

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/30/2017 2:36 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2017	Time: 2:36 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 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 CROWN POINT (15-0126) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-61,548	11,214	55,872	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	24,947	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-36,601	11,214	55,872	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 2:34 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1201 SOUTH MAIN STREET			PO Box:				1.00				
2.00	City: CROWN POINT			State: IN		Zip Code: 46307		County:			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		FRANCISCAN HEALTH CROWN POINT		150126	23844	1	12/31/1973	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		FRANCISCAN HEALTH CROWN POINT REHAB		15T126	23844	5	06/30/1985	N	P	T	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00		
21.00	Type of Control (see instructions)						1		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2		N	23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state 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.			5,076	0	52	0	0	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	68	0	0	0	0	25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 2:34 pm		
		Urban/Rural S		Date of Geogr				
		1.00		2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1					26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0					35.00	
		Beginning:		Ending:				
		1.00		2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	0					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0					37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
		Y/N		Y/N				
		1.00		2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		Y			40.00	
		V		XVII		XIX		
		1.00		2.00		3.00		
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y		N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		N		46.00
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		N		48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y						56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 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, if applicable.	N						57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N						58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N						59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y						60.00
		Y/N		IME		Direct GME		
		1.00		2.00		3.00		
						IME		
						Direct GME		
						5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N				0.00		61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			0.00		0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)			0.00		0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)			0.00		0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).			0.00		0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)			0.00		0.00		61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted 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 for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.20	
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	701,591		790,701		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 2:34 pm		
		1.00	2.00					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y				140.00	
		1.00	2.00		3.00			
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
	Name: FRANCISCAN ALLIANCE	Contractor's Name: WISCONSIN PHYSICIAN SERVICES (WPS)		Contractor's Number: 08001			141.00	
142.00	Street: 1717 W BROADWAY	PO Box:		Zip Code: 53713-1834			142.00	
143.00	City: MADISON	State:					143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00	
		1.00	2.00					
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00	
				Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00			
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC	N	N	N	N		161.00	
						1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
							1.00	
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 2:34 pm
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2016	03/30/2016	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 2:34 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/03/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	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
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2017	Y	04/04/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		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 (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MATTHEW		DEETS		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 EXT. 33148		MATTHEW.DEETS@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 2:34 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	161	58,926	0.00	0	1.00
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 beds) (see instructions)		161	58,926	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,052	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,392	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		195	71,370	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	10	3,660		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		205			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		13	4,758			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,278	2,027	26,461			1.00
2.00 HMO and other (see instructions)	3,397	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	41	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,278	2,027	26,461			7.00
8.00 INTENSIVE CARE UNIT	1,697	279	3,349			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	1,282	3,141			12.00
13.00 NURSERY		883	2,552			13.00
14.00 Total (see instructions)	16,975	4,471	35,503	1.58	949.79	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	942	68	1,346	0.00	10.66	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				1.58	960.45	27.00
28.00 Observation Bed Days		718	3,081			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	883	3,713			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,423	1,585	8,157	1.00
2.00 HMO and other (see instructions)				588	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 beds) (see instructions)							7.00
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 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		3,423	1,585	8,157	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		67	12	101	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							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 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	62,168,119	0	62,168,119	1,975,365.00	31.47
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	8,576	8,576	184.23	46.55
7.01	Contracted interns and residents (in an approved programs)		0	151,040	151,040	3,245.00	46.55
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,324,541	26,890	2,351,431	78,711.96	29.87
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,555,713	0	1,555,713	26,184.00	59.41
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		789,904	0	789,904	4,817.75	163.96
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		10,643,465	0	10,643,465	335,969.42	31.68
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,141,322	0	14,141,322		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		566,132	0	566,132		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	952,906	0	952,906	28,503.37	33.43
27.00	Administrative & General	5.00	3,810,829	-8,576	3,802,253	121,820.12	31.21

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	177,114	0	177,114	3,896.27	45.46	28.00
29.00	Maintenance & Repairs	1,029,421	0	1,029,421	34,010.00	30.27	29.00
30.00	Operation of Plant	1,211,658	-26,890	1,184,768	43,702.75	27.11	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,493,970	0	1,493,970	108,930.68	13.71	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,382,598	-913,459	469,139	27,793.73	16.88	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	913,459	913,459	54,116.53	16.88	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,802,807	0	1,802,807	43,065.54	41.86	38.00
39.00	Central Services and Supply	313,507	0	313,507	20,825.57	15.05	39.00
40.00	Pharmacy	2,291,526	0	2,291,526	60,716.42	37.74	40.00
41.00	Medical Records & Medical Records Library	533,593	0	533,593	14,764.80	36.14	41.00
42.00	Social Service	1,857,834	0	1,857,834	54,519.66	34.08	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2017 2:34 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	62,345,233	-159,616	62,185,617	1,975,832.04	31.47	1.00
2.00	Excluded area salaries (see instructions)	2,324,541	26,890	2,351,431	78,711.96	29.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)	60,020,692	-186,506	59,834,186	1,897,120.08	31.54	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,989,082	0	12,989,082	366,971.17	35.40	4.00
5.00	Subtotal wage-related costs (see inst.)	14,141,322	0	14,141,322	0.00	23.63	5.00
6.00	Total (sum of lines 3 thru 5)	87,151,096	-186,506	86,964,590	2,264,091.25	38.41	6.00
7.00	Total overhead cost (see instructions)	16,857,763	-35,466	16,822,297	616,665.44	27.28	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2017 2:34 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		475,850	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,363,956	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	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)		5,760,647	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)		0	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		640,963	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		28,026	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		487,744	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		-329,585	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		4,269,542	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		10,512	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		-201	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,707,454	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2017 2:34 pm

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	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/30/2017 2:34 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.282527	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		10,791,161	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		63,260,870	6.00
7.00	Medicaid cost (line 1 times line 6)		17,872,904	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		7,081,743	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		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 state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,081,743	19.00
			Uninsured patients	
			Insured patients	
			Total (col. 1 + col. 2)	
20.00	Charity care charges for the entire facility (see instructions)		18,252,200	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)		5,156,739	21.00
22.00	Partial payment by patients approved for charity care		1,569,400	22.00
23.00	Cost of charity care (line 21 minus line 22)		3,587,339	23.00
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,227,347	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		369,100	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,858,247	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,090,059	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,677,398	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,759,141	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		16,262,689		10,798,688	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	7,330,337	7,330,337	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	952,906	15,519,934	271,077	16,743,917	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,810,829	36,127,478	573,510	40,511,817	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,029,421	1,131,877	-25	2,161,273	6.00
7.00	00700	OPERATION OF PLANT	1,211,658	3,338,729	-27,630	4,522,757	7.00
7.01	00701	OPERATION OF PLANT - FP	0	762,368	0	762,368	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	564,057	0	564,057	8.00
9.00	00900	HOUSEKEEPING	1,397,074	339,964	0	1,737,038	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	96,896	24,112	0	121,008	9.01
10.00	01000	DIETARY	1,382,598	1,051,680	-1,608,286	825,992	10.00
11.00	01100	CAFETERIA	0	0	1,608,286	1,608,286	11.00
13.00	01300	NURSING ADMINISTRATION	1,802,807	279,086	-409	2,081,484	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	313,507	1,461,324	-2,285	1,772,546	14.00
15.00	01500	PHARMACY	2,291,526	5,506,222	-4,486,715	3,311,033	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	533,593	2,393,615	0	2,927,208	16.00
17.00	01700	SOCIAL SERVICE	1,857,834	420,877	0	2,278,711	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	8,576	8,576	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	193,267	193,267	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	149,280	108,394	-3,592	254,082	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	54,092	7,907	61,999	61,999	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,922,581	2,602,556	-1,412,969	19,112,168	30.00
31.00	03100	INTENSIVE CARE UNIT	2,968,664	415,081	-67,619	3,316,126	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,487,593	673,381	-49,457	3,111,517	35.00
41.00	04100	SUBPROVIDER - I RF	1,144,985	536,075	-17,887	1,663,173	41.00
43.00	04300	NURSERY	0	0	1,248,281	1,248,281	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,430,910	12,334,190	-9,844,326	6,920,774	50.00
51.00	05100	RECOVERY ROOM	1,334,328	128,741	-38,861	1,424,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	134,570	13,763	-36	148,297	52.00
53.00	05300	ANESTHESIOLOGY	0	1,552,441	-90,848	1,461,593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,091,808	4,287,472	-179,466	8,199,814	54.00
54.01	05401	RADIOLOGY - I-65	391,385	318,209	-45	709,549	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	45,722	-24,347	0	21,375	54.02
54.03	05403	LOWELL RADIOLOGY	50,725	13,567	0	64,292	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	824,228	3,687,864	-1,840,929	2,671,163	55.01
55.02	03140	CARDIOLOGY	440,323	287,433	-131,219	596,537	55.02
55.03	03450	NEURO-DIAGNOSTICS	247,106	147,574	-2	394,678	55.03
60.00	06000	LABORATORY	0	7,977,141	-9,938	7,967,203	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,117,328	278,151	-15,573	1,379,906	65.00
66.00	06600	PHYSICAL THERAPY	521,230	24,705	-19,963	525,972	66.00
66.01	06601	PHYSICAL THERAPY I-65	400,408	13,029	-5,375	408,062	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	100,974	1,243	-399	101,818	66.02
67.00	06700	OCCUPATIONAL THERAPY	203,756	258	-244	203,770	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	76,357	44,671	-957	120,071	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	38,712	-540	-72	38,100	67.02
68.00	06800	SPEECH PATHOLOGY	113,195	1,549	-165	114,579	68.00
68.01	06801	SPEECH PATHOLOGY I-65	142,616	5,326	0	147,942	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	34,830	31	0	34,861	68.02
69.00	06900	ELECTROCARDIOLOGY	381,376	18,078	-233	399,221	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,630,658	2,630,658	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,997,681	9,997,681	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,486,670	4,486,670	73.00
74.00	07400	RENAL DIALYSIS	0	386,795	0	386,795	74.00
76.00	03020	RADIATION ONCOLOGY	479,211	545,844	-5,963	1,019,092	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	397,728	88,718	-148	486,298	90.00
90.01	09001	DIABETES CLINIC	71,762	2,832	0	74,594	90.01
90.02	09002	OUTPATIENT CLINICS	0	3,039	-343	2,696	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	434,573	265,945	-1,137	699,381	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	3,690	0	0	3,690	90.04
91.00	09100	EMERGENCY	3,275,240	2,532,099	-135,279	5,672,060	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	8,742,901	-2,913,162	5,829,739	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	61,191,935	133,206,128	-27,215	194,370,848	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	711,527	26,182	737,709	27,215	764,924	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.02 07952 OTHER NON REIMB - BUILDINGS	0	428,244	428,244	0	428,244	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	220,809	-77,018	143,791	0	143,791	194.03
194.04 07954 CENTER OF HOPE	43,848	0	43,848	0	43,848	194.04
200.00 TOTAL (SUM OF LINES 118-199)	62,168,119	133,583,536	195,751,655	0	195,751,655	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
5/30/2017 2: 34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,383,031	13,181,719	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,967	7,344,304	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	925,255	17,669,172	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,238,032	36,273,785	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,161,273	6.00
7.00	00700	OPERATION OF PLANT	-111,026	4,411,731	7.00
7.01	00701	OPERATION OF PLANT - FP	0	762,368	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	564,057	8.00
9.00	00900	HOUSEKEEPING	0	1,737,038	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	-12,538	108,470	9.01
10.00	01000	DIETARY	-146,918	679,074	10.00
11.00	01100	CAFETERIA	-848,079	760,207	11.00
13.00	01300	NURSING ADMINISTRATION	-16,934	2,064,550	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-271,132	1,501,414	14.00
15.00	01500	PHARMACY	-247,629	3,063,404	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-359,192	2,568,016	16.00
17.00	01700	SOCIAL SERVICE	-350,500	1,928,211	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,576	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	193,267	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	254,082	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	61,999	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,484,135	14,628,033	30.00
31.00	03100	INTENSIVE CARE UNIT	-22,404	3,293,722	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-626,315	2,485,202	35.00
41.00	04100	SUBPROVIDER - IRF	0	1,663,173	41.00
43.00	04300	NURSERY	0	1,248,281	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-718,755	6,202,019	50.00
51.00	05100	RECOVERY ROOM	0	1,424,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1	148,296	52.00
53.00	05300	ANESTHESIOLOGY	-1,200,000	261,593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-164,185	8,035,629	54.00
54.01	05401	RADIOLOGY - I-65	0	709,549	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	25,086	46,461	54.02
54.03	05403	LOWELL RADIOLOGY	-1,419	62,873	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	-8,179	2,662,984	55.01
55.02	03140	CARDIOLOGY	-3,908	592,629	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	394,678	55.03
60.00	06000	LABORATORY	-49,476	7,917,727	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-9,568	1,370,338	65.00
66.00	06600	PHYSICAL THERAPY	1	525,973	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	408,062	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	101,818	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	203,770	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	120,071	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	38,100	67.02
68.00	06800	SPEECH PATHOLOGY	0	114,579	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	147,942	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	34,861	68.02
69.00	06900	ELECTROCARDIOLOGY	-4,045	395,176	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,630,658	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,997,681	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,486,670	73.00
74.00	07400	RENAL DIALYSIS	0	386,795	74.00
76.00	03020	RADIATION ONCOLOGY	-215,757	803,335	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-28,838	457,460	90.00
90.01	09001	DIABETES CLINIC	0	74,594	90.01
90.02	09002	OUTPATIENT CLINICS	0	2,696	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	-279,780	419,601	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	3,690	90.04
91.00	09100	EMERGENCY	-1,452,801	4,219,259	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-5,829,739	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,353,945	176,016,903	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	764,924	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.00	07950	FHC	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	428,244	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	143,791	194.03
194.04	07954	CENTER OF HOPE	0	43,848	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-18,353,945	177,397,710	200.00

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6
Date/Time Prepared:
5/30/2017 2:34 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	913,459	694,827	1.00
	TOTALS		913,459	694,827	
B - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,392	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	8,576	0	2.00
	TOTALS		8,576	1,392	
C - SECURITY					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	26,890	740	1.00
	TOTALS		26,890	740	
D - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,232,758	1.00
	TOTALS		0	7,232,758	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,630,658	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		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	2,630,658	
F - PROPERTY INSURANCE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	97,579	1.00
	TOTALS		0	97,579	
G - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	191,875	1.00
	TOTALS		0	191,875	
H - INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	271,447	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	773,510	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,869	3.00
	TOTALS		0	1,046,826	
I - NURSERY					
1.00	NURSERY	43.00	1,073,083	175,198	1.00
	TOTALS		1,073,083	175,198	
J - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,486,670	1.00
	TOTALS		0	4,486,670	

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
K - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,997,681	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		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	9,997,681	
L - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,572,300	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	340,862	2.00
	TOTALS		0	2,913,162	
500.00	Grand Total: Increases		2,022,008	29,469,366	500.00

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6
Date/Time Prepared:
5/30/2017 2:34 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	913,459	694,827	0		1.00
	TOTALS		913,459	694,827			
B - MEDICAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	8,576	1,392	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		8,576	1,392			
C - SECURITY							
1.00	OPERATION OF PLANT	7.00	26,890	740	0		1.00
	TOTALS		26,890	740			
D - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,232,758	9		1.00
	TOTALS		0	7,232,758			
E - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	370	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	26	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	409	0		3.00
4.00	PHARMACY	15.00	0	45	0		4.00
5.00	PARAMED PRGM-(SPECIFY)	23.00	0	3,592	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	164,688	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	62,980	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	49,457	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	17,887	0		9.00
10.00	OPERATING ROOM	50.00	0	1,311,133	0		10.00
11.00	RECOVERY ROOM	51.00	0	38,861	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	90,848	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	138,676	0		14.00
15.00	RADIOLOGY - I-65	54.01	0	45	0		15.00
16.00	CARDIAC CATHETERIZATION LAB	55.01	0	557,084	0		16.00
17.00	CARDIOLOGY	55.02	0	441	0		17.00
18.00	NEURO-DIAGNOSTICS	55.03	0	2	0		18.00
19.00	LABORATORY	60.00	0	9,938	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	15,573	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	19,963	0		21.00
22.00	PHYSICAL THERAPY I-65	66.01	0	5,375	0		22.00
23.00	PHYSICAL THERAPY ST JOHN	66.02	0	399	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	244	0		24.00
25.00	OCCUPATION THERAPY I-65	67.01	0	957	0		25.00
26.00	OCCUPATIONAL THERAPY ST. JOHN	67.02	0	72	0		26.00
27.00	SPEECH PATHOLOGY	68.00	0	165	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	233	0		28.00
29.00	RADIATION ONCOLOGY	76.00	0	4,211	0		29.00
30.00	CLINIC	90.00	0	148	0		30.00
31.00	OUTPATIENT CLINICS	90.02	0	60	0		31.00
32.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	1,137	0		32.00
33.00	EMERGENCY	91.00	0	135,162	0		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	415	0		34.00
35.00	MAINTENANCE & REPAIRS	6.00	0	25	0		35.00
36.00	CENTRAL SERVICES & SUPPLY	14.00	0	1	0		36.00
	TOTALS		0	2,630,658			
F - PROPERTY INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	97,579	11		1.00
	TOTALS		0	97,579			
G - INTERNS AND RESIDENTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	191,875	0		1.00
	TOTALS		0	191,875			
H - INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	271,447	14		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	773,510	14		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,869	14		3.00
	TOTALS		0	1,046,826			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,073,083	175,198	0		1.00
	TOTALS		1,073,083	175,198			
J - PHARMACY							
1.00	PHARMACY	15.00	0	4,486,670	0		1.00
	TOTALS		0	4,486,670			
K - IMPLANT RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,284	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	4,639	0		2.00
3.00	OPERATING ROOM	50.00	0	8,533,193	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	40,790	0		4.00

