

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/26/2015 11:02 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/26/2015 Time: 11:02 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST ANTHONY HEALTH-CR PT ( 150126 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-35,743	27,870	-170,964	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-34,585	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	-70,328	27,870	-170,964	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: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 11:01 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:									
2.00	City: CROWN POINT			State: IN		Zip Code: 46307		County: USA					
				Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
										V	XVIII	XIX	
				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 ST ANTHONY HEALTH-CR PT		150126	23844	1	12/31/1973	N	P	O	3.00
4.00	Subprovider - IPF												4.00
5.00	Subprovider - IRF			FRANCISCAN ST ANTHONY REHAB		15T126	23844	5	06/30/1985	N	P	T	5.00
6.00	Subprovider - (Other)												6.00
7.00	Swing Beds - SNF												7.00
8.00	Swing Beds - NF												8.00
9.00	Hospital-Based SNF												9.00
10.00	Hospital-Based NF												10.00
11.00	Hospital-Based OLTC												11.00
12.00	Hospital-Based HHA												12.00
13.00	Separately Certified ASC												13.00
14.00	Hospital-Based Hospice												14.00
15.00	Hospital-Based Health Clinic - RHC												15.00
16.00	Hospital-Based Health Clinic - FQHC												16.00
17.00	Hospital-Based (CMHC) I												17.00
18.00	Renal Dialysis												18.00
19.00	Other												19.00
									From:	To:			
									1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)								01/01/2014		12/31/2014	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 §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.								N		N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								N		N	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.								N		N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								2		N	23.00	
						In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
						1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					4,334	0	79	0	0	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.					11	0	0	0	0	0	25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 11:01 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 in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
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, § 2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	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	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	0		76.00
				1.00			
<b>Long Term Care Hospital PPS</b>							
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	
<b>TEFRA Providers</b>							
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	

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		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
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/MR 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
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
					3.00
<b>Miscellaneous Cost Reporting Information</b>					
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, §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 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	301,311	0		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 11:01 pm	
		1.00	2.00				
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							
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: 8001		141.00	
142.00	Street: 3333 FARNAM ST.	PO Box: SUITE 700				142.00	
143.00	City: OMAHA	State: NE		Zip Code: 68131		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
						1.00	
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, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
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						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			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	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						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 Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	
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	
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)					0.75	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 11:01 pm	
			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)		07/01/2014	09/30/2014	170.00
				1.00	
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. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 11:01 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	V/I	
		1.00	2.00	3.00	
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	Date	
		1.00	2.00	3.00	
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	04/24/2015	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 Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
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	04/06/2015	Y	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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 11:01 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
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.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCSAN 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 X33175		HONG.YANG@FRANCSANALLIANCE.ORG	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)		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)	04/05/2015	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.		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.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	REGIONAL DIRECTOR OF REIMBURSEMENT	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: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 11:01 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title 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	166	65,070	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)		166	65,070	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	12	4,380	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		200	77,480	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		220				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)		14	5,110			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 11:01 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	16,626	2,329	31,715			1.00
2.00 HMO and other (see instructions)	2,474	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	115	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)	16,626	2,329	31,715			7.00
8.00 INTENSIVE CARE UNIT	1,896	213	3,668			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	1,013	2,701			12.00
13.00 NURSERY		858	2,809			13.00
14.00 Total (see instructions)	18,522	4,413	40,893	1.67	1,153.13	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,560	11	2,301	0.00	19.12	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						26.25
27.00 Total (sum of lines 14-26)				1.67	1,172.25	27.00
28.00 Observation Bed Days		451	4,820			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	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 11:01 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	3,704	1,266	8,090	1.00
2.00 HMO and other (see instructions)			465	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation 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	3,704	1,266	8,090	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	133	1	207	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						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION				Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 11:01 pm		
	Worksheet A Line Number	Amount Reported	Reclassification 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	57,174,613	454,717	57,629,330	2,233,666.57	25.80	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		33,987	0	33,987	225.50	150.72	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		1,377,297	0	1,377,297	9,138.25	150.72	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		204,603	0	204,603	3,474.00	58.90	7.01
8.00	Home office 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)		1,950,792	40,292	1,991,084	91,147.00	21.84	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		231,785	0	231,785	4,779.00	48.50	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		893,389	0	893,389	4,629.00	193.00	13.00
14.00	Home office salaries & wage-related costs		8,308,961	0	8,308,961	164,262.00	50.58	14.00
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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		13,831,880	0	13,831,880			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		553,354	0	553,354			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		4,390	0	4,390			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		89,433	0	89,433			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	530,783	4,258	535,041	28,943.00	18.49	26.00
27.00	Administrative & General	5.00	5,315,862	36,777	5,352,639	219,610.00	24.37	27.00
28.00	Administrative & General under contract (see inst.)		67,507	0	67,507	238.95	282.52	28.00
29.00	Maintenance & Repairs	6.00	971,676	5,998	977,674	32,597.00	29.99	29.00
30.00	Operation of Plant	7.00	1,055,853	-14,604	1,041,249	48,905.00	21.29	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	37,025.00	0.00	31.00
32.00	Housekeeping	9.00	1,530,320	25,528	1,555,848	137,742.00	11.30	32.00
33.00	Housekeeping under contract (see instructions)		41,132	0	41,132	3,235.25	12.71	33.00
34.00	Dietary	10.00	1,238,077	-766,277	471,800	91,646.00	5.15	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	780,715	780,715	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,553,330	12,023	1,565,353	35,846.00	43.67	38.00
39.00	Central Services and Supply	14.00	729,574	-577	728,997	53,247.00	13.69	39.00
40.00	Pharmacy	15.00	1,741,497	13,418	1,754,915	64,578.00	27.18	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/26/2015 11:01 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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		
41.00	Medical Records & Medical Records Library	16.00	1,223,542	4,680	1,228,222	50,373.00	24.38	41.00
42.00	Social Service	17.00	1,206,253	11,080	1,217,333	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/26/2015 11:01 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	55,701,352	454,717	56,156,069	2,224,528.52	25.24	1.00
2.00	Excluded area salaries (see instructions)	1,950,792	40,292	1,991,084	91,147.00	21.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,750,560	414,425	54,164,985	2,133,381.52	25.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,434,135	0	9,434,135	173,670.00	54.32	4.00
5.00	Subtotal wage-related costs (see inst.)	13,836,270	0	13,836,270	0.00	25.54	5.00
6.00	Total (sum of lines 3 thru 5)	77,020,965	414,425	77,435,390	2,307,051.52	33.56	6.00
7.00	Total overhead cost (see instructions)	17,205,406	113,019	17,318,425	803,986.20	21.54	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 11:01 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 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)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		361,000	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		1,834,377	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		7,335,906	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		53,244	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)		495,278	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		407,470	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		3,795,293	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		122,383	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
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		74,106	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,479,057	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/26/2015 11:01 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	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-10

Date/Time Prepared:  
5/26/2015 11:01 pm

				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.299320	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			2,037,370	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			39,755,416	6.00	
7.00	Medicaid cost (line 1 times line 6)			11,899,591	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)			9,862,221	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			9,862,221	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			14,096,700	4,602,600	18,699,300
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			4,219,424	1,377,650	5,597,074
22.00	Partial payment by patients approved for charity care			427,100	473,100	900,200
23.00	Cost of charity care (line 21 minus line 22)			3,792,324	904,550	4,696,874
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					8,355,934
27.00	Medicare bad debts for the entire hospital complex (see instructions)					424,287
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					7,931,647
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					2,374,101
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					7,070,975
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					16,933,196

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Date/Time Prepared: 5/26/2015 11:01 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		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT		14,477,265	14,477,265	-4,227,577	10,249,688	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,764,201	6,764,201	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	530,783	14,605,574	15,136,357	-615,353	14,521,004	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	5,315,862	47,280,968	52,596,830	-7,580,482	45,016,348	5.00
6.00 00600	MAINTENANCE & REPAIRS	971,676	1,077,007	2,048,683	5,998	2,054,681	6.00
7.00 00700	OPERATION OF PLANT	1,055,853	4,070,260	5,126,113	-15,399	5,110,714	7.00
7.01 00701	OPERATION OF PLANT - FP	0	636,941	636,941	0	636,941	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	492,032	492,032	0	492,032	8.00
9.00 00900	HOUSEKEEPING	1,411,496	273,901	1,685,397	24,633	1,710,030	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	118,824	32,317	151,141	895	152,036	9.01
10.00 01000	DIETARY	1,238,077	901,204	2,139,281	-1,334,564	804,717	10.00
11.00 01100	CAFETERIA	0	0	0	1,349,002	1,349,002	11.00
13.00 01300	NURSING ADMINISTRATION	1,553,330	176,661	1,729,991	12,001	1,741,992	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	729,574	967,395	1,696,969	-45,354	1,651,615	14.00
15.00 01500	PHARMACY	1,741,497	4,872,828	6,614,325	-3,921,739	2,692,586	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,223,542	659,843	1,883,385	4,680	1,888,065	16.00
17.00 01700	SOCIAL SERVICE	1,206,253	346,635	1,552,888	11,080	1,563,968	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	204,603	204,603	22.00
23.00 02300	PARAMEDIC SERVICES	123,002	93,750	216,752	217	216,969	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	44,513	2,817	47,330	1,320	48,650	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	13,476,841	1,922,642	15,399,483	-1,303,924	14,095,559	30.00
31.00 03100	INTENSIVE CARE UNIT	2,263,773	386,363	2,650,136	-64,504	2,585,632	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,609,282	603,695	2,212,977	-24,540	2,188,437	35.00
41.00 04100	SUBPROVIDER - I RF	1,101,738	787,564	1,889,302	6,950	1,896,252	41.00
43.00 04300	NURSERY	0	0	0	1,211,835	1,211,835	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	4,091,407	12,758,232	16,849,639	-5,852,283	10,997,356	50.00
51.00 05100	RECOVERY ROOM	1,286,681	144,384	1,431,065	-49,887	1,381,178	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	132,376	8,297	140,673	1,224	141,897	52.00
53.00 05300	ANESTHESIOLOGY	0	1,533,572	1,533,572	-102,451	1,431,121	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,591,226	3,490,742	7,081,968	-93,647	6,988,321	54.00
54.01 05401	RADIOLOGY - I -65	368,602	476,203	844,805	585	845,390	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	48,048	11,428	59,476	365	59,841	54.02
54.03 05403	LOWELL RADIOLOGY	39,564	21,783	61,347	0	61,347	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	717,845	2,941,654	3,659,499	-2,638,130	1,021,369	55.01
55.02 03140	CARDIOLOGY	292,529	58,111	350,640	2,028	352,668	55.02
55.03 03450	NEURO-DIAGNOSTICS	196,995	262,954	459,949	-60	459,889	55.03
60.00 06000	LABORATORY	0	7,691,167	7,691,167	-9,960	7,681,207	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	922,792	253,710	1,176,502	-8,083	1,168,419	65.00
66.00 06600	PHYSICAL THERAPY	730,444	52,915	783,359	-42,666	740,693	66.00
66.01 06601	PHYSICAL THERAPY I -65	370,299	9,126	379,425	60	379,485	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	26,527	898	27,425	-68	27,357	66.02
67.00 06700	OCCUPATIONAL THERAPY	327,021	2,341	329,362	265	329,627	67.00
67.01 06701	OCCUPATIONAL THERAPY I -65	93,746	1,911	95,657	-220	95,437	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	21,888	507	22,395	0	22,395	67.02
68.00 06800	SPEECH PATHOLOGY	150,891	1,247	152,138	429	152,567	68.00
68.01 06801	SPEECH PATHOLOGY I -65	112,308	16,020	128,328	-1,326	127,002	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	14,861	1,430	16,291	0	16,291	68.02
69.00 06900	ELECTROCARDIOLOGY	354,965	18,359	373,324	2,541	375,865	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,699,483	3,699,483	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,811,723	5,811,723	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,935,145	3,935,145	73.00
74.00 07400	RENAL DIALYSIS	0	233,509	233,509	0	233,509	74.00
76.00 03020	RADIATION ONCOLOGY	447,541	513,504	961,045	240	961,285	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	562,242	124,441	686,683	2,424	689,107	90.00
90.01 09001	DIABETES CLINIC	69,844	3,299	73,143	720	73,863	90.01
90.02 09002	OUTPATIENT CLINICS	5,465	67,162	72,627	-55,992	16,635	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	344,682	218,880	563,562	-2,635	560,927	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	2	2	0	2	90.04
91.00 09100	EMERGENCY	2,791,678	723,832	3,515,510	-141,662	3,373,848	91.00
91.01 09101	EMERGENCY ROOM PHYSICIANS	2,209,372	57,437	2,266,809	4,540	2,271,349	91.01
91.02 09102	EXPRESS CARE	455,319	75,642	530,961	-19,622	511,339	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE		435,720	435,720	5,066,803	5,502,523	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	56,493,074	126,878,081	183,371,155	-26,138	183,345,017	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/26/2015 11:01 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	
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	468,139	26,697	494,836	25,323	520,159 192.00
194.00 07950	FHC	0	79	79	0	79 194.00
194.02 07952	OTHER NON REIMB - BUILDINGS	0	1,520,909	1,520,909	0	1,520,909 194.02
194.03 07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	213,400	179,970	393,370	815	394,185 194.03
200.00	TOTAL (SUM OF LINES 118-199)	57,174,613	128,605,736	185,780,349	0	185,780,349 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A  
Date/Time Prepared:  
5/26/2015 11:01 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,126,262	12,375,950	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-395	6,763,806	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,309,140	15,830,144	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,359,579	32,656,769	5.00
6.00	00600	MAINTENANCE & REPAIRS	-25	2,054,656	6.00
7.00	00700	OPERATION OF PLANT	-227,427	4,883,287	7.00
7.01	00701	OPERATION OF PLANT - FP	0	636,941	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	492,032	8.00
9.00	00900	HOUSEKEEPING	0	1,710,030	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	-12,726	139,310	9.01
10.00	01000	DIETARY	-127,276	677,441	10.00
11.00	01100	CAFETERIA	-777,151	571,851	11.00
13.00	01300	NURSING ADMINISTRATION	-5,903	1,736,089	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-347,783	1,303,832	14.00
15.00	01500	PHARMACY	-184,675	2,507,911	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,107	1,885,958	16.00
17.00	01700	SOCIAL SERVICE	-94,198	1,469,770	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	204,603	22.00
23.00	02300	PARAMEDIC SERVICES	-525	216,444	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	48,650	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,425,757	12,669,802	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,585,632	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,188,437	35.00
41.00	04100	SUBPROVIDER - I&R	-172,890	1,723,362	41.00
43.00	04300	NURSERY	0	1,211,835	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-454,101	10,543,255	50.00
51.00	05100	RECOVERY ROOM	0	1,381,178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	141,897	52.00
53.00	05300	ANESTHESIOLOGY	-1,200,000	231,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-96,272	6,892,049	54.00
54.01	05401	RADIOLOGY - I-65	0	845,390	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	-9,346	50,495	54.02
54.03	05403	LOWELL RADIOLOGY	0	61,347	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	-18,707	1,002,662	55.01
55.02	03140	CARDIOLOGY	-12,002	340,666	55.02
55.03	03450	NEURO-DIAGNOSTICS	-1,667	458,222	55.03
60.00	06000	LABORATORY	-23,841	7,657,366	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-6,088	1,162,331	65.00
66.00	06600	PHYSICAL THERAPY	-300	740,393	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	379,485	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	27,357	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	329,627	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	95,437	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	22,395	67.02
68.00	06800	SPEECH PATHOLOGY	0	152,567	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	127,002	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	16,291	68.02
69.00	06900	ELECTROCARDIOLOGY	-3,737	372,128	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,699,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,811,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,935,145	73.00
74.00	07400	RENAL DIALYSIS	0	233,509	74.00
76.00	03020	RADIATION ONCOLOGY	0	961,285	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-31,665	657,442	90.00
90.01	09001	DIABETES CLINIC	0	73,863	90.01
90.02	09002	OUTPATIENT CLINICS	0	16,635	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	-167,794	393,133	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	2	90.04
91.00	09100	EMERGENCY	-4,211	3,369,637	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	-4,007,537	-1,736,188	91.01
91.02	09102	EXPRESS CARE	0	511,339	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-5,502,523	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-23,842,806	159,502,211	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	520,159	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/26/2015 11:01 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.00	07950	FHC	6.00	7.00	
194.02	07952	OTHER NON REIMB - BUILDINGS	0	79	194.00
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	1,520,909	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-23,842,806	394,185	194.03
				161,937,543	200.00

