

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 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/31/2018 3:35 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for Full or "L" for Low.

Contractor use only

5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/31/2018 Time: 3:35 pm

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH CROWN POINT (15-0126) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(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	1,088,894	-80,425	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	1,088,894	-80,425	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 3:33 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:	Zip Code: 46307		County:				1.00	
2.00	City: CROWN POINT	State: IN							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									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)					01/01/2017	12/31/2017		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.					Y	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.						3	Y	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 days	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.	394	186	140	71	4,670	158		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	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 3:33 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.					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)(i) or (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)(i) or (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)	Y	N			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(b) 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
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
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)					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)					61.02

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
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)						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).						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)						61.05	
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)						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. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00
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. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00
							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)						62.00	0.00
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) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						62.01	0.00
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 through 67. (see instructions)						63.00	N
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
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)						64.00	0.000000

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	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	
			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)	EMERGEMCY MED	3450	0.00	1.88	0.000000	67.00
				1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS 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 is 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.			N			75.00

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		1.00	2.00	3.00	
76.00	If line 75 is 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.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? 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
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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a 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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				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

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		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	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 Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					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	115.00
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:	773,510		0		0		118.01
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
DO NOT USE THIS LINE								
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		119.00 120.00
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 healthcare related taxes as defined in §1903(w)(3) of the Act? 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.				Y	5.00		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
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								

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 3:33 pm	
		1.00		2.00			
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	
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.							
141.00	Name: FRANCISCAN ALLIANCE	Contractor's Name: WISCONSIN PHYSICIAN SERVICES (WPS)		Contractor's Number: 08001		141.00	
142.00	Street: 1717 W BROADWAY	PO Box:				142.00	
143.00	City: MADISON	State:		Zip Code: 53713-1834		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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
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)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	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	
		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	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	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)					0	
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)					0.00	
		Beginning		Ending			
		1.00		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 3:33 pm	
		1.00	2.00	
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 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 3:33 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					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 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 3:33 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.	SCOTT	CLAYTON		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. 32580	SCOTT.CLAYTON@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 3:33 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 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 3:33 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	172	61,009	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)		172	61,009	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	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	20	6,488	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		214	75,527	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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)		214				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)		19	5,147			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 3:33 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,712	461	25,104			1.00
2.00 HMO and other (see instructions)	0	4,670				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,712	461	25,104			7.00
8.00 INTENSIVE CARE UNIT	1,572	41	3,143			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	0	2,386			12.00
13.00 NURSERY		289	2,573			13.00
14.00 Total (see instructions)	15,284	791	33,206	1.88	959.01	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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)				1.88	959.01	27.00
28.00 Observation Bed Days		761	5,601			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	158	3,628			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
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 3:33 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	3,194	1,533	7,384	1.00
2.00 HMO and other (see instructions)				0	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	3,194	1,533	7,384		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							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				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet S-3 Part II Date/Time Prepared: 5/31/2018 3:33 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	61,529,560	0	61,529,560	1,994,732.23	30.85	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	10,448	10,448	224.45	46.55	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,083,423	0	1,083,423	37,346.50	29.01	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,555,713	0	1,555,713	26,184.00	59.41	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		789,741	0	789,741	4,817.75	163.92	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		10,459,233	0	10,459,233	337,112.00	31.03	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		14,603,758	0	14,603,758			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		226,665	0	226,665			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		4,597,437	0	4,597,437			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2018 3:33 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	858,219	0	858,219	27,664.20	31.02 26.00
27.00	Administrative & General	5.00	3,920,551	-10,448	3,910,103	94,713.48	41.28 27.00
28.00	Administrative & General under contract (see inst.)		356,767	3,525	360,292	0.00	0.00 28.00
29.00	Maintenance & Repairs	6.00	1,042,144	0	1,042,144	35,488.35	29.37 29.00
30.00	Operation of Plant	7.00	1,341,666	0	1,341,666	48,827.81	27.48 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00 31.00
32.00	Housekeeping	9.00	1,427,587	0	1,427,587	104,859.27	13.61 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00 33.00
34.00	Dietary	10.00	1,367,475	-978,506	388,969	26,803.90	14.51 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00 35.00
36.00	Cafeteria	11.00	0	978,506	978,506	54,116.53	18.08 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	2,744,552	0	2,744,552	76,709.24	35.78 38.00
39.00	Central Services and Supply	14.00	342,287	0	342,287	21,032.32	16.27 39.00
40.00	Pharmacy	15.00	2,368,718	0	2,368,718	61,839.65	38.30 40.00
41.00	Medical Records & Medical Records Library	16.00	492,921	0	492,921	12,654.12	38.95 41.00
42.00	Social Service	17.00	1,993,178	0	1,993,178	58,866.40	33.86 42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2018 3:33 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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)	61,886,327	-6,923	61,879,404	1,994,507.78	31.02	1.00
2.00	Excluded area salaries (see instructions)	1,083,423	0	1,083,423	37,346.50	29.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	60,802,904	-6,923	60,795,981	1,957,161.28	31.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,804,687	0	12,804,687	368,113.75	34.78	4.00
5.00	Subtotal wage-related costs (see inst.)	19,201,195	0	19,201,195	0.00	31.58	5.00
6.00	Total (sum of lines 3 thru 5)	92,808,786	-6,923	92,801,863	2,325,275.03	39.91	6.00
7.00	Total overhead cost (see instructions)	18,256,065	-6,923	18,249,142	623,575.27	29.27	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2018 3:33 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		853,832	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)		2,930,000	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)		7,650,066	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		652,365	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		27,532	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)		485,881	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		-218,397	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		4,337,501	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		1,062	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		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		16,719,842	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 01/01/2017
To 12/31/2017

Worksheet S-3
Part V
Date/Time Prepared:
5/31/2018 3:33 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
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			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 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/31/2018 3:33 pm	
				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)			0.238734	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			13,626,439	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 and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			68,545,727	6.00
7.00	Medicaid cost (line 1 times line 6)			16,364,196	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)			2,737,757	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
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (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)			2,737,757	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	7,551,875	8,701,477	16,253,352	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,802,889	8,701,477	10,504,366	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,802,889	8,701,477	10,504,366	23.00
				1.00	
24.00	Does the amount on 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, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			1,808,460	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			334,793	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			515,067	27.01
28.00	Non-Medicare bad debt expense (see instructions)			1,293,393	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			489,051	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,993,417	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,731,174	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/31/2018 3:33 pm

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		16,141,521		13,409,311	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	7,242,706	7,242,706	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	858,219	17,429,153	206,221	18,493,593	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,920,551	35,822,870	551,015	40,294,436	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,042,144	1,187,114	0	2,229,258	6.00
7.00	00700	OPERATION OF PLANT	1,341,666	3,349,619	0	4,691,285	7.00
7.01	00701	OPERATION OF PLANT - FP	0	791,264	0	791,264	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	542,337	0	542,337	8.00
9.00	00900	HOUSEKEEPING	1,331,223	321,476	0	1,652,699	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	96,364	16,074	0	112,438	9.01
10.00	01000	DIETARY	1,367,475	1,045,168	2,412,643	686,260	10.00
11.00	01100	CAFETERIA	0	0	1,726,383	1,726,383	11.00
13.00	01300	NURSING ADMINISTRATION	2,744,552	284,562	3,029,114	3,028,393	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	342,287	1,807,310	2,149,597	2,123,234	14.00
15.00	01500	PHARMACY	2,368,718	5,963,463	8,332,181	3,463,109	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	492,921	2,013,825	2,506,746	2,506,746	16.00
17.00	01700	SOCIAL SERVICE	1,993,178	437,566	2,430,744	2,430,744	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	10,448	10,448	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	228,030	228,030	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	185,404	76,332	261,736	260,676	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	48,527	1,193	49,720	49,720	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,208,781	4,232,298	22,441,079	20,980,151	30.00
31.00	03100	INTENSIVE CARE UNIT	2,533,616	704,419	3,238,035	3,178,618	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,959,427	861,680	2,821,107	2,786,033	35.00
43.00	04300	NURSERY	0	0	0	1,334,021	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,604,741	14,101,370	18,706,111	10,044,275	50.00
51.00	05100	RECOVERY ROOM	1,369,427	132,748	1,502,175	1,476,250	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	145,725	13,952	159,677	159,677	52.00
53.00	05300	ANESTHESIOLOGY	0	1,524,665	1,524,665	1,460,687	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,887,908	4,408,529	8,296,437	8,089,800	54.00
54.01	05401	RADIOLOGY - I-65	424,086	333,046	757,132	756,772	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	28,958	57,369	86,327	86,327	54.02
54.03	05403	LOWELL RADIOLOGY	48,538	14,542	63,080	63,080	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	775,197	3,617,903	4,393,100	799,802	55.01
55.02	03140	CARDIOLOGY	589,695	367,145	956,840	714,330	55.02
55.03	03450	NEURO-DIAGNOSTICS	350,918	64,775	415,693	415,602	55.03
60.00	06000	LABORATORY	0	8,580,350	8,580,350	8,575,721	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,048,038	245,509	1,293,547	1,283,287	65.00
66.00	06600	PHYSICAL THERAPY	561,979	70,648	632,627	631,876	66.00
66.01	06601	PHYSICAL THERAPY I-65	437,235	6,959	444,194	442,994	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	93,003	26,537	119,540	119,184	66.02
67.00	06700	OCCUPATIONAL THERAPY	231,171	346	231,517	231,297	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	79,944	1,834	81,778	81,515	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	40,185	209	40,394	40,394	67.02
68.00	06800	SPEECH PATHOLOGY	162,119	1,785	163,904	163,904	68.00
68.01	06801	SPEECH PATHOLOGY I-65	140,397	327	140,724	140,724	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	43,877	607	44,484	44,484	68.02
69.00	06900	ELECTROCARDIOLOGY	355,232	16,507	371,739	371,555	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,900,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,277,410	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,868,915	73.00
74.00	07400	RENAL DIALYSIS	0	366,151	366,151	365,927	74.00
76.00	03020	RADIATION ONCOLOGY	381,872	455,374	837,246	833,527	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	176,271	37,147	213,418	213,418	90.00
90.01	09001	DIABETES CLINIC	71,915	3,657	75,572	75,572	90.01
90.02	09002	OUTPATIENT CLINICS	0	2,468	2,468	2,468	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	444,937	270,921	715,858	710,924	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	9,480	275	9,755	9,755	90.04
91.00	09100	EMERGENCY	3,342,167	2,717,447	6,059,614	5,957,149	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					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		8,857,551	8,857,551	3,346,860	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,680,068	139,327,897	200,007,965	200,008,144	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet A Date/Time Prepared: 5/31/2018 3:33 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	820,511	48,036	868,547	-15	868,532	192.00
194.00	07950	FHC	0	102	102	0	102	194.00
194.01	07951	CONVENT	0	3,942	3,942	-164	3,778	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	425,391	425,391	0	425,391	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	-131,479	-131,479	0	-131,479	194.03
194.04	07954	CENTER OF HOPE	28,981	11,954	40,935	0	40,935	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	61,529,560	139,685,843	201,215,403	0	201,215,403	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/31/2018 3:33 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	-5,069,550	8,339,761	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-567	7,242,139	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,360,320	22,853,913	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-23,772,246	16,522,190	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,229,258	6.00
7.00	00700	OPERATION OF PLANT	-103,629	4,587,656	7.00
7.01	00701	OPERATION OF PLANT - FP	0	791,264	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	542,337	8.00
9.00	00900	HOUSEKEEPING	0	1,652,699	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	-12,621	99,817	9.01
10.00	01000	DIETARY	-138,710	547,550	10.00
11.00	01100	CAFETERIA	-919,885	806,498	11.00
13.00	01300	NURSING ADMINISTRATION	-23,212	3,005,181	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-250,792	1,872,442	14.00
15.00	01500	PHARMACY	-825,799	2,637,310	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,239,684	1,267,062	16.00
17.00	01700	SOCIAL SERVICE	0	2,430,744	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,448	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	228,030	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-109,348	151,328	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	-69,880	-20,160	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,837,631	18,142,520	30.00
31.00	03100	INTENSIVE CARE UNIT	-64,897	3,113,721	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-465,743	2,320,290	35.00
43.00	04300	NURSERY	0	1,334,021	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,367,057	8,677,218	50.00
51.00	05100	RECOVERY ROOM	0	1,476,250	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42	159,719	52.00
53.00	05300	ANESTHESIOLOGY	-1,140,060	320,627	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-38,320	8,051,480	54.00
54.01	05401	RADIOLOGY - I-65	0	756,772	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	8,162	94,489	54.02
54.03	05403	LOWELL RADIOLOGY	1,708	64,788	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	-7,602	792,200	55.01
55.02	03140	CARDIOLOGY	-4,028	710,302	55.02
55.03	03450	NEURO-DIAGNOSTICS	-17,085	398,517	55.03
60.00	06000	LABORATORY	-50,070	8,525,651	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-29,899	1,253,388	65.00
66.00	06600	PHYSICAL THERAPY	3,365	635,241	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	442,994	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	4,739	123,923	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	231,297	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	81,515	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	40,394	67.02
68.00	06800	SPEECH PATHOLOGY	0	163,904	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	140,724	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	44,484	68.02
69.00	06900	ELECTROCARDIOLOGY	-3,633	367,922	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,900,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,277,410	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,868,915	73.00
74.00	07400	RENAL DIALYSIS	0	365,927	74.00
76.00	03020	RADIATION ONCOLOGY	-25,000	808,527	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-12,031	201,387	90.00
90.01	09001	DIABETES CLINIC	0	75,572	90.01
90.02	09002	OUTPATIENT CLINICS	0	2,468	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	-301,222	409,702	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	9,755	90.04
91.00	09100	EMERGENCY	-1,453,889	4,503,260	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			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-3,346,860	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-39,322,614	160,685,530	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	868,532	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