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6

Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	CARDIAC CATHETERIZATION LAB	55.01	0	1,283,845	0	5.00	
6.00	RADIATION ONCOLOGY	76.00	0	1,752	0	6.00	
7.00	OUTPATIENT CLINICS	90.02	0	283	0	7.00	
8.00	CARDIOLOGY	55.02	0	130,778	0	8.00	
9.00	EMERGENCY	91.00	0	117	0	9.00	
	TOTALS		0	9,997,681			
L - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	2,572,300	11	1.00	
2.00	INTEREST EXPENSE	113.00	0	340,862	11	2.00	
	TOTALS		0	2,913,162			
500.00	Grand Total: Decreases		2,022,008	29,469,366		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,496,378	0	0	0	0	1.00
2.00	Land Improvements	14,050,400	962,876	0	962,876	273,789	2.00
3.00	Buildings and Fixtures	153,897,071	0	0	0	1,630,599	3.00
4.00	Building Improvements	6,266,560	6,646,922	0	6,646,922	0	4.00
5.00	Fixed Equipment	138,434,629	15,150,700	0	15,150,700	5,307,216	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	325,145,038	22,760,498	0	22,760,498	7,211,604	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	325,145,038	22,760,498	0	22,760,498	7,211,604	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,496,378	0				1.00
2.00	Land Improvements	14,739,487	1,533,892				2.00
3.00	Buildings and Fixtures	152,266,472	12,630,557				3.00
4.00	Building Improvements	12,913,482	0				4.00
5.00	Fixed Equipment	148,278,113	19,521,202				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	340,693,932	33,685,651				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	340,693,932	33,685,651				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	14,960,937	0	0	1,301,752	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,960,937	0	0	1,301,752	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	16,262,689				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	16,262,689				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	179,502,337	0	179,502,337	0.526873	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	161,191,595	0	161,191,595	0.473127	0	2.00
3.00	Total (sum of lines 1-2)	340,693,932	0	340,693,932	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,728,179	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,232,758	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,960,937	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,770,861	1,301,752	0	1,380,927	13,181,719	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	97,579	0	0	13,967	7,344,304	2.00
3.00	Total (sum of lines 1-2)	2,868,440	1,301,752	0	1,394,894	20,526,023	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,584	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,289,247				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,540,122				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-848,079	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 PENSION EXPENSE	A	927,219	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01 ADVERTISING	A	-14,661	ADMINISTRATIVE & GENERAL		5.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
33.02 NON ALLOWABLE INTEREST EXP	A	-3,700,741	INTEREST EXPENSE		113.00		0	33.02
33.03 UNCLAI MED PROPERTY RECEIPTS	B	-779	ADMINISTRATIVE & GENERAL		5.00		0	33.03
33.04 MISCELLANEOUS - OTHER OPERATING	B	-28,046	ADMINISTRATIVE & GENERAL		5.00		0	33.04
33.05 CAPITAL CARRY-FORWARD -- OLD	A	-567	CAP REL COSTS-MVBLE EQUIP		2.00		14	33.05
33.06 CAPITAL CARRY-FORWARD -- NEW	A	14,534	CAP REL COSTS-MVBLE EQUIP		2.00		14	33.06
33.07 LOBBYING DUES	A	-2,892	ADMINISTRATIVE & GENERAL		5.00		0	33.07
33.08 PATIENT/PHYSICIAN TELEPHONE	A	-138,781	ADMINISTRATIVE & GENERAL		5.00		0	33.08
33.09 PATIENT ACCOUNTING MISC. REV	B	-7,394	ADMINISTRATIVE & GENERAL		5.00		0	33.09
33.10 HEALTH PROMOTION/WELLNES REVENUE	B	-1,950	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	33.10
33.11 EDUCATION MISC REV	B	-610	ADMINISTRATIVE & GENERAL		5.00		0	33.11
33.12 HUMAN RESOURCES MISC REV	B	-15	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	33.12
33.13 OTHER OPERATING REV - PHYSICIAN	B	-1	ADMINISTRATIVE & GENERAL		5.00		0	33.13
33.14 REST HOME -- UTILITIES	B	-110,850	OPERATION OF PLANT		7.00		0	33.14
33.15 MASSAGE THERAPY REV	B	-17,505	RADIOLOGY-DIAGNOSTIC		54.00		0	33.15
33.16 MISC INCOME	B	-14,142	ADMINISTRATIVE & GENERAL		5.00		0	33.16
33.17 SPRI TUAL CARE - MISC REV	B	-10,538	ADMINISTRATIVE & GENERAL		5.00		0	33.17
33.18 SOCIAL ACCOUNTABILITY (DEPT. 9910)	A	-34,457	ADMINISTRATIVE & GENERAL		5.00		0	33.18
33.19 CHILDBIRTH CLASS REVENUE	B	-10,460	ADULTS & PEDIATRICS		30.00		0	33.19
33.20 SAFESI TTER PROGRAM REVENUE	B	-4,650	ADMINISTRATIVE & GENERAL		5.00		0	33.20
33.21 MISCELLANEOUS - OTHER OPERATING	B	-1,800	ADMINISTRATIVE & GENERAL		5.00		0	33.21
33.22 MAIL ROOM	B	-9,992	ADMINISTRATIVE & GENERAL		5.00		0	33.22
33.23 CLINIC MISC REV	B	-13,509	CLINIC		90.00		0	33.23
33.24 OTHER NURSING REV	B	-1,134	NURSING ADMINISTRATION		13.00		0	33.24
33.25 OTHER REVENUE -- RADIOLOGY	B	-8,896	RADIOLOGY-DIAGNOSTIC		54.00		0	33.25
33.26 ADMIN PROPERTY TAXES	A	-15,543	ADMINISTRATIVE & GENERAL		5.00		0	33.26
33.27 RADIOLOGY DIAGNOSTICS PROPERTY TAXE	A	-22,317	RADIOLOGY-DIAGNOSTIC		54.00		0	33.27
33.28 ADJUST TO MEDICARE DEP	A	-42,138	CAP REL COSTS-BLDG & FIXT		1.00		11	33.28
33.29 DONATIONS EXPENSE (SUB 714350)	A	-1,695	ADMINISTRATIVE & GENERAL		5.00		0	33.29
33.30 ST. JOHN DIAGNOSTIC PROPERTY TAX	A	25,086	RADIOLOGY DIAGNOSTIC - SJ		54.02		0	33.30
33.31 CHERRY CREEK PHYSICAL THERAPY PROPE	A	1	PHYSICAL THERAPY		66.00		0	33.31
33.32 ST. CLARE CLINIC PROPERTY TAXES	A	1	CLINIC		90.00		0	33.32
33.33 ENVIRONMENTAL SVCS - FP	B	-12,538	ENVIRONMENTAL SERVICES - FP		9.01		0	33.33
33.34 MISCELLANEOUS - OTHER OPERATING	B	1	ADMINISTRATIVE & GENERAL		5.00		0	33.34
33.35 MISCELLANEOUS - OTHER OPERATING	B	1	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	33.35
33.36 DISCOUNTS EARNED/REBATES	B	-176	OPERATION OF PLANT		7.00		0	33.36
33.37 DISCOUNTS EARNED/REBATES	B	-101,872	DIETARY		10.00		0	33.37
33.38 DISCOUNTS EARNED/REBATES	B	-91,836	CENTRAL SERVICES & SUPPLY		14.00		0	33.38
33.39 DISCOUNTS EARNED/REBATES	B	-89,163	CENTRAL SERVICES & SUPPLY		14.00		0	33.39
33.40 DISCOUNTS EARNED/REBATES	B	-226,159	PHARMACY		15.00		0	33.40
33.41 DISCOUNTS EARNED/REBATES	B	-85,496	ADULTS & PEDIATRICS		30.00		0	33.41
33.42 DISCOUNTS EARNED/REBATES	B	-129,116	OPERATING ROOM		50.00		0	33.42
33.43 DISCOUNTS EARNED/REBATES	B	-4,983	RESPIRATORY THERAPY		65.00		0	33.43
33.44 MISCELLANEOUS - OTHER OPERATING	B	-600	RADIOLOGY-DIAGNOSTIC		54.00		0	33.44
33.45 MISCELLANEOUS - OTHER OPERATING	B	-45,046	DIETARY		10.00		0	33.45
33.46 MISCELLANEOUS - OTHER OPERATING	B	1	EMERGENCY		91.00		0	33.46
33.47 MISCELLANEOUS - OTHER OPERATING	B	1	ADMINISTRATIVE & GENERAL		5.00		0	33.47
33.48 MISCELLANEOUS - OTHER OPERATING	B	-3,600	ADULTS & PEDIATRICS		30.00		0	33.48
33.49 MISCELLANEOUS - OTHER OPERATING	B	-1,303	OPERATING ROOM		50.00		0	33.49
33.50 APPLI CATION PROCESSING FEES	B	-15,800	NURSING ADMINISTRATION		13.00		0	33.50
33.51 DISCOUNTS EARNED/REBATES	B	-23,607	LABORATORY		60.00		0	33.51
33.52 DISCOUNTS EARNED/REBATES	B	-114,417	RADIOLOGY-DIAGNOSTIC		54.00		0	33.52
33.53 HAF FEES	A	-1,567,270	ADMINISTRATIVE & GENERAL		5.00		0	33.53
33.54 WORKSHOP/SPEAKER INCOME	B	1	ADMINISTRATIVE & GENERAL		5.00		0	33.54

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
33.55 GOODWILL	A	-2,934	INTEREST EXPENSE	113.00	0	33.55
33.56 FP SURGERY CENTER PROPERTY TAX	A	92,640	OPERATING ROOM	50.00	0	33.56
33.57 PRENATAL ASSISTANCE PROPERTY TAX	A	-1	DELIVERY ROOM & LABOR ROOM	52.00	0	33.57
34.00 LOWELL RADIOLOGY PROPERTY TAX	A	-1,419	LOWELL RADIOLOGY	54.03	0	34.00
34.01		0		0.00	0	34.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,353,945				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-1

Date/Time Prepared:
5/30/2017 2:34 pm

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

* 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.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	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 non-financial) specify:					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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-1

Date/Time Prepared:
5/30/2017 2:34 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,427,753	14		1.00
2.00	-2,384,784	0		2.00
3.00	-90,133	0		3.00
4.00	-21,470	0		4.00
4.01	-345,424	0		4.01
4.02	-2,126,064	0		4.02
4.03	0	0		4.03
5.00	-2,540,122			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, 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 RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-2