RECLASSIFICATIONS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAFETERIA</b>						
1.00	CAFETERIA	11.00	780,715	568,287	1.00	
	O		780,715	568,287		
<b>B - CENTRAL SUPPLY</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	11,437	26,515	1.00	
	O		11,437	26,515		
<b>C - SECURITY</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	20,184	595	1.00	
	O		20,184	595		
<b>D - CAPITAL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,692,960	1.00	
	O		0	6,692,960		
<b>E - CHARGEABLE SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	585	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	53	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	200	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,154	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	12	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	151	7.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	190,802	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	76,771	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33,589	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,493	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,296,699	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	67,905	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	36	14.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	101,366	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	129,657	16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	315	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	85	18.00	
19.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	459,518	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	412	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	60	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,960	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,413	23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	45,549	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,970	25.00	
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	68	26.00	
27.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,175	27.00	
28.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	940	28.00	
29.00	SPEECH PATHOLOGY	68.00	0	429	29.00	
30.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,322	30.00	
31.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	129	31.00	
32.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,022	32.00	

RECLASSIFICATIONS

Provider CCN: 150126

Period:  
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
33.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,606	33.00
34.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	56,009	34.00
35.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,875	35.00
36.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	149,712	36.00
37.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,860	37.00
38.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	446	38.00
	O		0	3,700,370	
F - PROPERTY INSURANCE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	71,241	1.00
	O		0	71,241	
G - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	204,603	1.00
	O		0	204,603	
H - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	164,309	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	669,034	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	42,472	3.00
	O		0	875,815	
I - NURSERY					
1.00	NURSERY	43.00	1,052,510	159,325	1.00
	O		1,052,510	159,325	
J - WELLNESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,258	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	25,340	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	5,998	0	3.00
4.00	OPERATION OF PLANT	7.00	5,580	0	4.00
5.00	HOUSEKEEPING	9.00	24,633	0	5.00
6.00	ENVIRONMENTAL SERVICES - FP	9.01	895	0	6.00
7.00	DIETARY	10.00	14,438	0	7.00
8.00	NURSING ADMINISTRATION	13.00	12,023	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	10,860	0	9.00
10.00	PHARMACY	15.00	13,418	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	4,680	0	11.00
12.00	SOCIAL SERVICE	17.00	11,080	0	12.00
13.00	PARAMEDIC SERVICES	23.00	368	0	13.00
14.00	ECHOCARDIOLOGY EDUCATION PROGRAM	23.01	1,320	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	111,418	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	16,635	0	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	35.00	10,455	0	17.00
18.00	SUBPROVIDER - IRF	41.00	12,615	0	18.00
19.00	OPERATING ROOM	50.00	37,438	0	19.00
20.00	RECOVERY ROOM	51.00	18,150	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	1,260	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	40,043	0	22.00
23.00	RADIOLOGY - I-65	54.01	900	0	23.00
24.00	RADIOLOGY DIAGNOSTIC - SJ	54.02	450	0	24.00
25.00	CARDIAC CATHETERIZATION LAB	55.01	6,960	0	25.00
26.00	CARDIOLOGY	55.02	2,440	0	26.00
27.00	RESPIRATORY THERAPY	65.00	7,330	0	27.00
28.00	PHYSICAL THERAPY	66.00	2,883	0	28.00
29.00	PHYSICAL THERAPY I-65	66.01	3,030	0	29.00
30.00	OCCUPATIONAL THERAPY	67.00	1,440	0	30.00
31.00	OCCUPATION THERAPY I-65	67.01	720	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	2,670	0	32.00
33.00	RADIATION ONCOLOGY	76.00	4,268	0	33.00
34.00	CLINIC	90.00	7,030	0	34.00
35.00	DIABETES CLINIC	90.01	720	0	35.00
36.00	OCCUPATIONAL MEDICINE CLINIC	90.03	240	0	36.00
37.00	EMERGENCY	91.00	17,148	0	37.00
38.00	EMERGENCY ROOM PHYSICIANS	91.01	4,540	0	38.00
39.00	EXPRESS CARE	91.02	3,238	0	39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	4,990	0	40.00
41.00	OTHR NON REIM-FHC BEHAVIORAL HEALTH	194.03	815	0	41.00
	O		454,717	0	

RECLASSIFICATIONS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>K - PHARMACY</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,935,145	1.00	
	O		0	3,935,145		
<b>L - IMPLANT RECLASS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	120	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,705	2.00	
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,368	3.00	
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,406	4.00	
5.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	172	5.00	
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,593,022	6.00	
7.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	132	7.00	
8.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,085	8.00	
9.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,033	9.00	
10.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,185,572	10.00	
11.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4	11.00	
12.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6	12.00	
13.00	OUTPATIENT CLINICS	90.02	0	17	13.00	
14.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,098	14.00	
	O		0	5,811,740		
<b>M - INTEREST EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,655,142	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	428,679	2.00	
	O		0	3,083,821		
<b>N - DEBT SERVICE ASSESSMENT</b>						
1.00	INTEREST EXPENSE	113.00	0	8,150,624	1.00	
	TOTALS		0	8,150,624		
500.00	Grand Total: Increases		2,319,563	33,281,041	500.00	

RECLASSIFICATIONS

Provider CCN: 150126

Period:  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>							
1.00	DIETARY	10.00	780,715	568,287	0		1.00
	O		780,715	568,287			
<b>B - CENTRAL SUPPLY</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	11,437	26,515	0		1.00
	O		11,437	26,515			
<b>C - SECURITY</b>							
1.00	OPERATION OF PLANT	7.00	20,184	595	0		1.00
	O		20,184	595			
<b>D - CAPITAL</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,692,960	9		1.00
	O		0	6,692,960			
<b>E - CHARGEABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	585	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	53	0		2.00
3.00	OPERATION OF PLANT	7.00	0	200	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	22	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,154	0		5.00
6.00	PHARMACY	15.00	0	12	0		6.00
7.00	PARAMEDIC SERVICES	23.00	0	151	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	190,802	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	76,771	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	33,589	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	5,493	0		11.00
12.00	OPERATING ROOM	50.00	0	2,296,699	0		12.00
13.00	RECOVERY ROOM	51.00	0	67,905	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	101,366	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	129,657	0		16.00
17.00	RADIOLOGY - I-65	54.01	0	315	0		17.00
18.00	RADIOLOGY DIAGNOSTIC - SJ	54.02	0	85	0		18.00
19.00	CARDIAC CATHETERIZATION LAB	55.01	0	459,518	0		19.00
20.00	CARDIOLOGY	55.02	0	412	0		20.00
21.00	NEURO-DIAGNOSTICS	55.03	0	60	0		21.00
22.00	LABORATORY	60.00	0	9,960	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	15,413	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	45,549	0		24.00
25.00	PHYSICAL THERAPY I-65	66.01	0	2,970	0		25.00
26.00	PHYSICAL THERAPY ST JOHN	66.02	0	68	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	1,175	0		27.00
28.00	OCCUPATION THERAPY I-65	67.01	0	940	0		28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	429	0		29.00
30.00	SPEECH PATHOLOGY I-65	68.01	0	1,322	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	129	0		31.00
32.00	RADIATION ONCOLOGY	76.00	0	4,022	0		32.00
33.00	CLINIC	90.00	0	4,606	0		33.00
34.00	OUTPATIENT CLINICS	90.02	0	56,009	0		34.00
35.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	2,875	0		35.00
36.00	EMERGENCY	91.00	0	149,712	0		36.00
37.00	EXPRESS CARE	91.02	0	22,860	0		37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	446	0		38.00
	O		0	3,700,370			
<b>F - PROPERTY INSURANCE</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	71,241	11		1.00
	O		0	71,241			
<b>G - INTERNS AND RESIDENTS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	204,603	0		1.00
	O		0	204,603			
<b>H - INSURANCE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	164,309	14		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	669,034	14		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	42,472	14		3.00
	O		0	875,815			
<b>I - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,052,510	159,325	0		1.00
	O		1,052,510	159,325			
<b>J - WELLNESS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	454,717	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00

RECLASSIFICATIONS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-6

Date/Time Prepared:  
5/26/2015 11:01 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	0.00	0	0	0	0		7.00
8.00	0.00	0	0	0	0		8.00
9.00	0.00	0	0	0	0		9.00
10.00	0.00	0	0	0	0		10.00
11.00	0.00	0	0	0	0		11.00
12.00	0.00	0	0	0	0		12.00
13.00	0.00	0	0	0	0		13.00
14.00	0.00	0	0	0	0		14.00
15.00	0.00	0	0	0	0		15.00
16.00	0.00	0	0	0	0		16.00
17.00	0.00	0	0	0	0		17.00
18.00	0.00	0	0	0	0		18.00
19.00	0.00	0	0	0	0		19.00
20.00	0.00	0	0	0	0		20.00
21.00	0.00	0	0	0	0		21.00
22.00	0.00	0	0	0	0		22.00
23.00	0.00	0	0	0	0		23.00
24.00	0.00	0	0	0	0		24.00
25.00	0.00	0	0	0	0		25.00
26.00	0.00	0	0	0	0		26.00
27.00	0.00	0	0	0	0		27.00
28.00	0.00	0	0	0	0		28.00
29.00	0.00	0	0	0	0		29.00
30.00	0.00	0	0	0	0		30.00
31.00	0.00	0	0	0	0		31.00
32.00	0.00	0	0	0	0		32.00
33.00	0.00	0	0	0	0		33.00
34.00	0.00	0	0	0	0		34.00
35.00	0.00	0	0	0	0		35.00
36.00	0.00	0	0	0	0		36.00
37.00	0.00	0	0	0	0		37.00
38.00	0.00	0	0	0	0		38.00
39.00	0.00	0	0	0	0		39.00
40.00	0.00	0	0	0	0		40.00
41.00	0.00	0	0	0	0		41.00
0			454,717				
K - PHARMACY							
1.00	PHARMACY	15.00	0	3,935,145	0		1.00
0			0	3,935,145			
L - IMPLANT RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	120	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	12,705	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,368	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,406	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	172	0		5.00
6.00	OPERATING ROOM	50.00	0	3,593,022	0		6.00
7.00	RECOVERY ROOM	51.00	0	132	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	1,085	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,033	0		9.00
10.00	CARDIAC CATHETERIZATION LAB	55.01	0	2,185,572	0		10.00
11.00	SPEECH PATHOLOGY I-65	68.01	0	4	0		11.00
12.00	RADIATION ONCOLOGY	76.00	0	6	0		12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17	0		13.00
14.00	EMERGENCY	91.00	0	9,098	0		14.00
0			0	5,811,740			
M - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	2,655,142	11		1.00
2.00	INTEREST EXPENSE	113.00	0	428,679	11		2.00
0			0	3,083,821			
N - DEBT SERVICE ASSESSMENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,150,624	0		1.00
	TOTALS		0	8,150,624			
500.00	Grand Total: Decreases		1,864,846	33,735,758			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/26/2015 11:01 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	12,496,378	0	0	0	0	1.00
2.00	Land Improvements	13,026,897	466,542	0	466,542	0	2.00
3.00	Buildings and Fixtures	153,700,591	196,480	0	196,480	0	3.00
4.00	Building Improvements	796,915	0	0	0	0	4.00
5.00	Fixed Equipment	119,070,407	7,721,099	0	7,721,099	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	299,091,188	8,384,121	0	8,384,121	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	299,091,188	8,384,121	0	8,384,121	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	12,496,378	0				1.00
2.00	Land Improvements	13,493,439	0				2.00
3.00	Buildings and Fixtures	153,897,071	0				3.00
4.00	Building Improvements	796,915	0				4.00
5.00	Fixed Equipment	126,791,506	0				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)	307,475,309	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	307,475,309	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/26/2015 11:01 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	13,749,408	0	0	727,857	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)	13,749,408	0	0	727,857	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	14,477,265				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,477,265				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/26/2015 11:01 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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	7,056,448	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,692,960	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,749,408	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,964,103	727,857	0	1,627,542	12,375,950	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	71,241	0	0	-395	6,763,806	2.00
3.00	Total (sum of lines 1-2)	3,035,344	727,857	0	1,627,147	19,139,756	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-8

Date/Time Prepared:  
5/26/2015 11:01 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,969	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		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	-7,399,015			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-2,363	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,532,632			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-744,047	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-3,292	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 DIETARY REVENUE	B	-29,812	CAFETERIA	11.00	0	33.00
33.01 PENSION EXPENSE	A	1,338,249	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-8

Date/Time Prepared:  
5/26/2015 11:01 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	
33.02 ADVERTISING	A	-752,025	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 NON ALLOWABLE INTEREST EXP	A	-3,567,313	INTEREST EXPENSE		113.00	0 33.03
33.04 UNCLAIMED PROPERTY RECEIPTS	B	-3,994	ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.05 MISCELLANEOUS - OTHER OPERATING	B	-34,081	ADMINISTRATIVE & GENERAL		5.00	0 33.05
33.06 CAPITAL CARRY-FORWARD -- OLD	A	-14,913	CAP REL COSTS-MVBLE EQUIP		2.00	14 33.06
33.07 CAPITAL CARRY-FORWARD -- NEW	A	14,518	CAP REL COSTS-MVBLE EQUIP		2.00	14 33.07
33.08 LOBBYING DUES	A	2,976	ADMINISTRATIVE & GENERAL		5.00	0 33.08
33.09 PATIENT/PHYSICIAN TELEPHONE	A	-101,119	ADMINISTRATIVE & GENERAL		5.00	0 33.09
33.10 PATIENT ACCOUNTING MISC. REV	B	-71,950	ADMINISTRATIVE & GENERAL		5.00	0 33.10
33.11 HEALTH PROMOTION/WELLNESS REVENUE	B	-1,794	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.11
33.13 EDUCATION MISC REV	B	-2,620	ADMINISTRATIVE & GENERAL		5.00	0 33.13
33.14 HUMAN RESOURCES MISC REV	B	-23,480	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.14
33.15 OTHER OPERATING REV - PHYSICIAN	B	-1,550	ADMINISTRATIVE & GENERAL		5.00	0 33.15
33.16 REST HOME -- UTILITIES	B	-215,590	OPERATION OF PLANT		7.00	0 33.16
33.17 MASSAGE THERAPY REV	B	-5,968	RADIOLOGY-DIAGNOSTIC		54.00	0 33.17
33.18 MISC INCOME	B	-17,794	ADMINISTRATIVE & GENERAL		5.00	0 33.18
33.19 SPIRITUAL CARE - MISC REV	B	-13,380	ADMINISTRATIVE & GENERAL		5.00	0 33.19
33.20 SOCIAL ACCOUNTABILITY (DEPT. 9910)	A	-14,230	ADMINISTRATIVE & GENERAL		5.00	0 33.20
33.21 CHILDBIRTH CLASS REVENUE	B	-8,710	ADULTS & PEDIATRICS		30.00	0 33.21
33.22 SAFESITTER PROGRAM REVENUE	B	-2,100	ADMINISTRATIVE & GENERAL		5.00	0 33.22
33.23 MAINTENANCE	B	-25	MAINTENANCE & REPAIRS		6.00	0 33.23
33.24 MAIL ROOM	B	-128,419	ADMINISTRATIVE & GENERAL		5.00	0 33.24
33.25 CLINIC MISC REV	B	-21,355	CLINIC		90.00	0 33.25
33.26 OTHER NURSING REV	B	-3,239	NURSING ADMINISTRATIVE		13.00	0 33.26
33.27 OTHER REVENUE -- RADIOLOGY	B	-5,850	RADIOLOGY-DIAGNOSTIC		54.00	0 33.27
33.28 ADMIN PROPERTY TAXES	A	-29,536	ADMINISTRATIVE & GENERAL		5.00	0 33.28
33.29 WINFIELD PROPERTY TAXES	A	-6,797	RADIOLOGY-DIAGNOSTIC		54.00	0 33.29
33.30 ADJUST TO MEDICARE DEP	A	-42,508	CAP REL COSTS-BLDG & FIXT		1.00	11 33.30
33.31 DONATIONS EXPENSE (SUB 714350)	A	-7,640	ADMINISTRATIVE & GENERAL		5.00	0 33.31
33.32 ST. JOHN DIAGNOSTIC PROPERTY TAX	A	-9,346	RADIOLOGY DIAGNOSTIC - SJ		54.02	0 33.32
33.33 CHERRY CREEK PHYSICAL THERAPY PROPER	A	-300	PHYSICAL THERAPY		66.00	0 33.33
33.34 ST. CLARE CLINIC PROPERTY TAXES	A	-1,535	CLINIC		90.00	0 33.34
33.35 ENVIRONMENTAL SVCS - FP	B	-12,726	ENVIRONMENTAL SERVICES - FP		9.01	0 33.35
33.36 MEDICAL RECORDS	B	-2,107	MEDICAL RECORDS & LIBRARY		16.00	0 33.36
33.37 MISCELLANEOUS - OTHER OPERATING	B	-63	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.37
33.38 MISCELLANEOUS - OTHER OPERATING	B	-3,772	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.38
33.39 DISCOUNTS EARNED/REBATES	B	-11,837	OPERATION OF PLANT		7.00	0 33.39
33.40 DISCOUNTS EARNED/REBATES	B	-94,172	DIETARY		10.00	0 33.40
33.41 DISCOUNTS EARNED/REBATES	B	-146,924	CENTRAL SERVICES & SUPPLY		14.00	0 33.41
33.42 DISCOUNTS EARNED/REBATES	B	-74,960	CENTRAL SERVICES & SUPPLY		14.00	0 33.42
33.43 DISCOUNTS EARNED/REBATES	B	-168,210	PHARMACY		15.00	0 33.43
33.44 DISCOUNTS EARNED/REBATES	B	-80,393	ADULTS & PEDIATRICS		30.00	0 33.44
33.45 DISCOUNTS EARNED/REBATES	B	-104,512	OPERATING ROOM		50.00	0 33.45
33.46 DISCOUNTS EARNED/REBATES	B	-3,198	RESPIRATORY THERAPY		65.00	0 33.46
33.47 DISCOUNTS EARNED/REBATES	B	-1,053	CARDIAC CATHETERIZATION LAB		55.01	0 33.47
33.48 MISCELLANEOUS - OTHER OPERATING	B	-33,104	DIETARY		10.00	0 33.48
33.49 GENERAL OPERATING INTEREST	B	-6,780	ADMINISTRATIVE & GENERAL		5.00	0 33.49
33.50 MISCELLANEOUS - OTHER OPERATING	B	-525	PARAMEDIC SERVICES		23.00	0 33.50
33.51 MISCELLANEOUS - OTHER OPERATING	B	-631	ADMINISTRATIVE & GENERAL		5.00	0 33.51
33.52 MISCELLANEOUS - OTHER OPERATING	B	-2,000	ADULTS & PEDIATRICS		30.00	0 33.52
33.53 MISCELLANEOUS - OTHER OPERATING	B	-4,923	OPERATING ROOM		50.00	0 33.53
33.54 APPLICATION PROCESSING FEES	B	-4,850	ADMINISTRATIVE & GENERAL		5.00	0 33.54
33.55 DISCOUNTS EARNED/REBATES	B	-13,805	LABORATORY		60.00	0 33.55
33.56 DISCOUNTS EARNED/REBATES	B	-71,964	RADIOLOGY-DIAGNOSTIC		54.00	0 33.56
33.57 HAF FEES	A	-9,521,908	ADMINISTRATIVE & GENERAL		5.00	0 33.57
34.00 WORKSHOP/SPEAKER INCOME	B	-800	ADMINISTRATIVE & GENERAL		5.00	0 34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-8