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	102	194.00
194.01	07951 CONVENT	0	3,778	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	0	425,391	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	-131,479	194.03
194.04	07954 CENTER OF HOPE	0	40,935	194.04
200.00	TOTAL (SUM OF LINES 118 through 199)	-39,322,614	161,892,789	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	978,506	747,877	1.00
	O		978,506	747,877	
B - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,333	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	10,448	0	2.00
	O		10,448	2,333	
D - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,140,493	1.00
	O		0	7,140,493	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,900,789	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
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
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
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	O		0	2,900,789	
F - PROPERTY INSURANCE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	102,213	1.00
	O		0	102,213	
G - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	225,697	1.00
	O		0	225,697	
H - INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	210,631	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	787,724	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,840	3.00
	O		0	1,000,195	
I - NURSERY					
1.00	NURSERY	43.00	1,089,644	244,377	1.00
	O		1,089,644	244,377	
J - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,868,915	1.00
	O		0	4,868,915	
K - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,277,410	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
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	O		0	10,277,410	

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
L - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,510,691	1.00	
	0		0	5,510,691		
500.00	Grand Total: Increases		2,078,598	33,020,990	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

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		
A - CAFETERIA							
1.00	DIETARY	10.00	978,506	747,877	0		1.00
	O		978,506	747,877			
B - MEDICAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,333	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	10,448	0	0		2.00
	O		10,448	2,333			
D - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,140,493	9		1.00
	O		0	7,140,493			
E - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,410	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	71	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	721	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,840	0		4.00
5.00	PHARMACY	15.00	0	157	0		5.00
6.00	PARAMED PRGM-(SPECIFY)	23.00	0	1,060	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	126,907	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	50,558	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	35,074	0		9.00
11.00	OPERATING ROOM	50.00	0	1,771,288	0		11.00
12.00	RECOVERY ROOM	51.00	0	25,925	0		12.00
14.00	ANESTHESIOLOGY	53.00	0	63,978	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	122,842	0		15.00
16.00	RADIOLOGY - I-65	54.01	0	360	0		16.00
17.00	CARDIAC CATHETERIZATION LAB	55.01	0	544,165	0		17.00
18.00	CARDIOLOGY	55.02	0	441	0		18.00
19.00	NEURO-DIAGNOSTICS	55.03	0	91	0		19.00
20.00	LABORATORY	60.00	0	4,629	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	10,260	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	751	0		22.00
23.00	PHYSICAL THERAPY I-65	66.01	0	1,200	0		23.00
24.00	PHYSICAL THERAPY ST JOHN	66.02	0	356	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	220	0		25.00
26.00	OCCUPATION THERAPY I-65	67.01	0	263	0		26.00
30.00	ELECTROCARDIOLOGY	69.00	0	184	0		30.00
31.00	RENAL DIALYSIS	74.00	0	224	0		31.00
32.00	RADIATION ONCOLOGY	76.00	0	3,719	0		32.00
35.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	4,934	0		35.00
36.00	EMERGENCY	91.00	0	101,982	0		36.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	15	0		38.00
39.00	CONVENT	194.01	0	164	0		39.00
	O		0	2,900,789			
F - PROPERTY INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	102,213	11		1.00
	O		0	102,213			
G - INTERNS AND RESIDENTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	225,697	0		1.00
	O		0	225,697			
H - INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	210,631	14		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	787,724	14		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,840	14		3.00
	O		0	1,000,195			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,089,644	244,377	0		1.00
	O		1,089,644	244,377			
J - PHARMACY							
1.00	PHARMACY	15.00	0	4,868,915	0		1.00
	O		0	4,868,915			
K - IMPLANT RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,523	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	8,859	0		2.00
3.00	OPERATING ROOM	50.00	0	6,890,548	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	83,795	0		4.00
5.00	CARDIAC CATHETERIZATION LAB	55.01	0	3,049,133	0		5.00
8.00	CARDIOLOGY	55.02	0	242,069	0		8.00
9.00	EMERGENCY	91.00	0	483	0		9.00
	O		0	10,277,410			
L - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	5,510,691	11		1.00
	O		0	5,510,691			
500.00	Grand Total: Decreases		2,078,598	33,020,990			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2018 3:33 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,496,378	0	0	0	1.00	
2.00	Land Improvements	14,739,487	411,350	0	411,350	2.00	
3.00	Buildings and Fixtures	152,266,472	7,203,288	0	7,203,288	3.00	
4.00	Building Improvements	12,913,482	0	0	0	4.00	
5.00	Fixed Equipment	148,278,113	854,431	0	854,431	5.00	
6.00	Movable Equipment	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	340,693,932	8,469,069	0	8,469,069	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	340,693,932	8,469,069	0	8,469,069	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	15,150,837	5,235,418			2.00	
3.00	Buildings and Fixtures	159,469,760	3,214,366			3.00	
4.00	Building Improvements	12,913,482	2,576,047			4.00	
5.00	Fixed Equipment	144,713,692	40,413,005			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)	344,744,149	51,438,836			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	344,744,149	51,438,836			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2018 3:33 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	15,094,801	0	0	1,046,720	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)	15,094,801	0	0	1,046,720	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	16,141,521				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	16,141,521				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2018 3:33 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	187,116,975	0	187,116,975	0.542771	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	157,627,175	0	157,627,175	0.457229	0	2.00
3.00	Total (sum of lines 1-2)	344,744,150	0	344,744,150	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	7,954,308	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,140,493	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,094,801	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	5,358,854	1,046,720	0	-6,020,121	8,339,761	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	102,213	0	0	-567	7,242,139	2.00
3.00	Total (sum of lines 1-2)	5,461,067	1,046,720	0	-6,020,688	15,581,900	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/31/2018 3:33 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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-7,486	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	-7,520,770			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	-25,807,449			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-919,885	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees 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 and allied health education (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

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/31/2018 3:33 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
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	4,362,000		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 ADVERTISING	A		125	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 NON ALLOWABLE INTEREST EXP	A	-3,378,001		INTEREST EXPENSE	113.00	0	33.02
33.03 UNCLAIMED PROPERTY RECEIPTS	B	-654		ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 MISCELLANEOUS - OTHER OPERATING	B	-28,605		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			CAP REL COSTS-MVBLE EQUIP	2.00	14	33.06
33.07 LOBBYING DUES	A	-3,037		ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08 PATIENT/PHYSICIAN TELEPHONE	A			ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 PATIENT ACCOUNTING MISC. REV	B	-8,120		ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10 HEALTH PROMOTION/WELLNES REVENUE	B	-1,680		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11 EDUCATION MISC REV	B			ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 HUMAN RESOURCES MISC REV	B			EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13 OTHER OPERATING REV - PHYSICIAN	B			ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14 REST HOME -- UTILITIES	B	-103,629		OPERATION OF PLANT	7.00	0	33.14
33.15 MASSAGE THERAPY REV	B	-17,625		RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16 MISC INCOME	B	-479,861		ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17 SPIRITUAL CARE - MISC REV	B	-8,631		ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18 SOCIAL ACCOUNTABILITY (DEPT. 9910)	A	-36,572		ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19 CHILDBIRTH CLASS REVENUE	B	-1,580		ADULTS & PEDIATRICS	30.00	0	33.19
33.20 SAFESTTER PROGRAM REVENUE	B	-7,040		ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21 MISCELLANEOUS - OTHER OPERATING	B			ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22 MAIL ROOM	B	-12,153		ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23 CLINIC MISC REV	B			CLINIC	90.00	0	33.23
33.24 OTHER NURSING REV	B	-2,562		NURSING ADMINISTRATION	13.00	0	33.24
33.25 OTHER REVENUE -- RADIOLOGY	B	-7,950		RADIOLOGY-DIAGNOSTIC	54.00	0	33.25
33.26 ADMIN PROPERTY TAXES	A	-782		ADMINISTRATIVE & GENERAL	5.00	0	33.26
33.27 RADIOLOGY DIAGNOSTICS PROPERTY TAXE	A	31,263		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	-40,806		ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30 ST. JOHN DIAGNOSTIC PROPERTY TAX	A	8,162		RADIOLOGY DIAGNOSTIC - SJ	54.02	0	33.30
33.31 CHERRY CREEK PHYSICAL THERAPY PROPE	A	3,365		PHYSICAL THERAPY	66.00	0	33.31
33.32 ST. CLARE CLINIC PROPERTY TAXES	A			CLINIC	90.00	0	33.32
33.33 ENVIRONMENTAL SVCS - FP	B	-12,621		ENVIRONMENTAL SERVICES - FP	9.01	0	33.33
33.34 MISCELLANEOUS - OTHER OPERATING	B			INTEREST EXPENSE	113.00	0	33.34
33.35 MISCELLANEOUS - OTHER OPERATING	B	-12,000		ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36 MISCELLANEOUS - OTHER OPERATING	B			EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.36
33.37 DISCOUNTS EARNED/REBATES	B			OPERATION OF PLANT	7.00	0	33.37
33.38 DISCOUNTS EARNED/REBATES	B	-114,106		DIETARY	10.00	0	33.38
33.39 DISCOUNTS EARNED/REBATES	B	-151,890		CENTRAL SERVICES & SUPPLY	14.00	0	33.39
33.40 DISCOUNTS EARNED/REBATES	B	-98,902		CENTRAL SERVICES & SUPPLY	14.00	0	33.40
33.41 DISCOUNTS EARNED/REBATES	B	-260,389		PHARMACY	15.00	0	33.41
33.42 DISCOUNTS EARNED/REBATES	B	-80,987		ADULTS & PEDIATRICS	30.00	0	33.42
33.43 DISCOUNTS EARNED/REBATES	B	-142,193		OPERATING ROOM	50.00	0	33.43
33.44 DISCOUNTS EARNED/REBATES	B	-5,107		RESPIRATORY THERAPY	65.00	0	33.44
33.45 MISCELLANEOUS - OTHER OPERATING	B	-1,610		RADIOLOGY-DIAGNOSTIC	54.00	0	33.45
33.46 MISCELLANEOUS - OTHER OPERATING	B	-24,604		DIETARY	10.00	0	33.46

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		
33.47 MISCELLANEOUS - OTHER OPERATING	B	0	EMERGENCY	91.00	0	33.47	
33.48 MISCELLANEOUS - OTHER OPERATING	B	-100	ADMINISTRATIVE & GENERAL	5.00	0	33.48	
33.49 MISCELLANEOUS - OTHER OPERATING	B	-12,345	ADULTS & PEDIATRICS	30.00	0	33.49	
33.50 MISCELLANEOUS - OTHER OPERATING	B	-1,920	OPERATING ROOM	50.00	0	33.50	
33.51 APPLICATION PROCESSING FEES	B	-20,650	NURSING ADMINISTRATION	13.00	0	33.51	
33.52 DISCOUNTS EARNED/REBATES	B	-24,010	LABORATORY	60.00	0	33.52	
33.53 DISCOUNTS EARNED/REBATES	B	-42,398	RADIOLOGY-DIAGNOSTIC	54.00	0	33.53	
33.54 HAF FEES	A	-4,120,440	ADMINISTRATIVE & GENERAL	5.00	0	33.54	
33.55 WORKSHOP/SPEAKER INCOME	B	0	ADMINISTRATIVE & GENERAL	5.00	0	33.55	
33.56 ST. JOHN PHYSICAL THERAPY PROPERTY TAX	A	4,739	PHYSICAL THERAPY ST JOHN	66.02	0	33.56	
33.57 FP SURGERY CENTER PROPERTY TAX	A	9,065	OPERATING ROOM	50.00	0	33.57	
34.00 PRENATAL ASSISTANCE PROPERTY TAX	A	42	DELIVERY ROOM & LABOR ROOM	52.00	0	34.00	
34.01 LOWELL RADIOLOGY PROPERTY TAX	A	1,708	LOWELL RADIOLOGY	54.03	0	34.01	
34.02 EKG ALLIED HEALTH TUITION REVENUE	B	-69,880	ECHOCARDIOLOGY EDUCATION PROGRAM	23.01	0	34.02	
34.03 ER ALLIED HEALTH TUITION REVENUE.	B	-109,348	PARAMED ED PRGM-(SPECIFY)	23.00	0	34.03	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-39,322,614				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 01/01/2017
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:
5/31/2018 3:33 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	2,878,694	7,898,620 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	21,280,866	40,294,436 2.00
3.00	15.00	PHARMACY	COEP/PHARMACY	413,737	979,147 3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,267,062	2,506,746 4.00
4.01	113.00	INTEREST EXPENSE	INTEREST	8,888,712	8,857,571 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			34,729,071	60,536,520 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.