Date/Time Prepared:
5/30/2017 2:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	16.00	MEDICAL RECORDS & LIBRARY	13,768	13,768	0	197,500	0	1.00
2.00	17.00	SOCIAL SERVICE	350,500	350,500	0	197,500	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	4,509,536	4,277,920	231,616	197,500	1,316	3.00
4.00	31.00	INTENSIVE CARE UNIT	26,772	21,022	5,750	197,500	46	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	780,802	577,427	203,375	197,500	1,627	5.00
6.00	50.00	OPERATING ROOM	744,594	543,594	201,000	197,500	670	6.00
7.00	53.00	ANESTHESIOLOGY	1,200,000	1,200,000	0	197,500	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	450	450	0	197,500	0	8.00
9.00	55.01	CARDIAC CATHETERIZATION LAB	22,992	0	22,992	197,500	156	9.00
10.00	55.02	CARDIOLOGY	14,925	975	13,950	246,400	93	10.00
11.00	55.03	NEURO-DIAGNOSTICS	15,000	0	15,000	246,400	163	11.00
12.00	60.00	LABORATORY	49,579	21,769	27,810	239,400	206	12.00
13.00	65.00	RESPIRATORY THERAPY	25,000	0	25,000	197,500	215	13.00
14.00	69.00	ELECTROCARDIOLOGY	9,742	0	9,742	197,500	60	14.00
15.00	76.00	RADIATION ONCOLOGY	215,757	215,757	0	197,500	0	15.00
16.00	90.00	CLINIC	15,330	15,330	0	197,500	0	16.00
17.00	90.03	OCCUPATIONAL MEDICINE CLINIC	279,780	279,780	0	197,500	0	17.00
18.00	91.00	EMERGENCY	1,476,635	1,445,229	31,406	197,500	251	18.00
200.00			9,751,162	8,963,521	787,641		4,803	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	124,957	6,248	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	4,368	218	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	154,487	7,724	0	0	0	5.00
6.00	50.00	OPERATING ROOM	63,618	3,181	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.01	CARDIAC CATHETERIZATION LAB	14,813	741	0	0	0	9.00
10.00	55.02	CARDIOLOGY	11,017	551	0	0	0	10.00
11.00	55.03	NEURO-DIAGNOSTICS	19,309	965	0	0	0	11.00
12.00	60.00	LABORATORY	23,710	1,186	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	20,415	1,021	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	5,697	285	0	0	0	14.00
15.00	76.00	RADIATION ONCOLOGY	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
17.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	23,833	1,192	0	0	0	18.00
200.00			466,224	23,312	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	13,768		1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	350,500		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	124,957	106,659	4,384,579		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	4,368	1,382	22,404		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	154,487	48,888	626,315		5.00
6.00	50.00	OPERATING ROOM	0	63,618	137,382	680,976		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	1,200,000		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	450		8.00
9.00	55.01	CARDIAC CATHETERIZATION LAB	0	14,813	8,179	8,179		9.00
10.00	55.02	CARDIOLOGY	0	11,017	2,933	3,908		10.00
11.00	55.03	NEURO-DIAGNOSTICS	0	19,309	0	0		11.00
12.00	60.00	LABORATORY	0	23,710	4,100	25,869		12.00
13.00	65.00	RESPIRATORY THERAPY	0	20,415	4,585	4,585		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	5,697	4,045	4,045		14.00
15.00	76.00	RADIATION ONCOLOGY	0	0	0	215,757		15.00
16.00	90.00	CLINIC	0	0	0	15,330		16.00
17.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	279,780		17.00
18.00	91.00	EMERGENCY	0	23,833	7,573	1,452,802		18.00
200.00			0	466,224	325,726	9,289,247		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 2: 34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,181,719	13,181,719			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,344,304		7,344,304		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,669,172	176,881	9,912	17,855,965	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	36,273,785	3,509,832	700,091	1,109,087	41,592,795
6.00 00600	MAINTENANCE & REPAIRS	2,161,273	37,339	65,085	300,274	2,563,971
7.00 00700	OPERATION OF PLANT	4,411,731	1,259,923	87,332	345,587	6,104,573
7.01 00701	OPERATION OF PLANT - FP	762,368	0	1,028	0	763,396
8.00 00800	LAUNDRY & LINEN SERVICE	564,057	205,538	8,385	0	777,980
9.00 00900	HOUSEKEEPING	1,737,038	97,097	15,976	407,515	2,257,626
9.01 01851	ENVIRONMENTAL SERVICES - FP	108,470	0	0	28,264	136,734
10.00 01000	DIETARY	679,074	596,568	52,955	136,844	1,465,441
11.00 01100	CAFETERIA	760,207	0	0	266,449	1,026,656
13.00 01300	NURSING ADMINISTRATION	2,064,550	73,241	774,080	525,864	3,437,735
14.00 01400	CENTRAL SERVICES & SUPPLY	1,501,414	546,159	63,197	91,447	2,202,217
15.00 01500	PHARMACY	3,063,404	137,367	1,752	668,420	3,870,943
16.00 01600	MEDICAL RECORDS & LIBRARY	2,568,016	188,801	2,441	155,645	2,914,903
17.00 01700	SOCIAL SERVICE	1,928,211	501,557	326	541,915	2,972,009
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	8,576	0	0	2,502	11,078
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	193,267	0	0	0	193,267
23.00 02300	PARAMED ED PRGM-(SPECIFY)	254,082	0	19,800	43,544	317,426
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	61,999	0	11,700	15,778	89,477
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,628,033	1,333,253	252,392	4,914,840	21,128,518
31.00 03100	INTENSIVE CARE UNIT	3,293,722	183,030	28,532	865,936	4,371,220
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,485,202	0	222,956	725,611	3,433,769
41.00 04100	I&R SERVICES-OTHER PRGM COSTS APPRV	1,663,173	211,776	2,901	333,983	2,211,833
43.00 04300	NURSERY	1,248,281	0	0	313,010	1,561,291
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,202,019	737,207	1,331,680	1,292,461	9,563,367
51.00 05100	RECOVERY ROOM	1,424,208	323,974	49,537	389,213	2,186,932
52.00 05200	DELIVERY ROOM & LABOR ROOM	148,296	109,879	366	39,253	297,794
53.00 05300	ANESTHESIOLOGY	261,593	45,699	8,713	0	316,005
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,035,629	764,802	1,368,126	1,193,548	11,362,105
54.01 05401	RADIOLOGY - I-65	709,549	0	419,490	114,164	1,243,203
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	46,461	0	0	13,337	59,798
54.03 05403	LOWELL RADIOLOGY	62,873	0	19,459	14,796	97,128
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	2,662,984	206,041	591,512	240,421	3,700,958
55.02 03140	CARDIOLOGY	592,629	50,391	162,482	128,439	933,941
55.03 03450	NEURO-DIAGNOSTICS	394,678	60,243	26,459	72,079	553,459
60.00 06000	LABORATORY	7,917,727	303,282	1,011	0	8,222,020
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,370,338	20,818	60,821	325,916	1,777,893
66.00 06600	PHYSICAL THERAPY	525,973	116,477	3,158	152,039	797,647
66.01 06601	PHYSICAL THERAPY I-65	408,062	0	1,570	116,796	526,428
66.02 06602	PHYSICAL THERAPY ST JOHN	101,818	0	0	29,453	131,271
67.00 06700	OCCUPATIONAL THERAPY	203,770	1,834	0	59,434	265,038
67.01 06701	OCCUPATIONAL THERAPY I-65	120,071	0	0	22,273	142,344
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	38,100	0	0	11,292	49,392
68.00 06800	SPEECH PATHOLOGY	114,579	0	0	33,018	147,597
68.01 06801	SPEECH PATHOLOGY I-65	147,942	0	0	41,600	189,542
68.02 06802	SPEECH THERAPY ST. JOHN	34,861	0	0	10,160	45,021
69.00 06900	ELECTROCARDIOLOGY	395,176	67,074	5,789	111,244	579,283
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,630,658	0	0	0	2,630,658
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,997,681	0	0	0	9,997,681
73.00 07300	DRUGS CHARGED TO PATIENTS	4,486,670	0	0	0	4,486,670
74.00 07400	RENAL DIALYSIS	386,795	9,276	0	0	396,071
76.00 03020	RADIATION ONCOLOGY	803,335	286,563	729,337	139,782	1,959,017
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	457,460	0	6,315	116,014	579,789
90.01 09001	DIABETES CLINIC	74,594	2,157	0	20,932	97,683
90.02 09002	OUTPATIENT CLINICS	2,696	167,785	1,393	0	171,874
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	419,601	29,789	5,523	126,761	581,674
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	3,690	0	0	1,076	4,766
91.00 09100	EMERGENCY	4,219,259	632,002	114,665	955,361	5,921,287
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0
91.02 09102	EXPRESS CARE	0	0	931	0	931
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	4.00	4A			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	176,016,903	12,993,655	7,229,178	17,563,377	175,421,125	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	764,924	123,650	1,226	215,390	1,105,190	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	428,244	0	113,900	0	542,144	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	143,791	34,769	0	64,408	242,968	194.03
194.04	07954	CENTER OF HOPE	43,848	29,645	0	12,790	86,283	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	177,397,710	13,181,719	7,344,304	17,855,965	177,397,710	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
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
5.00	00500	ADMINISTRATIVE & GENERAL	41,592,795					5.00
6.00	00600	MAINTENANCE & REPAIRS	785,265	3,349,236				6.00
7.00	00700	OPERATION OF PLANT	1,869,641	446,176	8,420,390			7.00
7.01	00701	OPERATION OF PLANT - FP	233,805	0	0	997,201		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	238,271	72,787	211,120	336,309	1,636,467	8.00
9.00	00900	HOUSEKEEPING	691,441	34,385	99,734	69,533	145,268	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	41,877	0	0	0	0	9.01
10.00	01000	DIETARY	448,819	211,262	612,771	0	19,695	10.00
11.00	01100	CAFETERIA	314,433	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,052,872	25,937	75,230	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	674,471	193,411	560,992	0	4,753	14.00
15.00	01500	PHARMACY	1,185,550	48,646	141,098	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	892,744	66,860	193,928	0	0	16.00
17.00	01700	SOCIAL SERVICE	910,234	177,616	515,179	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,393	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	59,192	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	97,218	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	27,404	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,470,967	472,145	1,369,464	0	826,464	30.00
31.00	03100	INTENSIVE CARE UNIT	1,338,769	64,816	188,001	0	56,256	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,051,657	0	0	0	38,835	35.00
41.00	04100	SUBPROVIDER - IRF	677,416	74,996	217,528	0	40,665	41.00
43.00	04300	NURSERY	478,175	0	0	0	17,025	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,928,963	261,066	757,229	0	178,900	50.00
51.00	05100	RECOVERY ROOM	669,789	114,729	332,773	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	91,205	38,911	112,863	0	0	52.00
53.00	05300	ANESTHESIOLOGY	96,783	16,183	46,940	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,479,861	270,839	785,574	0	41,093	54.00
54.01	05401	RADIOLOGY - I-65	380,755	0	0	239,827	40,401	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	18,314	0	0	0	289	54.02
54.03	05403	LOWELL RADIOLOGY	29,747	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,133,489	72,965	211,637	0	14,330	55.01
55.02	03140	CARDIOLOGY	286,037	17,845	51,760	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	169,507	21,334	61,879	0	13,109	55.03
60.00	06000	LABORATORY	2,518,150	107,401	311,519	0	1,887	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	544,514	7,372	21,383	0	0	65.00
66.00	06600	PHYSICAL THERAPY	244,295	41,248	119,640	0	7,098	66.00
66.01	06601	PHYSICAL THERAPY I-65	161,229	0	0	262,114	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	40,204	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	81,173	649	1,884	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	43,596	0	0	32,237	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	15,127	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	45,204	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	58,051	0	0	57,181	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	13,789	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	177,416	23,753	68,896	0	9,731	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	805,689	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,061,980	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,374,128	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	121,304	3,285	9,528	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	599,986	101,480	294,346	0	8,241	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	177,571	0	0	0	987	90.00
90.01	09001	DIABETES CLINIC	29,917	764	2,216	0	8,749	90.01
90.02	09002	OUTPATIENT CLINICS	52,640	59,417	172,342	0	46,008	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	178,149	10,549	30,598	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	1,460	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,813,507	223,810	649,167	0	116,683	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	285	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,987,428	3,282,637	8,227,219	997,201	1,636,467	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	338,485	43,788	127,008	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	166,042	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	74,414	12,313	35,713	0	0	194.03
194.04	07954	CENTER OF HOPE	26,426	10,498	30,450	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	41,592,795	3,349,236	8,420,390	997,201	1,636,467	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,297,987					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	178,611				9.01
10.00	01000	DIETARY	249,202	0	3,007,190			10.00
11.00	01100	CAFETERIA	0	0	0	1,341,089		11.00
13.00	01300	NURSING ADMINISTRATION	30,594	0	0	37,059	4,659,427	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	228,144	0	0	17,921	0	14.00
15.00	01500	PHARMACY	57,382	0	0	52,247	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78,867	0	0	12,705	0	16.00
17.00	01700	SOCIAL SERVICE	209,513	0	0	46,915	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	4,032	90	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	1,213	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	556,933	0	2,595,539	437,688	2,626,910	30.00
31.00	03100	INTENSIVE CARE UNIT	76,456	0	293,643	77,357	288,452	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	50,475	381,953	35.00
41.00	04100	SUBPROVIDER - IRF	88,464	0	118,008	34,079	242,677	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	307,950	0	0	114,511	522,551	50.00
51.00	05100	RECOVERY ROOM	135,332	0	0	32,742	158,068	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,899	0	0	5,041	0	52.00
53.00	05300	ANESTHESIOLOGY	19,090	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	319,477	0	0	119,487	21,256	54.00
54.01	05401	RADIOLOGY - I-65	0	72,436	0	10,904	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	1,506	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	1,657	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	86,069	0	0	17,348	91,784	55.01
55.02	03140	CARDIOLOGY	21,050	0	0	11,582	1,502	55.02
55.03	03450	NEURO-DIAGNOSTICS	25,165	0	0	7,444	0	55.03
60.00	06000	LABORATORY	126,689	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	8,696	0	0	32,029	0	65.00
66.00	06600	PHYSICAL THERAPY	48,655	0	0	9,973	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	79,167	0	8,036	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	1,989	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	766	0	0	4,117	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0	9,737	0	2,038	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	975	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,315	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	17,271	0	3,203	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	756	0	68.02
69.00	06900	ELECTROCARDIOLOGY	28,019	0	0	9,758	14,089	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,875	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	119,705	0	0	14,374	14,000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,336	0	90.00
90.01	09001	DIABETES CLINIC	901	0	0	1,445	54	90.01
90.02	09002	OUTPATIENT CLINICS	70,088	0	0	11,977	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	12,444	0	0	9,953	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	66	0	90.04
91.00	09100	EMERGENCY	264,003	0	0	96,319	241,409	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	344	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	592	54,632	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,219,428	178,611	3,007,190	1,314,508	4,659,427	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,652	0	0	17,365	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

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Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	14,524	0	0	8,739	0	194.03
194.04	07954	CENTER OF HOPE	12,383	0	0	477	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,297,987	178,611	3,007,190	1,341,089	4,659,427	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

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Part I
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
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
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,881,909					14.00
15.00 01500 PHARMACY	5,815	5,361,681				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	4,160,007			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	4,831,466		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	14,471	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	1,117	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	139,922	0	266,611	309,671	14	30.00
31.00 03100 INTENSIVE CARE UNIT	34,742	0	50,860	59,074	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	22,455	0	82,913	96,305	0	35.00
41.00 04100 SUBPROVIDER - I&R	2,394	0	23,680	27,505	0	41.00
43.00 04300 NURSERY	0	0	23,161	26,902	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	770,568	3,003	409,483	475,619	0	50.00
51.00 05100 RECOVERY ROOM	10,360	0	44,529	51,721	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	39,554	45,942	0	52.00
53.00 05300 ANESTHESIOLOGY	20,069	160,172	100,295	116,494	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,173	0	806,434	936,256	0	54.00
54.01 05401 RADIOLOGY - I-65	1,374	0	117,640	136,640	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	40	0	1,856	2,156	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	2,888	3,355	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	207,673	241,214	0	55.01
55.02 03140 RADIOLOGY	1,230	0	62,427	72,510	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	2,050	0	30,950	35,948	0	55.03
60.00 06000 LABORATORY	1,844	0	523,222	607,728	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	24,866	602	106,283	123,449	0	65.00
66.00 06600 PHYSICAL THERAPY	287	0	20,408	23,704	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	679	0	21,627	25,121	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	55	0	5,795	6,731	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	7,838	9,104	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	135	0	3,645	4,233	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	90	0	2,053	2,384	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	4,851	5,635	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	108	0	7,168	8,326	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	1,656	1,923	0	68.02
69.00 06900 ELECTROCARDIOLOGY	1,004	0	43,726	50,789	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	591,758	0	159,167	184,874	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,136,914	0	107,724	125,122	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,142,126	448,600	521,053	0	73.00
74.00 07400 RENAL DIALYSIS	325	0	6,831	7,934	0	74.00
76.00 03020 RADIATION ONCOLOGY	2,298	0	59,349	68,934	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	4,853	22,086	7,031	8,166	0	90.00
90.01 09001 DIABETES CLINIC	61	0	150	174	0	90.01
90.02 09002 OUTPATIENT CLINICS	27	0	5	6	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	2,605	33,692	7,911	9,189	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	86,688	0	344,013	399,575	14,457	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	3	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
						SERVICES-SALARY & FRINGES APPRV	
118.00		14.00	15.00	16.00	17.00	21.00	
	SUBTOTALS (SUM OF LINES 1-117)	3,881,909	5,361,681	4,160,007	4,831,466	14,471	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	FHC	0	0	0	0	0 194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0 194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0 194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	3,881,909	5,361,681	4,160,007	4,831,466	14,471 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - FP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	252,459				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		419,883			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			118,094		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	252	0	0	37,201,098	-266 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	6,899,646	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	5,158,362	0 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	3,759,245	0 41.00
43.00 04300	NURSERY	0	0	0	2,106,554	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	16,293,210	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	3,736,975	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	677,209	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	892,031	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,157,555	0 54.00
54.01 05401	RADIOLOGY - I-65	0	0	0	2,243,180	0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	83,959	0 54.02
54.03 05403	LOWELL RADIOLOGY	0	0	0	134,775	0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	0	0	5,777,467	0 55.01
55.02 03140	CARDIOLOGY	0	0	0	1,459,884	0 55.02
55.03 03450	NEURO-DIAGNOSTICS	0	0	0	920,845	0 55.03
60.00 06000	LABORATORY	0	0	0	12,420,460	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,647,087	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	1,312,955	0 66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	0	1,084,401	0 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	0	186,045	0 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	370,569	0 67.00
67.01 06701	OCCUPATIONAL THERAPY I-65	0	0	0	237,965	0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	70,021	0 67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	205,602	0 68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	340,850	0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	63,145	0 68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	118,094	1,124,558	-78,125 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,372,146	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,429,421	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,972,577	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	549,153	0 74.00
76.00 03020	RADIATION ONCOLOGY	0	0	0	3,241,730	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	810,819	0 90.00
90.01 09001	DIABETES CLINIC	0	0	0	142,114	0 90.01
90.02 09002	OUTPATIENT CLINICS	0	0	0	584,384	0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	876,764	0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	6,292	0 90.04
91.00 09100	EMERGENCY	252,207	419,883	0	10,843,008	-385,832 91.00
91.01 09101	EMERGENCY ROOM PHYSICIANS	0	0	0	344	0 91.01
91.02 09102	EXPRESS CARE	0	0	0	56,443	0 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	252,459	419,883	118,094	174,450,848 -464,223
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,683,488 0
194.00	07950	FHC	0	0	0	0 0
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	708,186 0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	388,671 0
194.04	07954	CENTER OF HOPE	0	0	0	166,517 0
200.00		Cross Foot Adjustments	0	0	0	0 0
201.00		Negative Cost Centers	0	0	0	0 0
202.00		TOTAL (sum lines 118-201)	252,459	419,883	118,094	177,397,710 -464,223