Date/Time Prepared:  
5/26/2015 11:01 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
34.01 GOODWILL	A	-7,041	INTEREST EXPENSE	113.00	0	34.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,842,806				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: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:  
5/26/2015 11:01 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	2,174,739	0
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	11,851,979	13,488,817
3.00	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	0	125,899
4.00	15.00	PHARMACY	COEP / PHARMACY	381,761	398,226
4.01	113.00	INTEREST EXPENSE	INTEREST	6,222,455	8,150,624
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,630,934	22,163,566

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	0.00	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.



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-8-2

Date/Time Prepared:  
5/26/2015 11:01 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	25,060	0	25,060	171,400	179	1.00
2.00	13.00	NURSING ADMINISTRATION	7,938	0	7,938	171,400	64	2.00
3.00	17.00	SOCIAL SERVICE	108,948	0	108,948	171,400	179	3.00
4.00	30.00	ADULTS & PEDIATRICS	839,878	573,894	265,984	171,400	1,592	4.00
5.00	30.00	ADULTS & PEDIATRICS	14,331	14,331	0	171,400	0	5.00
6.00	50.00	OPERATING ROOM	560,666	344,666	216,000	2,041,000	720	6.00
7.00	53.00	ANESTHESIOLOGY	1,200,000	1,200,000	0	2,003,000	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	810	390	0	231,100	0	8.00
9.00	55.01	CARDIAC CATHETERIZATION LAB	45,653	0	45,653	231,100	252	9.00
10.00	55.02	CARDIOLOGY	45,000	0	45,000	231,100	297	10.00
11.00	55.03	NEURO-DIAGNOSTICS	15,000	0	15,000	231,100	120	11.00
12.00	60.00	LABORATORY	56,700	0	56,700	231,100	420	12.00
13.00	65.00	RESPIRATORY THERAPY	25,000	0	25,000	231,100	199	13.00
14.00	69.00	ELECTROCARDIOLOGY	10,000	0	10,000	171,400	76	14.00
15.00	90.00	CLINIC	10,125	0	10,125	171,400	81	15.00
16.00	90.00	CLINIC	15,625	0	15,625	171,400	125	16.00
17.00	90.03	OCCUPATIONAL MEDICINE CLINIC	10,418	10,418	0	171,400	0	17.00
18.00	91.00	EMERGENCY	2,000	0	2,000	171,400	16	18.00
19.00	91.00	EMERGENCY	10,369	0	10,369	171,400	83	19.00
20.00	91.01	EMERGENCY ROOM PHYSICIANS	1,411,284	1,377,297	33,987	171,400	226	20.00
21.00	91.01	EMERGENCY ROOM PHYSICIANS	601,796	601,796	0	171,400	0	21.00
22.00	30.00	ADULTS & PEDIATRICS	318,000	318,000	0	171,400	0	22.00
23.00	30.00	ADULTS & PEDIATRICS	293,632	293,632	0	171,400	0	23.00
24.00	41.00	SUBPROVIDER - IRF	172,890	172,890	0	171,400	0	24.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	2,520	2,520	0	171,400	0	25.00
26.00	90.03	OCCUPATIONAL MEDICINE CLINIC	135,298	135,298	0	171,400	0	26.00
27.00	90.03	OCCUPATIONAL MEDICINE CLINIC	22,078	22,078	0	171,400	0	27.00
28.00	91.01	EMERGENCY ROOM PHYSICIANS	601,796	601,796	0	171,400	0	28.00
29.00	91.01	EMERGENCY ROOM PHYSICIANS	1,411,284	1,411,284	0	171,400	0	29.00
200.00			7,974,099	7,080,290	893,389		4,629	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	14,750	738	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	5,274	264	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	14,750	738	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	131,187	6,559	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	706,500	35,325	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.01	CARDIAC CATHETERIZATION LAB	27,999	1,400	0	0	0	9.00
10.00	55.02	CARDIOLOGY	32,998	1,650	0	0	0	10.00
11.00	55.03	NEURO-DIAGNOSTICS	13,333	667	0	0	0	11.00
12.00	60.00	LABORATORY	46,664	2,333	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	22,110	1,106	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	6,263	313	0	0	0	14.00
15.00	90.00	CLINIC	6,675	334	0	0	0	15.00
16.00	90.00	CLINIC	10,300	515	0	0	0	16.00
17.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	1,318	66	0	0	0	18.00
19.00	91.00	EMERGENCY	6,840	342	0	0	0	19.00
20.00	91.01	EMERGENCY ROOM PHYSICIANS	18,623	931	0	0	0	20.00
21.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	21.00
22.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	22.00
23.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	23.00
24.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	24.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	25.00
26.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	26.00
27.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	27.00
28.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	28.00
29.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	29.00
200.00			1,065,584	53,281	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	14,750	10,310	10,310		1.00
2.00	13.00	NURSING ADMINISTRATION	0	5,274	2,664	2,664		2.00
3.00	17.00	SOCIAL SERVICE	0	14,750	94,198	94,198		3.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-8-2

Date/Time Prepared:  
5/26/2015 11:01 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
4.00	30.00	ADULTS & PEDIATRICS	0	131,187	134,797	708,691		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	14,331		5.00
6.00	50.00	OPERATING ROOM	0	706,500	0	344,666		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	1,200,000		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	810		8.00
9.00	55.01	CARDIAC CATHETERIZATION LAB	0	27,999	17,654	17,654		9.00
10.00	55.02	CARDIOLOGY	0	32,998	12,002	12,002		10.00
11.00	55.03	NEURO-DIAGNOSTICS	0	13,333	1,667	1,667		11.00
12.00	60.00	LABORATORY	0	46,664	10,036	10,036		12.00
13.00	65.00	RESPIRATORY THERAPY	0	22,110	2,890	2,890		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	6,263	3,737	3,737		14.00
15.00	90.00	CLINIC	0	6,675	3,450	3,450		15.00
16.00	90.00	CLINIC	0	10,300	5,325	5,325		16.00
17.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	10,418		17.00
18.00	91.00	EMERGENCY	0	1,318	682	682		18.00
19.00	91.00	EMERGENCY	0	6,840	3,529	3,529		19.00
20.00	91.01	EMERGENCY ROOM PHYSICIANS	0	18,623	15,364	1,392,661		20.00
21.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	601,796		21.00
22.00	30.00	ADULTS & PEDIATRICS	0	0	0	318,000		22.00
23.00	30.00	ADULTS & PEDIATRICS	0	0	0	293,632		23.00
24.00	41.00	SUBPROVIDER - IRF	0	0	0	172,890		24.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,520		25.00
26.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	135,298		26.00
27.00	90.03	OCCUPATIONAL MEDICINE CLINIC	0	0	0	22,078		27.00
28.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	601,796		28.00
29.00	91.01	EMERGENCY ROOM PHYSICIANS	0	0	0	1,411,284		29.00
200.00			0	1,065,584	318,305	7,399,015		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 11:01 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			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	12,375,950	12,375,950				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	6,763,806		6,763,806			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	15,830,144	115,638	4,083	15,949,865		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	32,656,769	2,820,145	772,347	1,495,313	37,744,574	5.00
6.00 00600 MAINTENANCE & REPAIRS	2,054,656	24,175	17,401	273,123	2,369,355	6.00
7.00 00700 OPERATION OF PLANT	4,883,287	2,033,807	56,632	290,883	7,264,609	7.00
7.01 00701 OPERATION OF PLANT - FP	636,941	0	0	0	636,941	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	492,032	141,255	5,959	0	639,246	8.00
9.00 00900 HOUSEKEEPING	1,710,030	63,147	4,614	401,197	2,178,988	9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP	139,310	0	0	33,445	172,755	9.01
10.00 01000 DIETARY	677,441	383,792	26,147	131,802	1,219,182	10.00
11.00 01100 CAFETERIA	571,851	0	0	218,101	789,952	11.00
13.00 01300 NURSING ADMINISTRATION	1,736,089	55,353	350,831	437,297	2,579,570	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,303,832	353,428	221,392	203,653	2,082,305	14.00
15.00 01500 PHARMACY	2,507,911	89,020	2,213	490,253	3,089,397	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,885,958	178,738	574	343,116	2,408,386	16.00
17.00 01700 SOCIAL SERVICE	1,469,770	328,765	232	340,074	2,138,841	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	204,603	0	0	0	204,603	22.00
23.00 02300 PARAMEDIC SERVICES	216,444	0	13,672	34,465	264,581	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	48,650	0	0	12,804	61,454	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	12,669,802	1,684,986	161,256	3,501,988	18,018,032	30.00
31.00 03100 INTENSIVE CARE UNIT	2,585,632	236,883	136,826	637,055	3,596,396	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	2,188,437	0	159,032	452,490	2,799,959	35.00
41.00 04100 SUBPROVIDER - IRF	1,723,362	274,087	4,700	311,306	2,313,455	41.00
43.00 04300 NURSERY	1,211,835	0	0	294,029	1,505,864	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	10,543,255	485,586	2,375,390	1,153,434	14,557,665	50.00
51.00 05100 RECOVERY ROOM	1,381,178	209,637	41,156	364,518	1,996,489	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	141,897	142,209	122	37,333	321,561	52.00
53.00 05300 ANESTHESIOLOGY	231,121	29,573	15,559	0	276,253	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,892,049	647,502	899,382	1,014,431	9,453,364	54.00
54.01 05401 RADIOLOGY - I-65	845,390	0	325,430	103,224	1,274,044	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	50,495	0	13,886	13,548	77,929	54.02
54.03 05403 LOWELL RADIOLOGY	61,347	0	0	11,053	72,400	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	1,002,662	133,321	323,026	202,482	1,661,491	55.01
55.02 03140 RADIOLOGY	340,666	65,218	17,587	82,403	505,874	55.02
55.03 03450 NEURO-DIAGNOSTICS	458,222	38,973	33,196	55,033	585,424	55.03
60.00 06000 LABORATORY	7,657,366	196,259	718	0	7,854,343	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,162,331	26,943	47,551	259,839	1,496,664	65.00
66.00 06600 PHYSICAL THERAPY	740,393	78,294	1,951	204,862	1,025,500	66.00
66.01 06601 PHYSICAL THERAPY I-65	379,485	0	1,115	104,293	484,893	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	27,357	0	0	7,411	34,768	66.02
67.00 06700 OCCUPATIONAL THERAPY	329,627	2,373	0	91,759	423,759	67.00
67.01 06701 OCCUPATION THERAPY I-65	95,437	0	2,184	26,390	124,011	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	22,395	0	0	6,115	28,510	67.02
68.00 06800 SPEECH PATHOLOGY	152,567	0	0	42,153	194,720	68.00
68.01 06801 SPEECH PATHOLOGY I-65	127,002	0	0	31,374	158,376	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	16,291	0	0	4,152	20,443	68.02
69.00 06900 ELECTROCARDIOLOGY	372,128	86,438	8,405	99,909	566,880	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,699,483	0	0	0	3,699,483	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,811,723	0	0	0	5,811,723	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,935,145	0	0	0	3,935,145	73.00
74.00 07400 RENAL DIALYSIS	233,509	12,006	0	0	245,515	74.00
76.00 03020 RADIATION ONCOLOGY	961,285	185,439	456,419	126,217	1,729,360	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	657,442	0	12,294	159,032	828,768	90.00
90.01 09001 DIABETES CLINIC	73,863	2,792	0	19,713	96,368	90.01
90.02 09002 OUTPATIENT CLINICS	16,635	217,153	7,529	1,527	242,844	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	393,133	19,265	5,807	96,357	514,562	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	2	0	0	0	2	90.04
91.00 09100 EMERGENCY	3,369,637	396,449	59,093	784,674	4,609,853	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	-1,736,188	22,685	0	618,478	-1,095,025	91.01
91.02 09102 EXPRESS CARE	511,339	0	1,587	128,102	641,028	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

