INPATIENT/OUTPA	ATIENT ANCILLARY SEF	RVICE OTHER PASS	Provider C	CN: 15-0126	Peri od:	Worksheet D	
THROUGH COSTS			Component	CCN: 15-T126	From 01/01/2016 To 12/31/2016	Date/Time Pr	epared:
			Titl	e XIX	Subprovider -	5/30/2017 2: Tefra	34 pm
					IRF		
Cost Center Descrip	tion	Inpati ent	Outpati ent	Outpati ent			
		Program	Program	Program			
		Pass-Through	Charges	Pass-Throug			
		Costs (col. 8		Costs (col.	9		
		x col. 10) 11.00	12.00	x col. 12) 13.00			
ANCILLARY SERVICE COST CE	NTERS	11.00	12.00	13.00			
50. 00 05000 OPERATING ROOM	NTERS	0	0		0		50.00
51.00 05100 RECOVERY ROOM		0	C		0		51.00
52. 00 05200 DELIVERY ROOM & LAB		0	C		0		52.00
53. 00 05300 ANESTHESI OLOGY		0			0		53.00
54. 00 05400 RADI OLOGY - DI AGNOSTI (2	0	0		0		54.00
54. 01 05401 RADI 0L0GY - I -65	-	0	(0		54.00
54. 02 05402 RADI OLOGY DI AGNOSTI (2 - SI	0	(0		54.02
54. 03 05403 LOWELL RADI OLOGY	5 55	0	C		0		54.02
55. 00 05500 RADI OLOGY-THERAPEUT	C	0	C		0		55.00
55. 01 05501 CARDI AC CATHERI ZATO		0	(0		55.01
55. 02 03140 CARDI OLOGY	END	0	C		0		55.02
55. 03 03450 NEURO-DI AGNOSTI CS		0	(0		55.02
60. 00 06000 LABORATORY		0	C		0		60.00
60. 01 06001 BLOOD LABORATORY		0	C		0		60.01
65. 00 06500 RESPI RATORY THERAPY		0	C		Ő		65.00
66. 00 06600 PHYSI CAL THERAPY		0	C		Ő		66.00
66. 01 06601 PHYSI CAL THERAPY I -0	55	0	(0		66. 01
66. 02 06602 PHYSI CAL THERAPY ST		0	C		0		66. 02
67.00 06700 OCCUPATIONAL THERAP		0	(0		67.00
67. 01 06701 OCCUPATION THERAPY		0	C		0		67.01
67. 02 06702 OCCUPATI ONAL THERAP		0	C		0		67.02
68.00 06800 SPEECH PATHOLOGY		0	C		0		68.00
68.01 06801 SPEECH PATHOLOGY I -	55	0	C		0		68.01
68.02 06802 SPEECH THERAPY ST.		0	C		0		68.02
69.00 06900 ELECTROCARDI OLOGY		0	C		0		69.00
71.00 07100 MEDICAL SUPPLIES CH	ARGED TO PATIENT	0	C		0		71.00
72.00 07200 IMPL. DEV. CHARGED	TO PATI ENTS	0	C		0		72.00
73.00 07300 DRUGS CHARGED TO PA	FI ENTS	0	C		0		73.00
74.00 07400 RENAL DIALYSIS		0	C		0		74.00
76.00 03020 RADIATION ONCOLOGY		0	C		0		76.00
OUTPATIENT SERVICE COST C	ENTERS						
90. 00 09000 CLI NI C		0	C)	0		90.00
90.01 09001 DIABETES CLINIC		0	C		0		90.01
90. 02 09002 OUTPATIENT CLINICS		0	C)	0		90.02
90. 03 09003 OCCUPATIONAL MEDICII		0	C		0		90.03
90. 04 09004 NEONATOLOGY CLINIC-I	FRANCI SCAN POINT	0	C		0		90.04
91.00 09100 EMERGENCY		0	C		0		91.00
91.01 09101 EMERGENCY ROOM PHYS	CANS	0	C		0		91.01
91.02 09102 EXPRESS CARE		0	C		0		91.02
92.00 09200 OBSERVATION BEDS (NO		0	C		0		92.00
200.00 Total (lines 50-199))	0	C)	0		200.00

COMPUT	TION OF INPATIENT OPERATING COST	Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Pre		
				5/30/2017 2:3	4 pm	
	Cost Center Description	Title XVIII	Hospi tal	PPS		
	cost center bescription			1.00		
	PART I - ALL PROVIDER COMPONENTS					
00	NPATIENT DAYS			20 542	1 1	
. 00 . 00	Inpatient days (including private room days and swing-bed da Inpatient days (including private room days, excluding swing			29, 542 29, 542		
. 00	Private room days (excluding swing-bed and observation bed d		rivate room days,	27, 342		
	do not complete this line.		-			
00	Semi-private room days (excluding swing-bed and observation Total swing-bed SNF type inpatient days (including private n		or 21 of the cost	26, 461 0	4. 5.	
00	reporting period	Join days) thi dugit becenibe	er st of the cost	0	5.	
00	Total swing-bed SNF type inpatient days (including private r	oom days) after December	31 of the cost	0	6.	
	reporting period (if calendar year, enter 0 on this line)		04 6 11 1	0	_	
00	Total swing-bed NF type inpatient days (including private ro reporting period	om days) through December	31 of the cost	0	7.	
00	Total swing-bed NF type inpatient days (including private ro	om days) after December 3	31 of the cost	0	8.	
	reporting period (if calendar year, enter 0 on this line)					
00	Total inpatient days including private room days applicable	to the Program (excluding	g swing-bed and	15, 278	9	
. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII	only (including private r	room davs)	0	10	
	through December 31 of the cost reporting period (see instru	ctions)		-		
. 00	Swing-bed SNF type inpatient days applicable to title XVIII		room days) after	0	11	
. 00	December 31 of the cost reporting period (if calendar year, s Swing-bed NF type inpatient days applicable to titles V or X		e room days)	0	12	
. 00	through December 31 of the cost reporting period		to room daysy	0		
. 00						
00	after December 31 of the cost reporting period (if calendar year, enter 0 on this line) Medically necessary private room days applicable to the Program (excluding swing-bed days)					
	Nursery days (title V or XIX only)			0 0		
	SWING BED ADJUSTMENT					
. 00	Medicare rate for swing-bed SNF services applicable to services applicable to services applicable to service service service services applicable to service service service services applicable to service servi	ces through December 31 c	of the cost	0.00	17	
. 00	reporting period Medicare rate for swing-bed SNF services applicable to servi	ces after December 31 of	the cost	0.00	18	
	reporting period					
. 00	Medicaid rate for swing-bed NF services applicable to servic	es through December 31 of	f the cost	0.00	19	
. 00	reporting period Medicaid rate for swing-bed NF services applicable to servic	es after December 31 of t	the cost	0.00	20	
. 00	reporting period			0.00	20	
. 00	Total general inpatient routine service cost (see instruction			37, 307, 491		
. 00	Swing-bed cost applicable to SNF type services through Decem	ber 31 of the cost report	ing period (line	0	22	
8. 00	5 x line 17) Swing-bed cost applicable to SNF type services after Decembe	r 31 of the cost reportir	na period (line 6	0	23	
	x line 18)		.9	-		
. 00	Swing-bed cost applicable to NF type services through Decemb	er 31 of the cost reporti	ng period (line	0	24	
. 00	7 x line 19) Swing-bed cost applicable to NF type services after December	31 of the cost reporting	neriod (line 8	0	25	
. 00	x line 20)	st of the cost reporting		0	25	
. 00	Total swing-bed cost (see instructions)			0		
. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		37, 307, 491	27	
. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-b	ed and observation bed ch	arges)	0	28	
	Private room charges (excluding swing-bed charges)		lai ges)	0		
. 00	Semi-private room charges (excluding swing-bed charges)			0		
	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.000000		
. 00	Average private room per diem charge (line 29 ÷ line 3) Average comi private room per diem charge (line 20 ÷ line 4)			0.00		
. 00 . 00	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 m	inus line 33)(see instruc	tions)	0.00 0.00		
. 00	Average per diem private room cost differential (line 34 x l			0.00		
. 00	Private room cost differential adjustment (line 3 x line 35)			0.00		
	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	37, 307, 491		
	27 minus line 36)	-				
	PART 11 - HOSPITAL AND SUBPROVIDERS ONLY	WETMENTE			-	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.	JUSTINENIS			1	

38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1, 262. 86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	19, 293, 975	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	19, 293, 975	41.00

	TATION OF INPATIENT OPERATING COST		Provider C	JN: 15-0120	Period: From 01/01/2016	Worksheet D-1	I
					To 12/31/2016	Date/Time Pre	
			Title	XVIII	Hospi tal	5/30/2017 2:3 PPS	54 pii
	Cost Center Description	Total Inpatient Costl	Total npatient Days	Average Per Diem (col. 1 col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	+
00	NURSERY (title V & XIX only)	0	0	0.0	0 0	i C) 42
~~	Intensive Care Type Inpatient Hospital Units		2.240	2.0(0.)	1 (07	2 404 075	1 42
. 00	I NTENSI VE CARE UNI T CORONARY CARE UNI T	6, 901, 028	3, 349	2,060.6	52 1, 697	3, 496, 872	2 43
. 00	BURN INTENSIVE CARE UNIT						45
. 00	SURGICAL INTENSIVE CARE UNIT						46
. 00		5, 207, 250	3, 141	1, 657.8	33 0	0	47
	Cost Center Description					1.00	_
. 00	Program inpatient ancillary service cost (W	(st D-3 col 3	Line 200)			1.00 25,168,676	48
. 00	Total Program inpatient costs (sum of lines			ns)		47, 959, 523	
	PASS THROUGH COST ADJUSTMENTS	¥ , ,		-		I	
. 00	Pass through costs applicable to Program in	patient routine s	ervices (from	Wkst. D, sum	of Parts I and	2, 436, 796	50
. 00	<pre>III) Pass through costs applicable to Program in</pre>	nationt ancillary	services (fr	om Wkst D s	cum of Parts II	2, 431, 206	51
. 00	and IV)	sation and another y	361 11 663 (11	om more b, c		2, 101, 200	101
2. 00	Total Program excludable cost (sum of lines	,				4, 868, 002	
. 00	Total Program inpatient operating cost exclu		ated, non-phy	sician anesth	etist, and	43, 091, 521	53
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	52)				L	
. 00	Program di scharges					0	54
. 00	Target amount per discharge					0.00	55
. 00	Target amount (line 54 x line 55)					0	
. 00 . 00	Difference between adjusted inpatient opera Bonus payment (see instructions)	ting cost and tar	get amount (I	ine 56 minus	line 53)	0	
. 00	Lesser of lines 53/54 or 55 from the cost re	eporting period e	ndina 1996 u	pdated and co	mpounded by the		
	market basket	sporting porrou o	indring 1770, d	puatou ana oc	inpoundou og eno		
. 00	Lesser of lines 53/54 or 55 from prior year					0.00	
. 00	If line 53/54 is less than the lower of line which operating costs (line 53) are less that					0	61
	amount (line 56), otherwise enter zero (see		(TTHES 54 X	00), 01 1% 01	the target		
2. 00	Relief payment (see instructions)					0	62
. 00	Allowable Inpatient cost plus incentive pay	ment (see instruc	tions)			0	0 63
. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	ats through Decem	her 31 of the	cost reporti	na period (See	0	64
. 00	instructions) (title XVIII only)	sts through becen		cost reporti	ng period (see		104
. 00	Medicare swing-bed SNF inpatient routine cos	sts after Decembe	r 31 of the c	ost reportinç	, period (See	0	65
~~~	instructions)(title XVIII only)			=> /			
. 00	Total Medicare swing-bed SNF inpatient rout CAH (see instructions)	ne costs (line 6	4 plus line 6	5)(title XVII	I ONLY). FOR	0	66
. 00	Title V or XIX swing-bed NF inpatient routin	ne costs through	December 31 o	f the cost re	porting period	0	67
	(line 12 x line 19)	0					
. 00	Title V or XIX swing-bed NF inpatient routin	ne costs after De	cember 31 of	the cost repo	orting period	0	68
9.00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (1	ine 67 + line	68)		0	69
	PART III - SKILLED NURSING FACILITY, OTHER N			,			
. 00	Skilled nursing facility/other nursing faci	2		• • •			70
. 00	Adjusted general inpatient routine service		ne 70 ÷ line	2)			71
. 00 . 00	Program routine service cost (line 9 x line Medically necessary private room cost appli		(line 14 v Ji	ne 35)			72
. 00	Total Program general inpatient routine services	5	•				74
. 00	Capital-related cost allocated to inpatient	•			art II, column		75
00	26, line 45)						
. 00 . 00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line						76
. 00	Inpatient routine service cost (line 74 min						78
. 00	Aggregate charges to beneficiaries for exce		ovi der record	s)			79
00	Total Program routine service costs for com		st limitation	(line 78 mir	us line 79)		80
. 00	Inpatient routine service cost per diem limitation						81
. 00	Inpatient routine service cost limitation ( Reasonable inpatient routine service costs						82
. 00	Program inpatient ancillary services (see in	•	,				84
. 00	Utilization review - physician compensation	(see instruction					85
. 00	Total Program inpatient operating costs (su		ough 85)				86
. 00	PART IV - COMPUTATION OF OBSERVATION BED PAS Total observation bed days (see instructions					3, 081	87
	I oran observation bed days (see instidutions						
3.00	Adjusted general inpatient routine cost per	diem (line 27 ÷	line 2)			1, 262. 86	0  88

Health Financial Systems F	RANCI SCAN HEALT	TH CROWN POINT		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 01/01/2016	Worksheet D-1	
				To 12/31/2016		
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	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	4, 148, 049	37, 307, 491	0. 11118	5 3, 890, 872	432, 607	90.00
91.00 Nursing School cost	0	37, 307, 491	0.00000	0 3, 890, 872	0	91.00
92.00 Allied health cost	0	37, 307, 491	0.00000	0 3, 890, 872	0	92.00
93.00 All other Medical Education	0	37, 307, 491	0.00000			93.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0126	Period: From 01/01/2016	Worksheet D-1	