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/30/2017 2:34 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
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
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT - FP		7.01
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	01851 ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	37,200,832	30.00
31.00	03100 INTENSIVE CARE UNIT	6,899,646	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	5,158,362	35.00
41.00	04100 SUBPROVIDER - I RF	3,759,245	41.00
43.00	04300 NURSERY	2,106,554	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	16,293,210	50.00
51.00	05100 RECOVERY ROOM	3,736,975	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	677,209	52.00
53.00	05300 ANESTHESIOLOGY	892,031	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,157,555	54.00
54.01	05401 RADIOLOGY - I-65	2,243,180	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	83,959	54.02
54.03	05403 LOWELL RADIOLOGY	134,775	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	5,777,467	55.01
55.02	03140 RADIOLOGY	1,459,884	55.02
55.03	03450 NEURO-DIAGNOSTICS	920,845	55.03
60.00	06000 LABORATORY	12,420,460	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,647,087	65.00
66.00	06600 PHYSICAL THERAPY	1,312,955	66.00
66.01	06601 PHYSICAL THERAPY I-65	1,084,401	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	186,045	66.02
67.00	06700 OCCUPATIONAL THERAPY	370,569	67.00
67.01	06701 OCCUPATION THERAPY I-65	237,965	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	70,021	67.02
68.00	06800 SPEECH PATHOLOGY	205,602	68.00
68.01	06801 SPEECH PATHOLOGY I-65	340,850	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	63,145	68.02
69.00	06900 ELECTROCARDIOLOGY	1,046,433	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,372,146	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,429,421	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,972,577	73.00
74.00	07400 RENAL DIALYSIS	549,153	74.00
76.00	03020 RADIATION ONCOLOGY	3,241,730	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	810,819	90.00
90.01	09001 DIABETES CLINIC	142,114	90.01
90.02	09002 OUTPATIENT CLINICS	584,384	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	876,764	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	6,292	90.04
91.00	09100 EMERGENCY	10,457,176	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	344	91.01
91.02	09102 EXPRESS CARE	56,443	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	173,986,625	118.00
NONREIMBURSABLE COST CENTERS			
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,683,488	192.00
194.00	07950 FHC	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	708,186	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	388,671	194.03
194.04	07954 CENTER OF HOPE	166,517	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	176,933,487	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 2: 34 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
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	0	176,881	9,912	186,793	186,793 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	3,509,832	700,091	4,209,923	11,601 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	37,339	65,085	102,424	3,141 6.00
7.00 00700	OPERATION OF PLANT	0	1,259,923	87,332	1,347,255	3,615 7.00
7.01 00701	OPERATION OF PLANT - FP	0	0	1,028	1,028	0 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	205,538	8,385	213,923	0 8.00
9.00 00900	HOUSEKEEPING	0	97,097	15,976	113,073	4,262 9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	296 9.01
10.00 01000	DIETARY	0	596,568	52,955	649,523	1,431 10.00
11.00 01100	CAFETERIA	0	0	0	0	2,787 11.00
13.00 01300	NURSING ADMINISTRATION	0	73,241	774,080	847,321	5,500 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	546,159	63,197	609,356	957 14.00
15.00 01500	PHARMACY	0	137,367	1,752	139,119	6,991 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	188,801	2,441	191,242	1,628 16.00
17.00 01700	SOCIAL SERVICE	0	501,557	326	501,883	5,668 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	26 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	19,800	19,800	455 23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	11,700	11,700	165 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,333,253	252,392	1,585,645	51,434 30.00
31.00 03100	INTENSIVE CARE UNIT	0	183,030	28,532	211,562	9,057 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	222,956	222,956	7,590 35.00
41.00 04100	SUBPROVIDER - I RF	0	211,776	2,901	214,677	3,493 41.00
43.00 04300	NURSERY	0	0	0	0	3,274 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	737,207	1,331,680	2,068,887	13,519 50.00
51.00 05100	RECOVERY ROOM	0	323,974	49,537	373,511	4,071 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	109,879	366	110,245	411 52.00
53.00 05300	ANESTHESIOLOGY	0	45,699	8,713	54,412	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	764,802	1,368,126	2,132,928	12,484 54.00
54.01 05401	RADIOLOGY - I-65	0	0	419,490	419,490	1,194 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	139 54.02
54.03 05403	LOWELL RADIOLOGY	0	0	19,459	19,459	155 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	206,041	591,512	797,553	2,515 55.01
55.02 03140	CARDIOLOGY	0	50,391	162,482	212,873	1,343 55.02
55.03 03450	NEURO-DIAGNOSTICS	0	60,243	26,459	86,702	754 55.03
60.00 06000	LABORATORY	0	303,282	1,011	304,293	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	20,818	60,821	81,639	3,409 65.00
66.00 06600	PHYSICAL THERAPY	0	116,477	3,158	119,635	1,590 66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	1,570	1,570	1,222 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	308 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	1,834	0	1,834	622 67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	0	0	233 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	118 67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	345 68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	0	435 68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	0	106 68.02
69.00 06900	ELECTROCARDIOLOGY	0	67,074	5,789	72,863	1,164 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	9,276	0	9,276	0 74.00
76.00 03020	RADIATION ONCOLOGY	0	286,563	729,337	1,015,900	1,462 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	6,315	6,315	1,213 90.00
90.01 09001	DIABETES CLINIC	0	2,157	0	2,157	219 90.01
90.02 09002	OUTPATIENT CLINICS	0	167,785	1,393	169,178	0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	29,789	5,523	35,312	1,326 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	11 90.04
91.00 09100	EMERGENCY	0	632,002	114,665	746,667	9,993 91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0 91.01
91.02 09102	EXPRESS CARE	0	0	931	931	0 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	12,993,655	7,229,178	20,222,833	183,732	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	123,650	1,226	124,876	2,253	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	113,900	113,900	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	34,769	0	34,769	674	194.03
194.04	07954	CENTER OF HOPE	0	29,645	0	29,645	134	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	13,181,719	7,344,304	20,526,023	186,793	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
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
5.00	00500	ADMINISTRATIVE & GENERAL	4,221,524					5.00
6.00	00600	MAINTENANCE & REPAIRS	79,701	185,266				6.00
7.00	00700	OPERATION OF PLANT	189,761	24,681	1,565,312			7.00
7.01	00701	OPERATION OF PLANT - FP	23,730	0	0	24,758		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	24,184	4,026	39,246	8,350	289,729	8.00
9.00	00900	HOUSEKEEPING	70,178	1,902	18,540	1,726	25,719	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	4,250	0	0	0	0	9.01
10.00	01000	DIETARY	45,553	11,686	113,911	0	3,487	10.00
11.00	01100	CAFETERIA	31,914	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	106,862	1,435	13,985	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68,456	10,699	104,286	0	842	14.00
15.00	01500	PHARMACY	120,328	2,691	26,229	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	90,610	3,698	36,050	0	0	16.00
17.00	01700	SOCIAL SERVICE	92,385	9,825	95,769	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	344	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,008	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	9,867	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	2,781	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	656,808	26,118	254,579	0	146,321	30.00
31.00	03100	INTENSIVE CARE UNIT	135,879	3,585	34,948	0	9,960	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	106,739	0	0	0	6,876	35.00
41.00	04100	SUBPROVIDER - I&R	68,755	4,148	40,437	0	7,200	41.00
43.00	04300	NURSERY	48,533	0	0	0	3,014	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	297,277	14,441	140,765	0	31,673	50.00
51.00	05100	RECOVERY ROOM	67,981	6,346	61,861	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,257	2,152	20,981	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,823	895	8,726	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	353,191	14,982	146,035	0	7,275	54.00
54.01	05401	RADIOLOGY - I-65	38,645	0	0	5,954	7,153	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	1,859	0	0	0	51	54.02
54.03	05403	LOWELL RADIOLOGY	3,019	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	115,044	4,036	39,342	0	2,537	55.01
55.02	03140	CARDIOLOGY	29,032	987	9,622	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	17,204	1,180	11,503	0	2,321	55.03
60.00	06000	LABORATORY	255,581	5,941	57,910	0	334	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	55,266	408	3,975	0	0	65.00
66.00	06600	PHYSICAL THERAPY	24,795	2,282	22,241	0	1,257	66.00
66.01	06601	PHYSICAL THERAPY I-65	16,364	0	0	6,508	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	4,081	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	8,239	36	350	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	4,425	0	0	800	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,535	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	4,588	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	5,892	0	0	1,420	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,399	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	18,007	1,314	12,807	0	1,723	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	81,774	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	310,778	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,468	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,312	182	1,771	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	60,896	5,613	54,718	0	1,459	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,023	0	0	0	175	90.00
90.01	09001	DIABETES CLINIC	3,036	42	412	0	1,549	90.01
90.02	09002	OUTPATIENT CLINICS	5,343	3,287	32,038	0	8,145	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	18,081	584	5,688	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	148	0	0	0	0	90.04
91.00	09100	EMERGENCY	184,063	12,380	120,677	0	20,658	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	29	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,160,081	181,582	1,529,402	24,758	289,729	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,355	2,422	23,610	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	16,853	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	7,553	681	6,639	0	0	194.03
194.04	07954	CENTER OF HOPE	2,682	581	5,661	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,221,524	185,266	1,565,312	24,758	289,729	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	235,400					9.00
9.01	01851	0	4,546				9.01
10.00	01000	17,787	0	843,378			10.00
11.00	01100	0	0	0	34,701		11.00
13.00	01300	2,184	0	0	959	978,246	13.00
14.00	01400	16,284	0	0	464	0	14.00
15.00	01500	4,096	0	0	1,352	0	15.00
16.00	01600	5,629	0	0	329	0	16.00
17.00	01700	14,954	0	0	1,214	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	104	19	23.00
23.01	02301	0	0	0	31	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	39,752	0	727,929	11,325	551,520	30.00
31.00	03100	5,457	0	82,353	2,002	60,560	31.00
35.00	02060	0	0	0	1,306	80,191	35.00
41.00	04100	6,314	0	33,096	882	50,950	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	21,980	0	0	2,963	109,710	50.00
51.00	05100	9,660	0	0	847	33,186	51.00
52.00	05200	3,276	0	0	130	0	52.00
53.00	05300	1,363	0	0	0	0	53.00
54.00	05400	22,803	0	0	3,092	4,463	54.00
54.01	05401	0	1,844	0	282	0	54.01
54.02	05402	0	0	0	39	0	54.02
54.03	05403	0	0	0	43	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	6,143	0	0	449	19,270	55.01
55.02	03140	1,502	0	0	300	315	55.02
55.03	03450	1,796	0	0	193	0	55.03
60.00	06000	9,043	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	621	0	0	829	0	65.00
66.00	06600	3,473	0	0	258	0	66.00
66.01	06601	0	2,014	0	208	0	66.01
66.02	06602	0	0	0	51	0	66.02
67.00	06700	55	0	0	107	0	67.00
67.01	06701	0	248	0	53	0	67.01
67.02	06702	0	0	0	25	0	67.02
68.00	06800	0	0	0	60	0	68.00
68.01	06801	0	440	0	83	0	68.01
68.02	06802	0	0	0	20	0	68.02
69.00	06900	2,000	0	0	252	2,958	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	277	0	0	0	0	74.00
76.00	03020	8,544	0	0	372	2,939	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	267	0	90.00
90.01	09001	64	0	0	37	11	90.01
90.02	09002	5,003	0	0	310	0	90.02
90.03	09003	888	0	0	258	0	90.03
90.04	09004	0	0	0	2	0	90.04
91.00	09100	18,844	0	0	2,492	50,684	91.00
91.01	09101	0	0	0	9	0	91.01
91.02	09102	0	0	0	15	11,470	91.02
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		229,792	4,546	843,378	34,014	978,246	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	3,687	0	0	449	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	1,037	0	0	226	0	194.03
194.04	07954	CENTER OF HOPE	884	0	0	12	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	235,400	4,546	843,378	34,701	978,246	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV
		14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - FP					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	811,344				14.00
15.00	01500	PHARMACY	1,215	302,021			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	329,186		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	721,698	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	370
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	233	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,245	0	21,116	46,257	30.00
31.00	03100	INTENSIVE CARE UNIT	7,261	0	4,028	8,824	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,693	0	6,567	14,386	35.00
41.00	04100	SUBPROVIDER - I&R	500	0	1,876	4,109	41.00
43.00	04300	NURSERY	0	0	1,834	4,018	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	161,053	169	32,431	71,046	50.00
51.00	05100	RECOVERY ROOM	2,165	0	3,527	7,726	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,133	6,863	52.00
53.00	05300	ANESTHESIOLOGY	4,195	9,022	7,943	17,401	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,171	0	63,580	139,848	54.00
54.01	05401	RADIOLOGY - I-65	287	0	9,317	20,411	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	8	0	147	322	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	229	501	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	16,448	36,031	55.01
55.02	03140	CARDIOLOGY	257	0	4,944	10,831	55.02
55.03	03450	NEURO-DIAGNOSTICS	428	0	2,451	5,370	55.03
60.00	06000	LABORATORY	385	0	41,440	90,780	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,197	34	8,418	18,440	65.00
66.00	06600	PHYSICAL THERAPY	60	0	1,616	3,541	66.00
66.01	06601	PHYSICAL THERAPY I-65	142	0	1,713	3,752	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	11	0	459	1,005	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	621	1,360	67.00
67.01	06701	OCCUPATION THERAPY I-65	28	0	289	632	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	19	0	163	356	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	384	842	68.00
68.01	06801	SPEECH PATHOLOGY I-65	23	0	568	1,244	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	131	287	68.02
69.00	06900	ELECTROCARDIOLOGY	210	0	3,463	7,587	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	123,681	0	12,606	27,616	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	446,632	0	8,532	18,690	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	289,654	35,529	77,833	73.00
74.00	07400	RENAL DIALYSIS	68	0	541	1,185	74.00
76.00	03020	RADIATION ONCOLOGY	480	0	4,700	10,297	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,014	1,244	557	1,220	90.00
90.01	09001	DIABETES CLINIC	13	0	12	26	90.01
90.02	09002	OUTPATIENT CLINICS	6	0	0	1	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	545	1,898	627	1,373	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	90.04
91.00	09100	EMERGENCY	18,118	0	27,246	59,687	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	1	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV	
118.00		SUBTOTALS (SUM OF LINES 1-117)	811,344	302,021	329,186	721,698	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	FHC	0	0	0	0		194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0		194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0		194.03
194.04	07954	CENTER OF HOPE	0	0	0	0		194.04
200.00		Cross Foot Adjustments					370	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	811,344	302,021	329,186	721,698	370	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - FP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,008				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		30,478			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			14,677		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			4,148,049		30.00
31.00 03100	INTENSIVE CARE UNIT			575,476		31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT			451,304		35.00
41.00 04100	SUBPROVIDER - IRF			436,437		41.00
43.00 04300	NURSERY			60,673		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			2,965,914		50.00
51.00 05100	RECOVERY ROOM			570,881		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			156,448		52.00
53.00 05300	ANESTHESIOLOGY			113,780		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,903,852		54.00
54.01 05401	RADIOLOGY - I-65			504,577		54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ			2,565		54.02
54.03 05403	LOWELL RADIOLOGY			23,406		54.03
55.00 05500	RADIOLOGY-THERAPEUTIC			0		55.00
55.01 05501	CARDIAC CATHETERIZATION LAB			1,039,368		55.01
55.02 03140	CARDIOLOGY			272,006		55.02
55.03 03450	NEURO-DIAGNOSTICS			129,902		55.03
60.00 06000	LABORATORY			765,707		60.00
60.01 06001	BLOOD LABORATORY			0		60.01
65.00 06500	RESPIRATORY THERAPY			178,236		65.00
66.00 06600	PHYSICAL THERAPY			180,748		66.00
66.01 06601	PHYSICAL THERAPY I-65			33,493		66.01
66.02 06602	PHYSICAL THERAPY ST JOHN			5,915		66.02
67.00 06700	OCCUPATIONAL THERAPY			13,224		67.00
67.01 06701	OCCUPATION THERAPY I-65			6,708		67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN			2,216		67.02
68.00 06800	SPEECH PATHOLOGY			6,219		68.00
68.01 06801	SPEECH PATHOLOGY I-65			10,105		68.01
68.02 06802	SPEECH THERAPY ST. JOHN			1,943		68.02
69.00 06900	ELECTROCARDIOLOGY			124,348		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			245,677		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			784,632		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			542,484		73.00
74.00 07400	RENAL DIALYSIS			25,612		74.00
76.00 03020	RADIATION ONCOLOGY			1,167,380		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC			30,028		90.00
90.01 09001	DIABETES CLINIC			7,578		90.01
90.02 09002	OUTPATIENT CLINICS			223,311		90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC			66,580		90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT			161		90.04
91.00 09100	EMERGENCY			1,271,509		91.00
91.01 09101	EMERGENCY ROOM PHYSICIANS			9		91.01
91.02 09102	EXPRESS CARE			12,446		91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	20,060,907
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES			191,652	0
194.00	07950	FHC			0	0
194.02	07952	OTHER NON REIMB - BUILDINGS			130,753	0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH			51,579	0
194.04	07954	CENTER OF HOPE			39,599	0
200.00		Cross Foot Adjustments	6,008	30,478	14,677	51,533
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,008	30,478	14,677	20,526,023