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 requested 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 01/01/2017
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:
5/31/2018 3:33 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	-5,019,926	14		1.00
2.00	-19,013,570	0		2.00
3.00	-565,410	0		3.00
4.00	-1,239,684	0		4.00
4.01	31,141	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-25,807,449			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 01/01/2017 To 12/31/2017		Worksheet A-8-2 Date/Time Prepared: 5/31/2018 3:33 pm	
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1.00	2.00	3.00	4.00	5.00	6.00	7.00	
Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	30.00 ADULTS & PEDIATRICS	2,813,268	2,682,583	130,685	197,500	743	1.00
2.00	31.00 INTENSIVE CARE UNIT	77,526	60,875	16,651	197,500	133	2.00
3.00	35.00 NEONATAL INTENSIVE CARE UNIT	688,500	395,239	293,261	197,500	2,346	3.00
4.00	50.00 OPERATING ROOM	1,357,345	961,217	396,128	197,500	1,320	4.00
5.00	53.00 ANESTHESIOLOGY	1,140,060	1,140,060	0	197,500	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	197,500	0	6.00
7.00	55.01 CARDIAC CATHETERIZATION LAB	20,800	0	20,800	197,500	139	7.00
8.00	55.02 RADIOLOGY	15,400	1,006	14,394	246,400	96	8.00
9.00	55.03 NEURO-DIAGNOSTICS	17,085	17,085	0	246,400	0	9.00
10.00	60.00 LABORATORY	50,000	21,954	28,046	239,400	208	10.00
11.00	65.00 RESPIRATORY THERAPY	24,792	24,792	0	197,500	0	11.00
12.00	69.00 ELECTROCARDIOLOGY	9,900	0	9,900	197,500	66	12.00
13.00	76.00 RADIATION ONCOLOGY	25,000	25,000	0	197,500	0	13.00
14.00	90.00 CLINIC	12,031	12,031	0	197,500	0	14.00
15.00	90.03 OCCUPATIONAL MEDICINE CLINIC	301,222	301,222	0	197,500	0	15.00
16.00	91.00 EMERGENCY	1,477,437	1,446,431	31,006	197,500	248	16.00
200.00		8,030,366	7,089,495	940,871		5,299	200.00

1.00	2.00	8.00	9.00	12.00	13.00	14.00	
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	30.00 ADULTS & PEDIATRICS	70,549	3,527	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	12,629	631	0	0	0	2.00
3.00	35.00 NEONATAL INTENSIVE CARE UNIT	222,757	11,138	0	0	0	3.00
4.00	50.00 OPERATING ROOM	125,336	6,267	0	0	0	4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.01 CARDIAC CATHETERIZATION LAB	13,198	660	0	0	0	7.00
8.00	55.02 RADIOLOGY	11,372	569	0	0	0	8.00
9.00	55.03 NEURO-DIAGNOSTICS	0	0	0	0	0	9.00
10.00	60.00 LABORATORY	23,940	1,197	0	0	0	10.00
11.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	69.00 ELECTROCARDIOLOGY	6,267	313	0	0	0	12.00
13.00	76.00 RADIATION ONCOLOGY	0	0	0	0	0	13.00
14.00	90.00 CLINIC	0	0	0	0	0	14.00
15.00	90.03 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	15.00
16.00	91.00 EMERGENCY	23,548	1,177	0	0	0	16.00
200.00		509,596	25,479	0	0	0	200.00

1.00	2.00	15.00	16.00	17.00	18.00	
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	30.00 ADULTS & PEDIATRICS	0	70,549	60,136	2,742,719	1.00
2.00	31.00 INTENSIVE CARE UNIT	0	12,629	4,022	64,897	2.00
3.00	35.00 NEONATAL INTENSIVE CARE UNIT	0	222,757	70,504	465,743	3.00
4.00	50.00 OPERATING ROOM	0	125,336	270,792	1,232,009	4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	1,140,060	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	6.00
7.00	55.01 CARDIAC CATHETERIZATION LAB	0	13,198	7,602	7,602	7.00
8.00	55.02 RADIOLOGY	0	11,372	3,022	4,028	8.00
9.00	55.03 NEURO-DIAGNOSTICS	0	0	0	17,085	9.00
10.00	60.00 LABORATORY	0	23,940	4,106	26,060	10.00
11.00	65.00 RESPIRATORY THERAPY	0	0	0	24,792	11.00
12.00	69.00 ELECTROCARDIOLOGY	0	6,267	3,633	3,633	12.00
13.00	76.00 RADIATION ONCOLOGY	0	0	0	25,000	13.00
14.00	90.00 CLINIC	0	0	0	12,031	14.00
15.00	90.03 OCCUPATIONAL MEDICINE CLINIC	0	0	0	301,222	15.00
16.00	91.00 EMERGENCY	0	23,548	7,458	1,453,889	16.00
200.00		0	509,596	431,275	7,520,770	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 3:33 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	8,339,761	8,339,761			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,242,139		7,242,139		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,853,913	76,071	8,605	22,938,589	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,522,190	2,150,634	448,293	1,478,328	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,229,258	15,903	63,531	394,013	6.00
7.00 00700	OPERATION OF PLANT	4,587,656	1,347,430	70,894	507,256	7.00
7.01 00701	OPERATION OF PLANT - FP	791,264	0	1,044	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	542,337	92,924	7,066	0	8.00
9.00 00900	HOUSEKEEPING	1,652,699	56,235	12,561	503,307	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	99,817	0	0	36,433	9.01
10.00 01000	DIETARY	547,550	256,408	53,147	147,061	10.00
11.00 01100	CAFETERIA	806,498	0	0	369,953	11.00
13.00 01300	NURSING ADMINISTRATION	3,005,181	216,031	738,174	1,037,657	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,872,442	210,980	61,751	129,412	14.00
15.00 01500	PHARMACY	2,637,310	26,725	1,476	895,563	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,267,062	114,582	4,046	186,363	16.00
17.00 01700	SOCIAL SERVICE	2,430,744	42,673	249	753,579	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	10,448	0	0	3,950	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	228,030	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	151,328	0	15,980	70,097	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	-20,160	0	19,718	18,347	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,142,520	784,761	308,021	6,472,416	30.00
31.00 03100	INTENSIVE CARE UNIT	3,113,721	162,903	143,624	957,907	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,320,290	198,873	175,912	740,818	35.00
43.00 04300	NURSERY	1,334,021	0	0	411,972	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,677,218	362,051	1,813,152	1,740,956	50.00
51.00 05100	RECOVERY ROOM	1,476,250	137,036	40,918	517,752	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	159,719	198,964	264	55,096	52.00
53.00 05300	ANESTHESIOLOGY	320,627	19,454	16,720	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,051,480	433,546	1,254,978	1,469,936	54.00
54.01 05401	RADIOLOGY - I-65	756,772	0	184,661	160,338	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	94,489	0	0	10,948	54.02
54.03 05403	LOWELL RADIOLOGY	64,788	0	16,398	18,351	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	792,200	87,704	523,428	293,086	55.01
55.02 03140	CARDIOLOGY	710,302	42,903	241,792	222,951	55.02
55.03 03450	NEURO-DIAGNOSTICS	398,517	25,638	16,392	132,675	55.03
60.00 06000	LABORATORY	8,525,651	137,893	852	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,253,388	26,908	43,643	396,241	65.00
66.00 06600	PHYSICAL THERAPY	635,241	55,913	2,686	212,472	66.00
66.01 06601	PHYSICAL THERAPY I-65	442,994	0	6,314	165,309	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	123,923	0	0	35,162	66.02
67.00 06700	OCCUPATIONAL THERAPY	231,297	0	0	87,401	67.00
67.01 06701	OCCUPATION THERAPY I-65	81,515	0	0	30,225	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	40,394	0	0	15,193	67.02
68.00 06800	SPEECH PATHOLOGY	163,904	0	0	61,294	68.00
68.01 06801	SPEECH PATHOLOGY I-65	140,724	0	0	53,081	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	44,484	0	0	16,589	68.02
69.00 06900	ELECTROCARDIOLOGY	367,922	58,010	21,577	134,306	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,900,789	0	42,643	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,277,410	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,868,915	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	365,927	7,898	0	0	74.00
76.00 03020	RADIATION ONCOLOGY	808,527	0	687,824	144,378	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	201,387	0	0	66,644	90.00
90.01 09001	DIABETES CLINIC	75,572	1,837	0	27,190	90.01
90.02 09002	OUTPATIENT CLINICS	2,468	147,291	1,174	0	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	409,702	12,673	4,684	168,221	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	9,755	0	0	3,584	90.04
91.00 09100	EMERGENCY	4,503,260	263,204	95,701	1,263,603	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					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
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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 through 117)	160,685,530	7,772,056	7,149,893	22,617,414	159,704,404	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	868,532	105,276	1,033	310,218	1,285,059	192.00
194.00	07950	FHC	102	0	0	0	102	194.00
194.01	07951	CONVENT	3,778	0	0	0	3,778	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	425,391	442,745	90,272	0	958,408	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	-131,479	19,684	0	0	-111,795	194.03
194.04	07954	CENTER OF HOPE	40,935	0	941	10,957	52,833	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 through 201)	161,892,789	8,339,761	7,242,139	22,938,589	161,892,789	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/31/2018 3:33 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	20,599,445					5.00
6.00	00600	MAINTENANCE & REPAIRS	393,722	3,096,427				6.00
7.00	00700	OPERATION OF PLANT	948,829	684,291	8,146,356			7.00
7.01	00701	OPERATION OF PLANT - FP	115,421	0	0	907,729		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	93,572	47,191	159,375	453,866	1,396,331	8.00
9.00	00900	HOUSEKEEPING	324,102	28,559	96,449	153,067	123,953	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	19,848	0	0	31,647	0	9.01
10.00	01000	DIETARY	146,284	130,216	439,772	0	16,806	10.00
11.00	01100	CAFETERIA	171,382	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	727,954	109,711	370,519	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	331,355	107,146	361,856	0	4,055	14.00
15.00	01500	PHARMACY	518,767	13,572	45,836	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	229,012	58,190	196,522	0	0	16.00
17.00	01700	SOCIAL SERVICE	470,135	21,672	73,190	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,097	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	33,219	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	34,584	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	2,608	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,744,992	398,539	1,345,961	0	705,197	30.00
31.00	03100	INTENSIVE CARE UNIT	637,796	82,730	279,399	0	48,001	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	500,531	100,997	341,091	0	33,137	35.00
43.00	04300	NURSERY	254,351	0	0	0	14,526	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,834,565	183,867	620,962	0	152,651	50.00
51.00	05100	RECOVERY ROOM	316,404	69,593	235,033	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,317	101,044	341,248	0	0	52.00
53.00	05300	ANESTHESIOLOGY	51,978	9,880	33,366	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,633,030	220,176	743,585	0	35,063	54.00
54.01	05401	RADIOLOGY - I-65	160,503	0	0	109,154	34,473	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	15,360	0	0	0	246	54.02
54.03	05403	LOWELL RADIOLOGY	14,500	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	247,129	44,540	150,423	0	12,227	55.01
55.02	03140	CARDIOLOGY	177,427	21,788	73,584	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	83,505	13,020	43,972	0	11,185	55.03
60.00	06000	LABORATORY	1,262,203	70,029	236,503	0	1,610	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	250,591	13,665	46,151	0	0	65.00
66.00	06600	PHYSICAL THERAPY	132,029	28,395	95,898	0	40,738	66.00
66.01	06601	PHYSICAL THERAPY I-65	89,536	0	0	119,298	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	23,175	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	46,427	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	16,278	0	0	14,672	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	8,098	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	32,806	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	28,233	0	0	26,025	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	8,897	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	84,757	29,460	99,495	0	8,303	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	428,790	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,497,182	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	709,289	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	54,458	4,011	13,546	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	239,016	0	0	0	7,032	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	39,046	0	0	0	842	90.00
90.01	09001	DIABETES CLINIC	15,238	933	3,150	0	7,466	90.01
90.02	09002	OUTPATIENT CLINICS	21,987	74,801	252,622	0	39,258	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	86,719	6,436	21,737	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	1,943	0	0	0	0	90.04
91.00	09100	EMERGENCY	892,384	133,668	451,428	0	99,562	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						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,264,361	2,808,120	7,172,673	907,729	1,396,331	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	187,204	53,464	180,561	0	0	192.00
194.00	07950	FHC	15	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
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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	
194.01	07951	CONVENT	550	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	139,618	224,847	759,362	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	9,996	33,760	0	0	194.03
194.04	07954	CENTER OF HOPE	7,697	0	0	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 through 201)	20,599,445	3,096,427	8,146,356	907,729	1,396,331	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