		Component CCN: 15-T126	To 12/31/2016	Date/Time Prep 5/30/2017 2:34	
		Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description		=	1.00	
	PART I – ALL PROVIDER COMPONENTS				
20	INPATIENT DAYS Inpatient days (including private room days and swing-bed days			1, 346	1 1.
00 00	Inpatient days (including private room days and swing-bed days) Inpatient days (including private room days, excluding swing-b			1, 346	
00	Private room days (excluding swing-bed and observation bed day do not complete this line.		ivate room days,	1, 540	
00 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roo		er 31 of the cost	1, 346 0	
00	reporting period Total swing-bed SNF type inpatient days (including private roo reporting period (if calendar year, enter 0 on this line)	om days) after December	31 of the cost	0	6.
00	Total swing-bed NF type inpatient days (including private room reporting period	n days) through December	31 of the cost	0	7.
00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	-		0	8
00	Total inpatient days including private room days applicable to newborn days) Swing-bed SNF type inpatient days applicable to title XVIII or		0	942	
	through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII or	ions) Ny (including private r	3 /	0	
00	December 31 of the cost reporting period (if calendar year, er Swing-bed NF type inpatient days applicable to titles V or XI)		e room days)	0	12
00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar ye	(only (including privat	e room days) e)	0	13
00	Medically necessary private room days applicable to the Progra	am (excluding swing-bed	days)	0	14
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0 0	
00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 c	of the cost	0.00	17
00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of	the cost	0.00	18
	Medicaid rate for swing-bed NF services applicable to services reporting period	C		0.00	
	Medicaid rate for swing-bed NF services applicable to services reporting period Total general inpatient routine service cost (see instructions		he cost	0. 00 3, 759, 245	
	Swing-bed cost applicable to SNF type services through December $5 \times 1$ ine 17)		ing period (line	3, 737, 243	
	Swing-bed cost applicable to SNF type services after December x line 18) $$	•		0	
	Swing-bed cost applicable to NF type services through December 7 x line 19) Swing had each applicable to NF type convices often December 7			0	
	Swing-bed cost applicable to NF type services after December 3 x line 20) Total swing-bed cost (see instructions)	on the cost reporting	μρειτού (ΤΕΠΕ δ	0	
00	General inpatient routine service cost net of swing-bed cost ( PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			3, 759, 245	27
	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	
	Private room charges (excluding swing-bed charges)			0	
	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 =	line 28)		0 0. 000000	
	Average private room per diem charge (line 29 ÷ line 3)	1110 20)		0.000000	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mir	nus line 33)(see instruc	tions)	0.00	
	Average per diem private room cost differential (line 34 x lir	ne 31)		0.00	
	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	0 3, 759, 245	
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			2 702 00	20
	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			2, 792. 90 2, 630, 912	
	Medically necessary private room cost applicable to the Progra				40
	Total Program general inpatient routine service cost (line 39	. ,		2, 630, 912	

PUTATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0126	Period: From 01/01/2016	Worksheet D-1	I
		Component	CCN: 15-T126	To 12/31/2016		
		Title	e XVIII	Subprovider -	PPS	
Cost Center Description	Total	Total	Average Per	IRF 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 Hospi	tal linits	) (	0.	0 00	0	) 4
00 INTENSIVE CARE UNIT			0.	0 00	0	) 4
00 CORONARY CARE UNI T						4
00   BURN INTENSIVE CARE UNIT 00   SURGICAL INTENSIVE CARE UNIT						4
00 NEONATAL INTENSIVE CARE UNIT	C		0.	0 00	0	
Cost Center Description					1.00	
00 Program inpatient ancillary servic	e cost (Wkst. D-3, col. 3	3, line 200)			1.00 280,800	) 4
00 Total Program inpatient costs (sum			ons)		2, 911, 712	
PASS THROUGH COST ADJUSTMENTS 00 Pass through costs applicable to P	cogram inpationt routing	sorvices (from	Wkst D su	n of Parts L and	305, 444	1 50
(111)	ogram ripatrent routine	Services (110	II WKSL. D, SU	II OT PALLS I ANU	505, 444	10
00 Pass through costs applicable to P	rogram inpatient ancilla	ry services (fi	rom Wkst. D, s	sum of Parts II	17, 973	3 5
and IV) 00   Total Program excludable cost (sum	of lines 50 and 51)				323, 417	5
00 Total Program inpatient operating	cost excluding capital re	elated, non-phy	sician anest	netist, and	2, 588, 295	
medical education costs (line 49 m TARGET AMOUNT AND LIMIT COMPUTATION						
00 Program di scharges					0	5
00 Target amount per discharge					0.00	
00   Target amount (line 54 x line 55) 00   Difference between adjusted inpati	ant operating cost and t	arget amount (1	ing 56 minus	line 53)	0	
00 Bonus payment (see instructions)	ent operating cost and ta	arger amount (i	The 50 minus	The 55	0	
00 Lesser of lines 53/54 or 55 from t	ne cost reporting period	ending 1996, u	updated and c	ompounded by the	0.00	5
market basket 00 Lesser of Lines 53/54 or 55 from p	ior year cost report un	ndated by the r	narket hasket		0.00	) 6
00 If line 53/54 is less than the low				the amount by	0.00	
which operating costs (line 53) ar		ts (lines 54 x	60), or 1% o	f the target		
amount (line 56), otherwise enter 00 Relief payment (see instructions)	ero (see instructions)				0	6
00 Allowable Inpatient cost plus ince		uctions)			0	
PROGRAM INPATIENT ROUTINE SWING BEI 00 Medicare swing-bed SNF inpatient r		ambar 31 of the	cost report	na period (See	0	) 6
instructions) (title XVIII only)	derne costs through beck		e cost report	lig per l'ou (See		10.
00 Medicare swing-bed SNF inpatient r	outine costs after Decemb	ber 31 of the o	cost reporting	g period (See	0	6
instructions)(title XVIII only) 00 Total Medicare swing-bed SNF inpat	ent routine costs (line	64 plus line 6	55)(title XVI	lonly). For	0	6
CAH (see instructions)			, .	3,		
00 Title V or XIX swing-bed NF inpati	ent routine costs through	h December 31 d	of the cost r	eporting period	0	6
(line 12 x line 19) 00  Title V or XIX swing-bed NF inpati	ent routine costs after [	December 31 of	the cost rep	orting period	0	68
(line 13 x line 20)		/// / <del>-</del> //	(0)			
00 Total title V or XIX swing-bed NF PART III - SKILLED NURSING FACILIT					0	0 6'
00 Skilled nursing facility/other nur				)		70
00 Adjusted general inpatient routine		line 70 ÷ line	2)			7
00  Program routine service cost (line 00  Medically necessary private room c	-	m (line 14 x li	ne 35)			72
00 Total Program general inpatient ro	utine service costs (line	e 72 + line 73)	1			7
00 Capital-related cost allocated to	npatient routine service	e costs (from V	Vorksheet B, I	Part II, column		7
26, line 45) 00  Per diem capital-related costs (li	ne 75 ÷ line 2)					7
00 Program capital-related costs (lin	e 9 x line 76)					7
00  Inpatient routine service cost (li 00  Aggregate charges to beneficiaries		provi der record	ts)			7
00 Total Program routine service cost				nus line 79)		8
00 Inpatient routine service cost per		1)				8
00  Inpatient routine service cost lim 00 Reasonable inpatient routine servi						8
00 Program inpatient ancillary servic						8
00 Utilization review - physician com						8
00 Total Program inpatient operating PART IV - COMPUTATION OF OBSERVATIO		nrough 85)			1	8
00 Total observation bed days (see in					0	8
					0.00	88  0

Health Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
		Component (		From 01/01/2016 To 12/31/2016		
		Title	XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	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	436, 437	3, 759, 245	0. 11609	7 0	0	90.00
91.00 Nursing School cost	0	3, 759, 245	0.00000	0 0	0	91.00
92.00 Allied health cost	0	3, 759, 245	0.00000	0 0	0	92.00
93.00 All other Medical Education	0	3, 759, 245	0.00000	0 0	0	93.00

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MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Pre	pare
		Title XIX	Subprovi der – I RF	5/30/2017 2:3 Tefra	4 pm
	Cost Center Description	<u> </u>		1.00	
_	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				
00	Inpatient days (including private room days and swing-bed days			1, 346	
00 00	Inpatient days (including private room days, excluding swing-b Private room days (excluding swing-bed and observation bed day		rivate room days,	1, 346 0	
00	do not complete this line. Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roo		or 21 of the cost	1, 346 0	
00	reporting period Total swing-bed SNF type inpatient days (including private roc			0	
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room			0	
00	reporting period Total swing-bed NF type inpatient days (including private room	5.		0	
00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	-		68	
. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII or	0		0	
	through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII or	tions)	5 .	0	
	December 31 of the cost reporting period (if calendar year, er Swing-bed NF type inpatient days applicable to titles V or XIX	nter 0 on this line)		0	12
00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX	( only (including privat	e room days)	0	13
. 00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra			0	14
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			2, 552 883	
. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	es through December 31 d	of the cost	0.00	17
. 00	reporting period Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18
00	reporting period Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19
00	reporting period Medicaid rate for swing-bed NF services applicable to services	s after December 31 of 1	he cost	0.00	20
. 00	reporting period Total general inpatient routine service cost (see instructions	-)		3, 759, 245	21
	Swing-bed cost applicable to SNF type services through December $5 \times 1$ ine 17)	<i>·</i>	ing period (line	0	
00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reportin	ng period (line 6	0	23
00	Swing-bed cost applicable to NF type services through December $7 \times 1$ ine 19)	- 31 of the cost reporti	ng period (line	0	24
. 00	Swing-bed cost applicable to NF type services after December 3 k line 20)	31 of the cost reporting	g period (line 8	0	25
	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (	(line 21 minus line 26)		0 3, 759, 245	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	narges)	0	
	Private room charges (excluding swing-bed charges)			0	
	Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27 ÷	÷ iine 28)		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)	No Line 22) ( !!	ati ana)	0.00	
	Average per diem private room charge differential (line 32 mir			0.00	
	Average per diem private room cost differential (line 34 x lin Private room cost differential adjustment (line 2 x line 25)	ie 31)		0.00	
00 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	and private room cost di	fferential (line	0 3, 759, 245	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			
00	Adjusted general inpatient routine service cost per diem (see			2, 792. 90	38
	Program general inpatient routine service cost (line 9 x line			189, 917	
. 00				,	1 1
	Medically necessary private room cost applicable to the Progra	am (line 14 x line 35)		0	40