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/30/2017 2:34 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	4,148,049	30.00
31.00	03100	INTENSIVE CARE UNIT	575,476	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	451,304	35.00
41.00	04100	SUBPROVIDER - I RF	436,437	41.00
43.00	04300	NURSERY	60,673	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,965,914	50.00
51.00	05100	RECOVERY ROOM	570,881	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	156,448	52.00
53.00	05300	ANESTHESIOLOGY	113,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,903,852	54.00
54.01	05401	RADIOLOGY - I-65	504,577	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	2,565	54.02
54.03	05403	LOWELL RADIOLOGY	23,406	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,039,368	55.01
55.02	03140	CARDIOLOGY	272,006	55.02
55.03	03450	NEURO-DIAGNOSTICS	129,902	55.03
60.00	06000	LABORATORY	765,707	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	178,236	65.00
66.00	06600	PHYSICAL THERAPY	180,748	66.00
66.01	06601	PHYSICAL THERAPY I-65	33,493	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	5,915	66.02
67.00	06700	OCCUPATIONAL THERAPY	13,224	67.00
67.01	06701	OCCUPATION THERAPY I-65	6,708	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	2,216	67.02
68.00	06800	SPEECH PATHOLOGY	6,219	68.00
68.01	06801	SPEECH PATHOLOGY I-65	10,105	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,943	68.02
69.00	06900	ELECTROCARDIOLOGY	124,348	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	245,677	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	784,632	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	542,484	73.00
74.00	07400	RENAL DIALYSIS	25,612	74.00
76.00	03020	RADIATION ONCOLOGY	1,167,380	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	30,028	90.00
90.01	09001	DIABETES CLINIC	7,578	90.01
90.02	09002	OUTPATIENT CLINICS	223,311	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	66,580	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	161	90.04
91.00	09100	EMERGENCY	1,271,509	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	9	91.01
91.02	09102	EXPRESS CARE	12,446	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,060,907	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	191,652	192.00
194.00	07950	FHC	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/30/2017 2:34 pm
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Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	130,753	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	51,579	194.03
194.04	07954 CENTER OF HOPE	39,599	194.04
200.00	Cross Foot Adjustments	51,533	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	20,526,023	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
5/30/2017 2: 34 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	733,231				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,151,801			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,839	6,953	61,215,213		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	195,234	491,092	3,802,253	-41,592,795	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,077	45,655	1,029,421	0	6.00
7.00 00700	OPERATION OF PLANT	70,083	61,261	1,184,768	0	7.00
7.01 00701	OPERATION OF PLANT - FP	0	721	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	11,433	5,882	0	0	8.00
9.00 00900	HOUSEKEEPING	5,401	11,207	1,397,074	0	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	96,896	0	9.01
10.00 01000	DIETARY	33,184	37,146	469,139	0	10.00
11.00 01100	CAFETERIA	0	0	913,459	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,074	542,993	1,802,807	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	30,380	44,331	313,507	0	14.00
15.00 01500	PHARMACY	7,641	1,229	2,291,526	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,502	1,712	533,593	0	16.00
17.00 01700	SOCIAL SERVICE	27,899	229	1,857,834	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	8,576	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	13,889	149,280	0	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	8,207	54,092	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	74,162	177,045	16,849,498	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,181	20,014	2,968,664	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	156,397	2,487,593	0	35.00
41.00 04100	SUBPROVIDER - IRF	11,780	2,035	1,144,985	0	41.00
43.00 04300	NURSERY	0	0	1,073,083	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,007	934,132	4,430,910	0	50.00
51.00 05100	RECOVERY ROOM	18,021	34,749	1,334,328	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,112	257	134,570	0	52.00
53.00 05300	ANESTHESIOLOGY	2,542	6,112	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	42,542	959,699	4,091,808	0	54.00
54.01 05401	RADIOLOGY - I-65	0	294,259	391,385	0	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	45,722	0	54.02
54.03 05403	LOWELL RADIOLOGY	0	13,650	50,725	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	11,461	414,927	824,228	0	55.01
55.02 03140	CARDIOLOGY	2,803	113,976	440,323	0	55.02
55.03 03450	NEURO-DIAGNOSTICS	3,351	18,560	247,106	0	55.03
60.00 06000	LABORATORY	16,870	709	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,158	42,664	1,117,328	0	65.00
66.00 06600	PHYSICAL THERAPY	6,479	2,215	521,230	0	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	1,101	400,408	0	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	100,974	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	102	0	203,756	0	67.00
67.01 06701	OCCUPATIONAL THERAPY I-65	0	0	76,357	0	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	38,712	0	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	113,195	0	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	142,616	0	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	34,830	0	68.02
69.00 06900	ELECTROCARDIOLOGY	3,731	4,061	381,376	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	516	0	0	0	74.00
76.00 03020	RADIATION ONCOLOGY	15,940	511,607	479,211	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	4,430	397,728	0	90.00
90.01 09001	DIABETES CLINIC	120	0	71,762	0	90.01
90.02 09002	OUTPATIENT CLINICS	9,333	977	0	0	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	1,657	3,874	434,573	0	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	3,690	0	90.04
91.00 09100	EMERGENCY	35,155	80,434	3,275,240	0	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	91.01
91.02 09102	EXPRESS CARE	0	653	0	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	931	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	722,770	5,071,044	60,212,139	-41,592,795	133,828,330
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	860	738,417	0	1,105,190
194.00	07950	FHC	0	0	0	0	0
194.02	07952	OTHER NON REIMB - BUILDINGS	0	79,897	0	0	542,144
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	1,934	0	220,809	0	242,968
194.04	07954	CENTER OF HOPE	1,649	0	43,848	0	86,283
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	13,181,719	7,344,304	17,855,965		41,592,795
203.00		Unit cost multiplier (Wkst. B, Part I)	17.977580	1.425580	0.291692		0.306269
204.00		Cost to be allocated (per Wkst. B, Part II)			186,793		4,221,524
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003051		0.031085

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
GENERAL SERVICE COST CENTERS								
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	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	526,081				6.00	
7.00	00700	OPERATION OF PLANT	70,083	455,998			7.00	
7.01	00701	OPERATION OF PLANT - FP	0	0	70,158		7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	11,433	11,433	23,661	860,385	8.00	
9.00	00900	HOUSEKEEPING	5,401	5,401	4,892	76,376	439,164	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	0	9.01
10.00	01000	DIETARY	33,184	33,184	0	10,355	33,184	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,074	4,074	0	0	4,074	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,380	30,380	0	2,499	30,380	14.00
15.00	01500	PHARMACY	7,641	7,641	0	7,641	7,641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,502	10,502	0	0	10,502	16.00
17.00	01700	SOCIAL SERVICE	27,899	27,899	0	0	27,899	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,162	74,162	0	434,519	74,162	30.00
31.00	03100	INTENSIVE CARE UNIT	10,181	10,181	0	29,577	10,181	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	20,418	0	35.00
41.00	04100	SUBPROVIDER - I&F	11,780	11,780	0	21,380	11,780	41.00
43.00	04300	NURSERY	0	0	0	8,951	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,007	41,007	0	94,058	41,007	50.00
51.00	05100	RECOVERY ROOM	18,021	18,021	0	0	18,021	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,112	6,112	0	0	6,112	52.00
53.00	05300	ANESTHESIOLOGY	2,542	2,542	0	0	2,542	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,542	42,542	0	21,605	42,542	54.00
54.01	05401	RADIOLOGY - I-65	0	0	16,873	21,241	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	152	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	11,461	11,461	0	7,534	11,461	55.01
55.02	03140	CARDIOLOGY	2,803	2,803	0	0	2,803	55.02
55.03	03450	NEURO-DIAGNOSTICS	3,351	3,351	0	6,892	3,351	55.03
60.00	06000	LABORATORY	16,870	16,870	0	992	16,870	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,158	1,158	0	0	1,158	65.00
66.00	06600	PHYSICAL THERAPY	6,479	6,479	0	3,732	6,479	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	18,441	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	102	102	0	0	102	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0	0	2,268	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	4,023	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	3,731	3,731	0	5,116	3,731	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	516	516	0	0	516	74.00
76.00	03020	RADIATION ONCOLOGY	15,940	15,940	0	4,333	15,940	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	519	0	90.00
90.01	09001	DIABETES CLINIC	120	120	0	4,600	120	90.01
90.02	09002	OUTPATIENT CLINICS	9,333	9,333	0	24,189	9,333	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	1,657	1,657	0	0	1,657	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	35,155	35,155	0	61,347	35,155	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	515,620	445,537	70,158	860,385	428,703	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	6,878	0	0	6,878	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,934	1,934	0	0	1,934	194.03
194.04	07954	CENTER OF HOPE	1,649	1,649	0	0	1,649	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,349,236	8,420,390	997,201	1,636,467	3,297,987	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.366388	18.465849	14.213646	1.902017	7.509693	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	185,266	1,565,312	24,758	289,729	235,400	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.352162	3.432717	0.352889	0.336743	0.536018	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	01851	41,605					9.01
10.00	01000	0	123,465				10.00
11.00	01100	0	0	1,558,482			11.00
13.00	01300	0	0	43,066	518,211		13.00
14.00	01400	0	0	20,826	0	18,161,762	14.00
15.00	01500	0	0	60,716	0	27,205	15.00
16.00	01600	0	0	14,765	0	0	16.00
17.00	01700	0	0	54,520	0	2	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	4,686	10	5,226	23.00
23.01	02301	0	0	1,410	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	106,564	508,639	292,159	654,635	30.00
31.00	03100	0	12,056	89,897	32,081	162,541	31.00
35.00	02060	0	0	58,657	42,480	105,059	35.00
41.00	04100	0	4,845	39,603	26,990	11,200	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	133,073	58,117	3,605,150	50.00
51.00	05100	0	0	38,049	17,580	48,471	51.00
52.00	05200	0	0	5,858	0	0	52.00
53.00	05300	0	0	0	0	93,896	53.00
54.00	05400	0	0	138,856	2,364	70,988	54.00
54.01	05401	16,873	0	12,671	0	6,430	54.01
54.02	05402	0	0	1,750	0	186	54.02
54.03	05403	0	0	1,926	0	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	20,160	10,208	0	55.01
55.02	03140	0	0	13,459	167	5,756	55.02
55.03	03450	0	0	8,651	0	9,589	55.03
60.00	06000	0	0	0	0	8,627	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	37,221	0	116,339	65.00
66.00	06600	0	0	11,590	0	1,345	66.00
66.01	06601	18,441	0	9,339	0	3,177	66.01
66.02	06602	0	0	2,312	0	257	66.02
67.00	06700	0	0	4,784	0	0	67.00
67.01	06701	2,268	0	2,368	0	630	67.01
67.02	06702	0	0	1,133	0	421	67.02
68.00	06800	0	0	2,690	0	2	68.00
68.01	06801	4,023	0	3,722	0	504	68.01
68.02	06802	0	0	879	0	0	68.02
69.00	06900	0	0	11,340	1,567	4,698	69.00
71.00	07100	0	0	0	0	2,768,576	71.00
72.00	07200	0	0	0	0	9,997,683	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	1,521	74.00
76.00	03020	0	0	16,704	1,557	10,749	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	12,011	0	22,707	90.00
90.01	09001	0	0	1,679	6	286	90.01
90.02	09002	0	0	13,918	0	127	90.02
90.03	09003	0	0	11,566	0	12,189	90.03
90.04	09004	0	0	77	0	0	90.04
91.00	09100	0	0	111,933	26,849	405,575	91.00
91.01	09101	0	0	400	0	0	91.01
91.02	09102	0	0	688	6,076	15	91.02
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
INTEREST EXPENSE							

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	41,605	123,465	1,527,592	518,211	18,161,762	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	20,180	0	0	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	10,156	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	554	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	178,611	3,007,190	1,341,089	4,659,427	3,881,909	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.293018	24.356619	0.860510	8.991370	0.213741	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,546	843,378	34,701	978,246	811,344	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.109266	6.830908	0.022266	1.887737	0.044673	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
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
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	4,418,847					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	615,823,717				16.00
17.00 01700 SOCIAL SERVICE	0	0	615,823,717			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,002		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,002	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	39,468,679	39,468,679	1	1	30.00
31.00 03100 INTENSIVE CARE UNIT	0	7,529,242	7,529,242	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	12,274,381	12,274,381	0	0	35.00
41.00 04100 SUBPROVIDER - IRF	0	3,505,615	3,505,615	0	0	41.00
43.00 04300 NURSERY	0	3,428,719	3,428,719	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,475	60,619,308	60,619,308	0	0	50.00
51.00 05100 RECOVERY ROOM	0	6,592,075	6,592,075	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,855,496	5,855,496	0	0	52.00
53.00 05300 ANESTHESIOLOGY	132,006	14,847,526	14,847,526	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	119,365,465	119,365,465	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	17,415,300	17,415,300	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	274,813	274,813	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	427,594	427,594	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	30,743,594	30,743,594	0	0	55.01
55.02 03140 RADIOLOGY	0	9,241,637	9,241,637	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	4,581,725	4,581,725	0	0	55.03
60.00 06000 LABORATORY	0	77,457,041	77,457,041	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	496	15,734,002	15,734,002	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	3,021,166	3,021,166	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	3,201,698	3,201,698	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST. JOHN	0	857,920	857,920	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,160,385	1,160,385	0	0	67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	0	539,564	539,564	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	303,907	303,907	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	718,141	718,141	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	1,061,200	1,061,200	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	245,078	245,078	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	6,473,172	6,473,172	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,562,799	23,562,799	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,947,271	15,947,271	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,237,901	66,410,022	66,410,022	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	1,011,193	1,011,193	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	8,785,865	8,785,865	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	18,202	1,040,833	1,040,833	0	0	90.00
90.01 09001 DIABETES CLINIC	0	22,178	22,178	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	745	745	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	27,767	1,171,143	1,171,143	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	50,927,225	50,927,225	1,001	1,001	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	INTERNS & RESIDENTS				
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	15.00	16.00	17.00	21.00	22.00			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,418,847	615,823,717	615,823,717	1,002	1,002	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,361,681	4,160,007	4,831,466	14,471	252,459	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.213367	0.006755	0.007846	14.442116	251.955090	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	302,021	329,186	721,698	370	6,008	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.068348	0.000535	0.001172	0.369261	5.996008	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED PRGM- (SPECIFY)	1,001	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	1,001	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	RADIOLOGY - I-65	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHERIZATION LAB	0	55.01
55.02	03140	CARDIOLOGY	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	55.03
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	68.02
69.00	06900	ELECTROCARDIOLOGY	1,001	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CLINIC	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	90.04
91.00	09100	EMERGENCY	1,001	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	91.01
91.02	09102	EXPRESS CARE	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,001	1,001	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 FHC	0	0	194.00
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	194.04
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	419,883	118,094	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	419.463536	117.976024	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	30,478	14,677	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	30.447552	14.662338	205.00