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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	
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	2,950,932				9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	187,745			9.01
10.00	01000	DIETARY	164,468	0	1,901,712		10.00
11.00	01100	CAFETERIA	0	0	0	1,347,833	11.00
13.00	01300	NURSING ADMINISTRATION	138,568	0	0	66,266	6,410,061
14.00	01400	CENTRAL SERVICES & SUPPLY	135,328	0	0	18,169	0
15.00	01500	PHARMACY	17,142	0	0	53,421	0
16.00	01600	MEDICAL RECORDS & LIBRARY	73,496	0	0	10,931	79,768
17.00	01700	SOCIAL SERVICE	27,372	0	0	50,852	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	5,218	1,153
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	654	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	503,368	0	1,703,953	483,349	3,666,455
31.00	03100	INTENSIVE CARE UNIT	104,491	0	197,759	63,658	516,391
35.00	02060	NEONATAL INTENSIVE CARE UNIT	127,562	0	0	44,231	444,221
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	232,230	0	0	118,315	630,146
51.00	05100	RECOVERY ROOM	87,899	0	0	34,050	288,568
52.00	05200	DELIVERY ROOM & LABOR ROOM	127,621	0	0	5,367	2,093
53.00	05300	ANESTHESIOLOGY	12,478	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	278,089	0	0	116,415	31,916
54.01	05401	RADIOLOGY - I-65	0	76,140	0	11,665	0
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	991	0
54.03	05403	LOWELL RADIOLOGY	0	0	0	1,645	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	CARDIAC CATHETERIZATION LAB	56,256	0	0	17,802	113,475
55.02	03140	CARDIOLOGY	27,519	0	0	13,956	2,406
55.03	03450	NEURO-DIAGNOSTICS	16,445	0	0	9,598	0
60.00	06000	LABORATORY	88,448	0	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	17,260	0	0	30,906	0
66.00	06600	PHYSICAL THERAPY	35,864	0	0	10,460	0
66.01	06601	PHYSICAL THERAPY I-65	0	83,217	0	8,601	0
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	1,843	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,686	0
67.01	06701	OCCUPATION THERAPY I-65	0	10,234	0	1,574	0
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	861	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,461	0
68.01	06801	SPEECH PATHOLOGY I-65	0	18,154	0	2,727	0
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	889	0
69.00	06900	ELECTROCARDIOLOGY	37,209	0	0	9,375	48,736
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	5,066	0	0	0	0
76.00	03020	RADIATION ONCOLOGY	0	0	0	9,694	19,942
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	4,190	0
90.01	09001	DIABETES CLINIC	1,178	0	0	1,441	16,842
90.02	09002	OUTPATIENT CLINICS	94,477	0	0	0	0
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	8,129	0	0	10,851	0
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	201	1,253
91.00	09100	EMERGENCY	168,827	0	0	98,688	546,696
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0
91.02	09102	EXPRESS CARE	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,586,790	187,745	1,901,712	1,327,001	6,410,061
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	67,527	0	0	20,188	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
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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	0 194.00
194.01 07951 CONVENT	0	0	0	0	0	0 194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	283,989	0	0	0	0	0 194.02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	12,626	0	0	0	0	0 194.03
194.04 07954 CENTER OF HOPE	0	0	0	644	0	0 194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	2,950,932	187,745	1,901,712	1,347,833	6,410,061	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/31/2018 3:33 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
		14.00	15.00	16.00	17.00	SERVICES-SALARY & FRINGES APPRV	
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	3,232,494				14.00
15.00	01500	PHARMACY	4,681	4,214,493			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	2,219,974		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,870,466	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	16,495
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	797	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	11	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,429	23	140,955	245,771	0
31.00	03100	INTENSIVE CARE UNIT	28,546	16	24,064	41,959	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,419	0	34,585	60,303	0
43.00	04300	NURSERY	0	0	10,109	17,626	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	656,133	878	215,911	376,466	0
51.00	05100	RECOVERY ROOM	11,455	0	24,837	43,306	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6	0	20,058	34,974	0
53.00	05300	ANESTHESIOLOGY	20,140	140,856	63,058	109,949	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,155	0	437,715	762,895	0
54.01	05401	RADIOLOGY - I-65	2,076	0	67,071	116,946	0
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	733	1,278	0
54.03	05403	LOWELL RADIOLOGY	0	0	1,528	2,665	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	CARDIAC CATHETERIZATION LAB	8,298	0	93,337	162,743	0
55.02	03140	CARDIOLOGY	3,424	0	38,013	66,280	0
55.03	03450	NEURO-DIAGNOSTICS	2,410	0	17,034	29,701	0
60.00	06000	LABORATORY	1,561	0	288,385	502,831	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	17,811	166	48,849	85,174	0
66.00	06600	PHYSICAL THERAPY	235	0	10,435	18,194	0
66.01	06601	PHYSICAL THERAPY I-65	617	0	11,582	20,195	0
66.02	06602	PHYSICAL THERAPY ST JOHN	155	0	2,868	5,001	0
67.00	06700	OCCUPATIONAL THERAPY	10	0	6,490	11,315	0
67.01	06701	OCCUPATIONAL THERAPY I-65	39	0	1,550	2,702	0
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	9	0	599	1,045	0
68.00	06800	SPEECH PATHOLOGY	1	0	2,719	4,740	0
68.01	06801	SPEECH PATHOLOGY I-65	31	0	3,792	6,612	0
68.02	06802	SPEECH THERAPY ST. JOHN	34	0	929	1,620	0
69.00	06900	ELECTROCARDIOLOGY	679	0	22,456	39,154	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	489,881	0	115,474	201,342	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,735,649	0	55,808	97,308	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,050,844	234,103	408,185	0
74.00	07400	RENAL DIALYSIS	246	0	3,287	5,731	0
76.00	03020	RADIATION ONCOLOGY	2,436	0	34,335	59,867	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,463	218	3,162	5,514	16
90.01	09001	DIABETES CLINIC	141	0	177	309	0
90.02	09002	OUTPATIENT CLINICS	5	0	0	0	0
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	742	21,492	4,166	7,264	0
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	46	0	0	0	0
91.00	09100	EMERGENCY	71,257	0	179,800	313,501	16,479
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0
91.02	09102	EXPRESS CARE	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,232,030	4,214,493	2,219,974	3,870,466	16,495

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
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	
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	464	0	0	0	0	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	0	0	0	0	194.01
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	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3,232,494	4,214,493	2,219,974	3,870,466	16,495	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/31/2018 3:33 pm
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		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	261,249				22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		279,157			23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM			21,178		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	38,776,710	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	6,402,965	0 31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	5,138,970	0 35.00
43.00	04300	NURSERY	0	0	0	2,042,605	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	17,615,501	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,283,101	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,106,771	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	798,506	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,489,979	0 54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	1,679,799	0 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	124,045	0 54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	119,875	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	0	2,602,648	0 55.01
55.02	03140	CARDIOLOGY	0	0	0	1,642,345	0 55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	0	800,092	0 55.03
60.00	06000	LABORATORY	0	0	0	11,115,966	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,230,753	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,278,560	0 66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	947,663	0 66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	192,127	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	387,626	0 67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	158,789	0 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	66,199	0 67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	268,925	0 68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	279,379	0 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	73,442	0 68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	21,178	982,617	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,178,919	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,663,357	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,271,336	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	460,170	0 74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	2,013,051	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	261	0	0	325,743	-277 90.00
90.01	09001	DIABETES CLINIC	0	0	0	151,474	0 90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	634,083	0 90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	762,816	0 90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	16,782	0 90.04
91.00	09100	EMERGENCY	260,988	279,157	0	9,638,203	-277,467 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 92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 3:33 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 through 117)	261,249	279,157	21,178	157,721,892	-277,744	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,794,467	0	192.00
194.00	07950	FHC	0	0	0	117	0	194.00
194.01	07951	CONVENT	0	0	0	4,328	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	2,366,224	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	0	-55,413	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	61,174	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	261,249	279,157	21,178	161,892,789	-277,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/31/2018 3:33 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	38,776,710	30.00
31.00	03100	INTENSIVE CARE UNIT	6,402,965	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,138,970	35.00
43.00	04300	NURSERY	2,042,605	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	17,615,501	50.00
51.00	05100	RECOVERY ROOM	3,283,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,106,771	52.00
53.00	05300	ANESTHESIOLOGY	798,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,489,979	54.00
54.01	05401	RADIOLOGY - I-65	1,679,799	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	124,045	54.02
54.03	05403	LOWELL RADIOLOGY	119,875	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	2,602,648	55.01
55.02	03140	CARDIOLOGY	1,642,345	55.02
55.03	03450	NEURO-DIAGNOSTICS	800,092	55.03
60.00	06000	LABORATORY	11,115,966	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,230,753	65.00
66.00	06600	PHYSICAL THERAPY	1,278,560	66.00
66.01	06601	PHYSICAL THERAPY I-65	947,663	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	192,127	66.02
67.00	06700	OCCUPATIONAL THERAPY	387,626	67.00
67.01	06701	OCCUPATION THERAPY I-65	158,789	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	66,199	67.02
68.00	06800	SPEECH PATHOLOGY	268,925	68.00
68.01	06801	SPEECH PATHOLOGY I-65	279,379	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	73,442	68.02
69.00	06900	ELECTROCARDIOLOGY	982,617	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,178,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,663,357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,271,336	73.00
74.00	07400	RENAL DIALYSIS	460,170	74.00
76.00	03020	RADIATION ONCOLOGY	2,013,051	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	325,466	90.00
90.01	09001	DIABETES CLINIC	151,474	90.01
90.02	09002	OUTPATIENT CLINICS	634,083	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	762,816	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	16,782	90.04
91.00	09100	EMERGENCY	9,360,736	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	91.01
91.02	09102	EXPRESS CARE	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 through 117)	157,444,148	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,794,467	192.00
194.00	07950	FHC	117	194.00
194.01	07951	CONVENT	4,328	194.01

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/31/2018 3:33 pm
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Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	2,366,224	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	-55,413	194.03
194.04	07954 CENTER OF HOPE	61,174	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	161,615,045	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:33 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
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	76,071	8,605	84,676	84,676	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	2,150,634	448,293	2,598,927	5,459	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	15,903	63,531	79,434	1,455	6.00
7.00	00700	OPERATION OF PLANT	0	1,347,430	70,894	1,418,324	1,873	7.00
7.01	00701	OPERATION OF PLANT - FP	0	0	1,044	1,044	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	92,924	7,066	99,990	0	8.00
9.00	00900	HOUSEKEEPING	0	56,235	12,561	68,796	1,858	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	135	9.01
10.00	01000	DIETARY	0	256,408	53,147	309,555	543	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,366	11.00
13.00	01300	NURSING ADMINISTRATION	0	216,031	738,174	954,205	3,831	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	210,980	61,751	272,731	478	14.00
15.00	01500	PHARMACY	0	26,725	1,476	28,201	3,307	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	114,582	4,046	118,628	688	16.00
17.00	01700	SOCIAL SERVICE	0	42,673	249	42,922	2,782	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	15	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	15,980	15,980	259	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	19,718	19,718	68	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	784,761	308,021	1,092,782	23,878	30.00
31.00	03100	INTENSIVE CARE UNIT	0	162,903	143,624	306,527	3,537	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	198,873	175,912	374,785	2,735	35.00
43.00	04300	NURSERY	0	0	0	0	1,521	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	362,051	1,813,152	2,175,203	6,428	50.00
51.00	05100	RECOVERY ROOM	0	137,036	40,918	177,954	1,912	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	198,964	264	199,228	203	52.00
53.00	05300	ANESTHESIOLOGY	0	19,454	16,720	36,174	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	433,546	1,254,978	1,688,524	5,428	54.00
54.01	05401	RADIOLOGY - I-65	0	0	184,661	184,661	592	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	40	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	16,398	16,398	68	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	87,704	523,428	611,132	1,082	55.01
55.02	03140	CARDIOLOGY	0	42,903	241,792	284,695	823	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	25,638	16,392	42,030	490	55.03
60.00	06000	LABORATORY	0	137,893	852	138,745	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	26,908	43,643	70,551	1,463	65.00
66.00	06600	PHYSICAL THERAPY	0	55,913	2,686	58,599	785	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	6,314	6,314	610	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	130	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	323	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	0	112	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	56	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	226	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	0	196	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	61	68.02
69.00	06900	ELECTROCARDIOLOGY	0	58,010	21,577	79,587	496	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	42,643	42,643	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	7,898	0	7,898	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	687,824	687,824	533	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	246	90.00
90.01	09001	DIABETES CLINIC	0	1,837	0	1,837	100	90.01
90.02	09002	OUTPATIENT CLINICS	0	147,291	1,174	148,465	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	12,673	4,684	17,357	621	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	13	90.04
91.00	09100	EMERGENCY	0	263,204	95,701	358,905	4,666	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 3:33 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
118.00	0	1.00	2.00	2A	4.00	
NONREIMBURSABLE COST CENTERS						
118.00	0	7,772,056	7,149,893	14,921,949	83,491	118.00
192.00	0	105,276	1,033	106,309	1,145	192.00
194.00	0	0	0	0	0	194.00
194.01	0	0	0	0	0	194.01
194.02	0	442,745	90,272	533,017	0	194.02
194.03	0	19,684	0	19,684	0	194.03
194.04	0	0	941	941	40	194.04
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	8,339,761	7,242,139	15,581,900	84,676	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:33 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	2,604,386					5.00
6.00	00600	MAINTENANCE & REPAIRS	49,778	130,667				6.00
7.00	00700	OPERATION OF PLANT	119,961	28,877	1,569,035			7.00
7.01	00701	OPERATION OF PLANT - FP	14,593	0	0	15,637		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	11,830	1,991	30,697	7,819	152,327	8.00
9.00	00900	HOUSEKEEPING	40,976	1,205	18,577	2,637	13,522	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	2,509	0	0	545	0	9.01
10.00	01000	DIETARY	18,495	5,495	84,703	0	1,833	10.00
11.00	01100	CAFETERIA	21,668	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	92,036	4,630	71,364	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,893	4,521	69,696	0	442	14.00
15.00	01500	PHARMACY	65,588	573	8,828	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,954	2,456	37,851	0	0	16.00
17.00	01700	SOCIAL SERVICE	59,439	915	14,097	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	265	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,200	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	4,373	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	330	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	473,468	16,818	259,237	0	76,931	30.00
31.00	03100	INTENSIVE CARE UNIT	80,637	3,491	53,814	0	5,236	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	63,282	4,262	65,696	0	3,615	35.00
43.00	04300	NURSERY	32,158	0	0	0	1,585	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	231,945	7,759	119,601	0	16,653	50.00
51.00	05100	RECOVERY ROOM	40,003	2,937	45,269	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,626	4,264	65,726	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,572	417	6,427	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	206,465	9,291	143,219	0	3,825	54.00
54.01	05401	RADIOLOGY - I-65	20,292	0	0	1,880	3,761	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	1,942	0	0	0	27	54.02
54.03	05403	LOWELL RADIOLOGY	1,833	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	31,245	1,880	28,972	0	1,334	55.01
55.02	03140	CARDIOLOGY	22,432	919	14,173	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	10,558	549	8,469	0	1,220	55.03
60.00	06000	LABORATORY	159,581	2,955	45,552	0	176	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	31,682	577	8,889	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,692	1,198	18,471	0	4,444	66.00
66.01	06601	PHYSICAL THERAPY I-65	11,320	0	0	2,055	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	2,930	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,870	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	2,058	0	0	253	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,024	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	4,148	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	3,570	0	0	448	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,125	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	10,716	1,243	19,163	0	906	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,212	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	189,289	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,676	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,885	169	2,609	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	30,219	0	0	0	767	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,937	0	0	0	92	90.00
90.01	09001	DIABETES CLINIC	1,927	39	607	0	814	90.01
90.02	09002	OUTPATIENT CLINICS	2,780	3,157	48,656	0	4,283	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	10,964	272	4,187	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	246	0	0	0	0	90.04
91.00	09100	EMERGENCY	112,824	5,641	86,948	0	10,861	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						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,562,021	118,501	1,381,498	15,637	152,327	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,668	2,256	34,777	0	0	192.00
194.00	07950	FHC	2	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:33 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		
194.01	07951	CONVENT	70	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	17,652	9,488	146,258	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	422	6,502	0	0	0	194.03
194.04	07954	CENTER OF HOPE	973	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,604,386	130,667	1,569,035	15,637	152,327		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:33 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	147,571					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	3,189				9.01
10.00	01000	DIETARY	8,225	0	428,849			10.00
11.00	01100	CAFETERIA	0	0	0	23,034		11.00
13.00	01300	NURSING ADMINISTRATION	6,930	0	0	1,132	1,134,128	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,768	0	0	310	0	14.00
15.00	01500	PHARMACY	857	0	0	913	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,675	0	0	187	14,113	16.00
17.00	01700	SOCIAL SERVICE	1,369	0	0	869	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 ED PRGM-(SPECIFY)	0	0	0	89	204	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	11	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,172	0	384,253	8,261	648,703	30.00
31.00	03100	INTENSIVE CARE UNIT	5,225	0	44,596	1,088	91,365	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,379	0	0	756	78,596	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,613	0	0	2,022	111,491	50.00
51.00	05100	RECOVERY ROOM	4,396	0	0	582	51,056	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,382	0	0	92	370	52.00
53.00	05300	ANESTHESIOLOGY	624	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,907	0	0	1,989	5,647	54.00
54.01	05401	RADIOLOGY - I-65	0	1,293	0	199	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	17	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	28	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	2,813	0	0	304	20,077	55.01
55.02	03140	CARDIOLOGY	1,376	0	0	238	426	55.02
55.03	03450	NEURO-DIAGNOSTICS	822	0	0	164	0	55.03
60.00	06000	LABORATORY	4,423	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	863	0	0	528	0	65.00
66.00	06600	PHYSICAL THERAPY	1,794	0	0	179	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	1,414	0	147	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	32	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	80	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	174	0	27	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	15	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	59	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	308	0	47	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	15	0	68.02
69.00	06900	ELECTROCARDIOLOGY	1,861	0	0	160	8,623	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	253	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	166	3,528	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	72	0	90.00
90.01	09001	DIABETES CLINIC	59	0	0	25	2,980	90.01
90.02	09002	OUTPATIENT CLINICS	4,725	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	407	0	0	185	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	3	222	90.04
91.00	09100	EMERGENCY	8,443	0	0	1,687	96,727	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						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,361	3,189	428,849	22,678	1,134,128	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,377	0	0	345	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 3:33 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	0 194.00
194.01 07951 CONVENT	0	0	0	0	0	0 194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	14,202	0	0	0	0	0 194.02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	631	0	0	0	0	0 194.03
194.04 07954 CENTER OF HOPE	0	0	0	11	0	0 194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	147,571	3,189	428,849	23,034	1,134,128	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 3:33 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	396,839			14.00
15.00	01500	PHARMACY	575	108,842		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	206,552	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	122,393
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	98	0	0	0
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	1	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,012	1	13,107	7,789
31.00	03100	INTENSIVE CARE UNIT	3,505	0	2,238	1,330
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,016	0	3,216	1,911
43.00	04300	NURSERY	0	0	940	559
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	80,552	23	20,077	11,931
51.00	05100	RECOVERY ROOM	1,406	0	2,310	1,372
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	0	1,865	1,108
53.00	05300	ANESTHESIOLOGY	2,473	3,638	5,864	3,485
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,597	0	40,822	23,908
54.01	05401	RADIOLOGY - I-65	255	0	6,237	3,706
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	68	40
54.03	05403	LOWELL RADIOLOGY	0	0	142	84
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
55.01	05501	CARDIAC CATHETERIZATION LAB	1,019	0	8,679	5,158
55.02	03140	CARDIOLOGY	420	0	3,535	2,101
55.03	03450	NEURO-DIAGNOSTICS	296	0	1,584	941
60.00	06000	LABORATORY	192	0	26,817	15,936
60.01	06001	BLOOD LABORATORY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,187	4	4,542	2,699
66.00	06600	PHYSICAL THERAPY	29	0	970	577
66.01	06601	PHYSICAL THERAPY I-65	76	0	1,077	640
66.02	06602	PHYSICAL THERAPY ST JOHN	19	0	267	158
67.00	06700	OCCUPATIONAL THERAPY	1	0	603	359
67.01	06701	OCCUPATIONAL THERAPY I-65	5	0	144	86
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1	0	56	33
68.00	06800	SPEECH PATHOLOGY	0	0	253	150
68.01	06801	SPEECH PATHOLOGY I-65	4	0	353	210
68.02	06802	SPEECH THERAPY ST. JOHN	4	0	86	51
69.00	06900	ELECTROCARDIOLOGY	83	0	2,088	1,241
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	60,141	0	10,738	6,381
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	213,074	0	5,190	3,084
73.00	07300	DRUGS CHARGED TO PATIENTS	0	104,615	21,769	12,936
74.00	07400	RENAL DIALYSIS	30	0	306	182
76.00	03020	RADIATION ONCOLOGY	299	0	3,193	1,897
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	548	6	294	175
90.01	09001	DIABETES CLINIC	17	0	16	10
90.02	09002	OUTPATIENT CLINICS	1	0	0	0
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	91	555	387	230
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	6	0	0	0
91.00	09100	EMERGENCY	8,748	0	16,719	9,935
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0
91.02	09102	EXPRESS CARE	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	396,782	108,842	206,552	122,393

