| Health Financia | al Systems | FRANCI SCAN HEALT | H HAMMOND | In Lieu | u of Form CMS. | -2552-10 |
|----------------------------------|---|--|--------------------------|--|--|----------|
| This report is | required by law (42 USC 1395 | g; 42 CFR 413.20(b)). Fai | lure to report can resu | ult in all interim | FORM APPROVE | D |
| payments made | since the beginning of the co | st reporting period being | deemed overpayments (4 | 42 USC 1395g). | OMB NO. 0938 | -0050 |
| | | | | | EXPIRES 05-3 | 1-2019 |
| HOSPITAL AND H AND SETTLEMENT | OSPITAL HEALTH CARE COMPLEX C SUMMARY | OST REPORT CERTIFICATION | Provi der CCN: 15-0004 | Peri od: From 01/01/2018 To 12/31/2018 | Worksheet S Parts I-III Date/Time Pr 4/9/2019 3:2 | |
| PART I - COST | REPORT STATUS | | | | | |
| Provi der | 1. [X] Electronically filed | cost report | | Date: 4/9/201 | 7 Time: | 3: 29 pm |
| use only | 2. [] Manually submitted co | st report | | | | |
| | 3. [0] If this is an amended 4. [F] Medicare Utilization. | | | resubmitted this co | ost report | |
| Contractor use only | | 6. Date Received: 7. Contractor No. 8. [N] Initial Report fo 9. [N] Final Report for | or this Provider CCN 12. | NPR Date: Contractor's Vendo [0]If line 5, co number of tim | olumn 1 is 4: | |

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH HAMMOND (15-0004) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

]I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

| (Si gned) |
|---|
| Officer or Administrator of Provider(s) |
| |
| |
| Ti tl e |
| |
| |
| Date |

| | | | Title | XVIII | | | |
|--------|-------------------------------------|---------|----------|---------|-------|-----------|---------|
| | Cost Center Description | Title V | Part A | Part B | HIT | Title XIX | |
| | | 1. 00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| | PART III - SETTLEMENT SUMMARY | | | | | | |
| 1.00 | Hospi tal | 0 | 517, 499 | 21, 075 | 0 | 0 | 1. 00 |
| 2.00 | Subprovi der - IPF | 0 | 25, 695 | 18 | | 0 | 2. 00 |
| 3.00 | Subprovi der - I RF | 0 | 0 | 0 | | 0 | 3. 00 |
| 5.00 | Swing bed - SNF | 0 | 0 | 0 | | 0 | 5. 00 |
| 6.00 | Swing bed - NF | 0 | | | | 0 | 6. 00 |
| 7.00 | SKILLED NURSING FACILITY | 0 | 0 | 0 | | 0 | 7. 00 |
| 8.00 | NURSING FACILITY | 0 | | | | 0 | 8. 00 |
| 9.00 | HOME HEALTH AGENCY I | 0 | 0 | 0 | | 0 | 9. 00 |
| 10.00 | RURAL HEALTH CLINIC I | 0 | | 0 | | 0 | 10.00 |
| 11. 00 | FEDERALLY QUALIFIED HEALTH CENTER I | 0 | | 0 | | 0 | 11. 00 |
| 12.00 | CMHC I | 0 | | 0 | | 0 | 12.00 |
| 200.00 | Total | 0 | 543, 194 | 21, 093 | 0 | 0 | 200. 00 |

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

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| Health Financial Systems FRANCIS | SCAN HEALTH | HAMMOND | | | In Lieu | of For | m CMS- | 2552-10 |
|--|-------------|--------------------------------|-------------------------|----------------------|----------------------|------------|------------------|---------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA | | Provi der CCN: 15-0004 Peri od | | | eriod: Worksheet S-2 | | | |
| | | | | | | | | pared: |
| | In-State | In-State | Out-of | Out-of | Medi cai | | 19 3: 29 ther | pm |
| | Medi cai d | Medi cai d | State | State | HMO day | s Med | di cai d | |
| | paid days | el i gi bl e unpai d | Medicaid paid days | Medicaid eligible | | | days | |
| | | days | para days | unpai d | | | | |
| | 1.00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | _ | 5. 00 | |
| 24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state | 327 | 53 | 1, 857 | 766 | 2, 5 | 540 | 87 | 24. 00 |
| Medicaid eligible unpaid days in column 2, | | | | | | | | |
| out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column | | | | | | | | |
| 4, Medicaid HMO paid and eligible but unpaid days in | | | | | | | | |
| column 5, and other Medicaid days in column 6. | | | | | | | | 05.00 |
| 25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state | C | 0 | 0 | 0 | | 0 | | 25. 00 |
| Medicaid eligible unpaid days in column 2, | | | | | | | | |
| out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid | | | | | | | | |
| HMO paid and eligible but unpaid days in column 5. | | | | | | | | |
| | | | | Urban/R 1.0 | ural S [| Date of 2. | | - |
| 26.00 Enter your standard geographic classification (not wa | age) status | at the beg | inning of t | | 1 | ۷. ۱ | <u> </u> | 26. 00 |
| cost reporting period. Enter "1" for urban or "2" for | | . at the and | l of the coo | | 1 | | | 27.00 |
| 27.00 Enter your standard geographic classification (not war reporting period. Enter in column 1, "1" for urban or | | | | t | 1 | | | 27. 00 |
| enter the effective date of the geographic reclassifi | ication in | col umn 2. | | | _ | | | |
| 35.00 If this is a sole community hospital (SCH), enter the effect in the cost reporting period. | e number of | periods SC | H status in | | 0 | | | 35. 00 |
| jan and and and an | | | | Begi nr | | Endi | | |
| 36.00 Enter applicable beginning and ending dates of SCH s | tatus. Subs | cript line | 36 for numb | 1. (er | 00 | 2. | 00 | 36. 00 |
| of periods in excess of one and enter subsequent date | | | I- MDU -+-+ | _ | | | | 27.00 |
| 37.00 If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period. | r the numbe | er or period | IS MDH Statu | S | U | | | 37. 00 |
| 37.01 Is this hospital a former MDH that is eligible for the | | | | | | | | 37. 01 |
| accordance with FY 2016 OPPS final rule? Enter "Y" for instructions) | or yes or " | N" for no. | (see | | | | | |
| 38.00 If line 37 is 1, enter the beginning and ending dates | s of MDH st | atus. If li | ne 37 is | | | | | 38. 00 |
| greater than 1, subscript this line for the number of enter subsequent dates. | f periods i | n excess of | one and | | | | | |
| enter subsequent dates. | | | | Y/ | N | Υ/ | 'N | |
| 39.00 Does this facility qualify for the inpatient hospital | L paymont s | diustmont f | for Low volu | 1. (ne N | | 2. | | 39. 00 |
| hospitals in accordance with 42 CFR §412. 101(b)(2)(i) | | | | | | , | | 39.00 |
| 1 "Y" for yes or "N" for no. Does the facility meet | | | | | | | | |
| accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii or "N" for no. (see instructions) | ii)? Enter | in column 2 | r ror ye | S | | | | |
| 40.00 Is this hospital subject to the HAC program reduction | | | | | | Υ | , | 40. 00 |
| "N" for no in column 1, for discharges prior to Octol no in column 2, for discharges on or after October 1. | | | es or "N" f | or | | | | |
| | , | | | <u>'</u> | V | XVIII | XIX | |
| Prospective Payment System (PPS)-Capital | | | | | 1.00 | 2. 00 | 3.00 | |
| 45.00 Does this facility qualify and receive Capital paymen | nt for disp | roporti onat | e share in | accordance | N | Υ | N | 45. 00 |
| with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exce | ention for | extraordi na | ırv circumst | ances | N | N | N | 46. 00 |
| pursuant to 42 CFR §412.348(f)? If yes, complete Wks | | | | | " | " | " | 10.00 |
| Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no. N N N 4 | | | | | | | | |
| 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no. NNNN 48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no. NNNN | | | | | | | | |
| Teaching Hospitals 56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes Y ! | | | | | | | | |
| or "N" for no. | | | | | | | | |
| 57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved N 5 5 5 5 5 5 5 5 5 | | | | | | | | 57. 00 |
| is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" | | | | | | | | |
| for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is | | | | | | | | |
| "N", complete Wkst. D, Parts III & IV and D-2, Pt. II 58.00 If line 56 is yes, did this facility elect cost reim | | | ıns' service | s as | N | | | 58. 00 |
| defined in CMS Pub. 15-1, chapter 21, §2148? If yes, | complete W | /kst. D-5. | | - == | | | | |
| 59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I. N 50 | | | | | | | | |

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| Health Financial Systems FRANCIS | SCAN HEA | LTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|--|---------------|-------------|--------------|--------------------------------|---------------------------------|---------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA | | Provi der C | | eri od: | Worksheet S-2 | |
| | | | T | rom 01/01/2018 o 12/31/2018 | Part I Date/Time Pre | |
| | | | NAHE 413.85 | Worksheet A | 4/9/2019 3: 29 Pass-Through | pm |
| | | | Y/N | Li ne # | Qualification Criterion Code | |
| | | | 1.00 | 2.00 | 3.00 | |
| 60.00 Are you claiming nursing and allied health education | | | Y | | 21.22 | 60. 00 |
| any programs that meet the criteria under §413.85? (60.01 If line 60 is yes, complete columns 2 and 3 for each instructions) | | | | 23. 01 | 1 | 60. 01 |
| 60.02 If line 60 is yes, complete columns 2 and 3 for each instructions) | progran | n. (see | | 23. 02 | 1 | 60. 02 |
| 60.03 If line 60 is yes, complete columns 2 and 3 for each | progran | n. (see | | 23. 03 | 1 | 60. 03 |
| instructions) 60.04 If line 60 is yes, complete columns 2 and 3 for each | progran | n. (see | | 23. 04 | 1 | 60. 04 |
| instructions) 60.05 If line 60 is yes, complete columns 2 and 3 for each | progran | n. (see | | 23. 05 | 1 | 60. 05 |
| i nstructi ons) | Y/N | IME | Direct GME | IME | Direct GME | |
| | 1.00 | 2. 00 | 3. 00 | 4.00 | 5. 00 | |
| 61.00 Did your hospital receive FTE slots under ACA | N N | 2.00 | 3.00 | 0.00 | | 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 | | | | | | 61. 01 |
| FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see | | | | | | |
| i nstructi ons) | | | | | | |
| 61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, | | | | | | 61. 02 |
| and primary care FTEs added under section 5503 of | | | | | | |
| ACA). (see instructions) 61.03 Enter the base line FTE count for primary care | | | | | | 61. 03 |
| and/or general surgery residents, which is used for | | | | | | |
| determining compliance with the 75% test. (see instructions) | | | | | | |
| 61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the | | | | | | 61. 04 |
| current cost reporting period (see instructions). | | | | | | |
| 61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's | | | | | | 61. 05 |
| primary care and/or general surgery FTE counts (line | | | | | | |
| 61.04 minus line 61.03). (see instructions) 61.06 Enter the amount of ACA §5503 award that is being | | | | | | 61. 06 |
| used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) | | | | | | |
| care or general surgery. (see mistructions) | Pro | ogram Name | Program Code | Unweighted IME | | |
| | | | | FTE Count | Direct GME FTE Count | |
| | | 1.00 | 2. 00 | 3. 00 | 4. 00 | |
| 61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents | | | | 0.00 | 0.00 | 61. 10 |
| for each new program. (see instructions) Enter in | | | | | | |
| column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE | | | | | | |
| unweighted count. Enter in column 4, the direct GME | | | | | | |
| FTE unweighted count. 61.20 Of the FTEs in line 61.05, specify each expanded | | | | 0.00 | 0.00 | 61. 20 |
| program specialty, if any, and the number of FTE residents for each expanded program. (see | | | | | | |
| instructions) Enter in column 1, the program name. | | | | | | |
| Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, | | | | | | |
| the direct GME FTE unweighted count. | | | | | | |
| | | | | | 1.00 | |
| ACA Provisions Affecting the Health Resources and Sec | | | | -1611 | | (2, 22 |
| 62.00 Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruc | ou for which | 0.00 | 62. 00 | | | |
| 62.01 Enter the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC productions. | your hospital | 0.00 | 62. 01 | | | |
| Teaching Hospitals that Claim Residents in Nonprovide | er Sett | i ngs | | | | |
| Has your facility trained residents in nonprovider se "Y" for yes or "N" for no in column 1. If yes, comple | | | | | N | 63. 00 |
| | | 3 | | • | . ' | |

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| Health Financial Systems | FRANCI S | CAN HEALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|--|---|--|-----------------------------|--------------------------------|----------------------------------|---------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPL | | | | eri od: | Worksheet S-2 | |
| | | | To | com 01/01/2018 o 12/31/2018 | | pared: _pm |
| | | | Unwei ghted FTEs | Unweighted FTEs in | Ratio (col. 1/ (col. 1 + col. | |
| | | | Nonprovi der Si te | Hospi tal | 2)) | |
| | | | 1. 00 | 2.00 | 3.00 | |
| Section 5504 of the ACA Base Yea | | | • | | • | |
| 64.00 Enter in column 1, if line 63 is in the base year period, the numl resident FTEs attributable to ro | yes, or your facilit oer of unweighted non | y trained residents -primary care | 0.00 | 0.00 | 0. 000000 | 64. 00 |
| settings. Enter in column 2 the resident FTEs that trained in you | number of unweighted | non-primary care | | | | |
| of (column 1 divided by (column | | | Hamai alaka d | | D-+: - (I 2/ | |
| | Program Name | Program Code | Unwei ghted FTEs | Unweighted FTEs in | Ratio (col. 3/ (col. 3 + col. | |
| | | | Nonprovi der | Hospi tal | 4)) | |
| | 1.00 | 2. 00 | Si te 3. 00 | 4.00 | 5. 00 | |
| 65.00 Enter in column 1, if line 63 | 1.00 | 2.00 | 0.00 | | | 65. 00 |
| is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) | | | Unwei ghted | Unwei ghted | Ratio (col. 1/ | 03.00 |
| | | | FTEs Nonprovider Site | FTEs in Hospital | (col. 1 + col. 2)) | |
| | | | 1. 00 | 2.00 | 3.00 | |
| Section 5504 of the ACA Current | | Nonprovider Setting | sEffective fo | or cost reporti | ng peri ods | |
| beginning on or after July 1, 20 66.00 Enter in column 1 the number of a | | w care resident | 0.00 | 0.00 | 0. 000000 | 44 00 |
| FTEs attributable to rotations of Enter in column 2 the number of the FTEs that trained in your hospital (column 1 divided by (column 1 + | ccurring in all nonpr unweighted non-primar al. Enter in column 3 | ovider settings. Ty care resident The ratio of | 0.00 | 0.00 | 0.00000 | 00.00 |
| TCCT Gill 1 di vi ded by (coi dilli 1 + | Program Name | Program Code | Unwei ghted | Unwei ghted | Ratio (col. 3/ | |
| | Ü | Ç | FTEs Nonprovi der | FTEs in Hospital | (col. 3 + col. 4)) | |
| | 1.00 | 2.00 | Si te | 4.00 | F 00 | |
| 67.00 Enter in column 1, the program | 1. 00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 0. 000000 | 67.00 |
| name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) | | | 5.00 | J. 00 | . 3. 300000 | 37.00 |

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108.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no. 4/9/2019 3: 29 pm S: \Groups\Fi nance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

Ν

108.00

yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost

reimbursed. If yes complete Wkst. D-2, Pt. II.

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 $4/9/2019 \ \ 3: 29 \ \mathsf{pm} \ \ S: \ \mathsf{NGroups} \\ \mathsf{Finance} \\ \mathsf{EXCELNIR} \ \ \mathsf{REIMBURSEMENT} \\ \mathsf{Cost} \ \ \mathsf{Reports} \ \ - \ \mathsf{NIR} \\ \mathsf{N04} \ \ \mathsf{Hammond} \ \ \mathsf{Cost} \ \ \mathsf{Reports} \\ \mathsf{Fy18} \\ \mathsf{N01} \ \ \mathsf{Submission} \\ \mathsf{NHRSSMENT} \\ \mathsf{N01} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N02} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N03} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N03} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N04} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N05} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N05} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N06} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N07} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N08} \ \ \mathsf{NHRSMENT} \\ \mathsf{N08} \ \ \mathsf{NHRSSMENT} \\ \mathsf{N08} \ \ \mathsf{NNRSMENT} \\ \mathsf{N08} \ \ \mathsf{NNRSM$

are claimed, enter in column 2 the home office chain number. (see instructions)

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| Health Financial Systems | FRANCI SCA | N HEALTH | HAMMOND | | | | In Lie | eu of Form CMS- | -2552-10 |
|--|------------------------|-------------|----------------|-----------|----------|--------|----------------------|-----------------|--------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLE | | | rovi der CCI | N: 15-000 | | ri od: | | Worksheet S-: | |
| | | | | | Fr | | /01/2018 /31/2018 | | epared: |
| | | | | | | | | 4/9/2019 3: 2 | |
| 1.00 If this facility is part of a cha | in organization onto | 2.00 | 1/1 +brou | | ho nome | o and | 3. 00 | of the | _ |
| home office and enter the home of | | | | | пе паш | e anu | auui ess | or the | |
| 141.00 Name: FRANCISCAN ALLIANCE, INC | Contractor's Nar | me: WI SCON | SIN PHYSICI | | ractor' | s Num | ber: 0810 |)1 | 141. 00 |
| 140 00CL 4545 BB4000N TB411 | DO D | SERVI C | ES | | | | | | 110.00 |
| 142.00 Street: 1515 DRAGOON TRAIL 143.00 City: MISHAWAKA | PO Box: State: | ΙN | | Zip (| ode. | | 4654 | 16 | 142. 00 143. 00 |
| 143. GO OT LY. MI SHAWAKA | State. | 114 | | ĮZI P | Jouc. | | +00- | | 143.00 |
| | | | | | | | | 1.00 | |
| 144.00 Are provider based physicians' cos | sts included in Worksh | heet A? | | | | | | Y | 144. 00 |
| | | | | | H | | 1. 00 | 2.00 | + |
| 145.00 If costs for renal services are c | | | | | | | | 2100 | 145. 00 |
| inpatient services only? Enter "Y | | | | | | | | | |
| no, does the dialysis facility in period? Enter "Y" for yes or "N" | | ation for | this cost | reportin | g | | | | |
| 146.00 Has the cost allocation methodological | | revi ousl v | filed cost | report? | | | N | | 146. 00 |
| Enter "Y" for yes or "N" for no i | | | | | | | | | |
| yes, enter the approval date (mm/ | dd/yyyy) in column 2. | | | | | | | | |
| | | | | | | | | 1.00 | + |
| 147.00 Was there a change in the statist | cal basis? Enter "Y" | for ves o | r "N" for | no. | | | | 1. 00 N | 147. 00 |
| 148.00 Was there a change in the order o | f allocation? Enter "\ | Y" for yes | or "N" fo | r no. | | | | N | 148. 00 |
| 149.00 Was there a change to the simplif | ed cost finding metho | | | | | | | N | 149. 00 |
| | | | Part A 1.00 | Part | | | tle V | Title XIX | 4 |
| Does this facility contain a prov | ider that qualifies fo | or an exer | | 2.0 | | | 3.00 the Lowe | 4.00 | |
| or charges? Enter "Y" for yes or | | | | | | | | | |
| 155. 00 Hospi tal | | <u> </u> | N | N | | | N | N | T155. 00 |
| 156. 00 Subprovi der - IPF | | | N | N | | | N | N | 156. 00 |
| 157. 00 Subprovi der – TRF | | | N | N | | | N | N | 157. 00 |
| 158. 00 SUBPROVI DER 159. 00 SNF | | | N | N | | | N | N | 158. 00 159. 00 |
| 160.00 HOME HEALTH AGENCY | | | N | N | | | N | N N | 160. 00 |
| 161. 00 CMHC | | | | N | İ | | N | N | 161. 00 |
| 161. 10 CORF | | | | N | | | N | N | 161. 10 |
| | | | | | | | | 1.00 | 4 |
| Multicampus | | | | | | | | 1.00 | |
| 165.00 Is this hospital part of a Multica | ampus hospital that ha | as one or | more campu | ses in d | i fferer | nt CBS | SAs? | N | 165. 00 |
| Enter "Y" for yes or "N" for no. | | | | | | | | | |
| | Name | | unty | State | | | CBSA | FTE/Campus | - |
| 166.00 f ine 165 is yes, for each | 0 | | . 00 | 2. 00 | 3.0 | 00 | 4. 00 | 5. 00 | 0166.00 |
| campus enter the name in column | | | | | | | | 0.0 | 0 100.00 |
| 0, county in column 1, state in | | | | | | | | | |
| column 2, zip code in column 3, | | | | | | | | | |
| CBSA in column 4, FTE/Campus in column 5 (see instructions) | | | | | | | | | |
| cordini 3 (see mstructrons) | | | | | 1 | | | | |
| | | | | | | | | 1.00 | |
| Health Information Technology (HI | | | | | | Act | | | 4 |
| 167.00 Is this provider a meaningful use | | | - | | | | +60 | Y | 167. 00 |
| 168.00 If this provider is a CAH (line 1) reasonable cost incurred for the | | | user (iine | 107 15 | Y), E | enter | tne | | 0168. 00 |
| 168.01 If this provider is a CAH and is | | | s provider | qual i fy | for a | hards | shi p | | 168. 01 |
| exception under §413.70(a)(6)(ii) | ? Enter "Y" for yes or | r "N" for | no. (see i | nstructi | ons) | | • | | |
| 169.00 If this provider is a meaningful | ` , |) and is r | ot a CAH (| line 105 | is "N" | '), er | nter the | 9.9 | 9169. 00 |
| transition factor. (see instruction | olio) | | | | | Bea | i nni ng | Endi ng | |
| | | | | | | | 1. 00 | 2.00 | 1 |
| 170.00 Enter in columns 1 and 2 the EHR | peginning date and end | ding date | for the re | porting | | | 03/2018 | 09/30/2018 | 170. 00 |
| period respectively (mm/dd/yyyy) | | | | | | | | | |
| | | | | | - | | 1 00 | 2.00 | |
| 171.00 fline 167 is "Y", does this pro | vider have any days fo | or individ | luals enrol | led in | | | 1. 00 N | 2. 00 | 0171.00 |
| section 1876 Medicare cost plans | | | | | er | | . 4 | | 1, 1. 00 |
| "Y" for yes and "N" for no in col | umn 1. If column 1 is | | | | | | | | |
| 1876 Medicare days in column 2. (| see instructions) | | | | | | | | |
| | | | | | | | | | |

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| | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provi der C | | Period: From 01/01/2018 To 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | epared: |
|----------------|--|---|----------------|---|--------------------------------|----------------|
| | | | | Y/N 1. 00 | 2. 00 | |
| | General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS | for all NO re | esponses. Ente | | | |
| | Provider Organization and Operation | | | | | |
| . 00 | Has the provider changed ownership immediately prior to the reporting period? If yes, enter the date of the change in c | | | N | | 1.00 |
| | preporting period: IT yes, enter the date of the change in c | orumir 2. (see | 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. | | N | | | 2.00 |
| . 00 | Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members of directors through ownership, control, or family and othe relationships? (see instructions) | offices, drug ler or its of the board | N | | | 3.00 |
| | Total Colonia por (coo rinoti deti ono) | | Y/N | Туре | Date | |
| | Cinconial Data and Dan 1 | | 1. 00 | 2. 00 | 3. 00 | |
| 1. 00 | Financial Data and Reports Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" for "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions. | for Compiled, | Y | A | 04/18/2019 | 4. 00 |
| 5. 00 | Are the cost report total expenses and total revenues diffe | erent from | N | | | 5. 00 |
| | those on the filed financial statements? If yes, submit rec | onciliation. | | V /N | 1 1 - 0 | |
| | | | | Y/N 1. 00 | Legal Oper. 2.00 | |
| | Approved Educational Activities | | | 1.00 | 2.00 | |
| 5. 00 | Column 1: Are costs claimed for nursing school? Column 2: the legal operator of the program? | | ne provider is | | Y | 6.00 |
| 7. 00 3. 00 | Are costs claimed for Allied Health Programs? If "Y" see in Were nursing school and/or allied health programs approved cost reporting period? If yes, see instructions. | and/or renewed | J | Y | | 7. 00 8. 00 |
| 0. 00 | Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated of | is. | | Y N | | 9.00 |
| 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 | oroved | N | | 11. 00 |
| | Treads in the treatment of the treatment | | | | Y/N | |
| | | | | | 1. 00 | |
| 2 00 | Bad Debts Is the provider seeking reimbursement for bad debts? If yes | see instruct | tions | | Y | 12. 00 |
| 3. 00 | If line 12 is yes, did the provider's bad debt collection p period? If yes, submit copy. | oolicy change o | during this co | | N | 13. 00 |
| 4. 00 | If line 12 is yes, were patient deductibles and/or co-payme Bed Complement | ents waived? If | ryes, see ins | tructions. | N | 14. 00 |
| 5. 00 | | ng period? If | yes, see inst | ructions. | N | 15. 00 |
| | | | rt A | Par | | |
| | | Y/N 1. 00 | 2. 00 | Y/N 3. 00 | <u>Date</u> 4. 00 | |
| | PS&R Data | 1.00 | 2.00 | 3.00 | 4.00 | |
| 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 instructions) | N | | N | | 16. 00 |
| 7. 00 | Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date | Υ | 02/20/2019 | Y | 02/20/2019 | 17. 00 |
| 8. 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 | N | | N | | 18. 00 |
| 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 | N | | N | | 19. 00 |

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| Heal th | Financial Systems FRANCISCAN HE | EALTH HAMMOND | | In Lie | u of Form CMS- | 2552-10 | | | | |
|------------------|--|--------------------|-----------------|--|--|------------------|--|--|--|--|
| HOSPI T | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | | CCN: 15-0004 | Peri od: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part II Date/Time Pre 4/9/2019 3:29 | epared: | | | | |
| | | | i pti on | Y/N | Y/N | | | | | |
| 20.00 | If line 16 or 17 is yes, were adjustments made to PS&R | | 0 | 1. 00 N | 3. 00 N | 20.00 | | | | |
| 20.00 | Report data for Other? Describe the other adjustments: | | | IN . | 14 | 20.00 | | | | |
| | | Y/N | Date | Y/N | Date | | | | | |
| | In the state of th | 1.00 | 2.00 | 3. 00 | 4. 00 | | | | | |
| 21. 00 | Was the cost report prepared only using the provider's records? If yes, see instructions. | N | | N | | 21. 00 | | | | |
| | | | | | 1. 00 | | | | | |
| | COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC | EPT CHILDRENS I | HOSPI TALS) | | | | | | | |
| 00.00 | Capital Related Cost | | | | | 00.00 | | | | |
| 22. 00 23. 00 | Have assets been relifed for Medicare purposes? If yes, se Have changes occurred in the Medicare depreciation expense | | cale mado dur | ing the cost | | 22. 00 23. 00 | | | | |
| 23.00 | reporting period? If yes, see instructions. | due to apprais | sais illaue uui | ring the cost | | 23.00 | | | | |
| 24. 00 | Were new leases and/or amendments to existing leases enter | ed into during | this cost re | eporting period? | | 24. 00 | | | | |
| | If yes, see instructions | | | | | 25. 00 | | | | |
| 25. 00 | 00 Have there been new capitalized leases entered into during the cost reporting period? If yes, see 2 instructions. | | | | | | | | | |
| 26. 00 | Were assets subject to Sec. 2314 of DEFRA acquired during t | he cost report | na period? I | f ves. see | | 26. 00 | | | | |
| 20.00 | instructions. | no cost report | ng perrou. I | , yes, see | | 20.00 | | | | |
| 27. 00 | Has the provider's capitalization policy changed during th | yes, submit | | 27. 00 | | | | | | |
| | copy. | | | | | | | | | |
| 28. 00 | <pre>Interest Expense Were new Loans, mortgage agreements or Letters of credit e</pre> | ntered into du | ring the cost | reporting | | 28. 00 | | | | |
| 20.00 | period? If yes, see instructions. | intered Titte da | Ting the cost | . Topor triig | | 20.00 | | | | |
| 29. 00 | Did the provider have a funded depreciation account and/or | | ebt Service F | Reserve Fund) | | 29. 00 | | | | |
| | treated as a funded depreciation account? If yes, see inst | | | | | | | | | |
| 30. 00 | Has existing debt been replaced prior to its scheduled mat instructions. | urity with new | debt? If yes | s, see | | 30.00 | | | | |
| 31. 00 | Has debt been recalled before scheduled maturity without i | ssuance of new | debt? If yes | s, see | | 31.00 | | | | |
| | instructions. | | | | | | | | | |
| | Purchased Services | | | | | | | | | |
| 32. 00 | Have changes or new agreements occurred in patient care se arrangements with suppliers of services? If yes, see instr | | ed through co | ontractual | | 32. 00 | | | | |
| 33. 00 | If line 32 is yes, were the requirements of Sec. 2135.2 ap | | na to competi | tive bidding? If | | 33. 00 | | | | |
| | no, see instructions. | | 3 | 3 . | | | | | | |
| | Provi der-Based Physi ci ans | | | | | | | | | |
| 34. 00 | Are services furnished at the provider facility under an a | rrangement witl | n provi der-ba | sed physi ci ans? | | 34. 00 | | | | |
| 35. 00 | If yes, see instructions. If line 34 is yes, were there new agreements or amended ex | istina aareeme | nts with the | nrovi der-hased | | 35. 00 | | | | |
| 00.00 | physicians during the cost reporting period? If yes, see i | | res with the | provider based | | 00.00 | | | | |
| | | | | Y/N | Date | | | | | |
| | U 066: C+- | | | 1. 00 | 2. 00 | | | | | |
| 36. 00 | Home Office Costs Were home office costs claimed on the cost report? | | | | | 36.00 | | | | |
| 37. 00 | If line 36 is yes, has a home office cost statement been p | repared by the | home office? | > | | 37.00 | | | | |
| | If yes, see instructions. | | | | | | | | | |
| 38. 00 | If line 36 is yes, was the fiscal year end of the home of | | | = | | 38. 00 | | | | |
| 39. 00 | the provider? If yes, enter in column 2 the fiscal year en If line 36 is yes, did the provider render services to oth | | | | | 39. 00 | | | | |
| 37.00 | see instructions. | ici charii compo | icitis: 11 yes | 21 | | 37.00 | | | | |
| 40.00 | If line 36 is yes, did the provider render services to the | home office? | If yes, see | | | 40. 00 | | | | |
| | i nstructi ons. | _ | | | | | | | | |
| | | 1 | . 00 | 2 | 00 | - | | | | |
| | Cost Report Preparer Contact Information | 1. | | Ζ. | | | | | | |
| 41.00 | Enter the first name, last name and the title/position | MATTHEW | | 41. 00 | | | | | | |
| | held by the cost report preparer in columns 1, 2, and 3, | | | | | | | | | |
| 42. 00 | respectively. Enter the employer/company name of the cost report | FRANCI SCAN HEA | VITH HAMMOND | | | 42.00 | | | | |
| 42.00 | preparer. | I MAINCE SCAIN HEA | ALTH HAWWINDIND | | | #2.00 | | | | |
| 43.00 | Enter the telephone number and email address of the cost | 219-932-2300 | EXT 33148 | MATTHEW. DEETS@ | FRANCI SCANALLI | 43.00 | | | | |
| | report preparer in columns 1 and 2, respectively. | | | ANCE. ORG | | | | | | |
| | | | | | | | | | | |

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| Heal th | Financial Systems FRANCIS | CAN HE | EALTH HAMMOND | In Lie | u of Form CMS-2 | 2552-10 |
|---------|---|--------|----------------------|--|-----------------|---------|
| HOSPI T | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAI | RE | Provi der CCN: 15-0 | eriod: rom 01/01/2018 o 12/31/2018 | | pared: |
| | | | | | | |
| | | | 3.00 | | | |
| | Cost Report Preparer Contact Information | | | | | |
| 41.00 | Enter the first name, last name and the title/positi | on | FINANCIAL ANALYST SR | | | 41. 00 |
| | held by the cost report preparer in columns 1, 2, an | d 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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Health Financial Systems FRANCIS
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 15-0004

| | | | | | To | 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|------------------|--|------------------|------|---------|--------------|------------|-----------------------------|------------------|
| | | | | | | | I/P Days / 0/P | Pili |
| | | | | | | | Visits / Trips | |
| | Component | Worksheet A | No | of Beds | Bed Days | CAH Hours | Title V | |
| | Component | Line Number | 100. | or beas | Avai I abl e | OAIT HOULS | 11110 | |
| | | 1.00 | | 2. 00 | 3.00 | 4. 00 | 5. 00 | |
| 1. 00 | Hospital Adults & Peds. (columns 5, 6, 7 and | 30.00 | | 152 | | 0.00 | 0.00 | 1, 00 |
| | 8 exclude Swing Bed, Observation Bed and | | | | ., ., | | _ | |
| | Hospice days) (see instructions for col. 2 | | | | | | | |
| | for the portion of LDP room available beds) | | | | | | | |
| 2.00 | HMO and other (see instructions) | | | | | | | 2. 00 |
| 3.00 | HMO IPF Subprovider | | | | | | | 3. 00 |
| 4.00 | HMO IRF Subprovider | | | | | | | 4. 00 |
| 5.00 | Hospital Adults & Peds. Swing Bed SNF | | | | | | 0 | 5. 00 |
| 6.00 | Hospital Adults & Peds. Swing Bed NF | | | | | | 0 | 6. 00 |
| 7.00 | Total Adults and Peds. (exclude observation | | | 152 | 54, 892 | 0.00 | 0 | 7. 00 |
| | beds) (see instructions) | | | | | | | |
| 8.00 | INTENSIVE CARE UNIT | 31. 00 | | 20 | 7, 300 | 0. 00 | l . | 1 |
| 9.00 | CORONARY CARE UNIT | 32. 00 | | 0 | 0 | 0. 00 | 0 | |
| 10.00 | BURN INTENSIVE CARE UNIT | | | | | | | 10. 00 |
| 11. 00 | SURGICAL INTENSIVE CARE UNIT | | | | | | | 11. 00 |
| 12. 00 | NEWBORN INTENSIVE CARE UNIT | 35. 00 | | 8 | 2, 248 | 0. 00 | | 12. 00 |
| 13. 00 | NURSERY | 43. 00 | | | | | 0 | 13. 00 |
| 14. 00 | Total (see instructions) | | | 180 | 64, 440 | 0. 00 | | 14. 00 |
| 15. 00 | CAH visits | | | | | | 0 | 15. 00 |
| 16. 00 | SUBPROVI DER - I PF | 40. 00 | | 46 | 16, 790 | | 0 | 16. 00 |
| 17. 00 | SUBPROVI DER - I RF | | | | | | | 17. 00 |
| 18.00 | SUBPROVI DER | | | | | | | 18.00 |
| 19. 00 | SKILLED NURSING FACILITY | 44. 00 | | 0 | | | 0 | |
| 20. 00 | NURSING FACILITY | 45. 00 | | O | 0 | | 0 | 20.00 |
| 21. 00 | OTHER LONG TERM CARE | 404.00 | | | | | | 21.00 |
| 22. 00 | HOME HEALTH AGENCY | 101. 00 | | | | | 0 | 22. 00 |
| 23. 00 | AMBULATORY SURGICAL CENTER (D. P.) | | | | | | | 23. 00 |
| 24. 00 | HOSPI CE | 20.00 | | | | | | 24. 00 |
| 24. 10 | HOSPICE (non-distinct part) | 30.00 | | | | | | 24. 10 |
| 25. 00 25. 10 | CMHC - CMHC | 99. 00 99. 10 | | | | | 0 | 25. 00 25. 10 |
| | CMHC - CORF | 99. 10 88. 00 | | | | | 0 | |
| 26. 00 | RURAL HEALTH CLINIC | 89. 00 89. 00 | | | | | 0 | 26. 00 26. 25 |
| 26. 25 27. 00 | FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) | 89.00 | | 226 | | | 0 | 26. 25 |
| 28. 00 | Observation Bed Days | | | 220 | | | 0 | 28.00 |
| 29. 00 | Ambul ance Tri ps | | | | | | 0 | 29.00 |
| 30. 00 | Employee discount days (see instruction) | | | | | | | 30.00 |
| 31. 00 | Employee discount days (see Histruction) | | | | | | | 31.00 |
| 32. 00 | Labor & delivery days (see instructions) | | | 0 | 0 | | | 32.00 |
| 32. 00 | Total ancillary labor & delivery room | | | U | | | | 32.00 |
| JZ. U I | outpatient days (see instructions) | | | | | | | JZ. U1 |
| 33. 00 | LTCH non-covered days | | | | | | | 33. 00 |
| | LTCH site neutral days and discharges | | | | | | | 33. 01 |
| | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | i e | 1 | | | | i | |

4/9/2019 3:29 pm S:\Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

MCRI F32 - 15. 4. 166. 1 12 | Page HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

outpatient days (see instructions)

33.01 LTCH site neutral days and discharges

LTCH non-covered days

Provider CCN: 15-0004 Peri od: From 01/01/2018 Part I Date/Time Prepared: 12/31/2018

33.00

33.01

4/9/2019 3: 29 pm Full Time Equivalents I/P Days / O/P Visits / Trips Title XVIII Component Title XIX Total All Total Interns Employees On Pati ents & Residents Payrol I 6.00 7.00 8.00 9.00 10.00 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 7,832 2, 378 18, 096 1.00 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2 00 HMO and other (see instructions) 3 569 2 00 2.540 3.00 HMO IPF Subprovider 355 3.00 4.00 HMO IRF Subprovider 4.00 Hospital Adults & Peds. Swing Bed SNF 0 5.00 5.00 0 C Hospital Adults & Peds. Swing Bed NF 6.00 0 6.00 7.00 Total Adults and Peds. (exclude observation 7,832 2, 378 18,096 7.00 beds) (see instructions) INTENSIVE CARE UNIT 8.00 1, 458 427 3, 294 8.00 CORONARY CARE UNIT 9.00 C 9.00 10.00 BURN INTENSIVE CARE UNIT 10.00 11.00 SURGICAL INTENSIVE CARE UNIT 11.00 12.00 NEWBORN INTENSIVE CARE UNIT 278 0 12.00 13.00 NURSERY 198 966 13.00 14.00 Total (see instructions) 9, 290 3,003 22, 634 7. 22 847. 48 14.00 CAH visits 15.00 15.00 SUBPROVIDER - IPF 1.049 3. 958 9.115 46.99 16.00 0.00 16.00 SUBPROVIDER - IRF 17.00 17.00 18.00 SUBPROVI DER 18.00 19.00 SKILLED NURSING FACILITY 0 0 0.00 0.00 19.00 20 00 NURSING FACILITY O 0.00 0.00 20 00 21.00 OTHER LONG TERM CARE 21.00 22.00 HOME HEALTH AGENCY 27, 969 3, 258 51, 304 0.00 63. 18 22.00 23.00 AMBULATORY SURGICAL CENTER (D. P.) 23.00 HOSPI CE 24.00 24 00 24. 10 HOSPICE (non-distinct part) 0 24.10 CMHC - CMHC 0 0.00 0.00 25.00 25.00 0 25. 10 CMHC - CORF 0 0 0.00 0.00 25. 10 26.00 RURAL HEALTH CLINIC O 0.00 0.00 C 26.00 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0 C 0 0.00 0.00 26. 25 27.00 Total (sum of lines 14-26) 7.22 957.65 27.00 Observation Bed Days 2, 349 7, 893 28.00 28.00 29 00 Ambul ance Trips 0 29 00 30.00 Employee discount days (see instruction) 30.00 31.00 Employee discount days - IRF 31.00 0 Labor & delivery days (see instructions) 0 87 32.00 156 32.00 Total ancillary labor & delivery room 32.01

4/9/2019 3: 29 pm S: \Groups\Fi nance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

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In Lieu of Form CMS-2552-10

Period: Worksheet S-3
From 01/01/2018 Part I
To 12/31/2018 Date/Time Prepared: Provider CCN: 15-0004 Peri od:

| | | | | To | 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|--------|--|---------------|----------|-------------|------------|---|--------|
| | | Full Time | ' | Di sch | arges | 1, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | Equi val ents | | | | | |
| | Component | Nonpai d | Title V | Title XVIII | Title XIX | Total All | |
| | | Workers | | | | Pati ents | |
| | | 11. 00 | 12. 00 | 13. 00 | 14. 00 | 15. 00 | |
| 1.00 | Hospital Adults & Peds. (columns 5, 6, 7 and | | 0 | 1, 833 | 1, 452 | 4, 170 | 1. 00 |
| | 8 exclude Swing Bed, Observation Bed and | | | | | | |
| | Hospice days) (see instructions for col. 2 | | | | | | |
| | for the portion of LDP room available beds) | | | | _ | | |
| 2.00 | HMO and other (see instructions) | | | 632 | 0 | | 2. 00 |
| 3.00 | HMO IPF Subprovider | | | | 0 | | 3. 00 |
| 4.00 | HMO IRF Subprovider | | | | 0 | | 4. 00 |
| 5.00 | Hospital Adults & Peds. Swing Bed SNF | | | | | | 5. 00 |
| 6.00 | Hospital Adults & Peds. Swing Bed NF | | | | | | 6. 00 |
| 7.00 | Total Adults and Peds. (exclude observation | | | | | | 7. 00 |
| | beds) (see instructions) | | | | | | |
| 8.00 | INTENSIVE CARE UNIT | | | | | | 8. 00 |
| 9.00 | CORONARY CARE UNIT | | | | | | 9. 00 |
| 10. 00 | BURN INTENSIVE CARE UNIT | | | | | | 10.00 |
| 11. 00 | SURGICAL INTENSIVE CARE UNIT | | | | | | 11. 00 |
| 12. 00 | NEWBORN INTENSIVE CARE UNIT | | | | | | 12. 00 |
| 13.00 | NURSERY | | | | | | 13. 00 |
| 14. 00 | Total (see instructions) | 0. 00 | 0 | 1, 833 | 1, 452 | 4, 170 | |
| 15. 00 | CAH visits | | | | | | 15. 00 |
| 16. 00 | SUBPROVI DER - I PF | 0. 00 | 0 | 166 | 829 | 1, 944 | |
| 17. 00 | SUBPROVI DER - I RF | | | | | | 17. 00 |
| 18. 00 | SUBPROVI DER | | | | | | 18. 00 |
| 19. 00 | SKILLED NURSING FACILITY | 0. 00 | | | | | 19. 00 |
| 20. 00 | NURSING FACILITY | 0. 00 | | | | | 20. 00 |
| 21. 00 | OTHER LONG TERM CARE | | | | | | 21. 00 |
| 22. 00 | HOME HEALTH AGENCY | 0. 00 | | | | | 22. 00 |
| 23. 00 | AMBULATORY SURGICAL CENTER (D. P.) | | | | | | 23. 00 |
| 24. 00 | HOSPI CE | | | | | | 24. 00 |
| 24. 10 | HOSPICE (non-distinct part) | | | | | | 24. 10 |
| 25. 00 | CMHC - CMHC | 0. 00 | | | | | 25. 00 |
| 25. 10 | CMHC - CORF | 0. 00 | | | | | 25. 10 |
| 26. 00 | RURAL HEALTH CLINIC | 0. 00 | | | | | 26. 00 |
| 26. 25 | FEDERALLY QUALIFIED HEALTH CENTER | 0. 00 | | | | | 26. 25 |
| 27. 00 | Total (sum of lines 14-26) | 0. 00 | | | | | 27. 00 |
| 28. 00 | Observation Bed Days | | | | | | 28. 00 |
| 29. 00 | Ambul ance Tri ps | | | | | | 29. 00 |
| 30. 00 | Employee discount days (see instruction) | | | | | | 30. 00 |
| 31. 00 | Employee discount days - IRF | | | | | | 31. 00 |
| 32. 00 | Labor & delivery days (see instructions) | | | | | | 32. 00 |
| 32. 01 | Total ancillary labor & delivery room | | | | | | 32. 01 |
| | outpatient days (see instructions) | | | | | | |
| 33. 00 | LTCH non-covered days | | | 0 | | | 33. 00 |
| 33. 01 | LTCH site neutral days and discharges | | | 0 | | | 33. 01 |

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In Lieu of Form CMS-2552-10

Period: Worksheet S-3
From 01/01/2018 Part II
To 12/31/2018 Date/Time Prepared: Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0004 Peri od:

| | | | | | To | 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|----|--|----------------|-----------------------------|-------------------|-----------------------------|-------------------------|--------------------------------|-----|
| | | Wkst. A Line | Amount | Recl assi fi cati | Adj usted | Pai d Hours | Average Hourly | |
| | | Number | Reported | on of Salaries | | Related to | Wage (col. 4 ÷ | |
| | | | | (from Wkst. | (col . 2 ± col . | Salaries in | col. 5) | |
| | | 1.00 | 2.00 | A-6) 3.00 | 3) 4. 00 | <u>col . 4</u> 5. 00 | 6. 00 | |
| | PART II - WAGE DATA | 1.00 | 2.00 | 0.00 | 1.00 | 0.00 | 0.00 | |
| | SALARI ES | , | | | | | | |
| 00 | Total salaries (see | 200. 00 | 80, 478, 418 | 0 | 80, 478, 418 | 2, 209, 249. 00 | 36. 43 | 1 |
| 00 | instructions) Non-physician anesthetist Part | | (| 0 | 0 | 0.00 | 0.00 | 2 |
| 00 | A | | | | | 0.00 | 0.00 | Ί ΄ |
| 00 | Non-physician anesthetist Part | | (| 0 | 0 | 0.00 | 0.00 | 3 |
| 00 | B | | | | | 0.00 | | ١. |
| 00 | Physician-Part A - Administrative | | C | 0 | 0 | 0. 00 | 0.00 |) 4 |
| 01 | Physicians - Part A - Teaching | | (| 0 | 0 | 0.00 | 0.00 |) 4 |
| 00 | Physician and Non | | (| 0 | 0 | 0.00 | 0.00 |) ! |
| | Physician-Part B | | _ | _ | _ | | | |
| 00 | Non-physician-Part B for | | (| 0 | 0 | 0.00 | 0.00 |) (|
| | hospital-based RHC and FQHC services | | | | | | | |
| 00 | Interns & residents (in an | 21. 00 | (| 0 | 0 | 0.00 | 0.00 | |
| | approved program) | | | | | | | |
|)1 | Contracted interns and | | 732, 559 | 0 | 732, 559 | 15, 017. 60 | 48. 78 | 9 . |
| | residents (in an approved programs) | | | | | | | |
| 00 | Home office and/or related | | 9, 212, 130 | 0 | 9, 212, 130 | 275, 071. 00 | 33. 49 | , |
| | organi zati on personnel | | , , | | | .,. | | |
| 00 | SNF | 44. 00 | (| 0 | 0 | 0.00 | | |
| 00 | Excluded area salaries (see instructions) | | 8, 864, 601 | 119, 009 | 8, 983, 610 | 274, 720. 77 | 32. 70 | 1 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 00 | Contract labor: Direct Patient | | 856, 381 | 0 | 856, 381 | 13, 365. 00 | 64. 08 | 1 |
| | Care | | | | | | | |
| 00 | Contract Labor: Top Level | | (| 0 | 0 | 0.00 | 0.00 | 1 |
| | management and other management and administrative | | | | | | | |
| | servi ces | | | | | | | |
| 00 | Contract Labor: Physician-Part | | 1, 071, 805 | 0 | 1, 071, 805 | 8, 404. 00 | 127. 54 | 1 |
| | A - Administrative | | | | | | | |
| 00 | Home office and/or related organization salaries and | | (| 0 | 0 | 0.00 | 0.00 | 1. |
| | wage-related costs | | | | | | | |
| 01 | Home office salaries | | 9, 212, 130 | 0 | 9, 212, 130 | 275, 071. 00 | 33. 49 | 1 |
| 02 | Related organization salaries | | (| 0 | 0 | 0.00 | • | |
| 00 | Home office: Physician Part A | | (| 0 | 0 | 0.00 | 0.00 | 1 |
| 00 | - Administrative Home office and Contract | | (| 0 | 0 | 0.00 | 0.00 | 1 |
| 00 | Physicians Part A - Teaching | | | | | 0.00 | 0.00 | Ί΄ |
| | WAGE-RELATED COSTS | | | | | | | |
| 00 | Wage-related costs (core) (see | | 18, 771, 441 | 0 | 18, 771, 441 | | | 1 |
| 00 | instructions) Wage-related costs (other) | | (| 0 | 0 | | | 1 |
| 00 | (see instructions) | | (| 0 | 0 | | | ' |
| 00 | Excluded areas | | 2, 323, 593 | 0 | 2, 323, 593 | | | 1 |
| 00 | Non-physician anesthetist Part | | (| 0 | 0 | | | 2 |
| 00 | A | | | | | | | , |
| 00 | Non-physician anesthetist Part B | | (| | | | | 2 |
| 00 | Physician Part A - | | C | 0 | o | | | 2 |
| | Admi ni strati ve | | | | | | | |
| 01 | Physician Part A - Teaching | | (| 0 | 0 | | | 2 |
| 00 | Physician Part B | | (| 0 | 0 | | | 2 |
| 00 | Wage-related costs (RHC/FQHC) Interns & residents (in an | | (| 0 | 0 | | | 2 |
| 00 | approved program) | | | | | | | _ |
| 50 | Home office wage-related | | 2, 550, 455 | 0 | 2, 550, 455 | | | 2 |
| | (core) | | | | | | | _ |
| 51 | Related organization wage-related (core) | | C | 0 | 0 | | | 2 |
| 52 | Home office: Physician Part A | | (| 0 | ا | | | 2 |
| ~_ | - Administrative - | | | | | | | _ |
| | wage-related (core) | | | | | | | |
| 53 | Home office & Contract | | (| 0 | 0 | | | 2 |
| | Physicians Part A - Teaching - wage-related (core) | | | | | | | |
| | OVERHEAD COSTS - DIRECT SALARIE | S | | | | | 1 | 1 |
| | | | | | 1 272 420 | F7 700 F4 | 22.02 | 1 2 |
| 00 | Employee Benefits Department Administrative & General | 4. 00 5. 00 | 1, 272, 429 12, 769, 320 | | 1, 272, 429 12, 769, 320 | | | |

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| Peri od: | Worksheet S-3 | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared:

| | | | | | ' | 0 12/31/2010 | 4/9/2019 3: 29 | |
|--------|--------------------------------|--------------|-------------|------------------|---------------|--------------|----------------|--------|
| | | Wkst. A Line | Amount | Reclassi fi cati | Adj usted | Pai d Hours | Average Hourly | |
| | | Number | Reported | on of Salaries | Sal ari es | Related to | Wage (col. 4 ÷ | |
| | | | | (from Wkst. | (col.2 ± col. | Salaries in | col . 5) | |
| | | | | A-6) | 3) | col. 4 | | |
| | | 1. 00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | 6. 00 | |
| 28. 00 | Administrative & General under | | 333, 033 | 0 | 333, 033 | 3, 943. 00 | 84. 46 | 28. 00 |
| | contract (see inst.) | | | | | | | |
| 29. 00 | Maintenance & Repairs | 6. 00 | 1, 767, 305 | | 1, 767, 305 | | | 29. 00 |
| 30. 00 | Operation of Plant | 7. 00 | 324, 786 | 0 | 324, 786 | · · | | |
| 31. 00 | Laundry & Linen Service | 8. 00 | 0 | 0 | 0 | 0.00 | | |
| 32. 00 | Housekeepi ng | 9. 00 | 1, 579, 997 | 0 | 1, 579, 997 | | | |
| 33.00 | Housekeeping under contract | | 0 | 0 | 0 | 0.00 | 0. 00 | 33. 00 |
| | (see instructions) | | | | | | | |
| 34. 00 | Di etary | 10. 00 | 1, 074, 591 | -771, 990 | 302, 601 | 17, 056. 52 | | 34. 00 |
| 35. 00 | Di etary under contract (see | | 0 | 0 | 0 | 0.00 | 0. 00 | 35. 00 |
| | instructions) | | | | | | | |
| 36. 00 | Cafeteri a | 11. 00 | 0 | 771, 990 | 771, 990 | 43, 514. 29 | | 36. 00 |
| 37. 00 | Maintenance of Personnel | 12. 00 | 0 | 0 | 0 | 0.00 | | 37.00 |
| 38. 00 | Nursing Administration | 13. 00 | 3, 915, 885 | 0 | 3, 915, 885 | 100, 634. 22 | 38. 91 | 38. 00 |
| 39. 00 | Central Services and Supply | 14. 00 | 302, 822 | 0 | 302, 822 | 13, 065. 33 | 23. 18 | 39. 00 |
| 40.00 | Pharmacy | 15. 00 | 2, 750, 419 | -7, 920 | 2, 742, 499 | 65, 857. 61 | 41. 64 | 40.00 |
| 41.00 | Medical Records & Medical | 16. 00 | 222, 565 | 0 | 222, 565 | 8, 019. 91 | 27. 75 | 41.00 |
| | Records Library | | | | | | | |
| 42.00 | Social Service | 17. 00 | 0 | 0 | 0 | 0.00 | 0. 00 | 42.00 |
| 43.00 | Other General Service | 18. 00 | 0 | 0 | 0 | 0.00 | 0.00 | 43.00 |

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From 01/01/2018 To 12/31/2018 Part III Date/Time Prepared: 4/9/2019 3: 29 pm Average Hourly Worksheet A Amount Recl assi fi cati Adj usted Pai d Hours Line Number on of Salaries Sal ari es Related to Wage (col. 4 Reported (col . 2 ± col . col. 5) (from Salaries in 3) col. 4 Worksheet A-6) 6.00 1.00 5.00 2.00 3.00 4.00 PART III - HOSPITAL WAGE INDEX SUMMARY Net salaries (see 70, 866, 762 1, 923, 103. 40 1.00 1.00 70, 866, 762 36.85 instructions) Excluded area salaries (see 8, 864, 601 119, 009 8, 983, 610 274, 720. 77 32. 70 2.00 2.00 instructions) 3.00 Subtotal salaries (line 1 62, 002, 161 -119,009 61, 883, 152 1, 648, 382. 63 37.54 3.00 minus line 2) 4.00 Subtotal other wages & related 11, 140, 316 11, 140, 316 296, 840. 00 37.53 4.00 costs (see inst.) Subtotal wage-related costs 5.00 21, 321, 896 Ω 21, 321, 896 0.00 34. 46 5.00 (see inst.)

-119, 009

-7, 920

94, 345, 364

26, 305, 232

1, 945, 222. 63

600, 367. 94

94, 464, 373

26, 313, 152

6.00

7.00

48 50

43.82

Total (sum of lines 3 thru 5)

Total overhead cost (see

instructions)

6.00

7.00

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| | <u>1/9/2019 3: 29</u> | pm |
|---|-----------------------|--------|
| | Amount | |
| | Reported | |
| | 1. 00 | |
| PART IV - WAGE RELATED COSTS | | |
| Part A - Core List | | |
| RETI REMENT COST | | |
| 1.00 401K Employer Contributions | 760, 881 | 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) | 5, 248, 380 | 4. 00 |
| PLAN ADMINISTRATIVE COSTS (Paid to External Organization) | | |
| 5.00 401K/TSA Plan Administration fees | 0 | 5. 00 |
| 6.00 Legal / Accounting/Management Fees-Pension Plan | 0 | 6. 00 |
| 7.00 Employee Managed Care Program Administration Fees | 0 | 7. 00 |
| HEALTH AND INSURANCE COST | | |
| 8.00 Health Insurance (Purchased or Self Funded) | 0 | 8. 00 |
| 8.01 Health Insurance (Self Funded without a Third Party Administrator) | 0 | 8. 01 |
| 8.02 Health Insurance (Self Funded with a Third Party Administrator) | 10, 600, 628 | 8. 02 |
| 8.03 Health Insurance (Purchased) | 0 | 8. 03 |
| 9.00 Prescription Drug Plan | 0 | 9.00 |
| 10.00 Dental, Hearing and Vision Plan | 1, 168, 470 | |
| 11.00 Life Insurance (If employee is owner or beneficiary) | -39, 845 | |
| 12.00 Accident Insurance (If employee is owner or beneficiary) | 0 | 12.00 |
| 13.00 Disability Insurance (If employee is owner or beneficiary) | 141, 387 | 13.00 |
| 14.00 Long-Term Care Insurance (If employee is owner or beneficiary) | 0 | 14.00 |
| 15.00 'Workers' Compensation Insurance | 918, 237 | 15.00 |
| 16.00 Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. | 0 | 16.00 |
| Non cumulative portion) | | |
| TAXES | | |
| 17.00 FICA-Employers Portion Only | 4, 822, 813 | |
| 18.00 Medicare Taxes - Employers Portion Only | 0 | 18. 00 |
| 19. 00 Unemployment Insurance | 24, 538 | |
| 20.00 State or Federal Unemployment Taxes | 0 | 20.00 |
| OTHER | | |
| 21.00 Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above. (see | 0 | 21. 00 |
| instructions)) | | |
| 22.00 Day Care Cost and Allowances | 0 | 22. 00 |
| 23. 00 Tuition Reimbursement | 0 | 23. 00 |
| 24.00 Total Wage Related cost (Sum of lines 1 -23) | 23, 645, 489 | 24. 00 |
| Part B - Other than Core Related Cost | | 05.00 |
| 25. 00 OTHER WAGE RELATED COSTS (SPECIFY) | 0] | 25. 00 |

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| | | To | o 12/31/2018 | Date/Time Prep 4/9/2019 3:29 | |
|--------|---|----|----------------|---------------------------------|--------|
| | Cost Center Description | | Contract Labor | Benefit Cost | |
| | | | 1. 00 | 2. 00 | |
| | PART V - Contract Labor and Benefit Cost | | | | |
| | Hospital and Hospital-Based Component Identification: | | | | |
| 1.00 | Total facility's contract labor and benefit cost | | 0 | 0 | 1.00 |
| 2.00 | Hospi tal | | 0 | 0 | 2. 00 |
| 3.00 | Subprovi der - I PF | | 0 | 0 | 3. 00 |
| 4.00 | Subprovi der - I RF | | | | 4. 00 |
| 5.00 | Subprovi der - (Other) | | 0 | 0 | 5.00 |
| 6.00 | Swing Beds - SNF | | 0 | 0 | 6. 00 |
| 7.00 | Swing Beds - NF | | 0 | 0 | 7. 00 |
| 8.00 | Hospi tal -Based SNF | | 0 | 0 | 8.00 |
| 9.00 | Hospi tal -Based NF | | 0 | 0 | 9.00 |
| 10.00 | Hospi tal -Based OLTC | | | | 10.00 |
| 11. 00 | Hospi tal -Based HHA | | 0 | 0 | 11. 00 |
| 12. 00 | Separately Certified ASC | | | | 12.00 |
| 13. 00 | Hospi tal -Based Hospi ce | | | | 13.00 |
| 14. 00 | Hospital-Based Health Clinic RHC | | 0 | 0 | 14.00 |
| 15. 00 | Hospital-Based Health Clinic FQHC | | 0 | 0 | 15. 00 |
| 16. 00 | Hospi tal -Based-CMHC | | 0 | 0 | 16.00 |
| 16. 10 | Hospi tal -Based-CMHC 10 | | 0 | 0 | 16. 10 |
| 17. 00 | Renal Dialysis | | | | 17.00 |
| 18. 00 | Other | | 0 | 0 | 18. 00 |

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| Heal th | Financial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | | In Lie | eu of Form CMS-2 | 2552-10 |
|------------------|--|---|----------------------|------------|-------------------|----------------------------|----------------------|------------------|
| | BEALTH AGENCY STATISTICAL DATA | | Provi der | CCN: | | Period: From 01/01/2018 | Worksheet S-4 | |
| | | | Componen | t CCN: | | To 12/31/2018 | | pared: |
| | | | | | | Home Health Agency I | PPS | |
| | | | | | | 1. | 00 | |
| 0. 00 | County | | | | | | | 0. 00 |
| | | Title V 1.00 | Title XVII 2.00 | | Title XIX 3.00 | 0ther 4.00 | Total 5.00 | |
| | HOME HEALTH AGENCY STATISTICAL DATA | | 2.00 | | | | | |
| 1. 00 2. 00 | Home Health Aide Hours Unduplicated Census Count (see instructions) | 0.00 | 1, 504. | 0 | 0. 0 | 0 0 0.00 | | |
| 2.00 | Tondapiroated census count (see Thisti detrons) | 0.00 | 1, 001. | | | oloyees (Full Ti | | 2. 00 |
| | | | | | | | | |
| | | | | . L | 01.66 | | | |
| | | Enter the number your normal | | in | Staff | Contract | Total | |
| | | , | | | | | | |
| | | | | | | | | |
| | HOME HEALTH AGENCY - NUMBER OF EMPLOYEES | C |) | | 1. 00 | 2. 00 | 3. 00 | |
| 3.00 | Administrator and Assistant Administrator(s) | | 40. | 00 | 1.0 | 0.00 | 1.00 | 3. 00 |
| 4.00 | Director(s) and Assistant Director(s) Other Administrative Personnel | | | | 0.0 | | | 4. 00 5. 00 |
| 5. 00 6. 00 | Direct Nursing Service | | | | 22. 7 26. 3 | | | |
| 7.00 | Nursi ng Supervi sor | | | | 0.0 | | | |
| 8. 00 9. 00 | Physical Therapy Service Physical Therapy Supervisor | | | | 8. 8 0. 0 | | | |
| 10.00 | Occupational Therapy Service | | | | 0.0 | 0.00 | 0.00 | 10. 00 |
| 11. 00 12. 00 | Occupational Therapy Supervisor Speech Pathology Service | | | | 0. 0 0. 0 | | | |
| 13. 00 | Speech Pathology Supervisor | | | | 0.0 | | | |
| 14.00 | Medical Social Service | | | | 0.0 | | | |
| 15. 00 16. 00 | Medical Social Service Supervisor Home Health Aide | | | | 0. 0 3. 9 | | | 15. 00 16. 00 |
| 17. 00 | Home Heal th Aide Supervisor | | | | 1.0 | | | |
| 18. 00 | Other (specify) HOME HEALTH AGENCY CBSA CODES | | | | 0.0 | 0.00 | 0.00 | 18. 00 |
| 19. 00 | Enter in column 1 the number of CBSAs where | | | | | 3 | | 19. 00 |
| | you provided services during the cost reporting period. | | | | | | | |
| 20. 00 | List those CBSA code(s) in column 1 serviced | | | 169 | 974 | | | 20. 00 |
| | during this cost reporting period (line 20 contains the first code). | | | | | | | |
| 20. 01 20. 02 | | | | 238 331 | | | | 20. 01 20. 02 |
| 20.02 | | Full Ep | oi sodes | 331 | 140 | | | 20.02 |
| | | Without Outliers | With Outlie | rs LUI | PA Epi sodes | PEP Only Epi sodes | Total (cols. 1-4) | |
| | | 1.00 | 2.00 | | 3. 00 | 4. 00 | 5. 00 | |
| 21. 00 | PPS ACTIVITY DATA Skilled Nursing Visits | 8, 543 | 2, 5 | 77 | 48 | 2 296 | 11, 898 | 21. 00 |
| 22. 00 | Skilled Nursing Visit Charges | 3, 203, 090 | 966, 5 | 92 | 179, 01 | 0 110, 900 | 4, 459, 592 | 22. 00 |
| 23. 00 24. 00 | Physical Therapy Visits Physical Therapy Visit Charges | 11, 443 4, 450, 221 | 373, 1 | 18 | 16 57, 99 | | | |
| 25. 00 | Occupational Therapy Visits | 701 | 2 | 35 | | 2 33 | 971 | 25. 00 |
| 26. 00 27. 00 | Occupational Therapy Visit Charges Speech Pathology Visits | 271, 813 195 | 91, 2 | 57 | 78 | 0 12, 851 0 3 | 376, 676 255 | |
| 28. 00 | Speech Pathology Visit Charges | 75, 803 | 22, 0 | | | 0 1, 170 | 98, 975 | 28. 00 |
| 29. 00 30. 00 | Medical Social Service Visits Medical Social Service Visit Charges | 9 4, 046 | 1, 8 | 4 | | 0 0 | 13 5, 854 | |
| 31. 00 | Home Heal th Aide Visits | 2, 307 | | 27 | 1 | | -, | |
| 32. 00 33. 00 | Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27, | 418, 002 23, 198 | 95, <i>6</i> 4, 3 | | 72 66 | | | 32. 00 33. 00 |
| 33.00 | 29, and 31) | 25, 170 | 4, | | 00 | 1 772 | 27,012 | 33.00 |
| 34. 00 35. 00 | Other Charges Total Charges (sum of lines 22, 24, 26, 28, | 0 8, 422, 975 | 1, 550, 3 | 0 | 238, 51 | 0 4 280, 393 | 1 | 34. 00 35. 00 |
| | 30, 32, and 34) | | 1, 000, 3 | 70 | | | | |
| 36. 00 | Total Number of Episodes (standard/non outlier) | 1, 438 | | | 24 | 0 44 | 1, 722 | 36. 00 |
| 37. 00 38. 00 | Total Number of Outlier Episodes Total Non-Routine Medical Supply Charges | 87, 672 | | 43 85 | 16, 20 | 6 2 5, 969 | 149 137, 328 | |
| | 1 The second was all supply sharges | 3.7372 | -/1 | | . 5, 20 | 3,707 | 1 .3., 320 | |

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| Heal th | Financial Systems FR | ANCISCAN HEALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 | | | | |
|------------------|---|-----------------------------|-------------------|----------------------------------|-----------------------------|------------------|--|--|--|--|
| | AL UNCOMPENSATED AND INDIGENT CARE DATA | Provi der Co | | Peri od: | Worksheet S-10 | | | | | |
| | | | | From 01/01/2018 To 12/31/2018 | Date/Time Pre | nared: | | | | |
| | | | | 12, 01, 2010 | 4/9/2019 3: 29 | pm_ | | | | |
| | | | | | 1. 00 | | | | | |
| | Uncompensated and indigent care cost computation | | | | | | | | | |
| 1. 00 | Cost to charge ratio (Worksheet C, Part I line 2 | 202 column 3 divided by li | ne 202 column | 8) | 0. 237055 | 1. 00 | | | | |
| 2. 00 | Medicaid (see instructions for each line) Net revenue from Medicaid | | | | 28, 580, 175 | 2. 00 | | | | |
| 3.00 | Did you receive DSH or supplemental payments from | om Medicaid? | | | Y Y | 3. 00 | | | | |
| 4.00 | | | | | | | | | | |
| 5.00 | If line 4 is no, then enter DSH and/or supplement | ntal payments from Medicai | d | | 10, 063, 959 | 5. 00 | | | | |
| 6.00 | Medicaid charges | | | | 151, 997, 597 | 6. 00 7. 00 | | | | |
| 7. 00 8. 00 | | | | | | | | | | |
| 0.00 | < zero then enter zero) | | | | | | | | | |
| | Children's Health Insurance Program (CHIP) (see instructions for each line) | | | | | | | | | |
| 9.00 | Net revenue from stand-alone CHIP | | | | 0 | | | | | |
| 10.00 | Stand-alone CHIP charges | | | | 0 | 10. 00 11. 00 | | | | |
| 11. 00 12. 00 | Stand-alone CHIP cost (line 1 times line 10) Difference between net revenue and costs for sta | and-alone CHIP (line 11 mi | nus line 9· i· | f < zero then | 0 | 12.00 | | | | |
| 12.00 | enter zero) | and drone our (True Tr IIII | nas iine ,, i | 2010 then | Ü | 12.00 | | | | |
| | Other state or local government indigent care pr | | | | | | | | | |
| 13.00 | Net revenue from state or local indigent care pr | | | | | 13. 00 | | | | |
| 14. 00 | Charges for patients covered under state or local 10) | ai indigent care program (| Not included | n lines 6 or | 0 | 14. 00 | | | | |
| 15.00 | State or local indigent care program cost (line | 1 times line 14) | | | 0 | 15. 00 | | | | |
| 16. 00 | Difference between net revenue and costs for sta | ate or local indigent care | program (line | e 15 minus line | 0 | 16. 00 | | | | |
| | 13; if < zero then enter zero) Grants, donations and total unreimbursed cost for | or Modicaid CULD and stat | o/Local india | ont care program | ns (soo | | | | | |
| | instructions for each line) | n wedicard, Chir and Stat | eziocai illuige | erit care program | 15 (566 | | | | | |
| 17. 00 | Private grants, donations, or endowment income i | | | | | 17. 00 | | | | |
| 18.00 | Government grants, appropriations or transfers to | | | (our of lines | 0 | 18. 00 | | | | |
| 19. 00 | Total unreimbursed cost for Medicaid, CHIP and 8, 12 and 16) | state and rocal indigent | care programs | (Sull of Titles | U | 19. 00 | | | | |
| | | | Uni nsured | Insured | Total (col. 1 | | | | | |
| | | | pati ents | pati ents | + col . 2) | | | | | |
| | Uncompensated Care (see instructions for each li | ne) | 1.00 | 2. 00 | 3. 00 | | | | | |
| 20. 00 | Charity care charges and uninsured discounts for | | 19, 223, 37 | 7 10, 036, 279 | 29, 259, 656 | 20. 00 | | | | |
| | (see instructions) | , | | | | | | | | |
| 21. 00 | Cost of patients approved for charity care and u | uninsured discounts (see | 4, 556, 99 | 10, 036, 279 | 14, 593, 277 | 21. 00 | | | | |
| 22. 00 | instructions) Payments received from patients for amounts prev | viously written off as | | 0 | 0 | 22. 00 | | | | |
| 22.00 | charity care | viousity with them of it as | , | 3 | J | 22.00 | | | | |
| 23. 00 | Cost of charity care (line 21 minus line 22) | | 4, 556, 99 | 10, 036, 279 | 14, 593, 277 | 23. 00 | | | | |
| | | | | | 1. 00 | | | | | |
| 24. 00 | Does the amount on line 20 column 2, include cha | arges for patient days bev | ond a Length o | of stav limit | 1.00 N | 24. 00 | | | | |
| 25. 00 | imposed on patients covered by Medicaid or other | r indigent care program? | - | • | | 25. 00 | | | | |
| | stay limit | | -2. 5 Pi 09i dili | | | | | | | |
| 26.00 | Total bad debt expense for the entire hospital of | | | | 18, 138, 361 | | | | | |
| 27. 00 | Medicare reimbursable bad debts for the entire Medicare allowable bad debts for the entire hosp | | , | | 930, 742 | | | | | |
| 27. 01 28. 00 | Non-Medicare bad debt expense (see instructions) | 1 , | ti ons) | | 1, 431, 910 16, 706, 451 | | | | | |
| 29. 00 | Cost of non-Medicare and non-reimbursable Medica | | instructions) | | 4, 461, 516 | | | | | |
| 30.00 | Cost of uncompensated care (line 23 column 3 plu | , | ŕ | | 19, 054, 793 | 30. 00 | | | | |
| 31.00 | Total unreimbursed and uncompensated care cost | (line 19 plus line 30) | | | 19, 054, 793 | 31. 00 | | | | |

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| | 02200 I&R SERVICES-OTHER PRGM COSTS APPRV | 0 | 1, 795 | 1, 795 | 640, 610 | 642, 405 | |
|--------|--|------------------|---------------|----------------|-----------------|-----------------|--------|
| | 02300 PARAMED ED PRGM-(SPECIFY) | 0 | 0 | 0 | 0 | 0 | |
| 23. 01 | 02301 PARAMED ED PRGM - LAB | 75, 736 | 16, 581 | 92, 317 | 110, 861 | 203, 178 | 23. 01 |
| 23. 02 | 02302 PARAMED ED PRGM - RADIOLOGY | 72, 640 | 52 | 72, 692 | 4, 564 | 77, 256 | 23. 02 |
| 23. 03 | 02303 PARAMED ED PRGM - RESP THER | 68, 542 | 956 | 69, 498 | 3, 965 | 73, 463 | 23. 03 |
| 23.04 | 02304 PARAMED ED PRGM-PHARMACY | 480, 616 | 21, 686 | 502, 302 | 2, 922 | 505, 224 | 23. 04 |
| 23.05 | 02305 PARAMED ED PRGM-EMT | 4, 664 | 3, 673 | 8, 337 | 599 | 8, 936 | 23. 05 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 ADULTS & PEDIATRICS | 16, 685, 961 | 3, 613, 024 | 20, 298, 985 | -3, 147, 523 | 17, 151, 462 | 30. 00 |
| 31.00 | 03100 INTENSIVE CARE UNIT | 2, 535, 499 | 412, 719 | 2, 948, 218 | -324, 727 | 2, 623, 491 | 31. 00 |
| 32.00 | 02060 CORONARY CARE UNIT | o | 0 | 0 | 0 | 0 | 32. 00 |
| 35.00 | 02040 NEWBORN INTENSIVE CARE UNIT | 653, 127 | 35, 443 | 688, 570 | -17, 400 | 671, 170 | 35. 00 |
| 40.00 | 04000 SUBPROVI DER - I PF | 3, 032, 222 | 19, 503, 522 | 22, 535, 744 | -9, 628 | 22, 526, 116 | 40. 00 |
| 43.00 | 04300 NURSERY | o | 0 | 0 | 1, 481, 111 | 1, 481, 111 | 43.00 |
| 44.00 | 04400 SKILLED NURSING FACILITY | o | O | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 NURSING FACILITY | o | O | 0 | 0 | 0 | 45. 00 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 OPERATING ROOM | 885, 362 | 3, 773, 363 | 4, 658, 725 | -2, 572, 843 | 2, 085, 882 | 50. 00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 38, 230 | -10, 877 | 27, 353 | 1, 997 | 29, 350 | |
| 50. 02 | 05002 OUTPATI ENT SURGERY | 932, 240 | 347, 671 | 1, 279, 911 | -285, 441 | 994, 470 | |
| 51.00 | 05100 RECOVERY ROOM | 301, 333 | 17, 127 | 318, 460 | -14, 963 | 303, 497 | |
| | 05300 ANESTHESI OLOGY | 58, 066 | 3, 021, 985 | 3, 080, 051 | -154, 977 | 2, 925, 074 | |
| | 05400 RADI OLOGY-DI AGNOSTI C | 1, 307, 085 | 238, 840 | 1, 545, 925 | -153, 550 | 1, 392, 375 | |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 678, 461 | 548, 111 | 1, 226, 572 | -488, 282 | 738, 290 | |
| | 05402 ULTRASOUND | 408, 332 | 63, 717 | 472, 049 | 7, 669 | 479, 718 | |
| | 05500 RADI OLOGY-THERAPEUTI C | 100,002 | 00, 717 | 0 | ,, 00, | 0 | 55. 00 |
| | 05501 COMPUTED TOMOGRAPHY | 470, 327 | 488, 648 | 958, 975 | -119, 561 | 839, 414 | 55. 01 |
| | 05700 CT SCAN | 170,027 | 100, 010 | 700, 770 | 117,001 | 0 0 | 57. 00 |
| | 05800 MRI | | 0 | 0 | 0 | 0 | 58. 00 |
| | 05900 CARDI AC CATHETERI ZATI ON | l ö | 0 | 0 | 0 | 0 | 59. 00 |
| | 06000 LABORATORY | | 7, 493, 994 | 7, 493, 994 | -111, 089 | 7, 382, 905 | |
| 60. 01 | 06001 BLOOD LABORATORY | | 7,473,774 | 7, 473, 774 | -111,007 | 7, 302, 703 | 60. 01 |
| 63. 00 | 06300 BLOOD STORING, PROCESSING & TRANS. | | 484, 209 | 484, 209 | -433, 786 | 50, 423 | |
| 63. 01 | 06301 NUCLEAR MEDICINE | 211, 965 | 379, 996 | 591, 961 | -148, 606 | 443, 355 | |
| | 06500 RESPIRATORY THERAPY | 1, 328, 041 | 470, 199 | 1, 798, 240 | -18, 258 | 1, 779, 982 | |
| | 06600 PHYSI CAL THERAPY | 2, 577, 673 | 104, 199 | 2, 681, 872 | -306, 277 | 2, 375, 595 | |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 536, 505 | 20, 493 | 556, 998 | 34, 163 | 591, 161 | |
| | 06800 SPEECH PATHOLOGY | 281, 146 | 25, 974 | 307, 120 | 6, 661 | 313, 781 | |
| | 1 | 1 | | | | | |
| | 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY | 348, 052 | 433, 926 | 781, 978 | -9, 245 -707 | 772, 733 | |
| | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 88, 024 | 17, 137 | 105, 161 0 | | 104, 454 | |
| | | U O | 0 | 0 | 5, 545, 622 | 5, 545, 622 | |
| | 07200 IMPL. DEV. CHARGED TO PATIENTS | 0 | 0 | - | 3, 352, 010 | 3, 352, 010 | |
| | 07300 DRUGS CHARGED TO PATIENTS | U | 0 | 0 | 25, 067, 101 | 25, 067, 101 | |
| | 03020 PAIN CLINIC | 45 212 | 17 004 | 0 | 17 457 | 0 45 740 | 76.00 |
| | 03950 ORTHOPEDI CS | 45, 312 | 17, 894 | 63, 206 | -17, 457 | 45, 749 | |
| | 03140 CARDI OVASCULAR SERVI CES | 964, 487 | 2, 349, 357 | 3, 313, 844 | -1, 801, 716 | 1, 512, 128 | |
| | 03957 CARDI AC REHABI LI TATI ON | 398, 124 | 16, 457 | 414, 581 | 9, 096 | 423, 677 | |
| | 03190 RADI ATI ON ONCOLOGY | 169, 447 | 281, 836 | 451, 283 | -2, 170 | 449, 113 | |
| | 03951 MRI | 144, 489 | 159, 888 | 304, 377 | -5, 949 | 298, 428 | |
| | 03952 BARI ATRI C CENTER | 0 | 0 500 (04 | 0 | 0 | 0 | |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0 | 3, 590, 624 | 3, 590, 624 | 0 | 3, 590, 624 | |
| | 03953 WOUND CARE | 225, 062 | 53, 189 | 278, 251 | -43, 291 | 234, 960 | |
| | 03954 RENAL DI ALYSI S | 0 | 0 | 0 | 770, 483 | 770, 483 | |
| | 03955 NFUSI ON | 2, 488, 242 | 926, 368 | 3, 414, 610 | -290, 275 | 3, 124, 335 | |
| 76. 11 | 03956 CARE TRANSITION CENTER | 0 | 104 | 104 | 0 | 104 | 76. 11 |
| 4/9/20 | 19 3:29 pm S:\Groups\Finance\EXCEL\NIR REIMBUF | RSEMENT\Cost Rep | orts - NIR\04 | Hammond Cost F | Reports\FY18\01 | Submi ssi on\HF | S\Amen |
| | | • | | | | | |
| | | | | | | | |
| MCRIF3 | 2 - 15. 4. 166. 1 | | | | | 22 | Page |
| | | | | | | | |
| | | | | | | | |

81

110, 481, 623

80, 478, 418

81

190, 960, 041

0

81 194. 01

190, 960, 041 200. 00

194. 01 07951 REHAB

200.00

TOTAL (SUM OF LINES 118 through 199)

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 Heal th Financial
 Systems
 FRANCISCAN

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 Provider CCN: 15-0004 Peri od: Worksheet A From 01/01/2018 | Worksneet A | From 01/01/2018 | To 12/31/2018 | Date/Time Prepared:

| | | | To 12/31/2018 Date/Time 4/9/2019 3 | |
|---|--------------------------|--------------------------------|------------------------------------|------------------|
| Cost Center Description | Adjustments (See A-8) | Net Expenses For Allocation | 47 77 2017 3 | . 29 piii |
| | 6.00 | 7. 00 | | |
| GENERAL SERVICE COST CENTERS 1.00 O0100 CAP REL COSTS-BLDG & FIXT | 2, 118, 067 | 11, 543, 765 | | 1.00 |
| 2. 00 00200 CAP REL COSTS-BEDG & TTXT | 2,118,007 | | | 2.00 |
| 3.00 00300 OTHER CAP REL COSTS | 0 | | | 3. 00 |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT | 4, 048, 333 | 22, 784, 017 | | 4. 00 |
| 5. 05 00590 OTHER ADMINISTRATIVE AND GENERAL | 18, 993, 717 | | | 5. 05 |
| 6.00 00600 MAI NTENANCE & REPAI RS 7.00 00700 OPERATI ON OF PLANT | -18, 978 | | | 6.00 |
| 7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE | 0 | | | 7. 00 8. 00 |
| 9. 00 00900 HOUSEKEEPI NG | ő | 1 | | 9. 00 |
| 10. 00 01000 DI ETARY | -271, 557 | | | 10. 00 |
| 11. 00 01100 CAFETERI A | -744, 556 | | | 11. 00 |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON | -136, 860 | | | 13.00 |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY | 287, 692 -1, 165, 298 | 1 | | 14. 00 15. 00 |
| 16. 00 01600 MEDI CAL RECORDS & LI BRARY | 1, 219, 187 | | | 16.00 |
| 17. 00 01700 SOCIAL SERVICE | 0 | 1 | | 17. 00 |
| 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV | 220, 182 | 862, 587 | | 22. 00 |
| 23.00 O2300 PARAMED ED PRGM-(SPECIFY) | 0 | 1 | | 23. 00 |
| 23. 01 02301 PARAMED ED PRGM - LAB | 0 | 1 | | 23. 01 |
| 23. 02 02302 PARAMED ED PRGM - RADI OLOGY 23. 03 02303 PARAMED ED PRGM - RESP THER | 0 | 77, 256 73, 463 | | 23. 02 23. 03 |
| 23. 04 02304 PARAMED ED PRGM-PHARMACY | 0 | 1 | | 23. 04 |
| 23. 05 02305 PARAMED ED PRGM-EMT | 0 | | | 23. 05 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30. 00 03000 ADULTS & PEDI ATRI CS | -78, 228 | | | 30.00 |
| 31. 00 03100 INTENSIVE CARE UNIT 32. 00 02060 CORONARY CARE UNIT | -24, 964 0 | | | 31. 00 32. 00 |
| 35. 00 02040 NEWBORN NTENSIVE CARE UNIT | -1, 200 | | | 35. 00 |
| 40. 00 04000 SUBPROVI DER - PF | -16, 769, 258 | | | 40. 00 |
| 43. 00 04300 NURSERY | 0 | 1, 481, 111 | | 43. 00 |
| 44.00 04400 SKILLED NURSING FACILITY | 0 | | | 44. 00 |
| 45. 00 04500 NURSING FACILITY | 0 | 0 | | 45. 00 |
| ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM | -235, 817 | 1, 850, 065 | | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | 233, 017 | | | 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY | 0 | | | 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 0 | 303, 497 | | 51. 00 |
| 53. 00 05300 ANESTHESI OLOGY | 0 | 2, 925, 074 | | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | -93, 003 0 | 1 | | 54. 00 54. 01 |
| 54. 02 05401 KADI OLOGI SI LEI AL I ROCEDORES | 0 | | | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | -149, 317 | | | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0 | 839, 414 | | 55. 01 |
| 57. 00 05700 CT SCAN | 0 | 0 | | 57. 00 |
| 58. 00 05800 MRI 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | | 58. 00 59. 00 |
| 60. 00 06000 LABORATORY | -2, 179, 539 | 1 | | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0 | | | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. | -6, 227 | 44, 196 | | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0 | 1 , | | 63. 01 |
| 65. 00 06500 RESPI RATORY THERAPY | -57, 374 -58, 530 | | | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY | -1, 401 | | | 66. 00 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0 | | | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | -355, 877 | | | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | -1, 162 | | | 70. 00 |
| 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT | 0 | | | 71.00 |
| 72.00 O7200 IMPL. DEV. CHARGED TO PATIENTS 73.00 O7300 DRUGS CHARGED TO PATIENTS | 0 | | | 72. 00 73. 00 |
| 76. 00 03020 PAIN CLINIC | -1, 253, 027 | | | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 0 | 1 | | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | -282, 194 | 1, 229, 934 | | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | -4, 809 | 1 | | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 0 | | | 76. 04 76. 05 |
| 76. 05 03951 MRI 76. 06 03952 BARI ATRI C CENTER | 0 0 | | | 76. 05 76. 06 |
| 76. 06 03932 BARTATRI C CENTER 76. 07 03550 PSYCH ACTIVITY THERAPY | 0 | 1 -1 | | 76.00 |
| 76. 08 03953 WOUND CARE | -1, 713 | | | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 0 | 1 | | 76. 09 |
| 76. 10 03955 I NFUSI ON | -20, 592 | 1 | | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER 76. 12 03958 ANTICOAGULATION CLINIC | -303 | | | 76. 11 76. 12 |
| . 2 2 job / 55 , Sortos Ettil on SEI NI O | 1 303 | 100, 171 | | 1 /0.12 |