MPUTATION OF INPATIENT OPERATING COST		CROWN POINT Provider C	CN: 15-0126	Peri od:	worksheet D-1	
		Component	CCN: 15-T126	From 01/01/2016 To 12/31/2016	Date/Time Pre	
		Ti tl	le XIX	Subprovider -	5/30/2017 2:3 Tefra	34 p
Cast Contor Description	Total	Tatal	Average Per	IRF Program Days	Dragnam Coat	_
Cost Center Description	Inpatient CostI		sDiem (col. 1 col. 2)	÷	Program Cost (col. 3 x col. 4)	
.00 NURSERY (title V & XIX only)	1.00	2.00	3.00 0.0	4.00	5.00	0 42
Intensive Care Type Inpatient Hospital Ur			<u> </u>	0	0	2
0. 00 INTENSIVE CARE UNIT	0	(	0.	0 00	0	
I. OO CORONARY CARE UNIT 5. OO BURN INTENSIVE CARE UNIT						44
0. 00 SURGI CAL I NTENSI VE CARE UNI T						46
. OO NEONATAL INTENSIVE CARE UNIT	0	(	0.	0 00	0	47
Cost Center Description					1.00	+
8.00 Program inpatient ancillary service cost	(Wkst. D-3, col. 3,	line 200)				48
0.00 Total Program inpatient costs (sum of lin	nes 41 through 48)(s	ee instructio	ons)		190, 673	49
PASS THROUGH COST ADJUSTMENTS 0.00 Pass through costs applicable to Program	innationt routing of	arvicos (fro		n of Dorte L and	0	50
(111)	Inpatrent routine s	ervices (IIO	II WKSL. D, SU	II UI PAILS I ANU		
.00 Pass through costs applicable to Program	inpatient ancillary	services (fr	rom Wkst. D,	sum of Parts II	22	2 51
and IV) 2.00  Total Program excludable cost (sum of lin	ues 50 and 51)				22	52
3.00 Total Program inpatient operating cost ex		ated, non-phy	ysician anestl	netist, and	190, 651	
medical education costs (line 49 minus li						
TARGET AMOUNT AND LIMIT COMPUTATION					12	2 54
5.00 Target amount per discharge					0.00	
0.00 Target amount (line 54 x line 55)					0	
<ul> <li>00 Difference between adjusted inpatient ope</li> <li>00 Bonus payment (see instructions)</li> </ul>	erating cost and tar	get amount (I	ine 56 minus	line 53)	-190, 651	57
0.00 Lesser of Lines 53/54 or 55 from the cos	t reporting period e	nding 1996, u	updated and c	ompounded by the	0.00	
market basket						
0.00 Lesser of lines 53/54 or 55 from prior ye 1.00 If line 53/54 is less than the lower of l				the amount by	0.00	
which operating costs (line 53) are less						
amount (line 56), otherwise enter zero (s	see instructions)					
2.00 Relief payment (see instructions) 3.00 Allowable Inpatient cost plus incentive p	navment (see instruc	tions)			0	
PROGRAM I NPATI ENT ROUTI NE SWI NG BED COST						
. 00 Medicare swing-bed SNF inpatient routine	costs through Decem	ber 31 of the	e cost report	ng period (See	0	64
instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine	costs after Decembe	r 31 of the d	cost reportin	n period (See	0	65
instructions) (title XVIII only)			boot roporting	g poi i ou (000		
5.00 Total Medicare swing-bed SNF inpatient re	outine costs (line 6	4 plus line 6	65)(title XVI	I only). For	0	66
CAH (see instructions) 7.00  Title V or XIX swing-bed NF inpatient rou	utine costs through	December 31 d	of the cost r	eportina period	0	67
(line 12 x line 19)					_	
3.00 Title V or XIX swing-bed NF inpatient rou (line 13 x line 20)	utine costs after De	cember 31 of	the cost rep	orting period	0	68
9.00 Total title V or XIX swing-bed NF inpatie	ent routine costs (l	ine 67 + line	e 68)		0	69
PART III - SKILLED NURSING FACILITY, OTHE	R NURSING FACILITY,	AND ICF/IID	ONLY		1	
<ul> <li>0.00 Skilled nursing facility/other nursing facility/other nursing facility/other nursing facility.</li> <li>0.00 Adjusted general inpatient routine service</li> </ul>				)		70
2.00 Program routine service cost (line 9 x li		le /0 ÷ l'lle	2)			72
8.00 Medically necessary private room cost app	olicable to Program	(line 14 x li	ne 35)			73
I. 00 Total Program general inpatient routine s				Part II column		74
<li>5.00 Capital-related cost allocated to inpatie 26, line 45)</li>	sit routine service	COSIS (ITUM V	WULKSHEEL B, I	art II, COTUMN		75
0.00 Per diem capital-related costs (line 75						76
.00 Program capital-related costs (line 9 x l .00 Inpatient routine service cost (line 74 r						77
00  Inpatient routine service cost (line 74 r 00 Aggregate charges to beneficiaries for ex		ovider record	ds)			79
.00 Total Program routine service costs for a	•			nus line 79)		80
. 00 Inpatient routine service cost per diem I						81
<ul> <li>.00 Inpatient routine service cost limitation</li> <li>.00 Reasonable inpatient routine service cost</li> </ul>	• • •	)				82
00 Program inpatient ancillary services (see	•	,				84
5.00 Utilization review - physician compensati	on (see instruction					85
5.00 Total Program inpatient operating costs PART IV - COMPUTATION OF OBSERVATION BED		ough 85)				86
7.00 Total observation bed days (see instructi					0	8
3.00 Adjusted general inpatient routine cost p	ber diem (line 27 ÷	line 2)			0.00	88
0.00 Observation bed cost (line 87 x line 88)	(soo instructions)				0	89

Health Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 01/01/2016	Worksheet D-1	
		Component (	CCN: 15-T126	To 12/31/2016		
		Titl	e XIX	Subprovider - IRF	Tefra	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	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	C	3, 759, 245	0.00000	0 0	0	90.00
91.00 Nursing School cost	C	3, 759, 245	0. 00000	0 0	0	91.00
92.00 Allied health cost	C	3, 759, 245	0. 00000	0 0	0	92.00
93.00 All other Medical Education	C	3, 759, 245	0.00000	0 0	0	93.00

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	Financial Systems         FRANCISCAN HEALTH CR           ENT ANCILLARY SERVICE COST APPORTIONMENT         P		CN: 15-0126	Peri od:	u of Form CMS- Worksheet D-3	
				From 01/01/2016		
				To 12/31/2016	Date/Time Pre 5/30/2017 2:3	spare 14 pn
		Title	XVIII	Hospi tal	PPS	
	Cost Center Description		Ratio of Cos		Inpati ent	
			To Charges	Program	Program Costs (col. 1 x col.	
				Charges	(cor. 1 x cor. 2)	
			1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1			
	03000 ADULTS & PEDI ATRI CS			15, 998, 959		30
	03100 INTENSIVE CARE UNIT			3, 786, 197		31
	02060 NEONATAL INTENSIVE CARE UNIT			0		35
	04100 SUBPROVI DER - I RF			0		41
						43
	ANCI LLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM		0. 27104	46 8, 043, 235	2, 180, 087	50
	05100 RECOVERY ROOM		0. 56688		617, 156	
	05200 DELIVERY ROOM & LABOR ROOM		0. 1156		824	
	05300 ANESTHESI OLOGY		0. 0600		133, 921	
	05400 RADI OLOGY-DI AGNOSTI C		0. 1521		2, 395, 801	
	05401 RADI OLOGY - 1-65		0. 1321		2, 343, 801	
	05401 RADIOLOGY - 1-05 05402 RADIOLOGY DIAGNOSTIC - SJ		0. 3055		77	
	05403 LOWELL RADI OLOGY		0. 31519		452	
	05500 RADI OLOGY-THERAPEUTI C		0.0000		432	
	05501 CARDI AC CATHERI ZATON LAB		0. 18819		1, 667, 337	
	03140 CARDI OLOGY		0. 15828		329, 086	
	03450 NEURO-DI AGNOSTI CS		0. 20098		123, 803	
	06000 LABORATORY		0. 16040		2, 397, 159	
	06001 BLOOD LABORATORY		0.0000		0	
	06500 RESPI RATORY THERAPY		0. 16853		1, 315, 367	
	06600 PHYSI CAL THERAPY		0. 43458		516, 085	
	06601 PHYSI CAL THERAPY I -65		0. 33869		737	
1	06602 PHYSI CAL THERAPY ST JOHN		0. 2168		0	
1	06700 OCCUPATI ONAL THERAPY		0. 3193		214, 588	67
. 01	06701 OCCUPATION THERAPY I-65		0. 44103	32 316	139	67
7. 02	06702 OCCUPATIONAL THERAPY ST. JOHN		0. 23040	03 0	0	67
3. 00	06800 SPEECH PATHOLOGY		0. 28629	289, 251	82, 812	68
3. 01	06801 SPEECH PATHOLOGY I -65		0. 32119	93 338	109	68
3. 02	06802 SPEECH THERAPY ST. JOHN		0. 2576	53 0	0	68
9.00	06900 ELECTROCARDI OLOGY		0. 16228	32 1, 204, 186	195, 418	69
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 1855		1, 225, 590	
	07200 IMPL. DEV. CHARGED TO PATIENTS		0. 96752		4, 713, 510	72
	07300 DRUGS CHARGED TO PATIENTS		0. 18028		4, 767, 120	
	07400 RENAL DIALYSIS		0. 5430		466, 725	
	03020 RADIATION ONCOLOGY		0.3689	61, 507	22, 694	76
	OUTPATI ENT SERVICE COST CENTERS		0. 7790	10 3, 154	2, 457	90
	09000 DI ABETES CLINIC		6. 40788		2,437	
	09002 OUTPATIENT CLINICS		784. 4080		0	
	09003 OCCUPATIONAL MEDICINE CLINIC		0. 74864		0	
	09003 DECEMPATIONAL MEDICINE CENTRE 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0. 00000		0	
	09100 EMERGENCY		0. 20548		1, 194, 631	
	09101 EMERGENCY ROOM PHYSI CANS		0. 00000		1, 174, 031	
	09102 EXPRESS CARE		0.00000		0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 67186		597, 384	
0.00	Total (sum of lines 50-94 and 96-98)		0.07100	110, 384, 640	25, 168, 676	
01. 00	Less PBP Clinic Laboratory Services-Program only charges (	line 61)		n 10, 304, 940	20, 100, 070	200
	Net Charges (line 200 minus line 201)		1	110, 384, 640		202

	Financial Systems FRANCISCAN HEALTH C ENT ANCILLARY SERVICE COST APPORTIONMENT	Provider (	CN: 15-0126	Peri od:	Worksheet D-3	2552-1
				From 01/01/2016		
		Component	CCN: 15-T126	To 12/31/2016	Date/Time Pre 5/30/2017 2:3	
		Title	e XVIII	Subprovider - IRF	PPS	
	Cost Center Description		Ratio of Cos		I npati ent	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
			1.00	2.00	2) 3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
	03000 ADULTS & PEDIATRICS			0		30.00
31.00	03100 INTENSIVE CARE UNIT			0		31.00
	02060 NEONATAL INTENSIVE CARE UNIT			0		35.00
41.00	04100 SUBPROVI DER – I RF			2, 222, 338		41.00
	04300 NURSERY					43.00
	ANCI LLARY SERVI CE COST CENTERS		0.0740		0.100	
	05000 OPERATING ROOM		0. 27104		3, 408	50.00
	05100 RECOVERY ROOM		0. 56688		2, 427	51.00
	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY		0. 11565		0 39	52.00 53.00
	05400 RADI OLOGY-DI AGNOSTI C		0. 15211		12, 811	53.00
	05401 RADI OLOGY - I -65		0. 1321		0	54.0
	05402 RADIOLOGY DIAGNOSTIC - SJ		0. 30551		0	54.02
	05403 LOWELL RADI OLOGY		0. 31519		0	54.03
	05500 RADI OLOGY-THERAPEUTI C		0. 00000		0	55.00
	05501 CARDI AC CATHERI ZATON LAB		0. 18819		0	55.0
	03140 CARDI OLOGY		0. 15828		0	55.02
55.03	03450 NEURO-DI AGNOSTI CS		0. 20098	32 0	0	55.03
60.00	06000 LABORATORY		0. 16040	06 176, 288	28, 278	60.00
	06001 BLOOD LABORATORY		0.00000	0 0	0	60. Oʻ
65.00	06500 RESPI RATORY THERAPY		0. 16853	31 126, 940	21, 393	65.00
	06600 PHYSI CAL THERAPY		0. 43458		26, 146	66.00
	06601 PHYSI CAL THERAPY I -65		0. 33869		0	66. 0'
	06602 PHYSI CAL THERAPY ST JOHN		0. 21685		0	66. 02
	06700 OCCUPATI ONAL THERAPY		0. 31935		72, 166	
	06701 OCCUPATION THERAPY I -65		0. 44103		0	67.0
	06702 OCCUPATIONAL THERAPY ST. JOHN		0. 23040		0	67.0
	06800 SPEECH PATHOLOGY 06801 SPEECH PATHOLOGY I-65		0. 28629		0 2, 069	68.00 68.0
	06802 SPEECH THERAPY ST. JOHN		0. 25765		2,007	68.0
	06900 ELECTROCARDI OLOGY		0. 16228		1, 303	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 18555		21, 445	
	07200 I MPL. DEV. CHARGED TO PATIENTS		0. 96752		0	72.00
	07300 DRUGS CHARGED TO PATIENTS		0. 18028		63, 765	
	07400 RENAL DIALYSIS		0. 54307		24, 083	
76.00	03020 RADIATION ONCOLOGY		0. 36897	71 0	0	76.00
	OUTPATIENT SERVICE COST CENTERS			-		
	09000 CLINIC		0. 77901		0	
	09001 DI ABETES CLINIC		6. 40788		0	
	09002 OUTPATIENT CLINICS		784. 40805		0	•
	09003 OCCUPATIONAL MEDICINE CLINIC		0.74864		0	90.0
	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0.00000		0	90.04
	09100 EMERGENCY		0. 20548		0	91.00
	09101 EMERGENCY ROOM PHYSI CANS 09102 EXPRESS CARE		0.00000		0	91.0 [°] 91.0
	09200 OBSERVATI ON BEDS (NON-DI STI NCT PART		0. 67186		1, 467	
200.00			0.07160	1, 221, 355	280, 800	
		(line 61)		1, 221, 300		200.00
201.00						

NPATI EN	T ANCILLARY SERVICE COST APPORTIONMENT	rovider C	CN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Pre	pare
		T: +1	e XIX	lleonitel	5/30/2017 2:3	4 pm
	Cost Center Description	11 11	Ratio of Cos	Hospital Inpatient	Cost Inpatient	
	cost center bescription		To Charges	Program	Program Costs	
			TO charges		$(col. 1 \times col.$	
				ondi ges	2)	
			1.00	2.00	3.00	
LN	PATIENT ROUTINE SERVICE COST CENTERS			2100	0100	
0.00 03	000 ADULTS & PEDI ATRI CS			3, 686, 706		30.