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 3:33 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	
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	57	0	0	0		192.00
194.00 07950 FHC	0	0	0	0		194.00
194.01 07951 CONVENT	0	0	0	0		194.01
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						280 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118 through 201)	396,839	108,842	206,552	122,393		280 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 3:33 pm
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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	4,200			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		21,003		23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			10,312	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			3,046,412	0 30.00
31.00 03100	INTENSIVE CARE UNIT			602,589	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT			607,249	0 35.00
43.00 04300	NURSERY			36,763	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			2,795,298	0 50.00
51.00 05100	RECOVERY ROOM			329,197	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			286,865	0 52.00
53.00 05300	ANESTHESIOLOGY			65,674	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,145,622	0 54.00
54.01 05401	RADIOLOGY - I-65			222,876	0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ			2,134	0 54.02
54.03 05403	LOWELL RADIOLOGY			18,553	0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC			0	0 55.00
55.01 05501	CARDIAC CATHETERIZATION LAB			713,695	0 55.01
55.02 03140	CARDIOLOGY			331,138	0 55.02
55.03 03450	NEURO-DIAGNOSTICS			67,123	0 55.03
60.00 06000	LABORATORY			394,377	0 60.00
60.01 06001	BLOOD LABORATORY			0	0 60.01
65.00 06500	RESPIRATORY THERAPY			123,985	0 65.00
66.00 06600	PHYSICAL THERAPY			103,738	0 66.00
66.01 06601	PHYSICAL THERAPY I-65			23,653	0 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN			3,536	0 66.02
67.00 06700	OCCUPATIONAL THERAPY			7,236	0 67.00
67.01 06701	OCCUPATION THERAPY I-65			2,859	0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN			1,185	0 67.02
68.00 06800	SPEECH PATHOLOGY			4,836	0 68.00
68.01 06801	SPEECH PATHOLOGY I-65			5,136	0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN			1,342	0 68.02
69.00 06900	ELECTROCARDIOLOGY			126,167	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			174,115	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			410,637	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			228,996	0 73.00
74.00 07400	RENAL DIALYSIS			18,332	0 74.00
76.00 03020	RADIATION ONCOLOGY			728,426	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC			6,370	0 90.00
90.01 09001	DIABETES CLINIC			8,431	0 90.01
90.02 09002	OUTPATIENT CLINICS			212,067	0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC			35,256	0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT			490	0 90.04
91.00 09100	EMERGENCY			722,104	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 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 3:33 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 through 117)	0	0	0	14,614,462
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES			171,934	0
194.00	07950	FHC			2	0
194.01	07951	CONVENT			70	0
194.02	07952	OTHER NON REIMB - BUILDINGS			720,617	0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH			27,239	0
194.04	07954	CENTER OF HOPE			1,965	0
200.00		Cross Foot Adjustments	4,200	21,003	10,312	35,795
201.00		Negative Cost Centers	0	0	9,816	9,816
202.00		TOTAL (sum lines 118 through 201)	4,200	21,003	20,128	15,581,900

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 3:33 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	3,046,412	30.00
31.00	03100	INTENSIVE CARE UNIT	602,589	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	607,249	35.00
43.00	04300	NURSERY	36,763	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,795,298	50.00
51.00	05100	RECOVERY ROOM	329,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,865	52.00
53.00	05300	ANESTHESIOLOGY	65,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,145,622	54.00
54.01	05401	RADIOLOGY - I-65	222,876	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	2,134	54.02
54.03	05403	LOWELL RADIOLOGY	18,553	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	713,695	55.01
55.02	03140	CARDIOLOGY	331,138	55.02
55.03	03450	NEURO-DIAGNOSTICS	67,123	55.03
60.00	06000	LABORATORY	394,377	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	123,985	65.00
66.00	06600	PHYSICAL THERAPY	103,738	66.00
66.01	06601	PHYSICAL THERAPY I-65	23,653	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	3,536	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,236	67.00
67.01	06701	OCCUPATION THERAPY I-65	2,859	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,185	67.02
68.00	06800	SPEECH PATHOLOGY	4,836	68.00
68.01	06801	SPEECH PATHOLOGY I-65	5,136	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,342	68.02
69.00	06900	ELECTROCARDIOLOGY	126,167	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	174,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,637	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	228,996	73.00
74.00	07400	RENAL DIALYSIS	18,332	74.00
76.00	03020	RADIATION ONCOLOGY	728,426	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	6,370	90.00
90.01	09001	DIABETES CLINIC	8,431	90.01
90.02	09002	OUTPATIENT CLINICS	212,067	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	35,256	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	490	90.04
91.00	09100	EMERGENCY	722,104	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	91.01
91.02	09102	EXPRESS CARE	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 through 117)	14,614,462	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	171,934	192.00
194.00	07950	FHC	2	194.00
194.01	07951	CONVENT	70	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 3:33 pm
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Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	720,617	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	27,239	194.03
194.04	07954 CENTER OF HOPE	1,965	194.04
200.00	Cross Foot Adjustments	35,795	200.00
201.00	Negative Cost Centers	9,816	201.00
202.00	TOTAL (sum lines 118 through 201)	15,581,900	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/31/2018 3:33 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	544,864				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,028,568			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,970	7,163	60,671,341		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	140,508	373,172	3,910,103	-20,599,445	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,039	52,885	1,042,144	0	6.00
7.00 00700	OPERATION OF PLANT	88,032	59,014	1,341,666	0	7.00
7.01 00701	OPERATION OF PLANT - FP	0	869	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	6,071	5,882	0	0	8.00
9.00 00900	HOUSEKEEPING	3,674	10,456	1,331,223	0	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	96,364	0	9.01
10.00 01000	DIETARY	16,752	44,241	388,969	0	10.00
11.00 01100	CAFETERIA	0	0	978,506	0	11.00
13.00 01300	NURSING ADMINISTRATION	14,114	614,478	2,744,552	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,784	51,403	342,287	0	14.00
15.00 01500	PHARMACY	1,746	1,229	2,368,718	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,486	3,368	492,921	0	16.00
17.00 01700	SOCIAL SERVICE	2,788	207	1,993,178	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	10,448	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	13,302	185,404	0	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	16,414	48,527	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	51,271	256,406	17,119,137	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,643	119,557	2,533,616	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	12,993	146,434	1,959,427	0	35.00
43.00 04300	NURSERY	0	0	1,089,644	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,654	1,509,322	4,604,741	0	50.00
51.00 05100	RECOVERY ROOM	8,953	34,061	1,369,427	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,999	220	145,725	0	52.00
53.00 05300	ANESTHESIOLOGY	1,271	13,918	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,325	1,044,681	3,887,908	0	54.00
54.01 05401	RADIOLOGY - I-65	0	153,717	424,086	0	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	28,958	0	54.02
54.03 05403	LOWELL RADIOLOGY	0	13,650	48,538	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	5,730	435,717	775,197	0	55.01
55.02 03140	CARDIOLOGY	2,803	201,275	589,695	0	55.02
55.03 03450	NEURO-DIAGNOSTICS	1,675	13,645	350,918	0	55.03
60.00 06000	LABORATORY	9,009	709	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,758	36,330	1,048,038	0	65.00
66.00 06600	PHYSICAL THERAPY	3,653	2,236	561,979	0	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	5,256	437,235	0	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	93,003	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	231,171	0	67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	79,944	0	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	40,185	0	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	162,119	0	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	140,397	0	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	43,877	0	68.02
69.00 06900	ELECTROCARDIOLOGY	3,790	17,961	355,232	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	35,497	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	0	572,565	381,872	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	176,271	0	90.00
90.01 09001	DIABETES CLINIC	120	0	71,915	0	90.01
90.02 09002	OUTPATIENT CLINICS	9,623	977	0	0	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	828	3,899	444,937	0	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	9,480	0	90.04
91.00 09100	EMERGENCY	17,196	79,664	3,342,167	0	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					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/31/2018 3:33 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	5A
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	507,774	5,951,780	59,821,849	-20,599,445	139,104,959	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	860	820,511	0	1,285,059	192.00
194.00	07950	FHC	0	0	0	0	102	194.00
194.01	07951	CONVENT	0	0	0	0	3,778	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	28,926	75,145	0	0	958,408	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	1,286	0	0	111,795	0	194.03
194.04	07954	CENTER OF HOPE	0	783	28,981	0	52,833	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)	8,339,761	7,242,139	22,938,589		20,599,445	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.306133	1.201303	0.378079		0.145677	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			84,676		2,604,386	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001396		0.018418	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet B-1		
Date/Time Prepared: 5/31/2018 3:33 pm								
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	398,347				6.00	
7.00	00700	OPERATION OF PLANT	88,032	310,315			7.00	
7.01	00701	OPERATION OF PLANT - FP	0	0	140,316		7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	6,071	6,071	70,158	929,149	8.00	
9.00	00900	HOUSEKEEPING	3,674	3,674	23,661	82,481	300,570	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	4,892	0	0	9.01
10.00	01000	DIETARY	16,752	16,752	0	11,183	16,752	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,114	14,114	0	0	14,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,784	13,784	0	2,698	13,784	14.00
15.00	01500	PHARMACY	1,746	1,746	0	0	1,746	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,486	7,486	0	0	7,486	16.00
17.00	01700	SOCIAL SERVICE	2,788	2,788	0	0	2,788	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	51,271	51,271	0	469,254	51,271	30.00
31.00	03100	INTENSIVE CARE UNIT	10,643	10,643	0	31,941	10,643	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,993	12,993	0	22,050	12,993	35.00
43.00	04300	NURSERY	0	0	0	9,666	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,654	23,654	0	101,577	23,654	50.00
51.00	05100	RECOVERY ROOM	8,953	8,953	0	0	8,953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,999	12,999	0	0	12,999	52.00
53.00	05300	ANESTHESIOLOGY	1,271	1,271	0	0	1,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,325	28,325	0	23,332	28,325	54.00
54.01	05401	RADIOLOGY - I-65	0	0	16,873	22,939	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	164	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	5,730	5,730	0	8,136	5,730	55.01
55.02	03140	CARDIOLOGY	2,803	2,803	0	0	2,803	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,675	1,675	0	7,443	1,675	55.03
60.00	06000	LABORATORY	9,009	9,009	0	1,071	9,009	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,758	1,758	0	0	1,758	65.00
66.00	06600	PHYSICAL THERAPY	3,653	3,653	0	27,108	3,653	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	0	0	0	0	0	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	3,790	3,790	0	5,525	3,790	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	0	0	0	4,679	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	560	0	90.00
90.01	09001	DIABETES CLINIC	120	120	0	4,968	120	90.01
90.02	09002	OUTPATIENT CLINICS	9,623	9,623	0	26,123	9,623	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	828	828	0	0	828	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	17,196	17,196	0	66,251	17,196	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						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	361,257	273,225	140,316	929,149	263,480	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/31/2018 3:33 pm