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-2

Date/Time Prepared:
5/30/2017 2:34 pm

	Description	Worksheet		Amount	
		Part	Line No.		
		1.00	2.00		
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00
7.00	EKG ALLIED HEALTH PROGRAM FEES	1	69.00	-78,125	7.00
8.00	ER ALLIED HEALTH PROGRAM FEES	1	91.00	-119,168	8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/30/2017 2:34 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		37,200,832	106,659	37,307,491	30.00
31.00	03100 INTENSIVE CARE UNIT		6,899,646	1,382	6,901,028	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		5,158,362	48,888	5,207,250	35.00
41.00	04100 SUBPROVIDER - IRF		3,759,245	0	3,759,245	41.00
43.00	04300 NURSERY		2,106,554	0	2,106,554	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		16,293,210	137,382	16,430,592	50.00
51.00	05100 RECOVERY ROOM		3,736,975	0	3,736,975	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		677,209	0	677,209	52.00
53.00	05300 ANESTHESIOLOGY		892,031	0	892,031	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,157,555	0	18,157,555	54.00
54.01	05401 RADIOLOGY - I-65		2,243,180	0	2,243,180	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		83,959	0	83,959	54.02
54.03	05403 LOWELL RADIOLOGY		134,775	0	134,775	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		5,777,467	8,179	5,785,646	55.01
55.02	03140 RADIOLOGY		1,459,884	2,933	1,462,817	55.02
55.03	03450 NEURO-DIAGNOSTICS		920,845	0	920,845	55.03
60.00	06000 LABORATORY		12,420,460	4,100	12,424,560	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,647,087	4,585	2,651,672	65.00
66.00	06600 PHYSICAL THERAPY	0	1,312,955	0	1,312,955	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	1,084,401	0	1,084,401	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	186,045	0	186,045	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	370,569	0	370,569	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	237,965	0	237,965	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	70,021	0	70,021	67.02
68.00	06800 SPEECH PATHOLOGY	0	205,602	0	205,602	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	340,850	0	340,850	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	63,145	0	63,145	68.02
69.00	06900 ELECTROCARDIOLOGY		1,046,433	4,045	1,050,478	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,372,146	0	4,372,146	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,429,421	0	15,429,421	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,972,577	0	11,972,577	73.00
74.00	07400 RENAL DIALYSIS		549,153	0	549,153	74.00
76.00	03020 RADIATION ONCOLOGY		3,241,730	0	3,241,730	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		810,819	0	810,819	90.00
90.01	09001 DIABETES CLINIC		142,114	0	142,114	90.01
90.02	09002 OUTPATIENT CLINICS		584,384	0	584,384	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		876,764	0	876,764	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		6,292	0	6,292	90.04
91.00	09100 EMERGENCY		10,457,176	7,573	10,464,749	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS		344	0	344	91.01
91.02	09102 EXPRESS CARE		56,443	0	56,443	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,890,872	0	3,890,872	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		177,877,497	325,726	178,203,223	200.00
201.00	Less Observation Beds		3,890,872		3,890,872	201.00
202.00	Total (see instructions)		173,986,625	325,726	174,312,351	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/30/2017 2:34 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	33,677,507		33,677,507				30.00
31.00	03100	INTENSIVE CARE UNIT	7,529,242		7,529,242				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,274,381		12,274,381				35.00
41.00	04100	SUBPROVIDER - IRF	3,505,615		3,505,615				41.00
43.00	04300	NURSERY	3,428,719		3,428,719				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,564,023	42,055,285	60,619,308	0.268779	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,360,820	4,231,255	6,592,075	0.566889	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,840,221	15,275	5,855,496	0.115654	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	5,415,531	9,431,995	14,847,526	0.060079	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,150,503	89,214,962	119,365,465	0.152117	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	99,434	17,315,866	17,415,300	0.128805	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	314	274,499	274,813	0.305513	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	2,079	425,515	427,594	0.315194	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	17,267,858	13,475,736	30,743,594	0.187924	0.000000		55.01
55.02	03140	CARDIOLOGY	3,929,831	5,311,806	9,241,637	0.157968	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	1,048,234	3,533,491	4,581,725	0.200982	0.000000		55.03
60.00	06000	LABORATORY	29,363,073	48,093,968	77,457,041	0.160353	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	13,769,919	1,964,083	15,734,002	0.168240	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,067,924	953,242	3,021,166	0.434586	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	2,772	3,198,926	3,201,698	0.338696	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	1,108	856,812	857,920	0.216856	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,081,309	79,076	1,160,385	0.319350	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	1,691	537,873	539,564	0.441032	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	303,907	303,907	0.230403	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	590,063	128,078	718,141	0.286298	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	13,414	1,047,786	1,061,200	0.321193	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	245,078	245,078	0.257653	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	2,012,003	4,461,169	6,473,172	0.161657	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,799,775	9,763,024	23,562,799	0.185553	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,060,163	6,887,108	15,947,271	0.967527	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,016,609	14,393,413	66,410,022	0.180283	0.000000		73.00
74.00	07400	RENAL DIALYSIS	971,667	39,526	1,011,193	0.543074	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	249,753	8,536,112	8,785,865	0.368971	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,958	1,036,875	1,040,833	0.779010	0.000000		90.00
90.01	09001	DIABETES CLINIC	0	22,178	22,178	6.407882	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	745	0	745	784.408054	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,171,143	1,171,143	0.748640	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0.000000	0.000000		90.04
91.00	09100	EMERGENCY	14,283,999	36,643,226	50,927,225	0.205336	0.000000		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000		91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,560,948	4,230,224	5,791,172	0.671863	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	285,945,205	329,878,512	615,823,717				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	285,945,205	329,878,512	615,823,717				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/30/2017 2:34 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.271046		50.00
51.00	05100 RECOVERY ROOM	0.566889		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.115654		52.00
53.00	05300 ANESTHESIOLOGY	0.060079		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152117		54.00
54.01	05401 RADIOLOGY - I-65	0.128805		54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.305513		54.02
54.03	05403 LOWELL RADIOLOGY	0.315194		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.188190		55.01
55.02	03140 RADIOLOGY	0.158285		55.02
55.03	03450 NEURO-DIAGNOSTICS	0.200982		55.03
60.00	06000 LABORATORY	0.160406		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.168531		65.00
66.00	06600 PHYSICAL THERAPY	0.434586		66.00
66.01	06601 PHYSICAL THERAPY I-65	0.338696		66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.216856		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.319350		67.00
67.01	06701 OCCUPATION THERAPY I-65	0.441032		67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.230403		67.02
68.00	06800 SPEECH PATHOLOGY	0.286298		68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.321193		68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.257653		68.02
69.00	06900 ELECTROCARDIOLOGY	0.162282		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.185553		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.967527		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180283		73.00
74.00	07400 RENAL DIALYSIS	0.543074		74.00
76.00	03020 RADIATION ONCOLOGY	0.368971		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.779010		90.00
90.01	09001 DIABETES CLINIC	6.407882		90.01
90.02	09002 OUTPATIENT CLINICS	784.408054		90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.748640		90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000		90.04
91.00	09100 EMERGENCY	0.205484		91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000		91.01
91.02	09102 EXPRESS CARE	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.671863		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/30/2017 2: 34 pm			
			Title XIX	Hospital	Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,200,832		37,200,832	106,659	37,307,491	30.00
31.00	03100	INTENSIVE CARE UNIT	6,899,646		6,899,646	1,382	6,901,028	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,158,362		5,158,362	48,888	5,207,250	35.00
41.00	04100	SUBPROVIDER - IRF	3,759,245		3,759,245	0	3,759,245	41.00
43.00	04300	NURSERY	2,106,554		2,106,554	0	2,106,554	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,293,210		16,293,210	137,382	16,430,592	50.00
51.00	05100	RECOVERY ROOM	3,736,975		3,736,975	0	3,736,975	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	677,209		677,209	0	677,209	52.00
53.00	05300	ANESTHESIOLOGY	892,031		892,031	0	892,031	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,157,555		18,157,555	0	18,157,555	54.00
54.01	05401	RADIOLOGY - I-65	2,243,180		2,243,180	0	2,243,180	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	83,959		83,959	0	83,959	54.02
54.03	05403	LOWELL RADIOLOGY	134,775		134,775	0	134,775	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	5,777,467		5,777,467	8,179	5,785,646	55.01
55.02	03140	CARDIOLOGY	1,459,884		1,459,884	2,933	1,462,817	55.02
55.03	03450	NEURO-DIAGNOSTICS	920,845		920,845	0	920,845	55.03
60.00	06000	LABORATORY	12,420,460		12,420,460	4,100	12,424,560	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,647,087	0	2,647,087	4,585	2,651,672	65.00
66.00	06600	PHYSICAL THERAPY	1,312,955	0	1,312,955	0	1,312,955	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,084,401	0	1,084,401	0	1,084,401	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	186,045	0	186,045	0	186,045	66.02
67.00	06700	OCCUPATIONAL THERAPY	370,569	0	370,569	0	370,569	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	237,965	0	237,965	0	237,965	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	70,021	0	70,021	0	70,021	67.02
68.00	06800	SPEECH PATHOLOGY	205,602	0	205,602	0	205,602	68.00
68.01	06801	SPEECH PATHOLOGY I-65	340,850	0	340,850	0	340,850	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	63,145	0	63,145	0	63,145	68.02
69.00	06900	ELECTROCARDIOLOGY	1,046,433		1,046,433	4,045	1,050,478	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,372,146		4,372,146	0	4,372,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,429,421		15,429,421	0	15,429,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,972,577		11,972,577	0	11,972,577	73.00
74.00	07400	RENAL DIALYSIS	549,153		549,153	0	549,153	74.00
76.00	03020	RADIATION ONCOLOGY	3,241,730		3,241,730	0	3,241,730	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	810,819		810,819	0	810,819	90.00
90.01	09001	DIABETES CLINIC	142,114		142,114	0	142,114	90.01
90.02	09002	OUTPATIENT CLINICS	584,384		584,384	0	584,384	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	876,764		876,764	0	876,764	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	6,292		6,292	0	6,292	90.04
91.00	09100	EMERGENCY	10,457,176		10,457,176	7,573	10,464,749	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	344		344	0	344	91.01
91.02	09102	EXPRESS CARE	56,443		56,443	0	56,443	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,890,872		3,890,872	0	3,890,872	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	177,877,497	0	177,877,497	325,726	178,203,223	200.00
201.00		Less Observation Beds	3,890,872		3,890,872		3,890,872	201.00
202.00		Total (see instructions)	173,986,625	0	173,986,625	325,726	174,312,351	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/30/2017 2:34 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	33,677,507		33,677,507				30.00
31.00	03100	INTENSIVE CARE UNIT	7,529,242		7,529,242				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,274,381		12,274,381				35.00
41.00	04100	SUBPROVIDER - IRF	3,505,615		3,505,615				41.00
43.00	04300	NURSERY	3,428,719		3,428,719				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,564,023	42,055,285	60,619,308	0.268779	0.268779		50.00
51.00	05100	RECOVERY ROOM	2,360,820	4,231,255	6,592,075	0.566889	0.566889		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,840,221	15,275	5,855,496	0.115654	0.115654		52.00
53.00	05300	ANESTHESIOLOGY	5,415,531	9,431,995	14,847,526	0.060079	0.060079		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,150,503	89,214,962	119,365,465	0.152117	0.152117		54.00
54.01	05401	RADIOLOGY - I-65	99,434	17,315,866	17,415,300	0.128805	0.128805		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	314	274,499	274,813	0.305513	0.305513		54.02
54.03	05403	LOWELL RADIOLOGY	2,079	425,515	427,594	0.315194	0.315194		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	17,267,858	13,475,736	30,743,594	0.187924	0.187924		55.01
55.02	03140	CARDIOLOGY	3,929,831	5,311,806	9,241,637	0.157968	0.157968		55.02
55.03	03450	NEURO-DIAGNOSTICS	1,048,234	3,533,491	4,581,725	0.200982	0.200982		55.03
60.00	06000	LABORATORY	29,363,073	48,093,968	77,457,041	0.160353	0.160353		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	13,769,919	1,964,083	15,734,002	0.168240	0.168240		65.00
66.00	06600	PHYSICAL THERAPY	2,067,924	953,242	3,021,166	0.434586	0.434586		66.00
66.01	06601	PHYSICAL THERAPY I-65	2,772	3,198,926	3,201,698	0.338696	0.338696		66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	1,108	856,812	857,920	0.216856	0.216856		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,081,309	79,076	1,160,385	0.319350	0.319350		67.00
67.01	06701	OCCUPATION THERAPY I-65	1,691	537,873	539,564	0.441032	0.441032		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	303,907	303,907	0.230403	0.230403		67.02
68.00	06800	SPEECH PATHOLOGY	590,063	128,078	718,141	0.286298	0.286298		68.00
68.01	06801	SPEECH PATHOLOGY I-65	13,414	1,047,786	1,061,200	0.321193	0.321193		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	245,078	245,078	0.257653	0.257653		68.02
69.00	06900	ELECTROCARDIOLOGY	2,012,003	4,461,169	6,473,172	0.161657	0.161657		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,799,775	9,763,024	23,562,799	0.185553	0.185553		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,060,163	6,887,108	15,947,271	0.967527	0.967527		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,016,609	14,393,413	66,410,022	0.180283	0.180283		73.00
74.00	07400	RENAL DIALYSIS	971,667	39,526	1,011,193	0.543074	0.543074		74.00
76.00	03020	RADIATION ONCOLOGY	249,753	8,536,112	8,785,865	0.368971	0.368971		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,958	1,036,875	1,040,833	0.779010	0.779010		90.00
90.01	09001	DIABETES CLINIC	0	22,178	22,178	6.407882	6.407882		90.01
90.02	09002	OUTPATIENT CLINICS	745	0	745	784.408054	784.408054		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,171,143	1,171,143	0.748640	0.748640		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0.000000	0.000000		90.04
91.00	09100	EMERGENCY	14,283,999	36,643,226	50,927,225	0.205336	0.205336		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000		91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,560,948	4,230,224	5,791,172	0.671863	0.671863		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	285,945,205	329,878,512	615,823,717				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	285,945,205	329,878,512	615,823,717				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/30/2017 2:34 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.000000		55.01
55.02	03140	CARDIOLOGY	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	0.000000		55.03
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CLINIC	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000		91.01
91.02	09102	EXPRESS CARE	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/30/2017 2:34 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,148,049	0	4,148,049	29,542	140.41	30.00
31.00	INTENSIVE CARE UNIT	575,476		575,476	3,349	171.84	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	451,304		451,304	3,141	143.68	35.00
41.00	SUBPROVIDER - IRF	436,437	0	436,437	1,346	324.25	41.00
43.00	NURSERY	60,673		60,673	2,552	23.77	43.00
200.00	Total (lines 30-199)	5,671,939		5,671,939	39,930		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	15,278	2,145,184	30.00
31.00	INTENSIVE CARE UNIT	1,697	291,612	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
41.00	SUBPROVIDER - IRF	942	305,444	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	17,917	2,742,240	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,965,914	60,619,308	0.048927	8,043,235	393,531	50.00
51.00	05100	RECOVERY ROOM	570,881	6,592,075	0.086601	1,088,671	94,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	156,448	5,855,496	0.026718	7,126	190	52.00
53.00	05300	ANESTHESIOLOGY	113,780	14,847,526	0.007663	2,229,089	17,082	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,903,852	119,365,465	0.024327	15,749,725	383,144	54.00
54.01	05401	RADIOLOGY - I-65	504,577	17,415,300	0.028973	59,058	1,711	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	2,565	274,813	0.009334	252	2	54.02
54.03	05403	LOWELL RADIOLOGY	23,406	427,594	0.054739	1,434	78	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,039,368	30,743,594	0.033808	8,859,859	299,534	55.01
55.02	03140	CARDIOLOGY	272,006	9,241,637	0.029433	2,079,073	61,193	55.02
55.03	03450	NEURO-DIAGNOSTICS	129,902	4,581,725	0.028352	615,990	17,465	55.03
60.00	06000	LABORATORY	765,707	77,457,041	0.009886	14,944,322	147,740	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	178,236	15,734,002	0.011328	7,804,894	88,414	65.00
66.00	06600	PHYSICAL THERAPY	180,748	3,021,166	0.059827	1,187,532	71,046	66.00
66.01	06601	PHYSICAL THERAPY I-65	33,493	3,201,698	0.010461	2,176	23	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	5,915	857,920	0.006895	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	13,224	1,160,385	0.011396	671,953	7,658	67.00
67.01	06701	OCCUPATION THERAPY I-65	6,708	539,564	0.012432	316	4	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	2,216	303,907	0.007292	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	6,219	718,141	0.008660	289,251	2,505	68.00
68.01	06801	SPEECH PATHOLOGY I-65	10,105	1,061,200	0.009522	338	3	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,943	245,078	0.007928	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	124,348	6,473,172	0.019210	1,204,186	23,132	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	245,677	23,562,799	0.010426	6,605,066	68,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	784,632	15,947,271	0.049202	4,871,709	239,698	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	542,484	66,410,022	0.008169	26,442,424	216,008	73.00
74.00	07400	RENAL DIALYSIS	25,612	1,011,193	0.025328	859,414	21,767	74.00
76.00	03020	RADIATION ONCOLOGY	1,167,380	8,785,865	0.132870	61,507	8,172	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,028	1,040,833	0.028850	3,154	91	90.00
90.01	09001	DIABETES CLINIC	7,578	22,178	0.341690	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	223,311	745	299.746309	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	66,580	1,171,143	0.056850	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	161	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,271,509	50,927,225	0.024967	5,813,740	145,152	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	9	0	0.000000	0	0	91.01
91.02	09102	EXPRESS CARE	12,446	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	432,607	5,791,172	0.074701	889,146	66,420	92.00
200.00		Total (lines 50-199)	14,821,575	555,408,253		110,384,640	2,374,907	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/30/2017 2:34 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,542	0.00	15,278	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,349	0.00	1,697	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,141	0.00	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	1,346	0.00	942	0		41.00
43.00	04300	NURSERY	2,552	0.00	0	0		43.00
200.00		Total (lines 30-199)	39,930		17,917	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:34 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	0	0	55.01
55.02	03140	CARDIOLOGY	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	0	0	55.03
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	118,094	0	118,094
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	300,715	0	300,715
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	418,809	0	418,809