1.00 03	100 INTENSIVE CARE UNIT			614, 299		31.
5.00 02	060 NEONATAL INTENSIVE CARE UNIT			5, 259, 975		35.
	100 SUBPROVI DER – I RF			163, 813		41.
	300 NURSERY			354, 196		43.
	CI LLARY SERVICE COST CENTERS					1
	OOO OPERATING ROOM		0. 2687	79 1, 561, 272	419, 637	50.
	100 RECOVERY ROOM		0. 56688		114, 660	
	200 DELIVERY ROOM & LABOR ROOM		0. 1156		116, 458	
	300 ANESTHESI OLOGY		0. 0600		31, 581	53
	400 RADI OLOGY-DI AGNOSTI C		0. 1521		397, 061	
	401 RADI OLOGY - I -65		0. 12880		471	54
	402 RADIOLOGY DIAGNOSTIC - SJ		0. 3055		0	
	403 LOWELL RADIOLOGY		0. 3055		0	
	500 RADI OLOGY-THERAPEUTI C				0	
	500 CARDI AC CATHERI ZATON LAB		0.0000			
			0. 18792		191, 231	
			0. 15790		45, 974	
	450 NEURO-DI AGNOSTI CS		0. 20098		19, 325	
	000 LABORATORY		0. 1603		492, 445	
	001 BLOOD LABORATORY		0.0000		0	
	500 RESPIRATORY THERAPY		0. 16824		187, 757	
	600 PHYSI CAL THERAPY		0. 43458		74, 357	
	601 PHYSI CAL THERAPY I -65		0. 33869		0	
	602 PHYSICAL THERAPY ST JOHN		0. 2168		0	
	700 OCCUPATI ONAL THERAPY		0. 3193		17, 006	
	701 OCCUPATION THERAPY I-65		0. 44103		388	
	702 OCCUPATIONAL THERAPY ST. JOHN		0. 23040		0	
	800 SPEECH PATHOLOGY		0. 28629		25, 238	
	801 SPEECH PATHOLOGY I-65		0. 32119		716	
. 02  06	802 SPEECH THERAPY ST. JOHN		0. 2576	53 0	0	68
0.00 06	900 ELECTROCARDI OLOGY		0. 1616	57 126, 626	20, 470	69
	100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 1855	53 1, 213, 516	225, 172	71
. 00  07	200 IMPL. DEV. CHARGED TO PATIENTS		0. 96752	27 375, 795	363, 592	72
3.00 07	300 DRUGS CHARGED TO PATIENTS		0. 18028	83 6, 189, 858	1, 115, 926	73
1.00 07	400 RENAL DI ALYSI S		0. 5430	74 34, 209	18, 578	74
5.00 03	020 RADIATION ONCOLOGY		0.3689	71 14, 158	5, 224	76
	TPATIENT SERVICE COST CENTERS					
	2000 CLINIC		0. 7790		0	
	001 DI ABETES CLINIC		6. 40788		0	
	002 OUTPATI ENT CLINICS		784. 40805		•	
	003 OCCUPATIONAL MEDICINE CLINIC		0. 74864		0	
. 04 09	004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0.0000	0 00	0	90
	100 EMERGENCY		0. 20533	36 863, 323	177, 271	91
. 01 09	101 EMERGENCY ROOM PHYSI CANS		0.0000	0 00	0	91
. 02 09	102 EXPRESS CARE		0.0000	0 00	0	91
	200 OBSERVATI ON BEDS (NON-DI STI NCT PART		0. 67180		82, 313	92
0.00	Total (sum of lines 50-94 and 96-98)			20, 757, 449	4, 142, 851	
1.00	Less PBP Clinic Laboratory Services-Program only charges (	line 61)		0		201
2.00	Net Charges (line 200 minus line 201)			20, 757, 449		202

Health Financial Systems FRANCISCAN HEA		CNI. 1E 0104		u of Form CMS-2	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0126 Component CCN: 15-T126 Title XIX		Period: From 01/01/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 2:34 pm Tefra	
			To 12/31/2016		
			Subprovider - IRF		
Cost Center Description		Ratio of Cost		Inpatient	
		To Charges	Program Charges	Program Costs (col. 1 x col.	
			ondriges	2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1	0		1 20 00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT			0		30.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			0		35.00
41.00 04100 SUBPROVIDER - IRF			352, 143		41.00
43. 00 04300 NURSERY			0		43.00
ANCI LLARY SERVI CE COST CENTERS		0.0(077			1 50 00
50.00 05000 0PERATING ROOM 51.00 05100 RECOVERY ROOM		0. 26877		0	
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 56688		0	
53. 00 05300 ANESTHESI OLOGY		0. 06007		0	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 15211		0	•
54. 01 05401 RADI OLOGY - I -65		0. 12880	5 0	0	54.01
54. 02 05402 RADIOLOGY DIAGNOSTIC - SJ		0. 30551		0	
54. 03 05403 LOWELL RADI OLOGY		0. 31519		0	
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.00000		0	
55. 01 05501 CARDI AC CATHERI ZATON LAB 55. 02 03140 CARDI OLOGY		0. 18792		0	
55. 03 03450 NEURO-DI AGNOSTI CS		0. 20098		0	•
60. 00 06000 LABORATORY		0. 16035		0	
60. 01 06001 BLOOD LABORATORY		0.00000	0 0	0	60.01
65. 00 06500 RESPI RATORY THERAPY		0. 16824		0	
66. 00 06600 PHYSI CAL THERAPY		0. 43458		0	
66. 01 06601 PHYSI CAL THERAPY I-65		0. 33869		0	
66. 02 06602 PHYSI CAL THERAPY ST JOHN 67. 00 06700 OCCUPATI ONAL THERAPY		0. 21685		0	
67. 01 06701 0CCUPATI ON THERAPY I -65		0. 44103		0	•
67. 02 06702 OCCUPATI ONAL THERAPY ST. JOHN		0. 23040		0	67.02
68.00 06800 SPEECH PATHOLOGY		0. 28629	8 0	0	68.00
68.01 06801 SPEECH PATHOLOGY I -65		0. 32119		756	•
68. 02 06802 SPEECH THERAPY ST. JOHN		0. 25765		0	
69.00 06900 ELECTROCARDIOLOGY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 16165		0	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 96752		0	
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 18028		0	1
74. 00 07400 RENAL DI ALYSI S		0. 54307		0	1
76. 00 03020 RADI ATI ON ONCOLOGY		0. 36897	1 0	0	76.00
OUTPATIENT SERVICE COST CENTERS		0.77004		-	
90. 00 09000 CLINIC 90. 01 09001 DIABETES CLINIC		0. 77901 6. 40788		0	
90. 02 09002 OUTPATIENT CLINICS		784. 40805		0	•
90. 03 09003 OCCUPATIONAL MEDICINE CLINIC		0. 74864		0	
90. 04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		0. 00000		0	
91. 00 09100 EMERGENCY		0. 20533	6 0	0	91.00
91. 01 09101 EMERGENCY ROOM PHYSI CANS		0. 00000		0	
91.02 09102 EXPRESS CARE		0.00000		0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 67186		0	92.00 200.00
200.00Total (sum of lines 50-94 and 96-98)201.00Less PBP Clinic Laboratory Services-Program only cha	rdes (line 61)		2, 355		200.00

	Financial Systems FRANCISCAN HEALTH TION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	u of Form CMS-2 Worksheet E Part A Date/Time Pre 5/30/2017 2:3	pared:	
		Title XVIII	Hospi tal	PPS		
			-	1.00		
P	ART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00		
	DRG Amounts Other than Outlier Payments			0	1.0	
i	5					
i	instructions)				1.0	
1	DRG for federal specific operating payment for Model 4 BPCI f 1 (see instructions)			0	1.0	
	DRG for federal specific operating payment for Model 4 BPCI f Dctober 1 (see instructions)	or discharges occurring	on or after	0	1.0	
	Dutlier payments for discharges. (see instructions)			1, 000, 008 0	2.0	
	Dutlier payment for discharges for Model 4 BPCI (see instruct	Tons)		0 5, 786, 803	2.0	
00 E	Bed days available divided by number of days in the cost reporting period (see instructions)					
	ndirect Medical Education Adjustment	t recent cost reporting	pariod anding on	0.00	5.0	
c	or before 12/31/1996. (see instructions)					
f	for new programs in accordance with 42 CFR 413.79(e)					
01 A	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2)					
00 A	<ul> <li>If the cost report straddles July 1, 2011 then see instructions.</li> <li>Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).</li> </ul>					
01   1	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.0	
02 1					8. 0	
00 5	, , ,					
D. 00 F						
1.00 F	00 FTE count for residents in dental and podiatric programs.				11.0	
2.00 0	5				12.0	
	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.					
	5					
	J 1 31 3 1					
					18.0	
					19.0 20.0	
					20.0	
1						
	IME payment adjustment - Managed Care (see instructions)	125, 780 23, 298				
1	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
(	(f)(1)(iv)(C).					