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
194.01	07951	CONVENT	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	28,926	28,926	0	0	28,926	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,286	1,286	0	0	1,286	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)	3,096,427	8,146,356	907,729	1,396,331	2,950,932	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.773190	26.251892	6.469177	1.502806	9.817786	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	130,667	1,569,035	15,637	152,327	147,571	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.328023	5.056265	0.111441	0.163942	0.490970	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet B-1	
Cost Center Description			ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	Date/Time Prepared: 5/31/2018 3:33 pm
			9.01	10.00	11.00	13.00	14.00	
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	41,605					9.01
10.00	01000	DIETARY	0	154,669				10.00
11.00	01100	CAFETERIA	0	0	1,560,242			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	76,709	572,794		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	21,032	0	19,140,771	14.00
15.00	01500	PHARMACY	0	0	61,840	0	27,716	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	12,654	7,128	9	16.00
17.00	01700	SOCIAL SERVICE	0	0	58,866	0	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 ED PRGM-(SPECIFY)	0	0	6,040	103	4,720	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	757	0	67	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	138,585	559,517	327,629	772,318	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,084	73,690	46,144	169,031	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	51,202	39,695	97,223	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	136,961	56,309	3,885,205	50.00
51.00	05100	RECOVERY ROOM	0	0	39,416	25,786	67,830	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,213	187	35	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	119,255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	134,761	2,852	125,266	54.00
54.01	05401	RADIOLOGY - I-65	16,873	0	13,503	0	12,290	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	1,147	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	1,904	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	20,607	10,140	49,136	55.01
55.02	03140	CARDIOLOGY	0	0	16,155	215	20,272	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	11,111	0	14,273	55.03
60.00	06000	LABORATORY	0	0	0	0	9,245	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	35,777	0	105,468	65.00
66.00	06600	PHYSICAL THERAPY	0	0	12,108	0	1,393	66.00
66.01	06601	PHYSICAL THERAPY I-65	18,441	0	9,957	0	3,656	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	2,134	0	917	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,425	0	61	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	2,268	0	1,822	0	230	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	997	0	51	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	4,007	0	3	68.00
68.01	06801	SPEECH PATHOLOGY I-65	4,023	0	3,157	0	183	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	1,029	0	204	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	10,853	4,355	4,021	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,900,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,277,410	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	1,454	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	11,222	1,782	14,425	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	4,850	0	26,430	90.00
90.01	09001	DIABETES CLINIC	0	0	1,668	1,505	834	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	32	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	12,561	0	4,391	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	233	112	275	90.04
91.00	09100	EMERGENCY	0	0	114,241	48,852	421,936	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 through 117)	41,605	154,669	1,536,126	572,794	19,138,026	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/31/2018 3:33 pm

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
		9.01	10.00	11.00	13.00	14.00		
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	23,370	0	2,745	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	0	194.01
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	746	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)	187,745	1,901,712	1,347,833	6,410,061	3,232,494	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.512559	12.295366	0.863862	11.190866	0.168880	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,189	428,849	23,034	1,134,128	396,839	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.076649	2.772689	0.014763	1.979993	0.020733	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/31/2018 3:33 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)	
				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	4,775,697					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	659,496,091				16.00
17.00 01700 SOCIAL SERVICE	0	0	659,496,091			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	26	41,876,124	41,876,124	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	18	7,149,213	7,149,213	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	10,274,904	10,274,904	0	0	35.00
43.00 04300 NURSERY	0	3,003,210	3,003,210	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	995	64,144,814	64,144,814	0	0	50.00
51.00 05100 RECOVERY ROOM	0	7,378,725	7,378,725	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,959,088	5,959,088	0	0	52.00
53.00 05300 ANESTHESIOLOGY	159,612	18,733,893	18,733,893	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	130,006,974	130,006,974	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	19,926,024	19,926,024	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	217,709	217,709	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	454,064	454,064	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	27,729,268	27,729,268	0	0	55.01
55.02 03140 RADIOLOGY	0	11,293,306	11,293,306	0	0	55.02
55.03 03450 RADIOLOGY-NEURO-DIAGNOSTIC	0	5,060,736	5,060,736	0	0	55.03
60.00 06000 LABORATORY	0	85,675,813	85,675,813	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	188	14,512,514	14,512,514	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	3,100,071	3,100,071	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	3,440,995	3,440,995	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	852,100	852,100	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,927,981	1,927,981	0	0	67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	0	460,418	460,418	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	177,993	177,993	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	807,644	807,644	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	1,126,630	1,126,630	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	275,988	275,988	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	6,671,338	6,671,338	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	34,305,954	34,305,954	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,579,974	16,579,974	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,590,257	69,549,242	69,549,242	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	976,531	976,531	0	0	74.00
76.00 03020 RADIOLOGY-ONCOLOGY	0	10,200,549	10,200,549	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	247	939,492	939,492	1	1	90.00
90.01 09001 DIABETES CLINIC	0	52,680	52,680	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	24,354	1,237,740	1,237,740	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	53,416,392	53,416,392	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						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/31/2018 3:33 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	INTERNS & RESIDENTS				
				SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)			
				15.00	16.00		17.00	21.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,775,697	659,496,091	659,496,091	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
194.01	07951	CONVENT	0	0	0	0	0	194.01
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	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)	4,214,493	2,219,974	3,870,466	16,495	261,249	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.882488	0.003366	0.005869	16.462076	260.727545	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	108,842	206,552	122,393	280	4,200	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.022791	0.000313	0.000186	0.279441	4.191617	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/31/2018 3:33 pm

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
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 CATHETERIZATION 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	OCCUPATIONAL 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	0	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
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 PHYSICIANS	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,001	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/31/2018 3:33 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)		
		23.00	23.01		
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	FHC	0	0	194.00
194.01	07951	CONVENT	0	0	194.01
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)	279,157	21,178	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	278.878122	21.156843	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,003	20,128	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.982018	10.301698	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