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			
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	159,502,211	11,781,334	6,587,298	15,752,210	158,533,432	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	520,159	80,016	1,971	137,812	739,958	192.00
194.00	07950	FHC	79	0	0	0	79	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	1,520,909	480,002	174,537	0	2,175,448	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	394,185	34,598	0	59,843	488,626	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	161,937,543	12,375,950	6,763,806	15,949,865	161,937,543	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 11:01 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
<b>GENERAL SERVICE COST CENTERS</b>					
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	37,744,574			5.00
6.00 00600	MAINTENANCE & REPAIRS	713,797	3,083,152		6.00
7.00 00700	OPERATION OF PLANT	2,188,551	665,945	10,119,105	7.00
7.01 00701	OPERATION OF PLANT - FP	191,886	0	0	828,827
8.00 00800	LAUNDRY & LINEN SERVICE	192,581	46,252	193,625	0
9.00 00900	HOUSEKEEPING	656,446	20,677	86,559	279,523
9.01 01851	ENVIRONMENTAL SERVICES - FP	52,045	0	0	57,793
10.00 01000	DIETARY	367,293	125,668	526,082	0
11.00 01100	CAFETERIA	237,983	0	0	0
13.00 01300	NURSING ADMINISTRATION	777,126	18,125	75,874	0
14.00 01400	CENTRAL SERVICES & SUPPLY	627,319	115,726	484,461	3,112
15.00 01500	PHARMACY	930,718	29,149	122,024	0
16.00 01600	MEDICAL RECORDS & LIBRARY	725,555	58,526	245,005	0
17.00 01700	SOCIAL SERVICE	644,352	107,650	450,654	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	61,639	0	0	0
23.00 02300	PARAMEDIC SERVICES	79,708	0	0	0
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	18,514	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	5,428,211	551,728	2,309,688	0
31.00 03100	INTENSIVE CARE UNIT	1,083,457	77,564	324,707	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	843,521	0	0	0
41.00 04100	SUBPROVIDER - I&R	696,956	89,747	375,704	0
43.00 04300	NURSERY	453,660	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	4,385,671	158,999	665,615	0
51.00 05100	RECOVERY ROOM	601,466	68,643	287,360	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	96,874	46,565	194,932	0
53.00 05300	ANESTHESIOLOGY	83,225	9,683	40,537	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,847,939	212,017	887,561	0
54.01 05401	RADIOLOGY - I-65	383,821	0	0	199,333
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	23,477	0	0	0
54.03 05403	LOWELL RADIOLOGY	21,811	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	500,544	43,654	182,749	0
55.02 03140	CARDIOLOGY	152,401	21,355	89,397	0
55.03 03450	NEURO-DIAGNOSTICS	176,366	12,761	53,421	0
60.00 06000	LABORATORY	2,366,215	64,262	269,021	0
60.01 06001	BLOOD LABORATORY	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	450,888	8,822	36,933	0
66.00 06600	PHYSICAL THERAPY	308,944	25,636	107,321	0
66.01 06601	PHYSICAL THERAPY I-65	146,080	0	0	217,857
66.02 06602	PHYSICAL THERAPY ST JOHN	10,474	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	127,662	777	3,253	0
67.01 06701	OCCUPATIONAL THERAPY I-65	37,360	0	0	26,794
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	8,589	0	0	0
68.00 06800	SPEECH PATHOLOGY	58,662	0	0	0
68.01 06801	SPEECH PATHOLOGY I-65	47,713	0	0	47,527
68.02 06802	SPEECH THERAPY ST. JOHN	6,159	0	0	0
69.00 06900	ELECTROCARDIOLOGY	170,779	28,303	118,484	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,114,514	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,750,851	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,185,510	0	0	0
74.00 07400	RENAL DIALYSIS	73,964	3,931	16,457	0
76.00 03020	RADIATION ONCOLOGY	520,990	60,720	254,190	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	249,676	0	0	647
90.01 09001	DIABETES CLINIC	29,032	914	3,827	5,730
90.02 09002	OUTPATIENT CLINICS	73,160	71,104	297,661	30,130
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	155,018	6,308	26,408	0
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	1	0	0	0
91.00 09100	EMERGENCY	1,388,774	129,813	543,432	76,415
91.01 09101	EMERGENCY ROOM PHYSICANS	0	7,428	31,096	0
91.02 09102	EXPRESS CARE	193,117	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				
118.00	SUBTOTALS (SUM OF LINES 1-117)	36,719,045	2,888,452	9,304,038	828,827
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00 19200	PHYSICIANS' PRIVATE OFFICES	222,921	26,200	109,681	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
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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	
194.00	07950	FHC	24	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	655,380	157,171	657,961	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	147,204	11,329	47,425	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	37,744,574	3,083,152	10,119,105	828,827	1,071,704	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 11:01 pm		
Cost Center Description				HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION
				9.00	9.01	10.00	11.00	13.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,222,193					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	377,727				9.01
10.00	01000	DIETARY	172,289	0	2,423,413			10.00
11.00	01100	CAFETERIA	0	0	0	1,027,935		11.00
13.00	01300	NURSING ADMINISTRATION	24,848	0	0	22,988	3,498,531	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	158,658	0	0	34,147	0	14.00
15.00	01500	PHARMACY	39,962	0	0	41,413	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	80,238	0	0	32,304	39,926	16.00
17.00	01700	SOCIAL SERVICE	147,587	0	0	21,365	102,182	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDIC SERVICES	0	0	0	10,038	737	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	924	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	756,412	0	2,065,215	325,394	1,627,032	30.00
31.00	03100	INTENSIVE CARE UNIT	106,340	0	220,118	47,033	317,556	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	31,234	222,745	35.00
41.00	04100	SUBPROVIDER - I&RF	123,041	0	138,080	25,500	115,082	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	217,985	0	0	50,956	366,319	50.00
51.00	05100	RECOVERY ROOM	94,109	0	0	27,566	159,727	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,839	0	0	3,995	17,187	52.00
53.00	05300	ANESTHESIOLOGY	13,275	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	290,671	0	0	118,409	15,184	54.00
54.01	05401	RADIOLOGY - I-65	0	153,188	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	59,849	0	0	12,330	43,764	55.01
55.02	03140	CARDIOLOGY	29,277	0	0	6,593	3,381	55.02
55.03	03450	NEURO-DIAGNOSTICS	17,495	0	0	4,853	0	55.03
60.00	06000	LABORATORY	88,103	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	12,095	0	0	21,619	0	65.00
66.00	06600	PHYSICAL THERAPY	35,147	0	0	25,976	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	167,424	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,065	0	0	5,321	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	20,591	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,318	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	36,524	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	38,803	0	0	6,778	25,888	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	5,390	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	83,246	0	0	10,216	11,442	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	14,058	33,732	90.00
90.01	09001	DIABETES CLINIC	1,253	0	0	1,197	8,790	90.01
90.02	09002	OUTPATIENT CLINICS	97,482	0	0	8,147	1,106	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	8,648	0	0	6,864	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	177,971	0	0	58,809	352,434	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	10,184	0	0	26,432	4,102	91.01
91.02	09102	EXPRESS CARE	0	0	0	21,158	30,215	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,955,262	377,727	2,423,413	1,027,935	3,498,531	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,920	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	215,479	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	15,532	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,222,193	377,727	2,423,413	1,027,935	3,498,531	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	15.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	3,505,728					14.00
15.00 01500 PHARMACY	7,742	4,260,405				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	3,589,940			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	3,612,631		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMEDIC SERVICES	2,221	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	134,570	232	241,728	243,280	0	30.00
31.00 03100 INTENSIVE CARE UNIT	27,079	875	48,415	48,726	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	16,401	0	66,781	67,210	0	35.00
41.00 04100 SUBPROVIDER - I&R	4,438	0	15,733	15,834	0	41.00
43.00 04300 NURSERY	0	0	22,958	23,105	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	808,247	8,112	378,393	380,823	0	50.00
51.00 05100 RECOVERY ROOM	7,402	0	43,226	43,503	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	30	0	37,374	37,614	0	52.00
53.00 05300 ANESTHESIOLOGY	10,916	150,032	96,724	97,345	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	17,333	82	662,006	665,898	0	54.00
54.01 05401 RADIOLOGY - I-65	2,137	0	102,797	103,457	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	89	0	1,568	1,578	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	1,975	1,987	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	5,409	0	165,514	166,577	0	55.01
55.02 03140 RADIOLOGY	1,213	0	48,918	49,232	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	3,947	0	33,413	33,627	0	55.03
60.00 06000 LABORATORY	1,054	0	437,885	440,697	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	41,622	272	73,265	73,735	0	65.00
66.00 06600 PHYSICAL THERAPY	925	0	29,424	29,613	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	467	0	20,360	20,491	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	139	0	1,561	1,571	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	14,481	14,574	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	196	0	4,663	4,693	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	62	0	935	941	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	5,581	5,617	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	313	0	4,603	4,632	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	320	0	680	684	0	68.02
69.00 06900 ELECTROCARDIOLOGY	1,041	0	35,015	35,240	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	922,089	0	140,073	140,972	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	94,033	94,637	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,384,765	4,024,967	377,110	379,531	0	73.00
74.00 07400 RENAL DIALYSIS	315	0	5,482	5,517	0	74.00
76.00 03020 RADIATION ONCOLOGY	2,123	0	80,556	81,074	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	5,996	22,242	6,374	6,415	0	90.00
90.01 09001 DIABETES CLINIC	42	0	481	484	0	90.01
90.02 09002 OUTPATIENT CLINICS	711	915	3,476	3,499	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	3,828	39,938	7,340	7,387	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	83,426	0	279,039	280,831	0	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	16	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	7,104	12,738	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
						SERVICES-SALARY & FRINGES	
118.00		14.00	15.00	16.00	17.00	21.00	
	SUBTOTALS (SUM OF LINES 1-117)	3,505,728	4,260,405	3,589,940	3,612,631		0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	FHC	0	0	0	0	0 194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0 194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0 194.03
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	3,505,728	4,260,405	3,589,940	3,612,631	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 11:01 pm
Cost Center Description	INTERNS & RESIDENTS	PARAMEDIC SERVICES	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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 APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	266,242				22.00
23.00 02300	PARAMEDIC SERVICES	0	357,285			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	80,892		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	266	0	0	32,243,027	-266 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	5,935,107	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	4,073,284	0 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	3,940,202	0 41.00
43.00 04300	NURSERY	0	0	0	2,016,736	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	22,095,945	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	3,329,491	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	819,971	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	777,990	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,197,375	0 54.00
54.01 05401	RADIOLOGY - I-65	0	0	0	2,245,236	0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	104,830	0 54.02
54.03 05403	LOWELL RADIOLOGY	0	0	0	98,173	0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	0	0	2,851,266	0 55.01
55.02 03140	CARDIOLOGY	0	0	0	907,641	0 55.02
55.03 03450	NEURO-DIAGNOSTICS	0	0	0	929,892	0 55.03
60.00 06000	LABORATORY	0	0	0	11,522,815	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,215,915	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	1,593,135	0 66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	0	1,057,572	0 66.01
66.02 06602	PHYSICAL THERAPY ST. JOHN	0	0	0	48,513	0 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	590,892	0 67.00
67.01 06701	OCCUPATIONAL THERAPY I-65	0	0	0	218,308	0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	39,037	0 67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	268,898	0 68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	299,688	0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	28,286	0 68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	80,892	1,114,476	-50,391 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,017,131	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,751,244	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,287,028	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	356,571	0 74.00
76.00 03020	RADIATION ONCOLOGY	0	0	0	2,839,314	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	1,167,908	0 90.00
90.01 09001	DIABETES CLINIC	0	0	0	148,118	0 90.01
90.02 09002	OUTPATIENT CLINICS	0	0	0	830,235	0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	776,301	0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	3	0 90.04
91.00 09100	EMERGENCY	265,976	357,285	0	8,604,058	-380,746 91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	-1,015,767	0 91.01
91.02 09102	EXPRESS CARE	0	0	0	905,360	0 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
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Cost Center Description	INTERNS & RESIDENTS	PARAMEDIC SERVICES	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-OTHER PRGM COSTS							
	22.00	23.00	23.01	24.00	25.00			
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	266,242	357,285	80,892	156,231,205	-431,403	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,134,680	0	192.00
194.00	07950	FHC	0	0	0	103	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	3,861,439	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	710,116	0	194.03
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 118-201)	266,242	357,285	80,892	161,937,543	-431,403	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 11:01 pm
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Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
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 APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDIC SERVICES		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	32,242,761	30.00
31.00	03100	INTENSIVE CARE UNIT	5,935,107	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,073,284	35.00
41.00	04100	SUBPROVIDER - IRF	3,940,202	41.00
43.00	04300	NURSERY	2,016,736	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	22,095,945	50.00
51.00	05100	RECOVERY ROOM	3,329,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	819,971	52.00
53.00	05300	ANESTHESIOLOGY	777,990	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,197,375	54.00
54.01	05401	RADIOLOGY - I-65	2,245,236	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	104,830	54.02
54.03	05403	LOWELL RADIOLOGY	98,173	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	2,851,266	55.01
55.02	03140	CARDIOLOGY	907,641	55.02
55.03	03450	NEURO-DIAGNOSTICS	929,892	55.03
60.00	06000	LABORATORY	11,522,815	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,215,915	65.00
66.00	06600	PHYSICAL THERAPY	1,593,135	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,057,572	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	48,513	66.02
67.00	06700	OCCUPATIONAL THERAPY	590,892	67.00
67.01	06701	OCCUPATION THERAPY I-65	218,308	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	39,037	67.02
68.00	06800	SPEECH PATHOLOGY	268,898	68.00
68.01	06801	SPEECH PATHOLOGY I-65	299,688	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	28,286	68.02
69.00	06900	ELECTROCARDIOLOGY	1,064,085	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,017,131	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,751,244	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,287,028	73.00
74.00	07400	RENAL DIALYSIS	356,571	74.00
76.00	03020	RADIATION ONCOLOGY	2,839,314	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	1,167,908	90.00
90.01	09001	DIABETES CLINIC	148,118	90.01
90.02	09002	OUTPATIENT CLINICS	830,235	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	776,301	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	3	90.04
91.00	09100	EMERGENCY	8,223,312	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	-1,015,767	91.01
91.02	09102	EXPRESS CARE	905,360	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	155,799,802	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,134,680	192.00
194.00	07950	FHC	103	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
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Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	3,861,439	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	710,116	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	161,506,140	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 11:01 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	115,638	4,083	119,721	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,820,145	772,347	3,592,492	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	24,175	17,401	41,576	6.00
7.00 00700	OPERATION OF PLANT	0	2,033,807	56,632	2,090,439	7.00
7.01 00701	OPERATION OF PLANT - FP	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	141,255	5,959	147,214	8.00
9.00 00900	HOUSEKEEPING	0	63,147	4,614	67,761	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	9.01
10.00 01000	DIETARY	0	383,792	26,147	409,939	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	55,353	350,831	406,184	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	353,428	221,392	574,820	14.00
15.00 01500	PHARMACY	0	89,020	2,213	91,233	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	178,738	574	179,312	16.00
17.00 01700	SOCIAL SERVICE	0	328,765	232	328,997	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDIC SERVICES	0	0	13,672	13,672	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,684,986	161,256	1,846,242	30.00
31.00 03100	INTENSIVE CARE UNIT	0	236,883	136,826	373,709	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	159,032	159,032	35.00
41.00 04100	SUBPROVIDER - I RF	0	274,087	4,700	278,787	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	485,586	2,375,390	2,860,976	50.00
51.00 05100	RECOVERY ROOM	0	209,637	41,156	250,793	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	142,209	122	142,331	52.00
53.00 05300	ANESTHESIOLOGY	0	29,573	15,559	45,132	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	647,502	899,382	1,546,884	54.00
54.01 05401	RADIOLOGY - I-65	0	0	325,430	325,430	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	13,886	13,886	54.02
54.03 05403	LOWELL RADIOLOGY	0	0	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	133,321	323,026	456,347	55.01
55.02 03140	CARDIOLOGY	0	65,218	17,587	82,805	55.02
55.03 03450	NEURO-DIAGNOSTICS	0	38,973	33,196	72,169	55.03
60.00 06000	LABORATORY	0	196,259	718	196,977	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	26,943	47,551	74,494	65.00
66.00 06600	PHYSICAL THERAPY	0	78,294	1,951	80,245	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	1,115	1,115	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	2,373	0	2,373	67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	2,184	2,184	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	0	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	0	68.02
69.00 06900	ELECTROCARDIOLOGY	0	86,438	8,405	94,843	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	12,006	0	12,006	74.00
76.00 03020	RADIATION ONCOLOGY	0	185,439	456,419	641,858	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	12,294	12,294	90.00
90.01 09001	DIABETES CLINIC	0	2,792	0	2,792	90.01
90.02 09002	OUTPATIENT CLINICS	0	217,153	7,529	224,682	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	19,265	5,807	25,072	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	396,449	59,093	455,542	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	22,685	0	22,685	91.01
91.02 09102	EXPRESS CARE	0	0	1,587	1,587	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	2A	4.00		
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE				113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	11,781,334	6,587,298	18,368,632	118,238
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	80,016	1,971	81,987	1,034
194.00	07950	FHC	0	0	0	0	0
194.02	07952	OTHER NON REIMB - BUILDINGS	0	480,002	174,537	654,539	0
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	34,598	0	34,598	449
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	12,375,950	6,763,806	19,139,756	119,721