5. 00 I						
	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.0	
					27.0	
7.00 T	D Total IME payment ( sum of lines 22 and 28)					
	Nisproportionate Share Adjustment			23, 298	29.0	
D. 00 F	Percentage of SSI recipient patient days to Medicare Part A p	atient days (see instruc	tions)	1.45	30. C	
	Allowable disproportionate share percentage (see instructions	)			33.0	
	Disproportionate share adjustment (see instructions)			0	34	

	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0126	Peri od:	u of Form CMS-2 Worksheet E	
			From 01/01/2016 To 12/31/2016	Date/Time Pre	
			llaanital	5/30/2017 2:3	4 pn
		Title XVIII	Hospital Prior to 10/1	PPS	
			1. 00	2.00	
	Uncompensated Care Adjustment				
5.00	Total uncompensated care amount (see instructions)		6, 406, 145, 534		
5.01	Factor 3 (see instructions)		0. 000131163	0.000133165	
5. 02	Hospital uncompensated care payment (If line 34 is zero,	enter zero on this line)	0	0	35
- 02	(see instructions)	amount (and instructions)	0	0	25
5.03 5.00	Pro rata share of the hospital uncompensated care payment Total uncompensated care (sum of columns 1 and 2 on line 3		0	0	35 36
5. 00	Additional payment for high percentage of ESRD beneficiary				1 30
0. 00	Total Medicare discharges on Worksheet S-3, Part I excludi		0		40
5. 00	652, 682, 683, 684 and 685 (see instructions)	ng di senai ges i or ms bros	Ŭ		-0
1.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682	683 684 an 685 (see	0		41
	instructions)		Ū		
1.01	Total ESRD Medicare covered and paid discharges excluding	MS-DRGs 652, 682, 683, 684	0		41
	an 685. (see instructions)				
2.00	Divide line 41 by line 40 (if less than 10%, you do not qu	alify for adjustment)	0.00		42
3.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652,	682, 683, 684 an 685. (see	0		43
	instructions)				
4.00	Ratio of average length of stay to one week (line 43 divid	ed by line 41 divided by 7	0. 000000		44
- 00	days)	>	0.00		4
5.00	Average weekly cost for dialysis treatments (see instructi		0.00		45
5.00 7.00	Total additional payment (line 45 times line 44 times line Subtotal (see instructions)	41.01)	32, 367, 684		46
3.00	Hospital specific payments (to be completed by SCH and MDH	small rural bosnitals	32, 307, 004		47
5.00	only. (see instructions)		0		40
				Amount	
				1.00	
9.00	Total payment for inpatient operating costs (see instructi	ons)		32, 390, 982	49
0. 00	Payment for inpatient program capital (from Wkst. L, Pt. I	and Pt. II, as applicable)		2, 783, 560	50
1.00	Exception payment for inpatient program capital (Wkst. L,			0	
2.00	Direct graduate medical education payment (from Wkst. E-4,	line 49 see instructions).		52, 487	
3.00	Nursing and Allied Health Managed Care payment			14, 964	
4.00	Special add-on payments for new technologies				
				4, 143	
4.01	Islet isolation add-on payment			0	54
5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin			0 0	54 55
5.00 5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i	ntructions)		0 0 0	54 55 56
5.00 5.00 7.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt	ntructions) . III, column 9, lines 30 th	rough 35).	0 0 0	54 55 56 57
5.00 5.00 7.00 3.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P	ntructions) . III, column 9, lines 30 th	rough 35).	0 0 0 56, 299	54 55 56 57 58
5.00 5.00 7.00 3.00 9.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58)	ntructions) . III, column 9, lines 30 th	rough 35).	0 0 0 56, 299 35, 302, 435	54 55 56 57 58 59
5.00 6.00 7.00 3.00 9.00 0.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200)	rough 35).	0 0 56, 299 35, 302, 435 9, 312	54 56 57 58 59 60
5.00 5.00 7.00 3.00 9.00 0.00 1.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200)	rough 35).	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123	54 56 57 58 59 60 61
5.00 5.00 7.00 3.00 9.00 9.00 1.00 2.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200)	rough 35).	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016	54 56 57 58 59 60 61 62
5.00 5.00 7.00 3.00 9.00 0.00 1.00 2.00 3.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200)	rough 35).	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016 73, 010	54 56 57 58 59 60 61 62 63
5.00 5.00 7.00 3.00 9.00 9.00 1.00 2.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200)	rough 35).	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016	54 56 57 58 59 60 61 62 63 64
5.00 5.00 7.00 3.00 9.00 0.00 1.00 2.00 3.00 4.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60)	rough 35).	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016 73, 010 255, 882	54 56 57 58 59 60 61 62 63 64 65
5.00 5.00 7.00 3.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60)	rough 35).	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016 73, 010 255, 882 166, 323	54 56 57 58 59 60 61 62 63 64 65 64
5.00         6.00         7.00         3.00         9.00         0.00         1.00         2.00         3.00         4.00         5.00         6.00         7.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) nstructions)		0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016 73, 010 255, 882 166, 323 48, 796	54 55 57 58 59 60 61 62 63 64 65 66 67
5. 00 5. 00 7. 00 8. 00 9.	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) nstructions) or applicable to MS-DRGs (se	e instructions)	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016 73, 010 255, 882 166, 323 48, 796 32, 318, 420	54 55 56 57 58 57 58 57 58 57 58 60 61 62 63 64 65 66 66 67 68 69
5. 00 5. 00 7.	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) nstructions) or applicable to MS-DRGs (se	e instructions)	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016 73, 010 255, 882 166, 323 48, 796 32, 318, 420 0 0	54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70
5. 00 5. 00 7.	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) nstructions) or applicable to MS-DRGs (se	e instructions)	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016 73, 010 255, 882 166, 323 48, 796 32, 318, 420 0 0 0 0	54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 67 70 70 70
5. 00 5. 00 7. 00 8. 00 9. 00 9. 00 9. 00 1. 00 2. 00 3. 00 4. 00 5. 00 5. 00 7. 00 3. 00 9. 00 0.	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) nstructions) for applicable to MS-DRGs (se 6). (For SCH see instructions	e instructions)	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016 73, 010 255, 882 166, 323 48, 796 32, 318, 420 0 0 0 0 0	54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 67 70 70 70 70
5. 00 5. 00 7. 00 3. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 4. 00 5. 00 5. 00 6. 00 7. 00 3. 00 0.	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see i	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) nstructions) for applicable to MS-DRGs (see 6). (For SCH see instructions	e instructions)	$\begin{array}{c} 0\\ 0\\ 0\\ 56, 299\\ 35, 302, 435\\ 9, 312\\ 35, 293, 123\\ 3, 068, 016\\ 73, 010\\ 255, 882\\ 166, 323\\ 48, 796\\ 32, 318, 420\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0$	54 556 57 58 59 60 61 62 63 64 65 66 66 67 68 67 70 70 70 70 70
5. 00 5. 00 7. 00 3. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 5. 00 5. 00 9. 00 0. 00 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see i HSP bonus payment HVBP adjustment amount (see instructions	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) for applicable to MS-DRGs (se 6). (For SCH see instructions nstructions) )	e instructions)	$\begin{array}{c} 0\\ 0\\ 0\\ 56, 299\\ 35, 302, 435\\ 9, 312\\ 35, 293, 123\\ 3, 068, 016\\ 73, 010\\ 255, 882\\ 166, 323\\ 48, 796\\ 32, 318, 420\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0$	54 556 57 58 59 60 61 62 63 64 65 66 66 67 70 70 70 70 70 70 70
5. 00 5. 00 7. 00 3. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 5. 00 5. 00 9. 00 9. 00 0. 00 1. 00 2. 00 3. 00 9. 00 0. 00 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) for applicable to MS-DRGs (se 6). (For SCH see instructions nstructions) )	e instructions)	$\begin{array}{c} 0\\ 0\\ 0\\ 56, 299\\ 35, 302, 435\\ 9, 312\\ 35, 293, 123\\ 3, 068, 016\\ 73, 010\\ 255, 882\\ 166, 323\\ 48, 796\\ 32, 318, 420\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0$	54 55 57 58 59 60 61 62 63 64 65 64 65 66 67 70 70 70 70 70 70 70 70 70
5. 00 6. 00 7. 00 3. 00 9. 00 1. 00 2. 00 2. 00 3. 00 4. 00 5. 00 5. 00 6. 00 7. 00 3. 00 9. 00 5.	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) for applicable to MS-DRGs (se 6). (For SCH see instructions nstructions) )	e instructions)	0 0 56, 299 35, 302, 435 9, 312 35, 293, 123 3, 068, 016 73, 010 255, 882 166, 323 48, 796 32, 318, 420 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	54 55 57 58 59 60 61 62 63 64 65 66 66 67 68 66 70 70 70 70 70 70 70 70 70 70 70 70
5. 00 5. 00 7. 00 3. 00 9. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 5. 00 5. 00 9. 00 9. 00 0. 00 1. 00 2. 00 3. 00 9. 00 0. 00 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin Cost of physicians' services in a teaching hospital (see i Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	ntructions) . III, column 9, lines 30 th t. IV, col. 11 line 200) nus line 60) for applicable to MS-DRGs (se 6). (For SCH see instructions nstructions) )	e instructions)	$\begin{array}{c} 0\\ 0\\ 0\\ 56, 299\\ 35, 302, 435\\ 9, 312\\ 35, 293, 123\\ 3, 068, 016\\ 73, 010\\ 255, 882\\ 166, 323\\ 48, 796\\ 32, 318, 420\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0$	54 555 566 577 588 599 600 611 622 633 644 655 666 677 688 697 700 700 700 700 700 700 700 700 700 7

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Heal th	Financial Systems FRANCISCA	AN HEALTH C	ROWN POINT		In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT		Provider C		Period: From 01/01/2016 To 12/31/2016	5/30/2017 2:3	
			Title	XVIII	Hospi tal	PPS	
				FFY	(уууу)	Amount	
					0	1.00	
70. 96	Low volume adjustment for federal fiscal year (yyyy) the corresponding federal year for the period prior		column O		0	0	70. 96
70. 97	Low volume adjustment for federal fiscal year (yyyy) the corresponding federal year for the period ending				0	0	70. 97
70. 98		·	,			0	70. 98
70, 99	HAC adjustment amount (see instructions)					84, 564	70, 99
71.00		us lines 6	9 & 70)			32, 040, 101	71.00
71.01	Sequestration adjustment (see instructions)		<i>,</i>			640, 802	71.01
72.00						31, 460, 847	72.00
73.00						0	73.00
74.00	Balance due provider (Program) (line 71 minus lines	71.01, 72,	and 73)			-61, 548	74.00
75.00	Protested amounts (nonallowable cost report items) in	n accordan	ce with			0	75.00
	CMS Pub. 15-2, chapter 1, §115.2						
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			1			
90.00		! (see inst	ructions)			0	90.00
91.00						0	91.00
92.00	Operating outlier reconciliation adjustment amount (					0	92.00
93.00						0	93.00
	The rate used to calculate the time value of money (		ctions)			0.00	94.00
	Time value of money for operating expenses (see inst					0	95.00
96.00	Time value of money for capital related expenses (see	e instruct	i ons)			0	96.00
					Prior to 10/1		
					1.00	2.00	
	HSP Bonus Payment Amount						
100.00	HSP bonus amount (see instructions)				0	0	100. 00
	HVBP Adjustment for HSP Bonus Payment						
	HVBP adjustment factor (see instructions)		、 、		0.000000000	0.000000000	
102.00	HVBP adjustment amount for HSP bonus payment (see in:	ISTRUCTIONS	)		0	0	102.00
102.00	HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions)				0.0000	0,0000	102 00
	HRR adjustment amount for HSP bonus payment (see ins	tructions)			0.0000		103.00
104.00	Inversional and the second sec	an actions)			I U	0	104.00

	Financial Systems LUME CALCULATION EXHIBIT 4	F	RANCI SCAN HEALT	<u>H CROWN POINT</u> Provider CO	F	In Lie Period: From 01/01/2016 To 12/31/2016		t 4
							5/30/2017 2:3	
		W/S E, Part A	Amounts (from	Pre/Post	XVIII Period Prior	Hospi tal Peri od	PPS Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
1.00	DRG amounts other than outlier	0	1.00	2.00	3.00	4.00	5.00	1.00
1.00	payments DRG amounts other than outlier		23, 638, 800	0	_		23, 638, 800	
1. 02	payments for discharges occurring prior to October 1 DRG amounts other than outlier	1. 02	7, 603, 096	0		7, 603, 096	7, 603, 096	1. 02
	payments for discharges occurring on or after October 1		,					
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	C		0	1. 03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1. 04	0	0		0	0	1. 04
2.00	Outlier payments for discharges (see instructions)	2.00	1, 000, 008	0			1, 000, 008	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0			0	
3.00 4.00	Operating outlier reconciliation Managed care simulated	2. 01 3. 00	0 5, 786, 803	0		_	0 5, 786, 803	3.00 4.00
	payments Indirect Medical Education Adju		0,700,000				0,700,000	
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 007379	0. 007379				5.00
6. 00 6. 01	IME payment adjustment (see instructions) IME payment adjustment for	22. 00 22. 01	125, 780 23, 298	0			125, 780 23, 298	
0.01	managed care (see instructions) Indirect Medical Education Adju						23, 290	0.01
7.00	IME payment adjustment factor	27.00	0. 000000	0. 000000		0. 000000		7.00