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:34 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	60,619,308	0.000000	0.000000	8,043,235	50.00
51.00	05100	RECOVERY ROOM	0	6,592,075	0.000000	0.000000	1,088,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,855,496	0.000000	0.000000	7,126	52.00
53.00	05300	ANESTHESIOLOGY	0	14,847,526	0.000000	0.000000	2,229,089	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	119,365,465	0.000000	0.000000	15,749,725	54.00
54.01	05401	RADIOLOGY - I-65	0	17,415,300	0.000000	0.000000	59,058	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	274,813	0.000000	0.000000	252	54.02
54.03	05403	LOWELL RADIOLOGY	0	427,594	0.000000	0.000000	1,434	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	30,743,594	0.000000	0.000000	8,859,859	55.01
55.02	03140	CARDIOLOGY	0	9,241,637	0.000000	0.000000	2,079,073	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	4,581,725	0.000000	0.000000	615,990	55.03
60.00	06000	LABORATORY	0	77,457,041	0.000000	0.000000	14,944,322	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	15,734,002	0.000000	0.000000	7,804,894	65.00
66.00	06600	PHYSICAL THERAPY	0	3,021,166	0.000000	0.000000	1,187,532	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	3,201,698	0.000000	0.000000	2,176	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	857,920	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,160,385	0.000000	0.000000	671,953	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	539,564	0.000000	0.000000	316	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	303,907	0.000000	0.000000	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	718,141	0.000000	0.000000	289,251	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	1,061,200	0.000000	0.000000	338	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	245,078	0.000000	0.000000	0	68.02
69.00	06900	ELECTROCARDIOLOGY	118,094	6,473,172	0.018244	0.018244	1,204,186	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,562,799	0.000000	0.000000	6,605,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,947,271	0.000000	0.000000	4,871,709	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,410,022	0.000000	0.000000	26,442,424	73.00
74.00	07400	RENAL DIALYSIS	0	1,011,193	0.000000	0.000000	859,414	74.00
76.00	03020	RADIATION ONCOLOGY	0	8,785,865	0.000000	0.000000	61,507	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,040,833	0.000000	0.000000	3,154	90.00
90.01	09001	DIABETES CLINIC	0	22,178	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	745	0.000000	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,171,143	0.000000	0.000000	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	300,715	50,927,225	0.005905	0.005905	5,813,740	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0	0	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,791,172	0.000000	0.000000	889,146	92.00
200.00		Total (lines 50-199)	418,809	555,408,253			110,384,640	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:34 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	11,354,401	0	50.00
51.00	05100 RECOVERY ROOM	0	1,176,077	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,431,303	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,413,142	0	54.00
54.01	05401 RADIOLOGY - I-65	0	4,884,179	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	112,808	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	146,435	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	6,714,258	0	55.01
55.02	03140 RADIOLOGY	0	1,691,862	0	55.02
55.03	03450 RADIOLOGY-DIAGNOSTIC	0	827,537	0	55.03
60.00	06000 LABORATORY	0	5,529,630	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	488,874	0	65.00
66.00	06600 PHYSICAL THERAPY	0	31,387	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	38,963	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	13,039	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	20,186	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	10,232	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	9,639	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	5,789	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	4,300	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	4,331	0	68.02
69.00	06900 ELECTROCARDIOLOGY	21,969	1,693,203	30,891	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,797,149	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,424,170	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,681,586	0	73.00
74.00	07400 RENAL DIALYSIS	0	25,756	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	3,908,868	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	569,312	0	90.00
90.01	09001 DIABETES CLINIC	0	2,993	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	90.04
91.00	09100 EMERGENCY	34,330	6,577,486	38,840	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,320,833	0	92.00
200.00	Total (lines 50-199)	56,299	86,909,728	69,731	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 2:34 pm
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Title XVIII		Hospital		PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.268779	11,354,401	0	0	3,051,825	50.00
51.00	05100	RECOVERY ROOM	0.566889	1,176,077	0	0	666,705	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.115654	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.060079	2,431,303	0	0	146,070	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152117	25,413,142	0	0	3,865,771	54.00
54.01	05401	RADIOLOGY - I-65	0.128805	4,884,179	0	0	629,107	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.305513	112,808	0	0	34,464	54.02
54.03	05403	LOWELL RADIOLOGY	0.315194	146,435	0	0	46,155	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.187924	6,714,258	0	0	1,261,770	55.01
55.02	03140	CARDIOLOGY	0.157968	1,691,862	0	0	267,260	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.200982	827,537	0	0	166,320	55.03
60.00	06000	LABORATORY	0.160353	5,529,630	3,871	0	886,693	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.168240	488,874	0	0	82,248	65.00
66.00	06600	PHYSICAL THERAPY	0.434586	31,387	0	0	13,640	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.338696	38,963	0	0	13,197	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.216856	13,039	0	0	2,828	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.319350	20,186	0	0	6,446	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0.441032	10,232	0	0	4,513	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.230403	9,639	0	0	2,221	67.02
68.00	06800	SPEECH PATHOLOGY	0.286298	5,789	0	0	1,657	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.321193	4,300	0	0	1,381	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.257653	4,331	0	0	1,116	68.02
69.00	06900	ELECTROCARDIOLOGY	0.161657	1,693,203	0	0	273,718	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.185553	2,797,149	0	0	519,019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.967527	2,424,170	0	0	2,345,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180283	6,681,586	0	40,423	1,204,576	73.00
74.00	07400	RENAL DIALYSIS	0.543074	25,756	0	0	13,987	74.00
76.00	03020	RADIATION ONCOLOGY	0.368971	3,908,868	0	0	1,442,259	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.779010	569,312	31,164	0	443,500	90.00
90.01	09001	DIABETES CLINIC	6.407882	2,993	0	0	19,179	90.01
90.02	09002	OUTPATIENT CLINICS	784.408054	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.748640	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCSAN POINT	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.205336	6,577,486	0	0	1,350,595	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.671863	1,320,833	0	0	887,419	92.00
200.00		Subtotal (see instructions)		86,909,728	35,035	40,423	19,651,089	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		86,909,728	35,035	40,423	19,651,089	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 2:34 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - I-65	0	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0		55.01
55.02 03140 RADIOLOGY	0	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0		55.03
60.00 06000 LABORATORY	621	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,288		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RADIATION ONCOLOGY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	24,277	0		90.00
90.01 09001 DIABETES CLINIC	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0		91.01
91.02 09102 EXPRESS CARE	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	24,898	7,288		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	24,898	7,288		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0126 Component CCN: 15-T126		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/30/2017 2:34 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,965,914	60,619,308	0.048927	12,575	615	50.00
51.00	05100	RECOVERY ROOM	570,881	6,592,075	0.086601	4,282	371	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	156,448	5,855,496	0.026718	0	0	52.00
53.00	05300	ANESTHESIOLOGY	113,780	14,847,526	0.007663	641	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,903,852	119,365,465	0.024327	84,221	2,049	54.00
54.01	05401	RADIOLOGY - I-65	504,577	17,415,300	0.028973	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	2,565	274,813	0.009334	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	23,406	427,594	0.054739	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,039,368	30,743,594	0.033808	0	0	55.01
55.02	03140	CARDIOLOGY	272,006	9,241,637	0.029433	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	129,902	4,581,725	0.028352	0	0	55.03
60.00	06000	LABORATORY	765,707	77,457,041	0.009886	176,288	1,743	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	178,236	15,734,002	0.011328	126,940	1,438	65.00
66.00	06600	PHYSICAL THERAPY	180,748	3,021,166	0.059827	60,163	3,599	66.00
66.01	06601	PHYSICAL THERAPY I-65	33,493	3,201,698	0.010461	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	5,915	857,920	0.006895	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	13,224	1,160,385	0.011396	225,978	2,575	67.00
67.01	06701	OCCUPATION THERAPY I-65	6,708	539,564	0.012432	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	2,216	303,907	0.007292	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	6,219	718,141	0.008660	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	10,105	1,061,200	0.009522	6,441	61	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,943	245,078	0.007928	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	124,348	6,473,172	0.019210	8,028	154	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	245,677	23,562,799	0.010426	115,575	1,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	784,632	15,947,271	0.049202	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	542,484	66,410,022	0.008169	353,695	2,889	73.00
74.00	07400	RENAL DIALYSIS	25,612	1,011,193	0.025328	44,345	1,123	74.00
76.00	03020	RADIATION ONCOLOGY	1,167,380	8,785,865	0.132870	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,028	1,040,833	0.028850	0	0	90.00
90.01	09001	DIABETES CLINIC	7,578	22,178	0.341690	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	223,311	745	299.746309	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	66,580	1,171,143	0.056850	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	161	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,271,509	50,927,225	0.024967	0	0	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	9	0	0.000000	0	0	91.01
91.02	09102	EXPRESS CARE	12,446	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,791,172	0.000000	2,183	0	92.00
200.00		Total (lines 50-199)	14,388,968	555,408,253		1,221,355	17,827	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:34 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	55.01
55.02 03140 RADIOLOGY	0	0	0	0	0	55.02
55.03 03450 RADIOLOGY-NEURO-DIAGNOSTICS	0	0	0	0	0	55.03
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	0	0	0	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	118,094	0	118,094	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	419,883	0	419,883	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	537,977	0	537,977	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:34 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	60,619,308	0.000000	0.000000	12,575	50.00
51.00	05100 RECOVERY ROOM	0	6,592,075	0.000000	0.000000	4,282	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,855,496	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	14,847,526	0.000000	0.000000	641	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	119,365,465	0.000000	0.000000	84,221	54.00
54.01	05401 RADIOLOGY - I-65	0	17,415,300	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	274,813	0.000000	0.000000	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	427,594	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	30,743,594	0.000000	0.000000	0	55.01
55.02	03140 RADIOLOGY	0	9,241,637	0.000000	0.000000	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0	4,581,725	0.000000	0.000000	0	55.03
60.00	06000 LABORATORY	0	77,457,041	0.000000	0.000000	176,288	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	15,734,002	0.000000	0.000000	126,940	65.00
66.00	06600 PHYSICAL THERAPY	0	3,021,166	0.000000	0.000000	60,163	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	3,201,698	0.000000	0.000000	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	857,920	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	1,160,385	0.000000	0.000000	225,978	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	539,564	0.000000	0.000000	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	303,907	0.000000	0.000000	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	718,141	0.000000	0.000000	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	1,061,200	0.000000	0.000000	6,441	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	245,078	0.000000	0.000000	0	68.02
69.00	06900 ELECTROCARDIOLOGY	118,094	6,473,172	0.018244	0.018244	8,028	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,562,799	0.000000	0.000000	115,575	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,947,271	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	66,410,022	0.000000	0.000000	353,695	73.00
74.00	07400 RENAL DIALYSIS	0	1,011,193	0.000000	0.000000	44,345	74.00
76.00	03020 RADIATION ONCOLOGY	0	8,785,865	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,040,833	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CLINIC	0	22,178	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	745	0.000000	0.000000	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	1,171,143	0.000000	0.000000	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	419,883	50,927,225	0.008245	0.008245	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0.000000	0	91.01
91.02	09102 EXPRESS CARE	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,791,172	0.000000	0.000000	2,183	92.00
200.00	Total (lines 50-199)	537,977	555,408,253			1,221,355	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:34 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	0	0	55.01
55.02	03140 RADIOLOGY	0	0	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0	0	0	55.03
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	146	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (Lines 50-199)	146	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0126 Component CCN: 15-T126		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/30/2017 2:34 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,965,914	60,619,308	0.048927	0	0 50.00
51.00	05100	RECOVERY ROOM	570,881	6,592,075	0.086601	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	156,448	5,855,496	0.026718	0	0 52.00
53.00	05300	ANESTHESIOLOGY	113,780	14,847,526	0.007663	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,903,852	119,365,465	0.024327	0	0 54.00
54.01	05401	RADIOLOGY - I-65	504,577	17,415,300	0.028973	0	0 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	2,565	274,813	0.009334	0	0 54.02
54.03	05403	LOWELL RADIOLOGY	23,406	427,594	0.054739	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,039,368	30,743,594	0.033808	0	0 55.01
55.02	03140	CARDIOLOGY	272,006	9,241,637	0.029433	0	0 55.02
55.03	03450	NEURO-DIAGNOSTICS	129,902	4,581,725	0.028352	0	0 55.03
60.00	06000	LABORATORY	765,707	77,457,041	0.009886	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	178,236	15,734,002	0.011328	0	0 65.00
66.00	06600	PHYSICAL THERAPY	180,748	3,021,166	0.059827	0	0 66.00
66.01	06601	PHYSICAL THERAPY I-65	33,493	3,201,698	0.010461	0	0 66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	5,915	857,920	0.006895	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	13,224	1,160,385	0.011396	0	0 67.00
67.01	06701	OCCUPATION THERAPY I-65	6,708	539,564	0.012432	0	0 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	2,216	303,907	0.007292	0	0 67.02
68.00	06800	SPEECH PATHOLOGY	6,219	718,141	0.008660	0	0 68.00
68.01	06801	SPEECH PATHOLOGY I-65	10,105	1,061,200	0.009522	2,355	22 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,943	245,078	0.007928	0	0 68.02
69.00	06900	ELECTROCARDIOLOGY	124,348	6,473,172	0.019210	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	245,677	23,562,799	0.010426	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	784,632	15,947,271	0.049202	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	542,484	66,410,022	0.008169	0	0 73.00
74.00	07400	RENAL DIALYSIS	25,612	1,011,193	0.025328	0	0 74.00
76.00	03020	RADIATION ONCOLOGY	1,167,380	8,785,865	0.132870	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	30,028	1,040,833	0.028850	0	0 90.00
90.01	09001	DIABETES CLINIC	7,578	22,178	0.341690	0	0 90.01
90.02	09002	OUTPATIENT CLINICS	223,311	745	299.746309	0	0 90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	66,580	1,171,143	0.056850	0	0 90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	161	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	1,271,509	50,927,225	0.024967	0	0 91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	9	0	0.000000	0	0 91.01
91.02	09102	EXPRESS CARE	12,446	0	0.000000	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,791,172	0.000000	0	0 92.00
200.00		Total (lines 50-199)	14,388,968	555,408,253		2,355	22 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:34 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	55.01
55.02	03140 RADIOLOGY	0	0	0	0	0	55.02
55.03	03450 RADIOLOGY-DIAGNOSTICS	0	0	0	0	0	55.03
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	0	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0	0	118,094	0	118,094	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	419,883	0	419,883	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	537,977	0	537,977	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:34 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	60,619,308	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	6,592,075	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,855,496	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	14,847,526	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	119,365,465	0.000000	0.000000	0	54.00
54.01	05401 RADIOLOGY - I-65	0	17,415,300	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	274,813	0.000000	0.000000	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	427,594	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	30,743,594	0.000000	0.000000	0	55.01
55.02	03140 RADIOLOGY	0	9,241,637	0.000000	0.000000	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0	4,581,725	0.000000	0.000000	0	55.03
60.00	06000 LABORATORY	0	77,457,041	0.000000	0.000000	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	15,734,002	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	3,021,166	0.000000	0.000000	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	3,201,698	0.000000	0.000000	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	857,920	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	1,160,385	0.000000	0.000000	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	539,564	0.000000	0.000000	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	303,907	0.000000	0.000000	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	718,141	0.000000	0.000000	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	1,061,200	0.000000	0.000000	2,355	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	245,078	0.000000	0.000000	0	68.02
69.00	06900 ELECTROCARDIOLOGY	118,094	6,473,172	0.018244	0.018244	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,562,799	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,947,271	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	66,410,022	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	1,011,193	0.000000	0.000000	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	8,785,865	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,040,833	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CLINIC	0	22,178	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	745	0.000000	0.000000	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	1,171,143	0.000000	0.000000	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	419,883	50,927,225	0.008245	0.008245	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0.000000	0	91.01
91.02	09102 EXPRESS CARE	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,791,172	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	537,977	555,408,253			2,355	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:34 pm
Title XIX		Subprovider - IRF	Tefra