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MCRI F32 - 15. 4. 166. 1 24 | Page Provider CCN: 15-0004 Period: Worksheet A From 01/01/2018 To 12/31/2018 Date/Time Pr

| | | | То | 12/31/2018 | Date/Time Prepared: 4/9/2019 3:29 pm |
|--|-------------|----------------|----|------------|--------------------------------------|
| Cost Center Description | Adjustments | Net Expenses | | | 47 77 2017 S. 27 piii |
| · · | (See A-8) | For Allocation | | | |
| | 6.00 | 7. 00 | | | |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | | | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | | | 90.00 |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | 1, 225 | | | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLINI C | 0 | 4, 333 | | | 90. 02 |
| 90. 03 09003 SPECI ALTY CLI NI C | 0 | 266 | | | 90. 03 |
| 91. 00 09100 EMERGENCY | -963, 692 | 11, 366, 274 | | | 91.00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 99. 00 09900 CMHC | 0 | 0 | | | 99. 00 |
| 99. 10 09910 CORF | 0 | 0 | | | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | 0 | 5, 860, 167 | | | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 113.00 11300 INTEREST EXPENSE | 395, 936 | 0 | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 2, 407, 638 | 193, 555, 792 | | | 118. 00 |
| NONREI MBURSABLE COST CENTERS | | | | | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 107, 401 | | | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 15, 572 | | | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | | | 190. 02 |
| 190.03 19003 MEDICAL ARTS BUILDING | 0 | 280, 079 | | | 190. 03 |
| 190.04 19004 WOMEN'S HEALTH CENTER | 0 | 49, 139 | | | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 71, 045 | | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | -18 | | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | | | 190. 08 |
| 190. 09 19009 MDWI SE | 0 | 97, 248 | | | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | 10, 818 | | | 190. 11 |
| 190. 12 19012 SELECT | 0 | 0 | | | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | 0 | | | 190. 13 |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES | 0 | -1, 603, 257 | | | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | 783, 779 | | | 192. 01 |
| 193. 00 19300 NONPALD WORKERS | 0 | 0 | | | 193. 00 |
| 194. 01 07951 REHAB | 0 | 81 | | | 194. 01 |
| 200.00 TOTAL (SUM OF LINES 118 through 199) | 2, 407, 638 | 193, 367, 679 | | | 200. 00 |

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MCRI F32 - 15. 4. 166. 1 25 | Page Health Financial Systems RECLASSIFICATIONS Provider CCN: 15-0004 Peri od: Worksheet A-6 From 01/01/2018 To 12/31/2018 Date/Time Prepared:

| | | | | | To 12/31/2018 Date/lime Pro 4/9/2019 3: 29 | |
|------------------|---|------------------|-----------------|----------------------------|--|------------------|
| | Coot Conton | Increases | Calami | Othor | | |
| | Cost Center 2.00 | Li ne # 3.00 | Sal ary 4.00 | 0ther 5.00 | | |
| | A - CAPITAL | | -1 | | | |
| 1. 00 2. 00 | CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-BLDG & FIXT | 2. 00 1. 00 | 0 | 5, 230, 365 3, 005, 438 | | 1. 00 2. 00 |
| 3. 00 | CAP REL COSTS-BLDG & FIXT | 1.00 | o | 28, 151 | | 3. 00 |
| | TOTALS | | | 8, 263, 954 | | |
| 1. 00 | B - DI ETARY CAFETERI A | 11.00 | 771, 990 | 453, 951 | | 1.00 |
| 1.00 | TOTALS | | 771, 990 | 453, 951 | | 1.00 |
| | C - INSURANCE | | | | | |
| 1. 00 | OTHER ADMINISTRATIVE AND GENERAL | 5. 05 | 0 | 969, 776 | | 1. 00 |
| 2.00 | DENERAL | 0.00 | O | 0 | | 2. 00 |
| 3.00 | | | 0 | 0 | | 3. 00 |
| | TOTALS D - CHARGEABLE SUPPLIES | | 0 | 969, 776 | | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO | 71.00 | 0 | 8, 900, 228 | | 1.00 |
| 2.00 | PATI ENT | FO 01 | | 1 007 | | 2.00 |
| 2. 00 3. 00 | OPEN HEART SURGERY PARAMED ED PRGM-EMT | 50. 01 23. 05 | 0 | 1, 997 599 | | 2. 00 3. 00 |
| 4. 00 | | 0.00 | O | 0 | | 4. 00 |
| 5.00 | | 0.00 | 0 | 0 | | 5.00 |
| 6. 00 7. 00 | | 0. 00 0. 00 | 0 | 0 | | 6. 00 7. 00 |
| 8. 00 | | 0.00 | Ö | 0 | | 8. 00 |
| 9. 00 | | 0.00 | 0 | 0 | | 9. 00 |
| 10. 00 11. 00 | | 0. 00 0. 00 | 0 | 0 | | 10. 00 11. 00 |
| 12. 00 | | 0.00 | o | 0 | | 12. 00 |
| 13. 00 | | 0.00 | 0 | 0 | | 13. 00 |
| 14. 00 15. 00 | | 0. 00 0. 00 | 0 | 0 | | 14. 00 15. 00 |
| 16. 00 | | 0.00 | O | 0 | | 16. 00 |
| 17. 00 | | 0.00 | 0 | 0 | | 17. 00 |
| 18. 00 19. 00 | | 0. 00 0. 00 | 0 | 0 | | 18. 00 19. 00 |
| 20. 00 | | 0.00 | Ö | 0 | | 20.00 |
| 21. 00 | | 0.00 | 0 | 0 | | 21. 00 |
| 22. 00 23. 00 | | 0. 00 0. 00 | 0 | 0 | | 22. 00 23. 00 |
| 24. 00 | | 0.00 | o | 0 | | 24. 00 |
| 25. 00 | | 0.00 | 0 | 0 | | 25. 00 |
| 26. 00 27. 00 | | 0. 00 0. 00 | 0 | 0 | | 26. 00 27. 00 |
| 28. 00 | | 0.00 | 0 | 0 | | 28. 00 |
| 29. 00 | | 0.00 | O | 0 | | 29. 00 |
| 30. 00 31. 00 | | 0. 00 0. 00 | 0 | 0 | | 30. 00 31. 00 |
| 32. 00 | | 0.00 | 0 | 0 | | 32.00 |
| 33. 00 | | 0.00 | O | 0 | | 33. 00 |
| 34. 00 35. 00 | | 0. 00 0. 00 | 0 | 0 | | 34. 00 35. 00 |
| 36. 00 | | 0.00 | 0 | 0 | | 36.00 |
| | TOTALS | | | 8, 902, 824 | | |
| 1. 00 | E - PHARMACY DRUGS CHARGED TO PATIENTS | 73. 00 | O | 25, 067, 101 | | 1.00 |
| 2.00 | | 0.00 | О | 0 | | 2. 00 |
| 3.00 | | 0.00 | 0 | 0 | | 3.00 |
| 4. 00 5. 00 | | 0. 00 0. 00 | 0 | 0 | | 4. 00 5. 00 |
| 6.00 | | 0.00 | O | 0 | | 6. 00 |
| 7.00 | | 0.00 | 0 | 0 | | 7. 00 |
| 8. 00 9. 00 | | 0. 00 0. 00 | 0 | 0 | | 8. 00 9. 00 |
| 10.00 | | 0.00 | 0 | o | | 10.00 |
| 11.00 | | 0.00 | 0 | 0 | | 11.00 |
| 12. 00 13. 00 | | 0. 00 0. 00 | 0 | 0 | | 12. 00 13. 00 |
| 14. 00 | | 0.00 | 0 | o | | 14. 00 |
| 15. 00 | | 0.00 | 0 | 0 | | 15. 00 |
| 16. 00 17. 00 | | 0. 00 0. 00 | 0 | 0 | | 16. 00 17. 00 |
| 17.00 | | 0.00 | 0 | 0 | | 17.00 |
| 19. 00 | | 0.00 | 0 | 0 | | 19. 00 |
| 20. 00 | | 0.00 | 0 | 0 | | 20.00 |
| 4/9/201 | 19 3: 29 pm S: \Groups\Fi nance\F | XCELNNIR REIMBU | kSEMENI∖Cost Re | eports - NLR\04 | Hammond Cost Reports\FY18\01 Submission\HF | -S\Amen |

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Peri od: Worksheet A-6
From 01/01/2018
To 12/31/2018 Date/Time Prepared:

| Cost Center | | | | | | 4/9/2019 3: 29 | parca. |
|--|--------|------------------------------|------------|----------------|--------------|----------------|---------|
| 2.00 3.00 4.00 5.00 21.00 22.00 | | | Increases | | | | |
| 22.00 | | Cost Center | Li ne # | Sal ary | Other | | |
| 22.00 | | 2. 00 | 3. 00 | 4. 00 | 5. 00 | | |
| 23.00 | 21.00 | | 0.00 | 0 | 0 | | 21. 00 |
| TOTALS | 22.00 | | 0.00 | 0 | 0 | | 22.00 |
| F - RADIOLOGY ADMINISTRATION | 23.00 | | 0.00 | 0 | 0 | | 23.00 |
| 1.00 | | TOTALS | | 0 | 25, 067, 101 | | |
| 2.00 | | F - RADIOLOGY ADMINISTRATION | | | | | |
| 3.00 | 1.00 | NUCLEAR MEDICINE | 63. 01 | 5, 187 | 0 | | 1.00 |
| A. 00 RADI OLOGY SPECIAL PROCEDURES 54. 01 10, 071 0 0 5. 00 | 2.00 | ULTRASOUND | 54.02 | 42, 489 | 0 | | 2.00 |
| 5. 00 MRI | 3.00 | NUCLEAR MEDICINE | 63. 01 | 67, 126 | 0 | | 3.00 |
| TOTALS | 4.00 | RADIOLOGY SPECIAL PROCEDURES | 54. 01 | | 0 | | 4.00 |
| Company Comp | 5.00 | MRI | 76. 05 | <u>9, 7</u> 18 | 0 | | 5.00 |
| 1.00 COSTS APPRV | | TOTALS | | 134, 591 | 0 | | |
| COSTS, APPRV | | | | | | | |
| TOTALS | 1.00 | | 22. 00 | 0 | 640, 610 | | 1.00 |
| H - PARAMEDICAL EDUCATION 1.00 2.00 2.00 4.564 2.00 | | | | | | | |
| 1.00 | | | | 0 | 640, 610 | | |
| 2.00 | | | | | | | |
| 3. 00 | 1. 00 | | | 111, 089 | | | 1.00 |
| 4. 00 | | | | - 1 | | | |
| 5.00 PHARMACY 15.00 0 4.998 11.900 13.527 11.900 13.900 | | 1 | | -1 | 3, 965 | | |
| TOTALS | | | | 7, 920 | - | | |
| PROFESSIONAL SUPPORT SERVICES | 5.00 | | 1500 | 0 | | | 5. 00 |
| 1. 00 RESPIRATORY THERAPY 65. 00 228, 122 321 2. 00 0CCUPATIONAL THERAPY 67. 00 38, 099 54 2. 00 0CCUPATIONAL THERAPY 67. 00 38, 099 54 3. 0. 00 4. 00 10. 00 16. 091 23 3. 0. 00 4. 00 10. 00 170. 00 170. 00 170. 00 170. 00 170. 00 170. 00 170. 00 170. 00 170. 00 18, 000 18, 000 | | | | 119, 009 | 13, 527 | | |
| 2. 00 OCCUPATIONAL THERAPY 67. 00 38. 099 54 3. 00 SPECH PATHOLOGY 68. 00 16. 091 23 3. 00 4. 00 CARDIA OR EHABI LITATION 76. 03 17. 038 24 4. 00 TOTALS 299, 350 422 7. 00 | | | | | | | |
| 3.00 SPECH PATHOLOGY 68.00 16.091 23 3.00 4.00 CARDIAC REHABILITATION 76.03 17.038 24 4.00 TOTALS 299,350 422 3.00 4.00 TOTALS 3.00 4.00 TOTALS 3.00 4.00 TOTALS 3.00 4.00 TOTALS 3.00 18.000 5.00 18.000 5.00 5.00 5.00 5.00 5.00 5.00 5.00 | | | | | | | |
| A. 00 CARDIAC REHABILITATION 76. 03 17, 038 24 17 17 17 18 18 18 18 18 | | | | | | | |
| TOTALS | | | | | - | | |
| 1.00 | 4. 00 | | 76.03 | | | | 4. 00 |
| 1.00 CAP REL COSTS-BLDG & FIXT 1.00 0 18,000 TOTALS 0 18,000 TOTALS 0 18,000 TOTALS 1.00 TOTALS 1.131,395 349,716 TOTALS 1.00 T | | TOTALS | | 299, 350 | 422 | | |
| TOTALS | | | | | | | |
| NURSERY | 1. 00 | | | | | | 1. 00 |
| 1.00 NURSERY 43.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,131,395 349,716 1.00 1,10 | | | | 0 | 18, 000 | | |
| TOTALS | | | | | | | |
| L - RENAL DI ALYSI S 76.09 477,800 292,683 1.00 RENAL DI ALYSI S 76.09 477,800 292,683 1.00 M - I MPLANTABLE DEVI CES | 1. 00 | | 43.00 | | | | 1. 00 |
| 1.00 RENAL DI ALYSI S 76.09 477, 800 292, 683 1.00 | | | | 1, 131, 395 | 349, 716 | | |
| TOTALS | | | | | | | |
| M - IMPLANTABLE DEVICES 1.00 IMPL. DEV. CHARGED TO 72.00 0 3,352,010 1.00 PATI ENTS | 1. 00 | | <u> </u> | | | | 1. 00 |
| 1. 00 MPL. DEV. CHARGED TO 72. 00 0 3, 352, 010 1. 00 | | | | 477, 800 | 292, 683 | | |
| PATI ENTS | | | | | | | |
| TOTALS | 1. 00 | | 72. 00 | 0 | 3, 352, 010 | | 1. 00 |
| N - SPECIALTY CLINIC SPECIALTY CLINIC 90.03 0 266 TOTALS 0 266 0 - INTEREST EXPENSE 1. 00 CAP REL COSTS-BLDG & FIXT 1.00 0 5, 191, 545 P - MISC A&G INTEREST EXPENSE 113.00 0 4, 668, 089 TOTALS 0 4, 668, 089 0 - CATH LAB RECOVERY 1. 00 CARDIOVASCULAR SERVICES 76.02 171, 801 2, 305 TOTALS 171, 801 2, 305 | | | + | | | | |
| 1. 00 SPECIALTY CLINIC 90.03 0 266 | | | | 0 | 3, 352, 010 | | |
| TOTALS 0 266 0 - INTEREST EXPENSE 1. 00 CAP REL COSTS-BLDG & FIXT 1.00 0 5, 191, 545 P - MISC A&G 1. 00 INTEREST EXPENSE 113.00 0 4, 668, 089 TOTALS 0 4, 668, 089 0 - CATH LAB RECOVERY 1. 00 CARDI OVASCULAR SERVI CES 76. 02 171, 801 2, 305 TOTALS 171, 801 2, 305 | 4 00 | | 00.00 | ما | 0// | | 4 00 |
| 1. 00 | 1.00 | | 90.03 | | | | 1.00 |
| 1. 00 | | | | O | 266 | | |
| TOTALS P - MISC A&G 1.00 INTEREST EXPENSE 113.00 0 4,668,089 0 1.00 TOTALS 0 4,668,089 0 1.00 CARDI OVASCULAR SERVI CES 76.02 171,801 2,305 1.00 TOTALS 171,801 2,305 | 4 00 | | 4 00 | | E 404 E4E | | 4 00 |
| P - MISC A&G INTEREST EXPENSE 113.00 0 4,668,089 TOTALS 0 4,668,089 Q - CATH LAB RECOVERY 1.00 CARDI OVASCULAR SERVI CES 76.02 171,801 2,305 TOTALS 171,801 2,305 | 1.00 | | | | | | 1.00 |
| 1. 00 INTEREST EXPENSE 113. 00 0 4, 668, 089 1. 00 | | | | O | 5, 191, 545 | | |
| TOTALS 0 4, 668, 089 Q - CATH LAB RECOVERY 1. 00 CARDI OVASCULAR SERVI CES 76. 02 171, 801 2, 305 TOTALS 171, 801 2, 305 | 1 00 | | 112 00 | | 4 ((0,000 | | 1 00 |
| 0 - CATH LAB RECOVERY 1.00 | 1.00 | | 113.00 | | | | 1.00 |
| 1. 00 CARDI OVASCULAR SERVI CES 76. 02 171, 801 2, 305 1. 00 TOTALS 171, 801 2, 305 | | | | 0 | 4, 668, 089 | | |
| TOTALS 171, 801 2, 305 | 4 00 | | اء , , , ا | 474 000 | 2 22= | | 4 00 |
| | 1.00 | | <u> </u> | | | | 1.00 |
| 500.00 brand rotal: Increases 3, 105, 936 58, 186, 7/9 500.00 | F00 00 | | | | | | F00 00 |
| | 500.00 | ы and тотаг: increases | I | 3, 105, 936 | 58, 186, 779 | | 5UU. UU |

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Peri od: W From 01/01/2018

| | | | | | | To 12/31/2018 Date/Time Pr 4/9/2019 3:2 | |
|------------------|--|------------------|-----------------|-----------------------------------|-----------------|--|------------------|
| | | Decreases | | | | | |
| | Cost Center 6.00 | Li ne # 7.00 | Sal ary 8.00 | 0ther 9.00 | Wkst. A-7 Ref. | - | |
| | A - CAPITAL | 7.00 | 8.00 | 9.00 | 10.00 | | |
| 1.00 | HOME HEALTH AGENCY | 101. 00 | 0 | 28, 15° | | l . | 1. 00 |
| 2.00 | CAP REL COSTS-BLDG & FIXT | 1.00 | 0 | 5, 230, 36 | | l . | 2. 00 |
| 3. 00 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 3, 005, 438 | 8 9 | | 3. 00 |
| | GENERAL | + | | 8, 263, 95 | 4 | - | |
| | B - DI ETARY | | <u> </u> | 0, 200, 70 | • | | 1 |
| 1.00 | DI ETARY | 10. 00 | 771, 990 | 453, 95 | 1 C | | 1. 00 |
| | TOTALS | | 771, 990 | 453, 95 | 1 | | |
| 1 00 | C - INSURANCE | 1 00 | 0 | 050.00 | 4 10 | , I | 1 00 |
| 1. 00 2. 00 | CAP REL COSTS-BLDG & FIXT INTEREST EXPENSE | 1. 00 113. 00 | 0 | 959, 924 1, 172 | | I . | 1.00 |
| 3. 00 | HOME HEALTH AGENCY | 101.00 | 0 | 8, 680 | | l . | 3. 00 |
| 0.00 | TOTALS | | | 969, 776 | | | 0.00 |
| | D - CHARGEABLE SUPPLIES | | | | | | |
| 1.00 | OPERATING ROOM | 50.00 | 0 | 2, 557, 33 | | l . | 1.00 |
| 2.00 | OUTPATIENT SURGERY | 50. 02 | 0 | 281, 392 | | l . | 2.00 |
| 3. 00 4. 00 | RECOVERY ROOM ANESTHESIOLOGY | 51.00 | 0 | 14, 828 | | l e | 3. 00 4. 00 |
| 5. 00 | RADI OLOGY-DI AGNOSTI C | 53. 00 54. 00 | 0 | 119, 424 14, 39! | | l . | 5. 00 |
| 6.00 | RADI OLOGY SPECIAL PROCEDURES | 54. 01 | o | 496, 652 | - | | 6. 00 |
| 7.00 | ULTRASOUND | 54. 02 | O | 34, 766 | | | 7. 00 |
| 8.00 | COMPUTED TOMOGRAPHY | 55. 01 | 0 | 119, 56 | | l . | 8. 00 |
| 9.00 | BLOOD STORING, PROCESSING & | 63. 00 | 0 | 433, 786 | 6 C | | 9. 00 |
| 10.00 | TRANS. | 42.01 | | 2 72 | 7 | | 10.00 |
| 10. 00 11. 00 | NUCLEAR MEDICINE RESPIRATORY THERAPY | 63. 01 65. 00 | 0 | 2, 72 ⁻ 241, 432 | | I . | 10.00 |
| 12. 00 | PHYSI CAL THERAPY | 66.00 | 0 | 6, 23 | _ | | 12. 00 |
| 13. 00 | OCCUPATIONAL THERAPY | 67. 00 | o | 3, 990 | | l e e e e e e e e e e e e e e e e e e e | 13. 00 |
| 14.00 | SPEECH PATHOLOGY | 68. 00 | 0 | 9, 453 | | | 14. 00 |
| 15.00 | ELECTROCARDI OLOGY | 69. 00 | 0 | 8, 15 | | l . | 15. 00 |
| 16.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 70 | | l e | 16.00 |
| 17. 00 | ORTHOPEDICS | 76. 01 | 0 | 17, 45 | | I . | 17. 00 |
| 18. 00 19. 00 | CARDI OVASCULAR SERVI CES CARDI AC REHABI LI TATI ON | 76. 02 76. 03 | 0 | 1, 975, 46 ⁹ 7, 966 | - | I . | 18. 00 19. 00 |
| 20. 00 | RADI ATI ON ONCOLOGY | 76. 04 | o | 2, 170 | | I . | 20.00 |
| 21.00 | MRI | 76. 05 | O | 15, 66 | | | 21. 00 |
| 22. 00 | WOUND CARE | 76. 08 | 0 | 36, 42! | | l . | 22. 00 |
| 23. 00 | I NFUSI ON | 76. 10 | 0 | 259, 608 | | | 23. 00 |
| 24. 00 25. 00 | ANTICOAGULATION CLINIC EMERGENCY | 76. 12 91. 00 | 0 | 18, 250 | | l . | 24. 00 25. 00 |
| 26. 00 | HOME HEALTH AGENCY | 101.00 | 0 | 727, 75 ⁻ 102, 940 | | l . | 26. 00 |
| 27. 00 | NURSING ADMINISTRATION | 13. 00 | o | 5, 14 | | I . | 27. 00 |
| 28. 00 | CENTRAL SERVICES & SUPPLY | 14.00 | 0 | 208, 742 | | | 28. 00 |
| 29. 00 | PHARMACY | 15. 00 | 0 | 152, 187 | | l . | 29. 00 |
| 30.00 | MEDICAL RECORDS & LIBRARY | 16.00 | 0 | 24 | | | 30.00 |
| 31. 00 32. 00 | PARAMED ED PRGM - LAB ADULTS & PEDIATRICS | 23. 01 30. 00 | 0 | 228 713, 458 | | l . | 31. 00 32. 00 |
| 33. 00 | INTENSIVE CARE UNIT | 31.00 | 0 | 284, 90 | | l . | 33. 00 |
| 34. 00 | NEWBORN INTENSIVE CARE UNIT | 35. 00 | o | 17, 35 | | l e e e e e e e e e e e e e e e e e e e | 34. 00 |
| 35.00 | SUBPROVI DER - I PF | 40. 00 | 0 | 9, 628 | 8 0 | | 35. 00 |
| 36. 00 | MEDICAL SUPPLIES CHARGED TO | 71. 00 | 0 | 2, 59 | 6 0 | | 36. 00 |
| | PATI ENT | + | + | 8, 902, 82 | | 1 | |
| | TOTALS E - PHARMACY | | 0 | 0, 702, 82 | * | | 1 |
| 1.00 | EMPLOYEE BENEFITS DEPARTMENT | 4. 00 | 0 | 51, 902 | 2 C | | 1.00 |
| 2.00 | NURSING ADMINISTRATION | 13. 00 | Ö | 768 | | l . | 2. 00 |
| 3.00 | CENTRAL SERVICES & SUPPLY | 14. 00 | 0 | 484 | | I . | 3. 00 |
| 4.00 | PHARMACY | 15. 00 | 0 | 24, 609, 072 | | l . | 4.00 |
| 5.00 | ADULTS & PEDIATRICS | 30.00 | 0 | 8, 36! | | l . | 5. 00 |
| 6. 00 7. 00 | INTENSIVE CARE UNIT NEWBORN INTENSIVE CARE UNIT | 31. 00 35. 00 | 0 | 39, 818 49 | | l . | 6. 00 7. 00 |
| 8. 00 | OPERATING ROOM | 50.00 | 0 | 15, 50 | | | 8. 00 |
| 9. 00 | OUTPATIENT SURGERY | 50. 02 | Ö | 4, 049 | | l . | 9. 00 |
| 10. 00 | RECOVERY ROOM | 51.00 | O | 13! | | | 10.00 |
| 11. 00 | ANESTHESI OLOGY | 53.00 | 0 | 35, 55 | | l e e e e e e e e e e e e e e e e e e e | 11. 00 |
| 12.00 | RADI OLOGY SPECIAL PROCEDURES | 54. 01 | 0 | 1, 70 | | l e | 12.00 |
| 13. 00 14. 00 | ULTRASOUND NUCLEAR MEDICINE | 54. 02 63. 01 | 0 | 54 218, 192 | | | 13. 00 14. 00 |
| 15. 00 | RESPIRATORY THERAPY | 65. 00 | 0 | 1, 30 | | | 15. 00 |
| 16. 00 | PHYSI CAL THERAPY | 66.00 | o | 260 | | | 16. 00 |
| 17. 00 | ELECTROCARDI OLOGY | 69.00 | Ö | 1, 089 | | | 17. 00 |
| 18. 00 | CARDI OVASCULAR SERVI CES | 76. 02 | 0 | 353 | | I . | 18. 00 |
| 19. 00 | WOUND CARE | 76. 08 | 0 | 6, 86 | 6 C | 0 | 19. 00 |
| 4/9/20 | 19 3: 29 pm S: \Groups\Finance\EX | CELVNIR RELMBUR | SEMENT\Cost Re | norts - NIR\(| 04 Hammond Cost | Renorts\FV18\01 Submission\H | FS\ Amon |

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| | | | | | To | o 12/31/2018 Date/Time Pr 4/9/2019 3:2 | |
|--------|--|-----------------|------------------|---------------------|----------------------|---|--------|
| | | Decreases | | | | | 1 |
| | Cost Center | Li ne # | Sal ary | 0ther | Wkst. A-7 Ref. | | |
| | 6. 00 | 7. 00 | 8. 00 | 9. 00 | 10. 00 | | |
| 20. 00 | I NFUSI ON | 76. 10 | 0 | 30, 66 | | | 20. 00 |
| 21. 00 | ANTICOAGULATION CLINIC | 76. 12 | 0 | 33 | | | 21. 00 |
| 22. 00 | EMERGENCY | 91.00 | 0 | 17, 612 | | | 22. 00 |
| 23. 00 | HOME HEALTH AGENCY | 1 <u>01.</u> 00 | 0_ | 23, 260 | | | 23. 00 |
| | TOTALS | | 0 | 25, 067, 10 | 1 | | |
| | F - RADIOLOGY ADMINISTRATION | | | | | | |
| 1.00 | RADI OLOGY-DI AGNOSTI C | 54.00 | 134, 591 | | 0 | | 1. 00 |
| 2.00 | | 0.00 | 0 | (| 0 | | 2. 00 |
| 3.00 | | 0.00 | 0 | (| 0 | | 3. 00 |
| 4.00 | | 0.00 | 0 | (| 0 | | 4. 00 |
| 5.00 | <u> </u> | 0.00 | 0 | | <u> </u> | | 5. 00 |
| | TOTALS | | 134, 591 | | 0 | | |
| 1 00 | G - MEDICAL EDUCATION OTHER ADMINISTRATIVE AND | F 0F | ما | (40 (1) | 0 (| | 1 00 |
| 1. 00 | | 5. 05 | 0 | 640, 610 | | | 1. 00 |
| | GENERAL | + | | 640, 610 | _ | | |
| | H - PARAMEDICAL EDUCATION | | U _I | 040, 010 | J | | |
| 1. 00 | LABORATORY | 60.00 | 111, 089 | | 0 (c | | 1.00 |
| 2. 00 | RADI OLOGY-DI AGNOSTI C | 54. 00 | 111, 009 | 4, 56 | | | 2. 00 |
| 3. 00 | RESPIRATORY THERAPY | 65. 00 | 0 | 3, 96! | | | 3. 00 |
| 4. 00 | PHARMACY | 15. 00 | 7, 920 | | | | 4. 00 |
| 5. 00 | PARAMED ED PRGM-PHARMACY | 23. 04 | 7, 720 | 4, 998 | - | | 5. 00 |
| 5.00 | TOTALS | | 119, 009 | 13, 52 | | | 3.00 |
| | I - PROFESSIONAL SUPPORT SERV | /I CES | 117,007 | 13, 32 | / | | |
| 1. 00 | PHYSI CAL THERAPY | 66.00 | 299, 350 | 422 | 2 0 | | 1.00 |
| 2. 00 | I III SI GAE THERAIT | 0.00 | 277, 330 | | | | 2. 00 |
| 3.00 | | 0.00 | 0 | | | | 3. 00 |
| 4. 00 | | 0.00 | 0 | Č | | | 4. 00 |
| 00 | TOTALS — — — — | | 299, 350 | — — — 42ž | 2 — – – 1 | | |
| | J - RENT | | | | | | |
| 1.00 | INTEREST EXPENSE | 113.00 | 0 | 18, 000 | 0 10 | | 1.00 |
| | TOTALS — — — — — | | | 18, 000 | <u> </u> | | |
| | K - NURSERY | | | | | | |
| 1.00 | ADULTS & PEDIATRICS | 30. 00 | 1, 131, 395 | 349, 710 | | | 1. 00 |
| | TOTALS | | 1, 131, 395 | 349, 71 | 6 | | |
| | L - RENAL DIALYSIS | | | | | | |
| 1.00 | ADULTS & PEDIATRICS | 30. 00 | 47 <u>7,</u> 800 | 29 <u>2, 6</u> 83 | | | 1. 00 |
| | TOTALS | | 477, 800 | 292, 683 | 3 | | |
| | M - IMPLANTABLE DEVICES | | | | | | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO | 71. 00 | 0 | 3, 352, 010 | 0 | | 1. 00 |
| | PATI ENT | + | | | | | |
| | TOTALS | | 0 | 3, 352, 010 | 0 | | _ |
| 1 00 | N - SPECIALTY CLINIC | F 0F | ما | 24 | (| | 1 00 |
| 1. 00 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 266 | 6 0 | | 1. 00 |
| | GENERAL | + | | | | | |
| | 0 - INTEREST EXPENSE | | U | 200 | 0 | | |
| 1. 00 | INTEREST EXPENSE | 113. 00 | O | 5, 191, 54 | 5 10 | | 1. 00 |
| 1.00 | TOTALS | 113.00 | | 5, 191, 54 | | | 1.00 |
| | P - MISC A&G | | <u> </u> | 3, 171, 34 | J | | |
| 1. 00 | OTHER ADMINISTRATIVE AND | 5. 05 | O | 4, 668, 089 | 9 0 | | 1.00 |
| 1.00 | GENERAL | 3.03 | Y | 4, 000, 00 | 1 | | 1.00 |
| | TOTALS | + | | 4, 668, 089 | 9 | | |
| | Q - CATH LAB RECOVERY | | <u> </u> | ., 555, 56 | | | |
| 1.00 | ADULTS & PEDIATRICS | 30.00 | 171, 801 | 2, 30! | 5 0 | | 1.00 |
| | TOTALS | | 171, 801 | $\frac{2}{2}$, 30! | | | |
| 500.00 | Grand Total: Decreases | | 3, 105, 936 | 58, 186, 779 | | | 500.00 |
| | | 1 | -,,9 | , :==, : ; | 1 | | , |

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In Lieu of Form CMS-2552-10
Period: Worksheet A-7
From 01/01/2018 Part I Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS Provider CCN: 15-0004

| | | | | | To 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|----------------|---|------------------|--------------|-----------------|---------------|--------------------------------|----------------|
| | | | | Acqui si ti ons | | 1, ,, 201, 0.2, | J |
| | | Begi nni ng | Purchases | Donati on | Total | Di sposal s and | |
| | | Bal ances | | | | Retirements | |
| | | 1.00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET | | | | | | |
| 1.00 | Land | 5, 547, 620 | 0 | | 0 0 | 0 | |
| 2.00 | Land Improvements | 3, 655, 975 | 0 | | 0 0 | 0 | 2. 00 |
| 3.00 | Buildings and Fixtures | 45, 552, 324 | 37, 490 | | 0 37, 490 | 1 | 3. 00 |
| 4.00 | Building Improvements | 147, 396 | 0 | | 0 0 | 0 | 4. 00 |
| 5.00 | Fi xed Equipment | 152, 178, 762 | 5, 842, 930 | | 0 5, 842, 930 | | 5. 00 |
| 6.00 | Movable Equipment | 2, 475, 394 | 3, 172, 178 | | 0 3, 172, 178 | 2, 993, 038 | 1 |
| 7.00 | HIT designated Assets | 0 | 0 | | 0 0 | 0 | 7. 00 |
| 8. 00 | Subtotal (sum of lines 1-7) | 209, 557, 471 | 9, 052, 598 | | 0 9, 052, 598 | 2, 993, 039 | |
| 9.00 | Reconciling Items | 0 | 0 | | 0 0 | 0 | 9. 00 |
| 10. 00 | Total (line 8 minus line 9) | 209, 557, 471 | 9, 052, 598 | | 0 9, 052, 598 | 2, 993, 039 | 10. 00 |
| | | Endi ng Bal ance | Fully | | | | |
| | | | Depreci ated | | | | |
| | | (00 | Assets | | | | |
| | DADT I ANALYCIC OF CHANCEC IN CADITAL ACCET | 6.00 | 7. 00 | | | | |
| 1 00 | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET | | 0 | | | | 1 00 |
| 1.00 | Land | 5, 547, 620 | 0 004 014 | | | | 1.00 |
| 2.00 | Land Improvements | 3, 655, 975 | 3, 284, 014 | | | | 2.00 |
| 3.00 | Buildings and Fixtures | 45, 589, 813 | 11, 297, 189 | | | | 3.00 |
| 4.00 | Building Improvements | 147, 396 | 124, 730 | | | | 4. 00 |
| 5.00 | Fixed Equipment | 158, 021, 692 | 62, 389, 563 | | | | 5.00 |
| 6.00 | Movable Equipment | 2, 654, 534 | 21, 525, 871 | | | | 6.00 |
| 7. 00 8. 00 | HIT designated Assets | 215 (17 020 | 00 (21 247 | | | | 7. 00 8. 00 |
| 9. 00 | Subtotal (sum of lines 1-7) Reconciling Items | 215, 617, 030 | 98, 621, 367 | | | | 9.00 |
| 10.00 | | 215 417 020 | 00 421 247 | | | | 10.00 |
| 10.00 | Total (line 8 minus line 9) | 215, 617, 030 | 98, 621, 367 | I | | | 10.00 |

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MCRI F32 - 15. 4. 166. 1 31 | Page

| Heal th | Financial Systems | FRANCISCAN HEA | ALTH HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|---------|---|----------------|---|----------------|-----------------------------|---------------------------|---------|
| RECONG | CILIATION OF CAPITAL COSTS CENTERS | | Provi der C | | Peri od: From 01/01/2018 | Worksheet A-7 Part III | |
| | | | | | To 12/31/2018 | 4/9/2019 3: 29 | |
| | | COM | PUTATION OF RAT | TI OS | ALLOCATION OF | OTHER CAPITAL | |
| | Cost Center Description | Gross Assets | Capi tal i zed | Gross Assets | | Insurance | |
| | | | Leases | for Ratio | instructions) | | |
| | | | | 2) | • | | |
| | | 1. 00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| | PART III - RECONCILIATION OF CAPITAL COSTS CE | NTERS | | | | | |
| 1.00 | CAP REL COSTS-BLDG & FIXT | 0 | 0 | | 0 1.000000 | 0 | 1. 00 |
| 2.00 | CAP REL COSTS-MVBLE EQUIP | 0 | 0 | | 0.000000 | | 2.00 |
| 3. 00 | Total (sum of lines 1-2) | 0 | TION OF OTHER (| CADITAL | 0 1.000000 | OF CAPITAL | 3. 00 |
| | | ALLUCA | ITON OF OTHER (| LAPITAL | SUMMARY | JF CAPITAL | |
| | Cost Center Description | Taxes | 0ther | Total (sum of | Depreciation | Lease | |
| | | | Capi tal -Relate | | | | |
| | | / 00 | d Costs | through 7) | 9. 00 | 10.00 | |
| | PART III - RECONCILIATION OF CAPITAL COSTS CE | 6.00 | 7. 00 | 8. 00 | 9.00 | 10.00 | |
| 1. 00 | CAP REL COSTS-BLDG & FIXT | INILKS | 0 | | 0 4, 054, 228 | 5, 209, 545 | 1. 00 |
| 2.00 | CAP REL COSTS-MVBLE EQUIP | 0 | | | 0 5, 230, 365 | | 2. 00 |
| 3.00 | Total (sum of lines 1-2) | 0 | 0 | | 9, 284, 593 | l . | 3. 00 |
| | | | Sl | JMMARY OF CAPI | | 07-217-210 | |
| | | | | | | | |
| | Cost Center Description | Interest | Insurance (see | | | Total (2) (sum | |
| | | | instructions) | instructions) | Capi tal -Relate | | |
| | | | | | d Costs (see | through 14) | |
| | | 11 00 | 12.00 | 12.00 | instructions) | 15.00 | |
| | PART III - RECONCILIATION OF CAPITAL COSTS CE | 11.00 | 12.00 | 13. 00 | 14. 00 | 15. 00 | |
| 1. 00 | CAP REL COSTS-BLDG & FIXT | -16, 101 | 161, 925 | | 0 2, 134, 168 | 11, 543, 765 | 1. 00 |
| 2. 00 | CAP REL COSTS-MVBLE EQUIP | 10, 101 | 0 101, 723 | 1 | 0 2, 134, 100 | | 2. 00 |
| 3. 00 | Total (sum of lines 1-2) | -16, 101 | 161, 925 | | 0 2, 134, 168 | | |
| | | , , , , , , , | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | .,, | | |

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| | | | | | o 12/31/2018 | Date/Time Prep 4/9/2019 3:29 | |
|------------------|--|-------------------------|----------------|-----------------------------|------------------|---------------------------------|------------------|
| | | | | Expense Classification on | | 4/ 9/ 2019 3. 29 | piii |
| | | | | To/From Which the Amount is | to be Adjusted | | |
| | | | | | | | |
| | | | | | | | |
| | Cost Center Description | Basi s/Code (2) 1.00 | Amount 2.00 | Cost Center 3.00 | Li ne # 4. 00 | Wkst. A-7 Ref. 5.00 | |
| 1. 00 | Investment income - CAP REL | В | -15, 553 | CAP REL COSTS-BLDG & FIXT | 1.00 | 11 | 1. 00 |
| 2. 00 | COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL | | 0 | CAP REL COSTS-MVBLE EQUIP | 2. 00 | 0 | 2. 00 |
| 3. 00 | COSTS-MVBLE EQUIP (chapter 2) Investment income - other | В | -5, 248 | INTEREST EXPENSE | 113. 00 | 0 | 3. 00 |
| 4. 00 | (chapter 2) Trade, quantity, and time | | | | 0.00 | 0 | 4. 00 |
| | discounts (chapter 8) | | 0 | | | | |
| 5. 00 | Refunds and rebates of expenses (chapter 8) | В | -137, 829 | CENTRAL SERVICES & SUPPLY | 14. 00 | 0 | 5. 00 |
| 6.00 | Rental of provider space by suppliers (chapter 8) | В | 0 | | 0. 00 | 0 | 6. 00 |
| 7. 00 | Tel ephone servi ces (pay | В | -17, 609 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 7. 00 |
| | stations excluded) (chapter 21) | | | GENERAL | | | |
| 8. 00 | Television and radio service (chapter 21) | | 0 | | 0.00 | 0 | 8. 00 |
| 9. 00 | Parking Lot (chapter 21) | | 0 | | 0. 00 | 0 | |
| 10. 00 | Provi der-based physician adjustment | A-8-2 | -625, 634 | | | 0 | 10. 00 |
| 11. 00 | Sale of scrap, waste, etc. (chapter 23) | В | 0 | | 0. 00 | 0 | 11. 00 |
| 12. 00 | Related organization | A-8-1 | 5, 425, 700 | | | 0 | 12. 00 |
| 13. 00 | transactions (chapter 10) Laundry and linen service | В | 0 | | 0.00 | 0 | 13. 00 |
| 14. 00 15. 00 | Cafeteria-employees and guests Rental of quarters to employee | 1 | -725, 415 0 | CAFETERI A | 11. 00 0. 00 | 0 | |
| | and others | | 0 | | | | |
| 16. 00 | Sale of medical and surgical supplies to other than | | 0 | | 0.00 | 0 | 16. 00 |
| 17. 00 | patients Sale of drugs to other than | - | 0 | | 0.00 | 0 | 17. 00 |
| 18. 00 | patients Sale of medical records and | В | 0 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 18. 00 |
| | abstracts | В | 0 | GENERAL GENERAL | | | |
| 19. 00 | Nursing and allied health education (tuition, fees, | | 0 | | 0.00 | 0 | 19. 00 |
| 20. 00 | books, etc.) Vending machines | В | -19 141 | CAFETERI A | 11. 00 | 0 | 20. 00 |
| 21. 00 | Income from imposition of | | 0 | ON ETERTA | 0.00 | Ö | 21. 00 |
| | interest, finance or penalty charges (chapter 21) | | | | | | |
| 22. 00 | Interest expense on Medicare overpayments and borrowings to | | 0 | | 0.00 | 0 | 22. 00 |
| | repay Medicare overpayments | | | | | | |
| 23. 00 | Adjustment for respiratory therapy costs in excess of | A-8-3 | 0 | RESPI RATORY THERAPY | 65. 00 | | 23. 00 |
| 24 00 | limitation (chapter 14) Adjustment for physical | A-8-3 | 0 | PHYSI CAL THERAPY | 66. 00 | | 24. 00 |
| 21.00 | therapy costs in excess of | 7.00 | 0 | THISTONE THEIR T | 00.00 | | 21.00 |
| 25. 00 | limitation (chapter 14) Utilization review - | | 0 | *** Cost Center Deleted *** | 114.00 | | 25. 00 |
| | physicians' compensation (chapter 21) | | | | | | |
| 26. 00 | Depreciation - CAP REL COSTS-BLDG & FIXT | | 0 | CAP REL COSTS-BLDG & FIXT | 1. 00 | 0 | 26. 00 |
| 27. 00 | Depreciation - CAP REL | | 0 | CAP REL COSTS-MVBLE EQUIP | 2. 00 | 0 | 27. 00 |
| 28. 00 | COSTS-MVBLE EQUIP Non-physician Anesthetist | | 0 | *** Cost Center Deleted *** | 19. 00 | | 28. 00 |
| 29. 00 | Physicians' assistant | A-8-3 | 0 | OCCUPATIONAL THERAPY | 0. 00 67. 00 | 0 | 29. 00 30. 00 |
| 30. 00 | Adjustment for occupational therapy costs in excess of | A-8-3 | U | OCCUPATIONAL THERAPY | 67.00 | | 30.00 |
| 30. 99 | limitation (chapter 14) Hospice (non-distinct) (see | | 0 | ADULTS & PEDIATRICS | 30.00 | | 30. 99 |
| | instructions) | A-8-3 | | SPEECH PATHOLOGY | | | 31. 00 |
| 31. 00 | pathology costs in excess of | A-0-3 | U | DELLOR PAIROLOUY | 68. 00 | | 31.00 |
| 32. 00 | limitation (chapter 14) CAH HIT Adjustment for | | 0 | | 0.00 | 0 | 32. 00 |
| | Depreciation and Interest KINDRED MEALS | В | -186, 786 | DI FTARY | 10. 00 | O. | 33. 00 |
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| | | | | | | 4/9/2019 3: 29 | pm |
|--------|--------------------------------|----------------|--------------|------------------------------|----------------|----------------|--------|
| | | | | Expense Classification on | Worksheet A | | |
| | | | | To/From Which the Amount is | to be Adjusted | | |
| | | | | | • | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Cost Center Description | Basis/Code (2) | Amount | Cost Center | Line # | Wkst. A-7 Ref. | |
| | 5551 5511151 25551 Pt. 511 | 1.00 | 2. 00 | 3.00 | 4. 00 | 5. 00 | |
| 33. 01 | WELLNESS CENTER REVENUE | В | | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | | 33. 01 |
| 33. 02 | PHYSICIAN APPLICATION FEES | В | | OTHER ADMINISTRATIVE AND | 5. 05 | l | ı |
| 33. 02 | FITTSTCTAN AFFEICATION TELS | ь . | -3, 550 | | 5.05 | ٥ | 33.02 |
| 00.00 | CARRIAG RIFTETI O INCTRUCTION | | 4 000 | GENERAL | 10.00 | | 00.00 |
| 33. 03 | CARDIAC DIETETIC INSTRUCTION | В | · | DIETARY | 10.00 | l | |
| 33. 04 | LOBBYI NG EXPENSE | A | -5, 013 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 04 |
| | | | | GENERAL | | | |
| 33. 05 | PROGRAM FEES | В | -27, 056 | NURSING ADMINISTRATION | 13. 00 | 0 | 33. 05 |
| 33. 06 | LI FELI NE | В | -17, 017 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 06 |
| | | | | GENERAL | | | |
| 33. 07 | UNNECESSARY BORROWING | A | -1, 398, 274 | INTEREST EXPENSE | 113.00 | 0 | 33. 07 |
| 33. 08 | MI SCELLANEOUS I NCOME | В | -1, 930 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 08 |
| | | | , | GENERAL | | | |
| 33. 09 | MI SCELLANEOUS I NCOME | В | -18 978 | MAINTENANCE & REPAIRS | 6. 00 | 0 | 33. 09 |
| 33. 10 | GOODWI LL | A | | OTHER ADMINISTRATIVE AND | 5. 05 | l | 1 |
| 33. 10 | GOODWILL | _ ^ | -11, 133 | | 5.05 | ٥ | 33. 10 |
| 22 11 | DONATIONS EVENISE | | 1 | GENERAL | F 0F | | 22 11 |
| 33. 11 | DONATI ONS EXPENSE | A | - I | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 11 |
| | | | | GENERAL | | | |
| 33. 12 | ADVERTISING EXPENSE | A | -1, 440 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 12 |
| | | | | GENERAL | | | |
| 33. 13 | ADVERTISING EXPENSE | A | -3, 662 | SUBPROVIDER - IPF | 40.00 | 0 | 33. 13 |
| 33. 14 | MI SCELLANEOUS I NCOME | В | -3, 015 | RADI OLOGY-DI AGNOSTI C | 54.00 | 0 | 33. 14 |
| 33. 15 | PATIENT INTEREST | В | | OTHER ADMINISTRATIVE AND | 5. 05 | l | 1 |
| | | _ | | GENERAL | | _ | |
| 33. 16 | HAF ASSESSMENT | A | _3 079 559 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 16 |
| 33. 10 | TIAI ASSESSMENT | | 3,017,337 | GENERAL | 5.05 | 0 | 33. 10 |
| 33. 17 | PENSION COST | A | 2 E7E 400 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 33. 17 |
| | 1 | | | | | l | |
| 33. 18 | DI SCOUNTS/REBATES | В | -12,311 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 18 |
| | | | | GENERAL | | | |
| 33. 19 | CONTRA BENEFITS | A | | EMPLOYEE BENEFITS DEPARTMENT | 4. 00 | l e | |
| 33. 20 | DI SCOUNTS/REBATES | В | | DI ETARY | 10. 00 | 0 | 33. 20 |
| 33. 21 | DI SCOUNTS/REBATES | В | -86, 710 | PHARMACY | 15. 00 | 0 | 33. 21 |
| 33. 22 | DI SCOUNTS/REBATES | В | -85, 464 | OPERATING ROOM | 50.00 | 0 | 33. 22 |
| 33. 23 | DI SCOUNTS/REBATES | В | -29, 627 | RADI OLOGY-DI AGNOSTI C | 54.00 | 0 | 33. 23 |
| 33. 24 | DI SCOUNTS/REBATES | В | | LABORATORY | 60.00 | 0 | 1 |
| 33. 25 | DI SCOUNTS/REBATES | В | | RESPI RATORY THERAPY | 65.00 | l | ı |
| 33. 26 | DI SCOUNTS/REBATES | В | | CARDI OVASCULAR SERVI CES | 76. 02 | l | ı |
| | 1 | В | | 1 | | | 1 |
| 33. 27 | DI SCOUNTS/REBATES | | | CAP REL COSTS-BLDG & FIXT | 1.00 | l | 1 |
| 33. 28 | SALE OF MED RECORDS | В | -8, 569 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 28 |
| 00 | DODLATOV DEGLACITE | | | GENERAL | | | |
| 33. 29 | PODIATRY RESIDENTS ADD ON | A | 220, 182 | I &R SERVICES-OTHER PRGM | 22. 00 | 0 | 33. 29 |
| | | | | COSTS APPRV | | | |
| 33. 30 | BAD DEBT OTHER | A | | I NTEREST EXPENSE | 113. 00 | l | |
| 33. 31 | ADVERTISING EXPENSE | A | -110 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 33. 31 |
| 33. 32 | MI SCELLANEOUS I NCOME | В | -1 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 32 |
| | | | | GENERAL | | | |
| 33. 33 | PROPERTY TAXES | A | -1 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 33 |
| | | | | GENERAL | | | |
| 33. 34 | MI SCELLANEOUS I NCOME | В | -36 250 | ADULTS & PEDIATRICS | 30.00 | 0 | 33. 34 |
| 33. 35 | ADVERTISING EXPENSE | A | | PHYSI CAL THERAPY | 66.00 | l | |
| 33. 36 | MISC OTHER OPERATING | В | | CAP REL COSTS-BLDG & FLXT | 1. 00 | l | • |
| | 4 | 1 | | ł | | l | 1 |
| 33. 37 | MISC OTHER OPERATING | В | -10,877 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 37 |
| | | | | GENERAL | | | |
| 33. 38 | PATIENT INT | В | -307, 723 | OTHER ADMINISTRATIVE AND | 5. 05 | 0 | 33. 38 |
| | | | | GENERAL | | | |
| 33. 39 | PROGRAM FEES | В | -37, 904 | LABORATORY | 60.00 | 0 | 33. 39 |
| 33. 40 | EMERGENCY MED ED | В | -25, 702 | EMERGENCY | 91.00 | 0 | 33. 40 |
| 50.00 | TOTAL (sum of lines 1 thru 49) | | 2, 407, 638 | | | | 50.00 |
| | (Transfer to Worksheet A, | | | | | | |
| | column 6, line 200.) | | | | | | 1 |
| | | • | | | | | |

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

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

B. Amount Received - if cost cannot be determined.

⁽³⁾ Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provider CCN: 15-0004 Peri od: Worksheet A-8-1 From 01/01/2018
To 12/31/2018 Date/Time Prepared: OFFICE COSTS

| | | | | To 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|-------|---|--------------------------------|------------------------------|-----------------------------|--------------------------------|-------|
| | Li ne No. | Cost Center | Expense Items | Amount of Allowable Cost | Amount | |
| | | | | | 5 | |
| | 1. 00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| | A. COSTS INCURRED AND ADJUSTM HOME OFFICE COSTS: | MENTS REQUIRED AS A RESULT OF | TRANSACTIONS WITH RELATED OF | RGANI ZATI ONS OR | CLAI MED | |
| 1.00 | 1. 00 | CAP REL COSTS-BLDG & FIXT | ALLOWABLE NEW CAPITAL COSTS | 2, 135, 888 | 0 | 1.00 |
| 2.00 | 5. 05 | OTHER ADMINISTRATIVE AND GEN | DATA PROCESSING | 7, 769, 593 | 0 | 2.00 |
| 3.00 | 5. 05 | OTHER ADMINISTRATIVE AND GEN | PURCHASI NG | 51, 970 | 0 | 3.00 |
| 4.00 | 5. 05 | OTHER ADMINISTRATIVE AND GEN | ADMITTING | 1, 398, 649 | 2 | 4.00 |
| 4.01 | 5. 05 | OTHER ADMINISTRATIVE AND GEN | ADMINISTRATIVE & GENERAL | 12, 104, 740 | 27, 132, 805 | 4. 01 |
| 4.02 | 14. 00 | CENTRAL SERVICES & SUPPLY | CENTRAL SUPPLY | 425, 521 | 0 | 4. 02 |
| 4.03 | 15. 00 | PHARMACY | COEP / PHARMACY | 227, 798 | 0 | 4.03 |
| 4.04 | 16. 00 | MEDICAL RECORDS & LIBRARY | MEDICAL RECORDS | 1, 219, 187 | 0 | 4.04 |
| 4.05 | 113. 00 | INTEREST EXPENSE | INTEREST | 1, 799, 459 | 0 | 4.05 |
| 4.06 | 5. 05 | OTHER ADMINISTRATIVE AND GEN | PURCHASED SERVICES OTHER | 0 | -28, 404, 307 | 4.06 |
| 4.07 | 54. 00 | RADI OLOGY-DI AGNOSTI C | RADI OLOGY | 5, 012 | 55, 593 | 4. 07 |
| 4.08 | 15. 00 | PHARMACY | PHARMACY | 261, 392 | 1, 567, 778 | 4. 08 |
| 4.09 | 30.00 | ADULTS & PEDIATRICS | INTERMEDIATE CARE UNIT (IMCU | 0 | 2, 345 | 4.09 |
| 4.10 | 40.00 | SUBPROVIDER - IPF | CHILD/ADOLESCENT PSYCH | 0 | 6, 814, 932 | 4. 10 |
| 4. 11 | 40.00 | SUBPROVIDER - IPF | ADULT INTENSIVE PSYCH | 0 | 12, 067, 216 | 4. 11 |
| 4. 12 | 50.00 | OPERATING ROOM | SURGERY | 1, 021 | 6, 267 | 4. 12 |
| 4. 13 | 63.00 | BLOOD STORING, PROCESSING & | RADI OLOGY | 1, 047 | 6, 358 | 4. 13 |
| 4.14 | 54.00 | RADI OLOGY-DI AGNOSTI C | ULTRASOUND | 1, 307 | 11, 087 | 4. 14 |
| 4. 15 | 55. 00 | RADI OLOGY-THERAPEUTI C | COMPUTED TOMOGRAPHY | 14, 797 | 164, 114 | 4. 15 |
| 4. 16 | 60.00 | LABORATORY | CHEMI STRY | 326, 101 | 2, 437, 830 | 4. 16 |
| 4. 17 | 63.00 | BLOOD STORING, PROCESSING & | BLOOD BANK | 570 | 1, 486 | 4. 17 |
| 4. 18 | 65. 00 | RESPI RATORY THERAPY | RESPIRATORY CARE | 11, 942 | 61, 714 | 4. 18 |
| 4. 19 | 66. 00 | PHYSI CAL THERAPY | PHYSI CAL THERAPY | 4, 482 | 6, 290 | 4. 19 |
| 4. 20 | 69. 00 | ELECTROCARDI OLOGY | NON-INVASIVE VASCULAR | 48, 074 | 403, 951 | 4. 20 |
| 4. 21 | 76. 03 | CARDIAC REHABILITATION | CARDI AC REHAB | 594 | 5, 403 | 4. 21 |
| 4. 22 | 76.00 | PAIN CLINIC | MRI | 7, 748 | 47, 040 | 4. 22 |
| 4. 23 | 76.00 | PAIN CLINIC | PSYCH THERAPY SERVICES | 2, 390, 270 | 3, 604, 005 | 4. 23 |
| 4. 24 | 40.00 | SUBPROVIDER - IPF | PSYCH REVENUE RECLASSIFICATI | 0 | 15, 463 | 4. 24 |
| 4. 25 | 67. 00 | OCCUPATIONAL THERAPY | OCCUPATI ONAL THERAPY | 182 | 1, 583 | 4. 25 |
| 4. 26 | 91. 00 | EMERGENCY | EMERGENCY ROOM | 219, 148 | | 4. 26 |
| 4. 27 | 40.00 | SUBPROVIDER - IPF | PYSCH UNIT OVERHEAD | 2, 132, 015 | | 4. 27 |
| 5.00 | TOTALS (sum of lines 1-4). | | | 32, 558, 507 | | 5. 00 |
| | Transfer column 6, line 5 to | | | | , , , , , , , | |
| | Worksheet A-8, column 2, | | | | | |
| | line 12. | | | | | |
| * The | amounts on Linos 1 4 (and sub | operinto do appropriato) ano t | ranafarrad in datail to Wark | shoot A solumn | / Lines so | |

* 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 | |
| | | Ownershi p | | Ownershi p | |
| 1. 00 | 2. 00 | 3.00 | 4. 00 | 5. 00 | |
| B. INTERRELATIONSHIP TO RELAT | ED ORGANIZATION(S) AND/OR HO | ME OFFICE: | | | |

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

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

| reimbur | sement 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: | | | | | I |

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| Heal | th Financial Systems | i | FRANCISCAN H | FRANCISCAN HEALTH HAMMOND | | | In Lieu of Form CMS-2552-10 | | |
|------|----------------------|--------------|-------------------------------|---------------------------|---------------|----------------------------------|-----------------------------|-----|--|
| | | ERVICES FROM | RELATED ORGANIZATIONS AND HOP | ME Provider (| CCN: 15-0004 | Peri od: | Worksheet A-8 | 3-1 | |
| 0FFI | CE COSTS | | | | | From 01/01/2018 To 12/31/2018 | | | |
| | | | | | Related Organ | nization(s) and/o | or Home Office | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Symbol (| (1) | Name | Percentage of | 1 | Name | Percentage of | | |
| | | | | Ownershi p | | | Ownershi p | | |
| | 1 00 | | 2 00 | 2 00 | , | 1 00 | 5 00 | | |

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider. C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
 F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

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| | | | To 12/31/2018 Da | ate/Time Prepared: /9/2019 3:29 pm |
|-------|----------------|-----------------|---|---------------------------------------|
| | Net | Wkst. A-7 Ref. | | 772017 3. 27 piii |
| | Adjustments | | | |
| | (col. 4 minus | | | |
| | col. 5)* | | | |
| | 6. 00 | 7. 00 | | |
| | | | ENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLA | AI MED |
| | HOME OFFICE CO | | | |
| 1.00 | 2, 135, 888 | | | 1. 00 |
| 2.00 | 7, 769, 593 | | | 2. 00 |
| 3.00 | 51, 970 | | | 3. 00 |
| 4.00 | 1, 398, 647 | | | 4. 00 |
| 4. 01 | -15, 028, 065 | | | 4. 01 |
| 4. 02 | 425, 521 | | | 4. 02 |
| 4.03 | 227, 798 | | | 4. 03 |
| 4.04 | 1, 219, 187 | | | 4. 04 |
| 4.05 | 1, 799, 459 | | | 4. 05 |
| 4.06 | 28, 404, 307 | | | 4. 06 |
| 4.07 | -50, 581 | | | 4. 07 |
| 4.08 | -1, 306, 386 | | | 4. 08 |
| 4.09 | -2, 345 | | | 4. 09 |
| 4. 10 | -6, 814, 932 | | | 4. 10 |
| 4. 11 | -12, 067, 216 | | | 4. 11 |
| 4. 12 | -5, 246 | | | 4. 12 |
| 4. 13 | -5, 311 | | | 4. 13 |
| 4. 14 | -9, 780 | | | 4. 14 |
| 4. 15 | -149, 317 | | | 4. 15 |
| 4. 16 | -2, 111, 729 | | | 4. 16 |
| 4. 17 | -916 | | | 4. 17 |
| 4. 18 | -49, 772 | | | 4. 18 |
| 4. 19 | -1, 808 | | | 4. 19 |
| 4. 20 | -355, 877 | | | 4. 20 |
| 4. 21 | -4, 809 | | | 4. 21 |
| 4. 22 | -39, 292 | | | 4. 22 |
| 4. 23 | -1, 213, 735 | | | 4. 23 |
| 4. 24 | -15, 463 | | | 4. 24 |
| 4. 25 | -1, 401 | | | 4. 25 |
| 4. 26 | -904, 704 | | | 4. 26 |
| 4. 27 | 2, 132, 015 | | | 4. 27 |
| 5.00 | 5, 425, 700 | | | 5. 00 |
| * The | amaunta an lin | oo 1 4 (and out | corints as appropriate) are transferred in detail to Workshoot A. column 4 | 11000 00 |

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

| Related Organization(s) | | |
|---|---|--|
| and/or Home Office | | |
| | | |
| Type of Business | | |
| . , , , , , , , , , , , , , , , , , , , | | |
| 6. 00 | | |
| B. INTERRELATIONSHIP TO RELAT | FED 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 | | 7. 00 |
| 8.00 | | 8. 00 |
| 9. 00 | | 9. 00 |
| 10.00 | | 10.00 |
| 6. 00 7. 00 8. 00 9. 00 10. 00 100. 00 | | 100.00 |
| | | |

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- 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.

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Provider CCN: 15-0004 Peri od: Worksheet A-8-2 From 01/01/2018 | Worksheet A-8-2 | To 12/31/2018 | Date/Time Prepared:

| | | | | | | lo 12/31/2018 | 3 Date/lime Pre 4/9/2019 3:29 | |
|---------|----------------|-------------------------------------|----------------------------|----------------|-----------------------|---------------|--------------------------------------|---------|
| | Wkst. A Line # | Cost Center/Physician | Total | Professi onal | Provi der | RCE Amount | Physi ci an/Prov | У ріп |
| | mot. A Line " | I denti fi er | Remuneration | Component | Component | ROL AMOUNT | ider Component | |
| | | | | | | | Hours | |
| | 1. 00 | 2.00 | 3.00 | 4. 00 | 5. 00 | 6. 00 | 7. 00 | |
| 1. 00 | 13. 00 | NURSING ADMINISTRATION | 128, 130 | 102, 225 | 25, 905 | 197, 500 | 193 | 1. 00 |
| 2.00 | 30. 00 | ADULTS & PEDIATRICS | 55, 965 | 34, 500 | 21, 465 | 197, 500 | 172 | 2.00 |
| 3.00 | 31. 00 | INTENSIVE CARE UNIT | 75, 478 | 2, 000 | 73, 478 | 197, 500 | 532 | 3. 00 |
| 4.00 | | NEWBORN INTENSIVE CARE UNIT | 4, 998 | 0 | 4, 998 | 197, 500 | 40 | 4. 00 |
| 5.00 | | OPERATING ROOM | 726, 990 | | | 246, 400 | | 5. 00 |
| 6. 00 | | LABORATORY | 39, 425 | | | | | 6. 00 |
| 7. 00 | | PHYSI CAL THERAPY | 109, 294 | | | 197, 500 | 564 | 7. 00 |
| 8. 00 | | ELECTROENCEPHALOGRAPHY | 4, 390 | | · | · · | | 8. 00 |
| 9. 00 | | CARDI OVASCULAR SERVI CES | 204, 920 | | · | 1 | | 9. 00 |
| 10.00 | | WOUND CARE | 6, 935 | | | 197, 500 | 55 | 10.00 |
| 11. 00 | | I NFUSI ON | 84, 400 | | | | | 11. 00 |
| 12.00 | | ANTICOAGULATION CLINIC | 6, 000 | • | | 197, 500 | 60 | 12.00 |
| 13. 00 | 91.00 | EMERGENCY | 97, 853 | | , | | | |
| 200.00 | Wko+ Alino# | Cost Contan/Dhysisian | 1, 544, 778 | | | Provi der | 8, 404 | 200. 00 |
| | Wkst. A Line # | Cost Center/Physician Identifier | Unadjusted RCE Limit | Unadjusted RCE | Cost of | Component | Physician Cost of Malpractice | |
| | | Tueliti i i ei | Limit | Li mi t | Continuing | Share of col. | Insurance | |
| | | | | Limit | Education | 12 | Trisul direc | |
| | 1. 00 | 2.00 | 8. 00 | 9, 00 | 12. 00 | 13.00 | 14. 00 | |
| 1. 00 | | NURSING ADMINISTRATION | 18, 326 | | | | | 1. 00 |
| 2. 00 | 30. 00 | ADULTS & PEDIATRICS | 16, 332 | 817 | 0 | 0 | 0 | 2. 00 |
| 3.00 | 31. 00 | INTENSIVE CARE UNIT | 50, 514 | 2, 526 | 0 | 0 | 0 | 3. 00 |
| 4.00 | 35. 00 | NEWBORN INTENSIVE CARE UNIT | 3, 798 | 190 | 0 | 0 | 0 | 4. 00 |
| 5. 00 | 50. 00 | OPERATING ROOM | 581, 883 | 29, 094 | 0 | 0 | 0 | 5. 00 |
| 6.00 | | LABORATORY | 28, 668 | 1, 433 | | 0 | 0 | 6. 00 |
| 7.00 | 66. 00 | PHYSI CAL THERAPY | 53, 553 | 2, 678 | 0 | 0 | 0 | 7. 00 |
| 8. 00 | | ELECTROENCEPHALOGRAPHY | 3, 228 | | | 0 | 0 | 8. 00 |
| 9. 00 | | CARDI OVASCULAR SERVI CES | 23, 548 | | | 0 | 0 | 9. 00 |
| 10.00 | | WOUND CARE | 5, 222 | | | 0 | 0 | 10.00 |
| 11. 00 | | I NFUSI ON | 63, 808 | | | 0 | - | 11. 00 |
| 12. 00 | | ANTICOAGULATION CLINIC | 5, 697 | 285 | | 0 | 0 | 12. 00 |
| 13. 00 | 91. 00 | EMERGENCY | 64, 567 | | | · · | 0 | |
| 200.00 | | 0 1 0 1 (5) | 919, 144 | | | | 0 | 200. 00 |
| | Wkst. A Line # | | Provi der | Adjusted RCE | RCE Di cal Lawanaa | Adjustment | | |
| | | l denti fi er | Component Share of col. | Limit | Di sal I owance | | | |
| | | | 14 | | | | | |
| | 1. 00 | 2.00 | 15. 00 | 16. 00 | 17. 00 | 18. 00 | | |
| 1.00 | | NURSING ADMINISTRATION | 0 | | | | | 1. 00 |
| 2. 00 | | ADULTS & PEDIATRICS | l o | | | | | 2. 00 |
| 3. 00 | | INTENSIVE CARE UNIT | 0 | | | 24, 964 | | 3. 00 |
| 4.00 | 35. 00 | NEWBORN INTENSIVE CARE UNIT | 0 | 3, 798 | 1, 200 | 1, 200 | | 4. 00 |
| 5.00 | | OPERATING ROOM | 0 | | | 145, 107 | | 5. 00 |
| 6. 00 | 60. 00 | LABORATORY | 0 | 28, 668 | 1, 572 | 10, 757 | | 6. 00 |
| 7.00 | 66. 00 | PHYSI CAL THERAPY | 0 | 53, 553 | 16, 991 | 55, 741 | | 7. 00 |
| 8.00 | | ELECTROENCEPHALOGRAPHY | 0 | 0,220 | | 1, 162 | | 8. 00 |
| 9. 00 | | CARDI OVASCULAR SERVI CES | 0 | | | 181, 372 | | 9. 00 |
| 10.00 | | WOUND CARE | 0 | -, | · | 1, 713 | | 10.00 |
| 11. 00 | | I NFUSI ON | 0 | , | · | · · | | 11. 00 |
| 12. 00 | | ANTICOAGULATION CLINIC | 0 | -, | | 303 | | 12. 00 |
| 13. 00 | 91. 00 | EMERGENCY | 0 | 0.1,001 | | | | 13. 00 |
| 200. 00 | | l | 0 | 919, 144 | 152, 661 | 625, 634 | | 200. 00 |

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| | | | | | | 4/9/2019 3: 29 | pm |
|--------|---|--------------|--------------|-------------|--------------|----------------|---------|
| | | | CAPI TAL REI | LATED COSTS | | | |
| | | | | | | | |
| | Cost Center Description | Net Expenses | BLDG & FIXT | MVBLE EQUIP | EMPLOYEE | Subtotal | |
| | | for Cost | | | BENEFI TS | | |
| | | Allocation | | | DEPARTMENT | | |
| | | (from Wkst A | | | | | |
| | | col . 7) | | | | | |
| | | 0 | 1. 00 | 2. 00 | 4. 00 | 4A | |
| | GENERAL SERVICE COST CENTERS | 1 0 | 1.00 | 2.00 | 4.00 | 44 | |
| 1 00 | 00100 CAP REL COSTS-BLDG & FIXT | 11, 543, 765 | 11, 543, 765 | | | | 1.00 |
| 1.00 | 1 | | | | | | |
| 2.00 | 00200 CAP REL COSTS-MVBLE EQUIP | 5, 230, 365 | | 5, 230, 365 | | | 2. 00 |
| 4.00 | 00400 EMPLOYEE BENEFITS DEPARTMENT | 22, 784, 017 | 55, 446 | 1 | 22, 853, 733 | | 4. 00 |
| 5.05 | 00590 OTHER ADMINISTRATIVE AND GENERAL | 19, 352, 829 | 1, 194, 081 | 690, 772 | 3, 684, 396 | 24, 922, 078 | 5. 05 |
| 6.00 | 00600 MAINTENANCE & REPAIRS | 5, 063, 066 | 827, 310 | 110, 201 | 509, 929 | 6, 510, 506 | 6. 00 |
| 7.00 | 00700 OPERATION OF PLANT | 4, 642, 479 | 544, 576 | 21, 530 | 93, 712 | 5, 302, 297 | 7. 00 |
| 8.00 | 00800 LAUNDRY & LINEN SERVICE | 408, 210 | | 93, 976 | 0 | 516, 597 | 8. 00 |
| 9.00 | 00900 HOUSEKEEPI NG | 1, 938, 447 | 210, 258 | | 455, 884 | 2, 633, 695 | |
| 10. 00 | 01000 DI ETARY | 208, 982 | 219, 604 | | 310, 057 | 751, 465 | |
| 11. 00 | 01100 CAFETERI A | 481, 385 | 127, 481 | | 310,037 | 608, 866 | 11.00 |
| | | | | | 1 120 070 | | |
| 13.00 | 01300 NURSI NG ADMI NI STRATI ON | 4, 452, 534 | 141, 395 | | 1, 129, 870 | | |
| 14. 00 | 01400 CENTRAL SERVICES & SUPPLY | 1, 018, 772 | 203, 989 | 1 | 87, 375 | 1, 418, 047 | |
| 15. 00 | 01500 PHARMACY | 4, 592, 566 | | | 793, 592 | 5, 514, 823 | |
| 16. 00 | 01600 MEDICAL RECORDS & LIBRARY | 1, 524, 064 | 362, 242 | 2, 968 | 64, 218 | 1, 953, 492 | |
| 17. 00 | 01700 SOCIAL SERVICE | 0 | 21, 483 | 0 | 0 | 21, 483 | 17. 00 |
| 22.00 | 02200 I&R SERVICES-OTHER PRGM COSTS APPRV | 862, 587 | 0 | 0 | 0 | 862, 587 | 22. 00 |
| 23.00 | 02300 PARAMED ED PRGM-(SPECIFY) | 0 | 0 | 0 | 0 | 0 | 23. 00 |
| 23. 01 | 02301 PARAMED ED PRGM - LAB | 203, 178 | 0 | ol | 21, 852 | 225, 030 | 23. 01 |
| 23. 02 | 02302 PARAMED ED PRGM - RADI OLOGY | 77, 256 | 0 | ا | 20, 959 | | |
| 23. 03 | 02303 PARAMED ED PRGM - RESP THER | 73, 463 | 0 | ١ | 19, 777 | 93, 240 | |
| 23. 04 | 02304 PARAMED ED PRGM-PHARMACY | 505, 224 | Ö | | 138, 675 | | 1 |
| 23. 04 | 02305 PARAMED ED PRGM-FITANMACT | 8, 936 | | - | | | |
| 23.00 | I NPATIENT ROUTINE SERVICE COST CENTERS | 0, 930 | 0 | 1 0 | 1, 346 | 10, 202 | 23.05 |
| 20.00 | 03000 ADULTS & PEDIATRICS | 17 070 004 | 2 400 040 | 1 001 105 | 4 014 520 | 25 400 000 | 20.00 |
| 30.00 | | 17, 073, 234 | 2, 490, 949 | | 4, 814, 520 | 25, 409, 808 | |
| 31. 00 | 03100 INTENSIVE CARE UNIT | 2, 598, 527 | 367, 880 | | 731, 580 | | 31.00 |
| 32. 00 | 02060 CORONARY CARE UNIT | 0 | 0 | 0 | 0 | 0 | 32. 00 |
| 35.00 | 02040 NEWBORN INTENSIVE CARE UNIT | 669, 970 | 0 | 28, 868 | 188, 450 | 887, 288 | 35. 00 |
| 40.00 | 04000 SUBPROVI DER - I PF | 5, 756, 858 | 0 | 0 | 874, 902 | 6, 631, 760 | 40.00 |
| 43.00 | 04300 NURSERY | 1, 481, 111 | 0 | 0 | 0 | 1, 481, 111 | 43.00 |
| 44.00 | 04400 SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 NURSING FACILITY | 0 | 0 | o | 0 | 0 | 45. 00 |
| | ANCILLARY SERVICE COST CENTERS | <u>'</u> | | ' | | | |
| 50.00 | 05000 OPERATI NG ROOM | 1, 850, 065 | 699, 293 | 349, 147 | 255, 458 | 3, 153, 963 | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 29, 350 | | · | 11, 031 | 54, 636 | |
| 50. 02 | 05002 OUTPATIENT SURGERY | 994, 470 | 534, 160 | | 268, 984 | 1, 924, 984 | |
| 51. 00 | 05100 RECOVERY ROOM | 303, 497 | 001,100 | | 86, 945 | | |
| 53. 00 | 05300 ANESTHESI OLOGY | 2, 925, 074 | 0 | 151, 291 | 16, 754 | | 1 |
| | | | 222 174 | 1 | | | |
| 54. 00 | 05400 RADI OLOGY-DI AGNOSTI C | 1, 299, 372 | | | 377, 140 | | |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 738, 290 | | | 195, 760 | | |
| 54. 02 | 05402 ULTRASOUND | 479, 718 | 38, 837 | | 117, 818 | | |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | -149, 317 | 0 | 0 | 0 | -149, 317 | |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 839, 414 | 39, 735 | 335, 481 | 135, 706 | | |
| 57.00 | 05700 CT SCAN | 0 | 0 | 0 | 0 | 0 | 57. 00 |
| 58. 00 | 05800 MRI | 0 | 0 | 0 | 0 | 0 | 58. 00 |
| 59.00 | 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 LABORATORY | 5, 203, 366 | 265, 283 | 511 | 0 | 5, 469, 160 | 60.00 |
| 60.01 | 06001 BLOOD LABORATORY | 0 | 0 | 0 | 0 | 0 | 60. 01 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 44, 196 | 0 | o | 0 | 44, 196 | |
| 63. 01 | 06301 NUCLEAR MEDICINE | 443, 355 | 52, 522 | 2, 509 | 61, 159 | 559, 545 | |
| 65. 00 | 06500 RESPIRATORY THERAPY | 1, 722, 608 | 105, 387 | | 383, 186 | | |
| 66. 00 | 06600 PHYSI CAL THERAPY | 2, 317, 065 | 272, 661 | 3, 945 | 743, 749 | | |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 589, 760 | 25, 190 | | 154, 800 | 770, 852 | |
| | | | | 1 | | | 1 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 313, 781 | 78, 056 | 1 | 81, 120 | 476, 839 | 1 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 416, 856 | | 1 | 100, 425 | | |
| 70. 00 | 07000 ELECTROENCEPHALOGRAPHY | 103, 292 | 35, 626 | 1 | 25, 398 | | |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 5, 545, 622 | 0 | 0 | 0 | 5, 545, 622 | |
| 72.00 | 07200 I MPL. DEV. CHARGED TO PATIENTS | 3, 352, 010 | 0 | 0 | 0 | 3, 352, 010 | 72. 00 |
| 73.00 | 07300 DRUGS CHARGED TO PATIENTS | 25, 067, 101 | 0 | 0 | 0 | 25, 067, 101 | |
| 76. 00 | 03020 PAIN CLINIC | -1, 253, 027 | 0 | 0 | 0 | -1, 253, 027 | 76. 00 |
| 76. 01 | 03950 ORTHOPEDI CS | 45, 749 | 17, 679 | 89 | 13, 074 | 76, 591 | 76. 01 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 1, 229, 934 | 155, 653 | 145, 346 | 278, 288 | 1, 809, 221 | 76. 02 |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 418, 868 | 33, 524 | 1 | 114, 873 | 611, 326 | |
| 76. 04 | 03190 RADIATION ONCOLOGY | 449, 113 | | | 48, 891 | 976, 225 | |
| 76. 05 | 03951 MRI | 298, 428 | 76, 489 | 1 | 41, 690 | 424, 290 | |
| 76. 06 | 03952 BARI ATRI C CENTER | 0 | , s, is, | 0 | , 570 N | 0 | 76.06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 3, 590, 624 | ١ | | 0 | 3, 590, 624 | |
| 76. 08 | 03953 WOUND CARE | 233, 247 | 124, 901 | 1 | 64, 938 | | |
| | 03954 RENAL DIALYSIS | 770, 483 | | | 04, 936 | | |
| 70.09 | 100 /04 KENNE DI NETSI 3 | 170,483 | 241, 221 | 1 9 | U | 1, 011, 704 | 1 10.09 |

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COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part I 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm CAPITAL RELATED COSTS Cost Center Description Net Expenses BLDG & FIXT MVBLE EQUIP **EMPLOYEE** Subtotal for Cost **BENEFITS** DEPARTMENT Allocation (from Wkst A col. 7) 1.00 2.00 4. 00 4A 76. 10 03955 I NFUSI ON 3, 103, 743 12, 691 61, 691 717, 945 3, 896, 070 76. 10 03956 CARE TRANSITION CENTER C 104 76 11 76. 11 104 76. 12 03958 ANTI COAGULATION CLINIC 455, 491 0 128, 736 584, 227 76. 12 OUTPATIENT SERVICE COST CENTERS 88. 00 88. 00 08800 RURAL HEALTH CLINIC n O 0 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 89.00 0 C 0 0 89.00 90.00 09000 CLI NI C 0 0 0 90.00 09001 OCC HEALTH CLINIC 0 90.01 0 0 90.01 1.225 1.225 09002 CARDIOLOGY CLINIC 90 02 0 0 90 02 4.333 C 4.333 90.03 09003 SPECIALTY CLINIC 266 0 266 90.03 09100 EMERGENCY 11, 366, 274 298, 023 200, 296 3, 008, 536 14, 873, 129 91.00 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 0 OTHER REIMBURSABLE COST CENTERS 99.00 09900 CMHC 0 0 0 0 0 99.00 99. 10 09910 CORF 99. 10 0 0 1, 298, 949 101.00 10100 HOME HEALTH AGENCY 12, 940 <u>7, 396,</u> 801 101. 00 5, 860, 167 224, 745 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 193, 555, 792 11, 029, 444 5, 159, 070 22, 672, 447 192, 788, 890 118. 00 NONREI MBURSABLE COST CENTERS 145, 903 190. 00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 107, 401 25, 879 138 12, 485 190. 01 19001 CONVENT 15, 572 15, 572 190. 01 0 0 190. 02 19002 HOME MEDICAL EQUIPMENT 0 0 0 190. 02 190. 03 19003 MEDICAL ARTS BUILDING 280.079 0 280, 079 190. 03 190. 04 19004 WOMEN'S HEALTH CENTER 49, 139 21, 941 0 14, 055 85, 135 190. 04 190. 05 19005 DEVELOPMENT 0 190.05 190. 06 19006 NEUROSURGERY PROF SERVICES 71.045 C 0 8, 380 79, 425 190. 06 190. 07 19007 I MAGE RECOVERY 0 -18 C -18 190. 07 190. 08 19008 FAMILY SERVICES 0 0 190. 08 190. 09 19009 MDWI SE 97, 248 C 0 0 97, 248 190. 09 190. 10 19010 CATHERINE MCAULEY CLINIC n|190, 10 Ω 190. 11 19011 CENTER OF HOPE 10,818 9,614 1,085 3, 103 24, 620 190. 11 190. 12 19012 SELECT 0 190. 12 0 190. 13 19013 PERCI NI AS 0 190. 13 0 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES -1, 603, 257 -1, 472, 711 192. 00 118, 460 138 11, 948 192. 01 19201 WORKING WELL 783, 779 47,081 131, 315 962, 175 192. 01 193. 00 19300 NONPALD WORKERS 0 193.00 361, 361 194. 01 194. 01 07951 REHAB 22.853 81 338 427 O 200.00 Cross Foot Adjustments 0 200. 00 201.00 Negative Cost Centers 0 201. 00