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 11:01 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		
<b>GENERAL SERVICE COST CENTERS</b>								
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	3,603,716				5.00	
6.00	00600	MAINTENANCE & REPAIRS	68,150	111,776			6.00	
7.00	00700	OPERATION OF PLANT	208,952	24,141	2,325,715		7.00	
7.01	00701	OPERATION OF PLANT - FP	18,320	0	0	18,320	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	18,387	1,677	44,502	0	211,780	8.00
9.00	00900	HOUSEKEEPING	62,674	750	19,894	6,179	0	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	4,969	0	0	1,277	18,799	9.01
10.00	01000	DIETARY	35,067	4,556	120,911	0	2,549	10.00
11.00	01100	CAFETERIA	22,721	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	74,196	657	17,439	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	59,893	4,196	111,346	0	615	14.00
15.00	01500	PHARMACY	88,860	1,057	28,045	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	69,272	2,122	56,311	0	0	16.00
17.00	01700	SOCIAL SERVICE	61,519	3,903	103,576	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,885	0	0	0	0	22.00
23.00	02300	PARAMEDIC SERVICES	7,610	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	1,768	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	518,315	20,002	530,841	0	106,955	30.00
31.00	03100	INTENSIVE CARE UNIT	103,443	2,812	74,629	0	7,280	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	80,535	0	0	0	5,026	35.00
41.00	04100	SUBPROVIDER - IRF	66,542	3,254	86,350	0	5,263	41.00
43.00	04300	NURSERY	43,313	0	0	0	2,203	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	418,722	5,764	152,981	0	23,152	50.00
51.00	05100	RECOVERY ROOM	57,425	2,489	66,045	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,249	1,688	44,802	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,946	351	9,317	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	271,907	7,686	203,992	0	5,318	54.00
54.01	05401	RADIOLOGY - I-65	36,645	0	0	4,406	5,229	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	2,241	0	0	0	37	54.02
54.03	05403	LOWELL RADIOLOGY	2,082	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	47,789	1,583	42,002	0	1,855	55.01
55.02	03140	CARDIOLOGY	14,550	774	20,547	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	16,839	463	12,278	0	1,696	55.03
60.00	06000	LABORATORY	225,914	2,330	61,830	0	244	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	43,049	320	8,488	0	0	65.00
66.00	06600	PHYSICAL THERAPY	29,496	929	24,666	0	919	66.00
66.01	06601	PHYSICAL THERAPY I-65	13,947	0	0	4,815	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	1,000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	12,189	28	748	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	3,567	0	0	592	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	820	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	5,601	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	4,555	0	0	1,051	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	588	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	16,305	1,026	27,232	0	1,259	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	106,408	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,163	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,187	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,062	143	3,782	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	49,742	2,201	58,422	0	1,067	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	23,838	0	0	0	128	90.00
90.01	09001	DIABETES CLINIC	2,772	33	880	0	1,132	90.01
90.02	09002	OUTPATIENT CLINICS	6,985	2,578	68,413	0	5,954	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	14,800	229	6,069	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	132,593	4,706	124,899	0	15,100	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	269	7,147	0	0	91.01
91.02	09102	EXPRESS CARE	18,438	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,505,805	104,717	2,138,384	18,320	211,780	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,283	950	25,209	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 11:01 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE		
			5.00	6.00	7.00	7.01	8.00		
194.00	07950	FHC	2	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	62,572	5,698	151,222	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	14,054	411	10,900	0	0	0	194.03
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 118-201)	3,603,716	111,776	2,325,715	18,320	211,780		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 11:01 pm	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	160,270					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	25,296				9.01
10.00	01000	DIETARY	8,570	0	582,581			10.00
11.00	01100	CAFETERIA	0	0	0	24,358		11.00
13.00	01300	NURSING ADMINISTRATION	1,236	0	0	545	503,540	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,892	0	0	809	0	14.00
15.00	01500	PHARMACY	1,988	0	0	981	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,991	0	0	765	5,746	16.00
17.00	01700	SOCIAL SERVICE	7,341	0	0	506	14,707	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDIC SERVICES	0	0	0	238	106	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	22	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	37,622	0	496,471	7,713	234,179	30.00
31.00	03100	INTENSIVE CARE UNIT	5,289	0	52,916	1,114	45,705	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	740	32,059	35.00
41.00	04100	SUBPROVIDER - IRF	6,120	0	33,194	604	16,564	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,842	0	0	1,207	52,724	50.00
51.00	05100	RECOVERY ROOM	4,681	0	0	653	22,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,175	0	0	95	2,474	52.00
53.00	05300	ANESTHESIOLOGY	660	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,458	0	0	2,806	2,185	54.00
54.01	05401	RADIOLOGY - I-65	0	10,259	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	2,977	0	0	292	6,299	55.01
55.02	03140	CARDIOLOGY	1,456	0	0	156	487	55.02
55.03	03450	NEURO-DIAGNOSTICS	870	0	0	115	0	55.03
60.00	06000	LABORATORY	4,382	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	602	0	0	512	0	65.00
66.00	06600	PHYSICAL THERAPY	1,748	0	0	616	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	11,212	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	53	0	0	126	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	1,379	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	102	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	2,446	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	1,930	0	0	161	3,726	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	268	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	4,141	0	0	242	1,647	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	333	4,855	90.00
90.01	09001	DIABETES CLINIC	62	0	0	28	1,265	90.01
90.02	09002	OUTPATIENT CLINICS	4,849	0	0	193	159	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	430	0	0	163	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	8,852	0	0	1,394	50,725	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	507	0	0	626	590	91.01
91.02	09102	EXPRESS CARE	0	0	0	501	4,349	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	146,992	25,296	582,581	24,358	503,540	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,787	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
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	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	10,718	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	773	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	160,270	25,296	582,581	24,358	503,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 11:01 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	761,100				14.00
15.00	01500	PHARMACY	1,681	217,525			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	320,095		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	523,102	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDIC SERVICES	482	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	29,215	12	21,555	35,208	30.00
31.00	03100	INTENSIVE CARE UNIT	5,879	45	4,317	7,052	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,561	0	5,955	9,727	35.00
41.00	04100	SUBPROVIDER - I RF	963	0	1,403	2,291	41.00
43.00	04300	NURSERY	0	0	2,047	3,344	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	175,472	414	33,742	55,113	50.00
51.00	05100	RECOVERY ROOM	1,607	0	3,854	6,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7	0	3,333	5,444	52.00
53.00	05300	ANESTHESIOLOGY	2,370	7,660	8,625	14,088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,763	4	59,010	96,649	54.00
54.01	05401	RADIOLOGY - I-65	464	0	9,166	14,972	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	19	0	140	228	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	176	288	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	1,174	0	14,759	24,107	55.01
55.02	03140	CARDIOLOGY	263	0	4,362	7,125	55.02
55.03	03450	NEURO-DIAGNOSTICS	857	0	2,979	4,867	55.03
60.00	06000	LABORATORY	229	0	39,047	63,778	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	9,036	14	6,533	10,671	65.00
66.00	06600	PHYSICAL THERAPY	201	0	2,624	4,286	66.00
66.01	06601	PHYSICAL THERAPY I-65	101	0	1,816	2,965	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	30	0	139	227	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,291	2,109	67.00
67.01	06701	OCCUPATION THERAPY I-65	42	0	416	679	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	14	0	83	136	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	498	813	68.00
68.01	06801	SPEECH PATHOLOGY I-65	68	0	410	670	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	69	0	61	99	68.02
69.00	06900	ELECTROCARDIOLOGY	226	0	3,122	5,100	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	200,187	0	12,490	20,402	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,385	13,696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	300,637	205,504	33,627	54,926	73.00
74.00	07400	RENAL DIALYSIS	68	0	489	798	74.00
76.00	03020	RADIATION ONCOLOGY	461	0	7,183	11,733	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1,302	1,136	568	928	90.00
90.01	09001	DIABETES CLINIC	9	0	43	70	90.01
90.02	09002	OUTPATIENT CLINICS	154	47	310	506	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	831	2,039	655	1,069	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	90.04
91.00	09100	EMERGENCY	18,112	0	24,882	40,642	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	4	0	0	0	91.01
91.02	09102	EXPRESS CARE	1,542	650	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES			
		14.00	15.00	16.00	17.00	21.00			
118.00		SUBTOTALS (SUM OF LINES 1-117)	761,100	217,525	320,095	523,102	0	118.00	
NONREIMBURSABLE COST CENTERS									
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00	
194.00	07950	FHC	0	0	0	0		194.00	
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0		194.02	
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0		194.03	
200.00		Cross Foot Adjustments						0	200.00
201.00		Negative Cost Centers	0	0	0	0		0	201.00
202.00		TOTAL (sum lines 118-201)	761,100	217,525	320,095	523,102		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 11:01 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMEDIC SERVICES	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-OTHER PRGM COSTS				
	22.00	23.00	23.01	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>					
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 APPRVD				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,885			22.00
23.00 02300	PARAMEDIC SERVICES		22,367		23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			1,886	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS			3,910,611	0 30.00
31.00 03100	INTENSIVE CARE UNIT			688,972	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT			300,032	0 35.00
41.00 04100	SUBPROVIDER - IRF			503,672	0 41.00
43.00 04300	NURSERY			53,114	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM			3,799,767	0 50.00
51.00 05100	RECOVERY ROOM			419,568	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			212,878	0 52.00
53.00 05300	ANESTHESIOLOGY			96,149	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,222,277	0 54.00
54.01 05401	RADIOLOGY - I-65			407,346	0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ			16,653	0 54.02
54.03 05403	LOWELL RADIOLOGY			2,629	0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC			0	0 55.00
55.01 05501	CARDIAC CATHETERIZATION LAB			600,704	0 55.01
55.02 03140	CARDIOLOGY			133,144	0 55.02
55.03 03450	NEURO-DIAGNOSTICS			113,546	0 55.03
60.00 06000	LABORATORY			594,731	0 60.00
60.01 06001	BLOOD LABORATORY			0	0 60.01
65.00 06500	RESPIRATORY THERAPY			155,669	0 65.00
66.00 06600	PHYSICAL THERAPY			147,268	0 66.00
66.01 06601	PHYSICAL THERAPY I-65			36,754	0 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN			1,452	0 66.02
67.00 06700	OCCUPATIONAL THERAPY			19,606	0 67.00
67.01 06701	OCCUPATION THERAPY I-65			9,057	0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN			1,099	0 67.02
68.00 06800	SPEECH PATHOLOGY			7,330	0 68.00
68.01 06801	SPEECH PATHOLOGY I-65			9,436	0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN			848	0 68.02
69.00 06900	ELECTROCARDIOLOGY			155,680	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			339,487	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			189,244	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			707,881	0 73.00
74.00 07400	RENAL DIALYSIS			24,616	0 74.00
76.00 03020	RADIATION ONCOLOGY			779,644	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC			46,576	0 90.00
90.01 09001	DIABETES CLINIC			9,234	0 90.01
90.02 09002	OUTPATIENT CLINICS			314,841	0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC			52,080	0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT			0	0 90.04
91.00 09100	EMERGENCY			883,337	0 91.00
91.01 09101	EMERGENCY ROOM PHYSICANS			36,471	0 91.01
91.02 09102	EXPRESS CARE			28,029	0 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 11:01 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMEDIC SERVICES	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	18,031,432
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00	19200	PHYSICIANS' PRIVATE OFFICES			132,250	0
194.00	07950	FHC			2	0
194.02	07952	OTHER NON REIMB - BUILDINGS			884,749	0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH			61,185	0
200.00		Cross Foot Adjustments	5,885	22,367	1,886	30,138
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	5,885	22,367	1,886	19,139,756