8.00	(see instructions) IME adjustment (see	28.00	0	0			0	
8. 01	instructions) IME payment adjustment add on for managed care (see	28.01	0	0	С	0 0	0	8. 01
9.00	instructions) Total IME payment (sum of lines 6 and 8)	29.00	125, 780	0	95, 170	30, 610	125, 780	9.00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	23, 298	0	23, 298	3 O	23, 298	9. 01
	Disproportionate Share Adjustme	ent	<u> </u>					
10. 00	Allowable disproportionate share percentage (see instructions)	33.00	0. 0000	0. 0000	0.0000	0. 0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	C	0 0	0	11.00
11. 01	Uncompensated care payments	36.00		0	C	0	0	11.01
12.00	Additional payment for high per Total ESRD additional payment (see instructions)	46.00	0	di scharges 0	C	0	0	12.00
13.00 14.00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47.00 48.00	32, 367, 684 0	0 0	24, 497, 631 C	7, 870, 053 0 0	32, 367, 684 0	
15. 00	(see instructions) Total payment for inpatient operating costs (see	49.00	32, 390, 982	0	24, 520, 929	7, 870, 053	32, 390, 982	15. 00
16. 00	instructions) Payment for inpatient program capital	50.00	2, 783, 560	0	2, 108, 789	674, 771	2, 783, 560	16.00
17.00	Special add-on payments for new technologies	54.00	4, 143	0	2, 071	2, 071	4, 142	17.00
17. 01 17. 02	Net organ aquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	С	0	0	17. 01 17. 02
18.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	C	0	0	18. 00

Heal th	Financial Systems	F	RANCI SCAN HEALT	H CROWN POINT		In Lie	u of Form CMS-2	2552-10
LOW VO	LUME CALCULATION EXHIBIT 4			Provider C		Period: From 01/01/2016 Fo 12/31/2016		pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	0n/After 10/01	through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	26, 631, 78	9 8, 546, 895	35, 178, 684	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2, 511, 616	0			2, 511, 616	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier		0	0		0	0	
21.00	Capital DRG outlier payments	2.00	185, 796	0	147, 63	5 38, 161	185, 796	21 00
21.00	Model 4 BPCI Capital DRG	2.00	100, 770	0	117,00	0 0	00,770	
21.01	outlier payments	2.01	Ŭ	0		5	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0. 0045	0.0045	0.004	5 0.0045		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	11, 302	0	8, 53	2 2, 770	11, 302	23.00
24.00	Al lowable di sproporti onate share percentage (see i nstructi ons)	10. 00	0. 0298	0. 0298	0. 029	8 0. 0298		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	74, 846	0	56, 50	4 18, 342	74, 846	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2, 783, 560	0	2, 108, 78	9 674, 771	2, 783, 560	26. 00
		W/S E, Part A	(Amounts to E,					
		line	Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.00000	0. 000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96				כ	0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. 00

SPI 1	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CC	CN: 15-0126	Peri od:	Worksheet E	
					From 01/01/2016 To 12/31/2016	Part A Exhibit	pared
			Title	XVIII	Hospi tal	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
00	DRG amounts other than outlier payments	1.00					1.0
01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23, 638, 800	23, 638, 80	0	23, 638, 800	
02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7, 603, 096		7, 603, 096	7, 603, 096	1.
03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1.03	0		0	0	1.
04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.
00	Outlier payments for discharges (see instructions)	2.00	1, 000, 008	763, 66	236, 347	1, 000, 008	2.
01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0 0	0	2.
00	Operating outlier reconciliation	2.01	0		0 0	0	3.
00	Managed care simulated payments	3.00	5, 786, 803		0 5, 786, 803	5, 786, 803	4.
	Indirect Medical Education Adjustment						1
00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 007379	0.00737	9 0.007379		5.
00	IME payment adjustment (see instructions)	22.00	125, 780	95, 17	0 30, 610	125, 780	6.
)1	IME payment adjustment for managed care (see instructions)	22.01	23, 298		0 23, 298	23, 298	6
	Indirect Medical Education Adjustment for the						
00	IME payment adjustment factor (see instructions)	27.00	0. 000000	0.00000	0.00000		7.
00	IME adjustment (see instructions)	28.00	0		0 0	0	8.
)1	IME payment adjustment add on for managed care (see instructions)	28.01	0		0 0	0	8
00	Total IME payment (sum of lines 6 and 8)	29.00	125, 780	95, 17			9
)1	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	23, 298		0 23, 298	23, 298	9
	Disproportionate Share Adjustment						
00	Allowable disproportionate share percentage	33.00	0.0000	0.000	0.0000		10
00	(see instructions) Disproportionate share adjustment (see	34.00	0		0 0	0	11.
01	instructions) Uncompensated care payments Additional payment for high percentage of ESF	36.00	di scharges		0 0	0	11.
00	Total ESRD additional payment (see instructions)	46.00	0		0 0	0	12.
00	Subtotal (see instructions)	47.00	32, 367, 684	24, 497, 63	7, 870, 053	32, 367, 684	13
00		48.00	0		0 0	0	14
00	Total payment for inpatient operating costs (see instructions)	49.00	32, 390, 982	24, 497, 63	7, 893, 351	32, 390, 982	15.
00	Payment for inpatient program capital	50.00	2, 783, 560	2, 108, 78	674, 771	2, 783, 560	16.
00	Special add-on payments for new technologies	54.00	4, 143	2, 07	2 2, 071	4, 143	17.
01	Net organ acquisition cost						17.
02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0		0 0	0	17
~~	Capital outlier reconciliation adjustment	93.00	0		0 0	0	18.
. 00	amount (see instructions)						

Heal th	Financial Systems F	RANCI SCAN HEAL	TH CROWN POINT		In Li	eu of Form CMS-2	2552-10
HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5			Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibi	t 5 pared:
			Title	XVIII	Hospi tal	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2, 511, 616	1, 896, 1	18 615, 498	2, 511, 616	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1.01	0		0 0	0 0	20.01
21.00	Capital DRG outlier payments	2.00	185, 796	147, 6	35 38, 16	1 185, 796	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0		0 (	0 0	
22.00	Indirect medical education percentage (see	5.00	0.0045	0.00	45 0.0045		22.00
	instructions)					-	
23.00	Indirect medical education adjustment (see instructions)	6.00	11, 302	8, 5	32 2, 770	11, 302	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0298	0. 02	98 0. 0298	3	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	74, 846	56, 5	04 18, 342	2 74, 846	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2, 783, 560	2, 108, 7	89 674, 77 ⁻	2, 783, 560	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0		0	0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		(	0 0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-139, 179	-63, 3	83 -75, 796	-139, 179	30.00
30. 01	HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0		0 0	0 0	30. 01
31.00	HRR adjustment (see instructions)	70, 94	-54, 576	-16, 5	50 -38, 026	-54, 576	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0 (	0 0	
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70. 99			0 84, 564		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100. 00

	Financial Systems FRANCI SCAN HEALTH CRC			u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT PI	rovider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016		
		Title XVIII	Hospi tal	PPS	
				1.00	
1 00	PART B - MEDICAL AND OTHER HEALTH SERVICES			00.40/	4 00
1.00 2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instruction	ins)		32, 186 19, 581, 358	
3.00	PPS payments	(13)		15, 376, 914	
4.00	Outlier payment (see instructions)			29, 218	
5.00 6.00	Enter the hospital specific payment to cost ratio (see instructi Line 2 times line 5	ons)		0. 000 0	5.00 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00 10.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, Organ acquisitions	col. 13, line 200		69, 731 0	9.00 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			32, 186	
	COMPUTATION OF LESSER OF COST OR CHARGES				
12.00	Reasonable charges Ancillary service charges			75, 458	12 00
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line	69)		, 3, 430	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	·		75, 458	14.00
15 00	Customary charges	mont for convious on	a charge basi s	0	15.00
15.00 16.00	Aggregate amount actually collected from patients liable for pay Amounts that would have been realized from patients liable for p			0	16.00
	had such payment been made in accordance with 42 CFR §413.13(e)	- <b>,</b>	5		
	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
18.00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete only	ifline 18 exceeds li	ne 11) (see	75, 458 43, 272	
	instructions)		<i>,</i> .		
20.00	Excess of reasonable cost over customary charges (complete only	ifline 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 i	nstructions)		32, 186	21.00
22.00	Interns and residents (see instructions)			0	22.00
	Cost of physicians' services in a teaching hospital (see instruc	tions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			15, 475, 863	24.00
25.00	Deductibles and coinsurance (for CAH, see instructions)			6, 307	
26.00	Deductibles and Coinsurance relating to amount on line 24 (for C			3, 137, 546	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plu instructions)	is the sum of times 22	and 23] (see	12, 364, 196	27.00
	Direct graduate medical education payments (from Wkst. E-4, line	50)		20, 307	
	ESRD direct medical education costs (from Wkst. E-4, line 36)			10 204 502	
	Subtotal (sum of lines 27 through 29) Primary payer payments			12, 384, 503 4, 788	
	Subtotal (line 30 minus line 31)			12, 379, 715	
22 00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES Composite rate ESRD (from Wkst. 1-5, line 11)	)		0	33.00
	Allowable bad debts (see instructions)			311, 964	
35.00	Adjusted reimbursable bad debts (see instructions)			202, 777	35.00
	Allowable bad debts for dual eligible beneficiaries (see instruc	tions)		176, 703	
	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R			12, 582, 492 1, 440	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39.50
	Partial or full credits received from manufacturers for replaced	devices (see instruc	tions)	0	39.98
	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0 12, 581, 052	39.99 40.00
	Sequestration adjustment (see instructions)			251, 621	
41.00	Interim payments			12, 318, 217	41.00
42.00 43.00	Tentative settlement (for contractors use only) Balance due provider/program (see instructions)			0 11, 214	
43.00	Protested amounts (nonallowable cost report items) in accordance	with CMS Pub. 15-2,	chapter 1,	0	
	§115. 2		•		
90.00	TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions)			0	90.00
	Outlier reconciliation adjustment amount (see instructions)			0	
92.00	The rate used to calculate the Time Value of Money				92.00
	Time Value of Money (see instructions)			0	
94.00	Total (sum of lines 91 and 93)				94.00

IALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	CN: 15-0126	Period: From 01/01/2016 To 12/31/2016		pare
		Title	XVIII	Hospi tal	PPS	
		I npati en	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00	Total interim payments paid to provider		31, 435, 7	47	12, 318, 217	1.
00	Interim payments payable on individual bills, either			0	0	2.
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
00	write "NONE" or enter a zero List separately each retroactive lump sum adjustment					3.
00	amount based on subsequent revision of the interim rate					0.
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
01	ADJUSTMENTS TO PROVIDER	07/15/2016	25, 1		0	
02 03				0	0	3. 3.
03				0	0	3.
04				0	0	3.
00	Provider to Program					
50	ADJUSTMENTS TO PROGRAM			0	0	3
51				0	0	
52				0	0	3
53				0	0	3
54 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		25, 1	0	0	3
99	3. 50-3. 98)		25, 1	00	0	3
00	Total interim payments (sum of lines 1, 2, and 3.99)		31, 460, 8	47	12, 318, 217	4
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropri ate)					
~~	TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none,					5
	write "NONE" or enter a zero. (1)					
	Program to Provider	1				
01	TENTATI VE TO PROVI DER			0	0	5
02				0	0	5
03	Dravidar to Dragram			0	0	5
50	Provider to Program TENTATIVE TO PROGRAM			0	0	5
50 51				0	0	5
52				0	0	5
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5
	5. 50-5. 98)					
00	Determined net settlement amount (balance due) based on					6
01	the cost report. (1) SETTLEMENT TO PROVIDER			0	11, 214	6
)2	SETTLEMENT TO PROVIDER		61, 5	48	0	6
00	Total Medicare program liability (see instructions)		31, 399, 2		12, 329, 431	7
				Contractor	NPR Date	
				Number	(Mo/Day/Yr)	
			)	1.00	2.00	

VALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC Component C	CN: 15-0126 CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Pre 5/30/2017 2:3	parec
		Title	XVIII	Subprovider -	PPS	1 pm
		I npati en	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00	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		1, 871, 0	0	0 0	
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1) Program to Provider					1
01	ADJUSTMENTS TO PROVIDER			0	0	3.
02				0	0	3.