Provider CCN: 15-0126

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-2

Date/Time Prepared:
5/31/2018 3:33 pm

	Description	Worksheet		Amount	
		CODE	Line No.		
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	2.00	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	0	7.00
8.00	ER ALLIED HEALTH PROGRAM FEES		1 91.00	0	8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 3:33 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		38,776,710		60,136	38,836,846	30.00
31.00	03100 INTENSIVE CARE UNIT		6,402,965		4,022	6,406,987	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		5,138,970		70,504	5,209,474	35.00
43.00	04300 NURSERY		2,042,605		0	2,042,605	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		17,615,501		270,792	17,886,293	50.00
51.00	05100 RECOVERY ROOM		3,283,101		0	3,283,101	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,106,771		0	1,106,771	52.00
53.00	05300 ANESTHESIOLOGY		798,506		0	798,506	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,489,979		0	15,489,979	54.00
54.01	05401 RADIOLOGY - I-65		1,679,799		0	1,679,799	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		124,045		0	124,045	54.02
54.03	05403 LOWELL RADIOLOGY		119,875		0	119,875	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		2,602,648		7,602	2,610,250	55.01
55.02	03140 RADIOLOGY		1,642,345		3,022	1,645,367	55.02
55.03	03450 NEURO-DIAGNOSTIC		800,092		0	800,092	55.03
60.00	06000 LABORATORY		11,115,966		4,106	11,120,072	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,230,753		0	2,230,753	65.00
66.00	06600 PHYSICAL THERAPY	0	1,278,560		0	1,278,560	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	947,663		0	947,663	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	192,127		0	192,127	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	387,626		0	387,626	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	158,789		0	158,789	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	66,199		0	66,199	67.02
68.00	06800 SPEECH PATHOLOGY	0	268,925		0	268,925	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	279,379		0	279,379	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	73,442		0	73,442	68.02
69.00	06900 ELECTROCARDIOLOGY		982,617		3,633	986,250	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,178,919		0	4,178,919	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,663,357		0	13,663,357	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,271,336		0	10,271,336	73.00
74.00	07400 RENAL DIALYSIS		460,170		0	460,170	74.00
76.00	03020 RADIATION ONCOLOGY		2,013,051		0	2,013,051	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		325,466		0	325,466	90.00
90.01	09001 DIABETES CLINIC		151,474		0	151,474	90.01
90.02	09002 OUTPATIENT CLINICS		634,083		0	634,083	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		762,816		0	762,816	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		16,782		0	16,782	90.04
91.00	09100 EMERGENCY		9,360,736		7,458	9,368,194	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		7,084,369		0	7,084,369	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		164,528,517	0	431,275	164,959,792	200.00
201.00	Less Observation Beds		7,084,369			7,084,369	201.00
202.00	Total (see instructions)		157,444,148	0	431,275	157,875,423	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/31/2018 3:33 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	31,677,605		31,677,605			30.00	
31.00	03100	INTENSIVE CARE UNIT	7,149,213		7,149,213			31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,274,904		10,274,904			35.00	
43.00	04300	NURSERY	3,003,210		3,003,210			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,185,170	45,959,644	64,144,814	0.274621	0.000000	50.00	
51.00	05100	RECOVERY ROOM	2,433,287	4,945,438	7,378,725	0.444942	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,946,218	12,870	5,959,088	0.185728	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	5,699,737	13,034,156	18,733,893	0.042624	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,066,264	97,940,710	130,006,974	0.119147	0.000000	54.00	
54.01	05401	RADIOLOGY - I-65	84,941	19,841,083	19,926,024	0.084302	0.000000	54.01	
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	795	216,914	217,709	0.569774	0.000000	54.02	
54.03	05403	LOWELL RADIOLOGY	4,995	449,069	454,064	0.264005	0.000000	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
55.01	05501	CARDIAC CATHETERIZATION LAB	14,631,255	13,098,013	27,729,268	0.093859	0.000000	55.01	
55.02	03140	CARDIOLOGY	3,861,227	7,432,079	11,293,306	0.145426	0.000000	55.02	
55.03	03450	NEURO-DIAGNOSTICS	1,076,241	3,984,495	5,060,736	0.158098	0.000000	55.03	
60.00	06000	LABORATORY	31,167,283	54,508,530	85,675,813	0.129745	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	13,117,425	1,395,089	14,512,514	0.153712	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,329,441	770,630	3,100,071	0.412429	0.000000	66.00	
66.01	06601	PHYSICAL THERAPY I-65	1,425	3,439,570	3,440,995	0.275404	0.000000	66.01	
66.02	06602	PHYSICAL THERAPY ST JOHN	475	851,625	852,100	0.225475	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	1,778,046	149,935	1,927,981	0.201053	0.000000	67.00	
67.01	06701	OCCUPATION THERAPY I-65	4,981	455,437	460,418	0.344880	0.000000	67.01	
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	177,993	177,993	0.371919	0.000000	67.02	
68.00	06800	SPEECH PATHOLOGY	692,336	115,308	807,644	0.332975	0.000000	68.00	
68.01	06801	SPEECH PATHOLOGY I-65	0	1,126,630	1,126,630	0.247978	0.000000	68.01	
68.02	06802	SPEECH THERAPY ST. JOHN	0	275,988	275,988	0.266106	0.000000	68.02	
69.00	06900	ELECTROCARDIOLOGY	2,046,897	4,624,441	6,671,338	0.147289	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,842,604	17,463,350	34,305,954	0.121813	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,061,531	7,518,443	16,579,974	0.824088	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	53,103,462	16,445,780	69,549,242	0.147684	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	911,484	65,047	976,531	0.471229	0.000000	74.00	
76.00	03020	RADIATION ONCOLOGY	258,946	9,941,603	10,200,549	0.197347	0.000000	76.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,623	936,869	939,492	0.346428	0.000000	90.00	
90.01	09001	DIABETES CLINIC	0	52,680	52,680	2.875361	0.000000	90.01	
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000	90.02	
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,237,740	1,237,740	0.616297	0.000000	90.03	
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0.000000	0.000000	90.04	
91.00	09100	EMERGENCY	14,649,169	38,767,223	53,416,392	0.175241	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	1,429,562	8,768,957	10,198,519	0.694647	0.000000	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	283,492,752	376,003,339	659,496,091			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	283,492,752	376,003,339	659,496,091			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 3:33 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.278842		50.00
51.00	05100 RECOVERY ROOM	0.444942		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.185728		52.00
53.00	05300 ANESTHESIOLOGY	0.042624		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.119147		54.00
54.01	05401 RADIOLOGY - I-65	0.084302		54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.569774		54.02
54.03	05403 LOWELL RADIOLOGY	0.264005		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.094133		55.01
55.02	03140 RADIOLOGY	0.145694		55.02
55.03	03450 RADIOLOGY	0.158098		55.03
60.00	06000 LABORATORY	0.129792		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.153712		65.00
66.00	06600 PHYSICAL THERAPY	0.412429		66.00
66.01	06601 PHYSICAL THERAPY I-65	0.275404		66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.225475		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.201053		67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0.344880		67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.371919		67.02
68.00	06800 SPEECH PATHOLOGY	0.332975		68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.247978		68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.266106		68.02
69.00	06900 ELECTROCARDIOLOGY	0.147834		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.121813		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.824088		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.147684		73.00
74.00	07400 RENAL DIALYSIS	0.471229		74.00
76.00	03020 RADIATION ONCOLOGY	0.197347		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.346428		90.00
90.01	09001 DIABETES CLINIC	2.875361		90.01
90.02	09002 OUTPATIENT CLINICS	0.000000		90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.616297		90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000		90.04
91.00	09100 EMERGENCY	0.175381		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	0.694647		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 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 3:33 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	38,776,710		38,776,710	60,136	38,836,846	30.00
31.00	03100	INTENSIVE CARE UNIT	6,402,965		6,402,965	4,022	6,406,987	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,138,970		5,138,970	70,504	5,209,474	35.00
43.00	04300	NURSERY	2,042,605		2,042,605	0	2,042,605	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,615,501		17,615,501	270,792	17,886,293	50.00
51.00	05100	RECOVERY ROOM	3,283,101		3,283,101	0	3,283,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,106,771		1,106,771	0	1,106,771	52.00
53.00	05300	ANESTHESIOLOGY	798,506		798,506	0	798,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,489,979		15,489,979	0	15,489,979	54.00
54.01	05401	RADIOLOGY - I-65	1,679,799		1,679,799	0	1,679,799	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	124,045		124,045	0	124,045	54.02
54.03	05403	LOWELL RADIOLOGY	119,875		119,875	0	119,875	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	2,602,648		2,602,648	7,602	2,610,250	55.01
55.02	03140	CARDIOLOGY	1,642,345		1,642,345	3,022	1,645,367	55.02
55.03	03450	NEURO-DIAGNOSTIC	800,092		800,092	0	800,092	55.03
60.00	06000	LABORATORY	11,115,966		11,115,966	4,106	11,120,072	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,230,753	0	2,230,753	0	2,230,753	65.00
66.00	06600	PHYSICAL THERAPY	1,278,560	0	1,278,560	0	1,278,560	66.00
66.01	06601	PHYSICAL THERAPY I-65	947,663	0	947,663	0	947,663	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	192,127	0	192,127	0	192,127	66.02
67.00	06700	OCCUPATIONAL THERAPY	387,626	0	387,626	0	387,626	67.00
67.01	06701	OCCUPATION THERAPY I-65	158,789	0	158,789	0	158,789	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	66,199	0	66,199	0	66,199	67.02
68.00	06800	SPEECH PATHOLOGY	268,925	0	268,925	0	268,925	68.00
68.01	06801	SPEECH PATHOLOGY I-65	279,379	0	279,379	0	279,379	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	73,442	0	73,442	0	73,442	68.02
69.00	06900	ELECTROCARDIOLOGY	982,617		982,617	3,633	986,250	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,178,919		4,178,919	0	4,178,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,663,357		13,663,357	0	13,663,357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,271,336		10,271,336	0	10,271,336	73.00
74.00	07400	RENAL DIALYSIS	460,170		460,170	0	460,170	74.00
76.00	03020	RADIATION ONCOLOGY	2,013,051		2,013,051	0	2,013,051	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	325,466		325,466	0	325,466	90.00
90.01	09001	DIABETES CLINIC	151,474		151,474	0	151,474	90.01
90.02	09002	OUTPATIENT CLINICS	634,083		634,083	0	634,083	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	762,816		762,816	0	762,816	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	16,782		16,782	0	16,782	90.04
91.00	09100	EMERGENCY	9,360,736		9,360,736	7,458	9,368,194	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	7,084,369		7,084,369	0	7,084,369	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	164,528,517	0	164,528,517	431,275	164,959,792	200.00
201.00		Less Observation Beds	7,084,369		7,084,369		7,084,369	201.00
202.00		Total (see instructions)	157,444,148	0	157,444,148	431,275	157,875,423	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/31/2018 3:33 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	31,677,605		31,677,605			30.00
31.00	03100	INTENSIVE CARE UNIT	7,149,213		7,149,213			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,274,904		10,274,904			35.00
43.00	04300	NURSERY	3,003,210		3,003,210			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,185,170	45,959,644	64,144,814	0.274621	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,433,287	4,945,438	7,378,725	0.444942	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,946,218	12,870	5,959,088	0.185728	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,699,737	13,034,156	18,733,893	0.042624	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,066,264	97,940,710	130,006,974	0.119147	0.000000	54.00
54.01	05401	RADIOLOGY - I-65	84,941	19,841,083	19,926,024	0.084302	0.000000	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	795	216,914	217,709	0.569774	0.000000	54.02
54.03	05403	LOWELL RADIOLOGY	4,995	449,069	454,064	0.264005	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	14,631,255	13,098,013	27,729,268	0.093859	0.000000	55.01
55.02	03140	CARDIOLOGY	3,861,227	7,432,079	11,293,306	0.145426	0.000000	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,076,241	3,984,495	5,060,736	0.158098	0.000000	55.03
60.00	06000	LABORATORY	31,167,283	54,508,530	85,675,813	0.129745	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	13,117,425	1,395,089	14,512,514	0.153712	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,329,441	770,630	3,100,071	0.412429	0.000000	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,425	3,439,570	3,440,995	0.275404	0.000000	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	475	851,625	852,100	0.225475	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,778,046	149,935	1,927,981	0.201053	0.000000	67.00
67.01	06701	OCCUPATION THERAPY I-65	4,981	455,437	460,418	0.344880	0.000000	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	177,993	177,993	0.371919	0.000000	67.02
68.00	06800	SPEECH PATHOLOGY	692,336	115,308	807,644	0.332975	0.000000	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	1,126,630	1,126,630	0.247978	0.000000	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	275,988	275,988	0.266106	0.000000	68.02
69.00	06900	ELECTROCARDIOLOGY	2,046,897	4,624,441	6,671,338	0.147289	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,842,604	17,463,350	34,305,954	0.121813	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,061,531	7,518,443	16,579,974	0.824088	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,103,462	16,445,780	69,549,242	0.147684	0.000000	73.00
74.00	07400	RENAL DIALYSIS	911,484	65,047	976,531	0.471229	0.000000	74.00
76.00	03020	RADIATION ONCOLOGY	258,946	9,941,603	10,200,549	0.197347	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,623	936,869	939,492	0.346428	0.000000	90.00
90.01	09001	DIABETES CLINIC	0	52,680	52,680	2.875361	0.000000	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,237,740	1,237,740	0.616297	0.000000	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	14,649,169	38,767,223	53,416,392	0.175241	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	1,429,562	8,768,957	10,198,519	0.694647	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	283,492,752	376,003,339	659,496,091			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	283,492,752	376,003,339	659,496,091			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 3:33 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
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 RADIOLOGY	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 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/31/2018 3:33 pm	
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)	PPS
Title XVIII		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,046,412	0	3,046,412	30,705	99.22	30.00
31.00	INTENSIVE CARE UNIT	602,589		602,589	3,143	191.72	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	607,249		607,249	2,386	254.51	35.00
43.00	NURSERY	36,763		36,763	2,573	14.29	43.00
200.00	Total (lines 30 through 199)	4,293,013		4,293,013	38,807		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	13,712	1,360,505				
31.00	INTENSIVE CARE UNIT	1,572	301,384				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	15,284	1,661,889				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/31/2018 3:33 pm	
Cost Center Description			Capital Related Cost (from Wkst. C, 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	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,795,298	64,144,814	0.043578	8,141,618	354,795	50.00
51.00	05100	RECOVERY ROOM	329,197	7,378,725	0.044614	1,127,003	50,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,865	5,959,088	0.048139	4,070	196	52.00
53.00	05300	ANESTHESIOLOGY	65,674	18,733,893	0.003506	2,191,142	7,682	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,145,622	130,006,974	0.016504	17,061,990	281,591	54.00
54.01	05401	RADIOLOGY - I-65	222,876	19,926,024	0.011185	42,871	480	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	2,134	217,709	0.009802	446	4	54.02
54.03	05403	LOWELL RADIOLOGY	18,553	454,064	0.040860	2,172	89	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	713,695	27,729,268	0.025738	7,064,576	181,828	55.01
55.02	03140	CARDIOLOGY	331,138	11,293,306	0.029322	2,126,878	62,364	55.02
55.03	03450	NEURO-DIAGNOSTICS	67,123	5,060,736	0.013263	572,038	7,587	55.03
60.00	06000	LABORATORY	394,377	85,675,813	0.004603	15,397,277	70,874	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	123,985	14,512,514	0.008543	7,525,448	64,290	65.00
66.00	06600	PHYSICAL THERAPY	103,738	3,100,071	0.033463	1,157,478	38,733	66.00
66.01	06601	PHYSICAL THERAPY I-65	23,653	3,440,995	0.006874	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	3,536	852,100	0.004150	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,236	1,927,981	0.003753	1,004,389	3,769	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	2,859	460,418	0.006210	4,241	26	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,185	177,993	0.006658	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	4,836	807,644	0.005988	320,596	1,920	68.00
68.01	06801	SPEECH PATHOLOGY I-65	5,136	1,126,630	0.004559	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,342	275,988	0.004863	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	126,167	6,671,338	0.018912	1,186,461	22,438	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	174,115	34,305,954	0.005075	6,211,816	31,525	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,637	16,579,974	0.024767	4,101,421	101,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	228,996	69,549,242	0.003293	26,121,801	86,019	73.00
74.00	07400	RENAL DIALYSIS	18,332	976,531	0.018773	608,804	11,429	74.00
76.00	03020	RADIATION ONCOLOGY	728,426	10,200,549	0.071410	156,036	11,143	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,370	939,492	0.006780	0	0	90.00
90.01	09001	DIABETES CLINIC	8,431	52,680	0.160042	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	212,067	0	0.000000	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	35,256	1,237,740	0.028484	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	490	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	722,104	53,416,392	0.013518	6,041,566	81,670	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	555,705	10,198,519	0.054489	727,628	39,648	92.00
200.00		Total (lines 50 through 199)	10,877,154	607,391,159		108,899,766	1,511,960	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/31/2018 3:33 pm
Title XVIII			Hospital	PPS