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193, 367, 679

11, 543, 765

5, 230, 365

22, 853, 733

193, 367, 679 202. 00

202.00

TOTAL (sum lines 118 through 201)

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COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004

| | | | Т | o 12/31/2018 | Date/Time Prep 4/9/2019 3:29 | |
|--|----------------------------|-----------------------|--------------------|----------------------------|---------------------------------|------------------|
| Cost Center Description | OTHER ADMI NI STRATI VE | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPI NG | |
| | AND GENERAL | 4 00 | 7.00 | 9 00 | 0.00 | |
| GENERAL SERVICE COST CENTERS | 5. 05 | 6. 00 | 7. 00 | 8. 00 | 9. 00 | |
| 1.00 O0100 CAP REL COSTS-BLDG & FLXT | | | | | | 1.00 |
| 2.00 O0200 CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT | 04 000 070 | | | | | 4. 00 |
| 5. 05 00590 OTHER ADMINISTRATIVE AND GENERAL 6. 00 00600 MAINTENANCE & REPAIRS | 24, 922, 078 947, 624 | l . | | | | 5. 05 6. 00 |
| 7. 00 00700 OPERATION OF PLANT | 771, 765 | | | | | 7. 00 |
| 8.00 00800 LAUNDRY & LINEN SERVICE | 75, 192 | | | | | 8. 00 |
| 9. 00 00900 HOUSEKEEPI NG | 383, 342 | l · | | | 3, 335, 927 | 9. 00 |
| 10. 00 01000 DI ETARY | 109, 378 | l . | | | 84, 227 | 10.00 |
| 11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADMINI STRATI ON | 88, 622 848, 069 | l · | | | 48, 894 54, 231 | 11. 00 13. 00 |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY | 206, 401 | 160, 704 | | | 78, 238 | 14. 00 |
| 15. 00 01500 PHARMACY | 802, 699 | l . | | | 46, 901 | 15. 00 |
| 16.00 01600 MEDICAL RECORDS & LIBRARY | 284, 337 | 285, 377 | 264, 021 | 0 | 138, 935 | 16.00 |
| 17. 00 01700 SOCI AL SERVI CE | 3, 127 | l . | 15, 658 | 0 | 8, 239 | 17. 00 |
| 22.00 02200 1 &R SERVI CES-OTHER PRGM COSTS APPRV 23.00 02300 PARAMED ED PRGM-(SPECI FY) | 125, 552 | l . | | 0 | 0 | 22. 00 23. 00 |
| 23. 00 02300 PARAMED ED PRGM - (SPECITY) | 32, 754 | | | 0 | 0 | 23. 00 |
| 23. 02 02302 PARAMED ED PRGM - RADI OLOGY | 14, 295 | Ö | Ö | 0 | Ö | 23. 02 |
| 23.03 02303 PARAMED ED PRGM - RESP THER | 13, 571 | 0 | 0 | 0 | 0 | 23. 03 |
| 23. 04 02304 PARAMED ED PRGM-PHARMACY | 93, 721 | 0 | 0 | 0 | 0 | 23. 04 |
| 23. 05 O2305 PARAMED ED PRGM-EMT I NPATI ENT ROUTI NE SERVI CE COST CENTERS | 1, 497 | 0 | 0 | 0 | 0 | 23. 05 |
| 30. 00 03000 ADULTS & PEDI ATRI CS | 3, 698, 468 | 1, 962, 394 | 1, 815, 538 | 424, 606 | 955, 388 | 30. 00 |
| 31. 00 03100 I NTENSI VE CARE UNI T | 564, 498 | | | | | 31. 00 |
| 32. 00 02060 CORONARY CARE UNIT | 0 | O | 0 | 0 | 0 | 32.00 |
| 35. 00 02040 NEWBORN INTENSIVE CARE UNIT | 129, 147 | 0 | 0 | 6, 467 | 0 | 35. 00 |
| 40. 00 04000 SUBPROVI DER - I PF 43. 00 04300 NURSERY | 965, 273 | | | 22 472 | 0 | 40.00 |
| 43.00 04300 NURSERY 44.00 04400 SKILLED NURSING FACILITY | 215, 580 | | | 22, 473 | | 43. 00 44. 00 |
| 45. 00 04500 NURSI NG FACILITY | 0 | Ö | o o | 0 | | 45. 00 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50. 00 05000 OPERATING ROOM | 459, 069 | | | 0 | , | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY 50. 02 05002 OUTPATI ENT SURGERY | 7, 952 280, 187 | 420, 816 | 0 389, 324 | 0 | 0 204, 873 | 50. 01 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 61, 404 | | 307, 324 | 0 | 204, 873 | 51. 00 |
| 53. 00 05300 ANESTHESI OLOGY | 450, 213 | l . | 0 | 0 | Ö | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 336, 503 | | | | 123, 951 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 195, 105 | | | | 29, 923 | 54. 01 |
| 54. 02 05402 ULTRASOUND 55. 00 05500 RADI OLOGY-THERAPEUTI C | 120, 876 | | 28, 306 | 0 | 14, 896 0 | 54. 02 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 196, 545 | _ | 1 | 0 | 15, 240 | 55. 01 |
| 57.00 05700 CT SCAN | 0 | o | 0 | 0 | 0 | 57.00 |
| 58. 00 05800 MRI | 0 | 0 | 0 | 0 | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 70/ 053 | 200 000 | 0 | 0 | 0 | 59. 00 |
| 60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY | 796, 053 0 | l . | 193, 353 | 0 | 101, 747 0 | 60. 00 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 6, 433 | | o o | 0 | o o | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 81, 443 | | | 0 | 20, 144 | 63. 01 |
| 65. 00 06500 RESPIRATORY THERAPY | 345, 327 | | | | 40, 420 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY | 485, 771 112, 200 | | | | 104, 577 9, 662 | 66. 00 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | 69, 405 | | | | 29, 938 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 92, 489 | | | | 16, 823 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 28, 498 | 28, 066 | 25, 966 | 0 | 13, 664 | 70.00 |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 807, 182 | | 0 | 0 | 0 | 71.00 |
| 72.00 O7200 IMPL. DEV. CHARGED TO PATIENTS 73.00 O7300 DRUGS CHARGED TO PATIENTS | 487, 895 3, 648, 592 | | | 0 | 0 | 72. 00 73. 00 |
| 76. 00 03020 PAIN CLINIC | 3, 040, 372 | ľ | | 0 | | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 11, 148 | _ | 12, 886 | 0 | 6, 781 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 263, 338 | l . | | | 59, 700 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 88, 980 | | | | 12, 858 | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY 76. 05 03951 MRI | 142, 092 61, 757 | l . | | | 133, 980 29, 337 | 76. 04 76. 05 |
| 76. 05 03951 MRI 76. 06 03952 BARI ATRI C CENTER | 01, 757 | |) 55, 749) 0 | 0 | 29, 337 | 76. 05 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | 522, 626 | _ | ol o | o o | ő | 76. 07 |
| 76. 08 03953 WOUND CARE | 61, 935 | 98, 398 | | | 47, 905 | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 147, 257 | | | | 92, 518 | 76. 09 |
| 76. 10 03955 INFUSION 76. 11 03956 CARE TRANSITION CENTER | 567, 085 15 | | 9, 250 | 0 | 4, 867 0 | 76. 10 76. 11 |
| 76. 11 03938 CARE TRANSITION CENTER 76. 12 03958 ANTICOAGULATION CLINIC | 85, 036 | | | 0 | | 76. 11 76. 12 |
| | , | , | • | , -1 | - 1 | |

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From 01/01/2018 Part I 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Cost Center Description OTHER MAINTENANCE & OPERATION OF LAUNDRY & HOUSEKEEPI NG ADMI NI STRATI VE LINEN SERVICE REPAI RS **PLANT** AND GENERAL 6.00 7.00 8. 00 9. 00 5.05 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 88.00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 89.00 0 90.00 09000 CLI NI C 0 0 90.00 0 0 0 90.01 09001 OCC HEALTH CLINIC 178 C 0 0 90.01 90. 02 09002 CARDIOLOGY CLINIC 0 0 90.02 631 09003 SPECIALTY CLINIC 90.03 39 0 0 0 90.03 09100 EMERGENCY 217, 215 114, 304 91.00 2, 164, 829 234, 785 91 00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 09900 CMHC 99.00 99.00 0 0 0 0 99. 10 09910 CORF Λ 0 Λ 99.10 101.00 10100 HOME HEALTH AGENCY 1,076,627 177, 056 163, 806 86, 199 101. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 7, 052, 943 530, 176 24, 637, 627 6, 128, 219 3, 138, 665 118. 00 118.00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 21, 237 20, 387 0 9, 925 190. 00 18, 862 0 190. 01 19001 CONVENT 0 190. 01 2, 267 C 190. 02 19002 HOME MEDICAL EQUIPMENT 0 0 190. 02 190. 03 19003 MEDICAL ARTS BUILDING 40, 766 0 190. 03 C 0 190. 04 19004 WOMEN'S HEALTH CENTER 17, 286 15, 992 8, 415 190. 04 12, 392 190. 05 19005 DEVELOPMENT 0 190.05 0 0 190. 06 19006 NEUROSURGERY PROF SERVICES 11, 561 C 0 0 190.06 190. 07 19007 I MAGE RECOVERY 0 190. 07 0 0 190. 08 19008 FAMILY SERVICES C 0 0 190.08 0 190. 09 19009 MDWI SE 0 190.09 0 C 0 190. 10 19010 CATHERINE MCAULEY CLINIC 0 190. 10 0 190. 11 19011 CENTER OF HOPE 3, 687 190. 11 3,584 7, 574 7,007 190. 12 19012 SELECT 0 190. 12 C 190. 13 19013 PERCI NI AS 0 190. 13 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 0 45, 434 192. 00 93, 324 86, 340 0 192. 01 19201 WORKING WELL 140,047 0 192.01 C

52, 597

24, 922, 078

266, 616

7, 458, 130

246, 664

6, 503, 084

83, 469

613, 645

0 193.00

200.00

0 201.00

129, 801 194. 01

3, 335, 927 202. 00

193. 00 19300 NONPALD WORKERS

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118 through 201)

194. 01 07951 REHAB

200.00

201.00

202.00

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Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part I To 12/31/2018 Date/Time Prepared:

| | | | | To | 12/31/2018 | Date/Time Prep 4/9/2019 3:29 | |
|--|--|--|---|--|---|---|--|
| | Cost Center Description | DI ETARY | CAFETERI A | NURSI NG ADMI NI STRATI ON | CENTRAL SERVI CES & SUPPLY | PHARMACY | D |
| | JOSUS DE LA CONTROL DE LA CONT | 10.00 | 11. 00 | 13. 00 | 14. 00 | 15. 00 | |
| 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 14. 00 15. 00 17. 00 22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05 | 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 02200 I & SERVI CES 02300 PARAMED ED PRGM-(SPECI FY) 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI OLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY | 1, 278, 135 0 0 0 0 0 0 0 0 0 | 939, 728 65, 803 8, 543 43, 063 5, 244 0 0 1, 224 1, 389 1, 360 8, 359 | 7, 009, 081 12, 668 0 87 0 0 0 0 0 | 2, 033, 279 84, 787 131 0 0 956 0 0 | 6, 677, 734 0 0 0 0 0 0 | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 |
| 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 45. 00 | INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY | 918, 014 165, 678 0 13, 982 0 0 0 | 280, 569 48, 532 0 9, 853 0 0 0 | 2, 829, 017 787, 004 0 | 14, 669 1, 780 0 0 0 0 0 | 2, 232 10, 623 0 0 0 0 | 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00 |
| 50. 00 50. 01 50. 02 51. 00 53. 00 54. 01 54. 02 55. 00 58. 00 69. 00 60. 01 63. 01 65. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 00 76. 10 76. 11 76. 12 | 05000 OPERATING ROOM 05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06300 BLOOD LABORATORY 06300 BLOOD LABORATORY 06301 NUCLEAR MEDI CI NE 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPECH PATHOLOGY 06900 ELECTROEARDI OLOGY 07000 ELECTROEARDI OLOGY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 073950 ORTHOPEDI CS 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY 03953 WOUND CARE 03954 RENAL DI ALYSI S 03955 I NFUSI ON | | 17, 489 435 14, 644 4, 938 2, 063 34, 656 10, 759 6, 209 8, 438 0 0 0 0 3, 341 27, 535 39, 994 8, 351 4, 463 8, 476 1, 311 0 0 687 14, 018 7, 415 2, 291 2, 338 0 4, 726 41, 182 0 5, 977 | 4, 242 218, 821 79, 812 0 8, 411 96, 852 5, 506 0 2, 092 0 0 0 0 38, 540 0 33, 240 24, 013 0 0 13, 074 178, 407 57, 164 17, 810 814 0 70, 907 0 539, 201 | 2, 347 0 4, 419 283 834 1, 1068 1, 677 0 327 0 0 0 0 0 0 0 59 3, 496 1, 164 162 2, 149 667 11 1, 190, 589 705, 461 0 0 1, 424 395 65 128 0 0 257 0 3, 546 0 104 | 4, 138 0 1, 080 36 9, 486 0 0 0 0 0 0 0 0 0 58, 214 348 0 0 0 0 291 0 0 0 6, 565, 721 0 0 0 0 0 0 1, 83 0 0 0 0 0 0 0 0 0 0 0 0 0 | 50. 00 50. 01 50. 02 51. 00 53. 00 54. 01 54. 02 55. 00 55. 01 57. 00 58. 00 60. 01 63. 01 65. 00 66. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09 76. 10 76. 11 76. 12 |

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MCRI F32 - 15. 4. 166. 1 43 | Page COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part I 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Cost Center Description DI ETARY CAFETERI A NURSI NG CENTRAL **PHARMACY** ADMI NI STRATI ON SERVICES & **SUPPLY** 10.00 11.00 13.00 15.00 14.00 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89.00 89.00 0 0 0 90.00 09000 CLI NI C 0 90.00 0 0 0 90.01 09001 OCC HEALTH CLINIC C 0 0 90.01 09002 CARDIOLOGY CLINIC 0 90.02 90.02 0 09003 SPECIALTY CLINIC 90.03 0 0 0 90.03 4, 699 09100 EMERGENCY 0 93, 072 968, 447 91.00 3.316 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 09900 CMHC 99.00 99.00 0 0 0 99. 10 09910 CORF 0 O Λ 99.10 101.00 10100 HOME HEALTH AGENCY 85, 933 581, 243 4, 374 6, 206 101.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 1, 097, 674 6, 854, 948 2, 031, 896 924, 766 118.00 6, 673, 645 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 1, 839 0 0 0 190. 00 0 0 190. 01 19001 CONVENT 0 0 0 190. 01 190. 02 19002 HOME MEDICAL EQUIPMENT 0 190. 02 190. 03 19003 MEDICAL ARTS BUILDING 0 0 190. 03 000000000000 0 0 0 0 0 0 0 190. 04 19004 WOMEN'S HEALTH CENTER 0 0 190. 04 1.622 190. 05 19005 DEVELOPMENT 0 0 190. 05 190. 06 19006 NEUROSURGERY PROF SERVICES 120 0 0 190.06 190. 07 19007 I MAGE RECOVERY 0 190. 07 190. 08 19008 FAMILY SERVICES Ω 0 0 190.08 190. 09 19009 MDWI SE 0 0 190, 09 C 190. 10 19010 CATHERINE MCAULEY CLINIC 0 0 190. 10 190. 11 19011 CENTER OF HOPE 0 0 190. 11 73 190. 12 19012 SELECT 0 0 190. 12 0 190. 13 19013 PERCI NI AS 0 0 0 190. 13 0 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 5 192.00 1,004 154,060 1, 374 192. 01 19201 WORKING WELL 10, 198 4. 084 192. 01 0 193. 00 19300 NONPALD WORKERS 0 0 193.00 194. 01 07951 REHAB 180, 461 0 0 0 194. 01 200.00 Cross Foot Adjustments 200.00

1, 278, 135

7, 009, 081

2, 033, 279

939, 728

0 201 00

6, 677, 734 202. 00

201.00

202.00

Negative Cost Centers

TOTAL (sum lines 118 through 201)

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MCRI F32 - 15. 4. 166. 1 44 | Page Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004

| | | | | Ic |) 12/31/2018 | Date/lime Prep 4/9/2019 3:29 | |
|---|---|--|------------------|--|-----------------|-----------------------------------|---|
| | Cost Center Description | MEDI CAL S RECORDS & LI BRARY 16.00 | SOCIAL SERVICE | I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV 22.00 | PARAMED ED PRGM | PARAMED ED PRGM - LAB | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 | 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE | | | | | | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 |
| 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 22. 00 | 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I&R SERVICES-OTHER PRGM COSTS APPRV | 2, 931, 624 0 0 | 65, 431 0 | 988, 139 | | | 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 22. 00 |
| 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05 | 02300 PARAMED ED PRGM-(SPECIFY) 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY 02305 PARAMED ED PRGM-EMT INPATIENT ROUTINE SERVICE COST CENTERS | 0 0 0 0 0 | 0 0 0 0 | | O | 259, 964 | 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05 |
| 30. 00 | 03000 ADULTS & PEDIATRICS | 155, 409 | 3, 469 | 0 | 0 | 0 | 30. 00 |
| 31. 00 | 03100 INTENSIVE CARE UNIT | 35, 717 | 797 | 0 | 0 | 0 | 31.00 |
| 32. 00 35. 00 | 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT | 0 4, 839 | 0 108 | 0 | 0 | 0 | 32. 00 35. 00 |
| 40. 00 | 04000 SUBPROVI DER - I PF | 69, 719 | 1, 556 | Ö | o | 0 | 40. 00 |
| 43.00 | 04300 NURSERY | 8, 065 | 180 0 | 0 | 0 | 0 | 43.00 |
| 44. 00 45. 00 | 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44. 00 45. 00 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50. 00 50. 01 | 05000 OPERATI NG ROOM 05001 OPEN HEART SURGERY | 85, 602 0 | 1, 911 0 | 0 | 0 | 0 | 50. 00 50. 01 |
| 50. 01 | 05002 OUTPATIENT SURGERY | 26, 916 | 601 | o O | 0 | 0 | 50. 01 |
| 51.00 | 05100 RECOVERY ROOM | 15, 816 | 353 | 0 | 0 | 0 | 51.00 |
| 53. 00 54. 00 | 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C | 42, 577 47, 762 | 950 1, 066 | 0 | 0 | 0 | 53. 00 54. 00 |
| 54. 00 | 05401 RADI OLOGY SPECI AL PROCEDURES | 37, 736 | 842 | 0 | 0 | 0 | 54. 00 |
| 54. 02 | 05402 ULTRASOUND | 36, 535 | 815 | 0 | 0 | 0 | 54. 02 |
| 55. 00 55. 01 | O5500 RADI OLOGY-THERAPEUTI C O5501 COMPUTED TOMOGRAPHY | 154 104 | 2 494 | 0 | 0 | 0 | 55. 00 55. 01 |
| 55. 01 | 05700 CT SCAN | 156, 196 | 3, 486 0 | | 0 | 0 | 57. 00 |
| | 05800 MRI | О | О | 0 | 0 | 0 | 58. 00 |
| 59. 00 60. 00 | 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY | 0 207, 906 | 0 4, 641 | 0 | 0 | 0 213, 171 | 59. 00 60. 00 |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | 0 | Ö | Ö | 0 | 60. 01 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 5, 033 | 112 | 0 | 0 | 41, 594 | 63.00 |
| 63. 01 65. 00 | 06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY | 17, 500 73, 920 | 391 1, 650 | 0 | 0 | 5, 199 0 | 63. 01 65. 00 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 22, 196 | 495 | 0 | 0 | 0 | 66. 00 |
| 67. 00 68. 00 | 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY | 14, 960 6, 154 | 334 137 | 0 | 0 | 0 | 67. 00 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 47, 410 | 1, 058 | 0 | 0 | 0 | 69.00 |
| 70. 00 | 07000 ELECTROENCEPHALOGRAPHY | 5, 258 | 117 | 0 | 0 | 0 | 70. 00 |
| 71. 00 72. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS | 93, 472 15, 110 | 2, 086 337 | 0 | 0 | 0 | 71. 00 72. 00 |
| | 07300 DRUGS CHARGED TO PATIENTS | 1, 150, 700 | 25, 682 | 0 | 0 | 0 | 73.00 |
| 76. 00 | 03020 PAIN CLINIC | 0 | 0 | 0 | 0 | 0 | 76. 00 |
| 76. 01 76. 02 | 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES | 49 59, 938 | 1, 338 | 0 | 0 | 0 | 76. 01 76. 02 |
| 76. 02 | 03957 CARDI AC REHABI LI TATI ON | 6, 683 | 1, 330 | | 0 | 0 | 76. 02 |
| | 03190 RADI ATI ON ONCOLOGY | 10, 336 | 231 | 0 | 0 | 0 | 76. 04 |
| 76. 05 76. 06 | 03951 MRI 03952 BARI ATRI C CENTER | 33, 994 | 759 0 | 0 | 0 | 0 | 76. 05 76. 06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | | 0 | | 0 | 0 | 76.00 |
| | 03953 WOUND CARE | 8, 327 | 186 | 0 | 0 | 0 | 76. 08 |
| 76. 09 76. 10 | 03954 RENAL DI ALYSI S 03955 I NFUSI ON | 11, 749 58, 726 | 262 1, 311 | 0 | 0) n | 0 | 76. 09 76. 10 |
| | 03956 CARE TRANSITION CENTER | 0 | 0 | ő | o | 0 | 76. 10 |
| 4/9/20 | 119 3: 29 pm S: \Groups\Finance\EXCEL\NIR REIMBUF | RSEMENT\Cost Rer | norts - NIR\04 | Hammond Cost R | Penorts\FV18\01 | Submission\HE | S\Amen |

4/9/2019 3: 29 pm S: \Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

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Period: Worksheet B From 01/01/2018 Part I Provider CCN: 15-0004

| | | | To | 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | pared: |
|--|----------------------|----------------|--|--------------------|--------------------------------|----------|
| Cost Center Description | MEDICAL RECORDS & | SOCIAL SERVICE | I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS | PARAMED ED PRGM | PARAMED ED PRGM - LAB | pili |
| | LI BRARY | | APPRV | | | |
| | 16. 00 | 17. 00 | 22. 00 | 23. 00 | 23. 01 | |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | 2, 879 | 64 | 0 | 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | 1 | | | | | |
| 88.00 08800 RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | 0 | 0 | 0 | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 2 | 0 | 0 | 0 | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | 290, 630 | 6, 487 | 988, 139 | o | 0 | 91.00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | | | 92.00 |
| OTHER REIMBURSABLE COST CENTERS | | | | , | | İ |
| 99. 00 09900 CMHC | 0 | 0 | 0 | 0 | 0 | 99. 00 |
| 99. 10 09910 CORF | 0 | 0 | 0 | o | 0 | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | 65, 803 | 1, 469 | 1 | 0 | | 101.00 |
| SPECIAL PURPOSE COST CENTERS | 00,000 | 1, 10, | | ٥, | | |
| 113. 00 11300 NTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 2, 931, 624 | 65, 431 | 988, 139 | o | 259, 964 | |
| NONREI MBURSABLE COST CENTERS | | | 100/101 | -1 | | |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 0 | | 0 | | 190. 01 |
| 190. 02 19002 HOME MEDI CAL EQUI PMENT | 0 | 0 | Ō | 0 | | 190. 02 |
| 190. 03 19003 MEDICAL ARTS BUILDING | 0 | 0 | ٥ | o o | | 190. 03 |
| 190. 04 19004 WOMEN' S HEALTH CENTER | 0 | ١ | Ŏ | 0 | | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | ٥ | Ŏ | 0 | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | ١ | 0 | | 190.06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | 0 | ١ | 0 | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | | 0 | | 190. 08 |
| 190. 09 19009 MDWI SE | 0 | | | 0 | | 190.00 |
| 190. 10 19010 CATHERI NE MCAULEY CLI NI C | | 0 | | 0 | | 190. 09 |
| 190. 11 19011 CENTER OF HOPE | | | | 0 | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE 190. 12 19012 SELECT | 0 | 0 | | 0 | | 190. 11 |
| I I | 0 | 0 | | U O | | |
| 190. 13 19013 PERCI NI AS | 0 | 0 | | 0 | | 190. 13 |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES | 0 | | | 0 | | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | | | 0 | | 192. 01 |
| 193. 00 19300 NONPALD WORKERS | 0 | 0 | | 0 | | 193. 00 |
| 194. 01 07951 REHAB | 0 | 0 | 1 0 | 0 | | 194. 01 |
| 200.00 Cross Foot Adjustments | _ | _ |] | 0 | | 200.00 |
| 201.00 Negative Cost Centers | 0 004 (0) | (5.01 | 0 | 0 | | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | 2, 931, 624 | 65, 431 | 988, 139 | 이 | 259, 964 | J202. 00 |

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Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part I To 12/31/2018 Date/Time Prepared:

| | | | | T | 0 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|--|--|---|---|---|----------------------------|--|--|
| | Cost Center Description | PARAMED ED PRGM - | PARAMED ED PRGM - RESP | PARAMED ED PRGM-PHARMACY | PARAMED ED PRGM-EMT | Subtotal | P |
| | | RADI OLOGY 23. 02 | 23. 03 | 23. 04 | 23. 05 | 24. 00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 15. 00 15. 00 22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 | 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY) 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADIOLOGY | 113, 899 | 108, 171 | 745, 979 | | | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 |
| 23. 05 | 02305 PARAMED ED PRGM-EMT | | | | 11, 932 | | 23. 05 |
| 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00 | 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY | 0 0 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 0 | 38, 469, 581 6, 268, 602 0 1, 216, 944 7, 668, 308 1, 727, 409 0 | 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00 |
| 50. 00 | | l | 0 | 0 | 0 | 5, 205, 634 | 50.00 |
| 50. 01 50. 02 51. 00 54. 01 54. 02 55. 00 55. 01 57. 00 60. 00 60. 01 63. 00 66. 00 67. 00 68. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 74. 00 75. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09 76. 10 76. 11 76. 12 | 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD STORI NG, PROCESSI NG & TRANS. 06301 NUCLEAR MEDI CI NE 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENT 07200 DRUGS CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07300 ORTHOPEDI CS 073140 CARDI OVASCULAR SERVI CES 07357 CARDI AC REHABI LI TATI ON 073190 RADI ATI ON ONCOLOGY 073951 MRI 073952 BARI ATRI C CENTER 073550 PSYCH ACTI VI TY THERAPY 073953 WOUND CARE 073955 I NFUSI ON | 0 0 0 108, 204 2, 278 1, 139 0 2, 278 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 108, 171 00 00 00 00 00 00 00 00 00 00 00 00 00 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 67, 265 3, 486, 665 584, 511 3, 599, 242 3, 463, 777 1, 833, 783 1, 077, 015 -149, 317 1, 795, 203 0 0 7, 195, 024 0 97, 368 825, 493 3, 133, 223 4, 443, 692 954, 726 707, 469 872, 410 322, 697 7, 638, 951 4, 560, 813 37, 203, 775 -1, 253, 027 135, 145 2, 623, 551 835, 814 1, 812, 833 669, 425 0 4, 113, 250 811, 026 1, 629, 340 5, 139, 418 119 678, 296 | 53. 00 54. 00 54. 01 54. 02 55. 00 55. 01 57. 00 58. 00 60. 01 63. 01 65. 00 66. 00 67. 00 68. 00 67. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09 76. 10 76. 10 76. 11 |

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Period: Worksheet B From 01/01/2018 Part I Provider CCN: 15-0004

| | | | To | 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|--|------------|-------------|---------------|------------|--------------------------------|--------------------|
| Cost Center Description | PARAMED ED | PARAMED ED | PARAMED ED | PARAMED ED | Subtotal | Pili |
| , , , , , , , , , , , , , , , , , , , | PRGM - | PRGM - RESP | PRGM-PHARMACY | PRGM-EMT | | |
| | RADI OLOGY | THER | | | | |
| | 23. 02 | 23. 03 | 23. 04 | 23. 05 | 24.00 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | 0 | 0 | 0 | 1, 403 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLINI C | 0 | 0 | 0 | 0 | 4, 964 | 90. 02 |
| 90. 03 09003 SPECI ALTY CLI NI C | 0 | 0 | 0 | 0 | 307 | 90. 03 |
| 91. 00 09100 EMERGENCY | 0 | 0 | 0 | 11, 932 | 19, 970, 984 | 91.00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | | | 92.00 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 99. 00 09900 CMHC | 0 | 0 | 0 | 0 | 0 | 99. 00 |
| 99. 10 09910 CORF | 0 | 0 | 0 | 0 | 0 | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 9, 645, 517 | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 113.00 11300 I NTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 113, 899 | 108, 171 | 745, 979 | 11, 932 | 191, 088, 628 | 118. 00 |
| NONREI MBURSABLE COST CENTERS | _ | | T _T | | | |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | ١ | 0 | 218, 153 | |
| 190. 01 19001 CONVENT | 0 | 0 | 0 | 0 | 17, 839 | |
| 190. 02 19002 HOME MEDI CAL EQUI PMENT | 0 | 0 | 0 | 0 | | 190. 02 |
| 190. 03 19003 MEDI CAL ARTS BUILDING | 0 | 0 | 0 | 0 | 320, 845 | |
| 190. 04 19004 WOMEN' S HEALTH CENTER | 0 | 0 | 0 | 0 | 140, 842 | |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | 0 | 0 | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | 0 | 0 | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | 0 | 0 | 0 | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | 0 | 0 | | 190. 08 |
| 190. 09 19009 MDWI SE | U | 0 | 0 | 0 | | 190. 09 190. 10 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC 190. 11 19011 CENTER OF HOPE | 0 | 0 | 0 | 0 | | |
| 190. 11 19011 CENTER OF HOPE | 0 | 0 | 0 | 0 | • | 190. 11 |
| | U | 0 | 0 | 0 | | 190. 12 |
| 190. 13 19013 PERCI NI AS | U | 0 | 0 | 0 | | 190. 13 |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES | U | 0 | 0 | 0 | -1, 092, 535 | |
| 192. 01 19201 WORKI NG WELL | U | 0 | 0 | 0 | 1, 117, 878 | |
| 193. 00 19300 NONPALD WORKERS | 0 | 0 | | 0 | | 193. 00 |
| 194. 01 07951 REHAB | 0 | 0 | 0 | 0 | 1, 320, 969 | |
| 200.00 Cross Foot Adjustments | 0 | 0 | 0 | 0 | | 200. 00 |
| 201.00 Negative Cost Centers | 112 000 | 100 171 | 745 070 | 11 000 | | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | 113, 899 | 108, 171 | 745, 979 | 11, 932 | 193, 367, 679 | 1202.00 |

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In Lieu of Form CMS-2552-10 Health Financial Systems COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part I Date/Time Prepared: 12/31/2018 4/9/2019 3: 29 pm Cost Center Description Intern & Total Residents Cost & Post Stepdown Adjustments 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1 00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00590 OTHER ADMINISTRATIVE AND GENERAL 5.05 5.05 00600 MAINTENANCE & REPAIRS 6.00 6.00 00700 OPERATION OF PLANT 7.00 7 00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10.00 10 00 01100 CAFETERI A 11.00 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15 00 15 00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17.00 17.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 22 00 22 00 23.00 02300 PARAMED ED PRGM-(SPECIFY) 23.00 02301 PARAMED ED PRGM - LAB 23.01 23.01 02302 PARAMED ED PRGM - RADIOLOGY 23.02 23.02 02303 PARAMED ED PRGM - RESP THER 23 03 23 03 02304 PARAMED ED PRGM-PHARMACY 23.04 23.04 02305 PARAMED ED PRGM-EMT 23.05 23.05 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 38 469 581 30.00 31.00 03100 INTENSIVE CARE UNIT 6, 268, 602 31.00 00000 02060 CORONARY CARE UNIT 32.00 32.00 02040 NEWBORN INTENSIVE CARE UNIT 1, 216, 944 35.00 35.00 40.00 04000 SUBPROVI DER - I PF 7, 668, 308 40.00 43.00 04300 NURSERY 1, 727, 409 43.00 04400 SKILLED NURSING FACILITY 44 00 44.00 45.00 04500 NURSING FACILITY 0 45.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 5, 205, 634 50.00 05001 OPEN HEART SURGERY 50. 01 67, 265 50.01 05002 OUTPATIENT SURGERY 3, 486, 665 50.02 50.02 05100 RECOVERY ROOM 51.00 584, 511 51.00 3, 599, 242 53.00 05300 ANESTHESI OLOGY 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 3, 463, 777 54.00 05401 RADI OLOGY SPECIAL PROCEDURES 54.01 1, 833, 783 54.01 54.02 05402 ULTRASOUND 1,077,015 54.02 55.00 05500 RADI OLOGY-THERAPEUTI C -149, 317 55.00 05501 COMPUTED TOMOGRAPHY 55.01 1, 795, 203 55.01 05700 CT SCAN 57.00 C 57.00 58.00 05800 MRI 58.00 05900 CARDI AC CATHETERI ZATI ON 59.00 59.00 7, 195, 024 06000 LABORATORY 60.00 60.00 06001 BLOOD LABORATORY 60.01 60.01 06300 BLOOD STORING, PROCESSING & TRANS. 97, 368 63.00 63.00 06301 NUCLEAR MEDICINE 825, 493 63.01 63.01 06500 RESPIRATORY THERAPY 3, 133, 223 65.00 65.00 66.00 06600 PHYSI CAL THERAPY 4, 443, 692 66.00 06700 OCCUPATIONAL THERAPY 954, 726 67.00 67.00 707, 469 68 00 06800 SPEECH PATHOLOGY 68.00 06900 ELECTROCARDI OLOGY 872, 410 69.00 69.00 70. 00 07000 ELECTROENCEPHALOGRAPHY 322, 697 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 7, 638, 951 71.00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 4, 560, 813 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 37, 203, 775 73.00 03020 PAIN CLINIC -1, 253, 027 76.00 76.00 03950 ORTHOPEDICS 76. 01 135, 145 76.01

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2, 623, 551

1,812,833

4, 113, 250

1, 629, 340

5, 139, 418

811, 026

119

835, 814

669, 425

76.02

76.03

76.04

76.05

76.06

76.07

76.08

76.09

76.10

76. 02

76. 03

76. 05

76.06

76. 08

76.09

03140 CARDI OVASCULAR SERVI CES

03957 CARDIAC REHABILITATION

03550 PSYCH ACTIVITY THERAPY

76. 04 03190 RADIATION ONCOLOGY

03953 WOUND CARE

03954 RENAL DIALYSIS

76. 11 03956 CARE TRANSITION CENTER

03952 BARLATRIC CENTER

03951 MRI

76. 10 03955 I NFUSI ON

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| COST ALLOCATION - GENERAL SERVICE COSTS | | Provi der CCN | N: 15-0004 | Peri od: | Worksheet B | |
|---|----------------|---------------|------------|-----------------|--------------------------------|---------|
| | | | | From 01/01/2018 | | |
| | | | | To 12/31/2018 | Date/Time Pro 4/9/2019 3:29 | epared: |
| Cost Center Description | Intern & | Total | | <u> </u> | 4/9/2019 3. 25 | PIII |
| | Residents Cost | iotai | | | | |
| | & Post | | | | | |
| | Stepdown | | | | | |
| | Adjustments | | | | | |
| | 25. 00 | 26. 00 | | | | |
| 76. 12 03958 ANTI COAGULATI ON CLINI C | 23.00 | 678, 296 | | | | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | <u> </u> | 010, 270 | | | | 70.12 |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | | | | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | O | | | | 89.00 |
| 90. 00 09000 CLINIC | | 0 | | | | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | | 1, 403 | | | | 90.01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | | 4, 964 | | | | 90. 02 |
| 90. 03 09003 SPECI ALTY CLINI C | | 307 | | | | 90.02 |
| 91. 00 09100 EMERGENCY | -988, 139 | 18, 982, 845 | | | | 91.00 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | -900, 139 | 10, 902, 043 | | | | 92.00 |
| OTHER REIMBURSABLE COST CENTERS | l d | | | | | 92.00 |
| 99. 00 09900 CMHC | 0 | 0 | | | | 99. 00 |
| 99. 10 09910 CORF | | U | | | | |
| | | 0 (45 517 | | | | 99. 10 |
| 101. 00 10100 HOME HEALTH AGENCY | U | 9, 645, 517 | | | | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | | | | | | 140.00 |
| 113. 00 11300 INTEREST EXPENSE | 000 400 | 100 100 100 | | | | 113. 00 |
| 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) | -988, 139 | 190, 100, 489 | | | | 118. 00 |
| NONREI MBURSABLE COST CENTERS | | 040.450 | | | | 1,00,00 |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 218, 153 | | | | 190.00 |
| 190. 01 19001 CONVENT | 0 | 17, 839 | | | | 190. 01 |
| 190. 02 19002 HOME MEDI CAL EQUI PMENT | 0 | 0 | | | | 190. 02 |
| 190. 03 19003 MEDI CAL ARTS BUILDING | 0 | 320, 845 | | | | 190. 03 |
| 190. 04 19004 WOMEN'S HEALTH CENTER | 0 | 140, 842 | | | | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | | | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 91, 106 | | | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | -18 | | | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | | | | 190. 08 |
| 190. 09 19009 MDWI SE | 0 | 97, 248 | | | | 190. 09 |
| 190.10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | | | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | 46, 724 | | | | 190. 11 |
| 190. 12 19012 SELECT | 0 | 0 | | | | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | 0 | | | | 190. 13 |
| 192.00 19200 PHYSICIANS' PRIVATE OFFICES | 0 | -1, 092, 535 | | | | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | 1, 117, 878 | | | | 192. 01 |
| 193. 00 19300 NONPALD WORKERS | 0 | 0 | | | | 193. 00 |
| 194. 01 07951 REHAB | 0 | 1, 320, 969 | | | | 194. 01 |
| 200.00 Cross Foot Adjustments | 0 | 0 | | | | 200. 00 |
| 201.00 Negative Cost Centers | 0 | 0 | | | | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | -988, 139 | 192, 379, 540 | | | | 202. 00 |
| | | | | | | |

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Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part II To 12/31/2018 Date/Time Prepared:

| | | | | То | 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | pared: |
|------------------|--|--------------------------|-----------------------|---------------------|----------------------|-----------------------------|------------------|
| | | | CAPITAL RELATED COSTS | | | 47 77 2017 3. 27 | Pill |
| | | 5 | DI DO A FLAT | L 10/DL 5 50/U.B | | 51151 01/55 | |
| | Cost Center Description | Directly Assigned New | BLDG & FIXT | MVBLE EQUIP | Subtotal | EMPLOYEE BENEFITS | |
| | | Capi tal | | | | DEPARTMENT | |
| | | Related Costs | | | | DEI / III / III EI II | |
| | | 0 | 1. 00 | 2. 00 | 2A | 4. 00 | |
| 1. 00 | GENERAL SERVICE COST CENTERS O0100 CAP REL COSTS-BLDG & FLXT | T | | | | | 1. 00 |
| 2. 00 | 00200 CAP REL COSTS-BLDG & FIXT | | | | | | 2.00 |
| 4. 00 | 00400 EMPLOYEE BENEFITS DEPARTMENT | 0 | 55, 446 | 14, 270 | 69, 716 | 69, 716 | 4. 00 |
| 5.05 | 00590 OTHER ADMINISTRATIVE AND GENERAL | 0 | 1, 194, 081 | · · | 1, 884, 853 | 11, 237 | 5. 05 |
| 6.00 | 00600 MAI NTENANCE & REPAI RS | 0 | 827, 310 | | 937, 511 | 1, 555 | 6. 00 |
| 7. 00 8. 00 | 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE | 0 | 544, 576 14, 411 | | 566, 106 108, 387 | 286 0 | 7. 00 8. 00 |
| 9. 00 | 00900 HOUSEKEEPI NG | 0 | 210, 258 | 1 | 239, 364 | 1, 390 | 9. 00 |
| 10.00 | 01000 DI ETARY | 0 | 219, 604 | | 232, 426 | 946 | 10.00 |
| 11. 00 | 01100 CAFETERI A | 0 | 127, 481 | | 127, 481 | 0 | 11. 00 |
| 13.00 | 01300 NURSI NG ADMI NI STRATI ON | 0 | 141, 395 | | 244, 126 | 3, 446 | 13.00 |
| 14. 00 15. 00 | 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY | 0 0 | 203, 989 122, 283 | | 311, 900 128, 665 | 266 2, 420 | 14. 00 15. 00 |
| 16. 00 | + I | 0 | 362, 242 | | 365, 210 | 196 | 16. 00 |
| 17. 00 | 01700 SOCIAL SERVICE | 0 | 21, 483 | | 21, 483 | 0 | 17. 00 |
| 22. 00 | 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV | 0 | 0 | 0 | 0 | 0 | 22. 00 |
| 23. 00 23. 01 | 02300 PARAMED ED PRGM-(SPECIFY) 02301 PARAMED ED PRGM - LAB | 0 | 0 | | 0 | 0 67 | 23. 00 23. 01 |
| 23. 01 | 02301 PARAMED ED PRGM - LAB | 0 | 0 | | 0 | 64 | 23. 01 |
| 23. 03 | 02303 PARAMED ED PRGM - RESP THER | 0 | Ö | Ö | Ö | 60 | 23. 03 |
| 23. 04 | 02304 PARAMED ED PRGM-PHARMACY | 0 | 0 | 0 | 0 | 423 | 23. 04 |
| 23. 05 | 02305 PARAMED ED PRGM-EMT | 0 | 0 | 0 | 0 | 4 | 23. 05 |
| 30. 00 | INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS | T 0 | 2, 490, 949 | 1, 031, 105 | 3, 522, 054 | 14, 701 | 30.00 |
| 31. 00 | | 0 | 367, 880 | | 548, 190 | 2, 231 | 31. 00 |
| 32.00 | 02060 CORONARY CARE UNIT | 0 | 0 | | 0 | 0 | 32. 00 |
| 35. 00 | | 0 | 0 | 28, 868 | 28, 868 | 575 | 35. 00 |
| 40.00 | 04000 SUBPROVI DER - I PF 04300 NURSERY | 0 | 0 | 0 | 0 | 2, 668 0 | 40.00 |
| 43. 00 44. 00 | 04400 SKILLED NURSING FACILITY | 0 | 0 | | 0 | 0 | 43. 00 44. 00 |
| 45. 00 | 04500 NURSI NG FACILITY | 0 | Ö | o o | Ö | 0 | 45. 00 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 OPERATING ROOM | 0 | 699, 293 | | 1, 048, 440 | 779 | 50.00 |
| 50. 01 50. 02 | 05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY | 0 0 | 534, 160 | 14, 255 127, 370 | 14, 255 661, 530 | 34 820 | 50. 01 50. 02 |
| 51. 00 | | 0 | 0 | 1 | 31, 427 | 265 | 51.00 |
| 53.00 | 05300 ANESTHESI OLOGY | 0 | 0 | 151, 291 | 151, 291 | 51 | 53. 00 |
| 54.00 | 05400 RADI OLOGY-DI AGNOSTI C | 0 | 323, 176 | | 635, 379 | 1, 150 | 54.00 |
| 54. 01 54. 02 | 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND | 0 | 78, 018 38, 837 | | 406, 389 232, 924 | 597 359 | 54. 01 54. 02 |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0 | 30, 637 | 174,007 | 232, 924 | 0 | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 0 | 39, 735 | 335, 481 | 375, 216 | 414 | 55. 01 |
| 57. 00 | 1 1 | 0 | 0 | 0 | 0 | 0 | 57. 00 |
| 58. 00 | 1 1 | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59. 00 60. 00 | 1 1 | 0 | 265, 283 | 511 | 265, 794 | 0 | 59. 00 60. 00 |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | 0 | | 0 | 0 | 60. 01 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 63. 00 |
| 63. 01 | 06301 NUCLEAR MEDICINE | 0 | 52, 522 | | 55, 031 | 187 | 63. 01 |
| 65. 00 66. 00 | 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY | 0 | 105, 387 272, 661 | | 266, 725 276, 606 | 1, 169 2, 268 | 65. 00 66. 00 |
| 67. 00 | · · | 0 | 25, 190 | | 26, 292 | 2, 200 472 | 67.00 |
| 68. 00 | 1 1 | 0 | 78, 056 | | 81, 938 | 247 | 68. 00 |
| 69. 00 | | 0 | 43, 864 | | 118, 149 | 306 | 69. 00 |
| 70.00 | 1 | 0 | 35, 626 | 31, 477 | 67, 103 | 77 | 70.00 |
| 71. 00 72. 00 | | 0 | 0 | | 0 | 0 | 71. 00 72. 00 |
| 73. 00 | 1 | 0 | 0 | | 0 | 0 | 73. 00 |
| 76. 00 | | 0 | 0 | 0 | 0 | 0 | 76. 00 |
| 76. 01 | 03950 ORTHOPEDI CS | 0 | 17, 679 | | 17, 768 | 40 | 76. 01 |
| 76. 02 | · · · · · · · · · · · · · · · · · · · | 0 | 155, 653 | | 300, 999 | 849 | 76. 02 |
| 76. 03 76. 04 | 1 1 | 0 | 33, 524 349, 322 | | 77, 585 478, 221 | 350 149 | 76. 03 76. 04 |
| 76. 05 | + I | 0 | 76, 489 | | 84, 172 | 127 | 76. 04 |
| 76. 06 | 03952 BARI ATRI C CENTER | 0 | 0 | 0 | 0 | 0 | 76. 06 |
| 76. 07 | 1 1 | 0 | 0 | 0 | 0 | 0 | 76. 07 |
| 76. 08 76. 09 | 1 1 | 0 0 | 124, 901 241, 221 | | 127, 333 241, 221 | 198 0 | 76. 08 76. 09 |
| 76. 09 76. 10 | 1 1 | 0 | 241, 221 12, 691 | | 74, 382 | | 76. 09 76. 10 |
| | 1- | | 12,371 | 1 01,071 | , 1, 302 | 2, 170 | |

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| | | | Fr To | com 01/01/2018 o 12/31/2018 | Part II Date/Time Pre | |
|--|---------------|--------------|-------------|--------------------------------|----------------------------|---------|
| | | | | | 4/9/2019 3: 29 | pm |
| | | CAPI TAL REI | LATED COSTS | | | |
| | | | | | | |
| Cost Center Description | Di rectl y | BLDG & FIXT | MVBLE EQUIP | Subtotal | EMPLOYEE | |
| | Assigned New | | | | BENEFI TS | |
| | Capi tal | | | | DEPARTMENT | |
| | Related Costs | | | | | |
| | 0 | 1. 00 | 2.00 | 2A | 4. 00 | |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | 0 | - | 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINI C | 0 | 0 | 0 | 0 | 393 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 08800 RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | 0 | 0 | 0 | 90. 00 |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | 0 | 0 | 0 | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 0 | 0 | O | o | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | 0 | 298, 023 | 200, 296 | 498, 319 | 9, 176 | 91.00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | 0 | | 92.00 |
| OTHER REIMBURSABLE COST CENTERS | | | | ' | | |
| 99. 00 09900 CMHC | 0 | 0 | 0 | 0 | 0 | 99. 00 |
| 99. 10 09910 CORF | 0 | 0 | o | o | 0 | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | 0 | 224, 745 | 12, 940 | 237, 685 | 3, 962 | 101.00 |
| SPECIAL PURPOSE COST CENTERS | | | | · | | |
| 113. 00 11300 I NTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 0 | 11, 029, 444 | 5, 159, 070 | 16, 188, 514 | 69, 164 | 118. 00 |
| NONREI MBURSABLE COST CENTERS | | | | | | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 25, 879 | 138 | 26, 017 | 38 | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 0 | o | 0 | 0 | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | o | o | 0 | 190. 02 |
| 190. 03 19003 MEDICAL ARTS BUILDING | 0 | 0 | o | o | 0 | 190. 03 |
| 190.04 19004 WOMEN'S HEALTH CENTER | 0 | 21, 941 | o | 21, 941 | 43 | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | o | 0 | 0 | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 0 | o | o | 26 | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | 0 | o | o | 0 | 190. 07 |
| 190.08 19008 FAMILY SERVICES | 0 | 0 | o | o | 0 | 190. 08 |
| 190. 09 19009 MDWI SE | 0 | 0 | o | o | 0 | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | l o | o | 0 | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | 9, 614 | 1, 085 | 10, 699 | | 190. 11 |
| 190. 12 19012 SELECT | 0 | 0 | 0 | 0 | | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | 0 | 0 | 0 | | 190. 13 |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES | 0 | 118, 460 | | 118, 598 | | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | n | 47, 081 | 47, 081 | | 192. 01 |
| 193. 00 19300 NONPALD WORKERS | | n | 1,,501 | 17, 501 | | 193. 00 |
| 194. 01 07951 REHAB | 0 | 338, 427 | 22, 853 | 361, 280 | | 194. 01 |
| 200.00 Cross Foot Adjustments | | 300, 427 | 22,000 | 001, 200 | O | 200. 00 |
| 201.00 Negative Cost Centers | | n | 0 | 0 | Ω | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | 0 | 11, 543, 765 | | 16, 774, 130 | | |
| | 1 | , 5.5, 700 | 0, 200, 000 | . 5, , 100 | 5., 110 | , |

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| Peri od: | Worksheet B | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| | | | | r | o 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|--|--|---|--|---|---|---|--|
| | Cost Center Description | OTHER ADMINISTRATIVE AND GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPI NG | , |
| | | 5. 05 | 6. 00 | 7. 00 | 8. 00 | 9. 00 | |
| 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 17. 00 22. 00 23. 01 23. 02 | 0 01100 CAFETERIA 0 01300 NURSING ADMINISTRATION 0 01400 CENTRAL SERVICES & SUPPLY 0 01500 PHARMACY 0 01600 MEDICAL RECORDS & LIBRARY 0 01700 SOCIAL SERVICE 0 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 0 02300 PARAMED ED PRGM-(SPECIFY) 0 02301 PARAMED ED PRGM - LAB 0 02302 PARAMED ED PRGM - RADIOLOGY | 1, 896, 090 72, 097 58, 718 5, 721 29, 166 8, 322 6, 743 64, 523 15, 703 61, 071 21, 633 238 9, 552 0 2, 492 1, 088 | 1, 011, 163 58, 166 1, 539 22, 458 23, 456 13, 616 15, 102 21, 788 13, 061 38, 691 2, 295 | 683, 276 1, 104 16, 102 16, 817 9, 763 10, 828 15, 622 9, 364 27, 741 1, 645 | 116, 751 0 0 0 0 0 0 0 0 0 | 308, 480 7, 789 4, 521 5, 015 7, 235 4, 337 12, 848 762 0 0 | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 14. 00 15. 00 16. 00 17. 00 22. 00 23. 01 23. 02 |
| 23. 03 23. 04 | · · · · · · · · · · · · · · · · · · · | 1, 033 7, 131 | | | 0 | 0 | 23. 03 23. 04 |
| 23. 05 | 02305 PARAMED ED PRGM-EMT | 114 | l . | | | 0 | 23. 05 |
| 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00 | 0 03100 NTENSI VE CARE UNIT 0 02060 CORONARY CARE UNIT 0 02040 NEWBORN INTENSI VE CARE UNIT 0 04000 SUBPROVI DER - I PF 0 04300 NURSERY 0 04400 SKILLED NURSI NG FACILITY 0 04500 NURSI NG FACILITY | 281, 346 42, 948 0 9, 826 73, 440 16, 402 | 39, 293 0 0 0 0 0 | | 2 14, 579 0 1, 230 0 4, 276 0 0 | 88, 346 13, 048 0 0 0 0 0 | 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00 |
| 50. 00 | ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM | 34, 927 | 74, 692 | 53, 552 | 2 0 | 24, 802 | 50. 00 |
| 50. 01 50. 02 51. 00 53. 00 54. 00 54. 01 55. 00 55. 01 57. 00 | 05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN | 605 21, 317 4, 672 34, 253 25, 602 14, 844 9, 197 0 14, 954 | 57, 054 57, 054 0 0 34, 518 8, 333 4, 148 | 40, 906 40, 906 6 24, 748 5, 978 2, 974 | | 18, 945 0 18, 945 0 0 11, 462 2, 767 1, 377 0 1, 409 0 | 50. 00 50. 01 50. 02 51. 00 53. 00 54. 00 54. 01 54. 02 55. 00 55. 01 57. 00 58. 00 |
| 59. 00 60. 00 60. 01 63. 00 63. 01 65. 00 66. 00 67. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 07 76. 07 76. 07 76. 08 76. 07 76. 08 76. 07 76. 10 | O 05900 CARDIAC CATHETERIZATION O 06001 BLOOD LABORATORY O 06300 BLOOD STORING, PROCESSING & TRANS. O 06301 NUCLEAR MEDICINE O 06500 RESPIRATORY THERAPY O 06600 PHYSICAL THERAPY O 06700 OCCUPATIONAL THERAPY O 06900 ELECTROCARDIOLOGY O 07000 ELECTROCARDIOLOGY O 07000 BLOOD TRIBERT OF PATIENT O 07200 IMPL. DEV. CHARGED TO PATIENTS O 03020 PAIN CLINIC O 03950 ORTHOPEDICS O 03957 CARDIAC REHABILITATION O 03190 RADIATION ONCOLOGY O 03951 MRI O 03952 BARIATRIC CENTER O 03953 WOUND CARE O 03954 RENAL DIALYSIS O 03955 INFUSION | 60, 565 0 489 6, 196 26, 273 36, 959 8, 536 5, 281 7, 037 2, 168 61, 412 37, 120 277, 593 0 848 20, 035 6, 770 10, 811 4, 699 0 39, 763 4, 712 11, 204 43, 145 6, 470 | 28, 335 0 5, 610 11, 256 29, 123 2, 691 8, 337 4, 685 3, 805 0 0 1, 888 16, 625 3, 581 37, 311 8, 170 0 0 13, 341 25, 765 1, 356 | 4, 022 8, 071 20, 886 1, 929 5, 978 3, 359 2, 728 0 0 0 1, 354 11, 920 2, 565 26, 751 5, 858 0 9, 565 18, 473 972 | | 0 9, 409 0 1, 863 3, 738 9, 670 893 2, 768 1, 556 1, 264 0 0 0 627 5, 521 1, 189 12, 389 2, 718 1, 389 2, 743 0 0 0 0 0 | 59. 00 |

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MCRI F32 - 15. 4. 166. 1 53 | Page ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part II 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Cost Center Description OTHER MAINTENANCE & OPERATION OF LAUNDRY & HOUSEKEEPI NG ADMI NI STRATI VE LINEN SERVICE **REPAIRS PLANT** AND GENERAL 6.00 7.00 8. 00 9. 00 5.05 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 88.00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 89.00 0 90.00 09000 CLI NI C 0 0 90.00 0 0 90.01 09001 OCC HEALTH CLINIC 14 C 0 0 90.01 09002 CARDIOLOGY CLINIC 48 0 0 90.02 90.02 09003 SPECIALTY CLINIC 90.03 0 0 0 90.03 09100 EMERGENCY 164, 705 31, 832 22, 823 10,570 91.00 0 91 00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 99.00 09900 CMHC 99.00 0 0 0 0 99. 10 09910 CORF O 0 Λ 99.10 101.00 10100 HOME HEALTH AGENCY 81, 912 24,005 17, 211 7, 971 101. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 956, 228 643, 889 100, 870 1, 874, 447 290, 239 118. 00 118.00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1, 982 0 918 190. 00 1.616 2.764 190. 01 19001 CONVENT 0 0 190. 01 172 C 190. 02 19002 HOME MEDICAL EQUIPMENT 0 0 0 190. 02 190. 03 19003 MEDICAL ARTS BUILDING 3, 102 0 190. 03 0 0 190. 04 19004 WOMEN'S HEALTH CENTER 2, 344 778 190. 04 943 1,680 190. 05 19005 DEVELOPMENT 0 190. 05 C 190. 06 19006 NEUROSURGERY PROF SERVICES 880 C 0 0 0 0 0 0 190.06 190. 07 19007 I MAGE RECOVERY 0 190. 07 0 0 190. 08 19008 FAMILY SERVICES 0 C 0 0 190.08 190. 09 19009 MDWI SE 0 190.09 0 C 0 190. 10 19010 CATHERINE MCAULEY CLINIC 0 0 0 190. 10 0 190. 11 19011 CENTER OF HOPE 341 190. 11 273 1,027 736 190. 12 19012 SELECT 0 190. 12 0 0 190. 13 19013 PERCI NI AS 0 0 190. 13 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 0 4, 201 192. 00 12,653 9,072 192. 01 19201 WORKING WELL 10,655 0 192.01 C 193. 00 19300 NONPALD WORKERS 0 193.00 194. 01 07951 REHAB 4,002 36, 147 25, 917 15, 881 12, 003 194. 01 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 0 201.00

1, 896, 090

1, 011, 163

683, 276

116, 751

308, 480 202. 00

202.00

TOTAL (sum lines 118 through 201)

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| Peri od: | Worksheet B | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| | | | | To | 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|---|--|---|--|--|--|---|--|
| | Cost Center Description | DI ETARY | CAFETERI A | NURSI NG ADMI NI STRATI ON | CENTRAL SERVI CES & SUPPLY | PHARMACY | |
| | ACTUAL AC | 10.00 | 11. 00 | 13.00 | 14. 00 | 15. 00 | |
| 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 | 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 02200 I & SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECI FY) 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADI OLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM-PHARMACY 02305 PARAMED ED PRGM-EMT | 289, 756 0 0 0 0 0 0 0 0 0 | 162, 124 11, 352 1, 474 7, 429 905 0 0 211 240 235 1, 442 | 354, 392 640 0 4 0 0 0 0 0 0 | 374, 628 15, 622 24 0 0 176 0 0 0 | 241, 969 0 0 0 0 0 0 | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 |
| 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00 | 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY | 208, 115 37, 560 0 3, 170 0 0 0 | 48, 408 8, 373 0 1, 700 0 0 0 | 39, 792 0 | 2, 703 328 0 0 0 0 0 | 81 385 0 0 0 0 0 | 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00 |
| 50. 00 50. 01 50. 02 51. 00 53. 00 54. 01 54. 02 55. 01 57. 00 58. 00 69. 00 60. 01 63. 01 65. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 74. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09 76. 10 76. 11 76. 12 | 05000 OPERATING ROOM 05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06301 NUCLEAR MEDI CI NE 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07300 ORTHOPEDI CS 03950 ORTHOPEDI CS 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY 03953 WOUND CARE 03955 I NFUSI ON | | 3, 017 75 2, 526 852 356 5, 979 1, 856 1, 071 0 1, 456 0 0 0 0 0 576 4, 750 6, 900 1, 441 770 1, 462 226 0 0 0 118 2, 418 1, 279 395 403 0 7, 105 0 1, 031 | 214 11, 064 4, 035 0 425 4, 897 278 0 106 0 0 0 0 0 1, 949 0 0 1, 214 0 0 0 0 0 1, 214 0 0 0 0 0 0 1, 214 0 0 0 0 0 0 0 0 0 0 0 0 0 | 432 0 814 52 154 218 197 309 0 60 0 0 0 111 644 214 30 396 123 219, 364 129, 981 0 0 0 0 0 0 0 0 10 11 644 214 30 396 123 219, 364 129, 981 0 0 0 0 0 0 10 11 12 21 21 21 21 21 21 21 21 | 150 0 39 1 344 0 0 0 0 0 0 0 0 0 2, 109 13 0 0 0 237, 912 0 0 0 0 0 0 0 0 0 0 0 0 0 | 50. 00 50. 01 50. 02 51. 00 53. 00 54. 01 54. 02 55. 00 55. 01 57. 00 58. 00 60. 01 63. 01 65. 00 66. 00 67. 00 68. 00 67. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09 76. 10 76. 11 76. 12 |

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MCRI F32 - 15. 4. 166. 1 55 | Page ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part II 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Cost Center Description DI ETARY CAFETERI A NURSI NG CENTRAL **PHARMACY** ADMI NI STRATI ON SERVICES & **SUPPLY** 10.00 11.00 13.00 15.00 14.00 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89.00 89.00 0 0 0 90.00 09000 CLI NI C 0 90.00 0 0 0 90.01 09001 OCC HEALTH CLINIC 0 0 0 90.01 09002 CARDI OLOGY CLINIC 0 0 90.02 90.02 0 09003 SPECIALTY CLINIC 90.03 0 0 0 0 90.03 91.00 09100 EMERGENCY 0 16, 057 48, 967 170 91.00 611 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 09900 CMHC 99.00 99.00 0 0 0 99. 10 09910 CORF 0 O 0 Λ 99. 10 101.00 10100 HOME HEALTH AGENCY 14, 825 29, 389 806 225 101.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 248, 845 159, 543 346, 598 374, 373 241, 821 118. 00 118.00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 317 0 0 0 190. 00 0 190. 01 19001 CONVENT 0 0 0 0 190. 01 190. 02 19002 HOME MEDICAL EQUIPMENT C 0 190. 02 190. 03 19003 MEDICAL ARTS BUILDING 0 0 190. 03 000000000000 0 0 0 0 0 0 0 190. 04 19004 WOMEN'S HEALTH CENTER 0 0 190. 04 280 190. 05 19005 DEVELOPMENT 0 0 190. 05 0 190. 06 19006 NEUROSURGERY PROF SERVICES 21 0 190.06 190. 07 19007 I MAGE RECOVERY 0 190. 07 190. 08 19008 FAMILY SERVICES 0 0 0 190.08 190. 09 19009 MDWI SE 0 0 190.09 C 190. 10 19010 CATHERINE MCAULEY CLINIC 0 190. 10 0 190. 11 19011 CENTER OF HOPE 4 0 190. 11 31 190. 12 19012 SELECT 0 0 190. 12 C 0 190. 13 19013 PERCI NI AS C 0 0 190. 13 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 0 2 0 192.00 173 7,790 0 192. 01 19201 WORKING WELL 1 759 0 253 148 192.01 193. 00 19300 NONPALD WORKERS 0 193. 00 0 0 194. 01 07951 REHAB 40, 911 0 0 0 194. 01 C

289, 756

162, 124

200.00

0 201. 00

241, 969 202. 00

354, 392

374, 628

200.00

201.00

202.00

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118 through 201)

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MCRI F32 - 15. 4. 166. 1 56 | Page Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part II To 12/31/2018 Date/Time Prepared:

| | | | | 10 | 0 12/31/2018 | Date/lime Pre 4/9/2019 3:29 | |
|------------------|--|---|---------------------------------------|--|-----------------|--------------------------------|---|
| | Cost Center Description | MEDI CAL RECORDS & LI BRARY 16.00 | SOCI AL SERVI CE | I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV 22.00 | PARAMED ED PRGM | PARAMED ED PRGM - LAB | 5 |
| | GENERAL SERVICE COST CENTERS | 10.00 | 17.00 | 22.00 | 23.00 | 23.01 | |
| 16. 00 | 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM - RESP THER | 467, 252 0 0 0 0 0 0 0 | 26, 423 0 0 0 0 0 0 | 9, 552 | 0 | 2, 946 | 1.00 2.00 4.00 5.05 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00 22.00 23.01 23.02 23.03 23.04 23.05 |
| 20.00 | I NPATI ENT ROUTI NE SERVI CE COST CENTERS | 24 750 | 4 440 | | | | 20.00 |
| 30. 00 31. 00 | 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT | 24, 752 5, 689 | 1, 413 325 | | | | 30.00 |
| 32. 00 | 02060 CORONARY CARE UNIT | 0,007 | 0 | | | | 32. 00 |
| 35. 00 | 02040 NEWBORN INTENSIVE CARE UNIT | 771 | 44 | | | | 35. 00 |
| 40.00 | 04000 SUBPROVI DER - I PF | 11, 104 | 634 | | | | 40.00 |
| 43. 00 44. 00 | 04300 NURSERY 04400 SKILLED NURSING FACILITY | 1, 285 0 | 73 0 | | | | 43. 00 44. 00 |
| 45. 00 | 04500 NURSING FACILITY | 0 | 0 | | | | 45. 00 |
| | ANCILLARY SERVICE COST CENTERS | -1 | | | | | |
| 50.00 | 05000 OPERATING ROOM | 13, 634 | 778 | | | | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0 | 0 | | | | 50. 01 |
| 50. 02 | 05002 OUTPATIENT SURGERY | 4, 287 | 245 | | | | 50. 02 |
| 51. 00 53. 00 | 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY | 2, 519 6, 781 | 144 387 | | | | 51. 00 53. 00 |
| 54. 00 | 05400 RADI OLOGY-DI AGNOSTI C | 7, 607 | 434 | | | | 54.00 |
| 54. 01 | 05401 RADI OLOGY SPECIAL PROCEDURES | 6, 010 | 343 | | | | 54. 01 |
| 54. 02 | 05402 ULTRASOUND | 5, 819 | 332 | | | | 54. 02 |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | | | | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN | 24, 878 0 | 1, 420 0 | | | | 55. 01 57. 00 |
| | 05800 MRI | 0 | 0 | | | | 58. 00 |
| | 05900 CARDI AC CATHETERI ZATI ON | Ö | Ö | | | | 59. 00 |
| 60. 00 | 06000 LABORATORY | 33, 114 | 1, 891 | | | | 60.00 |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | 0 | • | | | 60. 01 |
| 63. 00 63. 01 | 06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE | 802 2, 787 | 46 159 | | | • | 63. 00 63. 01 |
| 65. 00 | 06500 RESPIRATORY THERAPY | 11, 773 | 672 | 1 | | | 65. 00 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 3, 535 | 202 | | | | 66. 00 |
| 67. 00 | | 2, 383 | 136 | | | | 67. 00 |
| 68. 00 | 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY | 980 7, 551 | 56 | | | | 68. 00 69. 00 |
| | 07000 ELECTROCARDI OLOGY | 837 | 431 48 | | | | 70.00 |
| | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 14, 888 | 850 | | | | 71. 00 |
| | 07200 IMPL. DEV. CHARGED TO PATIENTS | 2, 407 | 137 | | | | 72. 00 |
| | 07300 DRUGS CHARGED TO PATIENTS | 183, 601 | 10, 230 | | | | 73.00 |
| 76. 00 76. 01 | 03020 PAIN CLINIC 03950 ORTHOPEDICS | 0 | 0 | | | | 76. 00 76. 01 |
| | 03140 CARDI OVASCULAR SERVI CES | 9, 547 | 545 | | | | 76. 02 |
| 76. 03 | 03957 CARDI AC REHABILITATION | 1, 064 | 61 | | | | 76. 03 |
| | 03190 RADI ATI ON ONCOLOGY | 1, 646 | 94 | | | | 76. 04 |
| 76. 05 | 03951 MRI 03952 BARI ATRI C CENTER | 5, 414 0 | 309 0 | | | | 76. 05 76. 06 |
| 76. 06 76. 07 | | 0 | 0 | | | | 76.06 |
| | 03953 WOUND CARE | 1, 326 | | | | | 76. 08 |
| | 03954 RENAL DI ALYSI S | 1, 871 | 107 | | | | 76. 09 |
| 76. 10 | | 9, 353 | 534 | | | | 76. 10 |
| /O. II | 03956 CARE TRANSITION CENTER | 0 | 0 | 1 | | <u> </u> | 76. 11 |

4/9/2019 3: 29 pm S: \Groups\Fi nance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

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In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2018 Part II
To 12/31/2018 Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| | | | To | o 12/31/2018 | Date/Time Pro 4/9/2019 3: 29 | |
|---|-----------|----------------|-----------------|--------------|---------------------------------|---------|
| | | | INTERNS & | | 4/9/2019 3.2 | PIII |
| | | | RESI DENTS | | | |
| Cost Center Description | MEDI CAL | SOCIAL SERVICE | SERVI CES-OTHER | PARAMED ED | PARAMED ED | |
| | RECORDS & | | PRGM COSTS | PRGM | PRGM - LAB | |
| | LI BRARY | | APPRV | | | |
| | 16. 00 | 17. 00 | 22. 00 | 23. 00 | 23. 01 | |
| 76. 12 03958 ANTI COAGULATI ON CLINI C | 459 | 26 | | | | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | _ |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | | | | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 1 | | | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | | | | 90. 00 |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | 0 | 1 | | | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | 0 | | | | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 0 | 0 | 1 | | | 90. 03 |
| 91. 00 09100 EMERGENCY | 46, 289 | 2, 643 | | | | 91. 00 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | | | | | | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS | 1 | 1 | 1 | | | |
| 99. 00 09900 CMHC | 0 | 0 | | | | 99. 00 |
| 99. 10 09910 CORF | 10 101 | 0 | | | | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | 10, 481 | 598 | | | | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | | I | 1 | | | 1112 00 |
| 113. 00 11300 INTEREST EXPENSE | 4/7 252 | 27, 422 | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS | 467, 252 | 26, 423 | 0 | 0 | (| 118. 00 |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 0 | | | | 190. 00 |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190.00 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | | | | | | 190. 01 |
| 190. 03 19003 MEDI CAL ARTS BUILDING | | | | | | 190. 02 |
| 190. 04 19004 WOMEN' S HEALTH CENTER | | | | | | 190. 03 |
| 190. 05 19005 DEVELOPMENT | | | | | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | | | | | | 190.06 |
| 190. 07 19007 I MAGE RECOVERY | | | | | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | | | | | | 190. 08 |
| 190. 09 19009 MDWI SE | | | | | | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 0 | | , | | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 0 | | , | | | 190, 11 |
| 190. 12 19012 SELECT | 0 | l o | | | | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | l o | | | | 190. 13 |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES | | | | | | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 0 | 0 | | | | 192. 01 |
| 193. 00 19300 NONPALD WORKERS | 0 | 0 | | | | 193. 00 |
| 194. 01 07951 REHAB | 0 | 0 | | | | 194. 01 |
| 200.00 Cross Foot Adjustments | | | 9, 552 | 0 | 2, 946 | 200.00 |
| 201.00 Negative Cost Centers | 0 | 0 | 0 | 0 | | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | 467, 252 | 26, 423 | 9, 552 | o | 2, 946 | 202. 00 |

4/9/2019 3:29 pm S:\Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

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| Peri od: | Worksheet B | From 01/01/2018 | Part | I | To 12/31/2018 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

| | | | | T | o 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|--|--|------------------------------------|-----------------------------------|-----------------------------|------------------------|--|--|
| | Cost Center Description | PARAMED ED PRGM - RADI OLOGY | PARAMED ED PRGM - RESP THER | PARAMED ED PRGM-PHARMACY | PARAMED ED PRGM-EMT | Subtotal | 5 |
| | | 23. 02 | 23. 03 | 23. 04 | 23. 05 | 24. 00 | |
| 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 10. 00 11. 00 14. 00 15. 00 16. 000 22. 00 23. 01 23. 02 23. 03 23. 04 | 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-(SPECIFY) 02301 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADIOLOGY | 1, 392 | 1, 328 | 8, 996 | | | 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 |
| 23. 05 | 02305 PARAMED ED PRGM-EMT | | | 2,112 | 145 | | 23. 05 |
| 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00 | 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY | | | | | 4, 872, 559 780, 913 0 54, 540 87, 846 22, 036 0 | 32. 00 35. 00 40. 00 43. 00 44. 00 |
| 50. 00 | ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM | | | | | 1, 262, 904 | 50. 00 |
| 60. 01 63. 00 63. 01 65. 00 66. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06301 NUCLEAR MEDI CI NE 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 073950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES 03957 CARDI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY 03953 WOUND CARE 03954 RENAL DI ALYSI S | | | | | 15, 183 819, 547 43, 967 193, 617 747, 523 452, 224 258, 788 0 427, 200 0 0 419, 423 0 1, 337 78, 551 335, 084 388, 306 44, 803 106, 751 144, 834 79, 472 296, 514 169, 645 709, 336 0 23, 312 377, 745 97, 409 568, 680 111, 930 0 39, 763 165, 494 307, 196 167, 699 18, 398 | 50. 02 51. 00 53. 00 54. 00 54. 01 54. 02 55. 00 55. 01 57. 00 58. 00 60. 01 63. 00 63. 01 65. 00 67. 00 68. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09 |

4/9/2019 3:29 pm S:\Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

MCRI F32 - 15. 4. 166. 1 59 | Page ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004 Peri od: Worksheet B From 01/01/2018 Part II 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Cost Center Description PARAMED ED PARAMED ED PARAMED ED PARAMED ED Subtotal PRGM -PRGM - RESP PRGM-PHARMACY PRGM-EMT RADI OLOGY THER 23. 04 23. 05 24.00 23.02 23.03 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 89.00 0 90.00 09000 CLI NI C 0 90.00 90.01 09001 OCC HEALTH CLINIC 14 90.01 09002 CARDI OLOGY CLINIC 48 90.02 90.02 09003 SPECIALTY CLINIC 90.03 90.03 3 91.00 91.00 09100 EMERGENCY 852, 162 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 99.00 09900 CMHC 99.00 0 99. 10 09910 CORF Λ 99.10 101.00 10100 HOME HEALTH AGENCY 429, 070 101. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | INTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 0 0 15, 961, 827 118. 00 118.00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 33, 652 190. 00 190. 01 19001 CONVENT 172 190. 01 190. 02 19002 HOME MEDICAL EQUIPMENT 0 190. 02 190. 03 19003 MEDICAL ARTS BUILDING 3, 102 190. 03 190. 04 19004 WOMEN'S HEALTH CENTER 28, 009 190. 04 190. 05 19005 DEVELOPMENT 0 190.05 190.06 19006 NEUROSURGERY PROF SERVICES 927 190.06 190. 07 19007 I MAGE RECOVERY 0 190. 07 190. 08 19008 FAMILY SERVICES 0 190.08 190. 09 19009 MDWI SE 0 190. 09 190. 10 19010 CATHERINE MCAULEY CLINIC 0 190. 10 190. 11 19011 CENTER OF HOPE 13, 120 190. 11 190. 12 19012 SELECT 0 190. 12 190. 13 19013 PERCI NI AS 0 190. 13 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 152, 525 192. 00 60, 296 192. 01 192. 01 19201 WORKING WELL

1, 392

1, 392

1, 328

1, 328

8, 996

8, 996

145

145

0 193.00

0 201. 00

496, 141 194. 01

16, 774, 130 202. 00

24, 359 200. 00

193. 00 19300 NONPALD WORKERS

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118 through 201)