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	0	0	55.01
55.02	03140 RADIOLOGY	0	0	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0	0	0	55.03
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2017 2:34 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,542	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,542	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		26,461	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,278	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		37,307,491	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	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)		37,307,491	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		37,307,491	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,262.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,293,975	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		19,293,975	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 2:34 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,901,028	3,349	2,060.62	1,697	3,496,872	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,207,250	3,141	1,657.83	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				25,168,676		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				47,959,523		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				2,436,796		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,431,206		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				4,868,002		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				43,091,521		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
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 than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
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)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				3,081		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,262.86		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,890,872		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,148,049	37,307,491	0.111185	3,890,872	432,607	90.00
91.00	Nursing School cost	0	37,307,491	0.000000	3,890,872	0	91.00
92.00	Allied health cost	0	37,307,491	0.000000	3,890,872	0	92.00
93.00	All other Medical Education	0	37,307,491	0.000000	3,890,872	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 2:34 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,346	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,346	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,346	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		942	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,759,245	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	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)		3,759,245	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,759,245	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,792.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,630,912	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,630,912	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1		
		Component CCN: 15-T126				Date/Time Prepared: 5/30/2017 2:34 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						280,800		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,911,712		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						305,444		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						17,973		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						323,417		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,588,295		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
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 than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
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)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126 Component CCN: 15-T126		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 2:34 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	436,437	3,759,245	0.116097	0	0	90.00
91.00	Nursing School cost	0	3,759,245	0.000000	0	0	91.00
92.00	Allied health cost	0	3,759,245	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,759,245	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 2:34 pm
		Title XIX	Subprovider - IRF	Tefra
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,346	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,346	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,346	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		68	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,552	15.00
16.00	Nursery days (title V or XIX only)		883	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,759,245	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	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)		3,759,245	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,759,245	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,792.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		189,917	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		189,917	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Component CCN: 15-T126				Date/Time Prepared: 5/30/2017 2:34 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					756		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					190,673		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					22		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					22		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					190,651		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					12		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-190,651		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
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 than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					22		63.00
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)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126 Component CCN: 15-T126		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 2:34 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (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	3,759,245	0.000000	0	0	90.00
91.00	Nursing School cost	0	3,759,245	0.000000	0	0	91.00
92.00	Allied health cost	0	3,759,245	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,759,245	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,998,959	30.00
31.00	03100	INTENSIVE CARE UNIT		3,786,197	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.271046	8,043,235	2,180,087 50.00
51.00	05100	RECOVERY ROOM	0.566889	1,088,671	617,156 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.115654	7,126	824 52.00
53.00	05300	ANESTHESIOLOGY	0.060079	2,229,089	133,921 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152117	15,749,725	2,395,801 54.00
54.01	05401	RADIOLOGY - I-65	0.128805	59,058	7,607 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.305513	252	77 54.02
54.03	05403	LOWELL RADIOLOGY	0.315194	1,434	452 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.188190	8,859,859	1,667,337 55.01
55.02	03140	CARDIOLOGY	0.158285	2,079,073	329,086 55.02
55.03	03450	NEURO-DIAGNOSTICS	0.200982	615,990	123,803 55.03
60.00	06000	LABORATORY	0.160406	14,944,322	2,397,159 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.168531	7,804,894	1,315,367 65.00
66.00	06600	PHYSICAL THERAPY	0.434586	1,187,532	516,085 66.00
66.01	06601	PHYSICAL THERAPY I-65	0.338696	2,176	737 66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.216856	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.319350	671,953	214,588 67.00
67.01	06701	OCCUPATION THERAPY I-65	0.441032	316	139 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.230403	0	0 67.02
68.00	06800	SPEECH PATHOLOGY	0.286298	289,251	82,812 68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.321193	338	109 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.257653	0	0 68.02
69.00	06900	ELECTROCARDIOLOGY	0.162282	1,204,186	195,418 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.185553	6,605,066	1,225,590 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.967527	4,871,709	4,713,510 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180283	26,442,424	4,767,120 73.00
74.00	07400	RENAL DIALYSIS	0.543074	859,414	466,725 74.00
76.00	03020	RADIATION ONCOLOGY	0.368971	61,507	22,694 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.779010	3,154	2,457 90.00
90.01	09001	DIABETES CLINIC	6.407882	0	0 90.01
90.02	09002	OUTPATIENT CLINICS	784.408054	0	0 90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.748640	0	0 90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.205484	5,813,740	1,194,631 91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	0 91.01
91.02	09102	EXPRESS CARE	0.000000	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.671863	889,146	597,384 92.00
200.00		Total (sum of lines 50-94 and 96-98)		110,384,640	25,168,676 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		110,384,640	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 2:34 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		2,222,338		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.271046	12,575	3,408	50.00
51.00	05100 RECOVERY ROOM	0.566889	4,282	2,427	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.115654	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060079	641	39	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152117	84,221	12,811	54.00
54.01	05401 RADIOLOGY - I-65	0.128805	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.305513	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.315194	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.188190	0	0	55.01
55.02	03140 RADIOLOGY	0.158285	0	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.200982	0	0	55.03
60.00	06000 LABORATORY	0.160406	176,288	28,278	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.168531	126,940	21,393	65.00
66.00	06600 PHYSICAL THERAPY	0.434586	60,163	26,146	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.338696	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.216856	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.319350	225,978	72,166	67.00
67.01	06701 OCCUPATION THERAPY I-65	0.441032	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.230403	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.286298	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.321193	6,441	2,069	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.257653	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.162282	8,028	1,303	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.185553	115,575	21,445	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.967527	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180283	353,695	63,765	73.00
74.00	07400 RENAL DIALYSIS	0.543074	44,345	24,083	74.00
76.00	03020 RADIATION ONCOLOGY	0.368971	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.779010	0	0	90.00
90.01	09001 DIABETES CLINIC	6.407882	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	784.408054	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.748640	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.205484	0	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.671863	2,183	1,467	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,221,355	280,800	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,221,355		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 2:34 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,686,706	30.00
31.00	03100	INTENSIVE CARE UNIT		614,299	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		5,259,975	35.00
41.00	04100	SUBPROVIDER - I RF		163,813	41.00
43.00	04300	NURSERY		354,196	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.268779	1,561,272	50.00
51.00	05100	RECOVERY ROOM	0.566889	202,261	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.115654	1,006,952	52.00
53.00	05300	ANESTHESIOLOGY	0.060079	525,657	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152117	2,610,234	54.00
54.01	05401	RADIOLOGY - I-65	0.128805	3,658	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.305513	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.315194	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.187924	1,017,596	55.01
55.02	03140	CARDIOLOGY	0.157968	291,036	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.200982	96,155	55.03
60.00	06000	LABORATORY	0.160353	3,071,008	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.168240	1,116,008	65.00
66.00	06600	PHYSICAL THERAPY	0.434586	171,099	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.338696	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.216856	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.319350	53,252	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.441032	879	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.230403	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.286298	88,153	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.321193	2,230	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.257653	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.161657	126,626	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.185553	1,213,516	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.967527	375,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180283	6,189,858	73.00
74.00	07400	RENAL DIALYSIS	0.543074	34,209	74.00
76.00	03020	RADIATION ONCOLOGY	0.368971	14,158	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.779010	0	90.00
90.01	09001	DIABETES CLINIC	6.407882	0	90.01
90.02	09002	OUTPATIENT CLINICS	784.408054	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.748640	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	90.04
91.00	09100	EMERGENCY	0.205336	863,323	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.671863	122,514	92.00
200.00		Total (sum of lines 50-94 and 96-98)		20,757,449	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		20,757,449	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 2:34 pm	
		Title XIX	Subprovider - IRF	Tefra	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		352,143		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.268779	0	0	50.00
51.00	05100 RECOVERY ROOM	0.566889	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.115654	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060079	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152117	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0.128805	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.305513	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.315194	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.187924	0	0	55.01
55.02	03140 RADIOLOGY	0.157968	0	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.200982	0	0	55.03
60.00	06000 LABORATORY	0.160353	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.168240	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.434586	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.338696	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.216856	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.319350	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0.441032	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.230403	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.286298	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.321193	2,355	756	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.257653	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.161657	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.185553	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.967527	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180283	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.543074	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0.368971	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.779010	0	0	90.00
90.01	09001 DIABETES CLINIC	6.407882	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	784.408054	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.748640	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.205336	0	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.671863	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,355	756	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,355	756	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 2:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,638,800	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,603,096	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,000,008	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		5,786,803	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		199.58	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.43	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		2.78	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		2.35	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.58	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		1.58	12.00
13.00	Total allowable FTE count for the prior year.		1.56	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		1.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.60	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.60	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.008017	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.007379	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.007379	21.00
22.00	IME payment adjustment (see instructions)		125,780	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		23,298	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.77	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
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)		125,780	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		23,298	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.08	31.00
32.00	Sum of lines 30 and 31		14.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 2:34 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000131163	0.000133165	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	32,367,684		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		32,390,982	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,783,560	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		52,487	52.00
53.00	Nursing and Allied Health Managed Care payment		14,964	53.00
54.00	Special add-on payments for new technologies		4,143	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		56,299	58.00
59.00	Total (sum of amounts on lines 49 through 58)		35,302,435	59.00
60.00	Primary payer payments		9,312	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		35,293,123	61.00
62.00	Deductibles billed to program beneficiaries		3,068,016	62.00
63.00	Coinurance billed to program beneficiaries		73,010	63.00
64.00	Allowable bad debts (see instructions)		255,882	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		166,323	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		48,796	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		32,318,420	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-139,179	70.93
70.94	HRR adjustment amount (see instructions)		-54,576	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 2:34 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			84,564	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			32,040,101	71.00
71.01	Sequestration adjustment (see instructions)			640,802	71.01
72.00	Interim payments			31,460,847	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			-61,548	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2017 2:34 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,638,800	0	23,638,800		23,638,800	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,603,096	0		7,603,096	7,603,096	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,000,008	0	763,661	236,347	1,000,008	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,786,803	0	0	5,786,803	5,786,803	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007379	0.007379	0.007379	0.007379		5.00
6.00	IME payment adjustment (see instructions)	22.00	125,780	0	95,170	30,610	125,780	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	23,298	0	23,298	0	23,298	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	125,780	0	95,170	30,610	125,780	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	23,298	0	23,298	0	23,298	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	32,367,684	0	24,497,631	7,870,053	32,367,684	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	32,390,982	0	24,520,929	7,870,053	32,390,982	15.00
16.00	Payment for inpatient program capital	50.00	2,783,560	0	2,108,789	674,771	2,783,560	16.00
17.00	Special add-on payments for new technologies	54.00	4,143	0	2,071	2,071	4,142	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2017 2:34 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	26,631,789	8,546,895	35,178,684	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,511,616	0	1,896,118	615,498	2,511,616	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	185,796	0	147,635	38,161	185,796	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0045	0.0045	0.0045	0.0045		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	11,302	0	8,532	2,770	11,302	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0298	0.0298	0.0298	0.0298		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	74,846	0	56,504	18,342	74,846	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,783,560	0	2,108,789	674,771	2,783,560	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0126		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2017 2:34 pm	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,638,800	23,638,800		23,638,800	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,603,096		7,603,096	7,603,096	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,000,008	763,661	236,347	1,000,008	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,786,803	0	5,786,803	5,786,803	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007379	0.007379	0.007379		5.00
6.00	IME payment adjustment (see instructions)	22.00	125,780	95,170	30,610	125,780	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	23,298	0	23,298	23,298	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	125,780	95,170	30,610	125,780	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	23,298	0	23,298	23,298	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	32,367,684	24,497,631	7,870,053	32,367,684	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	32,390,982	24,497,631	7,893,351	32,390,982	15.00
16.00	Payment for inpatient program capital	50.00	2,783,560	2,108,789	674,771	2,783,560	16.00
17.00	Special add-on payments for new technologies	54.00	4,143	2,072	2,071	4,143	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			26,608,492	8,570,193	35,178,685	19.00

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,511,616	1,896,118	615,498	2,511,616	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	185,796	147,635	38,161	185,796	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0045	0.0045	0.0045		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	11,302	8,532	2,770	11,302	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0298	0.0298	0.0298		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	74,846	56,504	18,342	74,846	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,783,560	2,108,789	674,771	2,783,560	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-139,179	-63,383	-75,796	-139,179	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-54,576	-16,550	-38,026	-54,576	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	84,564	84,564	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/30/2017 2:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		32,186	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,581,358	2.00
3.00	PPS payments		15,376,914	3.00
4.00	Outlier payment (see instructions)		29,218	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		69,731	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		32,186	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		75,458	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		75,458	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		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)		75,458	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		43,272	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		32,186	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		15,475,863	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,307	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,137,546	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		12,364,196	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		20,307	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,384,503	30.00
31.00	Primary payer payments		4,788	31.00
32.00	Subtotal (line 30 minus line 31)		12,379,715	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		311,964	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		202,777	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		176,703	36.00
37.00	Subtotal (see instructions)		12,582,492	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,440	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,581,052	40.00
40.01	Sequestration adjustment (see instructions)		251,621	40.01
41.00	Interim payments		12,318,217	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		11,214	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part 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		31,435,747		12,318,217	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/15/2016	25,100		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		25,100		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		31,460,847		12,318,217	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
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	TENTATIVE 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 the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		11,214	6.01	
6.02	SETTLEMENT TO PROGRAM		61,548		0	6.02	
7.00	Total Medicare program liability (see instructions)		31,399,299		12,329,431	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0126
Component CCN: 15-T126

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2017 2:34 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part 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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,871,012		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
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			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,871,012		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
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	TENTATIVE 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 the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		24,947		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,895,959		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/30/2017 2:34 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			8,157 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			16,975 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,397 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			32,951 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			615,823,717 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			18,252,200 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			541,790 8.00
9.00	Sequestration adjustment amount (see instructions)			10,836 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			530,954 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			475,082 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			55,872 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126 Component CCN: 15-T126	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/30/2017 2:34 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,216,878 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0213 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			27,136 3.00
4.00	Outlier Payments			713,942 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by 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)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			3.677596 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,957,956 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,957,956 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,957,956 19.00
20.00	Deductibles			10,248 20.00
21.00	Subtotal (line 19 minus line 20)			1,947,708 21.00
22.00	Coinsurance			13,202 22.00
23.00	Subtotal (line 21 minus line 22)			1,934,506 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,934,506 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			146 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,934,652 32.00
32.01	Sequestration adjustment (see instructions)			38,693 32.01
33.00	Interim payments			1,871,012 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			24,947 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			713,942 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/30/2017 2:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.44	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			2.57	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			2.13	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.58	6.00
7.00	Enter the lesser of line 5 or line 6			1.58	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	1.58	1.58	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	1.58	1.58	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	1.58		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.56		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.61		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	1.58		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	1.58		17.00
18.00	Per resident amount	79,713.34	83,912.11		18.00
19.00	Approved amount for resident costs	0	132,581	132,581	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			132,581	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,917	3,438		26.00
27.00	Total Inpatient Days (see instructions)	38,010	38,010		27.00
28.00	Ratio of inpatient days to total inpatient days	0.471376	0.090450		28.00
29.00	Program direct GME amount	62,496	11,992		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,694		30.00
31.00	Net Program direct GME amount			72,794	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/30/2017 2:34 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,011,193	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		50,871,235	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		9,312	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		50,861,923	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		19,683,275	42.00
43.00	Primary payer payments (see instructions)		4,788	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		19,678,487	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		70,540,410	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.721032	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.278968	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		72,794	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		52,487	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		20,307	50.00

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

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet G

Date/Time Prepared:
5/30/2017 2:34 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	53,528,067	0	0	0	1.00
2.00	Temporary investments	5,654,676	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	29,700,897	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,662,879	0	0	0	6.00
7.00	Inventory	3,418,030	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,740,491	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	87,379,282	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,496,378	0	0	0	12.00
13.00	Land improvements	14,739,487	0	0	0	13.00
14.00	Accumulated depreciation	-6,684,486	0	0	0	14.00
15.00	Buildings	152,266,472	0	0	0	15.00
16.00	Accumulated depreciation	-69,054,179	0	0	0	16.00
17.00	Leasehold improvements	796,915	0	0	0	17.00
18.00	Accumulated depreciation	-361,408	0	0	0	18.00
19.00	Fixed equipment	160,394,680	0	0	0	19.00
20.00	Accumulated depreciation	-78,407,609	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	186,186,250	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	254,455	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,497,344	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,751,799	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	275,317,331	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,980,888	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,424,478	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	584,518	0	0	0	43.00
44.00	Other current liabilities	4,090,540	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,080,424	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-4,678,726	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-4,678,726	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,401,698	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	256,915,633				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	256,915,633	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	275,317,331	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-1

Date/Time Prepared:
5/30/2017 2:34 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		231,982,390		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		21,058,787			2.00
3.00	Total (sum of line 1 and line 2)		253,041,177		0	3.00
4.00	ADJUST FUND BALANCE	3,874,456		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,874,456		0	10.00
11.00	Subtotal (line 3 plus line 10)		256,915,633		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		256,915,633		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ADJUST FUND BALANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00			0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2017 2:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	40,257,895		40,257,895	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,505,615		3,505,615	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,763,510		43,763,510	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,565,593		7,565,593	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	12,327,088		12,327,088	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,892,681		19,892,681	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	63,656,191		63,656,191	17.00
18.00	Ancillary services	203,666,129	301,327,672	504,993,801	18.00
19.00	Outpatient services	14,303,360	39,033,009	53,336,369	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	0	1,041,898	1,041,898	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	281,625,680	341,402,579	623,028,259	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		195,751,655		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		195,751,655		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-3

Date/Time Prepared:
5/30/2017 2:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	623,028,259	1.00
2.00	Less contractual allowances and discounts on patients' accounts	409,540,735	2.00
3.00	Net patient revenues (line 1 minus line 2)	213,487,524	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	195,751,655	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,735,869	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	412,514	6.00
7.00	Income from investments	200,741	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	866,825	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	848,079	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	7,394	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	933,782	22.00
23.00	Governmental appropriations	0	23.00
24.00	OUTPATIENT REVENUE COMMERCIAL	264,165	24.00
24.01	OUTPATIENT REVENUE HHW	238,720	24.01
24.02	MEANINGFUL USE MEDICARE HOSPITAL	374,417	24.02
24.03	UTILITIES	110,850	24.03
24.04	EMERGENCY MEDICAL EDUCATION	119,168	24.04
24.05	MISCELLANEOUS - OTHER OPERATING	802,850	24.05
25.00	Total other income (sum of lines 6-24)	5,179,505	25.00
26.00	Total (line 5 plus line 25)	22,915,374	26.00
27.00	BAD DEBTS	1,459,159	27.00
27.01	MINORITY INTEREST	11,871	27.01
27.02	NON OPERATING REVENUE	385,557	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,856,587	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	21,058,787	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0126	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/30/2017 2:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,511,616	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		185,796	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		100.17	3.00
4.00	Number of interns & residents (see instructions)		1.60	4.00
5.00	Indirect medical education percentage (see instructions)		0.45	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		11,302	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.45	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.08	8.00
9.00	Sum of lines 7 and 8		14.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.98	10.00
11.00	Disproportionate share adjustment (see instructions)		74,846	11.00
12.00	Total prospective capital payments (see instructions)		2,783,560	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00