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30,705	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,143	0.00	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,386	0.00	35.00	
43.00	04300	NURSERY	0	0	2,573	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	38,807	15,284	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
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
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 3:33 pm
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Cost Center Description	Title XVIII				Hospital		Allied Health Adjustments	Allied Health Adjustments	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	PPS				
	1.00	2A	2.00	3A	3.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	0	0	0	0	55.01
55.02	03140	CARDIOLOGY	0	0	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	0	0	0	0	55.03
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	21,178	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	279,157	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	300,335	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 3:33 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		All Other Medical Educational Cost	Total Cost (sum of col 1 through col 4)	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)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	64,144,814	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	7,378,725	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,959,088	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	18,733,893	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	130,006,974	0.000000	54.00
54.01	05401 RADIOLOGY - I-65	0	0	0	19,926,024	0.000000	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	217,709	0.000000	54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0	454,064	0.000000	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	0	0	27,729,268	0.000000	55.01
55.02	03140 RADIOLOGY	0	0	0	11,293,306	0.000000	55.02
55.03	03450 RADIOLOGY-DIAGNOSTIC	0	0	0	5,060,736	0.000000	55.03
60.00	06000 LABORATORY	0	0	0	85,675,813	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	14,512,514	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	3,100,071	0.000000	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0	3,440,995	0.000000	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0	852,100	0.000000	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	1,927,981	0.000000	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	0	0	460,418	0.000000	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	177,993	0.000000	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	807,644	0.000000	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0	1,126,630	0.000000	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	275,988	0.000000	68.02
69.00	06900 ELECTROCARDIOLOGY	0	21,178	21,178	6,671,338	0.003174	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,305,954	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,579,974	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	69,549,242	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	976,531	0.000000	74.00
76.00	03020 RADIATION ONCOLOGY	0	0	0	10,200,549	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	939,492	0.000000	90.00
90.01	09001 DIABETES CLINIC	0	0	0	52,680	0.000000	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0	0	0.000000	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	1,237,740	0.000000	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	279,157	279,157	53,416,392	0.005226	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0.000000	91.01
91.02	09102 EXPRESS CARE	0	0	0	0	0.000000	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,198,519	0.000000	92.00
200.00	Total (lines 50 through 199)	0	300,335	300,335	607,391,159		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 3:33 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	8,141,618	0	14,665,668	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,127,003	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	4,070	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,191,142	0	3,037,709	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	17,061,990	0	28,738,841	0	54.00
54.01	05401 RADIOLOGY - I-65	0.000000	42,871	0	5,504,778	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	446	0	59,141	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.000000	2,172	0	122,768	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.000000	7,064,576	0	6,066,642	0	55.01
55.02	03140 RADIOLOGY	0.000000	2,126,878	0	2,594,814	0	55.02
55.03	03450 RADIOLOGY-DIAGNOSTIC	0.000000	572,038	0	872,250	0	55.03
60.00	06000 LABORATORY	0.000000	15,397,277	0	6,103,249	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	7,525,448	0	669,591	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,157,478	0	56,492	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.000000	0	0	26,670	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.000000	0	0	18,422	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,004,389	0	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0.000000	4,241	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.000000	0	0	5,181	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.000000	320,596	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.000000	0	0	8,618	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	2,395	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.003174	1,186,461	3,766	1,683,477	5,343	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,211,816	0	3,021,472	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,101,421	0	3,890,457	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	26,121,801	0	7,537,965	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	608,804	0	64,275	0	74.00
76.00	03020 RADIATION ONCOLOGY	0.000000	156,036	0	3,302,851	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	832,955	0	90.00
90.01	09001 DIABETES CLINIC	0.000000	0	0	4,150	0	90.01
90.02	09002 OUTPATIENT CLINICS	0.000000	0	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.005226	6,041,566	31,573	6,722,718	35,133	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	0.000000	727,628	0	1,285,555	0	92.00
200.00	Total (lines 50 through 199)		108,899,766	35,339	96,899,104	40,476	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 3:33 pm
		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	0.274621	14,665,668	0	0	4,027,500	50.00
51.00	05100	RECOVERY ROOM	0.444942	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.185728	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.042624	3,037,709	0	0	129,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.119147	28,738,841	0	0	3,424,147	54.00
54.01	05401	RADIOLOGY - I-65	0.084302	5,504,778	0	0	464,064	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.569774	59,141	0	0	33,697	54.02
54.03	05403	LOWELL RADIOLOGY	0.264005	122,768	0	0	32,411	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.093859	6,066,642	0	0	569,409	55.01
55.02	03140	CARDIOLOGY	0.145426	2,594,814	0	0	377,353	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.158098	872,250	0	0	137,901	55.03
60.00	06000	LABORATORY	0.129745	6,103,249	0	0	791,866	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.153712	669,591	0	0	102,924	65.00
66.00	06600	PHYSICAL THERAPY	0.412429	56,492	0	0	23,299	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.275404	26,670	0	0	7,345	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.225475	18,422	0	0	4,154	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.201053	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0.344880	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.371919	5,181	0	0	1,927	67.02
68.00	06800	SPEECH PATHOLOGY	0.332975	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.247978	8,618	0	0	2,137	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.266106	2,395	0	0	637	68.02
69.00	06900	ELECTROCARDIOLOGY	0.147289	1,683,477	0	0	247,958	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.121813	3,021,472	0	0	368,055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.824088	3,890,457	0	0	3,206,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147684	7,537,965	0	43,577	1,113,237	73.00
74.00	07400	RENAL DIALYSIS	0.471229	64,275	0	0	30,288	74.00
76.00	03020	RADIATION ONCOLOGY	0.197347	3,302,851	0	0	651,808	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.346428	832,955	0	0	288,559	90.00
90.01	09001	DIABETES CLINIC	2.875361	4,150	0	0	11,933	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.616297	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.175241	6,722,718	0	0	1,178,096	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	0.694647	1,285,555	0	0	893,007	92.00
200.00		Subtotal (see instructions)		96,899,104	0	43,577	18,119,270	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		96,899,104	0	43,577	18,119,270	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 3:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	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	CARDIOLOGY	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	55.03
60.00	06000	LABORATORY	0	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	6,436	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	0	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)	0	6,436	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	6,436	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2018 3:33 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)		30,705	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,705	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)		25,104	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)		13,712	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)		38,836,846	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)		38,836,846	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)		38,836,846	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)		1,264.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,343,486	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)		17,343,486	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 3:33 pm
				Title XVIII	Hospital	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	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,406,987	3,143	2,038.49	1,572	3,204,506	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	5,209,474	2,386	2,183.35	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,963,677	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,511,669	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)					1,661,889	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,547,299	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,209,188	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,302,481	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)					5,601	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,264.84	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,084,369	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 3:33 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	3,046,412	38,836,846	0.078441	7,084,369	555,705	90.00
91.00	Nursing School cost	0	38,836,846	0.000000	7,084,369	0	91.00
92.00	Allied health cost	0	38,836,846	0.000000	7,084,369	0	92.00
93.00	All other Medical Education	0	38,836,846	0.000000	7,084,369	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII	Hospital	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		15,109,440	30.00
31.00	03100	INTENSIVE CARE UNIT		3,868,583	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.278842	8,141,618	50.00
51.00	05100	RECOVERY ROOM	0.444942	1,127,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.185728	4,070	52.00
53.00	05300	ANESTHESIOLOGY	0.042624	2,191,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.119147	17,061,990	54.00
54.01	05401	RADIOLOGY - I-65	0.084302	42,871	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.569774	446	54.02
54.03	05403	LOWELL RADIOLOGY	0.264005	2,172	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.094133	7,064,576	55.01
55.02	03140	CARDIOLOGY	0.145694	2,126,878	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.158098	572,038	55.03
60.00	06000	LABORATORY	0.129792	15,397,277	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.153712	7,525,448	65.00
66.00	06600	PHYSICAL THERAPY	0.412429	1,157,478	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.275404	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.225475	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.201053	1,004,389	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.344880	4,241	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.371919	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.332975	320,596	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.247978	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.266106	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.147834	1,186,461	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.121813	6,211,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.824088	4,101,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147684	26,121,801	73.00
74.00	07400	RENAL DIALYSIS	0.471229	608,804	74.00
76.00	03020	RADIATION ONCOLOGY	0.197347	156,036	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.346428	0	90.00
90.01	09001	DIABETES CLINIC	2.875361	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.616297	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	90.04
91.00	09100	EMERGENCY	0.175381	6,041,566	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	0.694647	727,628	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		108,899,766	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)		108,899,766	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 3:33 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		3,142,295	30.00
31.00	03100	INTENSIVE CARE UNIT		676,001	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		4,696,617	35.00
43.00	04300	NURSERY		691,157	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.274621	1,822,036	500,369 50.00
51.00	05100	RECOVERY ROOM	0.444942	524,383	233,320 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.185728	1,036,644	192,534 52.00
53.00	05300	ANESTHESIOLOGY	0.042624	575,233	24,519 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.119147	2,798,772	333,465 54.00
54.01	05401	RADIOLOGY - I-65	0.084302	0	0 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.569774	0	0 54.02
54.03	05403	LOWELL RADIOLOGY	0.264005	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.093859	745,705	69,991 55.01
55.02	03140	CARDIOLOGY	0.145426	299,482	43,552 55.02
55.03	03450	NEURO-DIAGNOSTICS	0.158098	87,677	13,862 55.03
60.00	06000	LABORATORY	0.129745	3,146,787	408,280 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.153712	1,178,241	181,110 65.00
66.00	06600	PHYSICAL THERAPY	0.412429	324,815	133,963 66.00
66.01	06601	PHYSICAL THERAPY I-65	0.275404	0	0 66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.225475	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.201053	95,837	19,268 67.00
67.01	06701	OCCUPATION THERAPY I-65	0.344880	0	0 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.371919	0	0 67.02
68.00	06800	SPEECH PATHOLOGY	0.332975	0	0 68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.247978	0	0 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.266106	0	0 68.02
69.00	06900	ELECTROCARDIOLOGY	0.147289	127,984	18,851 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.121813	976,932	119,003 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.824088	376,010	309,865 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147684	6,746,360	996,329 73.00
74.00	07400	RENAL DIALYSIS	0.471229	72,819	34,314 74.00
76.00	03020	RADIATION ONCOLOGY	0.197347	14,148	2,792 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.346428	0	0 90.00
90.01	09001	DIABETES CLINIC	2.875361	0	0 90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	0 90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.616297	0	0 90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.175241	847,291	148,480 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	0.694647	51,477	35,758 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		21,848,633	3,819,625 200.00
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)		21,848,633	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 3:33 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)		21,724,568	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,241,523	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)		1,468,736	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		7,981,445	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		205.68	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 § 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 § 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 § 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		1.88	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)		1.88	12.00
13.00	Total allowable FTE count for the prior year.		1.58	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.		1.56	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.67	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		1.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.008119	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.007917	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.007917	21.00
22.00	IME payment adjustment (see instructions)		125,105	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		34,472	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.47	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)		125,105	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		34,472	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.25	31.00
32.00	Sum of lines 30 and 31		16.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.41	33.00
34.00	Disproportionate share adjustment (see instructions)		246,936	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 3:33 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)		0.000133165	0.000172912	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		853,074	1,033,579	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		638,052	260,519	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		898,571		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)		31,705,439		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)			31,739,911	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,761,657	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).			44,985	52.00
53.00	Nursing and Allied Health Managed Care payment			14,653	53.00
54.00	Special add-on payments for new technologies			0	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)			35,339	58.00
59.00	Total (sum of amounts on lines 49 through 58)			34,596,545	59.00
60.00	Primary payer payments			10,701	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			34,585,844	61.00
62.00	Deductibles billed to program beneficiaries			2,949,548	62.00
63.00	Coinurance billed to program beneficiaries			99,981	63.00
64.00	Allowable bad debts (see instructions)			238,405	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			154,963	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			60,972	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			31,691,278	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 Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			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)			-253,266	70.93
70.94	HRR adjustment amount (see instructions)			-138,693	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 3:33 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
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		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)			252,664	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			31,046,655	71.00
71.01	Sequestration adjustment (see instructions)			620,933	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			29,336,828	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, 71.02, 72, and 73)			1,088,894	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,210,383	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
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 3:33 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,436	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		18,078,794	2.00
3.00	OPPTS payments		15,979,608	3.00
4.00	Outlier payment (see instructions)		45,122	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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		40,476	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,436	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		43,577	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)		43,577	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)		43,577	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		37,141	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 (see instructions)		6,436	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, 4.01, 8 and 9)		16,065,206	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		12,115	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,042,685	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)		13,016,842	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		20,127	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)		13,036,969	30.00
31.00	Primary payer payments		4,725	31.00
32.00	Subtotal (line 30 minus line 31)		13,032,244	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)		276,662	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		179,830	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		160,694	36.00
37.00	Subtotal (see instructions)		13,212,074	37.00
38.00	MSP-LCC reconciliation amount from PS&R		28	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
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)		13,212,046	40.00
40.01	Sequestration adjustment (see instructions)		264,241	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		13,028,230	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-80,425	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		40,057	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 01/01/2017
To 12/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2018 3:33 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		29,336,828		13,028,230	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		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)		29,336,828		13,028,230	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		1,088,894		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		80,425	6.02	
7.00	Total Medicare program liability (see instructions)		30,425,722		12,947,805	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 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/31/2018 3:33 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			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4	
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2018 3:33 pm	
				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))			2.78	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)			2.34	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.88	6.00
7.00	Enter the lesser of line 5 or line 6			1.88	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	1.88	1.88	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	1.88	1.88	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	1.88		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.58		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.56		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	1.67		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	1.67		17.00
18.00	Per resident amount	83,085.80	87,399.04		18.00
19.00	Approved amount for resident costs	0	145,956	145,956	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)			145,956	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,284	0		26.00
27.00	Total Inpatient Days (see instructions)	34,261	34,261		27.00
28.00	Ratio of inpatient days to total inpatient days	0.446105	0.000000		28.00
29.00	Program direct GME amount	65,112	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			65,112	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/31/2018 3:33 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)		976,531	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)		40,511,669	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)		10,701	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		40,500,968	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		18,125,706	42.00
43.00	Primary payer payments (see instructions)		4,725	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		18,120,981	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		58,621,949	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.690884	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.309116	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		65,112	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		44,985	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		20,127	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 01/01/2017
To 12/31/2017

Worksheet G
Date/Time Prepared:
5/31/2018 3:33 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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	160,394,680	0	0	0	23.00
24.00	Accumulated depreciation	-78,407,609	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	254,455	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	273,819,987	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 01/01/2017
To 12/31/2017

Worksheet G-1

Date/Time Prepared:
5/31/2018 3:33 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)		8,296,571				2.00
3.00	Total (sum of line 1 and line 2)		240,278,961		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		240,278,961		0		11.00
12.00	FUND BALANCE ADJUSTMENT	-14,886,098		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		-14,886,098		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		255,165,059		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	Additions (credit adjustments) (specify)		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	FUND BALANCE ADJUSTMENT		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 01/01/2017
To 12/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2018 3:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	41,122,535		41,122,535	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				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)	41,122,535		41,122,535	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,312,213		7,312,213	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	10,229,866		10,229,866	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,542,079		17,542,079	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	58,664,614		58,664,614	17.00
18.00	Ancillary services	155,735,642	340,863,930	496,599,572	18.00
19.00	Outpatient services	14,677,065	41,157,938	55,835,003	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 REIMBURSEABLE	0	917,428	917,428	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	229,077,321	382,939,296	612,016,617	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		201,215,403		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)		201,215,403		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 5/31/2018 3:33 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		612,016,617	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)		202,475,882	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		201,215,403	4.00
5.00	Net income from service to patients (line 3 minus line 4)		1,260,479	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		0	10.00
11.00	Rebates and refunds of expenses		866,825	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	OTHER OPERATING REVENUE		1,909,636	24.00
24.01	PREMIUM REVENUE		534	24.01
25.00	Total other income (sum of lines 6-24)		5,179,505	25.00
26.00	Total (line 5 plus line 25)		6,439,984	26.00
27.00	BAD DEBTS		-1,459,159	27.00
27.01	EQUITY TRANSFERS		0	27.01
27.02	TOTAL NON-OPERATING INCOME		-385,557	27.02
27.03	CONTRIBUTIONS OF PPE		0	27.03
27.04	MINORITY INTEREST		-11,871	27.04
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)		8,296,571	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0126	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/31/2018 3:33 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,658,506	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		93.87	3.00
4.00	Number of interns & residents (see instructions)		1.67	4.00
5.00	Indirect medical education percentage (see instructions)		0.50	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)		13,293	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.14	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.25	8.00
9.00	Sum of lines 7 and 8		16.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.38	10.00
11.00	Disproportionate share adjustment (see instructions)		89,858	11.00
12.00	Total prospective capital payments (see instructions)		2,761,657	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