194. 01 07951 REHAB

200.00

201.00

202.00

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| Peri od: | Worksheet B | From 01/01/2018 | Part II | To 12/31/2018 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS FRANCISCAN HEALTH HAMMOND Provider CCN: 15-0004

| Total Resident Septice DIST PRINERS | | | | | To 12/31/2018 Date/Time Prep 4/9/2019 3:29 | |
|--|--------|---|-------------|---------------|--|----------|
| PAPER NOT SERVICE COST CENTERS 1.00 1. | | Cost Center Description | Intern & | Total | 47 77 2017 3. 27 | Pili |
| STREPRICE COST CENTERS | | | | | | |
| SPENSON SPENJOF COST CENTERS 15.00 26.00 1. | | | | | | |
| Chemical Service Dist Delitions | | | Adjustments | | | |
| 1.00 00000 CAP PEL COSTS-PALDE & TEXT | | CENEDAL SEDVICE COST CENTEDS | 25. 00 | 26. 00 | | |
| 2.00 000000 000000 000000 000000 000000 | 1.00 | | | | | 1.00 |
| 5.05 | | 00200 CAP REL COSTS-MVBLE EQUIP | | | | 2. 00 |
| 0.00 0.000 DOSCONDIAN TIERMANCE & REPAIR IS 0.00 | | | | | | |
| 7.00 000000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 000000 | | | | | | |
| 9.00 0.000 DUSCREEPING 9.00 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1.10 1.00 1 | | | | | | |
| 10.00 10100 DETARY | | | | | | |
| 11.00 01.00 CAPETERIA | | | | | | |
| 13.00 0300 MIRSING ADMINISTRATION | | 1 1 | | | | |
| 15.00 01500 | | | | | | |
| 16.00 16.00 IEDICAL, RECORDS & LIBRARY | | | | | | |
| 17.00 1700 SOCIAL SERVICE | | | | | | |
| 22.00 02200 IAR SERVICES-OTHER PRIME COSTS APPRY 23.00 02300 PARABEE DE PRICH - SERVICES-OTHER PRIME 23.01 23.01 23.01 23.02 23.02 23.02 23.02 23.02 23.02 23.01 23. | | | | | | |
| 23.01 02301 PARAMED ED PROM - LAB 23.01 23.02 02302 PARAMED ED PROM : ARIDIOLOGY 23.03 02303 PARAMED ED PROM : RESP THER 22.03 02305 PARAMED ED PROM : PARAMED ED | | | | | | |
| 23.02 02302 PARAMED ED PROM - RADIOLOGY 23.02 23.02 23.03 20330 PARAMED ED PROM - RESP THER 23.04 23.04 23.06 23.05 PARAMED ED PROM - PARAMED 23.06 23.06 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.05 23.00 23.0 | | | | | | |
| 23.03 (2303) PARAMED ED PROM. – RESP THER 23.04 (2304) PARAMED ED PROM. – BUTTON (2305) PARAMED ED | | · · · · · · · · · · · · · · · · · · · | | | | |
| 23 05 PARAMED ED PROM-EMT | | | | | | |
| IMPATI ENT ROUTINE SERVICE COST CENTERS 30.00 310.00 300.00 301.00 AURTS & PEDI LATRICS 0 4,872,559 30.00 310 | | 02304 PARAMED ED PRGM-PHARMACY | | | | |
| 30.00 | 23. 05 | | | | | 23. 05 |
| 31.00 03100 INTENSIVE CARE UNIT 0 780,913 31.00 32.00 02000 CROMARY CARE UNIT 0 0 0 0 32.00 02000 CROMARY CARE UNIT 0 0 54,540 35.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 43.00 44.00 44.00 04.00 SURLEED NURSING FACILITY 0 0 0 44.00 45.00 | 30 00 | | 0 | 4 872 559 | | 30 00 |
| 15. 00 0.2040 NEWBORN INTENSIVE CARE UNIT 0 54, 540 4.0. 00 4.00 0.0 | | 1 1 | 1 | | | |
| 0.00 0.0000 SUBPROVI DER - I PF 0 87, 846 40, 00 43, 00 430 0.00 0.00 44, 00 0.00 44, 00 0.00 0.00 44, 00 0. | | + I | 0 | - | | |
| 43. 00 04300 MURSERY 0 0 22,036 43. 00 44. 00 0440 00 0450 00 0450 0450 0450 0450 04500 04 | | · · · · · · · · · · · · · · · · · · · | 0 | | | |
| 44. 00 04400 SKILLED NURSING FACILITY | | | 1 -1 | | | |
| ANCILLARY SERVICE COST CENTERS 50.00 | | · · · · · · · · · · · · · · · · · · · | 0 | | | |
| 50.00 050000 05000 05000 05000 05000 05000 05000 05000 050 | 45. 00 | | 0 | 0 | | 45. 00 |
| 50.01 05001 05001 05001 05001 05001 05002 010741 05002 01074 05002 05002 01074 05002 05002 01074 05002 05002 01074 05002 05002 01074 05002 05002 01074 05002 05002 01074 05002 05002 01074 05002 05002 01074 05002 05002 01074 05002 050 | 50.00 | | 0 | 1 262 904 | | 50 00 |
| 51 00 05100 RECOVERY ROOM 0 43,967 53 00 05300 NESTHESILOGY 0 193,817 53 00 05400 ARBITOLOGY 0 193,817 53 00 05400 ARBITOLOGY 0 1747,523 54,00 54,00 05400 ARBITOLOGY SPECIAL PROCEDURES 0 452,224 54,00 54,00 05402 ULTRASOUND 0 258,788 54,02 55,00 05500 RADIOLOGY-THERAPEUTIC 0 0 0 0 0 0 0 0 0 | | | 1 | | | |
| 53.00 05300 ABSTHESI OLOGY 0 193, 617 53, 00 54.00 54.00 ASOO RADI OLOGY-DI AGNOSTI C 0 747, 523 54, 00 54.01 05401 RADI OLOGY SPECI AL PROCEDURES 0 452, 224 54, 01 54.01 05401 RADI OLOGY THERAPEUTI C 0 0 55, 00 55.01 OSSOI COMPUTED TOMOGRAPHY 0 427, 200 55, 01 56.01 OSSOI COMPUTED TOMOGRAPHY 0 0 0 57, 00 58.00 OSSOI CARDI AC CATHETERI ZATI ON 0 0 0 58, 00 59.00 OSSOI CABO AC CATHETERI ZATI ON 0 0 0 58, 00 60.01 OSOOI BLADOL LABORATORY 0 0 0 59, 00 60.01 OSOOI BLADOL LABORATORY 0 0 0 60, 01 63.01 OSSOI MILLER MEDI CINE POCCESSING & TRANS. 0 1, 337 63, 00 63.01 OSSOI MILLER MEDI CINE POCCESSING & TRANS. 0 1, 337 63, 0 | | | 1 | | | |
| 54.00 05400 RADI OLGY-DI AGNOSTI C 0 747, 523 54.00 C 54.01 C 55.00 C 55.00 C 55.01 C 55.0 | | | 1 -1 | | | |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES 0 452, 224 54. 01 | | | 1 -1 | | | |
| 55. 00 05500 RSDO RADI LOGY-THERAPEUTI C 0 0 55. 01 55. 01 05501 COMPUTED TOMOGRAPHY 0 427, 200 55. 01 57. 00 05700 CT SCAN 0 0 0 55. 01 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 59. 00 60. 01 06001 LABORATORY 0 419, 423 60. 00 60. 01 06001 BLODD LABORATORY 0 0 60. 01 63. 01 06301 BLODD STORI NG, PROCESSI NG & TRANS. 0 1, 337 63. 01 63. 01 06301 NUCLEAR MEDI CI NE 0 78, 551 63. 01 65. 00 06500 RESPI RATORY THERAPY 0 388, 306 65. 01 66. 00 06600 PHYSI CAL THERAPY 0 388, 306 66. 00 67. 00 06700 OCCUPATI ONAL THERAPY 0 44, 803 67. 00 69. 00 06900 ELECTROCARDI OLOCY 0 106, 751 68. 00 69. 00 06900 ELECTROCARDI OLOCY 0 144, 834 69. 00 | | | 0 | | | |
| 55.01 05501 COMPUTED TOMOGRAPHY 0 427, 200 55.01 55.01 57.00 CT SCAN 0 0 57.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 58.00 60.00 </td <td></td> <td>1</td> <td>0</td> <td></td> <td></td> <td></td> | | 1 | 0 | | | |
| 57. 00 05700 CT SCAN 0 0 0 0 0 58. 00 58. 00 05800 MRI 0 0 0 0 0 58. 00 60. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 0 0 0 0 | | | 0 | - | | |
| 58. 00 05800 MRI 0 0 58. 00 58. 00 59. 00 60. 00 59. 00 59. 00 60. 00 59. 00 60. 00 | | 1 · · · · · · · · · · · · · · · · · · · | | | | |
| 60. 00 06000 LABORATORY 0 419, 423 60. 00 60. 01 06001 BLOOD LABORATORY 0 0 0 63. 01 06301 BLOOD STORI NG, PROCESSI NG & TRANS. 0 1, 337 63. 00 63. 01 06301 NUCLEAR MEDI CI NE 0 78, 551 63. 01 65. 00 06500 RESPI RATORY THERAPY 0 335, 084 65. 00 66. 00 06600 PHYSI CAL THERAPY 0 388, 306 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 0 44, 803 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 106, 751 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 144, 834 69. 00 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 79, 472 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 296, 514 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 169, 645 72. 00 76. 00 03200 DRUGS CHARGED TO PATIENTS 0 169, 645 73. 00 76. 00 03200 DRUGS CHARGED TO PATIENTS 0 709, 336 73. 00 76. 01 03950 ORTHOPEDI CS 0 23, 312 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 0 377, 745 76. 02 76. 03 03951 MRI 0 0 79, 409 76. 04 76. 04 03190 RADI ATI NO NOCLOGY 0 568, 680 76. 04 76. 05 03951 MRI 0 111, 930 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 76. 04 76. 07 03955 BARI ATRI C CENTER 0 0 10 10 76. 08 03953 WOUND CARE 0 165, 494 76. 08 76. 09 03954 RENAL DI ALYSI S 0 307, 196 76. 04 76. 10 03956 CARE TRANSI TI ON CENTER 0 167, 699 76. 11 76. 11 03956 CARE TRANSI TI ON CENTER 0 167, 699 76. 11 | | | 0 | o | | |
| 60. 01 66001 BLOOD LABORATORY 63. 00 63. 00 6300 BLOOD STORING, PROCESSING & TRANS. 0 1, 337 63. 00 63. 01 06301 NUCLEAR MEDICINE 0 78, 551 63. 01 65. 00 66. | | | 1 | - | | |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 0 1, 337 63. 01 63. 01 06301 NUCLEAR MEDICINE 0 78, 551 63. 01 65. 00 06500 RESPIRATORY THERAPY 0 335, 084 66. 00 66. 00 06600 PHYSI CAL THERAPY 0 388, 306 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 0 44, 803 67. 00 68. 00 06800 SPECH PATHOLOGY 0 106, 751 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 144, 834 69. 00 70. 00 07000 ELECTROENCEPHALOGRAPH 0 79, 472 70. 00 71. 00 07000 ELECTROENCEPHALOGRAPH 0 79, 472 70. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 169, 645 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 709, 336 73. 00 76. 00 03950 ORTHOPEDI CS 0 23, 312 76. 01 76. 01 03950 ORTHOPEDI CS 0 377, 745 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 0 97, 409 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 0 568, 680 76. 04 76. 05 03951 MRI 0 111, 930 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 165, 494 76. 05 76. 07 03955 BARI ATRI C CENTER 0 0 167, 699 76. 11 76. 11 03956 CARE TRANSITI ON CENTER 0 167, 699 76. 11 | | 1 1 | 1 | | | |
| 65. 00 06500 RESPI RATORY THERAPY 0 335, 084 65. 00 66. 00 06600 PHYSI CAL THERAPY 0 388, 306 66. 00 66. | | 1 1 | 1 -1 | 1, 337 | | |
| 66. 00 06600 PHYSICAL THERAPY 0 388, 306 66. 00 6700 0CCUPATI ONAL THERAPY 0 44, 803 67. 00 680 0 SPECH PATHOLOGY 0 106, 751 68. 00 06900 ELECTROCARDI OLOGY 0 144, 834 69. 00 70. 00 07000 ELECTROCARDI OLOGY 0 144, 834 69. 00 70. 00 07000 ELECTROCARDI OLOGY 0 79, 472 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 169, 645 71. 00 07100 MPL DEV. CHARGED TO PATI ENTS 0 169, 645 72. 00 07200 IMPL DEV. CHARGED TO PATI ENTS 0 70, 336 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 70, 336 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 70, 336 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 70, 336 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 70, 336 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 70, 335 0 074, 300 075, 300 | | · · · · · · · · · · · · · · · · · · · | 1 | | | |
| 67. 00 06700 OCCUPATI ONAL THERAPY 0 44, 803 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 106, 751 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 144, 834 69. 00 70. 00 07000 ELECTROCEPHALOGRAPHY 0 79, 472 70. 00 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 0 296, 514 71. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 169, 645 72. 00 76. 00 03020 PAIN CLI NI C 0 0 0 76. 01 03950 ORTHOPEDI CS 0 23, 312 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 0 377, 745 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 0 97, 409 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 0 568, 680 76. 04 76. 06 03952 BARI ATRI C CENTER 0 0 111, 930 76. 05 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 39, 763 76. 07 76. 08 03953 WOUND CARE 0 0 307, 196 76. 10 03955 INFUSI ON 0 CARE 0 0 307, 196 76. 10 03955 INFUSI ON 0 167, 699 76. 11 03956 CARE TRANSI TI ON CENTER 0 167, 699 76. 11 03956 CARE TRANSI TI ON CENTER 0 167, 699 | | 1 1 | - | | | |
| 68. 00 | | | | | | |
| 70. 00 07000 O7000 ELECTROENCEPHALOGRAPHY 0 79, 472 70. 00 71. 00 O7100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 296, 514 71. 00 72. 00 O7200 IMPL. DEV. CHARGED TO PATIENTS 0 169, 645 72. 00 73. 00 O7300 DRUGS CHARGED TO PATIENTS 0 70. 936 73. 00 76. 00 03020 PAIN CLINIC 0 0 0 76. 01 03950 ORTHOPEDI CS 0 23, 312 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 0 377, 745 76. 02 76. 03 03957 CARDI AC REHABILI TATI ON 0 97, 409 76. 03 76. 04 03190 RADIATI ON ONCOLOGY 0 568, 680 76. 04 76. 05 03951 MRI 0 111, 930 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 39, 763 76. 06 76. 07 03550 PSYCH ACTIVITY THERAPY 0 39, 763 76. 07 76. 08 76. 09 03954 RENAL DI ALYSI S 0 307, 196 76. 09 76. 09 76. 10 76. 11 03956 CARE TRANSI TI ON CENTER 0 167, 699 76. 11 76. 11 | | 06800 SPEECH PATHOLOGY | 0 | | | |
| 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 296, 514 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 169, 645 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 709, 336 73. 00 76. 00 03020 PAIN CLINIC 0 0 76. 00 76. 01 03950 ORTHOPEDI CS 0 23, 312 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 0 377, 745 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 0 97, 409 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 0 568, 680 76. 04 76. 05 03951 MRI 0 111, 930 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 39, 763 76. 07 76. 09 03954 RENAL DI ALYSI S 0 307, 196 76. 09 76. 10 03955 INFUSI ON 0 167, 699< | | | 1 -1 | | | |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 169, 645 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 709, 336 73. 00 76. 00 03020 PAI N CLINIC 0 0 76. 00 76. 01 03950 ORTHOPEDI CS 0 23, 312 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 0 377, 745 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 0 97, 409 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 0 568, 680 76. 04 76. 05 03951 MRI 0 111, 930 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 76. 06 76. 07 03550 PSYCH ACTI VITY THERAPY 0 39, 763 76. 07 76. 08 03953 WOUND CARE 0 165, 494 76. 08 76. 10 03955 INFUSION 0 167, 699 76. 10 76. 11 03956 CARE TRANSITION CENTER 0 1 76. 11 | | + I | - | | | |
| 76. 00 03020 PAIN CLINIC 0 0 0 76. 00 76. 00 76. 00 76. 00 76. 00 76. 01 76. 01 76. 01 76. 01 76. 01 76. 01 76. 01 76. 02 76. 02 76. 02 76. 02 76. 02 76. 02 76. 02 76. 02 76. 02 76. 03 76. 03 76. 03 76. 03 76. 03 76. 03 76. 03 76. 04 76. 03 76. 04 76. 04 76. 04 76. 05 76. 04 76. 05 76. 05 76. 05 76. 05 76. 05 76. 05 76. 05 76. 05 76. 05 76. 05 76. 05 76. 05 76. 05 76. 06 76. 07 03550 PSYCH ACTIVITY THERAPY 0 39, 763 76. 07 76. 08 76. 07 76. 08 76. 08 76. 08 76. 08 76. 09 76. 09 76. 09 76. 10 76. 10 76. 10 76. 10 76. 10 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 76. 11 | | 1 | 1 | | | |
| 76. 01 03950 ORTHOPEDI CS 0 23, 312 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 0 377, 745 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 0 97, 409 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 0 568, 680 76. 04 76. 05 03951 MRI 0 111, 930 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 39, 763 76. 08 76. 08 03953 WOUND CARE 0 165, 494 76. 08 76. 09 03954 RENAL DI ALYSI S 0 307, 196 76. 09 76. 10 03955 INFUSI ON 0 167, 699 76. 10 76. 11 03956 CARE TRANSI TI ON CENTER 0 1 76. 11 | | 1 1 | | | | |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 0 377, 745 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 0 97, 409 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 0 568, 680 76. 04 76. 05 03951 MRI 0 111, 930 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 39, 763 76. 07 76. 08 03953 WOUND CARE 0 165, 494 76. 08 76. 09 03954 RENAL DI ALYSI S 0 307, 196 76. 09 76. 10 03955 INFUSI ON 0 167, 699 76. 10 76. 11 03956 CARE TRANSI TI ON CENTER 0 1 76. 11 | | 1 1 | - | - | | |
| 76. 03 03957 CARDI AC REHABI LI TATI ON 0 97, 409 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 0 568, 680 76. 04 76. 05 03951 MRI 0 111, 930 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 39, 763 76. 07 76. 08 03953 WOUND CARE 0 165, 494 76. 08 76. 09 03954 RENAL DI ALYSI S 0 307, 196 76. 09 76. 10 03955 I NFUSI ON 0 167, 699 76. 10 76. 11 03956 CARE TRANSI TI ON CENTER 0 1 76. 11 | | 1 1 | 1 | | | |
| 76. 05 03951 MRI 0 111, 930 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 39, 763 76. 07 76. 08 03953 WOUND CARE 0 165, 494 76. 08 76. 09 03954 RENAL DI ALYSI S 0 307, 196 76. 09 76. 10 03955 I NFUSI ON 0 167, 699 76. 10 76. 11 03956 CARE TRANSI TI ON CENTER 0 1 76. 11 | 76. 03 | 1 1 | 0 | | | |
| 76. 06 03952 BARI ATRI C CENTER 0 0 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 39, 763 76. 07 76. 08 03953 WOUND CARE 0 165, 494 76. 08 76. 09 03954 RENAL DI ALYSI S 0 307, 196 76. 09 76. 10 03955 I NFUSI ON 0 167, 699 76. 10 76. 11 03956 CARE TRANSI TI ON CENTER 0 1 76. 11 | | | 0 | | | |
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| 76. 10 03955 I NFUSI ON 0 167, 699 76. 10 76. 11 03956 CARE TRANSITION CENTER 0 1 76. 11 | 76. 08 | 03953 WOUND CARE | | 165, 494 | | 76. 08 |
| 76. 11 03956 CARE TRANSITION CENTER 0 1 76. 11 | | | - | | | |
| | | | | 167, 699 | | 1 |
| pin an analysis and a supplier of the supplier | | · · · · · · · · · · · · · · · · · · · | 1 -1 | orts - NIR\O4 | Hammond Cost Reports\FY18\01 Submission\HF | <u>'</u> |

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| ALLOCATION OF CAPITAL RELATED COSTS | | Provider CCN | : 15-0004 | Peri od: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Pre 4/9/2019 3:29 | pared: |
|---|---|--------------|-----------|--|--|--------------------|
| Cost Center Description | Intern & Residents Cost & Post Stepdown | Total | | | 47 97 2019 3. 29 | DIII |
| | Adjustments | | | | | |
| | 25. 00 | 26. 00 | | | | |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | 0 | 8, 398 | | | | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | | | | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | | | 89. 00 |
| 90. 00 09000 CLINIC | 0 | 0 | | | | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC 90. 02 09002 CARDI OLOGY CLINIC | 0 | 14 48 | | | | 90. 01 |
| | 0 | 48 | | | | 90. 02 90. 03 |
| 90. 03 09003 SPECI ALTY CLI NI C 91. 00 09100 EMERGENCY | | 852, 162 | | | | 91.00 |
| 92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART | | 032, 102 | | | | 92.00 |
| OTHER REIMBURSABLE COST CENTERS | U U | | | | | 72.00 |
| 99. 00 09900 CMHC | O | 0 | | | | 99. 00 |
| 99. 10 09910 CORF | l ő | 0 | | | | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | | 429, 070 | | | | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | 9 | 1277 07 0 | | | | 1.0 |
| 113. 00 11300 I NTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 0 | 15, 961, 827 | | | | 118. 00 |
| NONREI MBURSABLE COST CENTERS | | | | | | |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 33, 652 | | | | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 172 | | | | 190. 01 |
| 190. 02 19002 HOME MEDICAL EQUIPMENT | 0 | 0 | | | | 190. 02 |
| 190. 03 19003 MEDICAL ARTS BUILDING | 0 | 3, 102 | | | | 190. 03 |
| 190.04 19004 WOMEN'S HEALTH CENTER | 0 | 28, 009 | | | | 190. 04 |
| 190. 05 19005 DEVELOPMENT | 0 | 0 | | | | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 0 | 927 | | | | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | 0 | 0 | | | | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | 0 | 0 | | | | 190. 08 |
| 190. 09 19009 MDWI SE | 0 | 0 | | | | 190. 09 |
| 190. 10 19010 CATHERI NE MCAULEY CLINIC | 0 | 0 | | | | 190. 10 |
| 190. 11 19011 CENTER OF HOPE 190. 12 19012 SELECT | 0 | 13, 120 | | | | 190. 11 190. 12 |
| 190. 13 19013 PERCI NI AS | | 0 | | | | 190. 12 |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES | | 152, 525 | | | | 192. 00 |
| 192. 00 19200 PHTSI CLANS PRI VALE OFFI CES | | 60, 296 | | | | 192. 00 |
| 193. 00 19300 NONPALD WORKERS | | 00, 240 | | | | 193. 00 |
| 194. 01 07951 REHAB | | 496, 141 | | | | 194. 01 |
| 200.00 Cross Foot Adjustments | ١ | 24, 359 | | | | 200. 00 |
| 201.00 Negative Cost Centers | | 24, 337 | | | | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201) | l o | 16, 774, 130 | | | | 202. 00 |
| | -1 | | | | | |

4/9/2019 3:29 pm S:\Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

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| | | | | | To 12/31/2018 | | |
|------------------|---|------------------------------|-------------------------------|--|--------------------|--|------------------|
| | | CAPITAL REI | LATED COSTS | | | 4/9/2019 3: 29 | pm |
| | Cost Center Description | BLDG & FIXT (SQUARE FEET) | MVBLE EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS | Reconci I i ati on | OTHER ADMI NI STRATI VE AND GENERAL (ACCUM. COST) | |
| | | 1.00 | 2.00 | SALARI ES) 4. 00 | 5A. 05 | 5. 05 | |
| | GENERAL SERVICE COST CENTERS | | 2.00 | | 07.11.00 | 0.00 | |
| 1.00 | 00100 CAP REL COSTS-BLDG & FIXT | 603, 986 | 1 | | | | 1. 00 |
| 2. 00 4. 00 | 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT | 2 001 | 3, 450, 195 | | | | 2. 00 4. 00 |
| 4. 00 5. 05 | 00590 OTHER ADMINISTRATIVE AND GENERAL | 2, 901 62, 476 | 1 | | | 171, 223, 426 | 5. 05 |
| 6. 00 | 00600 MAI NTENANCE & REPAI RS | 43, 286 | 1 | | | 6, 510, 506 | 6. 00 |
| 7.00 | 00700 OPERATION OF PLANT | 28, 493 | 14, 202 | | | 5, 302, 297 | 7. 00 |
| 8.00 | 00800 LAUNDRY & LINEN SERVICE | 754 | 1 | (| - | 516, 597 | 8. 00 |
| 9. 00 10. 00 | 00900 HOUSEKEEPI NG 01000 DI ETARY | 11, 001 11, 490 | 1 | | | 2, 633, 695 751, 465 | 9. 00 10. 00 |
| 11. 00 | 01100 CAFETERI A | 6, 670 | 1 | 1,074,59 | | 608, 866 | 11. 00 |
| 13. 00 | 01300 NURSING ADMINISTRATION | 7, 398 | | 3, 915, 885 | 0 | 5, 826, 530 | 13. 00 |
| 14. 00 | 01400 CENTRAL SERVICES & SUPPLY | 10, 673 | 1 | | | 1, 418, 047 | 14. 00 |
| 15.00 | 01500 PHARMACY | 6, 398 | 1 | | | 5, 514, 823 | 15. 00 16. 00 |
| 16. 00 17. 00 | 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE | 18, 953 1, 124 | | 222, 565 | | 1, 953, 492 21, 483 | 17. 00 |
| 22. 00 | 02200 I &R SERVICES-OTHER PRGM COSTS APPRV | 0 | 1 | | o o | 862, 587 | 22. 00 |
| 23. 00 | 02300 PARAMED ED PRGM-(SPECIFY) | 0 | 0 | (| 0 | 0 | 23. 00 |
| 23. 01 | 02301 PARAMED ED PRGM - LAB | 0 | 0 | 75, 736 | | 225, 030 | 23. 01 |
| 23. 02 23. 03 | 02302 PARAMED ED PRGM - RADI OLOGY 02303 PARAMED ED PRGM - RESP THER | 0 | _ | 72, 640 68, 542 | | 98, 215 93, 240 | 23. 02 23. 03 |
| 23. 04 | 02304 PARAMED ED PRGM-PHARMACY | 0 | _ | 480, 616 | | | 23. 04 |
| 23. 05 | 02305 PARAMED ED PRGM-EMT | 0 | 0 | | | 10, 282 | 23. 05 |
| 00.00 | I NPATI ENT ROUTI NE SERVI CE COST CENTERS | 100 000 | (00.4/0 | 1/ /05 0// | | 05 400 000 | 00.00 |
| 30. 00 31. 00 | 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT | 130, 330 19, 248 | 1 | | | 25, 409, 808 3, 878, 297 | 30. 00 31. 00 |
| 32. 00 | 02060 CORONARY CARE UNIT | 0 | | 2, 333, 47 | Ó | 0,070,277 | 32. 00 |
| 35.00 | 02040 NEWBORN INTENSIVE CARE UNIT | 0 | 19, 043 | 653, 127 | 7 0 | 887, 288 | 35. 00 |
| 40.00 | 04000 SUBPROVIDER - I PF | 0 | 0 | 3, 032, 222 | | 6, 631, 760 | 40.00 |
| 43. 00 44. 00 | 04300 NURSERY 04400 SKILLED NURSING FACILITY | 0 | 0 | (| | 1, 481, 111 0 | 43. 00 44. 00 |
| 45. 00 | 04500 NURSING FACILITY | | | | | 0 | 45. 00 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 OPERATING ROOM | 36, 588 | 1 | | | -,, | 50.00 |
| 50. 01 50. 02 | 05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY | 0 27, 948 | ., | | | 54, 636 1, 924, 984 | 50. 01 50. 02 |
| 51. 00 | 05100 RECOVERY ROOM | 0 | 20, 731 | | | 421, 869 | 51. 00 |
| 53.00 | 05300 ANESTHESI OLOGY | 0 | 99, 799 | | | 3, 093, 119 | 53.00 |
| 54.00 | 05400 RADI OLOGY - DI AGNOSTI C | 16, 909 | 1 | | | 2, 311, 891 | 54.00 |
| 54. 01 54. 02 | 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND | 4, 082 2, 032 | 1 | | | 1, 340, 439 830, 460 | 54. 01 54. 02 |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0 | 1 | | | | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 2, 079 | 221, 299 | 470, 327 | 7 0 | 1, 350, 336 | |
| 57. 00 | 05700 CT SCAN | 0 | 0 | (| 0 | 0 | 57. 00 |
| 58. 00 59. 00 | 05800 MRI 05900 CARDI AC CATHETERI ZATI ON | 0 | | | | 0 | 58. 00 59. 00 |
| 60.00 | 06000 LABORATORY | 13, 880 | 337 | | o o | 5, 469, 160 | 60.00 |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | 0 | (| 0 | 0 | 60. 01 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 0 740 | 1 | 211 0/1 | 0 | 44, 196 | 63.00 |
| 63. 01 65. 00 | 06301 NUCLEAR MEDICINE 06500 RESPIRATORY THERAPY | 2, 748 5, 514 | 1 | | | 559, 545 2, 372, 519 | 63. 01 65. 00 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 14, 266 | 1 | | | 3, 337, 420 | 66. 00 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 1, 318 | 727 | | | 770, 852 | 67. 00 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 4, 084 | 1 | 281, 146 | | 476, 839 | 68. 00 |
| 69. 00 70. 00 | 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY | 2, 295 1, 864 | 1 | | | 635, 430 195, 793 | 69. 00 70. 00 |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 0 | 00, 02 | | 5, 545, 622 | 71.00 |
| 72.00 | 07200 IMPL. DEV. CHARGED TO PATIENTS | 0 | 0 | (| 0 | 3, 352, 010 | 72.00 |
| 73.00 | 07300 DRUGS CHARGED TO PATIENTS | 0 | 0 | (| 0 | 25, 067, 101 | 73.00 |
| 76. 00 76. 01 | 03020 PAI N CLI NI C 03950 ORTHOPEDI CS | 925 | 1 | 45, 312 | 1, 253, 027 | 0 76, 591 | 76. 00 76. 01 |
| 76. 01 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 8, 144 | 1 | | | 1, 809, 221 | 76. 01 76. 02 |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 1, 754 | 1 | | | 611, 326 | 76. 03 |
| 76. 04 | 03190 RADI ATI ON ONCOLOGY | 18, 277 | 1 | | | 976, 225 | 76. 04 |
| 76. 05 76. 06 | 03951 MRI 03952 BARI ATRI C CENTER | 4, 002 | 5, 068 | 144, 489 | 0 | 424, 290 0 | 76. 05 76. 06 |
| 76. 06 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0 | 0 | |) 0 | 3, 590, 624 | 76. 06 76. 07 |
| 76. 08 | 03953 WOUND CARE | 6, 535 | 1, 604 | 225, 062 | 2 0 | 425, 518 | 76. 08 |
| 76. 09 | 03954 RENAL DI ALYSI S | 12, 621 | 0 | <u> </u> | 0 | 1, 011, 704 | 76. 09 |
| 1/0/20 | 19 3: 29 pm S: \Groups\Fi nance\EXCEL\NLR RELMBU | DSEMENT\Cost De | ports NLD\04 | Hammond Cost | Poports\EV10\0 | 1 Submission\UE | S\ Amon |

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COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1 From 01/01/2018 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm CAPITAL RELATED COSTS Cost Center Description BLDG & FIXT MVBLE EQUIP **EMPLOYEE** Reconciliation OTHER (SQUARE FEET) (DOLLAR VALUE) ADMI NI STRATI VE BENEFITS DEPARTMENT AND GENERAL (GROSS (ACCUM. COST) SALARI ES) 1.00 2.00 5A. 05 5. 05 4.00 76. 10 03955 I NFUSI ON 40, 694 3, 896, 070 76. 10 664 2, 488, 242 03956 CARE TRANSITION CENTER 0 0 104 76 11 76. 11 76. 12 03958 ANTI COAGULATION CLINIC 0 446, 170 0 584, 227 76. 12 OUTPATIENT SERVICE COST CENTERS 88. 00 88 00 08800 RURAL HEALTH CLINIC O 0 Ω 0 0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 C 0 0 89.00 90.00 09000 CLI NI C 0 0 0 90.00 09001 OCC HEALTH CLINIC 0 90.01 0 0 0 90.01 1.225 09002 CARDIOLOGY CLINIC 90 02 0 0 90 02 C 4.333 90.03 09003 SPECIALTY CLINIC n 0 266 90.03 09100 EMERGENCY 15, 593 132, 125 10, 426, 936 14, 873, 129 91.00 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 99.00 09900 CMHC 0 0 0 0 0 99.00 99. 10 99. 10 09910 CORF 0 0 0 4, 501, <u>876</u> 101.00 10100 HOME HEALTH AGENCY 7, 396, 801 101. 00 11, 759 8, 536 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 118.00 577,076 3, 403, 165 78, 577, 684 -23, 519, 734 169, 269, 156 118. 00 NONREI MBURSABLE COST CENTERS 145, 903 190. 00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1, 354 91 43, 272 190. 01 19001 CONVENT 0 0 15, 572 190. 01 0 C 190. 02 19002 HOME MEDICAL EQUIPMENT 0 0 190. 02 0 0 190. 03 19003 MEDICAL ARTS BUILDING 0 280, 079 190. 03 0 0 190. 04 19004 WOMEN'S HEALTH CENTER C 48, 712 85, 135 190. 04 1, 148 190. 05 19005 DEVELOPMENT 0 190. 05 190. 06 19006 NEUROSURGERY PROF SERVICES 0 0 29, 045 79, 425 190. 06 190. 07 19007 I MAGE RECOVERY 0 C C 18 0 190. 07 190. 08 19008 FAMILY SERVICES 0 190. 08 0 0 190. 09 19009 MDWI SE 0 0 0 -97, 248 0 190.09 190. 10 19010 CATHERINE MCAULEY CLINIC 0 nl190, 10 C Ω 190. 11 19011 CENTER OF HOPE 503 716 10, 755 0 24, 620 190. 11 190. 12 19012 SELECT 0 190. 12 0 C 0 190. 13 19013 PERCI NI AS 0 190. 13 0 C 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 41, 410 1, 472, 711 0 192, 00 6, 198 91 192. 01 19201 WORKING WELL 31, 057 455, 111 962, 175 192. 01 193. 00 19300 NONPALD WORKERS 0 193.00 C 194. 01 07951 REHAB 17.707 15.075 0 O 361, 361 194. 01 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201. 00 202.00 Cost to be allocated (per Wkst. B, 11, 543, 765 5, 230, 365 22, 853, 733 24, 922, 078 202. 00 Part I) 1.515962 0. 145553 203. 00 203 00 Unit cost multiplier (Wkst. B, Part I) 19. 112637 0 288535 204.00 Cost to be allocated (per Wkst. B, 1, 896, 090 204. 00 69, 716 Part II)

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MCRI F32 - 15. 4. 166. 1 64 | Page Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1 From 01/01/2018 | Worksneet B-1 | From 01/01/2018 | To 12/31/2018 | Date/Time Prepared:

| Control Person Maintenance Person Person Control Control Person Control Control Person Control Control Person Control Control Person Control Control Person Control Control Person Control Control Person Cont | | | | | Т | o 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
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4/9/2019 3:29 pm S:\Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

MCRI F32 - 15. 4. 166. 1 65 | Page COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1 From 01/01/2018 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Cost Center Description MAINTENANCE & OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY (SQUARE FEET) (MEALS SERVED) REPAI RS PLANT LINEN SERVICE (SQUARE FEET) (SQUARE FEET) (POUNDS OF LAUNDRY) 6.00 7.00 9.00 10.00 8.00 OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC 88.00 88.00 0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89.00 0 0 0 0 90 00 90 00 09000 CLI NI C C 0 90.01 09001 OCC HEALTH CLINIC 0 0 0 90.01 09002 CARDIOLOGY CLINIC 0 0 o 90.02 C 0 90.02 09003 SPECIALTY CLINIC 90.03 90.03 0 0 0 0 O 91.00 09100 EMERGENCY 15, 593 15, 593 15, 593 0 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 99 00 09900 CMHC 99 00 0 0 0 Ω 99. 10 09910 CORF 0 0 0 99. 10 101.00 10100 HOME HEALTH AGENCY 11, 759 11, 759 0 11, 759 0 101.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | I NTEREST | EXPENSE 113.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 468, 413 439, 920 514, 321 428, 165 131, 652 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190, 00 1, 354 1.354 O 1.354 0 190.01 0 190. 01 19001 CONVENT 190. 02 19002 HOME MEDICAL EQUIPMENT 0 0 0 0 190. 02 C 190. 03 19003 MEDICAL ARTS BUILDING 0 190. 03 0 190. 04 19004 WOMEN'S HEALTH CENTER 0 0 190, 04 1.148 1, 148 1, 148 190. 05 19005 DEVELOPMENT 0 C 0 0 0 190. 05 190. 06 19006 NEUROSURGERY PROF SERVICES 0 190.06 0 0 190. 07 19007 I MAGE RECOVERY 0 Ω 0 0 0 190.07 190. 08 19008 FAMILY SERVICES 0 0 190.08 0 C 0 190. 09 19009 MDWI SE 0 190. 09 190. 10 19010 CATHERINE MCAULEY CLINIC 0 0 190. 10 0 C 0 190. 11 19011 CENTER OF HOPE 0 0 190, 11 503 503 503 190. 12 19012 SELECT 0 0 190, 12 190. 13 19013 PERCI NI AS 0 0 190. 13 6, 198 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 6.198 0 6. 198 0 192. 00 192. 01 19201 WORKI NG WELL O 0 192.01 C 193. 00 19300 NONPALD WORKERS 0 193.00 194. 01 07951 REHAB 17, 707 17, 707 80, 973 17, 707 21, 644 194. 01 200.00 Cross Foot Adjustments 200.00 Negative Cost Centers 201.00 201. 00 202.00 Cost to be allocated (per Wkst. B, 7, 458, 130 6, 503, 084 613, 645 3, 335, 927 1, 278, 135 202. 00 Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 15. 057104 13. 930304 1.030827 7. 330499 8. 337693 203. 00 Cost to be allocated (per Wkst. B, 204.00 1, 011, 163 683, 276 116, 751 308, 480 289, 756 204. 00 Part II) 205.00 Unit cost multiplier (Wkst. B, Part 2.041421 1.463651 0.196123 0.677866 1. 890173 205. 00 II) 206.00 NAHE adjustment amount to be allocated 206.00

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4/9/2019 3: 29 pm S: \Groups\Fi nance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

(per Wkst. B-2)

Parts III and IV)

NAHE unit cost multiplier (Wkst. D,

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MCRI F32 - 15. 4. 166. 1 66 | Page Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provi der CCN: 15-0004 Peri od: Peri od: From 01/01/2018 To 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Worksheet B-1

| Control Cont | | | | | | 7 127 317 2010 | 4/9/2019 3: 29 | |
|--|--------|------------------------------------|--|----------------|------------|----------------|----------------|----------|
| DESIGNAL SERVICE CORP CERTERS | | Cost Center Description | | | | | | |
| Control 1/40 Field 1/40 1/4 | | | (PROD HOURS) | ADMINISTRATION | | | | |
| Collaborary | | | | (DIRECT NRS | | 013) | | |
| CREATION SERVICE ODST CENTERS | | | | | | | | |
| 0.000 CONTROL OF REL COSTS-PALIDE & FIRST 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000000 | | CENEDAL CEDILICE COCT CENTEDO | 11. 00 | 13. 00 | 14. 00 | 15. 00 | 16. 00 | |
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| 31.00 03100 INTENSIVE CARE UNIT | 30. 00 | | 429.077 | 194, 741 | 69, 698 | 8. 365 | 42, 824, 105 | 30.00 |
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| 43. 00 04300 MURSERY 0 0 0 0 0 2, 222, 46 43. 00 | | | 15, 068 | 11, 376 | 0 | 0 | | 1 |
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| S3.00 05300 ABSTHESI OLOGY 3, 155 0 3, 964 35, 553 11, 732, 322 53.00 | | | 1 | | | -1 | - | ı |
| S4-00 OS4-00 RADIOLOGY-DIAGNOSTIC S3,000 S79 S,626 0 13,161,188 S4-00 S4-01 OS4-01 RADIOLOGY SPECIAL PROCEDURES 16,454 6,667 5,076 1,701 10,398,500 S4-01 S4-02 OS4-02 ULTRASOUND 9,495 379 7,970 0 10,067,441 54-02 OS5-01 OS5- | 51.00 | | 7, 552 | 5, 494 | 1, 345 | 135 | 4, 358, 128 | 51.00 |
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| 55. 00 05500 05500 COMPUTED TOMOGRAPHY 12,905 | | | 1 | | | | | 1 |
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| 58. 00 05800 NR 0 0 0 0 0 0 58. 00 | | | 12, 905 | 144 | 1, 554 | 0 | | |
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| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 282 218, 192 4, 822, 391 63. 01 63. 01 06301 NUCLEAR MEDI CINE 5,110 0 282 218, 192 4, 822, 391 63. 01 65. 00 06500 RESPI RATORY THERAPY 42, 110 0 16, 610 1, 304 20, 369, 331 65. 00 66. 00 06600 PHYSI CAL THERAPY 61, 164 2, 653 5, 530 0 6, 116, 315 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 12, 772 0 769 0 4, 122, 236 67. 00 68. 00 06800 SPECH PATHOLOGY 6, 825 0 10, 213 0 1, 695, 754 68. 00 69. 00 06900 ELECTROCARDI OLOGY 12, 963 223 3, 168 1, 089 13, 064, 204 69. 00 70. 00 07000 ELECTROENCEPHALOGRAPHY 2, 005 1, 653 53 0 1, 448, 776 70. 00 71. 00 07000 ELECTROENCEPHALOGRAPHY 2, 005 1, 653 53 0 1, 448, 776 70. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENT 0 0 5, 657, 125 0 25, 757, 055 71. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 24, 609, 072 317, 094, 632 73. 00 76. 00 03950 ORTHOPEDI CS 1, 050 900 0 0 24, 609, 072 317, 094, 632 73. 00 76. 01 03950 ORTHOPEDI CS 1, 050 900 0 0 0 13, 474 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 21, 438 12, 281 6, 764 353 16, 516, 522 76. 02 76. 04 03190 RADI ATI ON ONCOLOGY 3, 503 1, 226 308 0 2, 848, 224 76. 04 76. 05 03957 CARDI AC REHABI LI TATI ON 11, 340 3, 935 1, 876 0 0 0 0 0 0 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 0 0 0 0 76. 08 03953 WOND CARE 7, 228 4, 881 1, 221 6, 866 2, 294, 520 76. 08 76. 09 03954 RENAL DI ALIYIS 0 0 0 0 0 0 0 76. 10 03955 CARE TRANSI TI ON CENTER 0 0 0 0 0 76. 10 03955 CARE TRANSI TI ON CENTER 0 0 0 0 76. 10 03955 CARE TRANSI TI ON CENTER 0 0 0 0 76. 11 03956 CARE TRANSI TI ON CENTER 0 0 0 0 76. 11 03956 CARE TRANSI TI ON CENTER 0 0 0 0 76. 11 03956 | | 1 | 0 | Ö | 0 | Ö | | 1 |
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| 66. 00 06600 PHYSICAL THERAPY 61, 164 2, 653 5, 530 0 6, 116, 315 66. 00 6700 0CCUPATI ONAL THERAPY 12, 772 0 769 0 4, 122, 236 67. 00 680. 0 6800 SPEECH PATHOLOGY 6, 825 0 10, 213 0 1, 695, 754 68. 00 6900 ELECTROCARDI OLOGY 12, 963 223 3, 168 1, 089 13, 064, 204 69. 00 70. 00 7000 ELECTROCARDI OLOGY 12, 963 223 3, 168 1, 089 13, 064, 204 69. 00 70. 00 7000 ELECTROENCEPHALOGRAPHY 2, 005 1, 653 53 0 1, 448, 776 70. 00 71. 00 7700 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0 0 5, 657, 125 0 25, 757, 055 71. 00 73. 00 7300 DRUGS CHARGED TO PATI ENTS 0 0 0 3, 352, 010 0 4, 163, 762 72. 00 73. 00 7300 DRUGS CHARGED TO PATI ENTS 0 0 0 24, 609, 072 317, 094, 632 73. 00 76. 00 9320 PAIN CLI NI C 0 0 0 0 0 0 76. 00 76. 00 76. 00 9370 ORTHOPEDI CS 1, 050 900 0 0 13, 474 76. 01 76. 00 93950 ORTHOPEDI CS 1, 050 900 0 0 0 13, 474 76. 01 76. 00 93950 ORTHOPEDI CS 11, 340 3, 935 1, 876 0 1, 841, 502 76. 03 76. 02 03140 CARDI OVASCULAR SERVI CES 21, 438 12, 281 6, 764 353 16, 516, 522 76. 02 76. 03 76. 04 03190 RADI ATI DO NOCOLOGY 3, 503 1, 226 308 0 2, 848, 224 76. 04 76. 05 03951 MRI 3, 503 1, 226 308 0 2, 848, 224 76. 04 76. 05 03951 MRI 3, 503 1, 226 308 0 2, 848, 224 76. 04 76. 05 03951 MRI 3, 503 0750 PSYCH ACTI VI TY THERAPY 0 0 0 0 0 0 0 0 0 76. 06 76. 07 76. 08 03953 WOUND CARE 7, 228 4, 881 1, 221 6, 866 2, 294, 520 76. 08 76. 09 03954 RENAL DI ALYSI S 0 0 0 0 0 0 0 3, 237, 426 76. 09 76. 01 03955 INFUSI ON 62, 981 37, 117 16, 847 30, 667 16, 182, 350 76. 10 03955 INFUSI ON 62, 981 37, 117 16, 847 30, 667 16, 182, 350 76. 10 03955 INFUSI ON 60. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | 1 | 0 | | | | 1 |
| 67. 00 06700 0CCUPATI ONAL THERAPY 12, 772 0 769 0 4, 122, 236 67. 00 68. 00 06800 SPEECH PATHOLOGY 6, 825 0 10, 213 0 1, 695, 754 68. 00 69. 00 06900 ELECTROCARDI OLOGY 12, 963 223 3, 168 1, 089 13, 064, 204 69. 00 70. 00 07000 ELECTROENCEPHALOGRAPHY 2, 005 1, 653 53 0 1, 448, 776 70. 00 7100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 0 0 5, 657, 125 0 25, 757, 055 71. 00 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 0 0, 3, 352, 010 0 4, 163, 762 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 24, 609, 072 317, 094, 632 73. 00 76. 00 03020 PAI N CLI NI C 0 0 0 0 0 0 0 13, 474 76. 01 03950 ORTHOPEDI CS 1, 050 00 0 0 0 13, 474 76. 01 03950 ORTHOPEDI CS 1, 050 00 0 0 0 13, 474 76. 01 03950 CARDI ACT REHABI LI TATI ON 11, 340 3, 935 1, 876 0 1, 841, 502 76. 03 03957 CARDI ACT REHABI LI TATI ON 11, 340 3, 575 56 610 0 9, 367, 365 76. 04 03190 RADI ATI ON ONCOLOGY 3, 505 0 957CH ACTI VI TY THERAPY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 1 1 | | 2, 653 | | 0 | | ı |
| 69. 00 06900 ELECTROCARDI OLOGY 12, 963 223 3, 168 1, 089 13, 064, 204 69. 00 07000 ELECTROENCEPHALOGRAPHY 2, 005 1, 653 53 0 1, 448, 776 70. 00 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 0 0 5, 657, 125 0 25, 757, 055 71. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 3, 352, 010 0 4, 163, 762 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 24, 609, 072 317, 094, 632 73. 00 76. 00 03020 PAI N CLI NI C 0 0 0 0 0 24, 609, 072 317, 094, 632 73. 00 76. 01 03950 ORTHOPEDI CS 1, 050 900 0 0 0 13, 474 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 21, 438 12, 281 6, 764 353 16, 516, 522 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON NCOLOGY 3, 5503 1, 226 308 0 2, 848, 224 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 3, 5503 1, 226 308 0 2, 848, 224 76. 03 76. 04 03952 BARI ATRI C CENTER 0 0 0 0 0 0 0 0 0 76. 076. 076. 08 03953 WOUND CARE 7, 228 4, 881 1, 221 6, 866 2, 294, 520 76. 08 76. 09 03954 RENAL DI ALYSI S 0 0 0 0 0 0 0 3, 237, 426 76. 08 76. 01 03955 INFUSI ON CENTER 0 0 0 0 0 0 0, 3, 237, 426 76. 08 76. 01 03955 INFUSI ON CENTER 0 0 0 0 0 0 0, 3, 237, 426 76. 08 76. 10 03955 INFUSI ON CENTER 0 0 0 0 0 0 0, 3, 237, 426 76. 08 76. 10 03955 INFUSI ON CENTER 0 0 0 0 0 0 0 0, 3, 237, 426 76. 08 76. 10 03955 INFUSI ON CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 67. 00 | 1 | 12, 772 | 0 | | 0 | | |
| 70. 00 07000 O7000 ELECTROENCEPHALOGRAPHY 2,005 1,653 53 0 1,448,776 70.00 70.00 70.00 70.00 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0 0 5,657,125 0 25,757,055 71.00 0 25,757,055 71.00 25,757,055 71.00 0 0 3,352,010 0 4,163,762 72.00 0 0 0 0 0 0 0 0 0 | | i i | | 0 | | 0 | | 1 |
| 71. 00 | | | 1 | | | 1, 089 | | 1 |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 0 0 3, 352, 010 0 4, 163, 762 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 24, 609, 072 317, 094, 632 73. 00 76. 00 03020 PAI N CLINIC 0 0 0 0 0 0 76. 00 76. 01 03950 ORTHOPEDI CS 1, 050 900 0 0 0 13, 474 76. 01 76. 02 03140 CARDI OVASCULAR SERVI CES 21, 438 12, 281 6, 764 353 16, 516, 522 76. 02 76. 03 03957 CARDI ACREHABI LI TATI ON 11, 340 3, 935 1, 876 0 1, 841, 502 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 3, 503 1, 226 308 0 2, 848, 224 76. 04 76. 05 03951 MRI 3, 575 56 610 0 9, 367, 365 76. 05 76. 06 03952 BARI ATRI | | | 2,003 | 1, 653 | | 0 | | 1 |
| 76. 00 03020 O3020 | | | 0 | Ō | | 0 | | 1 |
| 76. 01 03950 ORTHOPEDI CS 1,050 900 0 0 13,474 76.01 76. 02 03140 CARDI OVASCULAR SERVI CES 21,438 12,281 6,764 353 16,516,522 76.02 76. 03 03957 CARDI AC REHABI LI TATI ON 11,340 3,935 1,876 0 1,841,502 76.03 76. 04 03190 RADI ATI ON ONCOLOGY 3,503 1,226 308 0 2,848,224 76.04 76. 05 03951 MRI 3,575 56 610 0 9,367,365 76.05 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 0 76.06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 0 0 0 76.08 76. 09 03954 RENAL DI ALYSI S 0 0 0 0 3,237,426 76.09 76. 10 03955 INFUSI ON 62,981 37,117 16,84 | | | 0 | 0 | 0 | 24, 609, 072 | 317, 094, 632 | 1 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 21, 438 12, 281 6, 764 353 16, 516, 522 76. 02 76. 03 03957 CARDI AC REHABI LI TATI ON 11, 340 3, 935 1, 876 0 1, 841, 502 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 3, 503 1, 226 308 0 2, 848, 224 76. 04 76. 05 03951 MRI 3, 575 56 610 0 9, 367, 365 76. 05 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 0 0 0 0 76. 08 76. 09 03954 RENAL DI ALYSI S 0 0 0 0 3, 237, 426 76. 09 76. 10 03955 INFUSI ON 62, 981 37, 117 16, 847 30, 667 16, 182, 350 76. 10 76. 11 03956 CARE TRANSI TI ON CENTER 0 0 0 0 0 0 76. 10 | | | 0 | 0 | 0 | 0 | | 1 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON 11, 340 3, 935 1, 876 0 1, 841, 502 76. 03 76. 04 03190 RADI ATI ON ONCOLOGY 3, 503 1, 226 308 0 2, 848, 224 76. 04 76. 05 03951 MRI 3, 575 56 610 0 9, 367, 365 76. 05 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 0 76. 06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 0 0 0 76. 07 76. 09 03954 RENAL DI ALYSI S 0 0 0 0 0 3, 237, 426 76. 09 76. 10 03955 INFUSI ON 62, 981 37, 117 16, 847 30, 667 16, 182, 350 76. 10 76. 11 03956 CARE TRANSI TI ON CENTER 0 0 0 0 0 0 0 76. 10 | | | | | 0 6 764 | 3E3 0 | | |
| 76. 04 03190 RADI ATI ON ONCOLOGY 3,503 1,226 308 0 2,848,224 76.04 76. 05 03951 MRI 3,575 56 610 0 9,367,365 76.05 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 0 76.06 76. 07 03550 PSYCH ACTI VI TY THERAPY 0 0 0 0 0 0 0 76.07 76. 09 03953 WOUND CARE 7,228 4,881 1,221 6,866 2,294,520 76.08 76. 10 03954 RENAL DI ALYSIS 0 0 0 0 3,237,426 76.09 76. 10 03955 I NFUSI ON 62,981 37,117 16,847 30,667 16,182,350 76.10 76. 11 03956 CARE TRANSI TI ON CENTER 0 0 0 0 0 0 0 76.11 | | | 1 | | | 0 | | |
| 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 76. 06 76. 06 76. 06 76. 06 0 0 0 0 76. 06 76. 07 76. 07 0 0 0 0 0 76. 07 76. 07 76. 08 0 0 0 0 76. 08 76. 08 76. 09 0 0 0 0 0 3, 237, 426 76. 09 76. 09 76. 10 0 0 0 30, 667 16, 182, 350 76. 10 76. 11 0 0 0 0 0 0 76. 10 76. 11 76. 11 0 0 0 0 0 76. 12 | 76. 04 | 03190 RADI ATI ON ONCOLOGY | 3, 503 | | 308 | o | 2, 848, 224 | 76. 04 |
| 76. 07 03550 OF SYCH ACTIVITY THERAPY 0 0 0 0 0 76. 07 76. 08 03953 WOUND CARE 7, 228 4, 881 1, 221 6, 866 2, 294, 520 76. 08 76. 09 03954 RENAL DIALYSIS 0 0 0 0 3, 237, 426 76. 09 76. 10 03955 INFUSION 62, 981 37, 117 16, 847 30, 667 16, 182, 350 76. 10 76. 11 03956 CARE TRANSITION CENTER 0 0 0 0 0 76. 11 | | | 3, 575 | 56 | 610 | 0 | | 1 |
| 76. 08 03953 WOUND CARE 7, 228 4, 881 1, 221 6, 866 2, 294, 520 76. 08 76. 09 03954 RENAL DI ALYSIS 0 0 0 0 3, 237, 426 76. 09 76. 10 03955 I NFUSI ON 62, 981 37, 117 16, 847 30, 667 16, 182, 350 76. 10 76. 11 03956 CARE TRANSI TI ON CENTER 0 0 0 0 0 76. 11 | | | 0 | 0 | 0 | 0 | | 1 |
| 76. 09 03954 RENAL DI ALYSIS 0 0 0 0 3, 237, 426 76. 09 76. 10 03955 I NFUSI ON 62, 981 37, 117 16, 847 30, 667 16, 182, 350 76. 10 76. 11 03956 CARE TRANSITION CENTER 0 0 0 0 0 76. 11 | | | 7. 228 | 4. 881 | 1. 221 | 6. 866 | - | 1 |
| 76. 11 03956 CARE TRANSITION CENTER 0 0 0 0 76. 11 | | | 0 | 0 | 0 | 0, 500 | | 1 |
| | | | 62, 981 | 37, 117 | 16, 847 | 30, 667 | | 1 |
| | | | 0 | 0 | 0 | 0 | | <u> </u> |

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| COST ALLOCATION - STATISTICAL BASIS | | Provider CC | | eriod: rom 01/01/2018 | Worksheet B-1 | |
|---|--------------|-------------------|----------------|--------------------------|-----------------------|---------|
| | | | T ₀ | | B Date/Time Prepared: | |
| | | | | | 4/9/2019 3: 29 | pm |
| Cost Center Description | CAFETERI A | NURSI NG | CENTRAL | PHARMACY | MEDI CAL | |
| | (PROD HOURS) | ADMI NI STRATI ON | | (COSTED REQ | RECORDS & | |
| | | | SUPPLY | UIS) | LI BRARY | |
| | | (DI RECT NRS | (COSTED | | (GROSS CHAR | |
| | | I NG) | REQUI S.) | | GES) | |
| | 11.00 | 13. 00 | 14. 00 | 15. 00 | 16. 00 | |
| 76. 12 03958 ANTI COAGULATI ON CLI NI C | 9, 141 | 0 | 496 | 33 | 793, 308 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | ما | | 00.00 |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 | _ | 0 | 0 | |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | - | 0 | 0 | 89. 00 |
| 90. 00 09000 CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLINI C | 0 | 0 | 0 | 0 | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 140 000 | 0 | 45.754 | 0 | 560 | |
| 91. 00 09100 EMERGENCY | 142, 338 | 66, 665 | 15, 754 | 17, 612 | 80, 085, 441 | 91.00 |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART | | | | | | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS 99. 00 09900 CMHC | l ol | 0 | 0 | ol | 0 | 99. 00 |
| 99. 10 09910 CORF | | 0 | _ | 0 | 0 | 99. 00 |
| 101. 00 10100 HOME HEALTH AGENCY | 131, 419 | 40, 011 | 20, 782 | 23, 260 | 18, 132, 495 | |
| SPECIAL PURPOSE COST CENTERS | 131, 417 | 40, 011 | 20, 702 | 23, 200 | 10, 132, 473 | 101.00 |
| 113. 00 11300 I NTEREST EXPENSE | | | | | | 113. 00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 1, 414, 269 | 471, 874 | 9, 654, 606 | 25, 013, 578 | 807, 842, 297 | |
| NONREI MBURSABLE COST CENTERS | 1, 111, 207 | 171,071 | 7, 00 1, 000 | 20, 010, 010 | 007,012,277 | 1110.00 |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 2, 813 | 0 | 0 | 0 | 0 | 190. 00 |
| 190. 01 19001 CONVENT | 0 | 0 | | o | 0 | 190. 01 |
| 190. 02 19002 HOME MEDI CAL EQUI PMENT | o | 0 | | o | | 190. 02 |
| 190. 03 19003 MEDICAL ARTS BUILDING | o | 0 | - | ol | | 190. 03 |
| 190. 04 19004 WOMEN' S HEALTH CENTER | 2, 481 | 0 | o o | ol | | 190. 04 |
| 190, 05 19005 DEVELOPMENT | 0 | 0 | 0 | ol | 0 | 190. 05 |
| 190. 06 19006 NEUROSURGERY PROF SERVICES | 184 | 0 | 0 | ol | 0 | 190. 06 |
| 190. 07 19007 I MAGE RECOVERY | o | 0 | 0 | ol | 0 | 190. 07 |
| 190. 08 19008 FAMILY SERVICES | o | 0 | 0 | ol | 0 | 190. 08 |
| 190. 09 19009 MDWI SE | o | 0 | 0 | ol | 0 | 190. 09 |
| 190. 10 19010 CATHERINE MCAULEY CLINIC | 0 | 0 | 0 | o | 0 | 190. 10 |
| 190. 11 19011 CENTER OF HOPE | 274 | 5 | 0 | o | 0 | 190. 11 |
| 190. 12 19012 SELECT | 0 | 0 | 0 | o | 0 | 190. 12 |
| 190. 13 19013 PERCI NI AS | 0 | 0 | 0 | o | 0 | 190. 13 |
| 192.00 19200 PHYSICIANS' PRIVATE OFFICES | 1, 535 | 10, 605 | 42 | 18 | 0 | 192. 00 |
| 192. 01 19201 WORKI NG WELL | 15, 596 | 0 | 6, 529 | 15, 309 | 0 | 192. 01 |
| 193.00 19300 NONPALD WORKERS | 0 | 0 | 0 | o | 0 | 193. 00 |
| 194. 01 07951 REHAB | 0 | 0 | 0 | o | 0 | 194. 01 |
| 200.00 Cross Foot Adjustments | | | | | | 200. 00 |
| 201.00 Negative Cost Centers | | | | | | 201. 00 |
| 202.00 Cost to be allocated (per Wkst. B, Part I) | 939, 728 | 7, 009, 081 | 2, 033, 279 | 6, 677, 734 | 2, 931, 624 | 202. 00 |
| 203.00 Unit cost multiplier (Wkst. B, Part I) | 0. 653882 | 14. 527074 | 0. 210459 | 0. 266801 | 0. 003629 | 203. 00 |
| 204.00 Cost to be allocated (per Wkst. B, | 162, 124 | 354, 392 | | 241, 969 | 467, 252 | 1 |
| Part II) | ' ' ' | , | ., === | . , | , | |
| 205.00 Unit cost multiplier (Wkst. B, Part | 0. 112809 | 0. 734516 | 0. 038777 | 0. 009668 | 0. 000578 | 205. 00 |
| 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) | | | | | | 206. 00 |
| 207.00 NAHE unit cost multiplier (Wkst. D, | | | | | | 207. 00 |
| Parts III and IV) | | | | I | | I |

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| | | | | | 0 12/31/2018 | 4/9/2019 3: 29 | |
|--|---|--|---|---|--|---|--|
| | Cost Center Description | SOCI AL SERVI CE (GROSS CHAR GES) | INTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV (ASSI GNED TI ME) | PRGM (ASSI GNED TI ME) | PARAMED ED PRGM - LAB (ASSIGNED TIME) | PARAMED ED PRGM - RADI OLOGY (ASSI GNED TI ME) | |
| | T | 17. 00 | 22. 00 | 23. 00 | 23. 01 | 23. 02 | |
| 1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 16. 00 22. 00 23. 00 23. 00 23. 02 23. 03 | GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM - LAB 02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM - RESP THER | 807, 842, 297 0 0 0 0 0 | 100 | 764 | 177, 707 | 179, 458 | 23. 03 23. 04 |
| 23. 05 | 02305 PARAMED ED PRGM-EMT |] 0 | | | | | 23. 05 |
| 30. 00 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 45. 00 | INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT 02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY | 42, 824, 105 9, 842, 027 0 1, 333, 462 19, 211, 626 2, 222, 446 0 | 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 0 0 0 | 31. 00 32. 00 35. 00 40. 00 43. 00 44. 00 |
| EO 00 | ANCI LLARY SERVI CE COST CENTERS | 22 500 254 | | 1 0 | ٥ | 0 | FO 00 |
| 57. 00 58. 00 59. 00 60. 01 63. 00 63. 01 65. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 07 76. 07 76. 08 | O5000 OPERATI NG ROOM O5001 OPEN HEART SURGERY O5002 OUTPATI ENT SURGERY O5100 RECOVERY ROOM O5300 ANESTHESI OLOGY O5400 RADI OLOGY - DI AGNOSTI C O5401 RADI OLOGY SPECI AL PROCEDURES O5402 ULTRASOUND O5500 RADI OLOGY - THERAPEUTI C O5501 COMPUTED TOMOGRAPHY O5700 CT SCAN O5800 MRI O5900 CARDI AC CATHETERI ZATI ON O6000 LABORATORY O6001 BLOOD STORI NG, PROCESSI NG & TRANS. O6301 NUCLEAR MEDI CI NE O6500 RESPI RATORY THERAPY O6600 PHYSI CAL THERAPY O6600 PHYSI CAL THERAPY O6600 SPECCH PATHOLOGY O6900 ELECTROCARDI OLOGY O7000 CLECTROCARDI OLOGY O7100 MEDI CAL SUPPLIES CHARGED TO PATI ENT O7200 IMPL. DEV. CHARGED TO PATI ENT O7300 DRUGS CHARGED TO PATI ENTS O3020 PAI N CLI NI C O3950 ORTOPEDI CS O3140 CARDI OVASCULAR SERVI CES O3957 CARDI AC REHABI LI TATI ON O3190 RADI ATI ON ONCOLOGY O3951 MRI O3952 BARI ATRI C CENTER O3550 PSYCH ACTI VITY THERAPY O3953 WOUND CARE O3954 RENAI DI AL YSI S | 23, 588, 356 0 7, 416, 854 4, 358, 128 11, 732, 322 13, 161, 188 10, 398, 500 10, 067, 441 0 43, 041, 090 57, 290, 268 0 1, 386, 841 4, 822, 391 20, 369, 331 6, 116, 315 4, 122, 236 1, 695, 754 13, 064, 204 1, 448, 776 25, 757, 055 4, 163, 762 317, 094, 632 0 13, 474 16, 516, 522 1, 841, 502 2, 848, 224 9, 367, 365 0 0 2, 294, 520 3, 237, 426 | | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 50. 01 50. 02 51. 00 53. 00 54. 01 54. 02 55. 00 55. 01 57. 00 58. 00 59. 00 60. 01 63. 00 63. 01 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 |
| 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09 | 03957 CARDIAC REHABILITATION 03190 RADIATION ONCOLOGY 03951 MRI 03952 BARIATRIC CENTER 03550 PSYCH ACTIVITY THERAPY | 1, 841, 502 2, 848, 224 9, 367, 365 0 0 2, 294, 520 3, 237, 426 | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 0 | 0 0 0 0 0 0 | |

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| | | | | | o 12/31/2018 | Date/lime Pre 4/9/2019 3:29 | |
|--------------------|--|---------------------|---------------------|--------------------|---------------------|--------------------------------|--------------------|
| | | | INTERNS & | | | 17 77 2017 0. 27 | DIII |
| | | | RESI DENTS | | | | |
| | Cost Center Description | SOCIAL SERVICE | | | PARAMED ED | PARAMED ED | |
| | | (CDOCC CHAD | PRGM COSTS | PRGM | PRGM - LAB | PRGM - | |
| | | (GROSS CHAR GES) | APPRV (ASSI GNED | (ASSIGNED TIME) | (ASSI GNED TIME) | RADI OLOGY (ASSI GNED | |
| | | UL3) | TIME) | ITWL) | I I WIL) | TIME) | |
| | | 17. 00 | 22. 00 | 23. 00 | 23. 01 | 23. 02 | |
| 76. 10 0395 | I NFUSI ON | 16, 182, 350 | 0 | C | 0 | 0 | 76. 10 |
| 76. 11 0395 | CARE TRANSITION CENTER | 0 | 0 | C | 0 | 0 | 76. 11 |
| | BANTICOAGULATION CLINIC | 793, 308 | 0 | C | 0 | 0 | 76. 12 |
| OUTPA | ATIENT SERVICE COST CENTERS | 1 | | | 1 | | |
| | RURAL HEALTH CLINIC | 0 | 0 | | | 0 | 88. 00 |
| | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | | 0 | 89. 00 |
| | CLINIC OCC HEALTH CLINIC | 0 | 0 | | 0 | 0 | 90. 00 90. 01 |
| | CARDI OLOGY CLI NI C | 0 | 0 | | 0 | 0 | 90.01 |
| | SPECIALTY CLINIC | 560 | 0 | | - | 0 | 90.03 |
| | EMERGENCY | 80, 085, 441 | 100 | | O | 0 | 91.00 |
| | OBSERVATION BEDS (NON-DISTINCT PART | | | | | | 92.00 |
| | R REIMBURSABLE COST CENTERS | , | | | | | |
| | CMHC | 0 | 0 | | | 0 | |
| | CORF | 0 | 0 | | | 0 | 99. 10 |
| | HOME HEALTH AGENCY | 18, 132, 495 | 0 | C | 0 | 0 | 101. 00 |
| | AL PURPOSE COST CENTERS INTEREST EXPENSE | 1 | | I | | | 112 00 |
| 118. 00 | SUBTOTALS (SUM OF LINES 1 through 117) | 807, 842, 297 | 100 | 764 | 177, 707 | 179, 458 | 113.00 |
| | EIMBURSABLE COST CENTERS | 007, 042, 297 | 100 | 704 | 177,707 | 177, 430 | 110.00 |
| | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | C | 0 | 0 | 190. 00 |
| 190. 01 1900 | | 0 | 0 | | | 0 | 190. 01 |
| | HOME MEDICAL EQUIPMENT | 0 | 0 | C | 0 | 0 | 190. 02 |
| | MEDICAL ARTS BUILDING | 0 | 0 | C | 0 | | 190. 03 |
| | WOMEN'S HEALTH CENTER | 0 | 0 | | | | 190. 04 |
| | DEVELOPMENT | 0 | 0 | | | | 190. 05 |
| | NEUROSURGERY PROF SERVICES | 0 | 0 | 1 | | | 190. 06 |
| | NIMAGE RECOVERY FAMILY SERVICES | 0 | 0 | | - | | 190. 07 190. 08 |
| 190. 08 1900 | | 0 | 0 | | | | 190. 06 |
| | CATHERINE MCAULEY CLINIC | 0 | 0 | 1 | - | | 190. 09 |
| | CENTER OF HOPE | l o | 0 | | | | 190. 11 |
| 190. 12 1901: | SELECT | 0 | 0 | C | 0 | 0 | 190. 12 |
| 190. 13 1901: | | 0 | 0 | C | 0 | | 190. 13 |
| | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | C | 0 | | 192. 00 |
| | WORKING WELL | 0 | 0 | C | 0 | | 192. 01 |
| | NONPALD WORKERS | 0 | 0 | 0 | 0 | | 193. 00 |
| 194. 01 0795 | l control of the cont | 0 | 0 | 0 | 0 | 0 | 194. 01 |
| 200. 00 201. 00 | Cross Foot Adjustments Negative Cost Centers | | | | | | 200. 00 201. 00 |
| 202.00 | Cost to be allocated (per Wkst. B, | 65, 431 | 988, 139 | C | 259, 964 | 113, 899 | |
| 202.00 | Part I) | 03, 431 | 700, 137 | | 237, 704 | 113, 077 | 202.00 |
| 203.00 | Unit cost multiplier (Wkst. B, Part I) | 0. 000081 | 9, 881. 390000 | 0. 000000 | 1. 462880 | 0. 634683 | 203. 00 |
| 204. 00 | Cost to be allocated (per Wkst. B, | 26, 423 | 9, 552 | | 2, 946 | | 204. 00 |
| | Part II) | | | | | | |
| 205. 00 | Unit cost multiplier (Wkst. B, Part | 0. 000033 | 95. 520000 | 0. 000000 | 0. 016578 | 0. 007757 | 205. 00 |
| 20/ 00 | NAUE adjustment amount to be allegated | | | | | 2 | 20/ 00 |
| 206. 00 | NAHE adjustment amount to be allocated (per Wkst. B-2) | | | C | 0 | 0 | 206. 00 |
| 207. 00 | NAHE unit cost multiplier (Wkst. D, | | | 0. 000000 | 0. 000000 | 0. 000000 | 207. 00 |
| | Parts III and IV) | | | | | 2. 000000 | |
| | | | | | | | |

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Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1 From 01/01/2018
To 12/31/2018 Date/Time Prepared:

| | | | | 10 | 4/9/2019 3: 29 | |
|------------------|---|----------------------|---------------|------------|----------------|------------------|
| | Cost Center Description | PARAMED ED | PARAMED ED | PARAMED ED | | |
| | | PRGM - RESP | PRGM-PHARMACY | PRGM-EMT | | |
| | | THER | (ASSI GNED | (ASSI GNED | | |
| | | (ASSI GNED TI ME) | TIME) | TIME) | | |
| | | 23. 03 | 23. 04 | 23. 05 | | |
| | GENERAL SERVICE COST CENTERS | 20.00 | 20.01 | 20.00 | | |
| 1.00 | 00100 CAP REL COSTS-BLDG & FIXT | | | | | 1. 00 |
| 2.00 | 00200 CAP REL COSTS-MVBLE EQUIP | | | | | 2. 00 |
| 4.00 | 00400 EMPLOYEE BENEFITS DEPARTMENT | | | | | 4. 00 |
| 5.05 | 00590 OTHER ADMINISTRATIVE AND GENERAL | | | | | 5. 05 |
| 6.00 | 00600 MAI NTENANCE & REPAI RS | | | | | 6.00 |
| 7. 00 8. 00 | 00700 OPERATION OF PLANT | | | | | 7.00 |
| 9. 00 | 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING | | | | | 8. 00 9. 00 |
| 10. 00 | | | | | | 10.00 |
| 11. 00 | | | | | | 11. 00 |
| 13. 00 | | | | | | 13. 00 |
| 14. 00 | | | | | | 14. 00 |
| 15. 00 | 01500 PHARMACY | | | | | 15. 00 |
| 16. 00 | | | | | | 16. 00 |
| 17. 00 | | | | | | 17. 00 |
| 22. 00 | | | | | | 22. 00 |
| 23. 00 | 1 ' ' | | | | | 23. 00 |
| 23. 01 23. 02 | • • • • • • • • • • • • • • • • • • • | | | | - | 23. 01 23. 02 |
| 23. 02 | | 114, 230 | | | | 23. 02 |
| 23. 04 | • | 111,200 | 715, 898 | | | 23. 04 |
| 23. 05 | | | | 100 | | 23. 05 |
| | INPATIENT ROUTINE SERVICE COST CENTERS | 1 | | - | | |
| 30.00 | 03000 ADULTS & PEDIATRICS | 0 | 0 | 0 | | 30. 00 |
| 31. 00 | | 0 | 0 | 0 | | 31. 00 |
| 32. 00 | • • • • • • • • • • • • • • • • • • • | 0 | 0 | 0 | | 32. 00 |
| 35. 00 | • | 0 | 0 | 0 | | 35. 00 |
| 40.00 | • | 0 | 0 | 0 | | 40.00 |
| 43. 00 44. 00 | • | | | 0 | | 43. 00 44. 00 |
| 45. 00 | • | | l e | | | 45. 00 |
| 10.00 | ANCILLARY SERVICE COST CENTERS | | | 0 | | 10.00 |
| 50.00 | | 0 | 0 | 0 | | 50. 00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0 | 0 | 0 | | 50. 01 |
| 50. 02 | | 0 | 0 | 0 | | 50. 02 |
| 51. 00 | | 0 | 0 | 0 | | 51.00 |
| 53.00 | | 0 | 0 | 0 | | 53.00 |
| 54. 00 54. 01 | | 0 | 0 | 0 | | 54. 00 54. 01 |
| 54. 01 | 1 | 0 | 0 | 0 | | 54. 01 |
| 55. 00 | | | 0 | | | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 0 | 0 | | | 55. 01 |
| 57. 00 | | 0 | Ō | Ö | | 57. 00 |
| 58.00 | 05800 MRI | 0 | 0 | 0 | | 58. 00 |
| 59. 00 | 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | 0 | | 59. 00 |
| 60. 00 | | 0 | 0 | 0 | | 60.00 |
| 60. 01 | | 0 | 0 | 0 | | 60. 01 |
| 63.00 | | 0 | 0 | 0 | | 63.00 |
| 63. 01 65. 00 | | 114 220 | 0 | 0 | | 63. 01 65. 00 |
| 66. 00 | • | 114, 230 | 0 | | | 66.00 |
| 67. 00 | • | 0 | 0 | | | 67. 00 |
| 68. 00 | • | Ö | o o | Ö | | 68. 00 |
| 69. 00 | l l | 0 | 0 | 0 | | 69.00 |
| 70.00 | 07000 ELECTROENCEPHALOGRAPHY | 0 | 0 | 0 | | 70. 00 |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 0 | 0 | | 71. 00 |
| 72. 00 | | 0 | 0 | 0 | | 72. 00 |
| 73. 00 | | 0 | 715, 898 | 0 | | 73. 00 |
| | 03020 PAIN CLINIC | 0 | 0 | 0 | | 76.00 |
| 76. 01 | | 0 | 0 | 0 | | 76. 01 |
| 76. 02 76. 03 | 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON | | | | | 76. 02 76. 03 |
| 76. 03 76. 04 | | | 0 | | | 76. 03 76. 04 |
| 76. 05 | | 0 | | 0 | | 76. 05 |
| 76. 06 | | 0 | | 0 | | 76. 06 |
| 76. 07 | | 0 | 0 | o | | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 0 | 0 | 0 | | 76. 08 |
| | 03954 RENAL DI ALYSI S | 0 | 0 | 0 | | 76. 09 |
| | 03955 I NFUSI ON | 0 | 0 | 0 | | 76. 10 |
| /6. 11 | 03956 CARE TRANSITION CENTER | 1 0 | <u> </u> | I 0 | | 76. 11 |
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MCRI F32 - 15. 4. 166. 1 71 | Page Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1

| | | | | То | 12/31/2018 Date/Time I 4/9/2019 3 | |
|---------------|---|-------------|---------------------------------------|------------|--------------------------------------|---------|
| | Cost Center Description | PARAMED ED | PARAMED ED | PARAMED ED | 4/9/2019 3 | 29 piii |
| | cost denter bescription | PRGM - RESP | PRGM-PHARMACY | PRGM-EMT | | |
| | | THER | (ASSI GNED | (ASSI GNED | | |
| | | (ASSI GNED | TIME) | TIME) | | |
| | | TIME) | ĺ | <i>'</i> | | |
| | | 23. 03 | 23. 04 | 23. 05 | | |
| 76. 12 03958 | ANTI COAGULATION CLINIC | 0 | 0 | 0 | | 76. 12 |
| | TIENT SERVICE COST CENTERS | | | | | |
| | RURAL HEALTH CLINIC | 0 | - 1 | | | 88. 00 |
| | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | | 89. 00 |
| | CLI NI C | 0 | 0 | - | | 90. 00 |
| | OCC HEALTH CLINIC | 0 | 0 | 0 | | 90. 01 |
| | CARDI OLOGY CLI NI C | 0 | 0 | 0 | | 90. 02 |
| - | SPECIALTY CLINIC | 0 | 0 | 0 | | 90. 03 |
| | EMERGENCY | 0 | 0 | 100 | | 91. 00 |
| | OBSERVATION BEDS (NON-DISTINCT PART | | | | | 92. 00 |
| | REI MBURSABLE COST CENTERS | | | | | |
| 99. 00 09900 | | 0 | · · · · · · · · · · · · · · · · · · · | | | 99. 00 |
| 99. 10 09910 | | 0 | · · · · · · · · · · · · · · · · · · · | | | 99. 10 |
| | HOME HEALTH AGENCY | 0 | 0 | 0 | | 101. 00 |
| | AL PURPOSE COST CENTERS | | | | | 112 00 |
| 118. 00 | INTEREST EXPENSE | 114 220 | 715 000 | 100 | | 113. 00 |
| | SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS | 114, 230 | 715, 898 | 100 | | 118. 00 |
| | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | | 190. 00 |
| 190. 01 19001 | | 0 | 0 | | | 190. 00 |
| | HOME MEDICAL EQUIPMENT | 0 | 0 | - | | 190. 01 |
| | MEDICAL ARTS BUILDING | 0 | 0 | Ö | | 190. 03 |
| | WOMEN' S HEALTH CENTER | 0 | Ö | 0 | | 190. 04 |
| 190. 05 19005 | | 0 | Ö | O | | 190. 05 |
| | NEUROSURGERY PROF SERVICES | 0 | o | | | 190. 06 |
| | I MAGE RECOVERY | 0 | 0 | 0 | | 190. 07 |
| | FAMILY SERVICES | 0 | 0 | 0 | | 190. 08 |
| 190. 09 19009 | MDWI SE | 0 | 0 | 0 | | 190. 09 |
| | CATHERINE MCAULEY CLINIC | 0 | 0 | 0 | | 190. 10 |
| 190. 11 19011 | CENTER OF HOPE | 0 | 0 | 0 | | 190. 11 |
| 190. 12 19012 | SELECT | 0 | 0 | 0 | | 190. 12 |
| 190. 13 19013 | PERCI NI AS | 0 | 0 | 0 | | 190. 13 |
| 192. 00 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | | 192. 00 |
| - | WORKING WELL | 0 | 0 | 0 | | 192. 01 |
| | NONPALD WORKERS | 0 | 0 | 0 | | 193. 00 |
| 194. 01 07951 | | 0 | 0 | 0 | | 194. 01 |
| 200. 00 | Cross Foot Adjustments | | | | | 200. 00 |
| 201. 00 | Negative Cost Centers | | | | | 201. 00 |
| 202. 00 | Cost to be allocated (per Wkst. B, Part I) | 108, 171 | 745, 979 | | | 202. 00 |
| 203. 00 | Unit cost multiplier (Wkst. B, Part I) | 0. 946958 | | | | 203. 00 |
| 204. 00 | Cost to be allocated (per Wkst. B, Part II) | 1, 328 | 8, 996 | 145 | | 204. 00 |
| 205. 00 | Unit cost multiplier (Wkst. B, Part II) | 0. 011626 | 0. 012566 | 1. 450000 | | 205. 00 |
| 206. 00 | NAHE adjustment amount to be allocated (per Wkst. B-2) | 0 | 0 | 0 | | 206. 00 |
| 207. 00 | NAHE unit cost multiplier (Wkst. D, Parts III and IV) | 0. 000000 | 0. 000000 | 0. 000000 | | 207. 00 |
| | | | | | | |

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MCRI F32 - 15. 4. 166. 1 72 | Page Provider CCN: 15-0004 Peri od: Worksheet C From 01/01/2018 Part I To 12/31/2018 Date/Time Prepared:

| | | | | 0 12/31/2018 | Date/lime Pre 4/9/2019 3:29 | |
|--|-----------------------------|---------------|----------------------------|-----------------|--------------------------------|------------------|
| | | Title | XVIII | Hospi tal | PPS | |
| | | | | Costs | | |
| Cost Center Description | Total Cost | Therapy Limit | Total Costs | RCE | Total Costs | |
| | (from Wkst. B, Part I, col. | Adj . | | Di sal I owance | | |
| | 26) | | | | | |
| | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30. 00 03000 ADULTS & PEDI ATRI CS | 38, 469, 581 | | 38, 469, 581 | | 38, 474, 714 | 30.00 |
| 31. 00 03100 I NTENSI VE CARE UNI T | 6, 268, 602 | l . | 6, 268, 602 | | 6, 291, 566 | 31.00 |
| 32. 00 02060 CORONARY CARE UNIT 35. 00 02040 NEWBORN INTENSIVE CARE UNIT | 0 1, 216, 944 | | 1, 216, 944 | ٩ | 0 1, 218, 144 | 32. 00 35. 00 |
| 40. 00 04000 SUBPROVI DER - PF | 7, 668, 308 | | 7, 668, 308 | | 7, 668, 308 | 40.00 |
| 43. 00 04300 NURSERY | 1, 727, 409 | | 1, 727, 409 | | 1, 727, 409 | 43. 00 |
| 44.00 04400 SKILLED NURSING FACILITY | 0 | l . | 0 | 0 | 0 | 44. 00 |
| 45. 00 O4500 NURSING FACILITY | 0 | | C | 0 | 0 | 45. 00 |
| ANCI LLARY SERVI CE COST CENTERS | F 005 (04 | I | T 5 005 (04 | 20.004 | F 007 740 | |
| 50. 00 05000 OPERATING ROOM 50. 01 05001 OPEN HEART SURGERY | 5, 205, 634 67, 265 | | 5, 205, 634 67, 265 | | 5, 237, 718 67, 265 | 50. 00 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY | 3, 486, 665 | | 3, 486, 665 | | 3, 486, 665 | 50.01 |
| 51. 00 05100 RECOVERY ROOM | 584, 511 | | 584, 511 | | 584, 511 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 3, 599, 242 | | 3, 599, 242 | | 3, 599, 242 | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 3, 463, 777 | | 3, 463, 777 | 0 | 3, 463, 777 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 1, 833, 783 | | 1, 833, 783 | | 1, 833, 783 | |
| 54. 02 05402 ULTRASOUND | 1, 077, 015 | | 1, 077, 015 | | 1, 077, 015 | |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C 55. 01 05501 COMPUTED TOMOGRAPHY | 0 1, 795, 203 | | 0 1, 795, 203 | | 0 1, 795, 203 | 55. 00 55. 01 |
| 57. 00 05700 CT SCAN | 1, 7 73, 203 | | 1, 773, 203 | 0 | 1, 773, 203 | 57. 00 |
| 58. 00 05800 MRI | 0 | | | o | 0 | 58.00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | | C | 0 | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | 7, 195, 024 | | 7, 195, 024 | 1, 572 | 7, 196, 596 | 60. 00 |
| 60. 01 06001 BLOOD LABORATORY | 0 | | 0 | 0 | 0 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 63. 01 06301 NUCLEAR MEDICINE | 97, 368 | | 97, 368 | | 97, 368 | • |
| 63. 01 06301 NUCLEAR MEDICINE 65. 00 06500 RESPIRATORY THERAPY | 825, 493 3, 133, 223 | | 825, 493 3, 133, 223 | | 825, 493 3, 133, 223 | 63. 01 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 4, 443, 692 | | | | 4, 460, 683 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 954, 726 | | 954, 726 | | 954, 726 | 67.00 |
| 68. 00 06800 SPEECH PATHOLOGY | 707, 469 | 0 | 707, 469 | 0 | 707, 469 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 872, 410 | | 872, 410 | | 872, 410 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 322, 697 | | 322, 697 | | 323, 759 | 70.00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 7, 638, 951 4, 560, 813 | | 7, 638, 951 4, 560, 813 | | 7, 638, 951 4, 560, 813 | 71. 00 72. 00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | 37, 203, 775 | | 37, 203, 775 | | 37, 203, 775 | 73.00 |
| 76. 00 03020 PAIN CLINIC | 0 | l . | 0 | 0 | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 135, 145 | | 135, 145 | | 135, 145 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 2, 623, 551 | | 2, 623, 551 | | 2, 632, 243 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 835, 814 1, 812, 833 | | 835, 814 1, 812, 833 | | 835, 814 | |
| 76. 04 03190 RADI ATI ON ONCOLOGY 76. 05 03951 MRI | 1, 812, 833 | | 669, 425 | | 1, 812, 833 669, 425 | 76. 04 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 007, 429 | • | 007, 423 | | 007, 423 | 76.06 |
| 76.07 03550 PSYCH ACTIVITY THERAPY | 4, 113, 250 | | 4, 113, 250 | О | 4, 113, 250 | 76. 07 |
| 76.08 03953 WOUND CARE | 811, 026 | | 811, 026 | 1, 653 | 812, 679 | |
| 76. 09 03954 RENAL DI ALYSI S | 1, 629, 340 | | 1, 629, 340 | | 1, 629, 340 | 76. 09 |
| 76. 10 03955 NFUSION | 5, 139, 418 | | 5, 139, 418 | | 5, 159, 560 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER 76. 12 03958 ANTICOAGULATION CLINIC | 119 678, 296 | | 119 678, 296 | | 119 678, 599 | 76. 11 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | 070,270 | | 070, 270 | 303 | 070, 377 | 70.12 |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | | C | 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | | C | 0 | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | l . | 0 | | 0 | 90.00 |
| 90. 01 09001 OCC HEALTH CLINIC | 1, 403 | | 1, 403 | | 1, 403 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLINI C 90. 03 09003 SPECI ALTY CLINI C | 4, 964 307 | | 4, 964 307 | | 4, 964 307 | 90. 02 90. 03 |
| 91. 00 09100 EMERGENCY | 18, 982, 845 | | 18, 982, 845 | | 19, 016, 131 | |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 11, 684, 955 | | 11, 684, 955 | | 11, 684, 955 | 1 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 99. 00 09900 CMHC | 0 | • | C | | 0 | 99. 00 |
| 99. 10 09910 CORF | 0 | | 0 | | 0 | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS | 9, 645, 517 | | 9, 645, 517 | | 9, 645, 517 | [101.00 |
| 113.00 11300 INTEREST EXPENSE | | | | | | 113. 00 |
| 200.00 Subtotal (see instructions) | 203, 187, 788 | o | 203, 187, 788 | 145, 082 | 203, 332, 870 | |
| 201.00 Less Observation Beds | 11, 684, 955 | | 11, 684, 955 | | 11, 684, 955 | 201. 00 |
| 202.00 Total (see instructions) | 191, 502, 833 | 0 | 191, 502, 833 | 145, 082 | 191, 647, 915 | 202. 00 |
| | | | | | | |