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 11:01 pm
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
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 APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDIC SERVICES		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	3,910,611	30.00
31.00	03100	INTENSIVE CARE UNIT	688,972	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	300,032	35.00
41.00	04100	SUBPROVIDER - I RF	503,672	41.00
43.00	04300	NURSERY	53,114	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	3,799,767	50.00
51.00	05100	RECOVERY ROOM	419,568	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	212,878	52.00
53.00	05300	ANESTHESIOLOGY	96,149	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,222,277	54.00
54.01	05401	RADIOLOGY - I-65	407,346	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	16,653	54.02
54.03	05403	LOWELL RADIOLOGY	2,629	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	600,704	55.01
55.02	03140	CARDIOLOGY	133,144	55.02
55.03	03450	NEURO-DIAGNOSTICS	113,546	55.03
60.00	06000	LABORATORY	594,731	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	155,669	65.00
66.00	06600	PHYSICAL THERAPY	147,268	66.00
66.01	06601	PHYSICAL THERAPY I-65	36,754	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	1,452	66.02
67.00	06700	OCCUPATIONAL THERAPY	19,606	67.00
67.01	06701	OCCUPATION THERAPY I-65	9,057	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,099	67.02
68.00	06800	SPEECH PATHOLOGY	7,330	68.00
68.01	06801	SPEECH PATHOLOGY I-65	9,436	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	848	68.02
69.00	06900	ELECTROCARDIOLOGY	155,680	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	339,487	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	189,244	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	707,881	73.00
74.00	07400	RENAL DIALYSIS	24,616	74.00
76.00	03020	RADIATION ONCOLOGY	779,644	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	46,576	90.00
90.01	09001	DIABETES CLINIC	9,234	90.01
90.02	09002	OUTPATIENT CLINICS	314,841	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	52,080	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	90.04
91.00	09100	EMERGENCY	883,337	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	36,471	91.01
91.02	09102	EXPRESS CARE	28,029	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,031,432	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	132,250	192.00
194.00	07950	FHC	2	194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 11:01 pm
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Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	884,749	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	61,185	194.03
200.00	Cross Foot Adjustments	30,138	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	19,139,756	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/26/2015 11:01 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				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	531,906				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,676,618			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,970	4,030	57,094,289		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	121,207	762,391	5,352,639	-37,744,574	125,287,994
6.00 00600	MAINTENANCE & REPAIRS	1,039	17,177	977,674	0	2,369,355
7.00 00700	OPERATION OF PLANT	87,411	55,902	1,041,249	0	7,264,609
7.01 00701	OPERATION OF PLANT - FP	0	0	0	0	636,941
8.00 00800	LAUNDRY & LINEN SERVICE	6,071	5,882	0	0	639,246
9.00 00900	HOUSEKEEPING	2,714	4,555	1,436,129	0	2,178,988
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	119,719	0	172,755
10.00 01000	DIETARY	16,495	25,810	471,800	0	1,219,182
11.00 01100	CAFETERIA	0	0	780,715	0	789,952
13.00 01300	NURSING ADMINISTRATION	2,379	346,309	1,565,353	0	2,579,570
14.00 01400	CENTRAL SERVICES & SUPPLY	15,190	218,538	728,997	0	2,082,305
15.00 01500	PHARMACY	3,826	2,184	1,754,915	0	3,089,397
16.00 01600	MEDICAL RECORDS & LIBRARY	7,682	567	1,228,222	0	2,408,386
17.00 01700	SOCIAL SERVICE	14,130	229	1,217,333	0	2,138,841
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	204,603
23.00 02300	PARAMEDIC SERVICES	0	13,496	123,370	0	264,581
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	45,833	0	61,454
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	72,419	159,177	12,535,749	0	18,018,032
31.00 03100	INTENSIVE CARE UNIT	10,181	135,062	2,280,408	0	3,596,396
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	156,982	1,619,737	0	2,799,959
41.00 04100	SUBPROVIDER - IRF	11,780	4,639	1,114,353	0	2,313,455
43.00 04300	NURSERY	0	0	1,052,510	0	1,505,864
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	20,870	2,344,772	4,128,845	0	14,557,665
51.00 05100	RECOVERY ROOM	9,010	40,625	1,304,831	0	1,996,489
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,112	120	133,636	0	321,561
53.00 05300	ANESTHESIOLOGY	1,271	15,358	0	0	276,253
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,829	887,788	3,631,269	0	9,453,364
54.01 05401	RADIOLOGY - I-65	0	321,235	369,502	0	1,274,044
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	13,707	48,498	0	77,929
54.03 05403	LOWELL RADIOLOGY	0	0	39,564	0	72,400
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	5,730	318,862	724,805	0	1,661,491
55.02 03140	CARDIOLOGY	2,803	17,360	294,969	0	505,874
55.03 03450	NEURO-DIAGNOSTICS	1,675	32,768	196,995	0	585,424
60.00 06000	LABORATORY	8,435	709	0	0	7,854,343
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,158	46,938	930,122	0	1,496,664
66.00 06600	PHYSICAL THERAPY	3,365	1,926	733,327	0	1,025,500
66.01 06601	PHYSICAL THERAPY I-65	0	1,101	373,329	0	484,893
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	26,527	0	34,768
67.00 06700	OCCUPATIONAL THERAPY	102	0	328,461	0	423,759
67.01 06701	OCCUPATION THERAPY I-65	0	2,156	94,466	0	124,011
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	21,888	0	28,510
68.00 06800	SPEECH PATHOLOGY	0	0	150,891	0	194,720
68.01 06801	SPEECH PATHOLOGY I-65	0	0	112,308	0	158,376
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	14,861	0	20,443
69.00 06900	ELECTROCARDIOLOGY	3,715	8,297	357,635	0	566,880
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,699,483
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,811,723
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,935,145
74.00 07400	RENAL DIALYSIS	516	0	0	0	245,515
76.00 03020	RADIATION ONCOLOGY	7,970	450,535	451,809	0	1,729,360
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	12,136	569,272	0	828,768
90.01 09001	DIABETES CLINIC	120	0	70,564	0	96,368
90.02 09002	OUTPATIENT CLINICS	9,333	7,432	5,465	0	242,844
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	828	5,732	344,922	0	514,562
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	2
91.00 09100	EMERGENCY	17,039	58,331	2,808,826	0	4,609,853
91.01 09101	EMERGENCY ROOM PHYSICANS	975	0	2,213,912	1,095,025	0
91.02 09102	EXPRESS CARE	0	1,567	458,557	0	641,028
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/26/2015 11:01 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
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	506,350	6,502,385	56,386,761	-36,649,549	121,883,883	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,439	1,946	493,313	0	739,958	192.00
194.00	07950	FHC	0	0	0	0	79	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	20,630	172,287	0	0	2,175,448	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	1,487	0	214,215	0	488,626	194.03
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)	12,375,950	6,763,806	15,949,865		37,744,574	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.267175	1.013059	0.279360		0.301262	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			119,721		3,603,716	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002097		0.028763	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/26/2015 11:01 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	404,690				6.00
7.00	00700	OPERATION OF PLANT	87,411	317,279			7.00
7.01	00701	OPERATION OF PLANT - FP	0	0	70,158		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	6,071	6,071	0	866,758	8.00
9.00	00900	HOUSEKEEPING	2,714	2,714	23,661	0	308,494
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	4,892	76,941	0
10.00	01000	DIETARY	16,495	16,495	0	10,432	16,495
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,379	2,379	0	0	2,379
14.00	01400	CENTRAL SERVICES & SUPPLY	15,190	15,190	0	2,517	15,190
15.00	01500	PHARMACY	3,826	3,826	0	0	3,826
16.00	01600	MEDICAL RECORDS & LIBRARY	7,682	7,682	0	0	7,682
17.00	01700	SOCIAL SERVICE	14,130	14,130	0	0	14,130
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDIC SERVICES	0	0	0	0	0
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	72,419	72,419	0	437,737	72,419
31.00	03100	INTENSIVE CARE UNIT	10,181	10,181	0	29,796	10,181
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	20,569	0
41.00	04100	SUBPROVIDER - I&R	11,780	11,780	0	21,539	11,780
43.00	04300	NURSERY	0	0	0	9,017	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	20,870	20,870	0	94,755	20,870
51.00	05100	RECOVERY ROOM	9,010	9,010	0	0	9,010
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,112	6,112	0	0	6,112
53.00	05300	ANESTHESIOLOGY	1,271	1,271	0	0	1,271
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,829	27,829	0	21,765	27,829
54.01	05401	RADIOLOGY - I-65	0	0	16,873	21,399	0
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	153	0
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	CARDIAC CATHETERIZATION LAB	5,730	5,730	0	7,590	5,730
55.02	03140	CARDIOLOGY	2,803	2,803	0	0	2,803
55.03	03450	NEURO-DIAGNOSTICS	1,675	1,675	0	6,943	1,675
60.00	06000	LABORATORY	8,435	8,435	0	999	8,435
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,158	1,158	0	0	1,158
66.00	06600	PHYSICAL THERAPY	3,365	3,365	0	3,760	3,365
66.01	06601	PHYSICAL THERAPY I-65	0	0	18,441	0	0
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	102	102	0	0	102
67.01	06701	OCCUPATIONAL THERAPY I-65	0	0	2,268	0	0
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	SPEECH PATHOLOGY I-65	0	0	4,023	0	0
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,715	3,715	0	5,154	3,715
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	516	516	0	0	516
76.00	03020	RADIATION ONCOLOGY	7,970	7,970	0	4,365	7,970
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	523	0
90.01	09001	DIABETES CLINIC	120	120	0	4,634	120
90.02	09002	OUTPATIENT CLINICS	9,333	9,333	0	24,368	9,333
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	828	828	0	0	828
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0
91.00	09100	EMERGENCY	17,039	17,039	0	61,802	17,039
91.01	09101	EMERGENCY ROOM PHYSICIANS	975	975	0	0	975
91.02	09102	EXPRESS CARE	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	379,134	291,723	70,158	866,758	282,938

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,439	3,439	0	0	3,439	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	20,630	20,630	0	0	20,630	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,487	1,487	0	0	1,487	194.03
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)	3,083,152	10,119,105	828,827	1,071,704	3,222,193	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.618552	31.893397	11.813720	1.236451	10.444913	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	111,776	2,325,715	18,320	211,780	160,270	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.276202	7.330189	0.261125	0.244336	0.519524	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1  
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Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	01851	41,605					9.01
10.00	01000	0	264,385				10.00
11.00	01100	0	0	1,602,908			11.00
13.00	01300	0	0	35,846	436,639		13.00
14.00	01400	0	0	53,247	0	14,713,181	14.00
15.00	01500	0	0	64,578	0	32,491	15.00
16.00	01600	0	0	50,373	4,983	2	16.00
17.00	01700	0	0	33,315	12,753	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	15,652	92	9,323	23.00
23.01	02301	0	0	1,441	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	225,307	507,404	203,064	564,779	30.00
31.00	03100	0	24,014	73,341	39,633	113,647	31.00
35.00	02060	0	0	48,705	27,800	68,832	35.00
41.00	04100	0	15,064	39,764	14,363	18,624	41.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	79,458	45,719	3,392,132	50.00
51.00	05100	0	0	42,985	19,935	31,065	51.00
52.00	05200	0	0	6,230	2,145	127	52.00
53.00	05300	0	0	0	0	45,812	53.00
54.00	05400	0	0	184,640	1,895	72,743	54.00
54.01	05401	16,873	0	0	0	8,968	54.01
54.02	05402	0	0	0	0	372	54.02
54.03	05403	0	0	0	0	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	19,226	5,462	22,699	55.01
55.02	03140	0	0	10,280	422	5,089	55.02
55.03	03450	0	0	7,568	0	16,564	55.03
60.00	06000	0	0	0	0	4,424	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	33,712	0	174,685	65.00
66.00	06600	0	0	40,506	0	3,883	66.00
66.01	06601	18,441	0	0	0	1,962	66.01
66.02	06602	0	0	0	0	583	66.02
67.00	06700	0	0	8,297	0	0	67.00
67.01	06701	2,268	0	0	0	821	67.01
67.02	06702	0	0	0	0	262	67.02
68.00	06800	0	0	6,733	0	2	68.00
68.01	06801	4,023	0	0	0	1,313	68.01
68.02	06802	0	0	0	0	1,343	68.02
69.00	06900	0	0	10,569	3,231	4,371	69.00
71.00	07100	0	0	0	0	3,869,916	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	5,811,706	73.00
74.00	07400	0	0	0	0	1,323	74.00
76.00	03020	0	0	15,931	1,428	8,911	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	21,921	4,210	25,164	90.00
90.01	09001	0	0	1,867	1,097	176	90.01
90.02	09002	0	0	12,704	138	2,986	90.02
90.03	09003	0	0	10,703	0	16,067	90.03
90.04	09004	0	0	0	0	2	90.04
91.00	09100	0	0	91,703	43,986	350,130	91.00
91.01	09101	0	0	41,216	512	69	91.01
91.02	09102	0	0	32,993	3,771	29,813	91.02
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

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Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	41,605	264,385	1,602,908	436,639	14,713,181	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
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)	377,727	2,423,413	1,027,935	3,498,531	3,505,728	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.078885	9.166227	0.641294	8.012411	0.238271	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	25,296	582,581	24,358	503,540	761,100	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.608004	2.203533	0.015196	1.153218	0.051729	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:  
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To 12/31/2014

Worksheet B-1  
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	4,006,973					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	523,906,935				16.00
17.00 01700 SOCIAL SERVICE	0	0	523,906,935			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,002		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,002	22.00
23.00 02300 PARAMEDIC SERVICES	0	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	218	35,278,468	35,278,468	1		30.00
31.00 03100 INTENSIVE CARE UNIT	823	7,065,860	7,065,860	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	9,746,276	9,746,276	0	0	35.00
41.00 04100 SUBPROVIDER - IRF	0	2,296,060	2,296,060	0	0	41.00
43.00 04300 NURSERY	0	3,350,510	3,350,510	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	7,629	55,223,769	55,223,769	0	0	50.00
51.00 05100 RECOVERY ROOM	0	6,308,500	6,308,500	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,454,409	5,454,409	0	0	52.00
53.00 05300 ANESTHESIOLOGY	141,107	14,116,190	14,116,190	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	77	96,596,404	96,596,404	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	15,002,419	15,002,419	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	228,791	228,791	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	288,184	288,184	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	24,155,594	24,155,594	0	0	55.01
55.02 03140 RADIOLOGY	0	7,139,203	7,139,203	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	4,876,355	4,876,355	0	0	55.03
60.00 06000 LABORATORY	0	63,906,186	63,906,186	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	256	10,692,442	10,692,442	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	4,294,181	4,294,181	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	2,971,399	2,971,399	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST. JOHN	0	227,752	227,752	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	2,113,392	2,113,392	0	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	680,506	680,506	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	136,521	136,521	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	814,527	814,527	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	671,729	671,729	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	99,216	99,216	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	5,110,167	5,110,167	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,442,598	20,442,598	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,723,454	13,723,454	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,785,541	55,036,419	55,036,419	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	800,019	800,019	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	11,756,637	11,756,637	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	20,919	930,297	930,297	0	0	90.00
90.01 09001 DIABETES CLINIC	0	70,147	70,147	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	861	507,345	507,345	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	37,562	1,071,228	1,071,228	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	40,723,781	40,723,781	1,001	1,001	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	11,980	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

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To 12/31/2014

Worksheet B-1

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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS				
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	15.00	16.00	17.00	21.00	22.00			
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,006,973	523,906,935	523,906,935	1,002	1,002	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
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)	4,260,405	3,589,940	3,612,631	0	266,242	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.063248	0.006852	0.006896	0.000000	265.710579	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	217,525	320,095	523,102	0	5,885	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.054287	0.000611	0.000998	0.000000	5.873253	205.00

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2014

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Cost Center Description		PARAMEDIC SERVICES (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
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 APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDIC SERVICES	1,001	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0 1,001	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0 0	30.00
31.00	03100	INTENSIVE CARE UNIT	0 0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0 0	35.00
41.00	04100	SUBPROVIDER - I RF	0 0	41.00
43.00	04300	NURSERY	0 0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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 1,001	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 0	73.00
74.00	07400	RENAL DIALYSIS	0 0	74.00
76.00	03020	RADIATION ONCOLOGY	0 0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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 1,001	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0 0	91.01
91.02	09102	EXPRESS CARE	0 0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/26/2015 11:01 pm

Cost Center Description		PARAMEDIC SERVICES (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,001	1,001	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 FHC	0	0	194.00
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	194.03
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)	357,285	80,892	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	356.928072	80.811189	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	22,367	1,886	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	22.344655	1.884116	205.00