03				0	0	
04				0	0	-
05	Provider to Program		<u> </u>	0	0	3
50	ADJUSTMENTS TO PROGRAM			0	0	3
51				0	0	
52				0	0	
53				0	0	
54 99	Subtotal (sum of lines 3.01–3.49 minus sum of lines 3.50–3.98)			0 0	0 0	
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)		1, 871, 0	12	0	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
01	Program to Provider TENTATIVE TO PROVIDER			0	0	5
02				0	0	
03				0	0	5
	Provider to Program			_1		l .
50 51	TENTATI VE TO PROGRAM			0	0 0	
52				0	0	
99	Subtotal (sum of lines 5.01–5.49 minus sum of lines			0	0	
00	5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1)					6
D1	SETTLEMENT TO PROVIDER		24, 9	47	0	6
02	SETTLEMENT TO PROGRAM		,,	0	0	
00	Total Medicare program liability (see instructions)		1, 895, 9		0	7
				Contractor Number	NPR Date (Mo/Day/Yr)	
		(	)	1.00	2.00	

Heal th	Financial Systems FRANCISCAN HEA	LTH CROWN POINT	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0126	Peri od: From 01/01/2016 To 12/31/2016		
		Title XVIII	Hospi tal	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULA				
1.00	Total hospital discharges as defined in AARA §4102 from W		e 14	8, 157	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines	1, 8-12		16, 975	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3, 397	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines			32, 951	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 20			615, 823, 717	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col.			18, 252, 200	6.00
7.00	CAH only - The reasonable cost incurred for the purchase line 168	of certified HIT technology	Wkst. S-2, Pt. I	0	7.00
8.00	Calculation of the HIT incentive payment (see instruction	s)		541, 790	8.00
9.00	Sequestration adjustment amount (see instructions)			10, 836	9.00
10.00	Calculation of the HIT incentive payment after sequestrat	ion (see instructions)		530, 954	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			475, 082	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 a	nd line 31) (see instruction	ns)	55, 872	32.00

		H CROWN POINT		u of Form CMS-2	
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0126	Period: From 01/01/2016	Worksheet E-3 Part III	
		Component CCN: 15-T126	To 12/31/2016	Date/Time Pre	
		Title XVIII	Subprovider -	5/30/2017 2: 3 PPS	4 pm
			I RF		
	PART III - MEDICARE PART A SERVICES - IRF PPS			1.00	
1.00	Net Federal PPS Payment (see instructions)			1, 216, 878	1 1.0
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0. 0213	
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			27, 136	
4.00	Outlier Payments			713, 942	4.0
5.00	Unweighted intern and resident FTE count in the most recent	cost reporting period en	ding on or prior	0.00	
	to November 15, 2004 (see instructions)		0 1		
5.01	Cap increases for the unweighted intern and resident FTE cou	unt for residents that wer	e displaced by	0.00	5.0
	program or hospital closure, that would not be counted without	out a temporary cap adjust	ment under 42		
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)				
6.00	New Teaching program adjustment. (see instructions)			0.00	6.0
7.00	Current year's unweighted FTE count of I&R excluding FTEs in	n the new program growth p	eriod of a "new	0.00	7.0
0 00	teaching program" (see instructions)	a the new program growth p	oried of a "now	0.00	8.0
8.00	Current year's unweighted I&R FTE count for residents within teaching program" (see instructions)	n the new program growth p	errou or a new	0.00	0.0
9.00	Intern and resident count for IRF PPS medical education adju	ustment (see instructions)		0.00	9.0
10.00	Average Daily Census (see instructions)			3. 677596	
1.00	Teaching Adjustment Factor (see instructions)			0.000000	
2.00	Teaching Adjustment (see instructions)			0	
3.00	Total PPS Payment (see instructions)			1, 957, 956	
4.00	Nursing and Allied Health Managed Care payments (see instruc	ction)		0	
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.0
6.00	Cost of physicians' services in a teaching hospital (see ins	structions)		0	16.0
7.00	Subtotal (see instructions)			1, 957, 956	17.0
8.00	Primary payer payments			0	18.0
19.00	Subtotal (line 17 less line 18).			1, 957, 956	
20.00	Deducti bl es			10, 248	
21.00	Subtotal (line 19 minus line 20)			1, 947, 708	
22.00	Coinsurance			13, 202	
23.00	Subtotal (line 21 minus line 22)			1, 934, 506	
24.00	Allowable bad debts (exclude bad debts for professional serv	vices) (see instructions)		0	24.0
25.00	Adjusted reimbursable bad debts (see instructions)	structions)		0	
26.00 27.00	Allowable bad debts for dual eligible beneficiaries (see ins Subtotal (sum of lines 23 and 25)	structions)		1, 934, 506	26.0
28.00	Direct graduate medical education payments (from Wkst. E-4,	line (9)		1, 934, 508	27.0
29.00	Other pass through costs (see instructions)	11116 49)		146	
30.00	Outlier payments reconciliation			0	
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
31.50	Pioneer ACO demonstration payment adjustment (see instruction	ons)		0	
31.99	Recovery of Accel erated Depreciation			0	
32.00	Total amount payable to the provider (see instructions)			1, 934, 652	
32.01	Sequestration adjustment (see instructions)			38, 693	32.0
33.00	Interim payments			1, 871, 012	33.0
34.00	Tentative settlement (for contractor use only)			0	34.0
35.00	Balance due provider/program (line 32 minus lines 32.01, 33,	-		24, 947	
36.00	Protested amounts (nonallowable cost report items) in accord §115.2	dance with CMS Pub. 15-2,	chapter 1,	0	36. C
	TO BE COMPLETED BY CONTRACTOR				1
	Original outlier amount from Wkst. E-3, Pt. III, line 4			713, 942	50. C
50.00	5				
50.00 51.00 52.00	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money			0	51. C

	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider C	CN: 15-0126	Peri od:	Worksheet E-4	
EDI CAL	EDUCATI ON COSTS			From 01/01/2016 To 12/31/2016	Date/Time Pre 5/30/2017 2:3	
		Title	XVIII	Hospi tal	PPS	- piii
					1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.	programs for	cost reporti	ing periods	0.00	1. (
	Unweighted FTE resident cap add-on for new programs per 42 CF		1) (see inst	ructions)	0.00	
	Amount of reduction to Direct GME cap under section 422 of MM Direct GME cap reduction amount under ACA §5503 in accordance		8413 79 (m)	(SPP	0.44	
ļi	Adjustment (plus or minus) to the FTE cap for allopathic and		,		2. 57	
0	GMÉ affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)					
	ACA Section 5503 increase to the Direct GME FTE Cap (see inst straddling 7/1/2011)	ing periods	0.00	4.		
. 02 /	5					
. oo  i	) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and					5.
.00	5				1.58	6.
	records (see instructions) Enter the lesser of line 5 or line 6				1.58	7.
			Primary Car	e Other	Total	
00	Weighted FTF count for physicians in an allengthic and esteen	athi a	1.00	2.00	3.00	
1	Weighted FTE count for physicians in an allopathic and osteop program for the current year.		0.1		1.58	
r	If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo 6.		0.	00 1.58	1.58	9.
). 00	Neighted dental and podiatric resident FTE count for the curr			0.00		10.
	Unweighted dental and podiatric resident FTE count for the cu	irrent year		0.00		10.
	Total weighted FTE count Total weighted resident FTE count for the prior cost reportin	na vear (see	0. 0.			11.
li	instructions) Total weighted resident FTE count for the penultimate cost re	0 9 1	0.			13.
2	year (see instructions)					
	Rolling average FTE count (sum of lines 11 through 13 divided Adjustment for residents in initial years of new programs	i by 3).	0. 0.			14.
	Unweighted adjustment for residents in initial years of new programs	roarams	0.			15
	Adjustment for residents displaced by program or hospital clo		0.			16
	Unweighted adjustment for residents displaced by program or h	iospi tal	0.	00 0.00		16
7.00	Adjusted rolling average FTE count		0.			17.
	Per resident amount Approved amount for resident costs		79, 713.	34 83, 912. 11 0 132, 581	132, 581	18.
. 00  7				132, 301	132, 301	17.
0.00	Additional unweighted allopathic and osteopathic direct GME F	TE resident	cap slots re	ceived under 42	1.00	20
	Sec. 413.79(c )(4) Direct GME FTE unweighted resident count over cap (see instru	ati ana)			0.00	21
	Allowable additional direct GME FTE Resident Count (see instru				0.00 0.00	
	Enter the locally adjustment national average per resident am	,	structions)		0.00	
	Multiply line 22 time line 23				0	
. 00	Total direct GME amount (sum of lines 19 and 24)				132, 581	25
			A A	rt Managed care		
			1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD		17, 9	17 3, 438		26
	Total Inpatient Days (see instructions)		38,0			20.
	Ratio of inpatient days to total inpatient days		0. 4713			28.
9.00	Program direct GME amount		62, 4			29.
	Reduction for direct GME payments for Medicare Advantage			1, 694		30.