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MCRI F32 - 15. 4. 166. 1 73 | Page Provider CCN: 15-0004 Peri od: Worksheet C From 01/01/2018 Part I To 12/31/2018 Date/Ti me Prepared:

| | | | | | 0 12/31/2016 | 4/9/2019 3: 29 | |
|------------------|--|-----------------------------|------------------------------|---------------------------------------|------------------------|------------------------|--------------------|
| | | | | XVIII | Hospi tal | PPS | |
| | Cost Center Description | Inpatient | Charges Outpatient | Total (col. 6 | Cost or Other | TEFRA | |
| | cost center bescription | inpatrent | outpatrent | + col . 7) | Ratio | Inpatient | |
| | | | | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | Nati o | Ratio | |
| | | 6.00 | 7. 00 | 8. 00 | 9. 00 | 10. 00 | |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 ADULTS & PEDI ATRI CS | 29, 539, 721 | | 29, 539, 721 | | | 30.00 |
| 31. 00 32. 00 | 03100 INTENSIVE CARE UNIT 02060 CORONARY CARE UNIT | 9, 842, 027 | | 9, 842, 027 | | | 31. 00 32. 00 |
| 35. 00 | 02040 NEWBORN INTENSIVE CARE UNIT | 1, 333, 462 | | 1, 333, 462 | | | 35.00 |
| 40. 00 | 04000 SUBPROVI DER - I PF | 19, 211, 626 | | 19, 211, 626 | | | 40.00 |
| 43.00 | 04300 NURSERY | 2, 222, 446 | | 2, 222, 446 | | | 43.00 |
| 44.00 | 04400 SKILLED NURSING FACILITY | O | | 0 | | | 44. 00 |
| 45. 00 | 04500 NURSI NG FACI LI TY | 0 | | 0 | | | 45. 00 |
| EO 00 | ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM | 7 270 (42 | 1/ 200 714 | 22 500 254 | 0.220407 | 0.000000 | FO 00 |
| 50. 00 50. 01 | 05000 OPERATING ROOM 05001 OPEN HEART SURGERY | 7, 279, 642 0 | 16, 308, 714 | 23, 588, 356 | 0. 220687 0. 000000 | 0. 000000 0. 000000 | 50. 00 50. 01 |
| 50. 01 | 05002 OUTPATIENT SURGERY | 1, 905, 063 | 5, 511, 791 | 7, 416, 854 | | 0.000000 | 50.01 |
| 51. 00 | 05100 RECOVERY ROOM | 1, 135, 236 | 3, 222, 892 | 4, 358, 128 | l . | 0. 000000 | 51.00 |
| 53.00 | 05300 ANESTHESI OLOGY | 3, 523, 381 | 8, 208, 941 | 11, 732, 322 | l . | 0.000000 | 53. 00 |
| 54.00 | 05400 RADI OLOGY-DI AGNOSTI C | 3, 695, 451 | 9, 465, 737 | 13, 161, 188 | | 0.000000 | 54. 00 |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 4, 235, 571 | 6, 162, 929 | | | 0. 000000 | 54. 01 |
| 54. 02 55. 00 | 05402 ULTRASOUND | 2, 942, 509 | 7, 124, 932 | 10, 067, 441 | 0. 106980 0. 000000 | 0. 000000 0. 000000 | 54. 02 55. 00 |
| 55. 00 | O5500 RADI OLOGY-THERAPEUTI C O5501 COMPUTED TOMOGRAPHY | 12, 239, 312 | 30, 801, 778 | ľ | | 0. 000000 | 55. 00 |
| 57. 00 | 05700 CT SCAN | 0 | 0 001,770 | 1 43, 041, 070 | 0. 000000 | 0. 000000 | 57.00 |
| 58. 00 | 05800 MRI | Ö | 0 | Ö | 0. 000000 | 0. 000000 | 58. 00 |
| 59.00 | 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | 0 | 0. 000000 | 0.000000 | 59. 00 |
| 60.00 | 06000 LABORATORY | 26, 244, 514 | 31, 045, 754 | 57, 290, 268 | | 0. 000000 | 60. 00 |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | 0 | 0 | 0.000000 | 0. 000000 | 60. 01 |
| 63. 00 63. 01 | 06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE | 870, 223 | 516, 618 | 1, 386, 841 4, 822, 391 | 0. 070208 0. 171179 | 0. 000000 0. 000000 | 63. 00 63. 01 |
| 65. 00 | 06500 RESPI RATORY THERAPY | 1, 012, 543 17, 680, 010 | 3, 809, 848 2, 689, 321 | 20, 369, 331 | 0. 171179 | 0. 000000 | 65.00 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 3, 741, 524 | 2, 374, 791 | 6, 116, 315 | l | 0. 000000 | 66.00 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 3, 314, 110 | 808, 126 | | l | 0. 000000 | 67. 00 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 1, 375, 300 | 320, 454 | 1, 695, 754 | 0. 417200 | 0.000000 | 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 5, 827, 327 | 7, 236, 877 | 13, 064, 204 | l | 0.000000 | 69. 00 |
| 70.00 | 07000 ELECTROENCEPHALOGRAPHY | 0 | 1, 448, 776 | | | 0. 000000 | 70.00 |
| 71. 00 72. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 MPL. DEV. CHARGED TO PATIENTS | 12, 965, 571 2, 322, 937 | 12, 791, 484 | 25, 757, 055 | l | 0. 000000 0. 000000 | 71. 00 72. 00 |
| 72.00 | 07300 DRUGS CHARGED TO PATIENTS | 35, 276, 548 | 1, 840, 825 281, 818, 084 | 4, 163, 762 317, 094, 632 | | 0. 000000 | 73.00 |
| 76. 00 | 03020 PAIN CLINIC | 0 | 201, 010, 004 | 0 0 0 | 0. 000000 | 0. 000000 | 76.00 |
| 76. 01 | 03950 ORTHOPEDI CS | 2, 138 | 11, 336 | 13, 474 | l . | 0.000000 | 76. 01 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 7, 965, 893 | 8, 550, 629 | | l . | 0.000000 | 76. 02 |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 480, 586 | 1, 360, 916 | | | 0. 000000 | 76. 03 |
| 76. 04 | 03190 RADIATION ONCOLOGY 03951 MRI | 74, 769 | 2, 773, 455 | | l | 0.000000 | 76. 04 76. 05 |
| 76. 05 76. 06 | 03951 MRI 03952 BARI ATRI C CENTER | 3, 227, 876 | 6, 139, 489 0 | 9, 367, 365 | 0.000000 | 0. 000000 0. 000000 | 76.05 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0 | 0 | | 0. 000000 | 0. 000000 | 76.00 |
| | 03953 WOUND CARE | 19, 930 | 2, 274, 590 | 2, 294, 520 | | 0. 000000 | |
| | 03954 RENAL DIALYSIS | 2, 484, 102 | 753, 324 | | | 0.000000 | 76. 09 |
| 76. 10 | 03955 I NFUSI ON | 7, 666 | 16, 174, 684 | | | 0. 000000 | 76. 10 |
| 76. 11 | 03956 CARE TRANSITION CENTER | 0 | 0 | 700 000 | | 0. 000000 | 76. 11 |
| 76. 12 | 03958 ANTI COAGULATI ON CLINI C OUTPATI ENT SERVI CE COST CENTERS | 912 | 792, 396 | 793, 308 | 0. 855022 | 0. 000000 | 76. 12 |
| 88. 00 | 08800 RURAL HEALTH CLINIC | ol | 0 | | | | 88. 00 |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | o | 0 | | | | 89. 00 |
| 90.00 | 09000 CLI NI C | 0 | 0 | 0 | 0. 000000 | 0.000000 | 90.00 |
| 90. 01 | 09001 OCC HEALTH CLINIC | 0 | 0 | 0 | 0. 000000 | 0.000000 | 90. 01 |
| 90. 02 | 09002 CARDI OLOGY CLI NI C | 0 | 0 | 0 | 0. 000000 | 0. 000000 | 90. 02 |
| 90. 03 91. 00 | 09003 SPECIALTY CLINIC | 0 | 560 | | | 0.000000 | 90. 03 |
| 91.00 | 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART | 16, 222, 999 0 | 63, 862, 442 13, 284, 384 | | l | 0. 000000 0. 000000 | 91. 00 92. 00 |
| 72.00 | OTHER REIMBURSABLE COST CENTERS | <u> </u> | 13, 204, 304 | 13, 204, 304 | 0.077001 | 0.000000 | 72.00 |
| 99. 00 | 09900 CMHC | 0 | 0 | 0 | | | 99. 00 |
| 99. 10 | 09910 CORF | O | 0 | 0 | | | 99. 10 |
| 101.00 | 10100 HOME HEALTH AGENCY | 0 | 18, 132, 495 | 18, 132, 495 | | | 101. 00 |
| 440 5 | SPECIAL PURPOSE COST CENTERS | | | | | | 110 00 |
| 113.00 200.00 | 11300 INTEREST EXPENSE Subtotal (see instructions) | 240, 222, 925 | 567, 619, 372 | 807, 842, 297 | | | 113. 00 200. 00 |
| 200.00 | | 240, 222, 925 | 501,017,372 | 007,042,297 | | | 200.00 |
| 202.00 | | 240, 222, 925 | 567, 619, 372 | 807, 842, 297 | | | 202.00 |
| | | | . , | | , ' | | |

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MCRI F32 - 15. 4. 166. 1 74 | Page Peri od: Worksheet C From 01/01/2018 Part I To 12/31/2018 Date/Time Prepared: 4/9/2019 3:29 pm

| COAT CENTUM PROSCRIPTION | | | | | 4/9/2019 3: 29 | pm |
|--|--|------------|-------------|-----------|----------------|---------|
| INVALIDATION SOUTH STATE | 0 1 0 1 0 1 1 | DDC 1 11 1 | Title XVIII | Hospi tal | PPS | |
| MATERIARY SERVICE COST CENTERS | Cost Center Description | | | | | |
| IMPATITION BOUTH NO STRUCT COST CINTES 30.00 00000 (INTERS VICE CASE INST 31.00 0000 | | | | | | |
| 30.00 3000 ADULTS & PEDIATRICS 30.00 | INPATIENT ROUTINE SERVICE COST CENTERS | 11.00 | | | | |
| 31.00 3100 INTENSIVE CARE UNIT 32.00 | | | | | | 30.00 |
| 20.00 | | | | | | 1 |
| 35.00 02-040 MERSON INTERSIVE CARE UNIT | | | | | | |
| 43.00 0.400 MIRSTERT 1.00 1 | | | | | | |
| 44.00 04.00 CHANGE NIST MACH LITY 44.00 45.0 | | | | | | 1 |
| 45. 00 | 43. 00 04300 NURSERY | | | | | 43.00 |
| ARCITLARY SERVICE COST CENTRES | 44.00 04400 SKILLED NURSING FACILITY | | | | | 44.00 |
| | 45.00 04500 NURSING FACILITY | | | | | 45. 00 |
| 50.01 50.01 05.001 0FEN HEART SURGEPY 0.0000000 50.01 50 | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50.00 50.0 | 50.00 05000 OPERATING ROOM | 0. 222047 | | | | 50.00 |
| 10.10 05100 RECOVERY RODIN | 50. 01 05001 OPEN HEART SURGERY | 0. 000000 | | | | 50. 01 |
| 53.00 05300 AMESTHESI OLOGY 0.306780 5.5.00 | | 0. 470100 | | | | |
| 54.00 05400 RADIOLOGY -DIAGNOSTIC 0.263181 5.4, 00 | | 0. 134120 | | | | 51.00 |
| 54.01 05401 RADIOLOGY SPECIAL PROCEDURES 0.176351 55.00 05500 RADIOLOGY-THERAPEUTIC 0.000000 0.55.00 05500 RADIOLOGY-THERAPEUTIC 0.000000 0.55.00 05500 RADIOLOGY-THERAPEUTIC 0.000000 0.55.00 055 | | 1 1 | | | | 1 |
| 54.00 05400 MATION MATION 0.000000 0.55.00 0.5500 | | 1 1 | | | | 1 |
| 55.00 05500 RADIOLOGY-THERAPEUTIC 0.000000 55.00 55.01 05501 CAMPUTE TOROGRAPHY 0.0417199 55.50 157.00 05700 CT SCAN 0.000000 57.00 55.00 550.00 55 | | 1 1 | | | | 1 |
| 55. 01 05501 COMPUTED TOMOGRAPHY 0. 041709 55. 01 | | | | | | 1 |
| 157.00 05700 CT SCAN 0.000000 557.00 559.00 0590 | | 1 1 | | | | 1 |
| 58. 00 05600 MRI 0.000000 | | | | | | 1 |
| 59 00 05900 CARDIA C CATHETER ZATION 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.00000000 | | | | | | |
| 60.00 06000 LABORATORY 0.000000 0.60.01 0.000 | | 1 1 | | | | 1 |
| 0.0 0.0001 0.00001 0.00000 0.00001 0.00001 0.00001 0.00001 0.00001 0.00001 0.00001 0.00001 0.00001 0.00001 0.00001 0.00001 0.000001 0.00 | | | | | | 1 |
| 63.00 0-300 BLOOD STORI NG, PROCESSING & TRANS. 0.070208 63.01 0-3 | | 1 1 | | | | 1 |
| 0.3.01 0.0301 NUCLEAR MEDICINE | | 1 | | | | 1 |
| 65. 00 0.6500 RESPIRATORY THERAPY 0.15382T 0.65. 00 0.6000 PRESIGNAT HERAPY 0.729309 0.60.00 0.6000 PRESIGNAT HERAPY 0.231604 0.70.00 0.70.00 0.6000 0.70.00 0.60000 0.6000 0.6000 0.6000 0.6000 0.6000 0.6000 0.60000 0.6000 0.6000 0.60000 0.60000 0.60000 0.60000 0.60000 0.60000 0.60000 0.60000 0.60000 0.60000 0.60000 0.60000 0.60000 0.60000 0.600000 0.600000 0.600000 0.600000 0.600000 0.600000 0.600000 0.600000 0.6000000 0.600000 0.6000000 0.6000000 0.6000000 0.6000000 0.6000000 0.60000000 0.60000000 0.60000000 0.600000000 0.60000000 0.60000000000 | | 1 | | | | 1 |
| 66. 00 0.6600 PHYSI CAL THERAPY 0.729309 0.7000 0.6000 0.70000 0.70000 0.70000 0.70000 0.70000 0.70000 0.70000 0.70000 0.700000 0.700000 0.7 | | | | | | 1 |
| 67. 00 06700 06CUPATI ONAL THERAPY 0.231604 68. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 06. 00 07. | | 1 | | | | 1 |
| 68.00 06800 SPECH PATHOLOGY 0.417200 69.00 06900 ELECTROCARDIOLOGY 0.966779 69.00 07.00 07.000 ELECTROCARDIOLOGY 0.22471 70.00 71.00 07.000 ELECTROCARDIOLOGY 0.22471 70.00 71.00 07.000 MEDI CAL SUPPLIES CHARGED TO PATIENT 0.296577 71.00 71.00 07.000 MEDI CAL SUPPLIES CHARGED TO PATIENTS 1.095359 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.117327 73.00 07300 DRUGS CHARGED TO PATIENTS 0.117327 73.00 07300 DRUGS CHARGED TO PATIENTS 0.117327 73.00 07300 DRUGS CHARGED TO PATIENTS 0.1000000 76.00 03900 PAIN CLINIC 0.000000 76.00 03900 PAIN CLINIC 0.000000 76.00 03950 PAIN CLINIC 0.000000 76.00 03950 PAIN CLINIC 0.000000 76.00 03950 PAIN CLINIC 0.000000 0.53870 76.00 | | 1 | | | | |
| 69.00 06900 ELECTROCARDIOLOGY 0.066779 70.00 70.00 70.00 70.00 70.00 ELECTROENCEPHALOGRAPHY 0.223471 70.00 71.00 7 | | 1 | | | | 1 |
| 70.00 07000 07000 CELCTROENCEPHALGGRAPHY 0.224471 70.00 071.0 | | 1 | | | | 1 |
| 71.00 | | 1 | | | | 1 |
| 17.2 00 07.200 IMPL DEV CHARGED TO PATIENTS 1,095.359 7.2,00 073.00 07 | | | | | | 1 |
| 73. 00 7300 DRUGS CHARCED TO PATIENTS 0. 117327 73. 00 03020 PAIN CLINIC 0. 000000 76. 00 03050 PAIN CLINIC 0. 000000 76. 00 03057 CARDI ACRE PRIBUILITATION 0. 45.83876 76. 02 03057 CARDI ACRE PRIBUILITATION 0. 45.83876 76. 00 03057 PAIN CLINIC 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 00000000 | | 1 | | | | 1 |
| 76. 00 03202 PAIN CLINIC 0.000000 76. 01 03950 ORTHOPEDICS 10.030058 76. 01 0.3050 ORTHOPEDICS 10.030058 76. 01 0.3050 ORTHOPEDICS 0.159370 76. 02 03140 CARDI JOVASCULAR SERVICES 0.159370 76. 02 0.30957 CARDI ACR REHABI LITATI ON 0.453876 76. 03 0.3957 CARDI ACR REHABI LITATI ON 0.453876 76. 04 0.3090 RADI ATI ION ONCOLOGY 0.636478 76. 04 0.3950 MRI 0.071464 76. 05 0.3951 MRI 0.071464 76. 05 0.3951 MRI 0.000000 76. 05 0.3952 BARI ATRIC CENTER 0.000000 76. 07 0.3550 PSYCH ACTIVITY THERAPY 0.000000 76. 07 0.3550 PSYCH ACTIVITY THERAPY 0.000000 76. 07 0.3953 WOUND CARE 0.354183 76. 09 0.3954 RENAL I JALYSI S 0.503283 76. 09 0.3954 RENAL I JALYSI S 0.503283 76. 09 0.3954 RENAL I JALYSI S 0.503283 76. 09 0.3958 RATICOAGULATI ON CENTER 0.000000 76. 11 0.3958 ARTICOAGULATI ON CENTER 0.000000 76. 12 0.3958 ARTICOAGULATI ON CLINIC 0.855404 0.8500 WIRAL HEALTH CLINIC 0.85000 0.8900 EDEBRALLY QUALIFIED HEALTH CENTER 0.000000 0.9000 0.10 0.00000 0.10 0.000000 0.00000 0.0000000 0.0000000 0.0000000 0.00000000 | | 1 | | | | 1 |
| 76. 01 03950 DRTHOPEDI CS | | 1 | | | | 1 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 0. 159370 76. 02 03957 CARDI ACR REHABI LI TATI ON 0. 453876 76. 03 03957 CARDI ACR REHABI LI TATI ON 0. 453876 76. 04 03190 RADII ATI ON ONCOLOGY 0. 636478 76. 04 76. 05 03951 MRI 0. 0. 071464 76. 05 03952 BARI ATRI C CENTER 0. 0. 000000 76. 03550 PSYCH ACTI VI TY THERAPY 0. 000000 76. 07 03550 PSYCH ACTI VI TY THERAPY 0. 000000 76. 07 03550 PSYCH ACTI VI TY THERAPY 0. 000000 76. 07 03550 PSYCH ACTI VI TY THERAPY 0. 036900 PSYCH ACTI VI TY THERAPY 0. 03694 RENAL DI ALYSI S 0. 503283 76. 09 03954 RENAL DI ALYSI S 0. 503283 76. 09 03954 RENAL DI ALYSI S 0. 503283 76. 09 03954 RENAL DI ALYSI S 0. 503283 76. 09 03954 RENAL DI ALYSI S 0. 503283 76. 09 03955 NFUSI ON 0. 318839 76. 10 03955 NFUSI ON 0. 318839 76. 10 0000000 76. 10 0000000 76. 10 000000 76. 10 0000000 76. 10 0000000 76. 10 0000000 76. 10 0000000 76. 10 0000000 76. 10 00000000 76. 10 00000000 76. 10 00000000 76. 10 00000000000 76. 10 0000000000000000000000000000000000 | | 1 | | | | 1 |
| 76. 03 03957 CARDI AC REHABILITATION 0. 453876 76. 04 03190 RADI ATIO NONCOLOGY 0. 636478 76. 04 76. 05 03951 MRI 0. 071464 76. 05 76. 06 76. 05 03951 MRI 0. 071464 76. 05 76. 06 76. 07 76. 07 76. 08 76. 07 76. 08 76. 07 76. 08 76. 07 76. 08 76. 07 76. 08 76. 08 76. 09 03954 RENAL DI ALYSI S 0. 503283 76. 09 03955 RENAL DI ALYSI S 0. 503283 76. 09 03955 RENAL DI ALYSI S 0. 503283 76. 10 03955 NOVERNO SERVICE COST CENTERS 76. 11 03956 CARE TRANSI TI ON CENTER 0. 000000 76. 11 03956 CARE TRANSI TI ON CENTER 0. 000000 76. 12 000000 76. 12 000000 76. 12 000000 76. 12 0000000 76. 12 000000 76. 12 000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 12 0000000 76. 00000000 76. 0000000 76. 0000000 76. 0000000 76. 0000000 76. 0000000 76. 0000000 76. 0000000 76. 0000000 76. 00000000 76. 0000000 76. 00000000 76. 00000000 76. 00000000 76. 00000000 76. 00000000 76. 0000000000 76. 000000000 76. 0000000000 76. 0000000000 76. 0000000000000 76. 0000000 | | | | | | |
| 76. 04 03190 RADI ATI ON ONCOLOGY | | 1 1 | | | | 1 |
| 76. 05 03951 MRI | | 1 1 | | | | 1 |
| 76. 06 03952 BARIATRIC CENTER 0. 000000 76. 07 76. 07 03550 PSYCH ACTIVITY THERAPY 0. 000000 76. 07 76. 08 03953 WOUND CARE 0. 354183 76. 09 76. 10 03954 RENAL DI ALYSI S 0. 503283 76. 09 76. 10 03955 INFUSION 0. 318839 76. 10 76. 11 03956 CARE TRANSITION CENTER 0. 000000 76. 11 76. 12 03958 ANTI COAGULATI ON CLI NI C 0. 855404 76. 12 0 08800 RURAL HEALTH CLI NI C 88. 00 88. 00 08800 RURAL HEALTH CLI NI C 89. 00 90. 00 09000 CLI NI C 0. 000000 99. 01 90. 01 09001 CCC HEALTH CLI NI C 0. 000000 99. 01 90. 02 09002 CARDI OLOGY CLI NI C 0. 000000 99. 01 90. 02 09002 CARDI OLOGY CLI NI C 0. 548214 99. 02 90. 03 09003 SPECI ALTY CLI NI C 0. 548214 99. 00 99. 00 09000 OBSERVATI ON BEDS (NON-DI STI NCT PART 0. 879601 99. 00 99. 00 09000 CMHC 99. 00 99. 00 09000 CMHC 99. 00 99. 01 00000 OPO00 CORFER EI MBURSABLE COST CENTERS 113. 00 11000 HOME HEALTH AGENCY 5PECI AL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE 113. 00 201. 00 Less Observation Beds 120. 000000 201. 00 Less Observation Beds 200. 000000 | | 1 1 | | | | 1 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | | 1 1 | | | | 1 |
| 76. 09 03954 RENAL DI ALYSI S 0.503283 76. 09 76. 10 03955 INFUSI ON 0.318839 76. 09 76. 11 03956 CARE TRANSI TI ON CENTER 0.000000 76. 11 76. 12 03958 ANTI COAGULATI ON CLI NI C 0.855404 76. 12 00TPATI ENT SERVI CE COST CENTERS 88. 00 08900 RURAL HEALTH CLI NI C 89. 00 08900 FDERALLY QUALI FI ED HEALTH CENTER 89. 00 99. 00 09000 CLI NI C 0.000000 90. 00 90. 00 09000 CLI NI C 0.000000 90. 00 90. 00 90. 00 09000 CLI NI C 0.000000 90. 00 | | | | | | 76. 07 |
| 76. 10 03955 INFUSION | 76. 08 03953 WOUND CARE | 0. 354183 | | | | 76. 08 |
| 76. 11 03956 CARE TRANSITION CENTER 0. 000000 76. 11 76. 12 03958 ANTI COAGULATION CLINIC 0. 855404 76. 12 0UTPATI ENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC 88. 00 89. 00 89. 00 FEDERALLY QUALIFIED HEALTH CENTER 89. 00 999. 00 99. | 76. 09 03954 RENAL DI ALYSI S | 0. 503283 | | | | 76. 09 |
| 76. 12 03958 ANTI COAGULATI ON CLI NI C 0UTPATI ENT SERVI CE COST CENTERS 88. 00 08800 RURAL HEALTH CLI NI C 90. 00 09000 CLI NI C 90. 00 09000 CLI NI C 90. 01 09001 OCC HEALTH CLI NI C 90. 00 09002 CARDI OLOGY CLI NI C 90. 02 09003 SPECI ALTY CLI NI C 90. 03 09003 SPECI ALTY CLI NI C 90. 03 09000 SERVATI ON BEDS (NON-DI STI NCT PART O. 879601) 09000 OTHER REI MBURSABLE COST CENTERS 99. 00 09900 CORF 101. 00 101. 00 101. 00 101. 00 101. 00 101. 00 101. 00 SPECI AL THAGENCY 99. 00 200. 00 113. 00 113. 00 113. 00 113. 00 113. 00 113. 00 113. 00 113. 00 201. 00 Less Observati on Beds 113. 00 201. 00 Less Observati on Beds | 76. 10 03955 I NFUSI ON | 0. 318839 | | | | 76. 10 |
| SECOND CONTROL CONTR | 76. 11 03956 CARE TRANSITION CENTER | 0. 000000 | | | | 76. 11 |
| 88. 00 | | 0. 855404 | | | | 76. 12 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | | | | | |
| 90. 00 09000 CLINIC 0.000000 90. 01 90. 01 90. 01 90. 01 90. 01 90. 02 90. 02 90. 02 90. 02 90. 03 90. 03 90. 03 90. 01 90. 02 90. 03 90. 03 90. 05 90. 02 90. 00 90. 02 90. 00 90 | | | | | | |
| 90. 01 09001 0CC HEALTH CLINIC 0.000000 90. 02 09002 CARDI 0LOGY CLINIC 0.000000 90. 02 09002 CARDI 0LOGY CLINIC 0.000000 90. 02 09003 SPECI ALTY CLINIC 0.548214 90. 03 09100 EMERGENCY 0.237448 91. 00 09200 0BSERVATI 0N BEDS (NON-DI STINCT PART 0.879601 92. 00 0000000 0000000000000000000000 | | | | | | |
| 90. 02 | | | | | | |
| 90. 03 09003 SPECIALTY CLINIC 0. 548214 90. 03 91. 00 9100 EMERGENCY 0. 237448 91. 00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0. 879601 92. 00 07HER REIMBURSABLE COST CENTERS 99. 00 09910 CORF 99. 10 09910 CORF 99. 10 10100 HOME HEALTH AGENCY 99. 10 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 101. 00 1300 INTEREST EXPENSE 113. 00 200. 00 201. 00 Less Observation Beds 201. 00 201. | | | | | | 1 |
| 91. 00 09100 EMERGENCY 0. 237448 91. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 0. 879601 92. 00 OTHER REIMBURSABLE COST CENTERS 99. 00 09900 CMHC 99. 10 09910 CORF 99. 10 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 101. 00 13000 INTEREST EXPENSE 113. 00 200. 00 201. 00 Less Observation Beds 201. 00 | | | | | | 1 |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART 0.879601 92. 00 OTHER REIMBURSABLE COST CENTERS 99. 00 09900 CMHC 99. 10 O9910 CORF 99. 10 O1100 HOME HEALTH AGENCY 99. 10 O11. 00 SPECIAL PURPOSE COST CENTERS 101. 00 O11300 INTEREST EXPENSE 113. 00 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00 O11. 00 | | 1 | | | | 1 |
| OTHER REIMBURSABLE COST CENTERS 99. 00 09900 CMHC 99. 00 99. 10 09910 CORF 99. 10 101.00 10100 HOME HEALTH AGENCY 99. 10 101. 00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE 113. 00 200. 00 Subtotal (see instructions) 200. 00 201. 00 Less Observation Beds 201. 00 | | 1 | | | | 1 |
| 99. 00 09900 CMHC 99. 00 09910 CORF 99. 10 101. 00 10100 HOME HEALTH AGENCY 99. 10 101. 00 SPECI AL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE 113. 00 200. 00 Subtotal (see instructions) 200. 00 Less Observation Beds 201. 00 | · | 0. 879601 | | | | 92.00 |
| 99. 10 09910 CORF 99. 10 10100 HOME HEALTH AGENCY 101. 00 SPECI AL PURPOSE COST CENTERS 113. 00 1300 INTEREST EXPENSE 200. 00 Subtotal (see instructions) Less Observation Beds 201. 00 | | | | | | 00.00 |
| 101. 00 | | | | | | 1 |
| SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE 200.00 Subtotal (see instructions) 200.00 201.00 Less Observation Beds 201.00 | | | | | | 1 |
| 113. 00 11300 1 NTEREST EXPENSE 113. 00 200. 00 Subtotal (see instructions) 200. 00 201. 00 Less Observation Beds 201. 00 | | | | | | 1101.00 |
| 200. 00 Subtotal (see instructions) 200. 00 201. 00 Less Observation Beds 201. 00 | | | | | | 112 00 |
| 201.00 Less Observation Beds 201.00 | | | | | | |
| | | | | | | |
| 202. 00 | | | | | | |
| | 202. 00 10 tal (300 113 ti 40 ti 013) | ı l | | | | 1-02.00 |

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MCRI F32 - 15. 4. 166. 1 75 | Page Provider CCN: 15-0004 Peri od: Worksheet C From 01/01/2018 Part I To 12/31/2018 Date/Ti me Prepared:

| | | | ' | 0 12/31/2010 | 4/9/2019 3: 29 | |
|--|-------------------------|---------------|-------------------------|-----------------|-------------------------|------------------|
| | | Ti tl | 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 | 5. 00 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | 1.00 | 2.00 | 3. 00 | 4. 00 | 5.00 | |
| 30. 00 03000 ADULTS & PEDIATRICS | 38, 469, 581 | | 38, 469, 581 | 5, 133 | 38, 474, 714 | 30.00 |
| 31. 00 03100 I NTENSI VE CARE UNI T | 6, 268, 602 | ł . | 6, 268, 602 | | 6, 291, 566 | 31.00 |
| 32. 00 02060 CORONARY CARE UNIT | 0 | | 0, 210, 110 | | 0 | 32. 00 |
| 35.00 02040 NEWBORN INTENSIVE CARE UNIT | 1, 216, 944 | | 1, 216, 944 | 1, 200 | 1, 218, 144 | 35. 00 |
| 40. 00 04000 SUBPROVI DER - 1 PF | 7, 668, 308 | | 7, 668, 308 | 0 | 7, 668, 308 | 40. 00 |
| 43. 00 04300 NURSERY | 1, 727, 409 | | 1, 727, 409 | 0 | 1, 727, 409 | 43. 00 |
| 44.00 04400 SKILLED NURSING FACILITY | 0 | l . | C | 0 | 0 | 44. 00 |
| 45. 00 O4500 NURSING FACILITY | 0 | | <u> </u> | 0 | 0 | 45. 00 |
| ANCILLARY SERVICE COST CENTERS | F 20F (24 | I | F 20F (24 | 22.004 | F 227 710 | |
| 50. 00 05000 OPERATING ROOM | 5, 205, 634 | | 5, 205, 634 | | 5, 237, 718 | 1 |
| 50. 01 05001 0PEN HEART SURGERY 50. 02 05002 0UTPATI ENT SURGERY | 67, 265 3, 486, 665 | | 67, 265 3, 486, 665 | | 67, 265 3, 486, 665 | 50. 01 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 584, 511 | | 584, 511 | | 584, 511 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 3, 599, 242 | | 3, 599, 242 | | 3, 599, 242 | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 3, 463, 777 | | 3, 463, 777 | | 3, 463, 777 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECIAL PROCEDURES | 1, 833, 783 | | 1, 833, 783 | | 1, 833, 783 | 54. 01 |
| 54. 02 05402 ULTRASOUND | 1, 077, 015 | | 1, 077, 015 | | 1, 077, 015 | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | | C | 0 | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 1, 795, 203 | | 1, 795, 203 | 0 | 1, 795, 203 | 55. 01 |
| 57. 00 05700 CT SCAN | 0 | | C | 0 | 0 | 57. 00 |
| 58. 00 05800 MRI | 0 | | 0 | 0 | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | | 0 | 0 | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | 7, 195, 024 | | 7, 195, 024 | 1, 572 | 7, 196, 596 | 60.00 |
| 60. 01 06001 BLOOD LABORATORY 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 07.240 | | 07 240 | 0 | 07.240 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 63. 01 06301 NUCLEAR MEDICINE | 97, 368 825, 493 | | 97, 368 825, 493 | | 97, 368 825, 493 | 63. 00 63. 01 |
| 65. 00 06500 RESPI RATORY THERAPY | 3, 133, 223 | | | | 3, 133, 223 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 4, 443, 692 | | 4, 443, 692 | | 4, 460, 683 | 1 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 954, 726 | | 954, 726 | | 954, 726 | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | 707, 469 | | 707, 469 | | 707, 469 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 872, 410 | | 872, 410 | | 872, 410 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 322, 697 | | 322, 697 | 1, 062 | 323, 759 | 70. 00 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 7, 638, 951 | | 7, 638, 951 | 0 | 7, 638, 951 | |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS | 4, 560, 813 | | 4, 560, 813 | | 4, 560, 813 | 72. 00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | 37, 203, 775 | | 37, 203, 775 | 0 | 37, 203, 775 | 73.00 |
| 76. 00 03020 PAI N CLI NI C 76. 01 03950 ORTHOPEDI CS | 125 145 | | 125 145 | 0 | 125 145 | 76.00 |
| 76. 01 03950 0RTHOPEDI CS 76. 02 03140 CARDI OVASCULAR SERVI CES | 135, 145 2, 623, 551 | | 135, 145 2, 623, 551 | | 135, 145 2, 632, 243 | 76. 01 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 835, 814 | | 835, 814 | | 835, 814 | • |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 1, 812, 833 | | 1, 812, 833 | | 1, 812, 833 | 76. 04 |
| 76. 05 03951 MRI | 669, 425 | | 669, 425 | | 669, 425 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0 | | C | 0 | 0 | 76. 06 |
| 76.07 03550 PSYCH ACTIVITY THERAPY | 4, 113, 250 | | 4, 113, 250 | 0 | 4, 113, 250 | 76. 07 |
| 76. 08 03953 WOUND CARE | 811, 026 | | 811, 026 | 1, 653 | 812, 679 | |
| 76. 09 03954 RENAL DIALYSIS | 1, 629, 340 | | 1, 629, 340 | | 1, 629, 340 | 76. 09 |
| 76. 10 03955 I NFUSI ON | 5, 139, 418 | | 5, 139, 418 | | 5, 159, 560 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | 119 | | 119 | | 119 | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINI C | 678, 296 | | 678, 296 | 303 | 678, 599 | 76. 12 |
| 0UTPATIENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC | 0 | I | | ا | 0 | 88. 00 |
| 88. 00 08800 RURAL HEALTH CLINIC 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | | • | | | 0 | 89.00 |
| 90. 00 09000 CLI NI C | 0 | | | 0 | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | 1, 403 | l . | 1, 403 | o o | 1, 403 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLINI C | 4, 964 | | 4, 964 | | 4, 964 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 307 | | 307 | | 307 | 90. 03 |
| 91. 00 09100 EMERGENCY | 18, 982, 845 | | 18, 982, 845 | 33, 286 | 19, 016, 131 | 91.00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 11, 684, 955 | | 11, 684, 955 | | 11, 684, 955 | 92. 00 |
| OTHER REIMBURSABLE COST CENTERS | _ | | | | | |
| 99. 00 09900 CMHC | 0 | | 0 | | 0 | 99. 00 |
| 99. 10 09910 CORF | 0 | | 0 | | 0 | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | 9, 645, 517 | | 9, 645, 517 | | 9, 645, 517 | 101.00 |
| SPECIAL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE | | I | I | | | 113. 00 |
| 200.00 Subtotal (see instructions) | 203, 187, 788 | 0 | 203, 187, 788 | 145, 082 | 203, 332, 870 | |
| 201.00 Less Observation Beds | 11, 684, 955 | | 11, 684, 955 | | 11, 684, 955 | |
| 202.00 Total (see instructions) | 191, 502, 833 | | | | 191, 647, 915 | |
| | | , | | | | |

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MCRI F32 - 15. 4. 166. 1 76 | Page Provider CCN: 15-0004 Peri od: Worksheet C From 01/01/2018 Part I To 12/31/2018 Date/Ti me Prepared:

| | | | | ' | 0 12/31/2016 | 4/9/2019 3: 29 | pm |
|------------------|---|-----------------------------|-----------------------------|------------------------------|------------------------|------------------------|------------------|
| | | | | e XIX | Hospi tal | Cost | |
| | | | Charges | | | TEEDA | |
| | Cost Center Description | I npati ent | Outpati ent | Total (col. 6 | Cost or Other Ratio | TEFRA Inpatient | |
| | | | | + col. 7) | Ratio | Ratio | |
| | | 6.00 | 7. 00 | 8.00 | 9. 00 | 10. 00 | |
| | INPATIENT ROUTINE SERVICE COST CENTERS | <u> </u> | | | | | |
| 30.00 | 03000 ADULTS & PEDIATRICS | 29, 539, 721 | | 29, 539, 721 | | | 30. 00 |
| 31. 00 | 03100 I NTENSI VE CARE UNI T | 9, 842, 027 | | 9, 842, 027 | | | 31.00 |
| 32. 00 | 02060 CORONARY CARE UNIT | 0 | | 0 | | | 32. 00 |
| 35. 00 | 02040 NEWBORN INTENSIVE CARE UNIT | 1, 333, 462 | | 1, 333, 462 | | | 35. 00 |
| 40. 00 43. 00 | 04000 SUBPROVI DER - I PF 04300 NURSERY | 19, 211, 626 2, 222, 446 | | 19, 211, 626 2, 222, 446 | | | 40. 00 43. 00 |
| 44. 00 | 04400 SKILLED NURSING FACILITY | 2, 222, 440 | | 2, 222, 440 | | | 44.00 |
| 45. 00 | 04500 NURSING FACILITY | o | | ĺ | | | 45. 00 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 OPERATING ROOM | 7, 279, 642 | 16, 308, 714 | 23, 588, 356 | | 0.000000 | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0 | 0 | C | | 0. 000000 | 50. 01 |
| 50. 02 | 05002 OUTPATI ENT SURGERY | 1, 905, 063 | 5, 511, 791 | 7, 416, 854 | | 0. 000000 | 50. 02 |
| 51.00 | 05100 RECOVERY ROOM | 1, 135, 236 | 3, 222, 892 | 4, 358, 128 | | 0.000000 | 51.00 |
| 53. 00 54. 00 | 05300 ANESTHESI OLOGY 05400 RADI OLOGY - DI AGNOSTI C | 3, 523, 381 3, 695, 451 | 8, 208, 941 9, 465, 737 | 11, 732, 322 13, 161, 188 | | 0. 000000 0. 000000 | 53. 00 54. 00 |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 4, 235, 571 | 6, 162, 929 | | | 0. 000000 | 54. 01 |
| 54. 02 | 05402 ULTRASOUND | 2, 942, 509 | 7, 124, 932 | | | 0. 000000 | 54. 02 |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | C | 0.000000 | 0.000000 | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 12, 239, 312 | 30, 801, 778 | 43, 041, 090 | 0. 041709 | 0.000000 | 55. 01 |
| 57. 00 | 05700 CT SCAN | 0 | 0 | C | 0.000000 | 0.000000 | 57. 00 |
| 58. 00 | 05800 MRI | 0 | 0 | C | | 0. 000000 | 58. 00 |
| 59.00 | 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | F7 200 240 | 0.000000 | 0.000000 | 59.00 |
| 60. 00 60. 01 | 06000 LABORATORY 06001 BLOOD LABORATORY | 26, 244, 514 | 31, 045, 754 | 57, 290, 268 | 0. 125589 0. 000000 | 0. 000000 0. 000000 | 60. 00 60. 01 |
| 63. 00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 870, 223 | 516, 618 | 1, 386, 841 | | 0. 000000 | 63.00 |
| 63. 01 | 06301 NUCLEAR MEDICINE | 1, 012, 543 | 3, 809, 848 | 4, 822, 391 | | 0. 000000 | 63. 01 |
| 65. 00 | 06500 RESPIRATORY THERAPY | 17, 680, 010 | 2, 689, 321 | 20, 369, 331 | | 0. 000000 | 65.00 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 3, 741, 524 | 2, 374, 791 | 6, 116, 315 | | 0. 000000 | 66. 00 |
| 67.00 | 06700 OCCUPATI ONAL THERAPY | 3, 314, 110 | 808, 126 | 4, 122, 236 | 0. 231604 | 0. 000000 | 67. 00 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 1, 375, 300 | 320, 454 | 1, 695, 754 | | 0.000000 | 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 5, 827, 327 | 7, 236, 877 | 13, 064, 204 | | 0. 000000 | 69. 00 |
| 70.00 | 07000 ELECTROENCEPHALOGRAPHY | 0 | 1, 448, 776 | | | 0.000000 | 70.00 |
| 71. 00 72. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS | 12, 965, 571 2, 322, 937 | 12, 791, 484 1, 840, 825 | 25, 757, 055 4, 163, 762 | | 0. 000000 0. 000000 | 71. 00 72. 00 |
| 73. 00 | 07300 DRUGS CHARGED TO PATIENTS | 35, 276, 548 | 281, 818, 084 | 317, 094, 632 | | 0. 000000 | 73.00 |
| 76. 00 | 03020 PAIN CLINIC | 0 | 0 | 017,071,002 | | 0. 000000 | 76.00 |
| 76. 01 | 03950 ORTHOPEDI CS | 2, 138 | 11, 336 | 13, 474 | | 0.000000 | 76. 01 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 7, 965, 893 | 8, 550, 629 | 16, 516, 522 | 0. 158844 | 0. 000000 | 76. 02 |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 480, 586 | 1, 360, 916 | | | 0. 000000 | 76. 03 |
| 76. 04 | 03190 RADI ATI ON ONCOLOGY | 74, 769 | 2, 773, 455 | | | 0. 000000 | 76. 04 |
| 76. 05 | 03951 MRI | 3, 227, 876 | 6, 139, 489 | 9, 367, 365 | | 0.000000 | 76. 05 |
| 76. 06 76. 07 | 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY | 0 | 0 | | 0. 000000 0. 000000 | 0. 000000 0. 000000 | 76. 06 76. 07 |
| | 03953 WOUND CARE | 19, 930 | 2, 274, 590 | 2, 294, 520 | | 0. 000000 | |
| | | 2, 484, 102 | 753, 324 | | | 0. 000000 | |
| 76. 10 | 03955 NFUSI ON | 7, 666 | 16, 174, 684 | | | 0. 000000 | 76. 10 |
| 76. 11 | 03956 CARE TRANSITION CENTER | 0 | 0 | C | 0. 000000 | 0. 000000 | 76. 11 |
| 76. 12 | 03958 ANTICOAGULATION CLINIC | 912 | 792, 396 | 793, 308 | 0. 855022 | 0.000000 | 76. 12 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 | 08800 RURAL HEALTH CLINIC | 0 | 0 | C | 0.000000 | 0.000000 | 88. 00 |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | 0.000000 | 0.000000 | 89.00 |
| 90. 00 90. 01 | 09000 CETNIC | 0 | 0 | | 0. 000000 0. 000000 | 0. 000000 0. 000000 | 90. 00 90. 01 |
| 90.01 | 09001 OCC HEALTH CLINIC | 0 | 0 | | 0. 000000 | 0. 000000 | 90.01 |
| 90. 03 | 09003 SPECIALTY CLINIC | 0 | 560 | 560 | | 0. 000000 | 90. 03 |
| 91. 00 | | 16, 222, 999 | 63, 862, 442 | | | 0. 000000 | 91.00 |
| 92.00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0 | 13, 284, 384 | | | 0.000000 | 92. 00 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 99. 00 | | 0 | 0 | C | | | 99. 00 |
| | 09910 CORF | 0 | 10 100 105 | 10.400.40 | | | 99. 10 |
| 101.00 | D10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS | 0 | 18, 132, 495 | 18, 132, 495 | | | 101. 00 |
| 113 00 | 11300 I NTEREST EXPENSE | | | | | | 113. 00 |
| 200.00 | | 240, 222, 925 | 567, 619, 372 | 807, 842, 297 | | | 200.00 |
| 201.00 | | | , , , 3 / 2 | | | | 201.00 |
| 202.00 | | 240, 222, 925 | 567, 619, 372 | 807, 842, 297 | | | 202. 00 |
| | | • | | | · | | |

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Peri od: Worksheet C From 01/01/2018 Part I To 12/31/2018 Date/Time Prepared: 4/9/2019 3:29 pm Provider CCN: 15-0004

| | | 71.11 2/12 | | 4/9/2019 3: 29 | pm |
|---|-------------------------|------------|-----------|----------------|--------------------|
| Coot Conton Decement on | DDC Innationt | Title XIX | Hospi tal | Cost | |
| Cost Center Description | PPS Inpatient Ratio | | | | |
| | 11. 00 | | | | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | |
| 30. 00 03000 ADULTS & PEDIATRICS | | | | | 30. 00 |
| 31.00 03100 INTENSIVE CARE UNIT | | | | | 31.00 |
| 32. 00 02060 CORONARY CARE UNIT | | | | | 32. 00 |
| 35. 00 02040 NEWBORN INTENSIVE CARE UNIT | | | | | 35. 00 |
| 40. 00 04000 SUBPROVI DER - I PF 43. 00 04300 NURSERY | | | | | 40. 00 43. 00 |
| 44. 00 04400 SKI LLED NURSI NG FACI LI TY | | | | | 44. 00 |
| 45. 00 04500 NURSI NG FACILITY | | | | | 45. 00 |
| ANCI LLARY SERVI CE COST CENTERS | | | | | 10.00 |
| 50. 00 05000 OPERATING ROOM | 0. 222047 | | | | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | 0. 000000 | | | | 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY | 0. 470100 | | | | 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 0. 134120 | | | | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 0. 306780 | | | | 53.00 |
| 54. 00 05400 RADI OLOGY - DI AGNOSTI C 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0. 263181 0. 176351 | | | | 54. 00 54. 01 |
| 54. 02 05402 ULTRASOUND | 0. 176331 | | | | 54. 01 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | | | | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0. 041709 | | | | 55. 01 |
| 57.00 05700 CT SCAN | 0. 000000 | | | | 57. 00 |
| 58. 00 05800 MRI | 0. 000000 | | | | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0. 000000 | | | | 59. 00 |
| 60. 00 06000 LABORATORY | 0. 125616 | | | | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0.000000 | | | | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 63. 01 06301 NUCLEAR MEDICINE | 0. 070208 | | | | 63.00 |
| 63. 01 06301 NUCLEAR MEDI CI NE 65. 00 06500 RESPI RATORY THERAPY | 0. 171179 0. 153821 | | | | 63. 01 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0. 729309 | | | | 66.00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0. 231604 | | | | 67.00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0. 417200 | | | | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0. 066779 | | | | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0. 223471 | | | | 70. 00 |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 296577 | | | | 71. 00 |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS | 1. 095359 | | | | 72.00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | 0. 117327 | | | | 73.00 |
| 76. 00 03020 PALN CLINI C 76. 01 03950 ORTHOPEDI CS | 0. 000000 10. 030058 | | | | 76. 00 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0. 159370 | | | | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0. 453876 | | | | 76. 03 |
| 76. 04 03190 RADIATION ONCOLOGY | 0. 636478 | | | | 76. 04 |
| 76. 05 03951 MRI | 0. 071464 | | | | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0. 000000 | | | | 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | 0. 000000 | | | | 76. 07 |
| 76. 08 03953 WOUND CARE | 0. 354183 | | | | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S 76. 10 03955 I NFUSI ON | 0. 503283 0. 318839 | | | | 76. 09 76. 10 |
| 76. 10 03755 TNI 0316N 76. 11 03956 CARE TRANSITION CENTER | 0. 000000 | | | | 76. 10 |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | 0. 855404 | | | | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | 1 |
| 88. 00 08800 RURAL HEALTH CLINIC | 0. 000000 | | | | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0. 000000 | | | | 89. 00 |
| 90. 00 09000 CLI NI C | 0. 000000 | | | | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | 0. 000000 | | | | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0.000000 | | | | 90. 02 |
| 90. 03 09003 SPECI ALTY CLI NI C 91. 00 09100 EMERGENCY | 0. 548214 0. 237448 | | | | 90. 03 91. 00 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0. 879601 | | | | 92.00 |
| OTHER REIMBURSABLE COST CENTERS | 0. 07 700 1 | | | | 72.00 |
| 99. 00 09900 CMHC | | | | | 99. 00 |
| 99. 10 09910 CORF | | | | | 99. 10 |
| 101.00 10100 HOME HEALTH AGENCY | | | | | 101. 00 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 113. 00 11300 I NTEREST EXPENSE | | | | | 113.00 |
| 200.00 Subtotal (see instructions) | | | | | 200.00 |
| 201.00 Less Observation Beds 202.00 Total (see instructions) | | | | | 201. 00 202. 00 |
| 202.00 Total (300 Histi ucti 0113) | 1 | | | | 1202. UU |

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| Health Financial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In Lie | eu of Form CMS- | 2552-10 |
|---|-----------------|----------------|----------------|---|-----------------|---------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITA | AL COSTS | Provi der C | | Period: From 01/01/2018 To 12/31/2018 | | pared: |
| | | | 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, 872, 559 | 0 | 4, 872, 55 | | | |
| 31.00 INTENSIVE CARE UNIT | 780, 913 | | 780, 91 | 3, 294 | 237. 07 | 31.00 |
| 32.00 CORONARY CARE UNIT | 0 | | | 0 | 0.00 | 32.00 |
| 35.00 NEWBORN INTENSIVE CARE UNIT | 54, 540 | | 54, 54 | 278 | 196. 19 | 35. 00 |
| 40. 00 SUBPROVI DER - I PF | 87, 846 | 0 | 87, 84 | 6 9, 115 | 9. 64 | 40. 00 |
| 43. 00 NURSERY | 22, 036 | | 22, 03 | 966 | 22. 81 | 43.00 |
| 44.00 SKILLED NURSING FACILITY | 0 | | | 0 | 0.00 | 44.00 |
| 45.00 NURSING FACILITY | 0 | | | 0 | 0.00 | 45. 00 |
| 200.00 Total (lines 30 through 199) | 5, 817, 894 | | 5, 817, 89 | 4 39, 642 | | 200. 00 |
| Cost Center Description | I npati ent | Inpati ent | | • | • | |
| · · | Program days | Program | | | | |
| | | Capital Cost | | | | |
| | | (col. 5 x col. | | | | |
| | | 6) | | | | |
| | 6. 00 | 7. 00 | | | | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30. 00 ADULTS & PEDIATRICS | 7, 832 | 1, 468, 422 | | | | 30. 00 |
| 31.00 INTENSIVE CARE UNIT | 1, 458 | 345, 648 | | | | 31.00 |
| 32. 00 CORONARY CARE UNIT | 0 | 0 | | | | 32.00 |
| 35. 00 NEWBORN INTENSIVE CARE UNIT | 0 | l o | | | | 35. 00 |
| 40. 00 SUBPROVI DER - I PF | 1, 049 | 10, 112 | 2 | | | 40.00 |
| 43. 00 NURSERY | 0 | | | | | 43.00 |
| 44.00 SKILLED NURSING FACILITY | 0 | | | | | 44.00 |
| 45.00 NURSING FACILITY | 0 | | | | | 45. 00 |
| 200.00 Total (lines 30 through 199) | 10, 339 | 1, 824, 182 | 2 | | | 200.00 |
| | | • | • | | | • |

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| | | | Title | XVIII | Hospi tal | PPS | |
|------------------|---|----------------|-----------------|------------------|--|---------------|--------|
| | Cost Center Description | Capi tal | Total Charges | Ratio of Cost | Inpati ent | Capital Costs | |
| | · | | (from Wkst. C, | | Program | (column 3 x | |
| | | (from Wkst. B, | | (col . 1 ÷ col . | Charges | column 4) | |
| | | Part II, col. | 8) | 2) | J | ' | |
| | | 26) | | _ | | | |
| | | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| | ANCILLARY SERVICE COST CENTERS | | 2.00 | 0.00 | | 0.00 | |
| 50. 00 | 05000 OPERATING ROOM | 1, 262, 904 | 23, 588, 356 | 0. 053539 | 2, 995, 473 | 160, 375 | 50. 00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 15, 183 | | 0.000000 | 2, 773, 473 | | 50. 00 |
| 50. 01 | 05002 OUTPATIENT SURGERY | 819, 547 | | | 960, 546 | 1 | 50. 01 |
| 51. 00 | 05100 RECOVERY ROOM | | | | | | 51.00 |
| | | 43, 967 | | | 495, 534 | | |
| 53.00 | 05300 ANESTHESI OLOGY | 193, 617 | | | 1, 215, 681 | | 53. 00 |
| 54.00 | 05400 RADI OLOGY-DI AGNOSTI C | 747, 523 | | | 2, 100, 167 | | 54.00 |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 452, 224 | | | 1, 504, 218 | | 54. 01 |
| 54. 02 | 05402 ULTRASOUND | 258, 788 | 10, 067, 441 | | 1, 349, 303 | 34, 684 | 54. 02 |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 | 0.000000 | 0 | 0 | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 427, 200 | 43, 041, 090 | 0. 009925 | 5, 145, 493 | 51, 069 | 55. 01 |
| 57.00 | 05700 CT SCAN | 0 | 0 | 0.000000 | 0 | 0 | 57.00 |
| 58.00 | 05800 MRI | 0 | 0 | 0.000000 | 0 | 0 | 58. 00 |
| 59.00 | 05900 CARDI AC CATHETERI ZATI ON | 0 | 1 0 | 0.000000 | 0 | 0 | 59. 00 |
| 60.00 | 06000 LABORATORY | 419, 423 | 57, 290, 268 | | 11, 862, 300 | 86, 844 | 60.00 |
| 60. 01 | 06001 BLOOD LABORATORY | , .20 | 0,72,0,200 | 0. 000000 | , 552, 555 | 0 | 60. 01 |
| 63. 00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 1, 337 | 1, 386, 841 | | 560, 424 | _ | 63. 00 |
| 63. 01 | 06301 NUCLEAR MEDICINE | 78, 551 | 4, 822, 391 | | 487, 046 | | 63. 01 |
| 65. 00 | 06500 RESPIRATORY THERAPY | 335, 084 | | | | | 65. 00 |
| | | | | | 7, 815, 871 | | |
| 66.00 | 06600 PHYSI CAL THERAPY | 388, 306 | | | 834, 671 | | 66. 00 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 44, 803 | | | 694, 492 | | 67. 00 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 106, 751 | 1, 695, 754 | | 326, 786 | | 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 144, 834 | | | 2, 622, 352 | | 69. 00 |
| 70.00 | 07000 ELECTROENCEPHALOGRAPHY | 79, 472 | | | 0 | 'I ' | 70. 00 |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 296, 514 | 25, 757, 055 | 0. 011512 | 4, 131, 095 | 47, 557 | 71. 00 |
| 72.00 | 07200 I MPL. DEV. CHARGED TO PATIENTS | 169, 645 | 4, 163, 762 | 0. 040743 | 1, 335, 339 | 54, 406 | 72. 00 |
| 73.00 | 07300 DRUGS CHARGED TO PATIENTS | 709, 336 | 317, 094, 632 | 0. 002237 | 16, 531, 644 | 36, 981 | 73. 00 |
| 76.00 | 03020 PAIN CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 76. 00 |
| 76. 01 | 03950 ORTHOPEDI CS | 23, 312 | 13, 474 | 1. 730147 | 1, 162 | 2, 010 | 76. 01 |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 377, 745 | | | 1, 889, 276 | | 76. 02 |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 97, 409 | | | 181, 758 | | 76. 03 |
| 76. 04 | 03190 RADI ATI ON ONCOLOGY | 568, 680 | | | 63, 155 | | 76. 04 |
| 76. 05 | 03951 MRI | 111, 930 | | | 1, 291, 946 | | 76. 05 |
| 76. 06 | 03952 BARI ATRI C CENTER | 111, 700 | 7,007,000 | | 1, 2, 1, , 10 | | 76. 06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 39, 763 | | 0. 000000 | 0 | | 76. 07 |
| 76. 07 | 03953 WOUND CARE | 165, 494 | | | 19, 666 | 1 | 76. 08 |
| 76. 08 76. 09 | | | | | | | |
| | 03954 RENAL DI ALYSI S | 307, 196 | | | 1, 191, 344 | | 76. 09 |
| 76. 10 | 03955 NFUSI ON | 167, 699 | 16, 182, 350 | | 0 | - | 76. 10 |
| 76. 11 | 03956 CARE TRANSITION CENTER | 1 | 0 | 0.000000 | 0 | - | 76. 11 |
| 76. 12 | 03958 ANTI COAGULATI ON CLINIC | 8, 398 | 793, 308 | 0. 010586 | 0 | 0 | 76. 12 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 | 08800 RURAL HEALTH CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 88. 00 |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0.000000 | 0 | 0 | 89. 00 |
| 90.00 | 09000 CLI NI C | 0 | 0 | 0.000000 | 0 | 0 | 90.00 |
| 90. 01 | 09001 OCC HEALTH CLINIC | 14 | 0 | 0.000000 | 0 | 0 | 90. 01 |
| 90. 02 | 09002 CARDI OLOGY CLI NI C | 48 | 0 | 0. 000000 | 0 | 0 | 90. 02 |
| 90. 03 | 09003 SPECIALTY CLINIC | 3 | 560 | | 0 | Ö | 90. 03 |
| 91. 00 | 09100 EMERGENCY | 852, 162 | | | 4, 755, 008 | _ | |
| | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 1, 479, 818 | | • | ., , , , , , , , , , , , , , , , , , , | 0 | 92. 00 |
| 200.00 | | 11, 194, 681 | | | 72, 361, 750 | 1 | |
| 200.00 | 1 10tal (111103 30 till ough 177) | 11, 174,001 | 1 727, 300, 320 | η | 12, 301, 730 | 1, 202, 703 | 200.00 |

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200.00

200.00

Total (lines 30 through 199)

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Peri od: Worksheet D From 01/01/2018 Part IV To 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Provider CCN: 15-0004 THROUGH COSTS

| | | | | | | 4/9/2019 3: 29 | pm |
|--------|---|---------------|----------------|----------------|---------------|----------------|--------|
| | | | Title | XVIII | Hospi tal | PPS | |
| | Cost Center Description | Non Physician | Nursing School | Nursing School | Allied Health | Allied Health | |
| | · | Anesthetist | Post-Stepdown | | Post-Stepdown | | |
| | | Cost | Adjustments | | Adjustments | | |
| | | 1.00 | 2A | 2.00 | 3A | 3. 00 | |
| | ANCILLARY SERVICE COST CENTERS | | | | • | • | |
| 50.00 | 05000 OPERATI NG ROOM | 0 | 0 | | 0 | 0 | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0 | 0 | | 0 | 0 | 50. 01 |
| 50. 02 | 05002 OUTPATIENT SURGERY | | 0 | | | 0 | 50. 02 |
| 51. 00 | 05100 RECOVERY ROOM | | 0 | | | Ö | 51.00 |
| 53. 00 | 05300 ANESTHESI OLOGY | | 0 | | 0 | 0 | 53.00 |
| 54. 00 | 05400 RADI OLOGY-DI AGNOSTI C | 0 | 0 | 1 | | l e | 54. 00 |
| | 05401 RADI OLOGY SPECIAL PROCEDURES | 0 | 0 | ` | | 108, 204 | |
| 54. 01 | 1 1 | 0 | 0 | ` | _ | 2, 278 | |
| 54. 02 | 05402 ULTRASOUND | 0 | - | 1 | | 1, 139 | 54. 02 |
| 55. 00 | O5500 RADI OLOGY-THERAPEUTI C | 0 | 0 | _ | | 0 | 55. 00 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 0 | 0 | | 1 | 2, 278 | |
| 57. 00 | 05700 CT SCAN | 0 | 0 | 1 | | 0 | 57. 00 |
| 58. 00 | 05800 MRI | 0 | 0 | 1 | | 0 | 58. 00 |
| 59. 00 | 05900 CARDI AC CATHETERI ZATI ON | 0 | 0 | | | 0 | 59. 00 |
| 60. 00 | 06000 LABORATORY | 0 | 0 | | | 213, 171 | 60. 00 |
| 60. 01 | 06001 BLOOD LABORATORY | 0 | 0 | (| 0 | 0 | 60. 01 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | (| 0 | 41, 594 | 63. 00 |
| 63. 01 | 06301 NUCLEAR MEDICINE | 0 | 0 | (| 0 | 5, 199 | 63. 01 |
| 65.00 | 06500 RESPI RATORY THERAPY | 0 | 0 | C | 0 | 108, 171 | 65. 00 |
| 66.00 | 06600 PHYSI CAL THERAPY | 0 | 0 | C | 0 | 0 | 66. 00 |
| 67.00 | 06700 OCCUPATI ONAL THERAPY | o | 0 | | 0 | 0 | 67. 00 |
| 68.00 | 06800 SPEECH PATHOLOGY | o | 0 | (| 0 | 0 | 68. 00 |
| 69.00 | 06900 ELECTROCARDI OLOGY | o | 0 | | 0 | 0 | 69. 00 |
| 70.00 | 07000 ELECTROENCEPHALOGRAPHY | ol | 0 | 1 | 0 | 0 | 70. 00 |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 0 | | 0 | 0 | 71. 00 |
| 72. 00 | 07200 IMPL. DEV. CHARGED TO PATIENTS | ا | 0 | | - | 0 | 72. 00 |
| 73. 00 | 07300 DRUGS CHARGED TO PATIENTS | ا | 0 | | | 745, 979 | |
| 76. 00 | 03020 PAIN CLINIC | | 0 | | | 0 | 76. 00 |
| 76. 01 | 03950 ORTHOPEDI CS | | 0 | | - | 0 | 76. 01 |
| 76. 01 | 03140 CARDI OVASCULAR SERVI CES | 0 | 0 | - | | | 76. 01 |
| 76. 02 | 03957 CARDI AC REHABI LI TATI ON | | 0 | | | | 76. 02 |
| 76. 03 | 03190 RADI ATI ON ONCOLOGY | 0 | 0 | | | 0 | 76. 03 |
| 76. 04 | 03951 MRI | 0 | 0 | ` | _ | | |
| | 1 1 | 0 | ŭ | ` | | 1 | 76. 05 |
| 76.06 | 03952 BARI ATRI C CENTER | 0 | 0 | | | 0 | 76.06 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0 | 0 | 1 | - | 0 | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 0 | 0 | | _ | 0 | 76. 08 |
| 76. 09 | 03954 RENAL DI ALYSI S | 0 | 0 | 1 | _ | 0 | 76. 09 |
| 76. 10 | 03955 I NFUSI ON | 0 | 0 | 1 | _ | 0 | 76. 10 |
| 76. 11 | 03956 CARE TRANSITION CENTER | 0 | 0 | | | 0 | 76. 11 |
| 76. 12 | 03958 ANTI COAGULATI ON CLINIC | 0 | 0 | (| 0 | 0 | 76. 12 |
| | OUTPATIENT SERVICE COST CENTERS | , | | | | T | |
| 88. 00 | 08800 RURAL HEALTH CLINIC | 0 | 0 | • | | 0 | 88. 00 |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | (| 0 | 0 | 89. 00 |
| 90.00 | 09000 CLI NI C | 0 | 0 | (| 0 | 0 | 90. 00 |
| 90. 01 | 09001 OCC HEALTH CLINIC | 0 | 0 | (| 0 | 0 | 90. 01 |
| 90. 02 | 09002 CARDI OLOGY CLI NI C | 0 | 0 | C | 0 | 0 | 90. 02 |
| 90. 03 | 09003 SPECIALTY CLINIC | o | 0 | (| 0 | 0 | 90. 03 |
| 91.00 | 09100 EMERGENCY | o | 0 | | 0 | 11, 932 | 91. 00 |
| 92.00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART | o | | 1 0 | | 0 | 92.00 |
| 200.00 | | o | 0 | | | 1, 239, 945 | |
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In Lieu of Form CMS-2552-10 FRANCISCAN HEALTH HAMMOND From 01/01/2018 Part IV THROUGH COSTS 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Title XVIII Hospi tal Total Charges Cost Center Description All Other Total Cost Total Ratio of Cost to Charges Medi cal (from Wkst. C, (sum of cols Outpati ent Education Cost Cost (sum of 1, 2, 3, and Part I, col. l(col. 5 ÷ col 4) col s. 2, 3, 8) 7) and 4) 4.00 5.00 7.00 6.00 8.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000000 50.00 23, 588, 356 0 50.01 05001 OPEN HEART SURGERY 0 0.00000050.01 05002 OUTPATIENT SURGERY 50.02 0 0 0 0 0 7, 416, 854 0.000000 50.02 05100 RECOVERY ROOM 0.000000 51.00 0 4. 358. 128 0 51.00 05300 ANESTHESI OLOGY 11, 732, 322 0.000000 53.00 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 108, 204 108, 204 13, 161, 188 0.008221 54.00 54.01 05401 RADI OLOGY SPECIAL PROCEDURES 0000000 2, 278 2, 278 10, 398, 500 0.000219 54.01 05402 ULTRASOUND 1, 139 1, 139 10, 067, 441 0.000113 54 02 54 02 |05500| RADI OLOGY-THERAPEUTI C 55.00 0.000000 55.00 55.01 05501 COMPUTED TOMOGRAPHY 2, 278 2, 278 43, 041, 090 0.000053 55.01 57.00 05700 CT SCAN 0 0.000000 57.00 C 0 05800 MRI 58 00 O 0.000000 58 00 Ω 0 59.00 05900 CARDIAC CATHETERIZATION 0 0.000000 59.00 0000000000000000000000000 60.00 06000 LABORATORY 213, 171 213, 171 57, 290, 268 0.003721 60.00 06001 BLOOD LABORATORY 60 01 0.000000 60 01 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 41, 594 41, 594 1, 386, 841 0.029992 63.00 06301 NUCLEAR MEDICINE 5, 199 5, 199 4, 822, 391 0.001078 63.01 06500 RESPIRATORY THERAPY 108, 171 108, 171 20, 369, 331 0.005310 65.00 65.00 06600 PHYSI CAL THERAPY 6, 116, 315 0.000000 66.00 C 0 66 00 67.00 06700 OCCUPATI ONAL THERAPY C 0 4, 122, 236 0.000000 67.00 06800 SPEECH PATHOLOGY 1, 695, 754 0.000000 68.00 69.00 06900 ELECTROCARDI OLOGY 0 0 13, 064, 204 0.000000 69.00 07000 ELECTROENCEPHALOGRAPHY 0 1, 448, 776 0.000000 70 00 Ω 70 00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 25, 757, 055 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 72.00 4, 163, 762 72.00 07300 DRUGS CHARGED TO PATIENTS 745, 979 745, 979 73.00 317, 094, 632 0.002353 73.00 03020 PAIN CLINIC 0.000000 76.00 0 76.00 03950 ORTHOPEDI CS 0 13, 474 0.000000 76.01 76.01 0

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03140 CARDI OVASCULAR SERVI CES

03957 CARDIAC REHABILITATION

03550 PSYCH ACTIVITY THERAPY

03956 CARE TRANSITION CENTER

03958 ANTICOAGULATION CLINIC

09001 OCC HEALTH CLINIC

09002 CARDIOLOGY CLINIC

09003 SPECIALTY CLINIC

OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC

08900 FEDERALLY QUALIFIED HEALTH CENTER

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Total (lines 50 through 199)

03190 RADIATION ONCOLOGY

03952 BARLATRIC CENTER

03954 RENAL DIALYSIS

03953 WOUND CARE

03955 I NFUSI ON

09000 CLI NI C

09100 EMERGENCY

03951 MRI

76.02

76.03

76.04

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From 01/01/2018 THROUGH COSTS Part IV 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Title XVIII Hospi tal PPS Cost Center Description Outpati ent Inpatient I npati ent Outpati ent Outpati ent Ratio of Cost Program Program Program Program Pass-Through to Charges Pass-Through Charges Charges $(col. 6 \div col$ Costs (col. Costs (col. x col. 10) x col. 12) 7) 13. 00 9.00 10.00 11. 00 12.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM 50.00 0.000000 4, 148, 246 50.00 2, 995, 473 0 05001 OPEN HEART SURGERY 50.01 0.000000 0 0 50.01 05002 OUTPATIENT SURGERY 0.000000 989, 382 50.02 50.02 960, 546 0 0 05100 RECOVERY ROOM 0.000000 495, 534 770, 463 51.00 0 0 51.00 05300 ANESTHESI OLOGY 1, 215, 681 1, 542, 714 0.000000 53.00 \cap Λ 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.008221 2, 100, 167 17, 265 1, 831, 973 15,061 54.00 54.01 05401 RADI OLOGY SPECIAL PROCEDURES 0.000219 1,504,218 329 2, 943, 837 645 54.01 05402 ULTRASOUND 0.000113 1, 349, 303 1, 078, 697 122 54 02 152 54 02 05500 RADI OLOGY-THERAPEUTI C 55.00 0.000000 \cap Ω 55.00 55.01 05501 COMPUTED TOMOGRAPHY 0.000053 5, 145, 493 273 6, 073, 789 322 55.01 57.00 05700 CT SCAN 0.000000 C 0 0 57.00 0 05800 MRI 0.000000 58 00 0 0 58 00 Ω 0 59.00 05900 CARDIAC CATHETERIZATION 0.000000 0 0 59.00 06000 LABORATORY 60.00 0.003721 11, 862, 300 44, 140 5, 022, 692 18, 689 60.00 06001 BLOOD LABORATORY 60 01 0.000000 60 01 0 3, 990 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.029992 560, 424 16,808 133, 051 63.00 06301 NUCLEAR MEDICINE 0.001078 487, 046 525 1, 500, 858 1,618 63.01 63.01 06500 RESPIRATORY THERAPY 0.005310 7, 815, 871 41, 502 610, 128 3, 240 65.00 65.00 06600 PHYSI CAL THERAPY 66.00 0.000000 834, 671 93, 531 0 0 66.00 06700 OCCUPATIONAL THERAPY 67.00 0.000000 694, 492 0 59, 280 0 67.00 06800 SPEECH PATHOLOGY 0.000000 326, 786 26, 369 68.00 69.00 06900 ELECTROCARDI OLOGY 0.000000 2, 622, 352 0 2, 027, 725 0 69.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 0 710, 578 70 00 70 00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.000000 4, 131, 095 0 2, 906, 734 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 1, 301, 637 72.00 1, 335, 339 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 115, 048, 571 270, 709 73.00 0.002353 16, 531, 644 38, 899 73.00 03020 PAIN CLINIC 76.00 0.000000 0 0 76.00 03950 ORTHOPEDI CS 0.000000 1, 162 0 1,654 0 76.01 76.01 03140 CARDI OVASCULAR SERVI CES 1, 889, 276 2, 752, 954 76.02 0.000000 0 0 76.02 181, 758 76.03 03957 CARDIAC REHABILITATION 0.000000 0 439, 612 76.03 0 03190 RADIATION ONCOLOGY 0 76.04 0.000000 63, 155 1, 080, 611 0 76.04 1, 324, 728 03951 MRI 0.000000 1, 291, 946 76.05 76.05 0 76.06 03952 BARLATRIC CENTER 0.000000 0 0 0 76.06 03550 PSYCH ACTIVITY THERAPY 0 76.07 0.000000 76.07 0 0 0 03953 WOUND CARE 76.08 0.000000 19,666 2, 115, 616 0 76.08 76.09 03954 RENAL DIALYSIS 0.000000 1, 191, 344 0 0 76.09 76. 10 03955 I NFUSI ON 0.000000 0 1, 920, 168 76.10 0 03956 CARE TRANSITION CENTER 0 Λ 76. 11 76.11 0.000000 C 76.12 03958 ANTICOAGULATION CLINIC 0.000000 0 0 76. 12 OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC 88.00 88.00 0.000000 0 0 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 89.00 0.000000 C 0 0 89.00 90.00 09000 CLI NI C 0.000000 0 0 90.00 o 09001 OCC HEALTH CLINIC 0.000000 0 0 90.01 90.01 0 09002 CARDIOLOGY CLINIC 0.000000 0 90 02 90 02 C 0 Ω 90.03 09003 SPECIALTY CLINIC 0.000000 0 0 90.03 09100 EMERGENCY 91.00 0.000149 4, 755, 008 708 7, 764, 705 1, 157 91.00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 0.000000 1, 851, 443 0 0 160, 601 Total (lines 50 through 199) 315, 553 200. 00

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72, 361, 750

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200.00

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| Health Financial Systems | FRANCI SCAN HE | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|---|----------------|----------------|--------------|-----------------|-----------------------|---------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND | VACCINE COST | Provi der C | CN: 15-0004 | Peri od: | Worksheet D | |
| | | | | From 01/01/2018 | Part V | |
| | | | | To 12/31/2018 | | parea: |
| | | Ti +l o | · XVIII | Hospi tal | 4/9/2019 3: 29 PPS | рііі |
| | | 11116 | | Hospi tal | | |
| Cook Cooks Doors at the | C+ +- Ch | DDC Dailerboom | Charges | 04 | Costs | |
| Cost Center Description | | PPS Reimbursed | | Cost | PPS Services | |
| | Ratio From | Services (see | Rei mbursed | Rei mbursed | (see inst.) | |
| | Worksheet C, | inst.) | Servi ces | Services Not | | |
| | Part I, col. 9 | | Subject To | Subject To | | |
| | | | Ded. & Coins | | | |
| | 1.00 | 2.00 | (see inst.) | (see inst.) | F 00 | |
| ANGLI LADV CEDVI CE COCT CENTEDO | 1. 00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| ANCI LLARY SERVI CE COST CENTERS | 0.000/07 | 4 140 044 | I | | 015 474 | FO 00 |
| 50. 00 05000 OPERATING ROOM | 0. 220687 | | | 0 | 915, 464 | |
| 50. 01 05001 OPEN HEART SURGERY | 0. 000000 | 1 | | 0 | 0 | 50. 01 |
| 50. 02 05002 0UTPATI ENT SURGERY | 0. 470100 | | | 0 | 465, 108 | 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 0. 134120 | | | 0 | 103, 334 | |
| 53. 00 05300 ANESTHESI OLOGY | 0. 306780 | | 1 | 0 | 473, 274 | |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0. 263181 | | 1 | 0 | 482, 140 | 1 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0. 176351 | | | 0 | | 1 |
| 54. 02 05402 ULTRASOUND | 0. 106980 | | | 0 | 115, 399 | |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | | | 0 | 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0. 041709 | 6, 073, 789 | | 0 0 | 253, 332 | 55. 01 |
| 57. 00 05700 CT SCAN | 0. 000000 | 0 | | 0 0 | 0 | 57. 00 |
| 58. 00 05800 MRI | 0. 000000 | 0 | | 0 0 | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0. 000000 | 0 | | 0 0 | 0 | 59.00 |
| 60. 00 06000 LABORATORY | 0. 125589 | 5, 022, 692 | | 0 0 | 630, 795 | 60.00 |
| 60. 01 06001 BL00D LABORATORY | 0. 000000 | 0 | | 0 0 | 0 | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 070208 | I . | | 0 0 | 9, 341 | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0. 171179 | | | 0 0 | 256, 915 | |
| 65. 00 06500 RESPI RATORY THERAPY | 0. 153821 | | | o o | 93, 850 | |
| 66. 00 06600 PHYSI CAL THERAPY | 0. 726531 | | | o o | 67, 953 | |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0. 231604 | 1 | | 0 0 | 13, 729 | |
| 68. 00 06800 SPEECH PATHOLOGY | 0. 417200 | | 1 | | 11, 001 | |
| 69. 00 06900 ELECTROCARDI OLOGY | 0. 066779 | | 1 | 0 0 | 135, 409 | |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0. 222738 | | | | 158, 273 | |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 296577 | | 1 | | 862, 070 | |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS | | | l . | | 1, 425, 760 | |
| | 1. 095359 | | | - | | |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | 0. 117327 | | | 777700 | | 1 |
| 76. 00 03020 PAIN CLINIC | 0. 000000 | 1 | | 0 0 | 0 | 76.00 |
| 76. 01 03950 ORTHOPEDI CS | 10. 030058 | | | 0 | 16, 590 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0. 158844 | | | 0 | 437, 290 | |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0. 453876 | | | 0 | 199, 529 | |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 0. 636478 | | | 0 | 687, 785 | 1 |
| 76. 05 03951 MRI | 0. 071464 | | | 0 | 94, 670 | 1 |
| 76. 06 03952 BARI ATRI C CENTER | 0. 000000 | | | 0 | 0 | 76. 06 |
| 76.07 03550 PSYCH ACTIVITY THERAPY | 0. 000000 |) 0 | | 0 | 0 | 76. 07 |
| 76. 08 03953 WOUND CARE | 0. 353462 | 2, 115, 616 | | 0 | 747, 790 | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 0. 503283 | 8 0 | | 0 | 0 | 76. 09 |
| 76. 10 03955 I NFUSI ON | 0. 317594 | 1, 920, 168 | | 0 0 | 609, 834 | 76. 10 |
| 76.11 03956 CARE TRANSITION CENTER | 0. 000000 | 0 | | 0 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATION CLINIC | 0. 855022 | 2 0 | | 0 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0. 000000 | | | | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0. 000000 | | | | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0. 000000 | 0 | | 0 0 | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | 0. 000000 | I . | | 0 0 | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0. 000000 | | | 0 0 | o | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 0. 548214 | | | 0 0 | Ö | 90. 03 |
| 91. 00 09100 EMERGENCY | 0. 237032 | | | 0 86 | | |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0. 879601 | | l . | 0 0 | 1, 628, 531 | |
| 200.00 Subtotal (see instructions) | 3. 07 7001 | 168, 071, 746 | 1 | 0 100, 071 | 26, 753, 103 | |
| 201.00 Less PBP Clinic Lab. Services-Program | | 100,071,740 | 1 | 0 100,071 | | 201.00 |
| Only Charges | | | | ا | | 201.00 |
| 202.00 Net Charges (line 200 - line 201) | | 168, 071, 746 | | 0 100, 071 | 26, 753, 103 | 202 00 |
| 202.00 | I | 100,071,740 | I | 5, 100, 071 | 20, 700, 100 | 1202.00 |

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| Cost Center Description | | | | To | 12/31/2018 | Date/Time Pre | pared: |
|--|---|---------------|---------------|--------|------------|---------------|---------|
| Cost Center Description | | | Title | XVIII | Hospi tal | | у рііі |
| COST Center Description | | Cos | | 7,7711 | oopi tai | 113 | |
| Relimbursed Services Subject To Dodd & Colfris Cole Colfrid Colfris Colfrid Colfrid Colfris Colfrid Colfris Colfrid Colfris Co | Cost Center Description | | | | | | |
| Subject To Dect. & Colms. Subject To Dect. & Colms. See Inst.) | | | | | | | |
| NICT LEARY SERVICE COST CENTERS | | Servi ces | Services Not | | | | |
| ANCILLARY SERVICE COST CENTERS | | Subject To | Subject To | | | | |
| ANCILLARY SERVICE COST CENTERS | | Ded. & Coins. | Ded. & Coins. | | | | |
| MICHILARY SERVICE COST CENTERS | | (see inst.) | (see inst.) | | | | |
| 50.00 05000 0FEATI INS ROOM 0 0 0 50.00 | | 6. 00 | 7. 00 | | | | |
| 50.01 05001 0FEM IREART SURGERY 0 0 0 55.0.02 | | | | | | | |
| 50.02 05002 017PAT ENT SURCERY 0 | | 1 | | | | | 1 |
| 51.00 05100 RECOVERY ROOM 0 0 0 0 53.00 53.00 05300 AMESTHESI DLOGY 0 0 0 53.00 54.01 05401 RADIOLOGY SPECIAL PROCEDURES 0 0 0 54.01 54.01 05401 RADIOLOGY SPECIAL PROCEDURES 0 0 0 55.00 55.00 05500 RADIOLOGY-THERARPUTIC 0 0 0 0 55.00 05500 RECORDINATION RECORDING THERARPUTIC 0 0 0 56.00 05500 RECORDINATION RECORDINATION 0 0 0 56.00 05500 RECORDINATION 0 0 0 0 56.00 05500 RECORDINATION | | | - | | | | 1 |
| 53.00 05300 ANESTHESI OLOGY 0 0 54.00 55.00 55 | | 0 | 0 | | | | |
| 15.4 0.0 0.6400 RADI LOCY -DI AGNOSTI C 0 0 54. 0.0 54. 0.1 | | 0 | 0 | | | | 1 |
| 15.4 0 05.401 RADI LOGY SPECIAL PROCEDURES 0 0 0 55.00 54.02 05.00 05.500 RADI LOGY-THERAPEUTIC 0 0 0 0 55.00 55.00 55.00 05.50 | | 0 | 0 | | | | 1 |
| 54. 02 05402 ULTRASOUND | | 0 | 0 | | | | 1 |
| 55. 00 05500 ADDI LOGY-THERAPEUTIC 0 | | 0 | 0 | | | | 1 |
| 55.01 OS501 OSD01 OSD01 OSD01 OSD02 OSD02 OSD03 OSD0 | | 0 | 0 | | | | 1 |
| 57.00 05700 CT SCAN 0 0 0 0 58.00 59.00 05900 CARDIAC CATHETERI ZATI ON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 0 | 0 | | | | 1 |
| SB. 00 OSBOO MRI | | 0 | 0 | | | | 1 |
| 59. 00 05900 CARDIAC CATHETER ZATION 0 0 0 0 0 0 0 0 0 | | 0 | 0 | | | | 1 |
| 60.00 0.0000 0.0 | | 1 | 0 | | | | |
| 60.01 0.0001 0. | | | 0 | | | | 1 |
| 63.00 663.00 863.00 863.00 863.00 863.01 863. | | 0 | 0 | | | | 1 |
| 63. 01 06301 NUCLEAR MEDI CI NE 0 0 0 65. 00 06500 RESPIRATORY THERAPY 0 0 0 0 0 0 0 0 0 | | 0 | 0 | | | | 1 |
| 65.00 06500 RESPI RATORY THERAPY 0 0 0 0 66.00 | | 0 | 0 | | | | 1 |
| 66. 00 06600 DeScription 067. 00 06700 06700 06700 06700 06700 06700 06700 06700 06700 06700 06700 06800 070. 00 | i i | 0 | 0 | | | | 1 |
| 67.00 06700 OCCUPATI ONAL THERAPY 0 0 0 68.00 6800 SPEECH PATHOLOGY 0 0 0 0 68.00 68.00 68.00 SPEECH PATHOLOGY 0 0 0 0 0 0 0 0 0 | | 0 | 0 | | | | 1 |
| 68. 00 06800 SPEECH PATHOLOGY 0 0 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 70. 00 07000 ELECTROCENCEPHALOGRAPHY 0 0 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 0 0 72. 00 072.00 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 76. 00 03020 PAIN CLINIC 0 0 0 0 76. 01 03950 ORTHOPEDI CS 0 0 0 76. 02 03140 CARDI OVASCULAR SERVICES 0 0 0 0 76. 03 03957 CARDI AC REHABILITATION 0 0 0 76. 04 03190 RADI ATION ONCOLOGY 0 0 0 76. 05 03953 MRI 0 0 0 0 76. 06 03952 BARI ATRIC CENTER 0 0 0 0 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 0 76. 08 03953 WOUND CARE 0 0 0 0 76. 09 03954 RENAL DI ALYSIS 0 0 0 0 76. 10 03955 INFUSION 0 0 0 76. 11 03956 CARE TRANSITION CENTER 0 0 0 76. 11 03958 ANTICOAGULATION CLINIC 0 0 0 76. 12 03958 ANTICOAGULATION CLINIC 0 0 0 76. 12 000000 CLINIC CONTENTS 0 0 0 76. 10 03950 ORBORNO CENTER 0 0 0 76. 10 03000 | i i | 0 | 0 | i | | | |
| 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 70.00 | | 0 | 0 | | | | 68. 00 |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 72. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 | | O | 0 | | | | 69.00 |
| 72. 00 07200 MPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 | 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | 0 | | | | 70.00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 11,731 76. 00 76. | 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 0 | | | | 71. 00 |
| 76. 00 03020 PAIN CLINIC 0 0 0 0 76. 00 776. 00 776. 00 776. 01 03950 ORTHOPEDICS 0 0 0 0 0 776. 00 776. 00 776. 00 776. 00 03950 ORTHOPEDICS 0 0 0 0 776. 00 | 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 0 | 0 | | | | 72. 00 |
| 76. 01 03950 ORTHOPEDICS | | 0 | 11, 731 | | | | 73. 00 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | | 0 | 0 | | | | 1 |
| 76. 03 03957 CARDI AC REHABILITATION | | | 0 | | | | 1 |
| 76. 04 03190 RADI ATI ON ONCOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 0 | 0 | | | | 1 |
| 76. 05 03951 MRI | | 0 | 0 | | | | 1 |
| 76. 06 | | 0 | 0 | | | | 1 |
| 76. 07 76. 08 76. 08 76. 09 76. 08 76. 09 76. 09 76. 00 76. 08 76. 09 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 00 76. 10 76. 11 76. 12 76 | | 0 | 0 | | | | 1 |
| 76. 08 | | 0 | 0 | | | | 1 |
| 76. 09 | | 0 | 0 | | | | 1 |
| 76. 10 03955 INFUSION | | 0 | 0 | | | | 1 |
| 76. 11 76. 12 03958 ANTI COAGULATI ON CLINI C 0UTPATI ENT SERVI CE COST CENTERS 88. 00 08800 RURAL HEALTH CLINI C 90. 00 090. 00 090. 00 090. 01 090. 01 090. 01 090. 01 090. 02 090. 02 090. 02 090. 03 | | 0 | 0 | | | | 1 |
| 76. 12 03958 ANTI COAGULATI ON CLINI C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 1 | 0 | | | | |
| SECOND SURVEY SERVICE COST CENTERS SECOND SURVEY SERVICE COST CENTERS SECOND SURVEY SERVICE COST CENTERS SECOND SURVEY SERVICE COST CENTERS SECOND | | 1 | - | 1 | | | 1 |
| 88. 00 08800 RURAL HEALTH CLINIC 0 0 0 0 0 89. 00 09. 00 | | <u> </u> | | | | | 70.12 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 90. 00 99. 00 99. 00 99. 00 99. 00 99. 00 99. 00 99. 00 99. 00 99. 00 99. 00 99. 01 99. 01 99. 01 99. 01 99. 01 99. 01 99. 02 99. 02 99. 02 99. 02 99. 02 99. 02 99. 02 99. 03 99 | | 0 | 0 | | | | 88. 00 |
| 90. 00 09000 CLINIC 0 0 0 0 0 0 0 0 0 | | | 0 | | | | |
| 90. 01 09001 0CC HEALTH CLINIC 0 0 0 90. 01 90. 02 09002 CARDI OLOGY CLINIC 0 0 0 90. 02 90. 03 09003 SPECI ALTY CLINIC 0 0 0 90. 03 91. 00 09100 EMERGENCY 0 20 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART 0 0 200. 00 Subtotal (see i nstructions) 0 11, 751 200. 00 201. 00 Only Charges 0 0 0 0 0 0 0 0 0 0 | | | | 1 | | | |
| 90. 03 09003 SPECIALTY CLINIC 0 0 0 91. 00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 0 0 0 0 0 0 0 0 | 90.01 09001 OCC HEALTH CLINIC | o | 0 | | | | |
| 91.00 09100 EMERGENCY 0 20 09200 09300 OBSERVATION BEDS (NON-DISTINCT PART 0 0 0 0 0 0 0 0 0 | 90. 02 09002 CARDI OLOGY CLI NI C | o | 0 | | | | 90. 02 |
| 92. 00 09200 08SERVATI ON BEDS (NON-DISTINCT PART 0 0 0 0 0 0 0 0 0 | 90. 03 09003 SPECIALTY CLINIC | o | 0 | | | | 90. 03 |
| 200. 00 Subtotal (see instructions) 0 11,751 200. 00 201. 00 Less PBP Clinic Lab. Services-Program Only Charges 0 201. 00 | 91. 00 09100 EMERGENCY | o | 20 | | | | 91.00 |
| 201.00 Less PBP Clinic Lab. Services-Program 0 001 y Charges 201.00 | · | 0 | 0 | | | | |
| Only Charges | | | 11, 751 | | | | |
| | | 0 | | | | | 201.00 |
| 202.00 Net charges (line 200 - line 201) 0 11,751 202.00 | |] | | | | | 000 00 |
| | 202.00 Net charges (line 200 - line 201) | l O | 11, /51 | I | | | 1202.00 |