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-2

Date/Time Prepared:  
5/26/2015 11:01 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME 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	-50,391	7.00
8.00	ER ALLIED HEALTH PROGRAM FEES		1 91.00	-114,770	8.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 11:01 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		32,242,761	134,797	32,377,558	30.00
31.00	03100 INTENSIVE CARE UNIT		5,935,107	0	5,935,107	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,073,284	0	4,073,284	35.00
41.00	04100 SUBPROVIDER - I RF		3,940,202	0	3,940,202	41.00
43.00	04300 NURSERY		2,016,736	0	2,016,736	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		22,095,945	0	22,095,945	50.00
51.00	05100 RECOVERY ROOM		3,329,491	0	3,329,491	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		819,971	0	819,971	52.00
53.00	05300 ANESTHESIOLOGY		777,990	0	777,990	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,197,375	0	15,197,375	54.00
54.01	05401 RADIOLOGY - I-65		2,245,236	0	2,245,236	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		104,830	0	104,830	54.02
54.03	05403 LOWELL RADIOLOGY		98,173	0	98,173	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		2,851,266	17,654	2,868,920	55.01
55.02	03140 RADIOLOGY		907,641	12,002	919,643	55.02
55.03	03450 NEURO-DIAGNOSTICS		929,892	1,667	931,559	55.03
60.00	06000 LABORATORY		11,522,815	10,036	11,532,851	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,215,915	2,890	2,218,805	65.00
66.00	06600 PHYSICAL THERAPY	0	1,593,135	0	1,593,135	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	1,057,572	0	1,057,572	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	48,513	0	48,513	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	590,892	0	590,892	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	218,308	0	218,308	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	39,037	0	39,037	67.02
68.00	06800 SPEECH PATHOLOGY	0	268,898	0	268,898	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	299,688	0	299,688	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	28,286	0	28,286	68.02
69.00	06900 ELECTROCARDIOLOGY		1,064,085	3,737	1,067,822	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,017,131	0	6,017,131	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,751,244	0	7,751,244	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,287,028	0	11,287,028	73.00
74.00	07400 RENAL DIALYSIS		356,571	0	356,571	74.00
76.00	03020 RADIATION ONCOLOGY		2,839,314	0	2,839,314	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		1,167,908	8,775	1,176,683	90.00
90.01	09001 DIABETES CLINIC		148,118	0	148,118	90.01
90.02	09002 OUTPATIENT CLINICS		830,235	0	830,235	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		776,301	0	776,301	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		3	0	3	90.04
91.00	09100 EMERGENCY		8,223,312	4,211	8,227,523	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS		0	15,364	15,364	91.01
91.02	09102 EXPRESS CARE		905,360	0	905,360	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,271,532	0	4,271,532	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		161,087,101	211,133	161,298,234	200.00
201.00	Less Observation Beds		4,271,532		4,271,532	201.00
202.00	Total (see instructions)		156,815,569	211,133	157,026,702	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 11:01 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	30,549,141		30,549,141			30.00
31.00	03100	INTENSIVE CARE UNIT	7,065,860		7,065,860			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,746,276		9,746,276			35.00
41.00	04100	SUBPROVIDER - IRF	2,296,060		2,296,060			41.00
43.00	04300	NURSERY	3,350,510		3,350,510			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	18,941,006	36,282,763	55,223,769	0.400117	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,353,047	3,955,453	6,308,500	0.527779	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,382,663	71,746	5,454,409	0.150332	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,683,308	8,432,882	14,116,190	0.055113	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,121,130	70,475,274	96,596,404	0.157329	0.000000	54.00
54.01	05401	RADIOLOGY - I-65	92,948	14,909,471	15,002,419	0.149658	0.000000	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	279	228,512	228,791	0.458191	0.000000	54.02
54.03	05403	LOWELL RADIOLOGY	6,539	281,645	288,184	0.340661	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	10,294,323	13,861,271	24,155,594	0.118038	0.000000	55.01
55.02	03140	CARDIOLOGY	3,624,862	3,514,341	7,139,203	0.127135	0.000000	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,271,108	3,605,247	4,876,355	0.190694	0.000000	55.03
60.00	06000	LABORATORY	25,027,047	38,879,139	63,906,186	0.180308	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	9,410,846	1,281,596	10,692,442	0.207241	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,338,833	955,348	4,294,181	0.370999	0.000000	66.00
66.01	06601	PHYSICAL THERAPY I-65	612	2,970,787	2,971,399	0.355917	0.000000	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	404	227,348	227,752	0.213008	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,083,581	29,811	2,113,392	0.279594	0.000000	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	680,506	680,506	0.320802	0.000000	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	136,521	136,521	0.285941	0.000000	67.02
68.00	06800	SPEECH PATHOLOGY	761,370	53,157	814,527	0.330128	0.000000	68.00
68.01	06801	SPEECH PATHOLOGY I-65	47,330	624,399	671,729	0.446144	0.000000	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	99,216	99,216	0.285095	0.000000	68.02
69.00	06900	ELECTROCARDIOLOGY	1,771,284	3,338,883	5,110,167	0.208229	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,287,809	9,154,789	20,442,598	0.294343	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,584,939	5,138,515	13,723,454	0.564817	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,944,082	10,092,337	55,036,419	0.205083	0.000000	73.00
74.00	07400	RENAL DIALYSIS	772,492	27,527	800,019	0.445703	0.000000	74.00
76.00	03020	RADIATION ONCOLOGY	244,459	11,512,178	11,756,637	0.241507	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,175	929,122	930,297	1.255414	0.000000	90.00
90.01	09001	DIABETES CLINIC	0	70,147	70,147	2.111537	0.000000	90.01
90.02	09002	OUTPATIENT CLINICS	507,345	0	507,345	1.636431	0.000000	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,071,228	1,071,228	0.724683	0.000000	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	12,342,968	28,380,813	40,723,781	0.201929	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)	1,088,032	3,641,295	4,729,327	0.903201	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	248,993,668	274,913,267	523,906,935			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	248,993,668	274,913,267	523,906,935			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 11:01 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.400117		50.00
51.00	05100 RECOVERY ROOM	0.527779		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.150332		52.00
53.00	05300 ANESTHESIOLOGY	0.055113		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157329		54.00
54.01	05401 RADIOLOGY - I-65	0.149658		54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.458191		54.02
54.03	05403 LOWELL RADIOLOGY	0.340661		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.118768		55.01
55.02	03140 RADIOLOGY	0.128816		55.02
55.03	03450 RADIO-DIAGNOSTICS	0.191036		55.03
60.00	06000 LABORATORY	0.180465		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.207512		65.00
66.00	06600 PHYSICAL THERAPY	0.370999		66.00
66.01	06601 PHYSICAL THERAPY I-65	0.355917		66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.213008		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.279594		67.00
67.01	06701 OCCUPATION THERAPY I-65	0.320802		67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.285941		67.02
68.00	06800 SPEECH PATHOLOGY	0.330128		68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.446144		68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.285095		68.02
69.00	06900 ELECTROCARDIOLOGY	0.208960		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.294343		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.564817		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.205083		73.00
74.00	07400 RENAL DIALYSIS	0.445703		74.00
76.00	03020 RADIATION ONCOLOGY	0.241507		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	1.264847		90.00
90.01	09001 DIABETES CLINIC	2.111537		90.01
90.02	09002 OUTPATIENT CLINICS	1.636431		90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.724683		90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000		90.04
91.00	09100 EMERGENCY	0.202032		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)	0.903201		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 11:01 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		32,242,761	134,797	32,377,558	30.00
31.00	03100 INTENSIVE CARE UNIT		5,935,107	0	5,935,107	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,073,284	0	4,073,284	35.00
41.00	04100 SUBPROVIDER - I RF		3,940,202	0	3,940,202	41.00
43.00	04300 NURSERY		2,016,736	0	2,016,736	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		22,095,945	0	22,095,945	50.00
51.00	05100 RECOVERY ROOM		3,329,491	0	3,329,491	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		819,971	0	819,971	52.00
53.00	05300 ANESTHESIOLOGY		777,990	0	777,990	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,197,375	0	15,197,375	54.00
54.01	05401 RADIOLOGY - I-65		2,245,236	0	2,245,236	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		104,830	0	104,830	54.02
54.03	05403 LOWELL RADIOLOGY		98,173	0	98,173	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		2,851,266	17,654	2,868,920	55.01
55.02	03140 RADIOLOGY		907,641	12,002	919,643	55.02
55.03	03450 NEURO-DIAGNOSTICS		929,892	1,667	931,559	55.03
60.00	06000 LABORATORY		11,522,815	10,036	11,532,851	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,215,915	2,890	2,218,805	65.00
66.00	06600 PHYSICAL THERAPY	0	1,593,135	0	1,593,135	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	1,057,572	0	1,057,572	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	48,513	0	48,513	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	590,892	0	590,892	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	218,308	0	218,308	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	39,037	0	39,037	67.02
68.00	06800 SPEECH PATHOLOGY	0	268,898	0	268,898	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	299,688	0	299,688	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	28,286	0	28,286	68.02
69.00	06900 ELECTROCARDIOLOGY		1,064,085	3,737	1,067,822	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,017,131	0	6,017,131	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,751,244	0	7,751,244	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,287,028	0	11,287,028	73.00
74.00	07400 RENAL DIALYSIS		356,571	0	356,571	74.00
76.00	03020 RADIATION ONCOLOGY		2,839,314	0	2,839,314	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		1,167,908	8,775	1,176,683	90.00
90.01	09001 DIABETES CLINIC		148,118	0	148,118	90.01
90.02	09002 OUTPATIENT CLINICS		830,235	0	830,235	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		776,301	0	776,301	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		3	0	3	90.04
91.00	09100 EMERGENCY		8,223,312	4,211	8,227,523	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS		0	15,364	15,364	91.01
91.02	09102 EXPRESS CARE		905,360	0	905,360	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,271,532	0	4,271,532	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		161,087,101	211,133	161,298,234	200.00
201.00	Less Observation Beds		4,271,532		4,271,532	201.00
202.00	Total (see instructions)		156,815,569	211,133	157,026,702	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 11:01 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	30,549,141		30,549,141			30.00
31.00	03100	INTENSIVE CARE UNIT	7,065,860		7,065,860			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,746,276		9,746,276			35.00
41.00	04100	SUBPROVIDER - IRF	2,296,060		2,296,060			41.00
43.00	04300	NURSERY	3,350,510		3,350,510			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	18,941,006	36,282,763	55,223,769	0.400117	0.400117	50.00
51.00	05100	RECOVERY ROOM	2,353,047	3,955,453	6,308,500	0.527779	0.527779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,382,663	71,746	5,454,409	0.150332	0.150332	52.00
53.00	05300	ANESTHESIOLOGY	5,683,308	8,432,882	14,116,190	0.055113	0.055113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,121,130	70,475,274	96,596,404	0.157329	0.157329	54.00
54.01	05401	RADIOLOGY - I-65	92,948	14,909,471	15,002,419	0.149658	0.149658	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	279	228,512	228,791	0.458191	0.458191	54.02
54.03	05403	LOWELL RADIOLOGY	6,539	281,645	288,184	0.340661	0.340661	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	10,294,323	13,861,271	24,155,594	0.118038	0.118038	55.01
55.02	03140	CARDIOLOGY	3,624,862	3,514,341	7,139,203	0.127135	0.127135	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,271,108	3,605,247	4,876,355	0.190694	0.190694	55.03
60.00	06000	LABORATORY	25,027,047	38,879,139	63,906,186	0.180308	0.180308	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	9,410,846	1,281,596	10,692,442	0.207241	0.207241	65.00
66.00	06600	PHYSICAL THERAPY	3,338,833	955,348	4,294,181	0.370999	0.370999	66.00
66.01	06601	PHYSICAL THERAPY I-65	612	2,970,787	2,971,399	0.355917	0.355917	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	404	227,348	227,752	0.213008	0.213008	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,083,581	29,811	2,113,392	0.279594	0.279594	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	680,506	680,506	0.320802	0.320802	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	136,521	136,521	0.285941	0.285941	67.02
68.00	06800	SPEECH PATHOLOGY	761,370	53,157	814,527	0.330128	0.330128	68.00
68.01	06801	SPEECH PATHOLOGY I-65	47,330	624,399	671,729	0.446144	0.446144	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	99,216	99,216	0.285095	0.285095	68.02
69.00	06900	ELECTROCARDIOLOGY	1,771,284	3,338,883	5,110,167	0.208229	0.208229	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,287,809	9,154,789	20,442,598	0.294343	0.294343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,584,939	5,138,515	13,723,454	0.564817	0.564817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,944,082	10,092,337	55,036,419	0.205083	0.205083	73.00
74.00	07400	RENAL DIALYSIS	772,492	27,527	800,019	0.445703	0.445703	74.00
76.00	03020	RADIATION ONCOLOGY	244,459	11,512,178	11,756,637	0.241507	0.241507	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,175	929,122	930,297	1.255414	1.255414	90.00
90.01	09001	DIABETES CLINIC	0	70,147	70,147	2.111537	2.111537	90.01
90.02	09002	OUTPATIENT CLINICS	507,345	0	507,345	1.636431	1.636431	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,071,228	1,071,228	0.724683	0.724683	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	12,342,968	28,380,813	40,723,781	0.201929	0.201929	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)	1,088,032	3,641,295	4,729,327	0.903201	0.903201	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	248,993,668	274,913,267	523,906,935			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	248,993,668	274,913,267	523,906,935			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 11:01 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
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 RADIO-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 PATIENTS	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
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
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
	<b>SPECIAL PURPOSE COST CENTERS</b>			
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: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/26/2015 11:01 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	PPS Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,910,611	0	3,910,611	36,535	107.04	30.00
31.00	INTENSIVE CARE UNIT	688,972		688,972	3,668	187.83	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	300,032		300,032	2,701	111.08	35.00
41.00	SUBPROVIDER - IRF	503,672	0	503,672	2,301	218.89	41.00
43.00	NURSERY	53,114		53,114	2,809	18.91	43.00
200.00	Total (lines 30-199)	5,456,401		5,456,401	48,014		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	16,626	1,779,647				
31.00	INTENSIVE CARE UNIT	1,896	356,126				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	1,560	341,468				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	20,082	2,477,241				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 11:01 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,799,767	55,223,769	0.068807	8,536,617	587,379	50.00
51.00	05100	RECOVERY ROOM	419,568	6,308,500	0.066508	1,092,765	72,678	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	212,878	5,454,409	0.039029	5,340	208	52.00
53.00	05300	ANESTHESIOLOGY	96,149	14,116,190	0.006811	2,421,977	16,496	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,222,277	96,596,404	0.023006	14,067,852	323,645	54.00
54.01	05401	RADIOLOGY - I-65	407,346	15,002,419	0.027152	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	16,653	228,791	0.072787	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	2,629	288,184	0.009123	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	600,704	24,155,594	0.024868	5,908,614	146,935	55.01
55.02	03140	CARDIOLOGY	133,144	7,139,203	0.018650	2,060,685	38,432	55.02
55.03	03450	NEURO-DIAGNOSTICS	113,546	4,876,355	0.023285	771,403	17,962	55.03
60.00	06000	LABORATORY	594,731	63,906,186	0.009306	12,800,807	119,124	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	155,669	10,692,442	0.014559	5,557,939	80,918	65.00
66.00	06600	PHYSICAL THERAPY	147,268	4,294,181	0.034295	1,343,044	46,060	66.00
66.01	06601	PHYSICAL THERAPY I-65	36,754	2,971,399	0.012369	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	1,452	227,752	0.006375	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	19,606	2,113,392	0.009277	555,184	5,150	67.00
67.01	06701	OCCUPATION THERAPY I-65	9,057	680,506	0.013309	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,099	136,521	0.008050	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	7,330	814,527	0.008999	245,963	2,213	68.00
68.01	06801	SPEECH PATHOLOGY I-65	9,436	671,729	0.014047	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	848	99,216	0.008547	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	155,680	5,110,167	0.030465	1,089,681	33,197	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	339,487	20,442,598	0.016607	5,481,685	91,034	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	189,244	13,723,454	0.013790	4,631,283	63,865	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	707,881	55,036,419	0.012862	23,312,622	299,847	73.00
74.00	07400	RENAL DIALYSIS	24,616	800,019	0.030769	500,850	15,411	74.00
76.00	03020	RADIATION ONCOLOGY	779,644	11,756,637	0.066315	134,133	8,895	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	46,576	930,297	0.050066	938	47	90.00
90.01	09001	DIABETES CLINIC	9,234	70,147	0.131638	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	314,841	507,345	0.620566	290,255	180,122	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	52,080	1,071,228	0.048617	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	883,337	40,723,781	0.021691	5,911,056	128,217	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	36,471	0	0.000000	0	0	91.01
91.02	09102	EXPRESS CARE	28,029	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	515,924	4,729,327	0.109090	0	0	92.00
200.00		Total (lines 50-199)	13,090,955	470,899,088		96,720,693	2,277,835	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/26/2015 11:01 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,535	0.00	16,626	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,668	0.00	1,896	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,701	0.00	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	2,301	0.00	1,560	0	0	41.00
43.00	04300	NURSERY	2,809	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	48,014		20,082	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:01 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	0	0	55.01
55.02	03140	CARDIOLOGY	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	0	0	55.03
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	30,501	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	242,515	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)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	273,016	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:01 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	55,223,769	0.000000	0.000000	8,536,617	50.00
51.00	05100 RECOVERY ROOM	0	6,308,500	0.000000	0.000000	1,092,765	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,454,409	0.000000	0.000000	5,340	52.00
53.00	05300 ANESTHESIOLOGY	0	14,116,190	0.000000	0.000000	2,421,977	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	96,596,404	0.000000	0.000000	14,067,852	54.00
54.01	05401 RADIOLOGY - I-65	0	15,002,419	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	228,791	0.000000	0.000000	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	288,184	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	24,155,594	0.000000	0.000000	5,908,614	55.01
55.02	03140 RADIOLOGY	0	7,139,203	0.000000	0.000000	2,060,685	55.02
55.03	03450 RADIOLOGY-DIAGNOSTIC	0	4,876,355	0.000000	0.000000	771,403	55.03
60.00	06000 LABORATORY	0	63,906,186	0.000000	0.000000	12,800,807	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	10,692,442	0.000000	0.000000	5,557,939	65.00
66.00	06600 PHYSICAL THERAPY	0	4,294,181	0.000000	0.000000	1,343,044	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	2,971,399	0.000000	0.000000	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	227,752	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	2,113,392	0.000000	0.000000	555,184	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	680,506	0.000000	0.000000	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	136,521	0.000000	0.000000	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	814,527	0.000000	0.000000	245,963	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	671,729	0.000000	0.000000	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	99,216	0.000000	0.000000	0	68.02
69.00	06900 ELECTROCARDIOLOGY	30,501	5,110,167	0.005969	0.005969	1,089,681	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,442,598	0.000000	0.000000	5,481,685	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,723,454	0.000000	0.000000	4,631,283	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	55,036,419	0.000000	0.000000	23,312,622	73.00
74.00	07400 RENAL DIALYSIS	0	800,019	0.000000	0.000000	500,850	74.00
76.00	03020 RADIATION ONCOLOGY	0	11,756,637	0.000000	0.000000	134,133	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	930,297	0.000000	0.000000	938	90.00
90.01	09001 DIABETES CLINIC	0	70,147	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	507,345	0.000000	0.000000	290,255	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	1,071,228	0.000000	0.000000	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	242,515	40,723,781	0.005955	0.005955	5,911,056	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0.000000	0	91.01
91.02	09102 EXPRESS CARE	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,729,327	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	273,016	470,899,088			96,720,693	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:01 pm
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	9,098,276	0	50.00
51.00	05100 RECOVERY ROOM	0	1,653,852	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,332,134	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,119,747	0	54.00
54.01	05401 RADIOLOGY - I-65	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	7,686,029	0	55.01
55.02	03140 RADIOLOGY	0	1,221,712	0	55.02
55.03	03450 RADIOLOGY-DIAGNOSTIC	0	792,889	0	55.03
60.00	06000 LABORATORY	0	4,406,150	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	406,809	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	6,504	1,331,384	7,947	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,848,516	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,117,662	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,357,509	0	73.00
74.00	07400 RENAL DIALYSIS	0	18,042	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	6,458,371	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	267,880	0	90.00
90.01	09001 DIABETES CLINIC	0	336	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	1,928	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	90.04
91.00	09100 EMERGENCY	35,200	4,945,826	29,452	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,101,964	0	92.00
200.00	Total (lines 50-199)	41,704	76,167,016	37,399	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 11:01 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.400117	9,098,276	0	0	3,640,375	50.00
51.00	05100	RECOVERY ROOM	0.527779	1,653,852	0	0	872,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.150332	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055113	2,332,134	0	0	128,531	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157329	25,119,747	0	0	3,952,065	54.00
54.01	05401	RADIOLOGY - I-65	0.149658	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.458191	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.340661	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.118038	7,686,029	0	0	907,243	55.01
55.02	03140	CARDIOLOGY	0.127135	1,221,712	0	0	155,322	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.190694	792,889	0	0	151,199	55.03
60.00	06000	LABORATORY	0.180308	4,406,150	4,280	0	794,464	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.207241	406,809	0	0	84,308	65.00
66.00	06600	PHYSICAL THERAPY	0.370999	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.355917	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.213008	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.279594	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0.320802	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.285941	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.330128	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.446144	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.285095	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.208229	1,331,384	0	0	277,233	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.294343	2,848,516	0	0	838,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.564817	2,117,662	0	0	1,196,091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205083	4,357,509	0	44,167	893,651	73.00
74.00	07400	RENAL DIALYSIS	0.445703	18,042	0	0	8,041	74.00
76.00	03020	RADIATION ONCOLOGY	0.241507	6,458,371	0	0	1,559,742	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1.255414	267,880	0	0	336,300	90.00
90.01	09001	DIABETES CLINIC	2.111537	336	0	0	709	90.01
90.02	09002	OUTPATIENT CLINICS	1.636431	1,928	0	0	3,155	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.724683	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	0.201929	4,945,826	0	0	998,706	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)	0.903201	1,101,964	0	0	995,295	92.00
200.00		Subtotal (see instructions)		76,167,016	4,280	44,167	17,793,739	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		76,167,016	4,280	44,167	17,793,739	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 11:01 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - I-65	0	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0		55.01
55.02 03140 RADIOLOGY	0	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0		55.03
60.00 06000 LABORATORY	772	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 PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,058		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RADIATION ONCOLOGY	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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)	772	9,058		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	772	9,058		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150126 Component CCN: 15T126		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 11:01 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,799,767	55,223,769	0.068807	2,111	145	50.00
51.00	05100	RECOVERY ROOM	419,568	6,308,500	0.066508	620	41	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	212,878	5,454,409	0.039029	0	0	52.00
53.00	05300	ANESTHESIOLOGY	96,149	14,116,190	0.006811	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,222,277	96,596,404	0.023006	116,249	2,674	54.00
54.01	05401	RADIOLOGY - I-65	407,346	15,002,419	0.027152	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	16,653	228,791	0.072787	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	2,629	288,184	0.009123	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	600,704	24,155,594	0.024868	0	0	55.01
55.02	03140	CARDIOLOGY	133,144	7,139,203	0.018650	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	113,546	4,876,355	0.023285	0	0	55.03
60.00	06000	LABORATORY	594,731	63,906,186	0.009306	184,647	1,718	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	155,669	10,692,442	0.014559	78,045	1,136	65.00
66.00	06600	PHYSICAL THERAPY	147,268	4,294,181	0.034295	921,333	31,597	66.00
66.01	06601	PHYSICAL THERAPY I-65	36,754	2,971,399	0.012369	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	1,452	227,752	0.006375	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	19,606	2,113,392	0.009277	831,323	7,712	67.00
67.01	06701	OCCUPATION THERAPY I-65	9,057	680,506	0.013309	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,099	136,521	0.008050	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	7,330	814,527	0.008999	251,382	2,262	68.00
68.01	06801	SPEECH PATHOLOGY I-65	9,436	671,729	0.014047	29,276	411	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	848	99,216	0.008547	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	155,680	5,110,167	0.030465	7,938	242	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	339,487	20,442,598	0.016607	131,600	2,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	189,244	13,723,454	0.013790	540	7	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	707,881	55,036,419	0.012862	566,794	7,290	73.00
74.00	07400	RENAL DIALYSIS	24,616	800,019	0.030769	16,905	520	74.00
76.00	03020	RADIATION ONCOLOGY	779,644	11,756,637	0.066315	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	46,576	930,297	0.050066	0	0	90.00
90.01	09001	DIABETES CLINIC	9,234	70,147	0.131638	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	314,841	507,345	0.620566	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	52,080	1,071,228	0.048617	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	883,337	40,723,781	0.021691	0	0	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	36,471	0	0.000000	0	0	91.01
91.02	09102	EXPRESS CARE	28,029	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,729,327	0.000000	0	0	92.00
200.00		Total (lines 50-199)	12,575,031	470,899,088		3,138,763	57,940	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126 Component CCN: 15T126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:01 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	55.01
55.02	03140 RADIOLOGY	0	0	0	0	0	55.02
55.03	03450 RADIOLOGY-NEURO-DIAGNOSTICS	0	0	0	0	0	55.03
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	0	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0	0	80,892	0	80,892	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	357,285	0	357,285	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	438,177	0	438,177	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126 Component CCN: 15T126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:01 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	55,223,769	0.000000	0.000000	2,111	50.00
51.00	05100 RECOVERY ROOM	0	6,308,500	0.000000	0.000000	620	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,454,409	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	14,116,190	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	96,596,404	0.000000	0.000000	116,249	54.00
54.01	05401 RADIOLOGY - I-65	0	15,002,419	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	228,791	0.000000	0.000000	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	288,184	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	24,155,594	0.000000	0.000000	0	55.01
55.02	03140 RADIOLOGY	0	7,139,203	0.000000	0.000000	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0	4,876,355	0.000000	0.000000	0	55.03
60.00	06000 LABORATORY	0	63,906,186	0.000000	0.000000	184,647	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	10,692,442	0.000000	0.000000	78,045	65.00
66.00	06600 PHYSICAL THERAPY	0	4,294,181	0.000000	0.000000	921,333	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	2,971,399	0.000000	0.000000	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	227,752	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	2,113,392	0.000000	0.000000	831,323	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	680,506	0.000000	0.000000	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	136,521	0.000000	0.000000	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	814,527	0.000000	0.000000	251,382	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	671,729	0.000000	0.000000	29,276	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	99,216	0.000000	0.000000	0	68.02
69.00	06900 ELECTROCARDIOLOGY	80,892	5,110,167	0.015830	0.015830	7,938	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,442,598	0.000000	0.000000	131,600	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,723,454	0.000000	0.000000	540	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	55,036,419	0.000000	0.000000	566,794	73.00
74.00	07400 RENAL DIALYSIS	0	800,019	0.000000	0.000000	16,905	74.00
76.00	03020 RADIATION ONCOLOGY	0	11,756,637	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	930,297	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CLINIC	0	70,147	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	507,345	0.000000	0.000000	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	1,071,228	0.000000	0.000000	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	357,285	40,723,781	0.008773	0.008773	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0.000000	0	91.01
91.02	09102 EXPRESS CARE	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,729,327	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	438,177	470,899,088			3,138,763	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:01 pm
	Component CCN: 15T126	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	55.01
55.02 03140 RADIOLOGY	0	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	55.03
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	126	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (Lines 50-199)	126	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150126 Component CCN: 15T126		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 11:01 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,799,767	55,223,769	0.068807	0	0 50.00
51.00	05100	RECOVERY ROOM	419,568	6,308,500	0.066508	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	212,878	5,454,409	0.039029	0	0 52.00
53.00	05300	ANESTHESIOLOGY	96,149	14,116,190	0.006811	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,222,277	96,596,404	0.023006	0	0 54.00
54.01	05401	RADIOLOGY - I-65	407,346	15,002,419	0.027152	0	0 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	16,653	228,791	0.072787	0	0 54.02
54.03	05403	LOWELL RADIOLOGY	2,629	288,184	0.009123	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	600,704	24,155,594	0.024868	0	0 55.01
55.02	03140	CARDIOLOGY	133,144	7,139,203	0.018650	0	0 55.02
55.03	03450	NEURO-DIAGNOSTICS	113,546	4,876,355	0.023285	0	0 55.03
60.00	06000	LABORATORY	594,731	63,906,186	0.009306	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	155,669	10,692,442	0.014559	0	0 65.00
66.00	06600	PHYSICAL THERAPY	147,268	4,294,181	0.034295	0	0 66.00
66.01	06601	PHYSICAL THERAPY I-65	36,754	2,971,399	0.012369	0	0 66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	1,452	227,752	0.006375	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	19,606	2,113,392	0.009277	0	0 67.00
67.01	06701	OCCUPATION THERAPY I-65	9,057	680,506	0.013309	0	0 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,099	136,521	0.008050	0	0 67.02
68.00	06800	SPEECH PATHOLOGY	7,330	814,527	0.008999	0	0 68.00
68.01	06801	SPEECH PATHOLOGY I-65	9,436	671,729	0.014047	409	6 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	848	99,216	0.008547	0	0 68.02
69.00	06900	ELECTROCARDIOLOGY	155,680	5,110,167	0.030465	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	339,487	20,442,598	0.016607	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	189,244	13,723,454	0.013790	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	707,881	55,036,419	0.012862	0	0 73.00
74.00	07400	RENAL DIALYSIS	24,616	800,019	0.030769	0	0 74.00
76.00	03020	RADIATION ONCOLOGY	779,644	11,756,637	0.066315	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	46,576	930,297	0.050066	0	0 90.00
90.01	09001	DIABETES CLINIC	9,234	70,147	0.131638	0	0 90.01
90.02	09002	OUTPATIENT CLINICS	314,841	507,345	0.620566	0	0 90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	52,080	1,071,228	0.048617	0	0 90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	883,337	40,723,781	0.021691	0	0 91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	36,471	0	0.000000	0	0 91.01
91.02	09102	EXPRESS CARE	28,029	0	0.000000	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,729,327	0.000000	0	0 92.00
200.00		Total (lines 50-199)	12,575,031	470,899,088		409	6,200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126 Component CCN: 15T126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:01 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	55.01
55.02	03140 RADIOLOGY	0	0	0	0	0	55.02
55.03	03450 RADIOLOGY-NEURO-DIAGNOSTICS	0	0	0	0	0	55.03
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	0	0	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0	0	0	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	0	0	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0	0	80,892	0	80,892	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	357,285	0	357,285	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	438,177	0	438,177	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126 Component CCN: 15T126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:01 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	55,223,769	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	6,308,500	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,454,409	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	14,116,190	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	96,596,404	0.000000	0.000000	0	54.00
54.01	05401 RADIOLOGY - I-65	0	15,002,419	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0	228,791	0.000000	0.000000	0	54.02
54.03	05403 LOWELL RADIOLOGY	0	288,184	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0	24,155,594	0.000000	0.000000	0	55.01
55.02	03140 RADIOLOGY	0	7,139,203	0.000000	0.000000	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0	4,876,355	0.000000	0.000000	0	55.03
60.00	06000 LABORATORY	0	63,906,186	0.000000	0.000000	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	10,692,442	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	4,294,181	0.000000	0.000000	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	2,971,399	0.000000	0.000000	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	227,752	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	2,113,392	0.000000	0.000000	0	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	680,506	0.000000	0.000000	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	136,521	0.000000	0.000000	0	67.02
68.00	06800 SPEECH PATHOLOGY	0	814,527	0.000000	0.000000	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	671,729	0.000000	0.000000	409	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	99,216	0.000000	0.000000	0	68.02
69.00	06900 ELECTROCARDIOLOGY	80,892	5,110,167	0.015830	0.015830	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,442,598	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,723,454	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	55,036,419	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	800,019	0.000000	0.000000	0	74.00
76.00	03020 RADIATION ONCOLOGY	0	11,756,637	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	930,297	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CLINIC	0	70,147	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CLINICS	0	507,345	0.000000	0.000000	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	1,071,228	0.000000	0.000000	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	357,285	40,723,781	0.008773	0.008773	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0.000000	0	91.01
91.02	09102 EXPRESS CARE	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,729,327	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	438,177	470,899,088			409	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:01 pm
	Component CCN: 15T126	Title XIX	Subprovider - IRF Tefra