	Net Program direct GME amount		1		72, 794	1 31

Heal th	Financial Systems	FRANCI SCAN HEALTH	CROWN POINT	In Lie	u of Form CMS-2	2552-10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD O	UTPATIENT DIRECT	Provider CCN: 15-0126	Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS			From 01/01/2016 To 12/31/2016	Date/Time Pre	arad
				10 12/31/2010	5/30/2017 2:34	
			Title XVIII	Hospi tal	PPS	
	·		· · ·			
					1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD CO	MPOSITE RATE - TITL	E XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL	
	EDUCATION COSTS)					
32.00	Renal dialysis direct medical education co	osts (from Wkst. B,	Pt. I, sum of col. 20 an	d 23, lines 74	0	32.00
22.00	and 94)			74	1 011 100	22.00
33.00	Renal dialysis and home dialysis total cha			74 and 94)	1,011,193	
34.00 35.00	Ratio of direct medical education costs to Medicare outpatient ESRD charges (see ins	5 ,	e 32 ÷ 11he 33)		0.000000	34.00 35.00
36.00	Medicare outpatient ESRD direct medical ed		24 x lipo 25)		0	36.00
30.00	APPORTIONMENT BASED ON MEDICARE REASONABLE				0	30.00
	Part A Reasonable Cost		ONET			
37.00	Reasonable cost (see instructions)				50, 871, 235	37 00
38.00	Organ acquisition costs (Wkst. D-4, Pt. II	L. col. 1. line 69)			00,071,200	38.00
39.00	Cost of physicians' services in a teaching		ructions)		0	39.00
40.00	Primary payer payments (see instructions)		· · · · · · · · · · · · · · · · · · ·		9, 312	40.00
41.00	Total Part A reasonable cost (sum of lines	s 37 through 39 minu	s line 40)		50, 861, 923	41.00
	Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)				19, 683, 275	42.00
43.00	Primary payer payments (see instructions)				4, 788	
44.00	Total Part B reasonable cost (line 42 minu				19, 678, 487	44.00
45.00	Total reasonable cost (sum of lines 41 and				70, 540, 410	
46.00	Ratio of Part A reasonable cost to total ı				0. 721032	
47.00	Ratio of Part B reasonable cost to total I				0. 278968	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BE	ETWEEN PART A AND PA	RT B			
	Total program GME payment (line 31)				72, 794	
	Part A Medicare GME payment (line 46 x 48)				52, 487	49.00
50.00	Part B Medicare GME payment (line 47 x 48)	(title XVIII only)	(see instructions)		20, 307	50.00

	Financial Systems FRANCISCAN HEALT E SHEET (If you are nonproprietary and do not maintain the computing according complete the Company Fund column	Provider C	CN: 15-0126	Period: From 01/01/2016	Worksheet G	
und-1 nl y)	ype accounting records, complete the General Fund column			To 12/31/2016	Date/Time Pre 5/30/2017 2:3	pare 4 pm
		General Fund	Specific Purpose Func		Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
00	Cash on hand in banks	53, 528, 067		0 0	0	1 1
00	Temporary investments	5, 654, 676		0 0	0	2
00	Notes receivable	C		0 0	0	
00	Accounts receivable	29, 700, 897		0 0	0	
00 00	Other receivable	0 442 970		0 0	0	5
00	Allowances for uncollectible notes and accounts receivable Inventory	-8, 662, 879 3, 418, 030		0 0	0	
00	Prepaid expenses	000		0 0	0	
00	Other current assets	3, 740, 491		0 0	0	9
. 00	Due from other funds	C		0 0	0	10
. 00	Total current assets (sum of lines 1-10)	87, 379, 282		0 0	0	11
~~	FI XED_ASSETS	40.404.070			0	
. 00 . 00	Land improvements	12, 496, 378		0 0 0 0	0	
. 00	Land improvements Accumulated depreciation	14, 739, 487 -6, 684, 486		0 0	0	14
. 00	Buildings	152, 266, 472		0 0	0	15
. 00	Accumulated depreciation	-69, 054, 179		0 0	0	16
. 00		796, 915		0 0	0	17
. 00	Accumulated depreciation	-361, 408		0 0	0	18
	Fixed equipment	160, 394, 680		0 0	0	19
. 00	Accumulated depreciation	-78, 407, 609		0 0	0	20
	Automobiles and trucks			0 0	0	2
	Accumulated depreciation Major movable equipment			0 0	0	22
	Accumulated depreciation			0 0	0	24
. 00	Minor equipment depreciable			0 0	0	25
. 00	Accumulated depreciation	0		0 0	0	26
. 00	HIT designated Assets	0		0 0	0	27
	Accumulated depreciation	0		0 0	0	28
. 00	Minor equipment-nondepreciable	0		0 0	0	29
. 00	Total fixed assets (sum of lines 12-29) OTHER ASSETS	186, 186, 250		0 0	0	30
. 00	Investments	254, 455		0 0	0	31
. 00	Deposits on Leases	C		0 0	0	32
. 00	Due from owners/officers	0		0 0	0	33
. 00	Other assets	1, 497, 344		0 0	0	34
. 00	Total other assets (sum of lines 31-34)	1, 751, 799		0 0	0	
. 00		275, 317, 331		0 0	0	36
00	CURRENT LIABILITIES Accounts payable	12, 980, 888		0 0	0	37
		5, 424, 478		0 0	0	38
. 00	Payrol I taxes payable	3, 424, 470		0 0	0	
. 00	Notes and Loans payable (short term)	0		0 0	0	
. 00	Deferred income	0		0 0	0	41
2.00	1.5	0				42
. 00		584, 518		0 0	0	
	Other current liabilities	4,090,540		0 0	0	
. 00	Total current liabilities (sum of lines 37 thru 44) LONG TERM LIABILITIES	23, 080, 424		0 0	0	45
5.00	Mortgage payable	0		0 0	0	46
. 00	Notes payable			0 0	0	
3. 00		0		0 0	0	
. 00	Other long term liabilities	-4, 678, 726		0 0	0	
	Total long term liabilities (sum of lines 46 thru 49)	-4, 678, 726		0 0	0	
. 00		18, 401, 698		0 0	0	51
00	CAPITAL ACCOUNTS General fund balance	256, 915, 633				5
. 00 . 00	Specific purpose fund	200, 910, 033		0		52
. 00	Donor created - endowment fund balance - restricted			n		54
. 00	Donor created - endowment fund balance - unrestricted			0		55
. 00	Governing body created - endowment fund balance			0		56
. 00	Plant fund balance - invested in plant				0	
8. 00	Plant fund balance - reserve for plant improvement,				0	58
	replacement, and expansion					_
<ol> <li>00</li> <li>00</li> </ol>	Total fund balances (sum of lines 52 thru 58) Total liabilities and fund balances (sum of lines 51 and	256, 915, 633 275, 317, 331		0 0	0	
	LIGTAL LIGHTLITICS and tund balances (sum of lines E1 and	i iii ii		0 0		

Health Financial Systems F	RANCI SCAN HEALTH	CROWN POINT		In Lie	u of Form CMS-2	2552-10
STATEMENT OF CHANGES IN FUND BALANCES		Provider CC		Period: From 01/01/2016 To 12/31/2016	5/30/2017 2:3	4 pm
	General	Fund	Speci al	Purpose Fund	Endowment Fund	
1.00 Fund hal anage at heginning of pariod	1.00	2.00	3.00	4.00	5.00	1.00
<pre>1.00 Fund balances at beginning of period 2.00 Net income (loss) (from Wkst. G-3, line 29) 3.00 Total (sum of line 1 and line 2) 4.00 ADJUST FUND BALANCE 5.00 6.00 7.00 8.00 9.00 10.00 Total additions (sum of line 4-9) 11.00 Subtotal (line 3 plus line 10) 12.00 13.00 14.00 15.00 16.00 17.00 18.00 Total deductions (sum of lines 12-17) 19.00 Fund balance at end of period per balance</pre>	3, 874, 456 0 0 0 0 0 0 0 0 0 0 0 0 0 0	231, 982, 390 21, 058, 787 253, 041, 177 3, 874, 456 256, 915, 633 0 256, 915, 633			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 7.00 8.00 9.00 10.00 11.00 11.00 11.00 11.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00
sheet (line 11 minus line 18)	Endowment Fund	PI ant	Fund			
	6.00	7.00	8.00			
1.00Fund balances at beginning of period2.00Net income (loss) (from Wkst. G-3, line 29)3.00Total (sum of line 1 and line 2)4.00ADJUST FUND BALANCE5.006.007.008.009.009.00	0	0 0 0 0 0 0 0	0.00	0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00 Total additions (sum of line 4-9) 11.00 Subtotal (line 3 plus line 10) 12.00 13.00 14.00 15.00 16.00 17.00 18.00 Total deductions (sum of lines 12-17) 19.00 Fund balance at end of period per balance	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

CTATEN		CROWN POINT	01 45 0404			u of Form CMS-2	
STATEN	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider C	CN: 15-0126		riod: om 01/01/2016 12/31/2016	Worksheet G-2 Parts I & II Date/Time Pre 5/30/2017 2:3	pared:
	Cost Center Description		Inpati ent		Outpati ent	Total	
			1.00		2.00	3.00	
	PART I - PATIENT REVENUES						-
1 00	General Inpatient Routine Services		40.057.0			40.057.005	1 1 00
1.00 2.00	Hospital SUBPROVIDER - IPF		40, 257, 8	595		40, 257, 895	1.00
2.00	SUBPROVIDER - IPF		3, 505, 6	15		3, 505, 615	3.00
4.00	SUBPROVIDER - TRP		3, 505, 6	010		3, 505, 615	4.00
5.00	Swing bed - SNF			0		0	
6.00	Swing bed - NF			0		0	6.00
7.00	SKILLED NURSING FACILITY			Ŭ		0	7.00
8.00	NURSING FACILITY						8.00
9.00	OTHER LONG TERM CARE						9.00
10.00	Total general inpatient care services (sum of lines 1-9)		43, 763, 5	10		43, 763, 510	
	Intensive Care Type Inpatient Hospital Services						
11.00	I NTENSI VE CARE UNI T		7, 565, 5	93		7, 565, 593	11.00
12.00	CORONARY CARE UNIT						12.00
13.00	BURN INTENSIVE CARE UNIT						13.00
14.00	SURGICAL INTENSIVE CARE UNIT						14.00
15.00	NEONATAL INTENSIVE CARE UNIT		12, 327, 0	88		12, 327, 088	15.00
16.00	Total intensive care type inpatient hospital services (sum of	oflines	19, 892, 6	81		19, 892, 681	16.00
	11-15)						
17.00	Total inpatient routine care services (sum of lines 10 and 1	6)	63, 656, 1			63, 656, 191	
18.00	Ancillary services		203, 666, 1		301, 327, 672	504, 993, 801	18.00
19.00	Outpatient services		14, 303, 3		39, 033, 009	53, 336, 369	
20.00	RURAL HEALTH CLINIC			0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	
22.00	HOME HEALTH AGENCY						22.00
23.00 24.00	AMBULANCE SERVICES						23.00
24.00	AMBULATORY SURGICAL CENTER (D. P. )						24.00
26.00	HOSPICE						25.00
27.00	NON-REI MBURSABLE			0	1, 041, 898	1, 041, 898	
28.00	Total patient revenues (sum of lines 17-27)(transfer column	3 to Wkst	281, 625, 6		341, 402, 579	623, 028, 259	
20.00	G-3, line 1)	5 10 11(31)	201, 023, 0	,00	341, 402, 377	023, 020, 237	20.00
	PART II - OPERATING EXPENSES			1			
29.00	Operating expenses (per Wkst. A, column 3, line 200)				195, 751, 655		29.00
30.00	ADD (SPECIFY)			0			30.00
31.00				0			31.00
32.00				0			32.00
33.00				0			33.00
34.00				0			34.00
35.00				0			35.00
36.00	Total additions (sum of lines 30-35)				0		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				0			41.00
42.00	Total deductions (sum of lines 37-41)				0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line to Wkst. G-3, line 4)	42)(transfer			195, 751, 655		43.00

Heal th	Financial Systems FRANCI SCAN HEALTH	CROWN POINT	In Lie	u of Form CMS-2	2552-10
STATE	IENT OF REVENUES AND EXPENSES	Provider CCN: 15-0126	Peri od:	Worksheet G-3	
			From 01/01/2016		
			To 12/31/2016	Date/Time Prep 5/30/2017 2:34	
				575072017 2.52	+ piii
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line	e 28)		623, 028, 259	1.00
2.00	Less contractual allowances and discounts on patients' account			409, 540, 735	2.00
3.00	Net patient revenues (line 1 minus line 2)			213, 487, 524	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		195, 751, 655	4.00
5.00	Net income from service to patients (line 3 minus line 4)	,		17, 735, 869	5.00
	OTHER I NCOME				
6.00	Contributions, donations, bequests, etc			412, 514	6.00
7.00	Income from investments			200, 741	7.00
8.00	Revenues from telephone and other miscellaneous communication	servi ces		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			866, 825	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			848, 079	14.00
15.00	Revenue from rental of living quarters			0	15.00
16.00	Revenue from sale of medical and surgical supplies to other the	han patients		0	16.00
17.00	Revenue from sale of drugs to other than patients			0	17.00
18.00	Revenue from sale of medical records and abstracts			7, 394	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
21.00	Rental of vending machines			0	21.00
22.00	Rental of hospital space			933, 782	22.00
23.00	Governmental appropriations			0	23.00
24.00	OUTPATIENT REVENUE COMMERCIAL			264, 165	24.00
24.01	OUTPATIENT REVENUE HHW			238, 720	24.01
24.02	MEANI NGFUL USE MEDI CARE HOSPI TAL			374, 417	24. 02
24.03	UTILITIES			110, 850	24.03
24.04	EMERGENCY MEDICAL EDUCATION			119, 168	24.04
	MI SCELLANEOUS - OTHER OPERATI NG			802, 850	24.05
25.00	Total other income (sum of lines 6-24)			5, 179, 505	25.00
26.00	Total (line 5 plus line 25)			22, 915, 374	26.00
27.00	BAD DEBTS			1, 459, 159	27.00
27.01	MINORITY INTEREST			11, 871	27.01
				385, 557	27.02
	Total other expenses (sum of line 27 and subscripts)			1, 856, 587	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			21, 058, 787	29.00

Health Financial Systems	FRANCI SCAN HEALTH CROWN POINT	In Lieu of Form CMS-2552-10			
CALCULATION OF CAPITAL PAYMENT	Provi der CCN: 15-0126	Peri od: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prep 5/30/2017 2:34		
	Title XVIII	Hospi tal	PPS	·	

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2, 511, 616	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	185, 796	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	100.17	3.00
4.00	Number of interns & residents (see instructions)	1.60	
5.00	Indirect medical education percentage (see instructions)	0.45	
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)	11, 302	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.45	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	13.08	8.00
9.00	Sum of Lines 7 and 8	14.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)	2.98	10.00
11.00	Disproportionate share adjustment (see instructions)	74, 846	11.00
12.00	Total prospective capital payments (see instructions)	2, 783, 560	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00		0	14.00
15.00	5	0	15.00
16.00		0	
	Current year operating and capital costs (see instructions)	0	1 10.00