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| Heal th | Financial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In lie | u of Form CMS-2 | 2552-10 |
|------------------|--|------------------------------|--------------------|----------------------|-----------------------------|---|--------------|
| | TIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA | | Provi der C | | Peri od: From 01/01/2018 | Worksheet D Part II Date/Time Pre | |
| | | | Component | CCN: 15-S004 | To 12/31/2018 | 4/9/2019 3: 29 | pareu. pm |
| | | | | : XVIII | Subprovi der - I PF | PPS | |
| | Cost Center Description | Capi tal | Total Charges | | | Capital Costs | |
| | | | (from Wkst. C, | | Program | (column 3 x | |
| | | (from Wkst. B, Part II, col. | Part I, col. 8) | (col . 1 ÷ col 2) | . Charges | column 4) | |
| | | 26) | | | | | |
| | | 1. 00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 OPERATING ROOM | 1, 262, 904 | | | | 0 | |
| 50. 01 | 05001 OPEN HEART SURGERY | 15, 183 | | | | 0 | |
| 50. 02 51. 00 | 05002 OUTPATI ENT SURGERY | 819, 547 | | | | 0 | |
| 53.00 | 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY | 43, 967 193, 617 | | | | 0 | 53.00 |
| 54. 00 | 05400 RADI OLOGY-DI AGNOSTI C | 747, 523 | | | | 893 | |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 452, 224 | | | | 0,73 | 1 |
| 54. 02 | 05402 ULTRASOUND | 258, 788 | | 1 | | 86 | |
| 55.00 | 05500 RADI OLOGY-THERAPEUTI C | 0 | C | 1 | | 0 | |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 427, 200 | 43, 041, 090 | 1 | | 563 | 55. 01 |
| 57.00 | 05700 CT SCAN | 0 | C | 0. 00000 | 00 | 0 | 57. 00 |
| 58.00 | 05800 MRI | 0 | C | | | 0 | 58. 00 |
| 59. 00 | 05900 CARDI AC CATHETERI ZATI ON | 0 | C | | | 0 | |
| 60.00 | 06000 LABORATORY | 419, 423 | 57, 290, 268 | | | 1, 873 | |
| 60. 01 | 06001 BLOOD LABORATORY | 1 227 | 1 20/ 041 | 0.00000 | | 0 | 1 |
| 63.00 | 06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE | 1, 337 | | | | 0 108 | |
| 63. 01 65. 00 | 06500 RESPIRATORY THERAPY | 78, 551 335, 084 | | 1 | | 260 | 1 |
| 66. 00 | 06600 PHYSI CAL THERAPY | 388, 306 | | 1 | | 202 | 1 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 44, 803 | | 1 | | 19 | 1 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 106, 751 | | 1 | | 45 | |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 144, 834 | | | | 644 | |
| 70.00 | 07000 ELECTROENCEPHALOGRAPHY | 79, 472 | 1, 448, 776 | 0. 0548 | 55 0 | 0 | 70. 00 |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 296, 514 | 25, 757, 055 | 0. 0115 | 12 31, 899 | 367 | |
| 72. 00 | 07200 IMPL. DEV. CHARGED TO PATIENTS | 169, 645 | | 1 | | 0 | |
| 73. 00 | 07300 DRUGS CHARGED TO PATIENTS | 709, 336 | | | | 1, 119 | |
| 76.00 | 03020 PAIN CLINIC | 00.010 | _ | | | 0 | 1 |
| 76. 01 76. 02 | 03950 ORTHOPEDI CS 03140 CARDI OVASCULAR SERVI CES | 23, 312 | | | | 0 | |
| 76. 02 | 03957 CARDI AC REHABI LI TATI ON | 377, 745 97, 409 | | 1 | | 0 | 76. 02 |
| 76. 04 | 03190 RADI ATI ON ONCOLOGY | 568, 680 | | 1 | | 0 | 1 |
| 76. 05 | 03951 MRI | 111, 930 | | 1 | | 92 | 1 |
| 76. 06 | 03952 BARI ATRI C CENTER | 0 | | 1 | | 0 | |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 39, 763 | c | 1 | | 0 | |
| 76. 08 | 03953 WOUND CARE | 165, 494 | 2, 294, 520 | 0. 07212 | 26 0 | 0 | 76. 08 |
| 76. 09 | 03954 RENAL DIALYSIS | 307, 196 | 3, 237, 426 | | | 0 | |
| 76. 10 | 03955 I NFUSI ON | 167, 699 | 16, 182, 350 | | | 0 | |
| | 03956 CARE TRANSITION CENTER | 1 | C | 0.0000 | | 0 | |
| 76. 12 | 03958 ANTI COAGULATI ON CLINI C | 8, 398 | 793, 308 | 0. 01058 | 36 0 | 0 | 76. 12 |
| 00 00 | OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC | | | 0.0000 | 20 | 0 | 00 00 |
| 88. 00 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | | C | | | 0 | 1 |
| 90.00 | 09000 CLINIC | | | 1 | | 0 | 1 |
| 90. 01 | 09001 OCC HEALTH CLINIC | 14 | | 1 | | 0 | |
| 90. 02 | 09002 CARDI OLOGY CLINI C | 48 | | 1 | | Ö | 1 |
| 90. 03 | 09003 SPECIALTY CLINIC | 3 | 560 | 1 | | 0 | |
| | | 852, 162 | | | | 2, 427 | |
| 92. 00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0 | 13, 284, 384 | 1 | | 0 | |
| 200.00 | Total (lines 50 through 199) | 9, 714, 863 | 727, 560, 520 | 1 | 1, 185, 788 | 8, 698 | 200. 00 |

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| | | Titl∈ | e XVIII | Subprovi der - I PF | PPS | |
|--|---------------|----------------|-----------------|------------------------|---------------|---------------------|
| Cost Center Description | Non Physician | Nursina School | Nursi na School | Allied Health | Allied Health | |
| | Anesthetist | Post-Stepdown | l and a second | Post-Stepdown | | |
| | Cost | Adjustments | | Adjustments | | |
| | 1.00 | 2A | 2. 00 | 3A | 3. 00 | |
| ANCILLARY SERVICE COST CENTERS | | | | _ | | |
| 50.00 05000 OPERATING ROOM | 0 | 0 | 1 | - | " | 50. 00 |
| 50. 01 05001 OPEN HEART SURGERY | 0 | 0 | | 0 | | 50. 01 |
| 50. 02 05002 OUTPATI ENT SURGERY | 0 | 0 | (| - | 0 | 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 0 | 0 | (| 1 | 0 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 0 | 0 | | 0 | 0 | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0 | | | 0 | 108, 204 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES 54. 02 05402 ULTRASOUND | 0 | | | 0 | 2, 278 | 54. 01 54. 02 |
| 54. 02 05402 ULTRASOUND 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | | | 0 | 1, 139 0 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0 | | | | 2, 278 | 55. 00 |
| 57. 00 05700 CT SCAN | 0 | | | | 2,270 | 57. 00 |
| 58. 00 05800 MRI | 0 | | | | Ö | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | | | | Ö | 59. 00 |
| 60. 00 06000 LABORATORY | 0 | l o | | | 213, 171 | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0 | 0 | | 0 | 0 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | l o | | o o | 41, 594 | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0 | d | | 0 | 5, 199 | 63. 01 |
| 65. 00 06500 RESPIRATORY THERAPY | 0 | l c | | 0 | 108, 171 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0 | 0 | (| 0 | 0 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | 0 | (| 0 | 0 | 67. 00 |
| 68.00 06800 SPEECH PATHOLOGY | 0 | 0 | (| 0 | 0 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0 | 0 | (| 0 | 0 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | 0 | (| 0 | 0 | 70. 00 |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 0 | (| 0 | 0 | 71. 00 |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS | 0 | 0 | (| ٥ | 0 | 72. 00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | 0 | 0 | | 0 | 745, 979 | 73.00 |
| 76. 00 03020 PAIN CLINIC | 0 | 0 | | 0 | 0 | 76.00 |
| 76. 01 03950 0RTHOPEDI CS 76. 02 03140 CARDI OVASCULAR SERVI CES | 0 | | | | 0 | 76. 01 76. 02 |
| 76. 02 03140 CARDI OVASCULAR SERVICES 76. 03 03957 CARDI AC REHABI LI TATI ON | 0 | | | | 0 | 76. 02 |
| 76. 04 03190 RADIATION ONCOLOGY | 0 | | | | | 76. 03 |
| 76. 05 03951 MRI | 0 | | | | 0 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0 | l o | | 0 | Ö | 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | 0 | ĺ | | o o | Ö | 76. 07 |
| 76. 08 03953 WOUND CARE | 0 | Ö | | o o | Ō | 76. 08 |
| 76. 09 03954 RENAL DIALYSIS | 0 | l c | | 0 | 0 | 76. 09 |
| 76. 10 03955 I NFUSI ON | 0 | 0 | (| 0 | 0 | 76. 10 |
| 76.11 03956 CARE TRANSITION CENTER | 0 | 0 | (| 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | 0 | 0 | (| 0 | 0 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 08800 RURAL HEALTH CLINIC | 0 | 0 | (| 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | 0 | 1 | 0 | 0 | 90. 00 |
| 90. 01 09001 0CC HEALTH CLINIC | 0 | 0 | (| 0 | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | 0 |] | 0 | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 0 | | | 0 | 11 022 | 90.03 |
| 91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0 | |] | U | 11, 932 | 91. 00 92. 00 |
| 200.00 Total (lines 50 through 199) | 0 | o | , | 0 | 1 | |
| 200.00 10tal (111163 30 till ough 177) | 1 | 1 | ı, | ار | 1, 237, 743 | ₁ 200.00 |

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| Heal th | Fi nar | ncial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|------------------|--------|---|-----------------|--------------------|--------------------------|----------------------------------|------------------------|---------|
| APPORT | I ONME | NT OF INPATIENT/OUTPATIENT ANCILLARY SER | | | CN: 15-0004 | Peri od: | Worksheet D | |
| THROUG | SH COS | TS | | Component | CCN: 15-S004 | From 01/01/2018 To 12/31/2018 | | pared: |
| | | | | Titl∈ | : XVIII | Subprovi der - I PF | PPS | _ |
| | | Cost Center Description | All Other | Total Cost | Total | | Ratio of Cost | |
| | | | Medi cal | (sum of cols. | Outpatient | (from Wkst. C, | | |
| | | | Education Cost | 1, 2, 3, and 4) | Cost (sum of cols. 2, 3, | 8) | (col. 5 ÷ col. 7) | |
| | | | | 7) | and 4) | | ,, | |
| | | | 4.00 | 5. 00 | 6. 00 | 7. 00 | 8. 00 | |
| F0 00 | | LARY SERVICE COST CENTERS | 0 | | 1 | 00 500 05/ | 0.000000 | F0 00 |
| 50. 00 50. 01 | 1 | OPERATING ROOM | 0 | 0 | | 0 23, 588, 356 | 0. 000000 0. 000000 | |
| 50. 01 | | OPEN HEART SURGERY OUTPATIENT SURGERY | 0 | | | 0 0 7, 416, 854 | 0.00000 | 1 |
| 51. 00 | 1 | RECOVERY ROOM | 0 | | | 0 4, 358, 128 | l | |
| 53. 00 | | ANESTHESI OLOGY | Ö | Ö | 1 | 0 11, 732, 322 | 0. 000000 | 1 |
| 54.00 | 05400 | RADI OLOGY-DI AGNOSTI C | 0 | 108, 204 | 108, 20 | | 0. 008221 | 54.00 |
| 54. 01 | 05401 | RADIOLOGY SPECIAL PROCEDURES | 0 | 2, 278 | 2, 2 | 78 10, 398, 500 | 0. 000219 | 54. 01 |
| 54. 02 | | ULTRASOUND | 0 | 1, 139 | 1 | 10, 067, 441 | 0. 000113 | |
| 55. 00 | | RADI OLOGY-THERAPEUTI C | 0 | 0 | | 0 0 | 0.000000 | |
| 55. 01 | | COMPUTED TOMOGRAPHY CT SCAN | 0 | 2, 278 | 2, 2 | 78 43, 041, 090 | 0.000053 | |
| 57. 00 58. 00 | 05800 | | 0 | | | 0 0 | 0. 000000 0. 000000 | |
| 59. 00 | 1 | CARDI AC CATHETERI ZATI ON | 0 | 0 | | | 0.000000 | |
| 60. 00 | | LABORATORY | 0 | 213, 171 | 213, 13 | 71 57, 290, 268 | l e | |
| 60. 01 | 1 | BLOOD LABORATORY | 0 | 0 | 1 | 0 0 | 0.000000 | 1 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 41, 594 | 41, 59 | 1, 386, 841 | 0. 029992 | 63. 00 |
| 63. 01 | 1 | NUCLEAR MEDICINE | 0 | 5, 199 | 5, 19 | 4, 822, 391 | 0. 001078 | |
| 65. 00 | | RESPI RATORY THERAPY | 0 | 108, 171 | 108, 17 | | 0. 005310 | |
| 66. 00 | | PHYSI CAL THERAPY | 0 | 0 | | 0 6, 116, 315 | l | |
| 67.00 | | OCCUPATIONAL THERAPY | 0 | 0 | | 0 4, 122, 236 | l | |
| 68. 00 69. 00 | | SPEECH PATHOLOGY ELECTROCARDI OLOGY | 0 | | | 0 1, 695, 754 0 13, 064, 204 | | |
| 70. 00 | 1 | ELECTROCARDI OLOGI | 0 | | | 0 13,004,204 | 0.000000 | |
| 71. 00 | | MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | | 1 | 0 25, 757, 055 | l | |
| 72. 00 | | IMPL. DEV. CHARGED TO PATIENTS | 0 | O | | 0 4, 163, 762 | 0.000000 | |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 745, 979 | 745, 97 | 79 317, 094, 632 | 0. 002353 | 73.00 |
| 76. 00 | 1 | PAIN CLINIC | 0 | 0 | | 0 0 | 0.000000 | 1 |
| 76. 01 | 1 | ORTHOPEDI CS | 0 | 0 | | 0 13, 474 | l | |
| 76. 02 | 1 | CARDI OVASCULAR SERVI CES | 0 | 0 | | 0 16, 516, 522 | 0.000000 | |
| 76. 03 76. 04 | | CARDI AC REHABILITATION RADI ATION ONCOLOGY | 0 | 0 | 1 | 0 1, 841, 502 | 0. 000000 0. 000000 | |
| 76. 04 | 03190 | | 0 | | | 0 2, 848, 224 0 9, 367, 365 | 0.000000 | |
| 76. 06 | 1 | BARI ATRI C CENTER | 0 | | 1 | 0 7,307,303 | 0. 000000 | |
| 76. 07 | | PSYCH ACTIVITY THERAPY | 0 | O | | 0 0 | 0.000000 | |
| 76. 08 | 03953 | WOUND CARE | 0 | 0 | | 0 2, 294, 520 | 0. 000000 | 76. 08 |
| 76. 09 | | RENAL DI ALYSI S | 0 | 0 | | 0 3, 237, 426 | l e | |
| 76. 10 | | I NFUSI ON | 0 | 0 | | 0 16, 182, 350 | | |
| 76. 11 | 03956 | CARE TRANSITION CENTER | 0 | 0 | | 0 0 | 0.00000 | |
| 76. 12 | | ANTICOAGULATION CLINIC TIENT SERVICE COST CENTERS | 0 | 0 | | 0 793, 308 | 0. 000000 | 76. 12 |
| 88 00 | | RURAL HEALTH CLINIC | 0 | О | | 0 0 | 0. 000000 | 88. 00 |
| 89. 00 | | FEDERALLY QUALIFIED HEALTH CENTER | 0 | Ö | • | 0 0 | 0. 000000 | |
| 90. 00 | 09000 | CLINIC | 0 | 0 | | 0 0 | 0. 000000 | |
| 90. 01 | | OCC HEALTH CLINIC | 0 | 0 | | 0 0 | 0. 000000 | |
| 90. 02 | 1 | CARDI OLOGY CLINIC | 0 | 0 | | 0 0 | 0.000000 | |
| | | SPECIALTY CLINIC | 0 | 0 | 44.00 | 0 560 | l | |
| | | EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART | 0 | 11, 932 | | | 0. 000149 0. 000000 | |
| 200.00 | | Total (lines 50 through 199) | 0 | 0 1, 239, 945 | | | | 200.00 |
| 200.00 | 1 | 1. Sta. (los oo tili dagii 177) | 1 | 1,20,,,70 | 1,207,7 | .5 727,000,020 | I | 1200.00 |

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| Heal th | Financial Systems | FRANCISCAN HEAL | TH HAMMOND | | In I | ieu of Form CMS- | 2552-10 |
|------------------|---|-----------------------------|------------------------|---------------------|---|----------------------|---------|
| APPORT | TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF | | Provi der Co | CN: 15-0004 | Peri od: | Worksheet D | 2002 10 |
| THROUG | H COSTS | | Component CCN: 15-S004 | | From 01/01/2018 Part IV To 12/31/2018 Date/Time Pr 4/9/2019 3:2 | | |
| | | | Title | : XVIII | Subprovi der I PF | | |
| | Cost Center Description | Outpati ent | Inpati ent | Inpati ent | Outpati ent | Outpati ent | |
| | | Ratio of Cost to Charges | Program Charges | Program Pass-Throug | Program h Charges | Program Pass-Through | |
| | | (col . 6 ÷ col . | onal ges | Costs (col. | | Costs (col. 9 | |
| | | 7) | | x col. 10) | | x col. 12) | |
| | ANCILLARY SERVICE COST CENTERS | 9. 00 | 10. 00 | 11. 00 | 12.00 | 13.00 | |
| 50. 00 | 05000 OPERATING ROOM | 0. 000000 | 0 | | 0 | 0 0 | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0. 000000 | 0 | | o | o o | |
| 50. 02 | 05002 OUTPATIENT SURGERY | 0. 000000 | 0 | | 0 | 0 0 | 1 |
| 51.00 | 05100 RECOVERY ROOM | 0. 000000 | 0 | | 0 | 0 0 | 51. 00 |
| 53.00 | 05300 ANESTHESI OLOGY | 0. 000000 | 0 | • | 0 | 0 0 | |
| 54.00 | 05400 RADI OLOGY - DI AGNOSTI C | 0. 008221 | 15, 725 | 1 | 29 | 0 | |
| 54. 01 54. 02 | 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND | 0. 000219 0. 000113 | 3, 355 | | 0 | | |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | 3, 355 O | | 0 | | 1 |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 0. 000053 | 56, 742 | | 3 | | |
| 57.00 | 05700 CT SCAN | 0. 000000 | 0 | 1 | 0 | 0 0 | 57. 00 |
| 58. 00 | 05800 MRI | 0. 000000 | 0 | | 0 | 0 0 | |
| 59. 00 | 05900 CARDI AC CATHETERI ZATI ON | 0. 000000 | 0 | | 0 | 0 0 | |
| 60.00 | 06000 LABORATORY | 0.003721 | 255, 813 | 1 | 52 3, 8 | l | 1 |
| 60. 01 63. 00 | 06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 000000 0. 029992 | 0 | | 0 | | |
| 63. 01 | 06301 NUCLEAR MEDICINE | 0. 001078 | 6, 620 | i e | 7 | | 1 |
| 65. 00 | 06500 RESPI RATORY THERAPY | 0. 005310 | 15, 820 | 1 | 84 | 0 0 | |
| 66.00 | 06600 PHYSI CAL THERAPY | 0. 000000 | 3, 180 | | 0 | 0 0 | 66. 00 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 0. 000000 | 1, 727 | l . | 0 | 0 0 | 1 |
| 68. 00 | 06800 SPEECH PATHOLOGY | 0. 000000 | 710 | | 0 | 0 0 | |
| 69. 00 70. 00 | 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY | 0. 000000 0. 000000 | 58, 091 0 | | 0 1, 2 | 83 0 | |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 000000 | 31, 899 | | - | 00 0 | 1 |
| 72. 00 | 07200 I MPL. DEV. CHARGED TO PATIENTS | 0. 000000 | 0.,0,7 | | 0 | 0 0 | 1 |
| 73.00 | 07300 DRUGS CHARGED TO PATIENTS | 0. 002353 | 500, 387 | 1, 1 | 77 | 84 0 | 73. 00 |
| 76. 00 | 03020 PAIN CLINIC | 0. 000000 | 0 | • | 0 | 0 0 | |
| 76. 01 | 03950 ORTHOPEDI CS | 0. 000000 | 0 | | 0 | 0 0 | |
| 76. 02 76. 03 | 03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON | 0. 000000 0. 000000 | 0 | • | 0 | | |
| 76. 03 | 03190 RADIATION ONCOLOGY | 0. 000000 | 0 | | 0 | | 1 |
| 76. 05 | 03951 MRI | 0. 000000 | 7, 679 | • | o | | 1 |
| 76. 06 | 03952 BARI ATRI C CENTER | 0. 000000 | 0 | 1 | 0 | 0 0 | 1 |
| 76. 07 | 03550 PSYCH ACTIVITY THERAPY | 0. 000000 | 0 | • | 0 | 0 0 | 76. 07 |
| 76. 08 | 03953 WOUND CARE | 0. 000000 | 0 | • | 0 | 0 0 | |
| 76. 09 | 03954 RENAL DI ALYSI S | 0.000000 | 0 | l . | 0 | 0 | |
| 76. 10 76. 11 | 03955 INFUSION 03956 CARE TRANSITION CENTER | 0. 000000 0. 000000 | 0 | l . | 0 | 0 0 | |
| | 03958 ANTI COAGULATI ON CLINIC | 0. 000000 | 0 | | o | | |
| | OUTPATIENT SERVICE COST CENTERS | 2.22222 | | | | | 1 |
| | 08800 RURAL HEALTH CLINIC | 0. 000000 | 0 | • | 0 | 0 0 | |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0. 000000 | 0 | 1 | 0 | 0 0 | |
| 90.00 | 09000 CLINIC | 0.000000 | 0 | | 0 | 0 0 | 1 |
| 90. 01 90. 02 | 09001 OCC HEALTH CLINIC 09002 CARDI OLOGY CLINIC | 0. 000000 0. 000000 | 0 | | 0 | | |
| 90. 02 | 09003 SPECIALTY CLINIC | 0. 000000 | 0 | | o | | 1 |
| | 09100 EMERGENCY | 0. 000149 | 228, 040 | | 34 9, 2 | | 91.00 |
| | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0. 000000 | 0 | | 0 2, 9 | | |
| 200.00 | Total (lines 50 through 199) | | 1, 185, 788 | 2, 3 | 86 17, 6 | 48 15 | 200. 00 |

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| | | | | I PF | | |
|--|----------------|----------------|---------------|---------------|--------------|---------|
| | | * | Charges | | Costs | |
| Cost Center Description | Cost to Charge | PPS Reimbursed | | Cost | PPS Services | |
| 0001 0011101 200011 pt 1011 | Ratio From | Services (see | Rei mbursed | Rei mbursed | (see inst.) | |
| | Worksheet C, | inst.) | Servi ces | Services Not | (300 11131.) | |
| | | HISt.) | | | | |
| | Part I, col. 9 | | Subject To | Subject To | | |
| | | | Ded. & Coins. | Ded. & Coins. | | |
| | | | (see inst.) | (see inst.) | | |
| | 1.00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 05000 OPERATING ROOM | 0. 220687 | 0 | C | 0 | 0 | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | 0. 000000 | 0 | l c | 0 | 0 | 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY | 0. 470100 | 0 | | 0 | 0 | 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 0. 134120 | 0 | d | | 0 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 0. 306780 | 0 | ď | | Ö | 53. 00 |
| 54. 00 05400 RADI OLOGY - DI AGNOSTI C | 1 | 0 | Ö | | _ | 54.00 |
| | 0. 263181 | _ | | | 0 | 1 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0. 176351 | 0 | C | | 0 | 54. 01 |
| 54. 02 05402 ULTRASOUND | 0. 106980 | 0 | C | | 0 | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | 0 | 0 | 0 | 0 | 55. 00 |
| 55. O1 O55O1 COMPUTED TOMOGRAPHY | 0. 041709 | 0 | 0 | 0 | 0 | 55. 01 |
| 57. 00 05700 CT SCAN | 0. 000000 | 0 | l c | 0 | 0 | 57. 00 |
| 58. 00 05800 MRI | 0. 000000 | 0 | l c | 0 | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0. 000000 | 0 | d | | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | 0. 125589 | 3, 831 | Ö | | 481 | 60.00 |
| | | | _ | | | • |
| 60. 01 06001 BLOOD LABORATORY | 0. 000000 | 0 | C | | 0 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 070208 | 0 | C | | 0 | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0. 171179 | 0 | 0 | - | 0 | 63. 01 |
| 65. 00 06500 RESPI RATORY THERAPY | 0. 153821 | 0 | C | 0 | 0 | 65.00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0. 726531 | 0 | l c | 0 | 0 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0. 231604 | 0 | | 0 | 0 | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0. 417200 | 0 | d | | 0 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0. 066779 | 1, 283 | ď | | 86 | 69. 00 |
| | | | | | 0 | 70.00 |
| | 0. 222738 | 0 | _ | | - | |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 296577 | 200 | C | | 59 | 71. 00 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 1. 095359 | 0 | 0 | | 0 | 72. 00 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | 0. 117327 | 84 | 0 | 35 | 10 | 73. 00 |
| 76.00 03020 PAIN CLINIC | 0. 000000 | 0 | C | 0 | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 10. 030058 | 0 | C | 0 | 0 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0. 158844 | 0 | d | 0 | 0 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0. 453876 | 0 | d | | 0 | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 0. 636478 | 0 | _ | | Ö | 76. 04 |
| 76. 05 03951 MRI | 0. 071464 | 0 | | | 0 | 76. 05 |
| | 1 | _ | _ | | 0 | 1 |
| 76. 06 03952 BARI ATRI C CENTER | 0. 000000 | 0 | C | | 0 | 76. 06 |
| 76.07 03550 PSYCH ACTIVITY THERAPY | 0. 000000 | 0 | C | | 0 | 76. 07 |
| 76. 08 03953 WOUND CARE | 0. 353462 | 0 | 0 | 0 | 0 | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 0. 503283 | 0 | C | 0 | 0 | 76. 09 |
| 76. 10 03955 I NFUSI ON | 0. 317594 | 0 | C | 0 | 0 | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | 0. 000000 | 0 | | 0 | 0 | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINIC | 0. 855022 | 0 | l d | | 0 | 76, 12 |
| OUTPATIENT SERVICE COST CENTERS | 0.000022 | | | , | <u> </u> | 70.12 |
| 88. 00 08800 RURAL HEALTH CLINIC | 0. 000000 | | | | 0 | 88. 00 |
| 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0. 000000 | | | | 0 | |
| | | | | | | |
| 90. 00 09000 CLI NI C | 0. 000000 | 0 | | | | 1 |
| 90. 01 09001 OCC HEALTH CLINIC | 0. 000000 | 0 | - | | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0. 000000 | 0 | C | | 0 | 90. 02 |
| 90. 03 09003 SPECI ALTY CLI NI C | 0. 548214 | 0 | C | 0 | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | 0. 237032 | 9, 279 | d | 0 | 2, 199 | 91.00 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0. 879601 | 2, 971 | l d | | 2, 613 | 1 |
| 200.00 Subtotal (see instructions) | 1 2. 3301 | 17, 648 | _ | | | 200.00 |
| 201.00 Less PBP Clinic Lab. Services-Program | 1 | 17,040 | | | 3, 440 | 201.00 |
| | | | ١ | ή | | 201.00 |
| Only Charges 202.00 Net Charges (line 200 - line 201) | 1 | 17 (40 | , | 3.5 | E 440 | 202 00 |
| 202.00 Net Charges (line 200 - line 201) | 1 | 17, 648 | [c | 35 | 5, 448 | 202. 00 |

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202.00

Net Charges (line 200 - line 201)

202.00

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| | | | | rom 01/01/2018 fo 12/31/2018 | Date/Time Pre | |
|---|----------------|----------------|---------------|---------------------------------|------------------------|---------|
| | | Ti +I | e XIX | Hospi tal | 4/9/2019 3: 29 Cost | piii |
| | | 11 (1 | Charges | nospi tai | Costs | |
| Cost Center Description | Cost to Charge | PPS Reimbursed | | Cost | PPS Services | |
| oost content boschiptron | Ratio From | Services (see | Rei mbursed | Rei mbursed | (see inst.) | |
| | Worksheet C, | inst.) | Servi ces | Services Not | (000 111011) | |
| | Part I, col. 9 | | Subject To | Subject To | | |
| | , , | | Ded. & Coins. | Ded. & Coins. | | |
| | | | (see inst.) | (see inst.) | | |
| | 1.00 | 2.00 | 3.00 | 4.00 | 5. 00 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50. 00 05000 OPERATI NG ROOM | 0. 220687 | 7, 483, 493 | | 0 | 1, 651, 510 | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | 0. 000000 | | | 0 | 0 | 50. 01 |
| 50. 02 05002 OUTPATIENT SURGERY | 0. 470100 | | | o o | 734, 959 | 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 0. 134120 | | | - | 288, 926 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 0. 306780 | | | - | 1, 095, 005 | • |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0. 263181 | 2, 584, 975 | | | 680, 316 | 54. 00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0. 176351 | 998, 021 | | - | 176, 002 | 54. 01 |
| 54. 02 05402 ULTRASOUND | 0. 106980 | | ` | · | 278, 256 | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | | | | 270, 230 | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0. 041709 | | | | 315, 246 | 55. 01 |
| 57. 00 05700 CT SCAN | 0. 000000 | | | | 0 | 57.00 |
| 58. 00 05800 MRI | 0. 000000 | | | | 0 | 58.00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | | | | - | 0 | 59.00 |
| | 0. 000000 | | | - | _ | • |
| l + | 0. 125589 | | | · | 1, 315, 346 | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0. 000000 | | (| | 0 | 60. 01 |
| 63. 00 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 070208 | | | - | 24, 395 | 63.00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0. 171179 | | | | 182, 414 | 63. 01 |
| 65. 00 06500 RESPIRATORY THERAPY | 0. 153821 | 706, 654 | (| - | 108, 698 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0. 726531 | 755, 411 | | 0 | 548, 830 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0. 231604 | 227, 914 | (| - | 52, 786 | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0. 417200 | | | 0 | 48, 490 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0. 066779 | | | | 104, 659 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0. 222738 | | | · | 9, 746 | 1 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 296577 | 1, 669, 184 | (| | 495, 042 | 71. 00 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS | 1. 095359 | | (| | 475, 817 | 72. 00 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | 0. 117327 | | | 0 | 3, 768, 989 | 73. 00 |
| 76. 00 03020 PAIN CLINIC | 0. 000000 | | (| - | 0 | 76. 00 |
| 76. 01 03950 ORTHOPEDI CS | 10. 030058 | | | 0 | 96, 710 | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | 0. 158844 | | (| - | 147, 087 | 76. 02 |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0. 453876 | 134, 420 | (| 0 | 61, 010 | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 0. 636478 | 604, 071 | (| 0 | 384, 478 | 76. 04 |
| 76. 05 03951 MRI | 0. 071464 | 1, 913, 943 | (| 0 | 136, 778 | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | 0. 000000 | 0 | (| 0 | 0 | 76. 06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | 0. 000000 | 0 | (| 0 | 0 | 76. 07 |
| 76. 08 03953 WOUND CARE | 0. 353462 | 155, 121 | (| 0 | 54, 829 | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | 0. 503283 | 80, 000 | (| 0 | 40, 263 | 76. 09 |
| 76. 10 03955 I NFUSI ON | 0. 317594 | 2, 101, 697 | (| 0 | 667, 486 | 76. 10 |
| 76.11 03956 CARE TRANSITION CENTER | 0. 000000 | 0 | (| 0 | 0 | 76. 11 |
| 76.12 03958 ANTICOAGULATION CLINIC | 0. 855022 | 102, 962 | (| 0 | 88, 035 | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0. 000000 | | | | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0. 000000 | | | | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0. 000000 | 0 | (| 0 | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | 0. 000000 | 0 | | o | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0. 000000 | 0 | | 0 | 0 | 90. 02 |
| 90. 03 09003 SPECIALTY CLINIC | 0. 548214 | | | 0 | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | 0. 237032 | | | 0 | 4, 583, 013 | 1 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0. 879601 | | | ol o | 0 | 92.00 |
| 200.00 Subtotal (see instructions) | | 103, 406, 638 | | 0 | 18, 615, 121 | • |
| 201.00 Less PBP Clinic Lab. Services-Program | | | | o o | -, - , - , - | 201. 00 |
| Only Charges | | |] | | | - |
| 202.00 Net Charges (line 200 - line 201) | | 103, 406, 638 | | 0 | 18, 615, 121 | 202. 00 |
| | 1 | | ' | 1 | | |

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| | | | | | 4/9/2019 3: 29 pm |
|---|---------------|---------------|----------|-----------|-------------------|
| | | Ti tl | e XIX | Hospi tal | Cost |
| | Cos | ts | | <u> </u> | |
| Cost Center Description | Cost | Cost | 1 | | |
| 0001 0011101 20001 Pt 1 011 | Rei mbursed | Rei mbursed | | | |
| | | | | | |
| | Servi ces | Services Not | | | |
| | Subject To | Subject To | | | |
| | Ded. & Coins. | Ded. & Coins. | | | |
| | (see inst.) | (see inst.) | | | |
| | 6.00 | 7. 00 | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50. 00 05000 OPERATI NG ROOM | 0 | C | N . | | 50.00 |
| | 1 | | | | |
| 50. 01 05001 OPEN HEART SURGERY | 0 | C | • | | 50. 01 |
| 50. 02 05002 OUTPATI ENT SURGERY | 0 | C |) | | 50. 02 |
| 51. 00 05100 RECOVERY ROOM | 0 | C |) | | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | ol | C | | | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | | | | | 54.00 |
| | | | | | |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0 | C | <u>'</u> | | 54. 01 |
| 54. 02 05402 ULTRASOUND | 0 | C | 1 | | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | C |) | | 55. 00 |
| 55. 01 05501 COMPUTED TOMOGRAPHY | 0 | C | | | 55. 01 |
| 57. 00 05700 CT SCAN | | C | | | 57. 00 |
| 58. 00 05800 MRI | | C | 1 | | 58. 00 |
| | 0 | | 1 | | |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | C | 1 | | 59. 00 |
| 60. 00 06000 LABORATORY | 0 | C |) | | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0 | C |) | | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | C | ol . | | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | ١ | C | 1 | | 63. 01 |
| i i | | | 1 | | |
| 65. 00 06500 RESPI RATORY THERAPY | 0 | C | 1 | | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0 | C | 1 | | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | C |) | | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0 | C | | | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | | (| | | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | ٥ | Č | | | 70.00 |
| | 0 | | | | |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | C | 1 | | 71.00 |
| 72.00 O7200 MPL. DEV. CHARGED TO PATIENTS | 0 | C | 1 | | 72.00 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS | 0 | C |) | | 73.00 |
| 76. 00 03020 PAIN CLINIC | ol | C | | | 76.00 |
| 76. 01 03950 ORTHOPEDI CS | 0 | C | | | 76. 01 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES | | C | 1 | | 76. 02 |
| | 0 | | 1 | | |
| 76. 03 03957 CARDI AC REHABI LI TATI ON | 0 | C | 1 | | 76. 03 |
| 76. 04 03190 RADI ATI ON ONCOLOGY | 0 | C |) | | 76. 04 |
| 76. 05 03951 MRI | 0 | C |) | | 76. 05 |
| 76. 06 03952 BARI ATRI C CENTER | o | C | | | 76. 06 |
| 76.07 03550 PSYCH ACTIVITY THERAPY | | C | | | 76. 07 |
| | | C | 1 | | |
| | 0 | | 1 | | 76.08 |
| 76. 09 03954 RENAL DI ALYSI S | 0 | C | 1 | | 76. 09 |
| 76. 10 03955 I NFUSI ON | 0 | C | | | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | 0 | C |) | | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLI NI C | | C | ol . | | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | <u> </u> | | 1 | | 751.12 |
| | ام | | 1 | | 00.00 |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | C | 1 | | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | C | | | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | C | | | 90.00 |
| 90. 01 09001 OCC HEALTH CLINIC | 0 | C |) | | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | ol | C | | | 90. 02 |
| 90. 03 09003 SPECI ALTY CLI NI C | | C | | | 90. 03 |
| | | | | | |
| 91. 00 09100 EMERGENCY | 0 | C | | | 91. 00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0 | C | 1 | | 92. 00 |
| 200.00 Subtotal (see instructions) | 0 | C |) | | 200. 00 |
| 201.00 Less PBP Clinic Lab. Services-Program | o | | | | 201. 00 |
| Only Charges | | | | | |
| 202.00 Net Charges (line 200 - line 201) | o | C | | | 202. 00 |
| 202.00 | ١ | C | 1 | | 1202.00 |

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| Heal th | Fi nan | cial Systems | FRANCISCAN HEA | ALTH HAMMOND | | ln lie | eu of Form CMS-: | 2552-10 |
|-------------------|--------|---|----------------------------------|---------------------------------|-----------------------------|--|---|------------------|
| | | IT OF INPATIENT ANCILLARY SERVICE CAPITA | | Provi der C | CN: 15-0004 CCN: 15-S004 | Peri od: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Pre | pared: |
| | | | | Ti tl | e XIX | Subprovi der - I PF | 4/9/2019 3: 29 PPS | _pm |
| | | Cost Center Description | Capital Related Cost | Total Charges (from Wkst. C, | | t Inpatient | Capital Costs (column 3 x | |
| | | | (from Wkst. B, Part II, col. 26) | | | | col umn 4) | |
| | | | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| | | LARY SERVICE COST CENTERS | | , | | | | |
| 50.00 | | OPERATING ROOM | 1, 262, 904 | | | | 0 | |
| 50. 01 | | OPEN HEART SURGERY | 15, 183 | | | | 0 | |
| 50. 02 | | OUTPATIENT SURGERY | 819, 547 | | 1 | | 0 | |
| 51. 00 53. 00 | | RECOVERY ROOM ANESTHESI OLOGY | 43, 967 | | | | 0 | 51. 00 53. 00 |
| 54. 00 | | RADI OLOGY-DI AGNOSTI C | 193, 617 747, 523 | | | | 0 | 54.00 |
| 54. 00 | | RADI OLOGY SPECI AL PROCEDURES | 452, 224 | | | | 0 | |
| 54. 02 | | ULTRASOUND | 258, 788 | | 1 | | 0 | |
| 55. 00 | | RADI OLOGY-THERAPEUTI C | 0 | 10,007,111 | 1 | | Ö | |
| 55. 01 | | COMPUTED TOMOGRAPHY | 427, 200 | _ | 1 | | ő | |
| 57. 00 | 1 | CT SCAN | 0 | C | 1 | | 0 | |
| 58.00 | 05800 | | 0 | (| 1 | | 0 | 58. 00 |
| 59.00 | 05900 | CARDI AC CATHETERI ZATI ON | 0 | l c | 0.0000 | 00 | 0 | 59. 00 |
| 60.00 | | LABORATORY | 419, 423 | 57, 290, 268 | | | 0 | 60.00 |
| 60. 01 | | BLOOD LABORATORY | 0 | (| 0.0000 | | 0 | 60. 01 |
| 63. 00 | | BLOOD STORING, PROCESSING & TRANS. | 1, 337 | | | | 0 | 63. 00 |
| 63. 01 | | NUCLEAR MEDICINE | 78, 551 | | | | 0 | |
| 65. 00 | | RESPIRATORY THERAPY | 335, 084 | | | | 0 | |
| 66.00 | | PHYSI CAL THERAPY OCCUPATI ONAL THERAPY | 388, 306 | | 1 | | 0 | |
| 67. 00 68. 00 | | SPEECH PATHOLOGY | 44, 803 106, 751 | | 1 | | 0 | 68.00 |
| 69. 00 | | ELECTROCARDI OLOGY | 144, 834 | | | | 2, 403 | |
| 70. 00 | | ELECTROENCEPHALOGRAPHY | 79, 472 | | 1 | | 0 | |
| 71. 00 | | MEDICAL SUPPLIES CHARGED TO PATIENT | 296, 514 | | 1 | | Ō | 1 |
| 72.00 | | IMPL. DEV. CHARGED TO PATIENTS | 169, 645 | | 1 | | 0 | 1 |
| 73.00 | | DRUGS CHARGED TO PATIENTS | 709, 336 | | 1 | | 0 | 73. 00 |
| 76.00 | 03020 | PAIN CLINIC | 0 | l c | 0.0000 | 00 | 0 | 76. 00 |
| 76. 01 | 03950 | ORTHOPEDI CS | 23, 312 | 13, 474 | 1. 7301 | 47 0 | 0 | 76. 01 |
| 76. 02 | | CARDI OVASCULAR SERVI CES | 377, 745 | | | | 0 | |
| 76. 03 | | CARDI AC REHABI LI TATI ON | 97, 409 | | 1 | | 0 | 76. 03 |
| 76. 04 | | RADIATION ONCOLOGY | 568, 680 | | | | 0 | 76. 04 |
| 76. 05 | 03951 | | 111, 930 | | | | 0 | |
| 76.06 | | BARI ATRI C CENTER | 0 | _ | 1 | | 0 | 76.06 |
| 76. 07 76. 08 | | PSYCH ACTIVITY THERAPY WOUND CARE | 39, 763 165, 494 | l . | 1 | | 0 | |
| 76. 09 | 1 | RENAL DIALYSIS | 307, 196 | | 1 | | 0 | |
| 76. 10 | | I NFUSI ON | 167, 699 | | 1 | | 0 | |
| | | CARE TRANSITION CENTER | 1 | 10, 102, 000 | 0.0000 | | Ö | |
| | | ANTI COAGULATI ON CLINI C | 8, 398 | 793, 308 | | | Ō | |
| | | TIENT SERVICE COST CENTERS | , | , | | | | |
| 88. 00 | | RURAL HEALTH CLINIC | 0 | C | 0.0000 | 00 0 | 0 | 88. 00 |
| 89. 00 | | FEDERALLY QUALIFIED HEALTH CENTER | 0 | C | | | 0 | |
| 90.00 | | CLINIC | 0 | C | | | 0 | |
| 90. 01 | | OCC HEALTH CLINIC | 14 | l . | 1 | | 0 | |
| 90. 02 | | CARDI OLOGY CLINI C | 48 | | 1 | | 0 | |
| 90. 03 | | SPECIALTY CLINIC | 3 | 560 | | | 0 | |
| | | EMERGENCY | 852, 162 | 80, 085, 441 13, 284, 384 | | | 17 0 | 1 |
| 92. 00 200. 00 | | OBSERVATION BEDS (NON-DISTINCT PART Total (lines 50 through 199) | 9, 714, 863 | | 1 | 218, 326 | | 200. 00 |
| 200.00 | 1 | rotal (Tries 50 till bugil 177) | 7, / 14, 003 | 121,000,020 | Ί | 210, 320 | 2, 420 | 1200.00 |

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| | | Ti tl | e XIX | Subprovi der - | PPS | |
|---|---------------|----------------|---------------------|----------------|---------------|------------------|
| Cost Center Description | Non Physician | Nursing School | Nursing School | Allied Health | Allied Health | |
| cost center bescription | Anesthetist | Post-Stepdown | Indi Si ilg Scribbi | Post-Stepdown | Airred hearth | |
| | Cost | Adjustments | | Adjustments | | |
| | 1. 00 | 2A | 2. 00 | 3A | 3. 00 | |
| ANCILLARY SERVICE COST CENTERS | | | | | 0.00 | |
| 50. 00 05000 OPERATING ROOM | 0 | 0 |) (| 0 | 0 | 50.00 |
| 50. 01 05001 OPEN HEART SURGERY | 0 | o o | | o | 0 | 50. 01 |
| 50. 02 05002 OUTPATI ENT SURGERY | 0 | 0 |) (| 0 | 0 | 50. 02 |
| 51.00 05100 RECOVERY ROOM | 0 | 0 |) (| 0 | 0 | 51.00 |
| 53. 00 05300 ANESTHESI OLOGY | 0 | 0 |) | 0 | 0 | 53.00 |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C | 0 | 0 |) | 0 | 108, 204 | 54.00 |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES | 0 | 0 |) | 0 | 2, 278 | 54. 01 |
| 54. 02 05402 ULTRASOUND | 0 | 0 |) (| 0 | 1, 139 | 54. 02 |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C | 0 | 0 |) | 0 | 0 | 55. 00 |
| 55.01 05501 COMPUTED TOMOGRAPHY | 0 | 0 |) | 0 | 2, 278 | 55. 01 |
| 57. 00 05700 CT SCAN | 0 | 0 | 1 | 0 | 0 | 57. 00 |
| 58. 00 05800 MRI | 0 | 0 |) | 0 | 0 | 58. 00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON | 0 | 1 |) | 0 | 0 | 59. 00 |
| 60. 00 06000 LABORATORY | 0 | 0 |) (| 0 | 213, 171 | 60.00 |
| 60. 01 06001 BLOOD LABORATORY | 0 | 0 |) | 0 | 0 | 60. 01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. | 0 | 0 |) | ٥ | 41, 594 | 63. 00 |
| 63. 01 06301 NUCLEAR MEDICINE | 0 | 0 | 1 | 0 | 5, 199 | 63. 01 |
| 65. 00 06500 RESPI RATORY THERAPY | 0 | 0 |) | , | 108, 171 | 65. 00 |
| 66. 00 06600 PHYSI CAL THERAPY | 0 | 0 |) (| ٥ | 0 | 66. 00 |
| 67. 00 06700 OCCUPATI ONAL THERAPY | 0 | 0 |) | 0 | 0 | 67. 00 |
| 68. 00 06800 SPEECH PATHOLOGY | 0 | 0 | | 0 | 0 | 68. 00 |
| 69. 00 06900 ELECTROCARDI OLOGY | 0 | | | 1 | 0 | 69. 00 |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY | 0 | | | 0 | 0 | 70.00 |
| 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT | 0 | | | 0 | 0 | 71.00 |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS | 0 | | 1 | 0 | 0 | 72.00 |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS | 0 | | | 0 | 745, 979 | 73.00 |
| 76. 00 03020 PAI N CLINI C 76. 01 03950 ORTHOPEDI CS | 0 | | | 0 | 0 | 76.00 |
| 76. 01 03950 OKTHOPEDICS 76. 02 03140 CARDI OVASCULAR SERVI CES | | | 1 | | 0 | 76. 01 76. 02 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 76. 03 03957 CARDI AC REHABI LI TATI ON | | | | | 0 | 76. 02 |
| 76. 04 03190 RADIATION ONCOLOGY | | | | | 0 | 76. 03 |
| 76. 05 03951 MRI | | | 1 | | 0 | 76.04 |
| 76. 06 03952 BARI ATRI C CENTER | | | | | | 76.06 |
| 76. 07 03550 PSYCH ACTIVITY THERAPY | | | | | Ö | 76.07 |
| 76. 08 03953 WOUND CARE | | | | | Ö | 76. 08 |
| 76. 09 03954 RENAL DI ALYSI S | | | | | Ö | 76. 09 |
| 76. 10 03955 I NFUSI ON | 0 | | | | l ő | 76. 10 |
| 76. 11 03956 CARE TRANSITION CENTER | | | | 0 | | 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINI C | 0 | | | o o | | 76. 12 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88. 00 08800 RURAL HEALTH CLINIC | 0 | 0 |) (| 0 | 0 | 88. 00 |
| 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0 | o o | | o | 0 | 89. 00 |
| 90. 00 09000 CLI NI C | 0 | o o | | o | 0 | 90.00 |
| 90. 01 09001 0CC HEALTH CLINIC | 0 | 0 |) (| 0 | 0 | 90. 01 |
| 90. 02 09002 CARDI OLOGY CLI NI C | 0 | 0 |) (| 0 | 0 | 90. 02 |
| 90. 03 09003 SPECI ALTY CLI NI C | 0 | 0 |) (| 0 | 0 | 90. 03 |
| 91. 00 09100 EMERGENCY | 0 | 0 |) (| 0 | 11, 932 | 91.00 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0 |) | | | 0 | 92. 00 |
| 200.00 Total (lines 50 through 199) | 0 | 0 |) (| o o | 1, 239, 945 | 200. 00 |

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| ADDODE ONIGNE OF LADATIENT (OUTDATIENT ANGLE ADV. CEDVICE OTHER DACC. Drawit day CCN, 45, 0004, 50, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1 | |
|---|------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0004 Period: Worksheet |) |
| THROUGH COSTS Component CCN: 15-S004 From 01/01/2018 Part IV Date/Time 4/9/2019 3 | |
| Title XIX Subprovider - PF | |
| Cost Center Description All Other Total Cost Total Total Charges Ratio of Co | st |
| Medical (sum of cols. Outpatient (from Wkst. C, to Charge | S |
| Education Cost 1, 2, 3, and Cost (sum of Part I, col. (col. 5 ÷ c | ol. |
| 4) cols. 2, 3, 8) 7) | |
| 4.00 5.00 6.00 7.00 8.00 | |
| 4. 00 5. 00 6. 00 7. 00 8. 00 ANCI LLARY SERVI CE COST CENTERS | |
| 50. 00 05000 OPERATING ROOM O O 23, 588, 356 O. 000 | 50.00 |
| 50. 01 05001 0PEN HEART SURGERY | |
| 50. 02 05002 0UTPATIENT SURGERY | |
| 51. 00 05100 RECOVERY ROOM | |
| 53. 00 05300 ANESTHESI OLOGY 0 0 11, 732, 322 0.000 | |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C 0 108, 204 108, 204 13, 161, 188 0. 008 | |
| 54. 01 05401 RADI OLOGY SPECI AL PROCEDURES 0 2, 278 2, 278 10, 398, 500 0.000 | |
| 54. 02 05402 ULTRASOUND 0 1, 139 1, 139 10, 067, 441 0.000 | |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 0 0 | 1 |
| 55. 01 05501 COMPUTED TOMOGRAPHY 0 2, 278 2, 278 43, 041, 090 0. 000 | 55. 01 |
| 57. 00 05700 CT SCAN 0 0 0 0 0 0 0 0 0 0 0 | 000 57.00 |
| 58. 00 05800 MRI 0 0 0 0 0 0. 000 | 000 58.00 |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 000 59.00 |
| 60. 00 06000 LABORATORY 0 213, 171 213, 171 57, 290, 268 0. 003 | 721 60.00 |
| 60. 01 06001 BLOOD LABORATORY 0 0 0 0 0. 000 | 000 60.01 |
| 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 41,594 41,594 1,386,841 0.029 | 992 63.00 |
| 63. 01 06301 NUCLEAR MEDICINE 0 5, 199 5, 199 4, 822, 391 0. 001 | |
| 65. 00 06500 RESPI RATORY THERAPY 0 108, 171 20, 369, 331 0. 005 | |
| 66. 00 06600 PHYSI CAL THERAPY 0 0 6, 116, 315 0. 000 | |
| 67. 00 06700 0CCUPATI ONAL THERAPY 0 0 4, 122, 236 0. 000 | |
| 68. 00 06800 SPEECH PATHOLOGY 0 0 1, 695, 754 0. 000 | |
| 69. 00 06900 ELECTROCARDI OLOGY 0 0 13, 064, 204 0. 000 | |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 1, 448, 776 0. 000 | |
| 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 0 0 25, 757, 055 0.000 | |
| 72. 00 07200 1 MPL. DEV. CHARGED TO PATIENTS 0 0 4, 163, 762 0.000 | |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 745, 979 745, 979 317, 094, 632 0.002 | |
| 76. 00 03020 PAI N CLINI C 0 0 0 0.000 | |
| 76. 01 03950 0RTHOPEDI CS 0 0 0 13, 474 0. 000 76. 02 03140 CARDI OVASCULAR SERVI CES 0 0 0 16, 516, 522 0. 000 | 1 |
| 76. 02 03140 CARDI OVASCULAR SERVI CES 0 0 0 16, 516, 522 0. 000 76. 03 03957 CARDI AC REHABI LI TATI ON 0 0 1, 841, 502 0. 000 | |
| 76. 04 03190 RADI ATI ON ONCOLOGY | |
| 76. 05 03951 MRI | |
| 76. 06 03952 BARI ATRI C CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
| 76. 07 03550 PSYCH ACTIVITY THERAPY 0 0 0 0 0 0 0 0 0 0 | |
| 76. 08 03953 WOUND CARE 0 0 0 2, 294, 520 0.000 | |
| 76. 09 03954 RENAL DI ALYSI S 0 0 3, 237, 426 0.000 | 1 |
| 76. 10 03955 INFUSION 0 0 16, 182, 350 0.000 | 1 |
| | 000 76. 11 |
| 76. 12 03958 ANTI COAGULATI ON CLINIC 0 0 0 793, 308 0.000 | 1 |
| OUTPATLENT SERVICE COST CENTERS | |
| 88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 0.000 | 000 88. 00 |
| 89.00 OB900 FEDERALLY QUALIFIED HEALTH CENTER O O O O O O O O O | |
| 90. 00 09000 CLI NI C 0 0 0 0 0. 000 | |
| 90. 01 09001 0CC HEALTH CLINIC 0 0 0 0. 00C | |
| 90. 02 09002 CARDI OLOGY CLI NI C 0 0 0 0. 000 | |
| 90. 03 09003 SPECIALTY CLINIC 0 0 0 560 0. 000 | |
| 91. 00 09100 EMERGENCY 0 11, 932 80, 085, 441 0. 000 | |
| 92. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART 0 0 13, 284, 384 0.000 | |
| 200.00 Total (lines 50 through 199) 0 1,239,945 1,239,945 727,560,520 | 200. 00 |

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| Heal th | Financial Systems | FRANCISCAN HEAL | TH HAMMOND | | In lie | eu of Form CMS-: | 2552-10 |
|-------------------|--|------------------------|--------------|------------------------|-----------------------------|-------------------------------|---------|
| APPORT | TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEIGH COSTS | | Provi der Co | | Peri od: From 01/01/2018 | Worksheet D Part IV | |
| | | | Component | CCN: 15-S004 | To 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
| | | | Ti tl | e XIX | Subprovi der - I PF | PPS | |
| | Cost Center Description | Outpati ent | Inpatient | Inpatient | Outpati ent | Outpati ent | |
| | | Ratio of Cost | Program | Program | Program | Program | |
| | | to Charges | Charges | Pass-Throug | | Pass-Through Costs (col. 9 | |
| | | (col. 6 ÷ col. 7) | | Costs (col. x col. 10) | 0 | x col . 12) | |
| | | 9.00 | 10. 00 | 11.00 | 12.00 | 13. 00 | |
| | ANCILLARY SERVICE COST CENTERS | 7,00 | 10.00 | 100 | 12.00 | 10.00 | |
| 50.00 | 05000 OPERATI NG ROOM | 0. 000000 | 0 | | 0 0 | 0 | 50.00 |
| 50. 01 | 05001 OPEN HEART SURGERY | 0. 000000 | 0 | | 0 0 | 0 | 50. 01 |
| 50.02 | 05002 OUTPATIENT SURGERY | 0. 000000 | 0 | | 0 0 | 0 | 50. 02 |
| 51.00 | 05100 RECOVERY ROOM | 0. 000000 | 0 | | 0 0 | 0 | 51.00 |
| 53.00 | 05300 ANESTHESI OLOGY | 0. 000000 | 0 | | 0 0 | 0 | 53. 00 |
| 54.00 | 05400 RADI OLOGY-DI AGNOSTI C | 0. 008221 | 0 | | 0 0 | 0 | 54.00 |
| 54. 01 | 05401 RADI OLOGY SPECI AL PROCEDURES | 0. 000219 | 0 | | 0 0 | 0 | 54. 01 |
| 54. 02 | 05402 ULTRASOUND | 0. 000113 | 0 | | 0 0 | 0 | |
| 55. 00 | 05500 RADI OLOGY-THERAPEUTI C | 0. 000000 | 0 | | 0 0 | 0 | |
| 55. 01 | 05501 COMPUTED TOMOGRAPHY | 0. 000053 | 0 | | 0 0 | 0 | |
| 57. 00 | 05700 CT SCAN | 0. 000000 | 0 | • | 0 0 | 0 | 1 |
| 58. 00 | 05800 MRI | 0. 000000 | 0 | | 0 0 | 0 | 1 |
| 59. 00 | 05900 CARDI AC CATHETERI ZATI ON | 0.000000 | 0 | | 0 0 | 0 | 1 |
| 60.00 | 06000 LABORATORY | 0. 003721 | 0 | • | 0 0 | 0 | 60.00 |
| 60. 01 | 06300 BLOOD STORING, PROCESSING & TRANS. | 0. 000000 | 0 | • | 0 0 | 0 | 1 |
| 63. 00 63. 01 | 06301 NUCLEAR MEDICINE | 0. 029992 0. 001078 | 0 | | 0 0 | 0 | 1 |
| 65. 00 | 06500 RESPIRATORY THERAPY | 0.001078 | 0 | | 0 0 | 0 | |
| 66. 00 | 06600 PHYSI CAL THERAPY | 0. 000000 | 0 | | 0 0 | 0 | 1 |
| 67. 00 | 06700 OCCUPATI ONAL THERAPY | 0. 000000 | 0 | | 0 0 | 0 | |
| 68. 00 | 06800 SPEECH PATHOLOGY | 0. 000000 | 0 | | | Ö | 68. 00 |
| 69. 00 | 06900 ELECTROCARDI OLOGY | 0. 000000 | 216, 775 | | 0 0 | 0 | 1 |
| 70. 00 | 07000 ELECTROENCEPHALOGRAPHY | 0. 000000 | 0 | | 0 0 | 0 | 1 |
| 71.00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 000000 | 0 | | 0 0 | 0 | 71. 00 |
| 72.00 | 07200 IMPL. DEV. CHARGED TO PATIENTS | 0. 000000 | 0 | | 0 0 | 0 | 72. 00 |
| 73.00 | 07300 DRUGS CHARGED TO PATIENTS | 0. 002353 | 0 | | 0 0 | 0 | 73. 00 |
| 76.00 | 03020 PAIN CLINIC | 0. 000000 | 0 | | 0 0 | 0 | 76. 00 |
| 76. 01 | 03950 ORTHOPEDI CS | 0. 000000 | 0 | | 0 0 | 0 | |
| 76. 02 | 03140 CARDI OVASCULAR SERVI CES | 0. 000000 | 0 | | 0 0 | 0 | 1 |
| 76. 03 | 03957 CARDI AC REHABI LI TATI ON | 0. 000000 | 0 | | 0 0 | 0 | |
| 76. 04 | 03190 RADI ATI ON ONCOLOGY | 0. 000000 | 0 | | 0 0 | 0 | |
| 76. 05 | 03951 MRI | 0.000000 | 0 | • | 0 0 | 0 | |
| 76. 06 76. 07 | 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY | 0. 000000 0. 000000 | 0 | • | 0 0 | 0 | |
| 76. 07 | 03953 WOUND CARE | 0. 000000 | 0 | | 0 | 0 | |
| 76. 09 | 03954 RENAL DIALYSIS | 0. 000000 | 0 | | 0 0 | 0 | 1 |
| 76. 10 | 03955 I NFUSI ON | 0. 000000 | 0 | | 0 0 | 0 | 1 |
| | 03956 CARE TRANSITION CENTER | 0. 000000 | 0 | | 0 0 | ő | |
| | 03958 ANTI COAGULATI ON CLINI C | 0. 000000 | 0 | | 0 0 | 0 | |
| | OUTPATIENT SERVICE COST CENTERS | , | | | | | 1 |
| 88. 00 | 08800 RURAL HEALTH CLINIC | 0. 000000 | 0 | | 0 0 | 0 | 88. 00 |
| 89. 00 | 08900 FEDERALLY QUALIFIED HEALTH CENTER | 0. 000000 | 0 | | 0 0 | 0 | 89. 00 |
| 90.00 | 09000 CLI NI C | 0. 000000 | 0 | | 0 0 | 0 | 1 |
| 90. 01 | 09001 OCC HEALTH CLINIC | 0. 000000 | 0 | | 0 0 | 0 | |
| 90. 02 | 09002 CARDI OLOGY CLI NI C | 0. 000000 | 0 | | 0 0 | 0 | 1 |
| 90. 03 | 09003 SPECIALTY CLINIC | 0.000000 | 0 | | 0 | 0 | |
| | 09100 EMERGENCY | 0. 000149 | 1, 551 | | 0 | 0 | |
| 92. 00 200. 00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0. 000000 | 210 224 | | 0 0 | 0 | |
| 200.00 | Total (lines 50 through 199) | | 218, 326 | I | 0 0 | ı | 200. 00 |

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| | Financial Systems FRANCISCAN HEALT ATION OF INPATIENT OPERATING COST | Provi der CCN: 15-0004 | Peri od: From 01/01/2018 | u of Form CMS-2 Worksheet D-1 | |
|--------------|---|-----------------------------|-----------------------------|----------------------------------|-------|
| | | | To 12/31/2018 | Date/Time Prep 4/9/2019 3:29 | |
| | Cost Center Description | Title XVIII | Hospi tal | PPS | |
| | · | | | 1. 00 | |
| | PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS | | | | + |
| 00 | Inpatient days (including private room days and swing-bed days | | | 25, 989 | |
| 00 | Inpatient days (including private room days, excluding swing- | | | 25, 989 | 1 |
| 00 | Private room days (excluding swing-bed and observation bed day do not complete this line. | ys). If you have only pr | ivate room days, | 0 | 3. |
| 00 | Semi-private room days (excluding swing-bed and observation be | ed days) | | 18, 096 | 4. |
| 00 | Total swing-bed SNF type inpatient days (including private roo | om days) through Decembe | er 31 of the cost | 0 | 5. |
| 00 | reporting period Total swing-bed SNF type inpatient days (including private ro | om days) after December | 31 of the cost | 0 | 6. |
| 00 | reporting period (if calendar year, enter 0 on this line) | om days) arter becomber | or or the cost | O |] |
| 00 | Total swing-bed NF type inpatient days (including private room | m days) through December | 31 of the cost | 0 | 7. |
| 00 | reporting period Total swing-bed NF type inpatient days (including private room | m days) after December 3 | 1 of the cost | 0 | 8. |
| 00 | reporting period (if calendar year, enter 0 on this line) | ii days) ai tei beceiibei s | ii oi the cost | U | 0. |
| 00 | Total inpatient days including private room days applicable to | o the Program (excluding | swing-bed and | 7, 832 | 9. |
| . 00 | newborn days) Swing-bed SNF type inpatient days applicable to title XVIII o | nly (including private r | coom days) | 0 | 10. |
| . 00 | through December 31 of the cost reporting period (see instruc | | oom days) | O | 10. |
| . 00 | Swing-bed SNF type inpatient days applicable to title XVIII o | | oom days) after | 0 | 11. |
| . 00 | December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XIX | | o room days) | 0 | 12. |
| . 00 | through December 31 of the cost reporting period | A only (Therduring privat | e room days) | U | 12. |
| . 00 | Swing-bed NF type inpatient days applicable to titles V or XIX | | | 0 | 13. |
| 00 | after December 31 of the cost reporting period (if calendar you Medically necessary private room days applicable to the Progra | ear, enter O on this lir | ie) | 0 | 14. |
| 00 | Total nursery days (title V or XIX only) | all (excluding swing-bed | uays) | 0 | 1 |
| . 00 | Nursery days (title V or XIX only) | | | 0 | |
| | SWING BED ADJUSTMENT | | 6.11 | 0.00 | |
| . 00 | Medicare rate for swing-bed SNF services applicable to service reporting period | es through December 31 c | or the cost | 0. 00 | 17. |
| . 00 | 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 |
| | reporting period | J | | | |
| . 00 | Medicaid rate for swing-bed NF services applicable to services reporting period | s after December 31 of t | he cost | 0. 00 | 20 |
| . 00 | Total general inpatient routine service cost (see instructions | s) | | 38, 474, 714 | 21 |
| . 00 | Swing-bed cost applicable to SNF type services through December | | ing period (line | 0 | 1 |
| . 00 | 5 x line 17) | 21 of the cost managetin | a ported (line (| 0 | 23 |
| . 00 | Swing-bed cost applicable to SNF type services after December x line 18) | 31 of the cost reportin | ig perrou (Trie 6 | U | 23 |
| . 00 | Swing-bed cost applicable to NF type services through December 7×1 ine 19) | r 31 of the cost reporti | ng period (line | 0 | 24 |
| . 00 | Swing-bed cost applicable to NF type services after December : | 31 of the cost reporting | period (line 8 | 0 | 25 |
| | x line 20) | | | | ١., |
| . 00 | Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost | (line 21 minus line 26) | | 0 38, 474, 714 | |
| . 00 | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | (TTHE 21 IIIITIUS TTHE 20) | | 30, 474, 714 | 1 2 ' |
| . 00 | General inpatient routine service charges (excluding swing-bed | d and observation bed ch | arges) | 0 | 1 |
| . 00 | Pri vate room charges (excluding swing-bed charges) | | | 0 | 1 |
| . 00 . 00 | Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 | ÷ line 28) | | 0. 000000 | |
| . 00 | Average private room per diem charge (line 29 ÷ line 3) | 20) | | 0. 00 | |
| . 00 | Average semi-private room per diem charge (line 30 ÷ line 4) | | | 0.00 | |
| . 00 | Average per diem private room charge differential (line 32 mil Average per diem private room cost differential (line 34 x li | | tions) | 0. 00 0. 00 | |
| . 00 | Private room cost differential adjustment (line 3 x line 35) | iic 31 <i>)</i> | | 0.00 | 1 |
| . 00 | General inpatient routine service cost net of swing-bed cost a | and private room cost di | fferential (line | 38, 474, 714 | 1 |
| | 27 minus line 36) | | | | 1 |
| | PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU | ISTMENTS | | | 1 |
| | | | | 1 400 42 | 38 |
| . 00 | Adjusted general inpatient routine service cost per diem (see | i iisti ucti olis) | | 1, 480. 42 | 30 |
| . 00 | Program general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Progra | 38) | | 11, 594, 649 | 39 |

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| Heal th | Financial Systems | FRANCI SCAN HEALTH | HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 | |
|------------------|---|------------------------------|---------------------------------------|---------------|--------------------------|---------------------------------|------------------|--|
| COMPUT | ATION OF INPATIENT OPERATING COST | | Provider CCN: | | eriod: com 01/01/2018 | Worksheet D-1 | | |
| | | | | To | | Date/Time Prep 4/9/2019 3:29 | | |
| | | | Title X | | Hospi tal | PPS | | |
| | Cost Center Description | Total Inpatient Cost Inpa | | Average Per | Program Days | Program Cost (col. 3 x col. | | |
| | | | | col . 2) | | 4) | | |
| 42. 00 | NURSERY (title V & XIX only) | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | 42. 00 | |
| 42.00 | Intensive Care Type Inpatient Hospital Units | 0 | <u> </u> | 0.00 | <u> </u> | 0 | 42.00 | |
| 43.00 | INTENSIVE CARE UNIT | 6, 291, 566 | 3, 294 | 1, 910. 01 | 1, 458 | 2, 784, 795 | 43.00 | |
| 44. 00 45. 00 | CORONARY CARE UNIT BURN INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 44. 00 45. 00 | |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | | | | | | 46.00 | |
| 47. 00 | NEWBORN INTENSIVE CARE UNIT Cost Center Description | 1, 218, 144 | 278 | 4, 381. 81 | 0 | 0 | 47. 00 | |
| | cost center bescription | | | | | 1. 00 | | |
| 48. 00 | Program inpatient ancillary service cost (Wk | | | ` | | 13, 520, 000 | 48. 00 | |
| 49. 00 | Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS | 41 through 48)(See | Instructions |) | | 27, 899, 444 | 49. 00 | |
| 50.00 | Pass through costs applicable to Program inp | atient routine serv | /ices (from W | kst. D, sum o | of Parts I and | 1, 814, 070 | 50.00 | |
| 51. 00 | <pre> Pass through costs applicable to Program inp</pre> | atient ancillary se | ervices (from | Wkst D sum | n of Parts II | 1, 443, 586 | 51. 00 | |
| 01.00 | and IV) | attent unertrary so | 31 11 003 (11 0111 | mot. b, sun | · or runts ii | | | |
| 52. 00 53. 00 | Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu | | nd non nhươi | cian anosthat | ict and | 3, 257, 656 24, 641, 788 | | |
| 33.00 | medical education costs (line 49 minus line | | eu, Horr-priysi | Crair anestne | .ist, and | 24, 041, 700 | 33.00 | |
| | TARGET AMOUNT AND LIMIT COMPUTATION | | | | | | E 4 00 | |
| 54. 00 55. 00 | Program discharges Target amount per discharge | | | | | 0 0. 00 | 54. 00 55. 00 | |
| 56.00 | Target amount (line 54 x line 55) | | | | | 0 | 56.00 | |
| 57. 00 58. 00 | Difference between adjusted inpatient operat Bonus payment (see instructions) | ing cost and target | t amount (lin | e 56 minus li | ne 53) | 0 | 57. 00 58. 00 | |
| 59. 00 | Lesser of lines 53/54 or 55 from the cost re | porting period endi | ng 1996, upd | ated and comp | ounded by the | 0.00 | 59. 00 | |
| (0.00 | market basket | - | 0.00 | 60. 00 | | | | |
| 61.00 | 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket 61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by | | | | | | | |
| | which operating costs (line 53) are less tha | | | | | | | |
| 62. 00 | amount (line 56), otherwise enter zero (see instructions) 62.00 Relief payment (see instructions) | | | | | | | |
| 63.00 | Allowable Inpatient cost plus incentive paym | 0 | 63.00 | | | | | |
| 64. 00 | PROGRAM INPATIENT ROUTINE SWING BED COST 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See | | | | | | | |
| | instructions)(title XVIII only) | Ü | | | | 0 | 64. 00 | |
| 65. 00 | Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only) | ts after December 3 | 31 of the cos | t reporting p | eriod (See | 0 | 65. 00 | |
| 66. 00 | Total Medicare swing-bed SNF inpatient routi | ne costs (line 64 p | olus line 65) | (title XVIII | only). For | 0 | 66. 00 | |
| 67. 00 | CAH (see instructions) Title V or XIX swing-bed NF inpatient routin | e costs through Dec | rember 31 of | the cost reno | orting period | 0 | 67. 00 | |
| 07.00 | (line 12 x line 19) | c costs till odgir bed | sember 31 01 | the cost repo | n tring perrou | Ĭ | 07.00 | |
| 68. 00 | Title V or XIX swing-bed NF inpatient routin (line 13 x line 20) | e costs after Decer | mber 31 of th | e cost report | ing period | 0 | 68. 00 | |
| 69. 00 | Total title V or XIX swing-bed NF inpatient | routine costs (line | e 67 + line 6 | 8) | | 0 | 69. 00 | |
| 70. 00 | PART III - SKILLED NURSING FACILITY, OTHER N | | | | | | 70.00 | |
| 70.00 | Skilled nursing facility/other nursing facil Adjusted general inpatient routine service c | , | | t (Title 37) | | | 70. 00 71. 00 | |
| 72. 00 | Program routine service cost (line 9 x line | • | 44 11 | 05) | | | 72.00 | |
| 73. 00 74. 00 | Medically necessary private room cost applic Total Program general inpatient routine serv | | | 35) | | | 73. 00 74. 00 | |
| 75. 00 | Capital -related cost allocated to inpatient | • | | ksheet B, Par | t II, column | | 75. 00 | |
| 76. 00 | 26, line 45) Per diem capital-related costs (line 75 ÷ li | ne 2) | | | | | 76. 00 | |
| 77. 00 | Program capital -related costs (line 9 x line | . * | | | | | 77. 00 | |
| 78. 00 79. 00 | Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces | | dor rocordo) | | | | 78. 00 79. 00 | |
| 80. 00 | Total Program routine service costs for comp | , , | · · · · · · · · · · · · · · · · · · · | line 78 minus | sline 79) | | 80.00 | |
| 81.00 | Inpatient routine service cost per diem limi | | · | | | | 81.00 | |
| 82. 00 83. 00 | Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (| * . | | | | | 82. 00 83. 00 | |
| 84. 00 | Program inpatient ancillary services (see in | structions) | | | | | 84. 00 | |
| 85. 00 86. 00 | Utilization review - physician compensation Total Program inpatient operating costs (sum | | nh 85) | | | | 85. 00 86. 00 | |
| | PART IV - COMPUTATION OF OBSERVATION BED PASS | S THROUGH COST | ₁ 00 <i>)</i> | | | | | |
| 87. 00 88. 00 | Total observation bed days (see instructions Adjusted general inpatient routine cost per | | ne 2) | | | 7, 893 1, 480. 42 | 87. 00 88. 00 | |
| | Observation bed cost (line 87 x line 88) (se | • | IC 2) | | | 11, 684, 955 | | |
| | | • | | | , | | | |

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| Health Financial Systems | FRANCI SCAN HE | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|---|----------------|----------------|------------|----------------------------|---------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST | | Provi der CC | | Period: From 01/01/2018 | Worksheet D-1 | |
| | | | | To 12/31/2018 | Date/Time Prep 4/9/2019 3:29 | |
| | | Title | XVIII | Hospi tal | PPS | |
| Cost Center Description | Cost | Routine Cost | column 1 ÷ | Total | Observation | |
| | | (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, 872, 559 | 38, 474, 714 | 0. 12664 | 3 11, 684, 955 | 1, 479, 818 | 90.00 |
| 91.00 Nursing School cost | C | 38, 474, 714 | 0.00000 | 11, 684, 955 | 0 | 91.00 |
| 92.00 Allied health cost | C | 38, 474, 714 | 0.00000 | 11, 684, 955 | 0 | 92.00 |
| 93.00 All other Medical Education | C | 38, 474, 714 | 0.00000 | 11, 684, 955 | 0 | 93.00 |

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| near tn | Financial Systems FRANCISCAN HEAL | TH HAMMOND | In Lie | u of Form CMS-2 | 2552-1 | | | |
|------------------|--|----------------------------------|----------------------------------|---------------------------------|---------|--|--|--|
| | ATION OF INPATIENT OPERATING COST | Provider CCN: 15-0004 | Peri od: | Worksheet D-1 | | | | |
| | | Component CCN: 15-S004 | From 01/01/2018 To 12/31/2018 | Date/Time Prep 4/9/2019 3:29 | | | | |
| | | Title XVIII | Subprovi der - I PF | PPS | р | | | |
| | Cost Center Description | | | 1. 00 | | | | |
| | PART I - ALL PROVIDER COMPONENTS | | | 1.00 | | | | |
| 1. 00 | INPATIENT DAYS Inpatient days (including private room days and swing-bed day | vs oveluding nowhern) | | 9, 115 | 1.0 | | | |
| 2. 00 | Inpatient days (including private room days, excluding swing- | | | 9, 115 | | | | |
| 3. 00 | Private room days (excluding swing-bed and observation bed days | | ivate room days, | 0 | | | | |
| | do not complete this line. | | , | | | | | |
| 4.00 | Semi-private room days (excluding swing-bed and observation by | | vs 21 of the cost | 9, 115 0 | 1 | | | |
| 5. 00 | Total swing-bed SNF type inpatient days (including private reporting period | oolii days) tiii ougii beceilibe | si si di the cost | U | 3.0 | | | |
| 6.00 | Total swing-bed SNF type inpatient days (including private ro | oom days) after December | 31 of the cost | 0 | 6.0 | | | |
| 7 00 | reporting period (if calendar year, enter 0 on this line) | | 04 6 11 | | | | | |
| 7. 00 | Total swing-bed NF type inpatient days (including private rooreporting period | om days) through December | 31 of the cost | 0 | 7.0 | | | |
| 8. 00 | Total swing-bed NF type inpatient days (including private roo | om days) after December 3 | 31 of the cost | 0 | 8.0 | | | |
| | reporting period (if calendar year, enter 0 on this line) | 3 , | | | | | | |
| 9. 00 | Total inpatient days including private room days applicable | to the Program (excluding | swing-bed and | 1, 049 | 9.0 | | | |
| 10. 00 | newborn days) Swing-bed SNF type inpatient days applicable to title XVIII o | onlv (includina private r | oom davs) | 0 | 10.0 | | | |
| | through December 31 of the cost reporting period (see instruc | ctions) | | | | | | |
| 11. 00 | Swing-bed SNF type inpatient days applicable to title XVIII of December 31 of the cost reporting period (if calendar year, of | | room days) after | 0 | 11. C | | | |
| 12. 00 | Swing-bed NF type inpatient days applicable to titles V or XI | | e room days) | 0 | 12.0 | | | |
| | through December 31 of the cost reporting period | . A sin y (iner during private | .o . co dayo, | | | | | |
| 13. 00 | Swing-bed NF type inpatient days applicable to titles V or XI | | | 0 | 13.0 | | | |
| 14. 00 | after December 31 of the cost reporting period (if calendar y Medically necessary private room days applicable to the Progr | | | 0 | 14. C | | | |
| | Total nursery days (title V or XIX only) | Talli (exciduling swiling-bed | uays) | 0 | | | | |
| | Nursery days (title V or XIX only) | | | 0 | 1 | | | |
| 47.00 | SWING BED ADJUSTMENT | | | 0.00 | | | | |
| 17. 00 | Medicare rate for swing-bed SNF services applicable to service reporting period | ces through December 31 c | of the cost | 0. 00 | 17. C | | | |
| 18. 00 | Medicare rate for swing-bed SNF services applicable to servi | ces after December 31 of | the cost | 0.00 | 18.0 | | | |
| 19. 00 | reporting period Medicaid rate for swing-bed NF services applicable to service | es through December 31 of | the cost | 0. 00 | 19.0 | | | |
| | reporting period | | | | | | | |
| 20. 00 | Medicald rate for swing-bed NF services applicable to service reporting period | es after December 31 of t | the cost | 0. 00 | 20.0 | | | |
| 21. 00 | Total general inpatient routine service cost (see instruction | ns) | | 7, 668, 308 | 21.0 | | | |
| 22. 00 | Swing-bed cost applicable to SNF type services through December | ber 31 of the cost report | ing period (line | 0 | 22.0 | | | |
| 23. 00 | 5 x line 17) Swing-bed cost applicable to SNF type services after December | r 31 of the cost reportin | na neriod (line 6 | 0 | 23.0 | | | |
| 23.00 | x line 18) | i or the cost reportin | ig perrou (Trie o | O | 25.0 | | | |
| 24. 00 | Swing-bed cost applicable to NF type services through December | er 31 of the cost reporti | ng period (line | 0 | 24. 0 | | | |
| 25. 00 | 7 x line 19) Swing-bed cost applicable to NF type services after December | 31 of the cost reporting | period (line 8 | 0 | 25. 0 | | | |
| | x line 20) | | , , , | | | | | |
| 26. 00 | Total swing-bed cost (see instructions) | (1: 21 -: 1: 2() | | 7 ((0 200 | | | | |
| 27. 00 | General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | (Trie 21 minus Trie 26) | | 7, 668, 308 |] 27. C | | | |
| 28. 00 | General inpatient routine service charges (excluding swing-be | ed and observation bed ch | narges) | 0 | 28.0 | | | |
| 29. 00 | Private room charges (excluding swing-bed charges) | | | 0 | | | | |
| 30. 00 | Semi-private room charges (excluding swing-bed charges) | | | 0 | | | | |
| 31.00 | General inpatient routine service cost/charge ratio (line 27 | ÷ line 28) | | 0.000000 | | | | |
| 32. 00 33. 00 | Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4) | | | 0. 00 0. 00 | 1 | | | |
| 34. 00 | Average per diem private room charge differential (line 32 mi | inus line 33)(see instruc | ctions) | 0.00 | | | | |
| 35. 00 | Average per diem private room cost differential (line 34 x li | | , | 0.00 | 1 | | | |
| 36. 00 | Private room cost differential adjustment (line 3 x line 35) | , | | 0 | 36.0 | | | |
| 37. 00 | General inpatient routine service cost net of swing-bed cost | and private room cost di | fferential (line | 7, 668, 308 | 37.0 | | | |
| | 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY | | | | 1 | | | |
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ | JUSTMENTS | | | 1 | | | |
| | | | | 841. 28 | 38.0 | | | |
| 38. 00 | Adjusted general inpatient routine service cost per diem (see | | | | | | | |
| | Adjusted general inpatient routine service cost per diem (see | e 38) | | | 39. 0 | | | |

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| Percent Section Percent Section Percent Perc | | Financial Systems | FRANCI SCAN HEALT | | OV. 45. 0004 | | eu of Form CMS- | 2552-10 |
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| Cast Center Description | COMPUT | ATION OF INPATIENT OPERATING COST | | | | | | pared: |
| Cost Center Description | | | | · | | | 4/9/2019 3: 29 | |
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| 76.00 Per diem capital-related costs (line 75 ÷ line 2) 77.00 Program capital-related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 78.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Inpatient routine service costs for comparison to the cost limitation (line 78 minus line 79) 80.00 Inpatient routine service cost per diem limitation 81.00 Inpatient routine service cost limitation (line 9 x line 81) 82.00 Reasonable inpatient routine service costs (see instructions) 83.00 Program inpatient ancillary services (see instructions) 84.00 Utilization review - physician compensation (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total observation bed days (see instructions) 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | | | , | | | Part II, column | | • |
| 77.00 Program capital-related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 80.00 Inpatient routine service cost per diem limitation 81.00 Inpatient routine service cost limitation (line 9 x line 81) 82.00 Reasonable inpatient routine service costs (see instructions) 83.00 Program inpatient ancillary services (see instructions) 84.00 Utilization review - physician compensation (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 87.00 Reasonable inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Reasonable inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Reasonable inpatient routine cost per diem (line 27 ÷ line 2) | 76 00 | | ne 2) | | | | | 76 00 |
| 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 80.00 Inpatient routine service cost per diem limitation 81.00 Inpatient routine service cost limitation (line 9 x line 81) 82.00 Reasonable inpatient routine service costs (see instructions) 83.00 Program inpatient ancillary services (see instructions) 84.00 Utilization review - physician compensation (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total observation bed days (see instructions) 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Reasonable inpatient routine service costs (see instructions) 87.00 Reasonable inpatient routine service costs (see instructions) 88.00 Reasonable inpatient routine service costs (see instructions) 87.00 Reasonable inpatient routine service cost limitation (line 78 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 78 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 78 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 78 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 9 x line 81) 88.00 Reasonable inpatient routine service cost limitation (line 78 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 79 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 78 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 79 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 78 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 78 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (line 78 minus line 79) 88.00 Reasonable inpatient routine service cost limitation (li | | | | | | | | |
| 80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 81.00 Inpatient routine service cost per diem limitation 82.00 Inpatient routine service cost limitation (line 9 x line 81) 82.00 Reasonable inpatient routine service costs (see instructions) 83.00 Program inpatient ancillary services (see instructions) 84.00 Utilization review - physician compensation (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total observation bed days (see instructions) 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 88.00 | | | | ulder recer | le) | | | |
| 82.00 Inpatient routine service cost limitation (line 9 x line 81) 82.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Reasonable inpatient routine service costs (see instructions) 84.00 Reasonable inpatient routine service costs (see instructions) 85.00 Reasonable inpatient routine service costs (see instructions) 86.00 Reasonable inpatient routine service costs (see instructions) 87.00 Reasonable inpatient routine services (see instructions) 87.00 Reasonable inpatient | | | | | | nus line 79) | | |
| 83.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 85.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Total observation bed days (see instructions) 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Reasonable inpatient routine service costs (see instructions) 84.00 85.00 86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Reasonable inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Reasonable inpatient routine service costs (see instructions) 87.00 Reasonable inpatient routine service costs (see instructions) 87.00 Reasonable inpatient routine service costs (see instructions) 87.00 Reasonable inpatient routine services (see instructions) 88.00 Reasonable inpatient ancillary services (see instructions) 88.00 Reasonable inpatient ancillary services (see instructions) 88.00 Reasonable inpatient ancillary services (see instructions) 88.00 Reasonable inpatient ancillary services (see instructions) 88.00 Reasonable inpatient ancillary services (see instructions) 88.00 Reasonable inpatient ancillary services (see instructions) 88.00 Reasonable inpatient ancillary services (see instructions) 88.00 Reasonable inpatient ancillary services (see in | | | | | | | | |
| 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total observation bed days (see instructions) 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | | · · | · · · · · · · · · · · · · · · · · · · | | | | | |
| 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 7 Total observation bed days (see instructions) 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 | 84. 00 | Program inpatient ancillary services (see in | structions) | | | | | 84. 00 |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 87.00 Total observation bed days (see instructions) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 87.00 88.00 | | | | | | | | |
| 87.00 Total observation bed days (see instructions) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 87.00 88.00 88.00 | ου. UU | | | ugii oo) | | | | 00.00 |
| | | Total observation bed days (see instructions |) | inc 2) | | | | |
| | | , | • | ine 2) | | | | |

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| Health Financial Systems | FRANCI SCAN HEA | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|---|-----------------|----------------|------------|----------------------------------|-----------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST | | Provi der CC | | Peri od: | Worksheet D-1 | |
| | | Component (| | From 01/01/2018 To 12/31/2018 | | |
| | | Title | XVIII | Subprovi der – I PF | 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 | 87, 846 | 7, 668, 308 | 0. 01145 | 6 0 | 0 | 90.00 |
| 91.00 Nursing School cost | 0 | 7, 668, 308 | 0.00000 | 0 0 | 0 | 91.00 |
| 92.00 Allied health cost | 0 | 7, 668, 308 | 0. 00000 | 0 0 | ol | 92.00 |
| 93.00 All other Medical Education | 0 | 7, 668, 308 | 0. 00000 | 0 0 | ol | 93.00 |

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| Heal th | Financial Systems FRANCISCAN HEAL | TH HAMMOND | In Lie | u of Form CMS-2 | 2552-10 | | |
|----------------------------|--|--|----------------------------------|-----------------------|--------------|--|--|
| | ATION OF INPATIENT OPERATING COST | Provider CCN: 15-0004 | Peri od: | Worksheet D-1 | | | |
| | | Component CCN: 15-S004 | From 01/01/2018 To 12/31/2018 | | | | |
| | | Title XIX | Subprovi der - | 4/9/2019 3: 29 PPS | pm | | |
| | Cost Center Description | | I PF | | | | |
| | PART I - ALL PROVIDER COMPONENTS | | | 1. 00 | | | |
| | I NPATI ENT DAYS | | | | | | |
| 1.00 | Inpatient days (including private room days and swing-bed day | | | 9, 115 | | | |
| 2. 00 3. 00 | Inpatient days (including private room days, excluding swing- Private room days (excluding swing-bed and observation bed days) | | ivate room dave | 9, 115 0 | | | |
| 3.00 | do not complete this line. | ays). If you have only pr | Tvate Toolii days, | O | 3.00 | | |
| 4.00 | Semi-private room days (excluding swing-bed and observation between the semi-private room days (excluding swing-bed and observation between the semi-private room days (excluding swing-bed and observation between the semi-private room days). | | | 9, 115 | | | |
| 5.00 | Total swing-bed SNF type inpatient days (including private reporting period | oom days) through Decembe | er 31 of the cost | 0 | 5.00 | | |
| 6. 00 | Total swing-bed SNF type inpatient days (including private ro | oom davs) after December | 31 of the cost | 0 | 6.00 | | |
| | reporting period (if calendar year, enter 0 on this line) | 3 , | | | | | |
| 7. 00 | Total swing-bed NF type inpatient days (including private room | om days) through December | 31 of the cost | 0 | 7.00 | | |
| 8. 00 | reporting period Total swing-bed NF type inpatient days (including private roo | om davs) after December 3 | 1 of the cost | 0 | 8.00 | | |
| 0.00 | reporting period (if calendar year, enter 0 on this line) | 3 , | | | | | |
| 9. 00 | Total inpatient days including private room days applicable | to the Program (excluding | swing-bed and | 3, 958 | 9. 00 | | |
| 10. 00 | newborn days) Swing-bed SNF type inpatient days applicable to title XVIII o | only (including private r | room days) | 0 | 10.00 | | |
| | through December 31 of the cost reporting period (see instruc | ctions) | | | | | |
| 11. 00 | Swing-bed SNF type inpatient days applicable to title XVIII of | | room days) after | 0 | 11. 00 | | |
| 12. 00 | December 31 of the cost reporting period (if calendar year, a Swing-bed NF type inpatient days applicable to titles V or XI | | e room days) | 0 | 12.00 | | |
| 12.00 | through December 31 of the cost reporting period | ix only (including privat | e room days) | G | 12.00 | | |
| 13. 00 | Swing-bed NF type inpatient days applicable to titles V or XI | | | 0 | 13. 00 | | |
| 14. 00 | after December 31 of the cost reporting period (if calendar y Medically necessary private room days applicable to the Progr | | | 0 | 14.00 | | |
| | Total nursery days (title V or XIX only) | rain (exertaining swring bea | days) | 966 | | | |
| 16. 00 | Nursery days (title V or XIX only) | | | 198 | 16. 00 | | |
| 17. 00 | SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service | cos through Docombor 21 c | of the cost | 0.00 | 17. 00 | | |
| 17.00 | reporting period | ces till ough becember 31 c | ii the cost | 0.00 | 17.00 | | |
| 18. 00 | Medicare rate for swing-bed SNF services applicable to service | ces after December 31 of | the cost | 0. 00 | 18.00 | | |
| 19. 00 | reporting period Medicaid rate for swing-bed NF services applicable to service | os through Dosombor 21 of | the cost | 0.00 | 19.00 | | |
| 19.00 | reporting period | es through becember 31 of | the cost | 0.00 | 19.00 | | |
| 20. 00 | Medicaid rate for swing-bed NF services applicable to service | es after December 31 of t | he cost | 0. 00 | 20.00 | | |
| 21. 00 | reporting period Total general inpatient routine service cost (see instruction | ne) | | 7, 668, 308 | 21.00 | | |
| 22. 00 | Swing-bed cost applicable to SNF type services through December | | ing period (line | 7, 000, 300 | 1 | | |
| | 5 x line 17) | • | | | | | |
| 23. 00 | Swing-bed cost applicable to SNF type services after December | r 31 of the cost reportin | g period (line 6 | 0 | 23.00 | | |
| 24. 00 | x line 18) Swing-bed cost applicable to NF type services through December | er 31 of the cost reporti | na period (line | 0 | 24.00 | | |
| | 7 x line 19) | • | | | | | |
| 25. 00 | Swing-bed cost applicable to NF type services after December | 31 of the cost reporting | period (line 8 | 0 | 25. 00 | | |
| 26. 00 | x line 20) Total swing-bed cost (see instructions) | | | 0 | 26. 00 | | |
| 27. 00 | General inpatient routine service cost net of swing-bed cost | (line 21 minus line 26) | | 7, 668, 308 | 27. 00 | | |
| 20.00 | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | ad and abasevetion had al | ongoo) | 0 | 1 20 00 | | |
| 28. 00 29. 00 | General inpatient routine service charges (excluding swing-be Private room charges (excluding swing-bed charges) | ed and observation bed cr | larges) | 0 | | | |
| 30.00 | Semi -pri vate room charges (excluding swing-bed charges) | | | 0 | | | |
| 31. 00 | General inpatient routine service cost/charge ratio (line 27 | ÷ line 28) | | 0. 000000 | 1 | | |
| 32.00 | Average private room per diem charge (line 29 ÷ line 3) | | | 0.00 | 1 | | |
| 33. 00 34. 00 | Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 mi | inus line 33)(see instrud | tions) | 0. 00 0. 00 | • | | |
| 35. 00 | Average per diem private room cost differential (line 34 x li | | - / | 0. 00 | 1 | | |
| 36.00 | Private room cost differential adjustment (line 3 x line 35) | | 66 | 7 ((0 300 | | | |
| 37. 00 | General inpatient routine service cost net of swing-bed cost 27 minus line 36) | and private room cost di | TTERENTIAL (line | 7, 668, 308 | 37.00 | | |
| | PART II - HOSPITAL AND SUBPROVIDERS ONLY | | | | 1 | | |
| | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ | | | | | | |
| | Adjusted general inpatient routine service cost per diem (see | e instructions) | | 841. 28 | | | |
| 38.00 | | DO Program general inpatient routine service cost (line 9 x line 38) 3,329,786 | | | | | |
| 38. 00 39. 00 40. 00 | | • | | 3, 329, 786 0 | 1 | | |

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| Heal th | Financial Systems | FRANCISCAN HEALT | ΓΗ HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|------------------|---|---------------------------|--------------------|--------------------------------------|----------------------------|--------------------------------------|------------------|
| COMPUT | ATION OF INPATIENT OPERATING COST | | Provider CCN: | | Period: From 01/01/2018 | Worksheet D-1 | |
| | | | Component CCN: | | Го 12/31/2018 | 4/9/2019 3: 29 | |
| | | | Title X | I X | Subprovi der - I PF | PPS | |
| | Cost Center Description | Total Inpatient CostIn | patient Days Die | verage Per m (col. 1 - col. 2) | Program Days | Program Cost (col. 3 x col. 4) | |
| 42.00 | NUDCEDY (+; +1 - V 0 VIV and a) | 1.00 | 2. 00 | 3.00 | 4.00 | 5. 00 | 12.00 |
| 42. 00 | NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units | 0 | 0 | 0.00 | 0 | 0 | 42.00 |
| 43. 00 44. 00 | INTENSIVE CARE UNIT CORONARY CARE UNIT | 0 | 0 | 0. 00 0. 00 | | _ | |
| 45. 00 | BURN INTENSIVE CARE UNIT | | | 0.00 | | | 45. 00 |
| 46. 00 47. 00 | SURGICAL INTENSIVE CARE UNIT NEWBORN INTENSIVE CARE UNIT | 0 | o | 0. 00 | 0 | 0 | 46. 00 47. 00 |
| 47.00 | Cost Center Description | <u> </u> | <u> </u> | 0.00 | 5, 0 | | 47.00 |
| 48. 00 | Program inpatient ancillary service cost (Wk: | st. D-3. col. 3. | line 200) | | | 1. 00 14, 844 | 48. 00 |
| 49. 00 | Total Program inpatient costs (sum of lines | | | | | 3, 344, 630 | |
| 50. 00 | PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program input | atient routine se | ervices (from Wks | st. D, sum | of Parts I and | 0 | 50.00 |
| 51. 00 | Pass through costs applicable to Program inp | ationt ancillary | sorvices (from) | Mkst D si | ım of Darte II | 2 420 | 51.00 |
| | and IV) | , | services (Trolli i | WKSt. D, St | um of Farts II | | |
| 52. 00 53. 00 | Total Program excludable cost (sum of lines ! Total Program inpatient operating cost exclu | , | ited non-nhysici | ian anesthe | atist and | 2, 420 3, 342, 210 | |
| 00.00 | medical education costs (line 49 minus line | | | - an anostri | otrot, una | 3, 312, 213 | 00.00 |
| 54. 00 | TARGET AMOUNT AND LIMIT COMPUTATION Program discharges | | | | | 0 | 54.00 |
| 55. 00 56. 00 | Target amount per discharge Target amount (line 54 x line 55) | | | | | 0. 00 0 | 55. 00 56. 00 |
| 57. 00 | Difference between adjusted inpatient operati | ing cost and targ | et amount (line | 56 minus I | ine 53) | 0 | |
| 58. 00 59. 00 | Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re | porting period en | udina 1006 unda: | ted and cor | nounded by the | 0 0. 00 | 58. 00 59. 00 |
| 37.00 | market basket | 0 1 | | | ipounded by the | 0.00 | |
| 60. 00 61. 00 | | | | | | | |
| 000 | which operating costs (line 53) are less than | n expected costs | | | | Ū | 61.00 |
| 62. 00 | amount (line 56), otherwise enter zero (see Relief payment (see instructions) | nstructions) | | | | 0 | 62. 00 |
| 63. 00 | | | | | | | |
| 64. 00 | Medicare swing-bed SNF inpatient routine cos | ts through Decemb | er 31 of the cos | st reportir | ng period (See | 0 | 64. 00 |
| 65. 00 | <pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre> | ts after December | 31 of the cost | reporti ng | period (See | 0 | 65. 00 |
| 66. 00 | instructions) (title XVIII only) | no costs (lino 64 | plus lips 4E)/- | +: +! ^ V\/!!! | only) For | 0 | 44 00 |
| | Total Medicare swing-bed SNF inpatient routil CAH (see instructions) | | • | | • | | 66. 00 |
| 67. 00 | Title V or XIX swing-bed NF inpatient routing (line 12 x line 19) | e costs through D | ecember 31 of th | ne cost rep | oorting period | 0 | 67. 00 |
| 68. 00 | Title V or XIX swing-bed NF inpatient routing | e costs after Dec | ember 31 of the | cost repor | ting period | 0 | 68. 00 |
| 69. 00 | (line 13 x line 20) Total title V or XIX swing-bed NF inpatient | routine costs (li | ne 67 + line 68) |) | | 0 | 69. 00 |
| 70. 00 | PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facil | | | | | | 70.00 |
| 71. 00 | Adjusted general inpatient routine service co | ost per diem (lin | | (11110 37) | | | 71. 00 |
| 72. 00 73. 00 | Program routine service cost (line 9 x line Medically necessary private room cost applications) | • | line 14 x line 3 | 35) | | | 72. 00 73. 00 |
| 74. 00 | Total Program general inpatient routine serv | ice costs (line 7 | 2 + line 73) | , | | | 74. 00 |
| 75. 00 | Capital-related cost allocated to inpatient 26, line 45) | routine service d | OSTS (From Works | sneet B, Pa | art II, column | | 75. 00 |
| 76. 00 77. 00 | Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line | | | | | | 76. 00 77. 00 |
| 78.00 | Inpatient routine service cost (line 74 minus | s line 77) | | | | | 78. 00 |
| 79. 00 80. 00 | Aggregate charges to beneficiaries for excess Total Program routine service costs for compa | | | ine 78 minu | us line 79) | | 79. 00 80. 00 |
| 81.00 | Inpatient routine service cost per diem limit | tati on | | | , | | 81. 00 |
| 82. 00 83. 00 | Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (| | | | | | 82. 00 83. 00 |
| 84.00 | Program inpatient ancillary services (see in | structions) | | | | | 84.00 |
| 85. 00 86. 00 | Utilization review - physician compensation Total Program inpatient operating costs (sum | | | | | | 85. 00 86. 00 |
| 87. 00 | PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions | | | | | 0 | 87. 00 |
| 88. 00 | Adjusted general inpatient routine cost per | diem (line 27 ÷ l | ine 2) | | | 0.00 | 88. 00 |
| 89. 00 | Observation bed cost (line 87 x line 88) (see | e instructions) | | | | 0 | 89. 00 |

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| Health Financial Systems | FRANCI SCAN HE | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|---|----------------|----------------|--------------|----------------------------------|-----------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST | | Provi der CO | | Peri od: | Worksheet D-1 | |
| | | Component (| CCN: 15-S004 | From 01/01/2018 To 12/31/2018 | | |
| | | Ti tl | e XIX | Subprovi der - I PF | PPS | |
| Cost Center Description | Cost | Routine Cost | column 1 ÷ | Total | Observation | |
| | | (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 | 0 | 7, 668, 308 | 0.00000 | 00 | 0 | 90. 00 |
| 91.00 Nursing School cost | 0 | 7, 668, 308 | 0.00000 | 00 | 0 | 91. 00 |
| 92.00 Allied health cost | 0 | 7, 668, 308 | 0. 00000 | 00 | 0 | 92.00 |
| 93.00 All other Medical Education | 0 | 7, 668, 308 | 0. 00000 | 00 | 0 | 93. 00 |

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| Heal th | Fi nan | cial Systems FRANCISCAN HEALTH | H HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|------------------|--------|---|-------------|--------------------|----------------------------------|---------------------------------|--------------------|
| | | ICILLARY SERVICE COST APPORTIONMENT | Provi der C | CN: 15-0004 | Peri od: | Worksheet D-3 | |
| | | | Component | CCN: 15-S004 | From 01/01/2018 To 12/31/2018 | | |
| | | | Title | · XVIII | Subprovi der - I PF | PPS | |
| | | Cost Center Description | | Ratio of Cos | t Inpatient | Inpati ent | |
| | | | | To Charges | Program Charges | Program Costs (col. 1 x col. | |
| | | | | | | 2) | |
| | LNDAT | LENT DOUTLINE CEDIU OF COCT CENTEDS | | 1.00 | 2. 00 | 3. 00 | |
| 30. 00 | | I ENT ROUTI NE SERVI CE COST CENTERS ADULTS & PEDI ATRI CS | | | 0 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | | 0 | | 31. 00 |
| 32. 00 | 1 | CORONARY CARE UNIT | | | 0 | | 32. 00 |
| 35. 00 40. 00 | | NEWBORN INTENSIVE CARE UNIT SUBPROVIDER - IPF | | | 2, 729, 488 | | 35. 00 40. 00 |
| 43. 00 | | NURSERY | | | 2, 727, 100 | | 43. 00 |
| | | LARY SERVICE COST CENTERS | | | | | |
| 50. 00 50. 01 | 1 | OPERATING ROOM OPEN HEART SURGERY | | 0. 2220 0. 0000 | | 0 | 1 |
| 50. 01 | | OUTPATI ENT SURGERY | | 0. 0000 | | 0 | |
| 51. 00 | | RECOVERY ROOM | | 0. 1341 | | 0 | |
| 53. 00 | | ANESTHESI OLOGY | | 0. 3067 | | 0 | |
| 54. 00 54. 01 | 1 | RADI OLOGY-DI AGNOSTI C RADI OLOGY SPECI AL PROCEDURES | | 0. 2631 0. 1763 | | 4, 139 0 | 1 |
| 54. 01 | 1 | ULTRASOUND | | 0. 1763 | | - | 1 |
| 55. 00 | 1 | RADI OLOGY-THERAPEUTI C | | 0.0000 | | 0 | 1 |
| 55. 01 | | COMPUTED TOMOGRAPHY | | 0. 0417 | | | 1 |
| 57. 00 58. 00 | 05700 | CT SCAN | | 0.0000 0.0000 | | 0 | |
| 59. 00 | 1 | CARDI AC CATHETERI ZATI ON | | 0.0000 | | 0 | |
| 60. 00 | 1 | LABORATORY | | 0. 1256 | | | 1 |
| 60. 01 | 1 | BLOOD LABORATORY | | 0.0000 | | - | |
| 63. 00 63. 01 | | BLOOD STORING, PROCESSING & TRANS. NUCLEAR MEDICINE | | 0. 0702 0. 1711 | | 0 1, 133 | |
| 65. 00 | 1 | RESPIRATORY THERAPY | | 0. 1711 | | | 1 |
| 66. 00 | 1 | PHYSI CAL THERAPY | | 0. 7293 | | | 1 |
| 67. 00 | 1 | OCCUPATI ONAL THERAPY | | 0. 2316 | | | 1 |
| 68. 00 69. 00 | | SPEECH PATHOLOGY ELECTROCARDI OLOGY | | 0. 4172 0. 0667 | | 296 3, 879 | 1 |
| 70. 00 | | ELECTROENCEPHALOGRAPHY | | 0. 2234 | | 3, 8/9 | 70.00 |
| 71. 00 | | MEDICAL SUPPLIES CHARGED TO PATIENT | | 0. 2965 | | | 71. 00 |
| 72. 00 | | IMPL. DEV. CHARGED TO PATIENTS | | 1. 0953 | | 0 | |
| 73. 00 76. 00 | 1 | DRUGS CHARGED TO PATIENTS PAIN CLINIC | | 0. 1173 0. 0000 | | 58, 709 0 | 1 |
| 76. 00 | | ORTHOPEDICS | | 10. 0300 | | 0 | 1 |
| 76. 02 | 03140 | CARDI OVASCULAR SERVI CES | | 0. 1593 | | 0 | 76. 02 |
| 76. 03 | | CARDI AC REHABI LI TATI ON | | 0. 4538 | | 0 | |
| 76. 04 76. 05 | 03190 | RADIATION ONCOLOGY | | 0. 6364 0. 0714 | | | |
| 76. 06 | | BARI ATRI C CENTER | | 0.0000 | | 0 | |
| 76. 07 | | PSYCH ACTIVITY THERAPY | | 0.0000 | | 0 | |
| 76. 08 | | WOUND CARE | | 0. 3541 | | 0 | |
| 76. 09 76. 10 | | RENAL DI ALYSI S I NFUSI ON | | 0. 5032 0. 3188 | | 0 | 1 |
| 76. 11 | | CARE TRANSITION CENTER | | 0. 0000 | | Ö | 1 |
| 76. 12 | | ANTI COAGULATION CLINIC | | 0. 8554 | 0 0 | 0 | 76. 12 |
| 88. 00 | | TIENT SERVICE COST CENTERS RURAL HEALTH CLINIC | | 0.0000 | 20 | Ο | 88. 00 |
| 89. 00 | | FEDERALLY QUALIFIED HEALTH CENTER | | 0.0000 | | 0 | |
| 90. 00 | 09000 | CLI NI C | | 0.0000 | 00 0 | 0 | 1 |
| 90. 01 | | OCC HEALTH CLINIC | | 0.0000 | | 0 | |
| 90. 02 90. 03 | | CARDI OLOGY CLI NI C SPECI ALTY CLI NI C | | 0. 0000 0. 5482 | | 0 | 1 |
| 91. 00 | | EMERGENCY | | 0. 3482 | | | |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | | 0. 8796 | 0 0 | 0 | 92. 00 |
| 200.00 | 1 | Total (sum of lines 50 through 94 and 96 through 98) | (11: 11) | | 1, 185, 788 | 172, 326 | |
| 201.00 202.00 | 1 | Less PBP Clinic Laboratory Services-Program only charges Net charges (line 200 minus line 201) | (IINE 61) | | 1, 185, 788 | | 201. 00 202. 00 |
| 202.00 | 1 | mot sharges (Title 200 millios Title 201) | | I | 1, 105, 766 | I | 1202.00 |

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| Heal th | Finan | cial Systems FRANCISCAN HEALTH | H HAMMOND | | In Lie | eu of Form CMS-2 | 2552-10 |
|------------------|--------|--|-------------|--------------------|----------------------------------|-----------------------|------------------|
| | | ICILLARY SERVICE COST APPORTIONMENT | Provi der C | CN: 15-0004 | Peri od: | Worksheet D-3 | |
| | | | Component | CCN: 15-S004 | From 01/01/2018 To 12/31/2018 | | |
| | | | Ti tI | e XIX | Subprovi der - | 4/9/2019 3: 29 PPS | _pm |
| | | Cost Center Description | | Ratio of Cos | I PF it I npati ent | Inpati ent | |
| | | oust defiter bescription | | To Charges | Program | Program Costs | |
| | | | | | Charges | (col. 1 x col. 2) | |
| | | | | 1.00 | 2. 00 | 3. 00 | |
| 20.00 | | I ENT ROUTI NE SERVI CE COST CENTERS | | T | | | 20.00 |
| 30. 00 31. 00 | | ADULTS & PEDIATRICS INTENSIVE CARE UNIT | | | 0 | | 30. 00 31. 00 |
| 32.00 | 02060 | CORONARY CARE UNIT | | | 0 | | 32. 00 |
| 35. 00 40. 00 | | NEWBORN INTENSIVE CARE UNIT SUBPROVIDER - IPF | | | 9, 123, 739 | | 35. 00 40. 00 |
| 43. 00 | | NURSERY | | | 9, 123, 739 | | 43.00 |
| | ANCI L | LARY SERVICE COST CENTERS | | | | | |
| 50.00 | 1 | OPERATING ROOM | | 0. 2220 | | 0 | 1 |
| 50. 01 50. 02 | | OPEN HEART SURGERY OUTPATIENT SURGERY | | 0. 0000 0. 4701 | | | |
| 51. 00 | | RECOVERY ROOM | | 0. 1341 | | 0 | |
| 53.00 | | ANESTHESI OLOGY | | 0. 3067 | | 0 | 53.00 |
| 54. 00 54. 01 | 1 | RADI OLOGY-DI AGNOSTI C RADI OLOGY SPECI AL PROCEDURES | | 0. 2631 0. 1763 | | 0 | 54. 00 54. 01 |
| 54. 02 | 1 | ULTRASOUND | | 0. 1069 | - ' | Ö | 54. 02 |
| 55.00 | 1 | RADI OLOGY-THERAPEUTI C | | 0.0000 | | 0 | 55. 00 |
| 55. 01 | | COMPUTED TOMOGRAPHY | | 0. 0417 | | 0 | |
| 57. 00 58. 00 | 05700 | CT SCAN MRI | | 0.0000 0.0000 | | 0 | |
| 59. 00 | 1 | CARDI AC CATHETERI ZATI ON | | 0. 0000 | | Ö | |
| 60.00 | | LABORATORY | | 0. 1256 | | 0 | 60.00 |
| 60. 01 63. 00 | 1 | BLOOD LABORATORY BLOOD STORING, PROCESSING & TRANS. | | 0. 0000 0. 0702 | | 0 | 60. 01 63. 00 |
| 63. 00 | | NUCLEAR MEDICINE | | 0.0702 | | 0 | 1 |
| 65. 00 | 1 | RESPI RATORY THERAPY | | 0. 1538 | | 0 | 65. 00 |
| 66.00 | | PHYSI CAL THERAPY | | 0. 7293 | | 0 | 66.00 |
| 67. 00 68. 00 | 1 | OCCUPATIONAL THERAPY SPEECH PATHOLOGY | | 0. 2316 0. 4172 | | 0 | 67. 00 68. 00 |
| 69. 00 | | ELECTROCARDI OLOGY | | 0. 0667 | | 14, 476 | 1 |
| 70. 00 | | ELECTROENCEPHALOGRAPHY | | 0. 2234 | | 0 | 1 |
| 71. 00 72. 00 | 1 | MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS | | 0. 2965 1. 0953 | | 0 | 1 |
| 73. 00 | 1 | DRUGS CHARGED TO PATIENTS | | 0. 1173 | | 0 | 1 |
| 76. 00 | 03020 | PAIN CLINIC | | 0.0000 | | 0 | 1 |
| 76. 01 | 1 | ORTHOPEDI CS | | 10. 0300 | | 0 | |
| 76. 02 76. 03 | 1 | CARDI OVASCULAR SERVI CES CARDI AC REHABI LI TATI ON | | 0. 1593 0. 4538 | | 0 | 76. 02 76. 03 |
| 76. 04 | | RADI ATI ON ONCOLOGY | | 0. 6364 | | | 1 |
| 76. 05 | 03951 | | | 0. 0714 | | | |
| 76. 06 76. 07 | 1 | BARIATRIC CENTER PSYCH ACTIVITY THERAPY | | 0. 0000 0. 0000 | | 0 | 1 |
| 76. 07 | | WOUND CARE | | 0. 3541 | | | |
| 76. 09 | 1 | RENAL DIALYSIS | | 0. 5032 | | 0 | |
| 76. 10 | | I NFUSI ON | | 0. 3188 | | 0 | |
| 76. 11 76. 12 | 1 | CARE TRANSITION CENTER ANTICOAGULATION CLINIC | | 0. 0000 0. 8554 | | 0 | 1 |
| 70. 12 | | TIENT SERVICE COST CENTERS | | 0.0001 | 31 0 | <u> </u> | 70.12 |
| 88. 00 | | RURAL HEALTH CLINIC | | 0.0000 | | 0 | 1 |
| 89. 00 90. 00 | 1 | FEDERALLY QUALIFIED HEALTH CENTER CLINIC | | 0.0000 0.0000 | | 0 | |
| 90.00 | | OCC HEALTH CLINIC | | 0.0000 | | 0 | |
| 90. 02 | 09002 | CARDI OLOGY CLI NI C | | 0.0000 | 00 | 0 | 90. 02 |
| 90. 03 | | SPECIALTY CLINIC | | 0. 5482 | | 0 | |
| 91. 00 92. 00 | | EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART | | 0. 2374 0. 8796 | | 368 | 91. 00 92. 00 |
| 200.00 | | Total (sum of lines 50 through 94 and 96 through 98) | | 5. 5, 70 | 218, 326 | 14, 844 | 200. 00 |
| 201.00 | 1 | Less PBP Clinic Laboratory Services-Program only charges | (line 61) | | 0 | | 201. 00 |
| 202.00 | ון | Net charges (line 200 minus line 201) | | I | 218, 326 | I | 202. 00 |

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| | | Title XVIII | Hospi tal | 4/9/2019 3: 29 PPS | piii |
|------------------|--|-------------------------|------------------|-----------------------|------------------|
| | | | | 1 00 | |
| | PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS | | | 1. 00 | |
| 1.00 | DRG Amounts Other than Outlier Payments | | | 0 | 1.00 |
| 1. 01 | DRG amounts other than outlier payments for discharges occurring instructions) | g prior to October 1 (s | see | 12, 574, 701 | 1. 01 |
| 1. 02 | DRG amounts other than outlier payments for discharges occurring instructions) | g on or after October 1 | (see | 4, 287, 816 | 1. 02 |
| 1.03 | DRG for federal specific operating payment for Model 4 BPCI for 1 (see instructions) | discharges occurring p | rior to October | 0 | 1. 03 |
| 1.04 | DRG for federal specific operating payment for Model 4 BPCI for October 1 (see instructions) | discharges occurring o | n or after | 0 | 1. 04 |
| 2.00 | Outlier payments for discharges. (see instructions) | | | 1, 276, 685 0 | 2. 00 2. 01 |
| 2. 01 2. 02 | Outlier reconciliation amount Outlier payment for discharges for Model 4 BPCI (see instruction | ns) | | 0 | 2.01 |
| 3. 00 | Managed Care Simulated Payments | 13) | | 5, 977, 393 | 3.00 |
| 4. 00 | Bed days available divided by number of days in the cost report | ing period (see instruc | tions) | 154. 92 | 4. 00 |
| | Indirect Medical Education Adjustment | 31 | | | |
| 5.00 | FTE count for allopathic and osteopathic programs for the most or before 12/31/1996. (see instructions) | recent cost reporting p | eriod ending on | 6. 11 | 5. 00 |
| 6. 00 | FTE count for allopathic and osteopathic programs that meet the new programs in accordance with 42 CFR 413.79(e) | criteria for an add-on | to the cap for | 0. 00 | 6. 00 |
| 7.00 | MMA Section 422 reduction amount to the IME cap as specified und | der 42 CFR §412.105(f)(| 1) (i v) (B) (1) | 1. 72 | 7. 00 |
| 7. 01 | ACA § 5503 reduction amount to the IME cap as specified under 4: cost report straddles July 1, 2011 then see instructions. | 2 CFR §412.105(f)(1)(iv | ')(B)(2) If the | 0. 00 | 7. 01 |
| 8. 00 | Adjustment (increase or decrease) to the FTE count for allopathiaffiliated programs in accordance with 42 CFR 413.75(b), 413.79 1998), and 67 FR 50069 (August 1, 2002). | | | 0.00 | 8. 00 |
| 8. 01 | The amount of increase if the hospital was awarded FTE cap slots report straddles July 1, 2011, see instructions. | s under § 5503 of the A | CA. If the cost | 0.00 | 8. 01 |
| 8. 02 | The amount of increase if the hospital was awarded FTE cap slots under § 5506 of ACA. (see instructions) | s from a closed teachin | ıg hospi tal | 0.00 | 8. 02 |
| 9. 00 | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines instructions) | (8, 8,01 and 8,02) (s | see | 4. 39 | 9. 00 |
| 10.00 | FTE count for allopathic and osteopathic programs in the curren | t year from your record | ls | 4. 51 | 10.00 |
| 11. 00 12. 00 | FTE count for residents in dental and podiatric programs. Current year allowable FTE (see instructions) | | | 2. 71 7. 10 | 11. 00 12. 00 |
| 13. 00 | Total allowable FTE count for the prior year. | | | 6. 84 | 13. 00 |
| 14. 00 | Total allowable FTE count for the penultimate year if that year otherwise enter zero. | ended on or after Sept | ember 30, 1997, | 5. 62 | 14. 00 |
| 15. 00 | Sum of lines 12 through 14 divided by 3. | | | 6. 52 | 15. 00 |
| 16. 00 | Adjustment for residents in initial years of the program | | | 0.00 | |
| 17.00 | Adjustment for residents displaced by program or hospital closu | re | | 0.00 | 17. 00 |
| 18. 00 | Adjusted rolling average FTE count | | | 6. 52 | 18. 00 |
| 19. 00 | Current year resident to bed ratio (line 18 divided by line 4). | | | 0. 042086 | |
| 20.00 | Prior year resident to bed ratio (see instructions) | | | 0. 039387 | 20.00 |
| 21. 00 | Enter the lesser of lines 19 or 20 (see instructions) | | | 0. 039387 | |
| 22. 00 22. 01 | IME payment adjustment (see instructions) IME payment adjustment - Managed Care (see instructions) | | | 358, 969 127, 247 | 22. 00 22. 01 |
| 22.01 | Indirect Medical Education Adjustment for the Add-on for § 422 of | of the MMA | | 121, 241 | 22.01 |
| 23. 00 | Number of additional allopathic and osteopathic IME FTE resident (f)(1)(iv)(C). | | R 412. 105 | 0.00 | 23. 00 |
| 24. 00 | IME FTE Resident Count Over Cap (see instructions) | | | 0. 12 | 24. 00 |
| 25. 00 | If the amount on line 24 is greater than -O-, then enter the low instructions) | wer of line 23 or line | 24 (see | 0.00 | |
| 26. 00 | Resident to bed ratio (divide line 25 by line 4) | | | 0. 000000 | 26. 00 |
| 27. 00 | IME payments adjustment factor. (see instructions) | | | 0. 000000 | 27. 00 |
| 28. 00 | IME add-on adjustment amount (see instructions) | | | 0 | 28. 00 |
| 28. 01 | IME add-on adjustment amount - Managed Care (see instructions) | | | 0 | 28. 01 |
| 29. 00 | Total IME payment (sum of lines 22 and 28) | | | 358, 969 | 29. 00 |
| 29. 01 | Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment | | | 127, 247 | 29. 01 |
| 30. 00 | Percentage of SSI recipient patient days to Medicare Part A pati | ent days (see instruct | i ons) | 10. 31 | |
| 31. 00 | Percentage of Medicaid patient days (see instructions) | | | 24. 70 | 31.00 |
| 32.00 | Sum of lines 30 and 31 | | | 35. 01 | |
| 33. 00 | Allowable disproportionate share percentage (see instructions) | | | | 33.00 |
| 34.00 | Disproportionate share adjustment (see instructions) | | l | 763, 029 | 34.00 |

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| ALCUL | ATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0004 | Peri od: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Date/Time Pre 4/9/2019 3:29 | |
|----------------|---|-----------------------------|--|---|-----|
| | | Title XVIII | Hospi tal | PPS | |
| | | | Prior to 10/1 | | |
| | | | 1. 00 | 2. 00 | |
| | Uncompensated Care Adjustment | | | | |
| 5. 00 | Total uncompensated care amount (see instructions) | | 6, 766, 695, 164 | | |
| 5. 01 | Factor 3 (see instructions) | | 0. 000194967 | 0. 000549468 | |
| 5. 02 | Hospital uncompensated care payment (If line 34 is zero, ente | er zero on this line) (se | e 1, 319, 280 | 4, 545, 681 | 35. |
| - 00 | instructions) | | 00/ 740 | 4 445 7/0 | ٦ |
| 5. 03 | Pro rata share of the hospital uncompensated care payment amo | , | 986, 749 | 1, 145, 762 | |
| 5. 00 | Total uncompensated care (sum of columns 1 and 2 on line 35.0 | | 2, 132, 511 | | 36. |
| 0. 00 | Additional payment for high percentage of ESRD beneficiary di Total Medicare discharges on Worksheet S-3, Part I excluding | | 2, 412 | | 40. |
|). 00 | 652, 682, 683, 684 and 685 (see instructions) | discharges for MS-DRGS | 2,412 | | 40. |
| 1. 00 | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 6 | 583 684 an 685 (see | 350 | | 41. |
| 1.00 | instructions) | 503, 004 an 003. (See | 330 | | 41. |
| I. 01 | Total ESRD Medicare covered and paid discharges excluding MS- | -DRGs 652 682 683 684 | 350 | | 41. |
| | an 685. (see instructions) | 51.63 652, 662, 666, 661 | 333 | | ''' |
| 2. 00 | Divide line 41 by line 40 (if less than 10%, you do not quali | fy for adjustment) | 14. 51 | | 42. |
| 3. 00 | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 68 | | | | 43. |
| | instructions) | • | | | |
| 1. 00 | Ratio of average length of stay to one week (line 43 divided | by line 41 divided by 7 | 1. 048980 | | 44 |
| | days) | | | | |
| 6. 00 | Average weekly cost for dialysis treatments (see instructions | | 447. 81 | | 45 |
| . 00 | Total additional payment (line 45 times line 44 times line 41 | 1. 01) | 164, 409 | | 46 |
| . 00 | Subtotal (see instructions) | | 21, 558, 120 | | 47 |
| . 00 | Hospital specific payments (to be completed by SCH and MDH, s | small rural hospitals | 0 | | 48 |
| | only. (see instructions) | | | | |
| | | | | Amount | |
| . 00 | Total navment for innations approximate each (ass instructions | -) | | 1.00 | 40 |
| 00 | Total payment for inpatient operating costs (see instructions | | | 21, 685, 367 | |
| . 00 | Payment for inpatient program capital (from Wkst. L, Pt. I ar | | | 1, 739, 401 | |
| . 00 | Exception payment for inpatient program capital (Wkst. L, Pt. Direct graduate medical education payment (from Wkst. E-4, Ii | | | 0 125, 925 | 1 . |
| . 00 | Nursing and Allied Health Managed Care payment | THE 49 SEE THISTITUCTIONS). | | 164, 049 | |
| . 00 | Special add-on payments for new technologies | | | 0 | 1 |
| . 01 | Islet isolation add-on payment | | | 0 | |
| . 00 | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6 | 59) | | 0 | |
| . 00 | Cost of physicians' services in a teaching hospital (see intr | • | | 0 | 56 |
| . 00 | Routine service other pass through costs (from Wkst. D, Pt. I | | hrough 35). | 0 | |
| . 00 | Ancillary service other pass through costs from Wkst. D, Pt. | | , | 160, 601 | 58 |
| . 00 | Total (sum of amounts on lines 49 through 58) | • | | 23, 875, 343 | 59 |
| . 00 | Primary payer payments | | | 0 | 60 |
| . 00 | Total amount payable for program beneficiaries (line 59 minus | s line 60) | | 23, 875, 343 | 61 |
| . 00 | Deductibles billed to program beneficiaries | | | 1, 479, 024 | 62 |
| . 00 | Coinsurance billed to program beneficiaries | | | 144, 247 | |
| . 00 | Allowable bad debts (see instructions) | | | 572, 039 | |
| | Adjusted reimbursable bad debts (see instructions) | | | 371, 825 | |
| . 00 | Allowable bad debts for dual eligible beneficiaries (see inst | tructions) | | 247, 099 | |
| 00 | Subtotal (line 61 plus line 65 minus lines 62 and 63) | | | 22, 623, 897 | |
| . 00 | Credits received from manufacturers for replaced devices for | , , , | | 0 | 1 |
| 00 | Outlier payments reconciliation (sum of lines 93, 95 and 96). | (For SCH see instruction | IS) | 0 | |
| 00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | | | 0 | |
| 50 | Rural Community Hospital Demonstration Project (§410A Demonst | uation) adjustment (see | instructions) | 0 | |
| . 87 | Demonstration payment adjustment amount before sequestration | | | 0 | |
| . 88 .oo | SCH or MDH volume decrease adjustment (contractor use only) | tructions) | | 0 | 70 |
| . 89 | Pioneer ACO demonstration payment adjustment amount (see inst | LI UC LI OIIS) | | 0 | |
| . 90 | HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) | | | 0 | |
| . 91 . 92 | , | | | 0 | 1 |
| | Bundled Model 1 discount amount (see instructions) | | | 0 -14, 615 | |
| | IHVRD navment adjustment amount (see instructions) | | | | |
|). 93). 94 | HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions) | | | -216, 611 | |

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| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der | CCN: 15-0004 | Peri od: From 01/01/2018 | Worksheet E Part A | |
|---|---|--------------|--------------------------------------|--|---|
| | | | To 12/31/2018 | Date/Time Prep 4/9/2019 3:29 | pared: pm |
| | Ti tl | e XVIII | Hospi tal | PPS | |
| | | FFY | ′ (уууу) | Amount | |
| 70.04 | () (Fatas in adjum 0 | | 0 | 1. 00 | 70.0/ |
| 70.96 Low volume adjustment for federal fiscal year the corresponding federal year for the period | | | 0 | 0 | 70. 96 |
| 70.97 Low volume adjustment for federal fiscal year the corresponding federal year for the period | (yyyy) (Enter in column 0 | | 0 | 0 | 70. 97 |
| 70. 98 Low Volume Payment-3 | , | | | 0 | 70. 98 |
| 70.99 HAC adjustment amount (see instructions) | | | | 231, 936 | 70. 99 |
| 71.00 Amount due provider (line 67 minus lines 68 pl | us/minus lines 69 & 70) | | | 22, 160, 735 | |
| 71.01 Sequestration adjustment (see instructions) | | | | 443, 215 | • |
| 71.02 Demonstration payment adjustment amount after | sequestration | | | 0 | |
| 72.00 Interim payments 73.00 Tentative settlement (for contractor use only) | | | | 21, 200, 021 0 | 72. 00 73. 00 |
| 73.00 Tentative settlement (for contractor use only)74.00 Balance due provider/program (line 71 minus li | nes 71 01 71 02 72 and | | | 517, 499 | |
| 73) | nes /1.01, /1.02, /2, and | | | 317, 477 | 74.00 |
| 75.00 Protested amounts (nonallowable cost report it CMS Pub. 15-2, chapter 1, §115.2 | ems) in accordance with | | | 843, 266 | 75. 00 |
| TO BE COMPLETED BY CONTRACTOR (lines 90 through | h 96) | | | | |
| 90.00 Operating outlier amount from Wkst. E, Pt. A, | line 2, or sum of 2.03 | | | 0 | 90.00 |
| plus 2.04 (see instructions) | | | | | 04 00 |
| 91.00 Capital outlier from Wkst. L, Pt. I, line 2 | ount (coo i notructions) | | | 0 | 91.00 |
| 92.00 Operating outlier reconciliation adjustment amou 93.00 Capital outlier reconciliation adjustment amou | , | | | 0 | 92. 00 93. 00 |
| 94.00 The rate used to calculate the time value of mo | | | | 0. 00 | |
| 95.00 Time value of money for operating expenses (see | <i>,</i> | | | 0.00 | 95. 00 |
| | | | | | |
| 96.00 Time value of money for capital related expense | | | | 0 | 96.00 |
| 96.00 Time value of money for capital related expense | | | Prior to 10/1 | 0 | 96. 00 |
| | | | Prior to 10/1 1.00 | 0 | 96. 00 |
| HSP Bonus Payment Amount | | | 1. 00 | 0 0n/After 10/1 2.00 | |
| HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions) | | | | 0 0n/After 10/1 2.00 | 96. 00 |
| HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment | | | 1.00 | 0 0n/After 10/1 2.00 0 | 100. 00 |
| HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) | es (see instructions) | | 0. 0000000000 | 0 0n/After 10/1 2.00 0 0.00000000000000000000000000000 | 100. 00 |
| HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see | es (see instructions) | | 1.00 | 0 0n/After 10/1 2.00 0 0.00000000000000000000000000000 | 100. 00 |
| HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see) HRR Adjustment for HSP Bonus Payment | es (see instructions) | | 0. 0000000000 | 0 0n/After 10/1 2.00 0 0.00000000000000000000000000000 | 100. 00 101. 00 102. 00 |
| HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see) HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) | es (see instructions) see instructions) | | 1.00 0 0.0000000000 0 | 0 0n/After 10/1 2.00 0 0.0000000000 0 0.00000 | 100. 00 101. 00 102. 00 103. 00 |
| HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see) HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) | es (see instructions) see instructions) ee instructions) | ustment | 1.00 0 0.0000000000 0 | 0 0n/After 10/1 2.00 0 0.0000000000 0 0.00000 | 100. 00 101. 00 102. 00 |
| HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment for HSP bonus payment (see Instructions) 104.00 HRR adjustment amount for HSP bonus payment (see Rural Community Hospital Demonstration Project 200.00 Is this the first year of the current 5-year definitions) | es (see instructions) see instructions) ee instructions) (§410A Demonstration) Adjemonstration period under | | 1.00 0 0.0000000000 0 | 0 0n/After 10/1 2.00 0 0.0000000000 0 0.0000000000 0 | 100. 00 101. 00 102. 00 103. 00 104. 00 |
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| HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see instructions) 103.00 HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) 105.00 Rural Community Hospital Demonstration Project 106.00 Lis this the first year of the current 5-year of the cu | see instructions) ee instructions) (§410A Demonstration) Adjemonstration period under r no. -1, Pt. II, line 49) itation (N/A in first year sline 204) times line 205) rsement ation (see instructions) Wkst. E, Pt. A, line 59) ructions) e instructions) | the 21st | 0.0000000000 0.000000000000 0 | 0 0n/After 10/1 2.00 0 0.0000000000 0 0.0000 0 | 100. 00 101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00 211. 00 |
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MCRI F32 - 15. 4. 166. 1 114 | Page

Peri od: Worksheet E
From 01/01/2018 Part A Exhi bi t 4
Date/Ti me Prepared: 4/9/2019 3: 29 pm Provider CCN: 15-0004

| | | | | T: +1 o | VVIII | Haani tal | 4/9/2019 3: 29 | pm |
|--------|---|------------------|---------------|-------------|--------------------|----------------------|---------------------|--------|
| | | W/S E Dart 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) | |
| | | 0 | 1.00 | 2. 00 | 3. 00 | 4. 00 | 5. 00 | |
| 1. 00 | DRG amounts other than outlier | | 0 | 0 | 0.00 | 0 | 0.00 | 1. 00 |
| | payments | | | | | | _ | |
| 1.01 | DRG amounts other than outlier | 1. 01 | 12, 574, 701 | 0 | 12, 574, 701 | | 12, 574, 701 | 1. 01 |
| | payments for discharges | | | | | | | |
| | occurring prior to October 1 | | | | | | | |
| 1. 02 | DRG amounts other than outlier | 1. 02 | 4, 287, 816 | 0 | | 4, 287, 816 | 4, 287, 816 | 1. 02 |
| | payments for discharges | | | | | | | |
| | occurring on or after October | | | | | | | |
| 1. 03 | DRG for Federal specific | 1. 03 | o | 0 | 0 | | 0 | 1. 03 |
| 1.00 | operating payment for Model 4 | 1.00 | Ĭ | Ŭ | Ü | | o o | 1.00 |
| | BPCI occurring prior to | | | | | | | |
| | October 1 | | | | | | | |
| 1.04 | DRG for Federal specific | 1. 04 | 0 | 0 | | 0 | 0 | 1. 04 |
| | operating payment for Model 4 | | | | | | | |
| | BPCI occurring on or after | | | | | | | |
| 2. 00 | October 1 Outlier payments for | 2. 00 | 1, 276, 685 | 0 | 1, 207, 211 | 69, 474 | 1, 276, 685 | 2. 00 |
| 2.00 | discharges (see instructions) | 2.00 | 1,270,000 | U | 1, 207, 211 | 07, 474 | 1, 270, 003 | 2.00 |
| 2. 01 | Outlier payments for | 2. 02 | o | 0 | 0 | o | 0 | 2. 01 |
| | discharges for Model 4 BPCI | | | | _ | | _ | |
| 3.00 | Operating outlier | 2. 01 | o | 0 | 0 | o | 0 | 3. 00 |
| | reconciliation | | | | | | | |
| 4.00 | Managed care simulated | 3. 00 | 5, 977, 393 | 0 | 4, 319, 900 | 0 | 4, 319, 900 | 4. 00 |
| | payments | L | | | | | | |
| г оо | Indirect Medical Education Adju | ustment 21.00 | 0.020207 | 0.00007 | 0.020207 | 0.020207 | | F 00 |
| 5. 00 | Amount from Worksheet E, Part A, line 21 (see instructions) | 21.00 | 0. 039387 | 0. 039387 | 0. 039387 | 0. 039387 | | 5. 00 |
| 6. 00 | IME payment adjustment (see | 22.00 | 358, 969 | 0 | 267, 690 | 91, 279 | 358, 969 | 6. 00 |
| 0.00 | instructions) | 22.00 | 330, 707 | O | 207, 090 | 71, 277 | 330, 707 | 0.00 |
| 6. 01 | IME payment adjustment for | 22. 01 | 127, 247 | 0 | 127, 247 | o | 127, 247 | 6. 01 |
| | managed care (see | | | | | | | |
| | instructions) | | | | | | | |
| | Indirect Medical Education Adju | | | | | | | |
| 7. 00 | IME payment adjustment factor | 27. 00 | 0. 000000 | 0. 000000 | 0. 000000 | 0. 000000 | | 7. 00 |
| 8. 00 | (see instructions) IME adjustment (see | 28. 00 | 0 | 0 | 0 | | 0 | 8. 00 |
| 6.00 | instructions) | 20.00 | ٩ | U | U | ٩ | U | 8.00 |
| 8. 01 | IME payment adjustment add on | 28. 01 | 0 | 0 | 0 | 0 | 0 | 8. 01 |
| 0.0. | for managed care (see | 20.0. | Ĭ | ŭ | · · | Ĭ | ŭ | 0.0. |
| | instructions) | | | | | | | |
| 9.00 | Total IME payment (sum of | 29. 00 | 358, 969 | 0 | 267, 690 | 91, 279 | 358, 969 | 9. 00 |
| | lines 6 and 8) | | | | | | | |
| 9. 01 | Total IME payment for managed | 29. 01 | 127, 247 | 0 | 127, 247 | 0 | 127, 247 | 9. 01 |
| | care (sum of lines 6.01 and | | | | | | | |
| | 8.01) Disproportionate Share Adjustme | ant . | | | | | | |
| 10. 00 | Allowable disproportionate | 33.00 | 0. 1810 | 0. 1810 | 0. 1810 | 0. 1810 | | 10. 00 |
| 10.00 | share percentage (see | 00.00 | 0. 1010 | 0. 1010 | 0. 1010 | 0. 1010 | | 10.00 |
| | instructions) | | | | | | | |
| 11. 00 | Di sproporti onate share | 34.00 | 763, 029 | 0 | 569, 005 | 194, 024 | 763, 029 | 11. 00 |
| | adjustment (see instructions) | | | | | | | |
| 11. 01 | Uncompensated care payments | 36.00 | 2, 132, 511 | 0 | 1, 138, 044 | 332, 531 | 1, 470, 575 | 11. 01 |
| 10.00 | Additional payment for high per | | | | 400.610 | 44 410 | 4/4 400 | 10.00 |
| 12. 00 | Total ESRD additional payment | 46. 00 | 164, 409 | 0 | 122, 969 | 41, 440 | 164, 409 | 12.00 |
| 13. 00 | (see instructions) Subtotal (see instructions) | 47.00 | 21, 558, 120 | 0 | 16, 541, 556 | 5, 016, 564 | 21, 558, 120 | 13. 00 |
| 14. 00 | Hospital specific payments | 48.00 | 21, 330, 120 | 0 | 10, 341, 330 | 3,010,304 | 21, 330, 120 | 14. 00 |
| 11.00 | (completed by SCH and MDH, | 10.00 | Ĭ | Ŭ | Ü | Ĭ | o o | 11.00 |
| | small rural hospitals only.) | | | | | | | |
| | (see instructions) | | | | | | | |
| 15.00 | Total payment for inpatient | 49. 00 | 21, 685, 367 | 0 | 16, 668, 803 | 5, 016, 564 | 21, 685, 367 | 15. 00 |
| | operating costs (see | | | | | | | |
| 47.00 | instructions) | F0.00 | 4 700 404 | | 4 000 740 | 400 (04 | 4 700 404 | 47.00 |
| 16. 00 | Payment for inpatient program | 50. 00 | 1, 739, 401 | 0 | 1, 338, 710 | 400, 691 | 1, 739, 401 | 16.00 |
| | capital (from Wkst. L, Pt. I, if applicable) | | | | | | | |
| 17. 00 | Special add-on payments for | 54.00 | o | 0 | 0 | ٨ | 0 | 17. 00 |
| 17.00 | new technologies |] | | | | | 0 | 1,,.00 |
| 17. 01 | Net organ aquisition cost | | | | | | | 17. 01 |
| 17. 02 | Credits received from | 68. 00 | О | o | 0 | o | 0 | 17. 02 |
| | manufacturers for replaced | | | | | | | |
| | devices for applicable MS-DRGs | | | | | | | |
| | | | | | | | | |

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Part A) 2.00 4. 00 1.00 3.00 5. 00 0 27.00 Low volume adjustment factor 27 00 0.000000 0.000000 28.00 Low volume adjustment 70.96 28.00 (transfer amount to Wkst. E, Pt. A. line) 29.00 Low volume adjustment 70. 97 29. 00 0 (transfer amount to Wkst. E, Pt. A, line) 100.00 Transfer low volume Ν 100.00 adjustments to Wkst. E, Pt. A.

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 Provider CCN: 15-0004 Peri od: Worksheet E From 01/01/2018 Part A Exhibit 5 Date/Time Prepared: 4/9/2019 3: 29 pm 12/31/2018 Title XVIII Hospi tal Period to Total (cols. 2 Wkst. E, Pt. Amt. from Period on Wkst. E, Pt. 10/01 A. line after 10/01 and 3) A) 2.00 3. 00 0 4.00 1.00 1.00 DRG amounts other than outlier payments 1. 00 1. 00 DRG amounts other than outlier payments for 1.01 1.01 12, 574, 701 12, 574, 701 12, 574, 701 1.01 discharges occurring prior to October 1 1.02 DRG amounts other than outlier payments for 1.02 4. 287. 816 4. 287. 816 4, 287, 816 1.02 discharges occurring on or after October 1 1.03 DRG for Federal specific operating payment 1.03 0 1.03 C for Model 4 BPCI occurring prior to October DRG for Federal specific operating payment 1.04 1.04 0 1.04 for Model 4 BPCI occurring on or after October 1 2.00 Outlier payments for discharges (see 2.00 1, 276, 685 1, 207, 211 69, 474 1, 276, 685 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 C O 2.01 0 **BPCI** Operating outlier reconciliation 3 00 2 01 0 3 00 Λ 4.00 Managed care simulated payments 3.00 5, 977, 393 4, 319, 900 1, 657, 493 5, 977, 393 4.00 Indirect Medical Education Adjustment Amount from Worksheet E, Part A, line 21 5.00 21.00 0.039387 0.039387 0.039387 5.00 (see instructions) 358, 969 6 00 IME payment adjustment (see instructions) 22 00 358, 969 267, 690 91 279 6 00 IME payment adjustment for managed care (see 127, 247 35, 285 127, 247 6.01 22.01 91, 962 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 0.000000 0.000000 7.00 7.00 IME payment adjustment factor (see 27.00 0.000000 instructions) 8.00 IME adjustment (see instructions) 28.00 0 8.00 8.01 IME payment adjustment add on for managed 28.01 0 8.01 care (see instructions) 358, 969 9.00 Total IME payment (sum of lines 6 and 8) 29.00 267, 690 9.00 358, 969 91.279 9.01 Total IME payment for managed care (sum of 29.01 127, 247 91, 962 35, 285 127, 247 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment 10.00 Allowable disproportionate share percentage 0. 1810 0.1810 0.1810 10.00 33.00 (see instructions) 11.00 Disproportionate share adjustment (see 34.00 763.029 569,005 194, 024 763.029 11.00 instructions) 986, 749 11.01 Uncompensated care payments 36.00 2, 132, 511 1, 145, 762 2, 132, 511 11.01 Additional payment for high percentage of ESRD beneficiary discharges Total ESRD additional payment (see 164 409 122 969 12 00 41 440 164 409 12 00 46 00 instructions) 13.00 Subtotal (see instructions) 47.00 21, 558, 120 15, 728, 325 5, 829, 795 21, 558, 120 13.00 14.00 Hospital specific payments (completed by SCH 48.00 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 15.00 49.00 21, 685, 367 15, 820, 287 5, 865, 080 21, 685, 367 15.00 (see instructions) 16.00 Payment for inpatient program capital (from 50.00 1, 739, 401 1, 338, 710 400, 691 1, 739, 401 16.00 Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 0 17.00 0 17.01 Net organ acquisition cost 17.01 17.02 Credits received from manufacturers for 68.00 0 0 17.02

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93.00

17, 158, 997

6, 265, 771

18.00

23, 424, 768 19. 00

replaced devices for applicable MS-DRGs

amount (see instructions)

Capital outlier reconciliation adjustment

18.00

19.00 SUBTOTAL

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0

70.99

32.00 HAC Reduction Program adjustment (see

100.00 Transfer HAC Reduction Program adjustment to

instructions)

Wkst. E, Pt. A.

1.00

Υ

2.00

169, 943

3.00

61, 993

4.00

231, 936

32.00

100.00

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| | 5. 00 | Enter the hospital specific payment to cost ratio (see instructions) | 0. 000 | 1 |
|---|--------|--|---------------------|------------------|
| | 5. 00 | Line 2 times line 5 | 0 | 6. 00 |
| 7 | 7. 00 | Sum of lines 3, 4, and 4.01, divided by line 6 | 0.00 | 7. 00 |
| 8 | 3. 00 | Transitional corridor payment (see instructions) | 0 | 8. 00 |
| Ç | 9. 00 | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200 | 315, 553 | 9. 00 |
| | 10. 00 | Organ acqui si ti ons | 0 | 10. 00 |
| 1 | 11. 00 | Total cost (sum of lines 1 and 10) (see instructions) | 11, 751 | 11. 00 |
| | | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | | Reasonable charges | | |
| | 12. 00 | Ancillary service charges | 100, 071 | ł |
| | 13. 00 | | 0 | ł |
| 1 | 14. 00 | Total reasonable charges (sum of lines 12 and 13) | 100, 071 | 14.00 |
| | | Customary charges | | 1 |
| | 15. 00 | Aggregate amount actually collected from patients liable for payment for services on a charge basis | 0 | |
| 1 | 16. 00 | Amounts that would have been realized from patients liable for payment for services on a chargebasis | 0 | 16. 00 |
| - | 17. 00 | had such payment been made in accordance with 42 CFR §413.13(e) | 0. 000000 | 17 00 |
| | | Ratio of line 15 to line 16 (not to exceed 1.000000) | | |
| | 19. 00 | Total customary charges (see instructions) | 100, 071 88, 320 | 1 |
| | 19.00 | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions) | 00, 320 | 19.00 |
| - | 20. 00 | , and the second | 0 | 20.00 |
| _ | 20. 00 | instructions) | O | 20.00 |
| 2 | 21. 00 | | 11 751 | 21. 00 |
| | | Interns and residents (see instructions) | 0 | 1 |
| | 23. 00 | , , | 0 | |
| | 24. 00 | | 23, 180, 314 | ł |
| | | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 2 | 25. 00 | Deductibles and coinsurance amounts (for CAH, see instructions) | 0 | 25. 00 |
| 2 | 26. 00 | Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions) | 4, 339, 286 | 26. 00 |
| 2 | 27. 00 | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see | 18, 852, 779 | 27. 00 |
| | | instructions) | | |
| 2 | 28. 00 | Direct graduate medical education payments (from Wkst. E-4, line 50) | 116, 389 | 28. 00 |
| 2 | 29. 00 | ESRD direct medical education costs (from Wkst. E-4, line 36) | 0 | 29. 00 |
| 3 | 30. 00 | Subtotal (sum of lines 27 through 29) | 18, 969, 168 | 30. 00 |
| 3 | 31. 00 | Pri mary payer payments | 2, 216 | 31.00 |
| 3 | 32. 00 | Subtotal (line 30 minus line 31) | 18, 966, 952 | 32. 00 |
| | | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| | 33. 00 | | 0 | |
| | | Allowable bad debts (see instructions) | 823, 224 | |
| | 35. 00 | Adjusted reimbursable bad debts (see instructions) | 535, 096 | |
| | 36. 00 | , , , | 454, 768 | |
| | 37. 00 | Subtotal (see instructions) | 19, 502, 048 | |
| | 38. 00 | MSP-LCC reconciliation amount from PS&R | -20 | |
| | 39. 00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | 0 | l |
| | 39. 50 | Pioneer ACO demonstration payment adjustment (see instructions) | | 39. 50 |
| | 39. 97 | Demonstration payment adjustment amount before sequestration | 0 | |
| | 39. 98 | Partial or full credits received from manufacturers for replaced devices (see instructions) | 0 | |
| | 39. 99 | | 10 502 0/0 | |
| | 40.00 | · | 19, 502, 068 | |
| | 40. 01 | Sequestration adjustment (see instructions) | 390, 041 | • |
| | 40. 02 | | | 40. 02 |
| | 41. 00 | | 19, 090, 952 0 | |
| | | Tentative settlement (for contractors use only) | | 42. 00 43. 00 |
| | 43.00 | Balance due provider/program (see instructions) Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, | 21,075 | 1 |
| | +4.00 | \$115. 2 | U | 44.00 |
| | | TO BE COMPLETED BY CONTRACTOR | | |
| c | 90 00 | Original outlier amount (see instructions) | 0 | 90. 00 |
| | 91. 00 | | | 91.00 |
| | | The rate used to calculate the Time Value of Money | | 92.00 |
| | 93. 00 | | 0.00 | • |
| | | Total (sum of lines 91 and 93) | 0 | |
| | | | · · | , |
| | | | | |
| | | | | |

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| | | Title XVIII | Subprovi der - IPF | PPS | |
|------------------|---|--------------------------|-----------------------|--------------|------------------|
| | | | | 1.00 | |
| | PART B - MEDICAL AND OTHER HEALTH SERVICES | | | 1. 00 | |
| 1.00 | Medical and other services (see instructions) | | | 4 | 1. 00 |
| 2.00 | Medical and other services reimbursed under OPPS (see instructions) | tions) | | 5, 433 | 1 |
| 3. 00 4. 00 | OPPS payments Outlier payment (see instructions) | | | 5, 321 0 | 1 |
| 4. 01 | Outlier reconciliation amount (see instructions) | | | Ö | |
| 5.00 | Enter the hospital specific payment to cost ratio (see instru | ctions) | | 0. 000 | • |
| 6. 00 7. 00 | Line 2 times line 5 Sum of lines 3, 4, and 4.01, divided by line 6 | | | 0 0. 00 | |
| 8. 00 | Transitional corridor payment (see instructions) | | | 0.00 | • |
| 9.00 | Ancillary service other pass through costs from Wkst. D, Pt. | V, col. 13, line 200 | | 15 | • |
| 10.00 | Organ acquisitions | | | 0 | • |
| 11. 00 | Total cost (sum of lines 1 and 10) (see instructions) COMPUTATION OF LESSER OF COST OR CHARGES | | | 4 | 11. 00 |
| | Reasonable charges | | | | |
| 12.00 | Ancillary service charges | (0) | | | 12.00 |
| 13. 00 14. 00 | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Ii Total reasonable charges (sum of lines 12 and 13) | ne 69) | | 0 35 | 13. 00 14. 00 |
| 14.00 | Customary charges | | | 33 | 14.00 |
| 15. 00 | Aggregate amount actually collected from patients liable for p | | | 0 | |
| 16. 00 | Amounts that would have been realized from patients liable for had such payment been made in accordance with 42 CFR §413.13(| | on a chargebasis | 0 | 16. 00 |
| 17. 00 | Ratio of line 15 to line 16 (not to exceed 1.000000) | -) | | 0. 000000 | 17. 00 |
| 18. 00 | Total customary charges (see instructions) | | | 35 | 1 |
| 19. 00 | Excess of customary charges over reasonable cost (complete onlinstructions) | y if line 18 exceeds li | ne 11) (see | 31 | 19. 00 |
| 20. 00 | Excess of reasonable cost over customary charges (complete only | y if line 11 exceeds li | ne 18) (see | 0 | 20. 00 |
| | instructions) | , | , , | | |
| 21. 00 22. 00 | Lesser of cost or charges (see instructions) Interns and residents (see instructions) | | | 4 | 21. 00 22. 00 |
| 23. 00 | Cost of physicians' services in a teaching hospital (see insti | ructions) | | 0 | |
| 24. 00 | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) | | | 5, 336 | 24. 00 |
| 25 00 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | .) | | | 25 00 |
| 25. 00 26. 00 | Deductibles and coinsurance amounts (for CAH, see instructions) Deductibles and Coinsurance amounts relating to amount on line | • | ructions) | 0 1, 057 | |
| 27. 00 | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) | • | | 4, 283 | ı |
| 20.00 | instructions) Direct graduate medical education payments (from What F 4 Li | no FO) | | | 20.00 |
| 28. 00 29. 00 | Direct graduate medical education payments (from Wkst. E-4, li ESRD direct medical education costs (from Wkst. E-4, line 36) | ne su) | | 0 | |
| 30.00 | Subtotal (sum of lines 27 through 29) | | | 4, 283 | 1 |
| 31.00 | Primary payer payments | | | 0 | |
| 32. 00 | Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE) | `F\$`) | | 4, 283 | 32. 00 |
| 33. 00 | Composite rate ESRD (from Wkst. I-5, line 11) |)L3) | | 0 | 33. 00 |
| 34. 00 | Allowable bad debts (see instructions) | | | 0 | |
| 35. 00 36. 00 | Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instr | cuctions) | | 0 | |
| 37. 00 | Subtotal (see instructions) | uctions) | | 4, 283 | |
| 38. 00 | | | | | 38. 00 |
| 39. 00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | -1 | | 0 | |
| 39. 50 39. 97 | Pioneer ACO demonstration payment adjustment (see instructions) Demonstration payment adjustment amount before sequestration | 5) | | 0 | 39. 50 39. 97 |
| 39. 98 | Partial or full credits received from manufacturers for replace | ced devices (see instruc | ctions) | 0 | 39. 98 |
| 39. 99 | RECOVERY OF ACCELERATED DEPRECIATION | | | 0 | ł |
| 40. 00 40. 01 | Subtotal (see instructions) Sequestration adjustment (see instructions) | | | 4, 283 86 | 1 |
| 40. 02 | Demonstration payment adjustment amount after sequestration | | | 0 | 1 |
| 41.00 | Interim payments | | | 4, 179 | 1 |
| 42. 00 43. 00 | Tentative settlement (for contractors use only) Balance due provider/program (see instructions) | | | 0 18 | 42. 00 43. 00 |
| 44. 00 | Protested amounts (nonallowable cost report items) in accordan | nce with CMS Pub. 15-2, | chapter 1, | 0 | ı |
| | §115. 2 | | • | | |
| QN NN | TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions) | | T | 0 | 90.00 |
| | Outlier reconciliation adjustment amount (see instructions) | | | 0 | ı |
| 92.00 | The rate used to calculate the Time Value of Money | | | 0. 00 | 92. 00 |
| 93.00 | , | | | 0 | 93. 00 94. 00 |
| 74. UU | Total (sum of lines 91 and 93) | | | υĮ | 74.00 |

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0004 Peri od: Worksheet E-1 From 01/01/2018 Part I 12/31/2018 Date/Time Prepared: 4/9/2019 3: 29 pm Title XVIII PPS Hospi tal Part B Inpatient Part A mm/dd/yyyy mm/dd/yyyy Amount Amount 1.00 2.00 3.00 4.00 1.00 Total interim payments paid to provider 21, 200, 021 19, 090, 952 1. 00 2.00 Interim payments payable on individual bills, either 2.00 submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment 3.00 amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 ADJUSTMENTS TO PROVIDER 0 0 3.01 0 3.02 0 3.02 0 3.03 3.03 0 3.04 0 0 3.04 3.05 0 0 3.05 Provider to Program 3.50 ADJUSTMENTS TO PROGRAM 0 0 3.50 3.51 0 3.51 0 0 3.52 3.52 0 3.53 3.53 0 0 3.54 0 3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 0 Ω 3.99 3.50-3.98) 21, 200, 021 19, 090, 952 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropri ate) TO BE COMPLETED BY CONTRACTOR 5.00 List separately each tentative settlement payment after 5.00 desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 5.01 TENTATIVE TO PROVIDER 0 0 5.01 5.02 0 0 5.02 5.03 0 0 5.03 Provider to Program 5.50 TENTATI VE TO PROGRAM 0 0 5.50 5.51 0 0 5. 51 0 5.52 0 5.52 0 5. 99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 0 5. 99

517, 499

Contractor

Number

1 00

21, 717, 520

0

6.00

6.01

6.02

7.00

8.00

21,075

19, 112, 027

NPR Date (Mo/Day/Yr)

2 00

0

5.50-5.98)

8.00 Name of Contractor

the cost report. (1) SETTLEMENT TO PROVIDER

SETTLEMENT TO PROGRAM

Determined net settlement amount (balance due) based on

Total Medicare program liability (see instructions)

6.00

6.01

6.02

7.00

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| | | | | I PF | | |
|----------------|--|------------|-----------------------|------------|-------------|----------------|
| | | I npati en | t Part A | Par | t B | |
| | | mm/dd/yyyy | Amount | mm/dd/yyyy | Amount | |
| | | 1. 00 | 2. 00 | 3. 00 | 4.00 | |
| 1.00 | Total interim payments paid to provider | | 735, 294 | | 4, 179 | 1.00 |
| 2.00 | Interim payments payable on individual bills, either | | 0 | | 0 | 2.00 |
| | submitted or to be submitted to the contractor for | | | | | |
| | services rendered in the cost reporting period. If none, | | | | | |
| | write "NONE" or enter a zero | | | | | |
| 3.00 | List separately each retroactive lump sum adjustment | | | | | 3.00 |
| | amount based on subsequent revision of the interim rate | | | | | |
| | for the cost reporting period. Also show date of each | | | | | |
| | payment. If none, write "NONE" or enter a zero. (1) | | | | | |
| 0.04 | Program to Provider | Γ | | | | 0.04 |
| 3. 01 | ADJUSTMENTS TO PROVIDER | | 0 | | 0 | 3. 01 |
| 3. 02 | | | 0 | | 0 | 3. 02 |
| 3. 03 | | | 0 | | 0 | 3. 03 |
| 3.04 | | | 0 | | 0 | 3. 04 |
| 3. 05 | Danisi dan da Buranan | | 0 | | 0 | 3. 05 |
| 2 50 | Provider to Program | I | 0 | | 0 | 2 50 |
| 3. 50 3. 51 | ADJUSTMENTS TO PROGRAM | | 0 | | | 3. 50 3. 51 |
| 3. 51 | | | 0 | | | 3. 52 |
| 3. 52 | | | 0 | | | 3. 52 |
| 3. 53 3. 54 | | | 0 | | | 3. 53 3. 54 |
| 3. 99 | Subtotal (sum of lines 3.01-3.49 minus sum of lines | | 0 | | | 3. 99 |
| 3. 99 | 3. 50-3. 98) | | 0 | | ا | 3. 99 |
| 4.00 | Total interim payments (sum of lines 1, 2, and 3.99) | | 735, 294 | | 4, 179 | 4. 00 |
| 1. 00 | (transfer to Wkst. E or Wkst. E-3, line and column as | | 700,271 | | ', ', ' | 1. 00 |
| | appropri ate) | | | | | |
| | TO BE COMPLÉTED BY CONTRACTOR | <u> </u> | <u>'</u> | | | |
| 5.00 | List separately each tentative settlement payment after | | | | | 5.00 |
| | desk review. Also show date of each payment. If none, | | | | | |
| | write "NONE" or enter a zero. (1) | | | | | |
| | Program to Provider | | | | | |
| 5. 01 | TENTATI VE TO PROVI DER | | 0 | | 0 | 5. 01 |
| 5.02 | | | 0 | | 0 | 5. 02 |
| 5. 03 | | | 0 | | 0 | 5. 03 |
| | Provi der to Program | | _ | | _ | |
| 5. 50 | TENTATI VE TO PROGRAM | | 0 | | 0 | 5. 50 |
| 5. 51 | | | 0 | | 0 | 5. 51 |
| 5. 52 | | | 0 | | 0 | 5. 52 |
| 5. 99 | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) | | 0 | | 0 | 5. 99 |
| 6. 00 | Determined net settlement amount (balance due) based on | | | | | 6. 00 |
| 0.00 | the cost report. (1) | | | | | 0.00 |
| 6. 01 | SETTLEMENT TO PROVIDER | | 25, 695 | | 18 | 6. 01 |
| 6. 02 | SETTLEMENT TO PROGRAM | | 25,075 | | '0 | 6. 02 |
| 7. 00 | Total Medicare program liability (see instructions) | | 760, 989 | | 4, 197 | 7. 00 |
| ,. 00 | Trotal mode ode o program readility (ode restractions) | | , , , , , , , , , , , | Contractor | NPR Date | 7.00 |
| | | | | Number | (Mo/Day/Yr) | |
| | | |) | 1. 00 | 2. 00 | |
| 8.00 | Name of Contractor | | | | | 8. 00 |
| | | | | | | |

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| Heal th | Financial Systems FRANCISCAN F | HEALTH HAMMOND | In Lie | u of Form CMS- | 2552-10 |
|---------|---|------------------------------|---|----------------|----------------|
| CALCUL | ATION OF REIMBURSEMENT SETTLEMENT FOR HIT | Provider CCN: 15-0004 | Period: From 01/01/2018 To 12/31/2018 | | |
| | | | 10 12/01/2010 | 4/9/2019 3: 29 | |
| | <u> </u> | Title XVIII | Hospi tal | PPS | |
| | | | | 1.00 | |
| | TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORT | 8 | | 1. 00 | |
| | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULA | | | | + |
| 1. 00 | Total hospital discharges as defined in AARA §4102 from W | | e 14 | | 1.00 |
| 2.00 | Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines | 1, 8-12 | | | 2. 00 |
| 3.00 | Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2 | | | | 3. 00 |
| 4. 00 | Total inpatient days from S-3, Pt. I col. 8 sum of lines | | | | 4. 00 |
| 5.00 | Total hospital charges from Wkst C, Pt. I, col. 8 line 20 | | | | 5. 00 |
| 6.00 | Total hospital charity care charges from Wkst. S-10, col. | | Wko+ C 2 D+ 1 | | 6. 00 7. 00 |
| 7. 00 | CAH only - The reasonable cost incurred for the purchase | or certified Hir technology | WKSt. 3-2, Pt. 1 | | 7.00 |
| 8. 00 | Calculation of the HIT incentive payment (see instruction | s) | | | 8. 00 |
| 9.00 | Sequestration adjustment amount (see instructions) | • | | | 9. 00 |
| 10.00 | Calculation of the HIT incentive payment after sequestrat | ion (see instructions) | | | 10. 00 |
| | INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH | | | | |
| 30. 00 | Initial/interim HIT payment adjustment (see instructions) | | | | 30. 00 |
| 31.00 | Other Adjustment (specify) | 11: 24) (| , | | 31.00 |
| 32.00 | Balance due provider (line 8 (or line 10) minus line 30 a | na iine 31) (see instruction | ns <i>)</i> | | 32.00 |

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| | | I PF | | |
|------------------|---|-------------|---------------------|------------------|
| | | - | 4.00 | |
| | DADT II. MEDICADE DADT A CEDIUCES. LDF DDS | | 1. 00 | |
| 1. 00 | PART II - MEDICARE PART A SERVICES - IPF PPS Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments) | | 899, 107 | 1. 00 |
| 2. 00 | Net IPF PPS Outlier Payments | | 4, 587 | 2. 00 |
| 3. 00 | Net IPF PPS ECT Payments | | 4, 307 | 3. 00 |
| 4. 00 | Unweighted intern and resident FTE count in the most recent cost report filed on or before | e November | 0.00 | 4. 00 |
| 1. 00 | 15, 2004. (see instructions) | e november | 0.00 | 1. 00 |
| 4. 01 | Cap increases for the unweighted intern and resident FTE count for residents that were dis | spl aced by | 0.00 | 4. 01 |
| | program or hospital closure, that would not be counted without a temporary cap adjustment | under 42 | | |
| | CFR §412. 424(d)(1)(iii)(F)(1) or (2) (see instructions) | | | |
| 5.00 | New Teaching program adjustment. (see instructions) | | 0.00 | 5.00 |
| 6.00 | Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period | d of a "new | 0. 00 | 6.00 |
| | teaching program" (see instuctions) | | | |
| 7. 00 | Current year's unweighted I&R FTE count for residents within the new program growth period | d of a "new | 0. 00 | 7. 00 |
| 0.00 | teaching program" (see instuctions) | | 0.00 | 0.00 |
| 8.00 | Intern and resident count for IPF PPS medical education adjustment (see instructions) | | 0.00 | 8. 00 |
| 9. 00 10. 00 | Average Daily Census (see instructions) | | 24. 972603 | 9.00 |
| 11. 00 | Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}. Teaching Adjustment (line 1 multiplied by line 10). | | 0. 000000 0 | 11. 00 |
| 12. 00 | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11) | | 903, 694 | 12. 00 |
| 13. 00 | Nursing and Allied Health Managed Care payment (see instruction) | | 0 | 13. 00 |
| 14. 00 | Organ acqui si ti on (DO NOT USE THIS LINE) | | O | 14. 00 |
| 15. 00 | Cost of physicians' services in a teaching hospital (see instructions) | | 0 | 15. 00 |
| 16. 00 | Subtotal (see instructions) | | 903, 694 | 16. 00 |
| 17. 00 | Primary payer payments | | 0 | 17. 00 |
| 18. 00 | Subtotal (line 16 less line 17). | | 903, 694 | 18. 00 |
| 19.00 | Deducti bl es | | 139, 312 | 19.00 |
| 20.00 | Subtotal (line 18 minus line 19) | | 764, 382 | 20.00 |
| 21. 00 | Coinsurance | | 14, 070 | 21.00 |
| 22. 00 | Subtotal (line 20 minus line 21) | | 750, 312 | 22.00 |
| 23. 00 | Allowable bad debts (exclude bad debts for professional services) (see instructions) | | 36, 647 | 23.00 |
| 24.00 | Adjusted reimbursable bad debts (see instructions) | | 23, 821 | |
| 25. 00 | Allowable bad debts for dual eligible beneficiaries (see instructions) | | 4, 421 | 25.00 |
| 26. 00 | Subtotal (sum of lines 22 and 24) | | 774, 133 | |
| 27. 00 | Direct graduate medical education payments (from Wkst. E-4, line 49) | | 0 | 27. 00 |
| 28. 00 | Other pass through costs (see instructions) | | 2, 386 | |
| 29. 00 | Outlier payments reconciliation | | 0 | 29. 00 |
| 30.00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | | 0 | 30. 00 |
| 30. 50 | Proneer ACO demonstration payment adjustment (see instructions) | | 0 | 30. 50 30. 99 |
| 30. 99 | Demonstration payment adjustment amount before sequestration | | - 1 | |
| 31. 00 31. 01 | Total amount payable to the provider (see instructions) Sequestration adjustment (see instructions) | | 776, 519 15, 530 | 31. 00 31. 01 |
| 31. 01 | Demonstration payment adjustment amount after sequestration | | 15, 550 | 31. 01 |
| 32. 00 | Interim payments | | 735, 294 | |
| 33. 00 | Tentative settlement (for contractor use only) | | 733, 274 | 33. 00 |
| 34. 00 | Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33) | | 25, 695 | 34. 00 |
| 35. 00 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chap | ter 1 | 0 | 35. 00 |
| 00.00 | §115. 2 | , | ŭ. | 00.00 |
| | TO BE COMPLETED BY CONTRACTOR | | | |
| 50.00 | Original outlier amount from Worksheet E-3, Part II, line 2 | | 4, 587 | 50.00 |
| 51.00 | Outlier reconciliation adjustment amount (see instructions) | ļ | 0 | 51.00 |
| 52.00 | The rate used to calculate the Time Value of Money | | 0.00 | 52.00 |
| 53. 00 | Time Value of Money (see instructions) | | 0 | 53.00 |

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0 34.00 35.00

0 36, 00

0 37.00

0 38.00

0

0 41.00

0 42.00

0 43.00

0

39.00 40.00

34.00

35.00

36, 00

37.00

38.00

40.00

41.00

42.00

43.00

Allowable bad debts (see instructions)

OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)

39.00 Direct graduate medical education payments (from Wkst. E-4)

Balance due provider/program (line 40 minus line 41)

Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)

Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2,

Total amount payable to the provider (sum of lines 38 and 39)

Utilization review

Interim payments

chapter 1, §115.2

Subtotal (line 36 ± line 37)

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| ALCUL | LATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0004 | | | |
|-------|---|--------------------------------|------------------------|---------------|----|
| | | Component CCN: 15-S004 | To 12/31/2018 | Date/Time Pre | |
| | | Title XIX | Subprovi der - I PF | PPS | • |
| | | | Inpatient | Outpati ent | |
| | DADT VII CALCIII ATLON OF DELMDIDSEMENT ALL OTHER HEALTH SE | DVICES FOR TITLES V OR V | | 2. 00 | |
| | | RVICES FOR TITLES V OR A | IN SERVICES | | |
| 00 | Title XIX Subprovider PPS PART VII - CALCULATION OF RETINBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES Inpair Int Outpatient Position of COVERD SERVICES Inpair Int Nospital / SIF/NF services (See Corpus acquisition (certified transplant centers only) O | | 1. | | |
| 00 | ' ' ' | | | 0 | 2 |
| 00 | Organ acquisition (certified transplant centers only) | | 0 | | 3 |
| OC | Subtotal (sum of lines 1, 2 and 3) | | 0 | 0 | 4 |
| 00 | | | 0 | | 5 |
| 00 | | | | - | 6 |
| 00 | | | 0 | 0 | 7 |
| | | | | | 1 |
| 00 | | | | | 8 |
| 00 | ů – | | - | Λ | 9 |
| . 00 | | | 210, 320 | O | 10 |
| . 00 | | | l ő | | 11 |
| | i i | | 218, 326 | 0 | 12 |
| | CUSTOMARY CHARGES | | | | |
| . 00 | Amount actually collected from patients liable for payment for | or services on a charge | 0 | 0 | 13 |
| . 00 | | or payment for services o | n 0 | 0 | 14 |
| | a charge basis had such payment been made in accordance with | 42 CFR §413.13(e) | | | |
| . 00 | , | | | 0.000000 | 15 |
| . 00 | | | | | 16 |
| . 00 | | nly if line 16 exceeds | 218, 326 | 0 | 17 |
| 00 | | dy if line 4 avecede lin | | 0 | 10 |
| . 00 | | if y 11 11 lie 4 exceeds 11 li | e | U | 18 |
| . 00 | | | 0 | 0 | 19 |
| . 00 | | ructions) | 0 | - | 20 |
| . 00 | | * | 0 | 0 | 21 |
| | PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be | completed for PPS provi | ders. | | |
| . 00 | | | 0 | | 22 |
| . 00 | | | 0 | 0 | 23 |
| 00 | | | 0 | | 24 |
| . 00 | 1 | | 0 | | 25 |
| . 00 | ' ' | | 0 | - | 26 |
| . 00 | , | | - | | 28 |
| . 00 | | | 1 | - | |
| . 00 | | | | 0 | - |
| . 00 | | | 0 | 0 | 30 |
| . 00 | | b) | 0 | 0 | 31 |
| . 00 | | | 0 | 0 | 32 |
| | | | 0 | | |
| . 00 | , | | 1 | 0 | |
| . 00 | | 1.00 | - | _ : | 35 |
| . 00 | 1 | na 33) | 1 | | 36 |
| . 00 | | | | | 37 |
| . 00 | , , | | 1 | U | 39 |
| . 00 | | | 1 | 0 | 40 |
| . 00 | | | | | 41 |
| . 00 | 1 ' 3 | | 1 | | |
| 3. 00 | 1 | ance with CMS Pub 15-2, | o | 0 | |
| | chapter 1, §115.2 | • | | | |

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| Health Financial Systems FRANCISCAN HEAL DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT | TH HAMMOND Provider Co | °N: 15-0004 | In Lie Period: | u of Form CMS-2 Worksheet E-4 | 2552-10 |
|--|------------------------|----------------|----------------------------------|----------------------------------|------------------|
| MEDICAL EDUCATION COSTS | 110videi C | 1 | From 01/01/2018 To 12/31/2018 | Date/Time Pre | narad: |
| | | | | 4/9/2019 3: 29 | |
| | Title | XVIII | Hospi tal | PPS | |
| | | | | 1. 00 | |
| COMPUTATION OF TOTAL DIRECT GME AMOUNT 1.00 Unweighted resident FTE count for allopathic and osteopathic | nrograms for | cost reporti | na neri ods | 6. 11 | 1.00 |
| ending on or before December 31, 1996. | programs ron | cost reportir | ig per rous | | 1.00 |
| 2.00 Unweighted FTE resident cap add-on for new programs per 42 Cl | | 1) (see instru | uctions) | 0.00 | 2.00 |
| 8.00 Amount of reduction to Direct GME cap under section 422 of M B.01 Direct GME cap reduction amount under ACA §5503 in accordance | | 8413 79 (m) | (see | 1. 75 0. 00 | 3. 00 3. 01 |
| instructions for cost reporting periods straddling 7/1/2011) | 0 WI EII 12 01 N | . 3110. // (). | | 0.00 | 0.01 |
| Adjustment (plus or minus) to the FTE cap for allopathic and | | programs due | to a Medicare | 0. 00 | 4.00 |
| GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f). ACA Section 5503 increase to the Direct GME FTE Cap (see ins | 0. 00 | 4. 01 | | | |
| straddling 7/1/2011) | | · | | | |
| 4.02 ACA Section 5506 number of additional direct GME FTE cap sloperiods straddling 7/1/2011) | ts (see inst | ructions for o | cost reporting | 0. 00 | 4. 02 |
| 5.00 FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl | lus or minus | line 4 plus li | nes 4.01 and | 4. 36 | 5. 00 |
| 4.02 plus applicable subscripts | | | | | |
| Unweighted resident FTE count for allopathic and osteopathic records (see instructions) | programs for | the current | year from your | 4. 51 | 6. 00 |
| 7.00 Enter the lesser of line 5 or line 6 | | | | 4. 36 | 7. 00 |
| | | Pri mary Care | | Total | |
| 8.00 Weighted FTE count for physicians in an allopathic and osteo | pathi c | 1.00 | 2. 00 | 3. 00 | 8. 00 |
| program for the current year. | | | | | |
| 1.00 If line 6 is less than 5 enter the amount from line 8, otherward multiply line 8 times the result of line 5 divided by the amount | | 0.00 | 0 4. 32 | 4. 32 | 9. 00 |
| 6. | Juint on Time | | | | |
| 0.00 Weighted dental and podiatric resident FTE count for the curi | | | 2. 71 | | 10.00 |
| 0.01 Unweighted dental and podiatric resident FTE count for the cu 1.00 Total weighted FTE count | urrent year | 0.00 | 0. 00 7. 03 | | 10. 01 11. 00 |
| 2.00 Total weighted resident FTE count for the prior cost reporting | na vear (see | 0.00 | | | 12.00 |
| instructions) | | | | | |
| 3.00 Total weighted resident FTE count for the penultimate cost re year (see instructions) | eporti ng | 0.00 | 5. 54 | | 13.00 |
| 4.00 Rolling average FTE count (sum of lines 11 through 13 divided | d by 3). | 0.00 | 6. 39 | | 14.00 |
| 5.00 Adjustment for residents in initial years of new programs | | 0.00 | | | 15. 00 |
| 5.01 Unweighted adjustment for residents in initial years of new p | | 0.00 | | | 15. 01 |
| 6.00 Adjustment for residents displaced by program or hospital clo 6.01 Unweighted adjustment for residents displaced by program or l | | 0.00 | | | 16. 00 16. 01 |
| closure | iospi tai | 0.00 | 0.00 | | 10.01 |
| 7.00 Adjusted rolling average FTE count | | 0.00 | | | 17. 00 |
| 8.00 Per resident amount 9.00 Approved amount for resident costs | | 90, 382. 2 | 2 85, 583. 99 546, 882 | 546, 882 | 18. 00 19. 00 |
| 7.00 Approved amount for resident costs | | ' | 540, 662 | 540, 662 | 19.00 |
| | | | | 1.00 | |
| 20.00 Additional unweighted allopathic and osteopathic direct GME I Sec. 413.79(c)(4) | FIE resident | cap slots rece | eived under 42 | 0.00 | 20.00 |
| 11.00 Direct GME FTE unweighted resident count over cap (see instru | uctions) | | | 0. 15 | 21.00 |
| 2.00 Allowable additional direct GME FTE Resident Count (see insti | | | | 0.00 | |
| 3.00 Enter the locality adjustment national average per resident | amount (see i | nstructions) | | 0. 00 | |
| 4.00 Multiply line 22 time line 23 5.00 Total direct GME amount (sum of lines 19 and 24) | | | | 0 546, 882 | 24. 00 25. 00 |
| 3.00 Total direct one amount (sum of fines in and 24) | | Inpatient Par | t Managed care | 340, 002 | 23.00 |
| | | A 1.00 | 2.00 | 2 00 | |
| COMPUTATION OF PROGRAM PATIENT LOAD | | 1.00 | 2. 00 | 3. 00 | |
| 16.00 Inpatient Days (see instructions) | | 10, 33 | 9 3, 924 | | 26. 00 |
| 7.00 Total Inpatient Days (see instructions) | | 30, 93 | | | 27. 00 |
| 8.00 Ratio of inpatient days to total inpatient days | | 0. 33417 | | | 28. 00 |
| 9.00 Program direct GME amount | | 182, 75 | | | 29.00 |
| 0.00 Reduction for direct GME payments for Medicare Advantage 1.00 Net Program direct GME amount | | | 9, 801 | 242, 314 | 30.00 |
| 1.00 1.00 1.10gram arroot one amount | | ı | 1 | 272, 314 | 1 57.00 |

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| Heal th | Financial Systems FRANCISCAN HEALT | TH HAMMOND | In Lie | u of Form CMS-2 | 2552-10 |
|------------------|--|--------------------------|----------------------------------|---------------------------|---------|
| | GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT | Provider CCN: 15-0004 | Peri od: | Worksheet E-4 | |
| MEDI CA | AL EDUCATION COSTS | | From 01/01/2018 To 12/31/2018 | Date/Time Pre | narod: |
| | | | 10 12/31/2016 | 4/9/2019 3: 29 | |
| | | Title XVIII | Hospi tal | PPS | |
| | | | | | |
| | | | | 1. 00 | |
| | DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLI EDUCATION COSTS) | E XVIII ONLY (NURSING SC | HOOL AND PARAMEDI | CAL | |
| 32. 00 | Renal dialysis direct medical education costs (from Wkst. B, | Pt. I, sum of col. 20 an | d 23, lines 74 | 0 | 32. 00 |
| 33. 00 | and 94) | l col O cum of lines | 74 and 04) | 0 | 33. 00 |
| 34. 00 | Renal dialysis and home dialysis total charges (Wkst. C, Pt. Ratio of direct medical education costs to total charges (lin | | 74 and 94) | 0. 000000 | |
| | Medicare outpatient ESRD charges (see instructions) | e 32 ÷ 1111e 33) | | 0.000000 | 35. 00 |
| | Medicare outpatient ESRD direct medical education costs (line | 34 x line 35) | | 0 | 36. 00 |
| 00.00 | APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII | | | 0 | 00.00 |
| | Part A Reasonable Cost | | | | |
| 37.00 | Reasonable cost (see instructions) | | | 28, 954, 273 | 37. 00 |
| 38.00 | Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69) | | | 0 | 38. 00 |
| | Cost of physicians' services in a teaching hospital (see inst | ructions) | | 0 | 39. 00 |
| | Primary payer payments (see instructions) | | | 0 | 40.00 |
| 41. 00 | Total Part A reasonable cost (sum of lines 37 through 39 minu | s line 40) | | 28, 954, 273 | 41. 00 |
| | Part B Reasonable Cost | | | | |
| 42.00 | Reasonable cost (see instructions) | | | 26, 772, 045 | |
| 43.00 | Primary payer payments (see instructions) | | | 10, 510 | |
| 44. 00 45. 00 | Total Part B reasonable cost (line 42 minus line 43) Total reasonable cost (sum of lines 41 and 44) | | | 26, 761, 535 | |
| | Ratio of Part A reasonable cost to total reasonable cost (lin | o 41 : Lino 45) | | 55, 715, 808 0, 519678 | |
| | Ratio of Part B reasonable cost to total reasonable cost (lin | , | | 0. 480322 | 47. 00 |
| 47.00 | ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PAI | | | 0. 400322 | 47.00 |
| 48. 00 | Total program GME payment (line 31) | | | 242, 314 | 48. 00 |
| 49.00 | Part A Medicare GME payment (line 46 x 48) (title XVIII only) | (see instructions) | | 125, 925 | 49. 00 |
| | Part B Medicare GME payment (line 47 x 48) (title XVIII only) | | | 116, 389 | 50. 00 |
| | | | • | | |

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

Provider CCN: 15-0004 Period: From 01

Peri od: From 01/01/2018 To 12/31/2018 Date/Ti me Prepared:

| onl y) | 5, | | Т | o 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|------------------|---|----------------------------------|----------------------|----------------|--------------------------------|------------------|
| | | General Fund | | Endowment Fund | | |
| | | 1.00 | Purpose Fund 2.00 | 3. 00 | 4. 00 | |
| | CURRENT ASSETS | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | Cash on hand in banks | -268, 598, 532 | | _ | 0 | |
| 2.00 | Temporary investments | 11, 952, 323 | | _ | | 1 |
| 3. 00 4. 00 | Notes recei vabl e Accounts recei vabl e | 130, 807, 793 | 0 | 0 | 0 | 3. 00 4. 00 |
| 5. 00 | Other receivable | 15, 554, 538 | 1 | 0 | 0 | 5.00 |
| 6. 00 | Allowances for uncollectible notes and accounts receivable | -7, 977, 840 | 1 | 0 | 0 | 6. 00 |
| 7.00 | Inventory | 3, 768, 164 | 0 | 0 | 0 | |
| 8.00 | Prepaid expenses | 0 | 0 | 0 | 0 | |
| 9. 00 10. 00 | Other current assets Due from other funds | 0 | 0 | _ | 0 | 9. 00 10. 00 |
| 11. 00 | Total current assets (sum of lines 1-10) | -114, 493, 554 | _ | _ | | 11.00 |
| 11.00 | FIXED ASSETS | 111, 170, 001 | | | | 11.00 |
| 12.00 | Land | 5, 547, 620 | 0 | 0 | 0 | 12. 00 |
| 13. 00 | Land improvements | 3, 655, 975 | 1 | _ | 0 | 13. 00 |
| 14. 00 | Accumulated depreciation | 0 | 0 | 0 | 0 | 14.00 |
| 15. 00 16. 00 | Buildings Accumulated depreciation | 44, 581, 772 | 0 | 0 | 0 | 15. 00 16. 00 |
| 17. 00 | Leasehold improvements | 147, 396 | ő | 0 | Ö | 17. 00 |
| 18. 00 | Accumul ated depreciation | 0 | 0 | 0 | 0 | 18. 00 |
| 19. 00 | Fi xed equipment | 0 | 0 | _ | 0 | 19. 00 |
| 20.00 | Accumulated depreciation | 0 | 0 | 0 | 0 | 20.00 |
| 21. 00 22. 00 | Automobiles and trucks Accumulated depreciation | 0 | 0 | 0 | 0 | 21. 00 22. 00 |
| 23. 00 | Major movable equipment | 164, 232, 931 | 1 | 0 | 0 | 23. 00 |
| 24. 00 | Accumul ated depreciation | -166, 833, 436 | 1 | 0 | Ō | 24. 00 |
| 25. 00 | Mi nor equi pment depreci abl e | 0 | 0 | 0 | 0 | 25. 00 |
| 26. 00 | Accumul ated depreciation | 0 | 0 | 0 | 0 | 26. 00 |
| 27. 00 | HIT designated Assets | 0 | 0 | 0 | 0 | 27. 00 |
| 28. 00 29. 00 | Accumul ated depreciation Minor equipment-nondepreciable | 0 | 0 | _ | 0 | 28. 00 29. 00 |
| 30. 00 | Total fixed assets (sum of lines 12-29) | 51, 332, 258 | 1 | _ | | 30.00 |
| | OTHER ASSETS | , , , , , | | | | |
| 31. 00 | Investments | 0 | 0 | _ | - | 1 |
| 32. 00 | Deposits on Leases | 0 | 0 | _ | - | 32. 00 |
| 33. 00 34. 00 | Due from owners/officers Other assets | 1, 950, 682 | 0 | _ | 0 | 33. 00 34. 00 |
| 35. 00 | Total other assets (sum of lines 31-34) | 1, 950, 682 | 1 | _ | 0 | 35. 00 |
| 36. 00 | Total assets (sum of lines 11, 30, and 35) | -61, 210, 614 | 1 | 0 | 0 | 36. 00 |
| | CURRENT LI ABI LI TI ES | | | | | |
| 37. 00 | Accounts payable | 8, 224, 743 | 1 | _ | _ | 37. 00 |
| 38. 00 39. 00 | Salaries, wages, and fees payable Payroll taxes payable | 8, 515, 796 | 0 | 0 | 0 | 38. 00 39. 00 |
| 40. 00 | Notes and Loans payable (short term) | ا | Ö | 0 | 0 | 40.00 |
| 41.00 | Deferred income | 0 | 0 | 0 | 0 | 41.00 |
| 42. 00 | Accel erated payments | 0 | | | | 42. 00 |
| 43. 00 | Due to other funds | 10, 381, 270 | | 0 | 0 | |
| 44.00 | Other current liabilities Total current liabilities (sum of lines 37 thru 44) | -325, 097, 009 -297, 975, 200 | | 0 | 0 | 44. 00 45. 00 |
| 45.00 | LONG TERM LIABILITIES | -291, 913, 200 | <u> </u> | 0 | 0 | 45.00 |
| 46.00 | Mortgage payable | 0 | 0 | 0 | 0 | 46. 00 |
| 47. 00 | Notes payable | 0 | 0 | 0 | 0 | 1 |
| 48. 00 | Unsecured Loans | 0 | 0 | _ | 0 | 1 |
| 49. 00 50. 00 | Other long term liabilities | -62, 881, 379 | 1 | _ | 0 | 49. 00 50. 00 |
| 51. 00 | Total long term liabilities (sum of lines 46 thru 49) Total liabilities (sum of lines 45 and 50) | -62, 881, 379 -360, 856, 579 | | _ | | 51.00 |
| 01.00 | CAPI TAL ACCOUNTS | 1 000,000,017 | | | | 01.00 |
| 52.00 | General fund balance | 299, 645, 965 | | | | 52. 00 |
| 53.00 | Specific purpose fund | | 0 | | | 53. 00 |
| 54. 00 | Donor created - endowment fund balance - restricted | | | 0 | | 54. 00 |
| 55. 00 56. 00 | Donor created - endowment fund balance - unrestricted Governing body created - endowment fund balance | | | 0 | | 55. 00 56. 00 |
| 57. 00 | Plant fund balance - invested in plant | | | 0 | 0 | 57.00 |
| 58. 00 | Plant fund balance - reserve for plant improvement, | | | | 0 | |
| | repl acement, and expansi on | | | | | |
| 59. 00 | Total fund balances (sum of lines 52 thru 58) | 299, 645, 965 | i | 0 | 0 | |
| 60. 00 | Total liabilities and fund balances (sum of lines 51 and 59) | -61, 210, 614 | 0 | 0 | 0 | 60.00 |
| | 1 - 7 | 1 | 1 | 1 | • | 1 |

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Period: Worksheet G-1 Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES Provider CCN: 15-0004

| | | | | | From 01/01/2018 To 12/31/2018 | | pm |
|---|---|---|--|------------|---|------------------|---|
| | | General | Fund | Speci al F | Purpose Fund | Endowment Fund | |
| | | 1.00 | 2.00 | 3.00 | 4. 00 | 5. 00 | |
| 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 | Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) CONTRIBUTIONS TO PPE Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) EQUITY TRANSFERS MISC Total deductions (sum of lines 12-17) | 1.00 144, 149 0 0 0 0 0 0 46, 343, 298 0 0 0 | 2. 00 288, 642, 180 57, 202, 934 345, 845, 114 144, 149 345, 989, 263 | | 4.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 | 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 |
| 19. 00 | Fund balance at end of period per balance sheet (line 11 minus line 18) | | 299, 645, 965 | | 0 | | 19. 00 |
| | | Endowment Fund | PI ant | Fund | _ | | |
| 1.00 | Is | 6.00 | 7. 00 | 8. 00 | | | 1 00 |
| 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 | Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) CONTRIBUTIONS TO PPE | 0 | 0 0 0 0 | | 0 | | 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 |
| 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 | Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) EQUITY TRANSFERS MISC Total deductions (sum of lines 12-17) | 0 0 | 0 0 0 0 0 | | 0 0 | | 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 |
| 17. 00 | Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18) | 0 | 0 | | 0 | | |

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MCRI F32 - 15. 4. 166. 1 130 | Page Health Financial Systems FATTEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0004

| | | 1 | o 12/31/2018 | Date/Time Pre 4/9/2019 3:29 | |
|--------|---|-------------------|---------------|-----------------------------|--------|
| | Cost Center Description | I npati ent | Outpati ent | Total | Pill. |
| | | 1. 00 | 2.00 | 3. 00 | |
| | PART I - PATIENT REVENUES | | | | |
| | General Inpatient Routine Services | | | | |
| 1.00 | Hospi tal | 27, 629, 233 | 3 | 27, 629, 233 | 1. 00 |
| 2.00 | SUBPROVI DER - I PF | 19, 208, 090 | | 19, 208, 090 | 2. 00 |
| 3.00 | SUBPROVI DER - I RF | | | | 3. 00 |
| 4.00 | SUBPROVI DER | | | | 4. 00 |
| 5.00 | Swing bed - SNF | | | 0 | 5. 00 |
| 6.00 | Swing bed - NF | | | 0 | 6. 00 |
| 7.00 | SKILLED NURSING FACILITY | | | 0 | 7. 00 |
| 8.00 | NURSING FACILITY | | | 0 | 8. 00 |
| 9.00 | OTHER LONG TERM CARE | | | | 9. 00 |
| 10.00 | Total general inpatient care services (sum of lines 1-9) | 46, 837, 323 | 3 | 46, 837, 323 | 10. 00 |
| | Intensive Care Type Inpatient Hospital Services | • | | | |
| 11.00 | INTENSIVE CARE UNIT | 10, 951, 259 | | 10, 951, 259 | 11. 00 |
| 12.00 | CORONARY CARE UNIT | | | 0 | 12.00 |
| 13.00 | BURN INTENSIVE CARE UNIT | | | | 13.00 |
| 14.00 | SURGICAL INTENSIVE CARE UNIT | | | | 14.00 |
| 15.00 | NEWBORN INTENSIVE CARE UNIT | | | 0 | 15. 00 |
| 16.00 | Total intensive care type inpatient hospital services (sum of lines | 10, 951, 259 | | 10, 951, 259 | 16. 00 |
| | 11-15) | | | | |
| 17. 00 | Total inpatient routine care services (sum of lines 10 and 16) | 57, 788, 582 | 2 | 57, 788, 582 | 17. 00 |
| 18.00 | Ancillary services | 162, 460, 887 | 493, 920, 875 | 656, 381, 762 | 18. 00 |
| 19. 00 | Outpati ent servi ces | 17, 779, 543 | 72, 385, 445 | 90, 164, 988 | 19. 00 |
| 20.00 | RURAL HEALTH CLINIC | | 0 | 0 | 20. 00 |
| 21. 00 | FEDERALLY QUALIFIED HEALTH CENTER | | 0 | 0 | 21. 00 |
| 22. 00 | HOME HEALTH AGENCY | | 18, 297, 532 | 18, 297, 532 | 22. 00 |
| 23.00 | AMBULANCE SERVICES | | | | 23. 00 |
| 24.00 | CMHC | | 0 | 0 | 24. 00 |
| 24. 10 | CORF | | 0 | 0 | 24. 10 |
| 25.00 | AMBULATORY SURGICAL CENTER (D. P.) | | | | 25. 00 |
| 26.00 | HOSPI CE | | | | 26. 00 |
| 27. 00 | NON REIM COST CENTERS | | 1, 125, 695 | 1, 125, 695 | 27. 00 |
| 28. 00 | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wk | st. 238, 029, 012 | 585, 729, 547 | 823, 758, 559 | 28. 00 |
| | G-3, line 1) | | | | |
| | PART II - OPERATING EXPENSES | | | | |
| 29. 00 | Operating expenses (per Wkst. A, column 3, line 200) | | 190, 960, 041 | | 29. 00 |
| 30.00 | BAD DEBTS | (| | | 30. 00 |
| 31.00 | | | 1 | | 31.00 |
| 32.00 | | | | | 32.00 |
| 33. 00 | | (| | | 33. 00 |
| 34.00 | | (| | | 34.00 |
| 35.00 | T | |) | | 35. 00 |
| 36.00 | Total additions (sum of lines 30-35) | | 0 | | 36. 00 |
| 37. 00 | DEDUCT (SPECIFY) | |) | | 37. 00 |
| 38. 00 | | | 1 | | 38. 00 |
| 39. 00 | | | | | 39.00 |
| 40.00 | | | | | 40.00 |
| 41. 00 | Total deductions (compact lines 27 41) | | 1 | | 41.00 |
| 42. 00 | Total deductions (sum of lines 37-41) | nofor | 100 0/0 0/1 | | 42.00 |
| 43. 00 | Total operating expenses (sum of lines 29 and 36 minus line 42)(tra | inster' | 190, 960, 041 | | 43. 00 |
| | to Wkst. G-3, line 4) | | 1 1 | | |

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| Health Financial Systems | FRANCISCAN HEALTH HAMMOND | In Lie | u of Form CMS-2 | 2552-10 |
|--|------------------------------|----------------------------------|-----------------|---------|
| STATEMENT OF REVENUES AND EXPENSES | Provi der CCN: 15-0004 | Peri od: | Worksheet G-3 | |
| | | From 01/01/2018 To 12/31/2018 | Date/Time Pre | nared: |
| | | 10 12/31/2010 | 4/9/2019 3: 29 | |
| | | | | |
| | | | 1. 00 | |
| 1.00 Total patient revenues (from Wkst. G-2, Pa | | | 823, 758, 559 | 1. 00 |
| 2.00 Less contractual allowances and discounts | • | | 581, 833, 836 | 2. 00 |
| 3.00 Net patient revenues (line 1 minus line 2) | | | 241, 924, 723 | 3. 00 |
| 4.00 Less total operating expenses (from Wkst. | | | 190, 960, 041 | 4. 00 |
| 5.00 Net income from service to patients (line | 3 minus line 4) | | 50, 964, 682 | 5. 00 |
| OTHER I NCOME | | | | |
| 6.00 Contributions, donations, bequests, etc | | | 383, 288 | 6. 00 |
| 7.00 Income from investments | | | 0 | 7. 00 |
| 8.00 Revenues from telephone and other miscella | neous communication services | | 0 | 8. 00 |
| 9.00 Revenue from television and radio service | | | 0 | 9.00 |
| 10.00 Purchase di scounts | | | 624, 185 | 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 | | | 1, 138, 466 | |
| 14.00 Revenue from meals sold to employees and g | uests | | 712, 275 | |
| 15.00 Revenue from rental of living quarters | | | 0 | 15. 00 |
| 16.00 Revenue from sale of medical and surgical | | | 0 | 16. 00 |
| 17.00 Revenue from sale of drugs to other than p | | | 0 | 17. 00 |
| 18.00 Revenue from sale of medical records and a | | | 8, 569 | |
| 19.00 Tuition (fees, sale of textbooks, uniforms | | | 0 | 19. 00 |
| 20.00 Revenue from gifts, flowers, coffee shops, | and canteen | | 91, 166 | |
| 21.00 Rental of vending machines | | | 19, 141 | |
| 22.00 Rental of hospital space | | | 1, 100, 242 | |
| 23.00 Governmental appropriations | | | 0 | 23. 00 |
| 24. 00 OTHER - MI SC. REVENUE | | | 2, 160, 920 | |
| 25.00 Total other income (sum of lines 6-24) | | | 6, 238, 252 | |
| 26.00 Total (line 5 plus line 25) | | | 57, 202, 934 | |
| 27. 00 NON OPER REV/EXPENSE | | | 0 | 27. 00 |
| 28.00 Total other expenses (sum of line 27 and s | | | 0 | 28. 00 |
| 29.00 Net income (or loss) for the period (line | 26 minus line 28) | | 57, 202, 934 | 29.00 |

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Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
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5, 860, 167

5, 860, 167

24.00

-163.031

24.00 Total (sum of lines 1-23)

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| | Financial Systems | | FRANCI SCAN HEAL | | | | u of Form CMS- | |
|------------------|--|----------------------------------|----------------------------|-------------|--------------|-----------------------------|-------------------------|------------------|
| COST A | LLOCATION - HHA GENERAL SERVICE | E COST | | Provi der C | CCN: 15-0004 | Peri od: From 01/01/2018 | Worksheet H-1 Part | |
| | | | | HHA CCN: | 15-7145 | To 12/31/2018 | | |
| | | | | | | Home Health | PPS | рш |
| | | | | | 1 | Agency I | | |
| | | | Capital Rela | ated Costs | | | | |
| | | Net Expenses | BI dgs & | Movabl e | PI ant | Transportati on | Subtotal | 1 |
| | | for Cost | Fi xtures | Equi pment | Operation 8 | | (cols. 0-4) | |
| | | Allocation (from Wkst. H, | | | Mai ntenance | | | |
| | | col. 10) | | | | | | |
| | | 0 | 1. 00 | 2.00 | 3.00 | 4. 00 | 4A. 00 | |
| 4 00 | GENERAL SERVICE COST CENTERS | | 0 | | T | | | 1 4 00 |
| 1. 00 | Capital Related - Bldg. & Fixtures | | 0 | | | | 0 | 1. 00 |
| 2.00 | Capital Related - Movable | 0 | | (| | | 0 | 2. 00 |
| 0.00 | Equi pment | | | , | | | | |
| 3. 00 4. 00 | Plant Operation & Maintenance Transportation | 0 | 0 | (| | 0 0 | 0 | 3. 00 4. 00 |
| 5.00 | Administrative and General | 1, 797, 796 | Ö | (| ol . | 0 0 | 1, 797, 796 | |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| 6.00 | Skilled Nursing Care | 2, 065, 094 | 0 | (| | 0 0 | 2, 065, 094 | 1 |
| 7. 00 8. 00 | Physical Therapy Occupational Therapy | 1, 574, 120 76, 653 | 0 | (| - | 0 0 | 1, 574, 120 76, 653 | |
| 9. 00 | Speech Pathology | 58, 619 | Ö | - | ő | 0 0 | 58, 619 | |
| 10.00 | Medical Social Services | 1, 684 | 0 | (| | 0 0 | 1, 684 | 10.00 |
| 11.00 | Home Heal th Ai de | 175, 966 | 0 | (| | 0 0 | 175, 966 | |
| 12. 00 13. 00 | Supplies (see instructions) Drugs | 97, 838 12, 397 | 0 | (| | 0 0 | 97, 838 12, 397 | 1 |
| 14. 00 | DME | 0 | Ö | - | ol . | 0 0 | 0 | 1 |
| | HHA NONREIMBURSABLE SERVICES | | | | 1 | | | |
| 15.00 | Home Dialysis Aide Services | 0 | 0 | (| | 0 0 | 0 | |
| 16. 00 17. 00 | Respiratory Therapy Private Duty Nursing | 0 | 0 | | | 0 0 | 0 | 16. 00 17. 00 |
| 18. 00 | Clinic | 0 | Ö | Ć | ol . | 0 0 | Ö | 18.00 |
| 19. 00 | Health Promotion Activities | 0 | 0 | (| o l | 0 0 | 0 | 19. 00 |
| 20. 00 21. 00 | Day Care Program Home Delivered Meals Program | 0 | 0 | (| | 0 0 | 0 | 20.00 |
| 22. 00 | Homemaker Service | | 0 | (| | 0 0 | 0 | 22.00 |
| 23. 00 | All Others (specify) | 0 | Ö | Ć | | 0 0 | 0 | 23. 00 |
| 23. 50 | Tel emedi ci ne | 0 | 0 | - | | 0 0 | 0 | 23. 50 |
| 24. 00 | Total (sum of lines 1-23) | 5, 860, 167 Admi ni strati ve | Total (cols. | (| <u> </u> | 0 0 | 5, 860, 167 | 24. 00 |
| | | & General | 4A + 5) | | | | | |
| | | 5. 00 | 6. 00 | | | | | |
| 1 00 | GENERAL SERVICE COST CENTERS | | | | | | | 1 00 |
| 1. 00 | Capital Related - Bldg. & Fixtures | | | | | | | 1.00 |
| 2.00 | Capital Related - Movable | | | | | | | 2. 00 |
| 2 00 | Equi pment | | | | | | | 2 00 |
| 3. 00 4. 00 | Plant Operation & Maintenance Transportation | | | | | | | 3. 00 4. 00 |
| 5. 00 | Administrative and General | 1, 797, 796 | | | | | | 5.00 |
| . = | HHA REIMBURSABLE SERVICES | | | | | | | |
| 6. 00 7. 00 | Skilled Nursing Care Physical Therapy | 913, 905 696, 624 | 2, 978, 999 2, 270, 744 | | | | | 6. 00 7. 00 |
| 7. 00 8. 00 | Occupati onal Therapy | 33, 923 | 2, 270, 744 110, 576 | | | | | 8.00 |
| 9. 00 | Speech Pathology | 25, 942 | 84, 561 | | | | | 9. 00 |
| 10.00 | Medical Social Services | 745 | 2, 429 | | | | | 10.00 |
| 11. 00 12. 00 | Home Health Aide Supplies (see instructions) | 77, 873 43, 298 | 253, 839 141, 136 | | | | | 11. 00 12. 00 |
| 13. 00 | Drugs | 5, 486 | 17, 883 | | | | | 13.00 |
| 14. 00 | DME | 0 | 0 | | | | | 14. 00 |
| 45 | HHA NONREI MBURSABLE SERVI CES | | | | | | | |
| 15. 00 16. 00 | Home Dialysis Aide Services Respiratory Therapy | 0 | 0 | | | | | 15. 00 16. 00 |
| 17. 00 | Private Duty Nursing | 0 | 0 | | | | | 17. 00 |
| 18. 00 | Clinic | 0 | 0 | | | | | 18. 00 |
| 19. 00 | Health Promotion Activities | 0 | 0 | | | | | 19.00 |
| 20. 00 21. 00 | Day Care Program Home Delivered Meals Program | 0 | 0 | | | | | 20.00 |
| 21.00 | Homemaker Service | 0 | 0 | | | | | 21.00 |
| 23. 00 | All Others (specify) | Ö | Ö | | | | | 23. 00 |
| 23. 50 | 4 | 0 | 0 | | | | | 23. 50 |
| 24. 00 | Total (sum of lines 1-23) | 1 | 5, 860, 167 | | | | | 24. 00 |
| | | | | | | | | |

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| Heal th | Financial Systems | | FRANCI SCAN HEA | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|------------------|--|------------|--|--|------------|---|----------------------------|---------|
| | ALLOCATION - HHA STATISTICAL BAS | SI S | | Provider Co | | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-1 | pared: |
| | | | | | | Home Health | PPS | |
| | | | | | | Agency I | | |
| | | Capital Re | lated Costs | | | | | |
| | | , , | Movable Equipment (DOLLAR VALUE) | Plant Operation & Maintenance (SQUARE FEET) | (MI LEAGE) | nReconciliation | & General (ACCUM. COST) | |
| | | 1.00 | 2. 00 | 3. 00 | 4. 00 | 5A. 00 | 5. 00 | |
| | GENERAL SERVICE COST CENTERS | 1 | 1 | | 1 | 1 | | |
| 1. 00 | Capital Related - Bldg. & Fixtures | 0 | | | | 0 | | 1. 00 |
| 2. 00 | Capital Related - Movable Equipment | | 0 | | | 0 | | 2. 00 |
| 3.00 | Plant Operation & Maintenance | 0 | 0 | 0 | | 0 | | 3. 00 |
| 4. 00 | Transportation (see instructions) | 0 | 0 | 0 | | 0 | | 4. 00 |
| 5.00 | Administrative and General HHA REIMBURSABLE SERVICES | 0 | 0 | 0 | | 0 -1, 797, 796 | 4, 062, 371 | 5. 00 |
| / 00 | | Ιο | 0 | 0 | | 0 0 | 2.045.004 | / 00 |
| 6. 00 7. 00 | Skilled Nursing Care Physical Therapy | | | 0 | 1 | 0 0 | 2, 065, 094 1, 574, 120 | |
| 8. 00 | Occupational Therapy | | _ | 0 | | 0 0 | 76, 653 | • |
| 9. 00 | Speech Pathology | | 0 | 0 | | 0 | 58, 619 | |
| 10.00 | Medical Social Services | 0 | 0 | 0 | | 0 | 1, 684 | |
| 11. 00 | Home Health Aide | 0 | Ō | 0 | , | o o | 175, 966 | 1 |
| 12.00 | Supplies (see instructions) | 0 | 0 | 0 | | 0 | 97, 838 | • |
| 13.00 | Drugs | 0 | 0 | 0 | 1 | 0 | 12, 397 | 13. 00 |
| 14.00 | DME | 0 | 0 | 0 | | 0 0 | 0 | 14. 00 |
| | HHA NONREI MBURSABLE SERVI CES | | | | | | | |
| 15. 00 | Home Dialysis Aide Services | 0 | - | 0 | | 0 | 0 | 1 |
| 16.00 | Respiratory Therapy | 0 | | 0 | | 0 | 0 | |
| 17. 00 | Private Duty Nursing | 0 | 0 | 0 | 1 | 0 | 0 | 17. 00 |
| 18. 00 19. 00 | Clinic Health Promotion Activities | 0 | 0 | 0 | | 0 | 0 | |
| 20.00 | Day Care Program | | 0 | 0 | | 0 | 0 | |
| 21. 00 | Home Delivered Meals Program | | 0 | 0 | | | 0 | |
| 22. 00 | Homemaker Service | | 0 | 0 | | | 0 | 22.00 |
| 23. 00 | All Others (specify) | | 0 | 0 | | 0 | 0 | 23. 00 |
| 23. 50 | Tel emedi ci ne | 0 | 0 | 0 | | 0 | 0 | 23. 50 |
| 24. 00 | Total (sum of lines 1-23) | 0 | 0 | 0 | , | 0 -1, 797, 796 | 4, 062, 371 | 1 |
| 25. 00 | Cost To Be Allocated (per | 0 | 0 | 0 |) | 0 | 1, 797, 796 | • |
| | Worksheet H-1, Part I) | | | | | | | |
| 26. 00 | Unit Cost Multiplier | 0. 000000 | 0. 000000 | 0. 000000 | 0.00000 | 0 | 0. 442548 | 26. 00 |

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| Health Financial Systems | | FRANCISCAN HEALTH | H HAMMOND | | | | In Lie | u of Form CMS-2552-10 |
|------------------------------------|---------------|-------------------|-----------|------|---------|------|------------|-----------------------|
| ALLOCATION OF GENERAL SERVICE COST | S TO HHA COST | CENTERS | Provi der | CCN: | 15-0004 | Peri | od: | Worksheet H-2 |
| | | | | | | From | 01/01/2018 | Part I |
| | | | HHA CCN: | | 15-7145 | To | | Date/Time Prepared: |
| | | | | | | | | 4/9/2019 3: 29 pm |
| | | | | | | Ho | me Health | PPS |
| | | | | | | | | |

| | | | | | | Agency I | PPS | |
|--|--|---|------------------|---|---------------------------------------|---|---|--|
| | | | CAPITAL REL | ATED COSTS | | , , , , , | | |
| | Cost Center Description | HHA Trial Balance (1) | BLDG & FIXT | MVBLE EQUIP | EMPLOYEE BENEFITS DEPARTMENT | Subtotal | OTHER ADMI NI STRATI VE AND GENERAL | |
| | | 0 | 1. 00 | 2. 00 | 4. 00 | 4A | 5. 05 | |
| 1.00 | Administrative and General | 0 | 224, 745 | 12, 940 | 1, 298, 949 | 1, 536, 634 | | 1. 00 |
| 2.00 | Skilled Nursing Care | 2, 978, 999 | 0 | 0 | 0 | 2, 978, 999 | 433, 601 | 2. 00 |
| 3.00 | Physical Therapy | 2, 270, 744 | 0 | 0 | 0 | 2, 270, 744 | 330, 514 | 3. 00 |
| 4.00 | Occupati onal Therapy | 110, 576 | 0 | 0 | 0 | 110, 576 | 16, 095 | 4. 00 |
| 5.00 | Speech Pathology | 84, 561 | 0 | 0 | 0 | 84, 561 | 12, 308 | |
| 6.00 | Medical Social Services | 2, 429 | 0 | 0 | 0 | 2, 429 | | 6. 00 |
| 7.00 | Home Heal th Ai de | 253, 839 | 0 | 0 | 0 | 253, 839 | | 7. 00 |
| 8.00 | Supplies (see instructions) | 141, 136 | 0 | 0 | 0 | 141, 136 | | • |
| 9.00 | Drugs | 17, 883 | 0 | 0 | 0 | 17, 883 | | 1 |
| 10. 00 11. 00 | DME Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 10. 00 11. 00 |
| 12. 00 | Respiratory Therapy | | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13. 00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13. 00 |
| 14. 00 | Clinic | 0 | 0 | O O | o o | 0 | 0 | 14. 00 |
| 15. 00 | Health Promotion Activities | o o | 0 | o | o | 0 | o | 15. 00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17. 00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17. 00 |
| 18. 00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18. 00 |
| 19. 00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19. 00 |
| 19. 50 | | 0 | 0 | 0 | 0 | 0 | 0 | 19. 50 |
| 20.00 | Total (sum of lines 1-19) (2) | 5, 860, 167 | 224, 745 | 12, 940 | 1, 298, 949 | | 1, 076, 627 | 20.00 |
| 21. 00 | Unit Cost Multiplier: column | | | | | 0. 000000 | | 21. 00 |
| | 26, line 1 divided by the sum of column 26, line 20 minus | | | | | | | |
| | column 26, line 1, rounded to | | | | | | | |
| | 6 decimal places. | | | | | | | |
| | Cost Center Description | MAINTENANCE & | OPERATION OF | LAUNDRY & | HOUSEKEEPI NG | DI ETARY | CAFETERI A | |
| | | 6. 00 | PLANT 7. 00 | LINEN SERVICE 8.00 | 9. 00 | 10. 00 | 11.00 | |
| 1. 00 | Administrative and General | 177, 056 | 163, 806 | 0.00 | 86, 199 | 0 | | 1. 00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2. 00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3. 00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4. 00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5. 00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Heal th Ai de | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8. 00 9. 00 | Supplies (see instructions) Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 8. 00 9. 00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11. 00 | Home Dialysis Aide Services | 0 | 0 | Ö | _ | 0 | o o | 11.00 |
| 12. 00 | Respiratory Therapy | l o | 0 | o | Ō | 0 | o o | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | О | 0 | 0 | 0 | 13. 00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14. 00 |
| 15.00 | | | | | | | | |
| | Health Promotion Activities | o o | 0 | 0 | 0 | 0 | 0 | 15. 00 |
| 16.00 | Health Promotion Activities Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16. 00 |
| 17. 00 | Health Promotion Activities Day Care Program Home Delivered Meals Program | 0 0 | 0 | 0 0 0 | 0 0 0 | 0 0 0 | 0 | 16. 00 17. 00 |
| 17. 00 18. 00 | Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service | 0 | - | 0 0 | 0 0 0 | 000000000000000000000000000000000000000 | 0 0 | 16. 00 17. 00 18. 00 |
| 17. 00 18. 00 19. 00 | Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) | 0 0 0 | 0 | 0 0 0 0 | 0 0 0 0 | 000000000000000000000000000000000000000 | 0 | 16. 00 17. 00 18. 00 19. 00 |
| 17. 00 18. 00 19. 00 19. 50 | Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine | 0 0 | 0 0 0 0 | 0 | 0 0 | 0 | 0 0 0 | 16. 00 17. 00 18. 00 19. 00 19. 50 |
| 17. 00 18. 00 19. 00 19. 50 20. 00 | Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) | 0 0 0 0 0 0 0 177, 056 | 0 | 0 0 0 0 0 0 | 0 0 0 0 0 0 86, 199 | 0 | 0 0 | 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00 |
| 17. 00 18. 00 19. 00 19. 50 | Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column | 0 0 | 0 0 0 0 | 0 0 0 0 0 0 | 0 0 | 0 | 0 0 0 | 16. 00 17. 00 18. 00 19. 00 19. 50 |
| 17. 00 18. 00 19. 00 19. 50 20. 00 | Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum | 0 0 | 0 0 0 0 | 0 0 0 0 0 | 0 0 | 0 | 0 0 0 | 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00 |
| 17. 00 18. 00 19. 00 19. 50 20. 00 | Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column | 0 0 | 0 0 0 0 | 0 0 0 0 0 | 0 0 | 0 | 0 0 0 | 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00 |
| 17. 00 18. 00 19. 00 19. 50 20. 00 | Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus | 0 0 | 0 0 0 0 | 0 0 0 0 0 | 0 0 | 0 | 0 0 0 | 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00 |

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⁽¹⁾ Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.
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| | | | HHA CCN: | 15-7145 | From 01/01/2018 To 12/31/2018 | | pared: |
|---|--|--|---|-----------------------------------|--|--|--|
| | | | | | Home Health Agency I | PPS | |
| Cost Center Description | NURSI NG ADMI NI STRATI ON | CENTRAL SERVI CES & SUPPLY | PHARMACY | MEDI CAL RECORDS & LI BRARY | SOCIAL SERVICE | I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV | |
| | 13. 00 | 14.00 | 15. 00 | 16. 00 | 17. 00 | 22. 00 | |
| 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Home Delivered Meals Program 18.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify) 19.50 Telemedicine 20.00 Total (sum of lines 1-19) (2) 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus | 13.00 581, 243 0 0 0 0 0 0 0 0 0 0 0 0 0 | 4, 374 0 0 0 0 0 0 | 15. 00 6, 206 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 65, 80 | 1, 469 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 22.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 |
| column 26, line 1, rounded to 6 decimal places. | | | | | | | |
| Cost Center Description | PARAMED ED PRGM | PARAMED ED PRGM - LAB | PARAMED ED PRGM - RADIOLOGY | PARAMED ED PRGM - RESP THER | PARAMED ED PRGM-PHARMACY | PARAMED ED PRGM-EMT | |
| | 23. 00 | 23. 01 | 23. 02 | 23. 03 | 23. 04 | 23. 05 | |
| 1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 | | | 0 0 0 0 0 0 0 0 0 0 0 0 | 5. 00 6. 00 |
| 19. 00 All Others (specify) 19. 50 Telemedicine | 0 | 0 | 0 | | 0 0 0 | 0 | 19. 50 |

20.00

21.00

20.00

21.00

6 decimal places.

Total (sum of lines 1-19) (2) Unit Cost Multiplier: column

26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to

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⁽¹⁾ Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.
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| Heal th | Financial Systems | FRANCISCAN HEA | ALTH HAMMOND | | In Lieu of Form CMS-2552-10 | | | |
|---------|----------------------------------|--------------------|-------------------------|--------------|-----------------------------|-----------------|----------------|--------|
| ALLOCA | ATION OF GENERAL SERVICE COSTS T | O HHA COST CEN | TERS | Provi der Co | CN: 15-0004 | Peri od: | Worksheet H-2 | |
| | | | | | | From 01/01/2018 | | |
| | | | | HHA CCN: | 15-7145 | To 12/31/2018 | | |
| | | | | | | 11 111 | 4/9/2019 3: 29 | pm |
| | | | | | | Home Health | PPS | |
| | C+ C+ D+ | Cl. 4 - 4 - 1 | Intern & | Subtotal | Allocated HH | Agency I | | |
| | Cost Center Description | Subtotal | Residents Cost | Subtotal | | | | |
| | | | | | A&G (see Par | COSTS | | |
| | | | & Post | | 11) | | | |
| | | | Stepdown Adjustments | | | | | |
| | | 24. 00 | 25. 00 | 26.00 | 27. 00 | 28.00 | | |
| 1. 00 | Administrative and General | 2, 932, 385 | | 2, 932, 385 | | 20.00 | | 1. 00 |
| 2.00 | Skilled Nursing Care | 3, 412, 600 | l . | 3, 412, 600 | 1 | 4, 903, 269 | | 2.00 |
| 3.00 | Physical Therapy | 2, 601, 258 | l . | 2, 601, 258 | | | | 3.00 |
| 4. 00 | Occupational Therapy | 126, 671 | | 126, 671 | | | 1 | 4.00 |
| 5.00 | Speech Pathology | 96, 869 | | 96, 869 | | | 1 | 5.00 |
| 6.00 | Medical Social Services | 2, 783 | | 2, 783 | | | | 6.00 |
| 7. 00 | Home Heal th Aide | 2, 785 290, 786 | l l | 290, 786 | | | | 7.00 |
| 8.00 | Supplies (see instructions) | 161, 679 | l l | 161, 679 | | | 1 | 8.00 |
| 9. 00 | Drugs | 20, 486 | l l | 20, 486 | | | l . | 9.00 |
| 10. 00 | DMF | 20, 400 | | 20, 400 | 0, /- | 0 27, 433 | | 10.00 |
| 11. 00 | Home Dialysis Aide Services | 0 | | 0 | | 0 0 | | 11.00 |
| 12. 00 | Respiratory Therapy | o O | o o | 0 | | 0 0 | | 12.00 |
| 13. 00 | Private Duty Nursing | o O | o o | 0 | | 0 0 | | 13.00 |
| 14. 00 | Clinic | 0 | 0 | 0 | | 0 0 | | 14. 00 |
| 15. 00 | Health Promotion Activities | 0 | 0 | 0 | | 0 0 | | 15. 00 |
| 16. 00 | Day Care Program | 0 | 0 | 0 | | 0 0 | | 16. 00 |
| 17. 00 | Home Delivered Meals Program | 0 | 0 | 0 | , | 0 0 | | 17. 00 |
| 18. 00 | Homemaker Service | 0 | 0 | 0 | , | 0 0 | | 18. 00 |
| 19. 00 | All Others (specify) | 0 | 0 | 0 | , | 0 0 | | 19. 00 |
| 19. 50 | Tel emedi ci ne | 0 | ol | 0 | , | 0 0 | | 19. 50 |
| 20. 00 | Total (sum of lines 1-19) (2) | 9, 645, 517 | ol | 9, 645, 517 | 2, 932, 3 | 9, 645, 517 | | 20.00 |
| 21. 00 | Unit Cost Multiplier: column | | | | 0. 4368 | | | 21. 00 |
| | 26, line 1 divided by the sum | | | | | | | |
| | of column 26, line 20 minus | | | | | | | |
| | column 26, line 1, rounded to | | | | | | | |
| | 6 decimal places. | | | | | | | |
| | | | , | | | | | |

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⁽¹⁾ Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.
4/9/2019 3:29 pm S:\Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

| Hear th | Financiai Systems | | FRANCI SCAN HEA | ALIH HAWWUND | | IN LIE | eu or Form CMS-2 | 2552-10 |
|---|---|--|---|--|---------------|--|---|--|
| ALLOCA BASIS | ATION OF GENERAL SERVICE COSTS 1 | ΓΟ HHA COST CEN | TERS STATISTICA | AL Provider Control | | Period: From 01/01/2018 To 12/31/2018 | | pared: |
| | | | | | | Home Health Agency I | PPS | piii |
| | | CAPITAL REI | _ATED COSTS | | | Agency I | | |
| | Cost Center Description | BLDG & FIXT (SQUARE FEET) | MVBLE EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | Reconciliatio | n OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | |
| | | 1.00 | 2.00 | 4. 00 | 5A. 05 | 5. 05 | 6. 00 | |
| 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 | Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) | 11, 759 0 0 0 0 0 0 | 8, 536 0 0 0 0 0 0 | 4, 501, 876 0 0 0 0 0 0 | | 0 1, 536, 634 0 2, 978, 999 0 2, 270, 744 0 110, 576 0 84, 561 0 2, 429 0 253, 839 0 141, 136 | 0 0 0 0 0 | 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 |
| 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 | Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program | 000000000000000000000000000000000000000 | 000000000000000000000000000000000000000 | 000000000000000000000000000000000000000 | | 0 17, 883 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 | 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 |
| 17. 00 18. 00 19. 00 19. 50 20. 00 21. 00 22. 00 | Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) Total cost to be allocated Unit cost multiplier | 0 0 0 0 11, 759 224, 745 19, 112595 | 12, 940 1. 515933 | 1, 298, 949 0. 288535 | | 0 0 0 0 0 0 0 0 0 0 7, 396, 801 1, 076, 627 0. 145553 | 0 0 0 0 11, 759 177, 056 15. 057063 | 17. 00 18. 00 19. 00 19. 50 20. 00 21. 00 |
| | Cost Center Description | OPERATION OF PLANT (SQUARE FEET) 7.00 | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8.00 | HOUSEKEEPI NG (SQUARE FEET) 9.00 | 10.00 | 11.00 | NURSI NG ADMI NI STRATI ON (DI RECT NRS I NG) 13.00 | |
| 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 50 20. 00 21. 00 22. 00 | Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) Total cost to be allocated Unit cost multiplier | 11, 759 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 11, 759 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 0 131, 419 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00 21. 00 |

FRANCISCAN HEALTH HAMMOND

In Lieu of Form CMS-2552-10

Health Financial Systems

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21.00

22.00

Drugs

Clinic

DMF

Supplies (see instructions)

Home Dialysis Aide Services

Health Promotion Activities

Home Delivered Meals Program

Total (sum of lines 1-19)

Total cost to be allocated

Respiratory Therapy

Day Care Program

Homemaker Service

Tel emedi ci ne

All Others (specify)

Unit cost multiplier

Private Duty Nursing

4/9/2019 3: 29 pm S: \Groups\Fi nance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY18\01 Submission\HFS\Amen

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| Heal th | Financial Systems | | FRANCI SCAN HEA | ОИОММАН НТ І | | In lie | eu of Form CMS-2 | 2552_10 |
|------------------|---|--------------------------------|---------------------------------|--------------------------|---------------------------------|---------------------------------|-----------------------------|------------------|
| | TIONMENT OF PATIENT SERVICE COST | S | TRANCISCAN HEA | | | eri od: | Worksheet H-3 | |
| | | | | HHA CCN: | | rom 01/01/2018 o 12/31/2018 | | pared: |
| | | | | | | | 4/9/2019 3: 29 | pm |
| | | | | litle | e XVIII | Home Health Agency I | PPS | |
| | Cost Center Description | | Facility Costs | | Total HHA | Total Visits | Average Cost | |
| | | H-2, Part I, col. 28, line | (from Wkst. | Ancillary Costs (from | Costs (col s. 1 + 2) | | Per Visit (col. 3 ÷ col. | |
| | | COI. 20, TITLE | 11-2, Fait 1) | Part II) | + 2) | | 4) | |
| | Takan kananan asal saasa | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5. 00 | |
| | PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION | OF AGGREGATE F | PROGRAM COST, A | GGREGATE OF TE | HE PROGRAM LIMI | TATION COST, OF | ₹ | |
| | Cost Per Visit Computation | | | | | | | |
| 1.00 | Skilled Nursing Care | 2.00 | | _ | 4, 903, 269 | | | |
| 2. 00 3. 00 | Physical Therapy Occupational Therapy | 3. 00 4. 00 | | C | 1 | | | 2. 00 3. 00 |
| 4. 00 | Speech Pathology | 5. 00 | | C | 139, 183 | | | |
| 5.00 | Medical Social Services | 6. 00 | | | 3, 999 | | | |
| 6. 00 7. 00 | Home Health Aide Total (sum of lines 1-6) | 7. 00 | 417, 805 9, 383, 780 | C | 417, 805 9, 383, 780 | | | 6. 00 7. 00 |
| 7.00 | Tretar (sam of fries 1 o) | | . 7,000,700 | | Program Visits | | | 7.00 |
| | 0 1 0 1 5 11 | | ODCA N. (4) | 5 | | rt B | | |
| | Cost Center Description | Cost Limits | CBSA No. (1) | Part A | Not Subject to Deductibles & | | | |
| | | | | | Coi nsurance | | | |
| | | 0 | 1.00 | 2. 00 | 3.00 | 4. 00 | 5. 00 | |
| 8. 00 | Limitation Cost Computation Skilled Nursing Care | | 16974 | C | 37 | 1 | | 8. 00 |
| 8. 01 | Skilled Nursing Care | | 23844 | C | 8, 131 | | | 8. 01 |
| 8. 02 | Skilled Nursing Care | | 33140 | C | | | | 8. 02 |
| 9. 00 9. 01 | Physical Therapy Physical Therapy | | 16974 23844 | (| 1 | | | 9. 00 9. 01 |
| 9. 02 | Physi cal Therapy | | 33140 | C | | | | 9. 02 |
| 10.00 | Occupational Therapy | | 16974 | C | 1 | | | 10.00 |
| 10. 01 10. 02 | Occupational Therapy Occupational Therapy | | 23844 33140 | C | 633 | | | 10. 01 10. 02 |
| 11. 00 | Speech Pathology | | 16974 | C | | | | 11. 00 |
| 11. 01 | Speech Pathology | | 23844 | C | 1 | | | 11. 01 |
| 11. 02 12. 00 | Speech Pathology Medical Social Services | | 33140 16974 | (|) 104 | | | 11. 02 12. 00 |
| 12. 01 | Medical Social Services | | 23844 | Č | 13 | | | 12. 01 |
| 12. 02 | Medical Social Services | | 33140 | C | 1 | | | 12. 02 |
| 13. 00 13. 01 | Home Health Aide Home Health Aide | | 16974 23844 | (| 1 | | | 13. 00 13. 01 |
| 13. 02 | Home Health Aide | | 33140 | Č | | | | 13. 02 |
| 14. 00 | | | | (| | | | 14. 00 |
| | Cost Center Description | From Wkst. H-2 Part I, col. | Facility Costs (from Wkst. | Shared Ancillary | Total HHA Costs (cols. 1 | Total Charges (from HHA | Ratio (col. 3 ÷ col. 4) | |
| | | 28, line | H-2, Part I) | Costs (from | + 2) | Records) | | |
| | | | 1.00 | Part II) | 2.00 | 4.00 | F 00 | |
| | Supplies and Drugs Cost Computa | 0 ations | 1.00 | 2.00 | 3. 00 | 4. 00 | 5. 00 | |
| | Cost of Medical Supplies | 8. 00 | | | 1 | 1 | | |
| 16. 00 | Cost of Drugs | 9. 00 | 29, 435 Program Visits | | 29, 435 Cost of | 21, 395 | 1. 375789 | 16. 00 |
| | | | Program visits | | Servi ces | | | |
| | | | | t B | | Part B | | |
| | Cost Center Description | Part A | Not Subject to Deductibles & | | Part A | Not Subject to Deductibles & | | |
| | | | Coinsurance | Coi nsurance | | Coi nsurance | Coi nsurance | |
| | DADT I COMPUTATION OF LEGGED | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11. 00 | |
| | PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION | OF AGGREGATE F | KUGKAM CUSI, A | GGREGATE OF TH | 1E PRUGRAM LIMI | TATTON COST, OF | 1 | |
| | Cost Per Visit Computation | | | | | | | |
| 1.00 | Skilled Nursing Care | 0 | , | | | 1 | | 1.00 |
| 2. 00 3. 00 | Physical Therapy Occupational Therapy | 0 | , | | | | | 2. 00 3. 00 |
| 4.00 | Speech Pathology | Ö | 255 | | | 81, 218 | | 4. 00 |
| 5.00 | Medical Social Services Home Health Aide | 0 | 13 | | | _, | | 5. 00 6. 00 |
| 6. 00 7. 00 | Total (sum of lines 1-6) | 0 | , | | | 1 | | 7. 00 |
| - = | | , | | i | ' | | , | |

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| | Financial Systems TONMENT OF PATIENT SERVICE COST | S | FRANCI SCAN HEA | ALTH HAMMOND Provider C | CN: 15-0004 | In Lie | u of Form CMS- Worksheet H-3 | |
|--|---|----------------------------|-----------------|--------------------------------------|---------------------|---|--|--|
| 711 1 01(1 | TOTAL OF TATLET SERVICE COST | 3 | | HHA CCN: | 15-7145 | From 01/01/2018 To 12/31/2018 | Part I Date/Time Pre | pared: |
| | | | | Title | e XVIII | Home Health Agency I | 4/9/2019 3: 29 PPS | pm |
| | Cost Center Description | (00 | 7.00 | 0.00 | 0.00 | | 44.00 | |
| | Limitation Cost Computation | 6. 00 | 7. 00 | 8. 00 | 9. 00 | 10. 00 | 11. 00 | |
| 8. 00 8. 01 8. 02 9. 00 9. 01 9. 02 10. 00 10. 01 11. 00 11. 01 11. 02 12. 00 12. 01 12. 02 13. 00 | Skilled Nursing Care Skilled Nursing Care Skilled Nursing Care Physical Therapy Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Occupational Therapy Speech Pathol ogy Speech Pathol ogy Speech Pathol ogy Medical Social Services Medical Social Services Home Health Aide | | | | | | | 8. 00 8. 01 8. 02 9. 00 9. 01 9. 02 10. 00 10. 01 11. 00 11. 01 11. 02 12. 00 12. 01 12. 02 |
| 13. 01 13. 02 | Home Health Aide Home Health Aide | | - | | | | | 13. 01 13. 02 |
| 14. 00 | 1 | | | | 2 | | | 14. 00 |
| | | Prog | ram Covered Cha | arges | Cost of Services | | | |
| | Cost Center Description | Part A | Not Subject to | Subject to Deductibles & Coinsurance | Part A | Part B Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance | |
| | Cumpling and Drugg Cost Computer | 6.00 | 7. 00 | 8. 00 | 9. 00 | 10.00 | 11. 00 | |
| 15. 00 | Supplies and Drugs Cost Computa Cost of Medical Supplies | 0 | 40, 934 | 0 | | 0 62, 050 | 0 | 15. 00 |
| 16. 00 | Cost of Drugs Cost Center Description | Total Program Cost (sum of | 1, 264 | 0 | | 1, 739 | 0 | 16.00 |
| | PART I - COMPUTATION OF LESSER | col s. 9-10) 12.00 | DOCDAM COCT A | ACCRECATE OF TH | IF DDOCDAM III | MITATION COST. OF | | |
| | BENEFICIARY COST LIMITATION | OF AGGREGATE I | PROGRAM COST, A | AGGREGATE OF TH | IE PRUGRAW LI | WITATION COST, OF | | |
| 1. 00 | Cost Per Visit Computation Skilled Nursing Care | 2, 655, 396 | ı | | | | | 1.00 |
| 2.00 | Physical Therapy | 2, 129, 870 | | | | | | 2. 00 |
| 3. 00 4. 00 | Occupational Therapy Speech Pathology | 102, 683 81, 218 | | | | | | 3. 00 4. 00 |
| 5. 00 | Medical Social Services | 2, 888 | | | | | | 5.00 |
| 6.00 | Home Health Aide | 275, 140 | | | | | | 6. 00 |
| 7. 00 | Total (sum of lines 1-6) Cost Center Description | 5, 247, 195 | | | | | | 7. 00 |
| | cost center bescription | 12. 00 | - | | | | | 1 |
| | Limitation Cost Computation | | | | | | | |
| 8. 00 8. 01 8. 02 9. 00 9. 01 9. 02 10. 00 10. 01 11. 00 11. 01 11. 02 12. 00 12. 01 12. 02 13. 00 13. 01 13. 01 | Skilled Nursing Care Skilled Nursing Care Skilled Nursing Care Physical Therapy Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Occupational Therapy Speech Pathology Speech Pathology Speech Pathology Medical Social Services Medical Social Services Medical Social Services Home Health Aide Home Health Aide | | | | | | | 8. 00 8. 01 8. 02 9. 00 9. 01 9. 02 10. 00 10. 01 11. 00 11. 01 11. 02 12. 00 12. 01 12. 02 13. 00 13. 01 13. 02 |

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| Health Financial Systems FRANCISCAN HE | | | | ALTH HAMMOND | | In Lie | u of Form CMS-2 | 2552-10 |
|--|--|-----------------|------------------|----------------|------------------------------|----------------------------------|---|---------|
| APPOR1 | APPORTIONMENT OF PATIENT SERVICE COSTS | | | | Provider CCN: 15-0004 Period | | Worksheet H-3 | |
| | | | | HHA CCN: | 15-7145 | From 01/01/2018 To 12/31/2018 | Part II Date/Time Pre 4/9/2019 3:29 | |
| | | | | Title | : XVIII | Home Health | PPS | |
| | | | | | | Agency I | | |
| | Cost Center Description | From Wkst. C, | Cost to Charge | Total HHA | HHA Shared | Transfer to | | |
| | | Part I, col. | Ratio | Charge (from | Ancillary | Part I as | | |
| | | 9, line | | provi der | Costs (col. | 1 Indicated | | |
| | | | | records) | x col. 2) | | | |
| | | 0 | 1. 00 | 2. 00 | 3. 00 | 4. 00 | | |
| | PART II - APPORTIONMENT OF COST | T OF HHA SERVIC | CES FURNI SHED B | Y SHARED HOSPI | TAL DEPARTMEN | ITS | | |
| 1.00 | Physi cal Therapy | 66. 00 | 0. 726531 | 0 | | 0 col. 2, line 2. | . 00 | 1.00 |
| 2.00 | Occupational Therapy | 67. 00 | 0. 231604 | 0 | | 0 col. 2, line 3. | . 00 | 2.00 |
| 3.00 | Speech Pathology | 68. 00 | 0. 417200 | 0 | | 0 col. 2, line 4. | . 00 | 3.00 |
| 4.00 | Cost of Medical Supplies | 71. 00 | 0. 296577 | 0 | | 0 col. 2, line 1! | 5. 00 | 4. 00 |
| 5.00 | Cost of Drugs | 73. 00 | 0. 117327 | 0 | | 0 col. 2, line 10 | 6. 00 | 5. 00 |

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| CUL | ATION OF HHA REIMBURSEMENT SETTLEMENT | Provi der CC | N: 15-0004 | Peri od: | Worksheet H-4 | |
|-----|---|--------------|------------|----------------------------------|------------------------------|-----|
| | | HHA CCN: | 15-7145 | From 01/01/2018 To 12/31/2018 | | |
| | | Title | XVIII | Home Health Agency I | PPS | |
| | | | Part A | Not Subject to | rt B Subject to | |
| | | | | | Deductibles & Coinsurance | |
| | | - | 1.00 | 2. 00 | 3. 00 | |
| | PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTON | MARY CHARGES | | | | |
| 0 | Reasonable Cost of Part A & Part B Services Reasonable cost of services (see instructions) | | | 0 1, 739 | 0 | ١. |
|) | Total charges | | | 0 0 | 1 | |
| ^ | Customary Charges | anni ana | | | | |
|) | Amount actually collected from patients liable for payment for on a charge basis (from your records) | services | | 0 0 | 0 | |
| 00 | Amount that would have been realized from patients liable for | | | 0 0 | 0 | |
| | for services on a charge basis had such payment been made in a with 42 CFR §413.13(b) | ccordance | | | | |
| 00 | Ratio of line 3 to line 4 (not to exceed 1.000000) | | 0.0000 | 0. 000000 | 0. 000000 | |
| 0 | Total customary charges (see instructions) | | | 0 0 | 1 | 1 |
| 0 | Excess of total customary charges over total reasonable cost (only if line 6 exceeds line 1) | complete | | 0 0 | 0 | |
| 00 | Excess of reasonable cost over customary charges (complete onl | yifline | | 0 1, 739 | 0 | |
| 0 | 1 exceeds line 6) Primary payer amounts | | | 0 8, 294 | 0 | |
| | Triniary payer amounts | | | Part A | Part B | |
| | | | | Servi ces | Servi ces | |
| | PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT | | | 1. 00 | 2. 00 | |
| 00 | Total reasonable cost (see instructions) | | | С | | |
| 00 | Total PPS Reimbursement - Full Episodes without Outliers | | | C | | |
| 00 | Total PPS Reimbursement - Full Episodes with Outliers Total PPS Reimbursement - LUPA Episodes | | | | 1 | |
| 00 | Total PPS Reimbursement - PEP Episodes | | | | | |
| 00 | Total PPS Outlier Reimbursement - Full Episodes with Outliers | | | C | | |
| 00 | Total PPS Outlier Reimbursement - PEP Episodes | | | C | 5, 104 | 1 |
| 00 | Total Other Payments | | | C | -1, 146 | 1 |
| 00 | DME Payments | | | C | 0 | |
| 00 | Oxygen Payments | | | C | 1 | |
| 00 | Prosthetic and Orthotic Payments | | | C | 0 | |
| 00 | Part B deductibles billed to Medicare patients (exclude coinsu Subtotal (sum of lines 10 thru 20 minus line 21) | rance) | | C | 1 | . – |
| 00 | Excess reasonable cost (from line 8) | | | | | . – |
| 00 | Subtotal (line 22 minus line 23) | | | | | |
| 00 | Coinsurance billed to program patients (from your records) | | | | 5, 207, 400 | |
| 00 | Net cost (line 24 minus line 25) | | | | 1 | |
| 00 | Reimbursable bad debts (from your records) | | | | 0,20,,700 | 2 |
| | Reimbursable bad debts for dual eligible beneficiaries (see in | structions) | | | | 2 |
| 00 | Total costs - current cost reporting period (line 26 plus line | | | C | 5, 207, 966 | |
| 00 | OTHER ADJUSTMENTS | | | C | | |
| 50 | Pioneer ACO demonstration payment adjustment (see instructions |) | | C | 1 | |
| 99 | Demonstration payment adjustment amount before sequestration | | | C | 1 | |
| 00 | Subtotal (see instructions) | | | C | 1 | |
| 01 | Sequestration adjustment (see instructions) | | | C | 1 | |
| 02 | Demonstration payment adjustment amount after sequestration | | | C | | |
| 00 | Interim payments (see instructions) | | | 0 | 1 | |
| 00 | Tentative settlement (for contractor use only) | nd 22) | | 0 | | |
| | | 11(1 55) | | | 0 | 3 |
| 00 | Balance due provider/program (line 31 minus lines 31.01, 32, a Protested amounts (nonallowable cost report items) in accordan | | Dub 15 0 | | 1 | |

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| | | mm/dd/yyyy | Amount | mm/dd/yyyy | Amount | |
|-------|---|------------|--------|------------|-------------|--------|
| | | 1.00 | 2.00 | 3. 00 | 4. 00 | |
| 1.00 | Total interim payments paid to provider | | 0 | | 5, 103, 839 | 1. 00 |
| 2.00 | Interim payments payable on individual bills, either | | 0 | | 0 | 2.00 |
| | submitted or to be submitted to the contractor for | | | | | |
| | services rendered in the cost reporting period. If none, | | | | | |
| | write "NONE" or enter a zero | | | | | |
| 3.00 | List separately each retroactive lump sum adjustment | | | | | 3. 00 |
| | amount based on subsequent revision of the interim rate | | | | | |
| | for the cost reporting period. Also show date of each | | | | | |
| | payment. If none, write "NONE" or enter a zero. (1) Program to Provider | | | | | |
| 3. 01 | Program to Provider | I | 0 | | 0 | 3. 01 |
| 3. 01 | | | 0 | | | 3. 01 |
| 3. 02 | | - | 0 | | | 3. 02 |
| 3.03 | | } | 0 | | | 3. 03 |
| 3. 04 | | } | 0 | | | 3. 04 |
| 3.03 | Provider to Program | | | | 0 | 3. 03 |
| 3. 50 | Flovider to Flogram | | 0 | | 0 | 3. 50 |
| 3. 51 | | | 0 | | | 3. 51 |
| 3. 52 | | | 0 | | l ől | 3. 52 |
| 3. 52 | | | 0 | | 0 | 3. 53 |
| 3. 54 | | | 0 | | Ö | 3. 54 |
| 3. 99 | Subtotal (sum of lines 3.01-3.49 minus sum of lines | | 0 | | 0 | 3. 99 |
| 0. ,, | 3. 50-3. 98) | | Ĭ | | | 0. , , |
| 4.00 | Total interim payments (sum of lines 1, 2, and 3.99) | | 0 | | 5, 103, 839 | 4. 00 |
| | (transfer to Wkst. H-4, Part II, column as appropriate, | | | | .,, | |
| | line 32) | | | | | |
| | TO BE COMPLETED BY CONTRACTOR | | | | | |
| 5.00 | List separately each tentative settlement payment after | | | | | 5.00 |
| | desk review. Also show date of each payment. If none, | | | | | |
| | write "NONE" or enter a zero. (1) | | | | | |
| | Program to Provider | | | | | |
| 5. 01 | | | 0 | | 0 | 5. 01 |
| 5.02 | | | 0 | | 0 | 5. 02 |
| 5. 03 | | | 0 | | 0 | 5. 03 |
| | Provider to Program | 1 | | | | |
| 5. 50 | | | 0 | | 0 | 5. 50 |
| 5. 51 | | | 0 | | 0 | 5. 51 |
| 5. 52 | Cultural (1 5 01 5 40 1 | | 0 | | | 5. 52 |
| 5. 99 | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) | | 0 | | l 0 | 5. 99 |
| 6. 00 | Determined net settlement amount (balance due) based on | } | | | | 6. 00 |
| 0.00 | the cost report. (1) | | | | | 0.00 |
| 6. 01 | SETTLEMENT TO PROVIDER | | 0 | | o | 6. 01 |
| 6. 02 | SETTLEMENT TO PROGRAM | | 0 | | 0 | 6. 02 |
| 7. 00 | Total Medicare program liability (see instructions) | | 0 | | 5, 103, 839 | 7. 00 |
| 7.00 | Trotal mode ode o program readingly (300 mot detroils) | | | Contractor | NPR Date | 7.00 |
| | | | | Number | (Mo/Day/Yr) | |
| | | |) | 1. 00 | 2.00 | |
| 8. 00 | Name of Contractor | | | | | 8. 00 |
| | · | • | | • | . ' | |

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| Heal th | Financial Systems FRANCISCAN HEAL | TH HAMMOND | In Lie | u of Form CMS-2 | 2552-10 |
|------------------|--|----------------------------|------------------|---------------------------------|------------------|
| CALCUL | ATION OF CAPITAL PAYMENT | Provider CCN: 15-0004 | Peri od: | Worksheet L | |
| | | | From 01/01/2018 | | |
| | | | To 12/31/2018 | Date/Time Prep 4/9/2019 3:29 | |
| | | Title XVIII | Hospi tal | PPS | рш |
| | | THE AVIII | 1103pt tui | 113 | |
| | | | | 1.00 | |
| | PART I - FULLY PROSPECTIVE METHOD | | | | |
| | CAPITAL FEDERAL AMOUNT | | | | |
| 1.00 | Capital DRG other than outlier | | | 1, 380, 063 | 1. 00 |
| 1. 01 | Model 4 BPCI Capital DRG other than outlier | | | 0 | 1. 01 |
| 2.00 | Capital DRG outlier payments | | | 214, 707 | 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 re | eporting period (see inst | ructi ons) | 59. 79 | 3. 00 |
| 4.00 | Number of interns & residents (see instructions) | | | 6. 52 | 4. 00 |
| 5.00 | Indirect medical education percentage (see instructions) | | | 3. 13 | 5. 00 |
| 6. 00 | Indirect medical education adjustment (multiply line 5 by the 1.01) (see instructions) | e sum of lines 1 and 1.01 | , columns 1 and | 43, 196 | 6. 00 |
| 7. 00 | Percentage of SSI recipient patient days to Medicare Part A p 30) (see instructions) | oatient days (Worksheet E | , part A line | 10. 31 | 7. 00 |
| 8. 00 | Percentage of Medicaid patient days to total days (see instru | uctions) | | 24. 70 | 8. 00 |
| 9. 00 | Sum of lines 7 and 8 | 2011 01.0) | | 35. 01 | 9. 00 |
| 10.00 | Allowable disproportionate share percentage (see instructions | 5) | | 7. 35 | |
| 11. 00 | Disproportionate share adjustment (see instructions) | , | | 101, 435 | |
| 12.00 | Total prospective capital payments (see instructions) | | 1, 739, 401 | 12. 00 | |
| | | | | 1. 00 | |
| | PART II - PAYMENT UNDER REASONABLE COST | | | 1.00 | |
| 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 | |
| 4 00 | PART III - COMPUTATION OF EXCEPTION PAYMENTS | | | | 1 00 |
| 1.00 | Program inpatient capital costs (see instructions) | | | 0 | 1.00 |
| 2.00 | Program inpatient capital costs for extraordinary circumstance | ces (see instructions) | | 0 | 2.00 |
| 3. 00 4. 00 | Net program inpatient capital costs (line 1 minus line 2) | | | 0 0. 00 | 3. 00 4. 00 |
| 4. 00 5. 00 | Applicable exception percentage (see instructions) Capital cost for comparison to payments (line 3 x line 4) | | | 0.00 | 5.00 |
| 6. 00 | Percentage adjustment for extraordinary circumstances (see in | actructions) | | 0. 00 | 6.00 |
| 7. 00 | Adjustment to capital minimum payment level for extraordinary | | · Lino 6) | 0.00 | 7. 00 |
| 8. 00 | Capital minimum payment level (line 5 plus line 7) | y criculistances (fine 2 x | . Title 0) | 0 | 8.00 |
| 9. 00 | Current year capital payments (from Part I, line 12, as appli | cable) | | 0 | 9. 00 |
| 10.00 | Current year comparison of capital minimum payment level to d | | less line 9) | Ö | 10.00 |
| 11. 00 | Carryover of accumulated capital minimum payment level over of | | | 0 | 11. 00 |
| | Worksheet L, Part III, line 14) | | | | |
| 12. 00 | Net comparison of capital minimum payment level to capital pa | | | 0 | 12. 00 |
| 13. 00 | Current year exception payment (if line 12 is positive, enter | | | 0 | 13. 00 |
| 14. 00 | Carryover of accumulated capital minimum payment level over of | capital payment for the f | following period | 0 | 14. 00 |
| 15 00 | (if line 12 is negative, enter the amount on this line) | atrusti ana) | | 0 | 15 00 |
| 15. 00 16. 00 | Current year allowable operating and capital payment (see ins Current year operating and capital costs (see instructions) | STI uCTI ONS) | | 0 | 15. 00 16. 00 |
| | Current year exception offset amount (see instructions) | | | 0 | 17. 00 |
| 17.00 | Tourient year exception offset amount (see first uctions) | | | U | 17.00 |

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