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 11:01 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,535	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,535	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)		31,715	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)		16,626	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
<b>SWING BED ADJUSTMENT</b>				
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)		32,377,558	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)		32,377,558	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		32,377,558	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		886.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,734,127	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)		14,734,127	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		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	5,935,107	3,668	1,618.08	1,896	3,067,880	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	4,073,284	2,701	1,508.07	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					22,816,708	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,618,715	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,135,773	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,319,539	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,455,312	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,163,403	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/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR 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)					4,820	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					886.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,271,532	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 11:01 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	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	3,910,611	32,377,558	0.120782	4,271,532	515,924	90.00
91.00	Nursing School cost	0	32,377,558	0.000000	4,271,532	0	91.00
92.00	Allied health cost	0	32,377,558	0.000000	4,271,532	0	92.00
93.00	All other Medical Education	0	32,377,558	0.000000	4,271,532	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T126		Date/Time Prepared: 5/26/2015 11:01 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,301	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,301	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)		2,301	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)		1,560	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,940,202	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,940,202	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,940,202	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,712.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,671,328	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,671,328	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1		
		Component CCN: 15T126				Date/Time Prepared: 5/26/2015 11:01 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						903,749		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,575,077		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						341,468		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						58,066		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						399,534		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,175,543		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
70.00 Skilled nursing facility/other nursing facility/ICF/MR 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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126 Component CCN: 15T126		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 11:01 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	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	503,672	3,940,202	0.127829	0	0	90.00
91.00	Nursing School cost	0	3,940,202	0.000000	0	0	91.00
92.00	Allied health cost	0	3,940,202	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,940,202	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T126		Date/Time Prepared: 5/26/2015 11:01 pm
		Title XIX	Subprovider - IRF	Tefra
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,301	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,301	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)		2,301	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)		11	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,809	15.00
16.00	Nursery days (title V or XIX only)		858	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,940,202	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,940,202	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,940,202	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,712.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,836	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)		18,836	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T126				Date/Time Prepared: 5/26/2015 11:01 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					182		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,018		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,012		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					1		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)					-19,012		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)					6		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR 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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150126 Component CCN: 15T126		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 11:01 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	3,940,202	0.000000	0	0	90.00
91.00	Nursing School cost	0	3,940,202	0.000000	0	0	91.00
92.00	Allied health cost	0	3,940,202	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,940,202	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 11:01 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		12,975,482	30.00
31.00	03100	INTENSIVE CARE UNIT		5,895,970	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.400117	8,536,617	3,415,646 50.00
51.00	05100	RECOVERY ROOM	0.527779	1,092,765	576,738 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.150332	5,340	803 52.00
53.00	05300	ANESTHESIOLOGY	0.055113	2,421,977	133,482 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157329	14,067,852	2,213,281 54.00
54.01	05401	RADIOLOGY - I-65	0.149658	0	0 54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.458191	0	0 54.02
54.03	05403	LOWELL RADIOLOGY	0.340661	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.118768	5,908,614	701,754 55.01
55.02	03140	CARDIOLOGY	0.128816	2,060,685	265,449 55.02
55.03	03450	NEURO-DIAGNOSTICS	0.191036	771,403	147,366 55.03
60.00	06000	LABORATORY	0.180465	12,800,807	2,310,098 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.207512	5,557,939	1,153,339 65.00
66.00	06600	PHYSICAL THERAPY	0.370999	1,343,044	498,268 66.00
66.01	06601	PHYSICAL THERAPY I-65	0.355917	0	0 66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.213008	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.279594	555,184	155,226 67.00
67.01	06701	OCCUPATION THERAPY I-65	0.320802	0	0 67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.285941	0	0 67.02
68.00	06800	SPEECH PATHOLOGY	0.330128	245,963	81,199 68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.446144	0	0 68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.285095	0	0 68.02
69.00	06900	ELECTROCARDIOLOGY	0.208960	1,089,681	227,700 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.294343	5,481,685	1,613,496 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.564817	4,631,283	2,615,827 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205083	23,312,622	4,781,022 73.00
74.00	07400	RENAL DIALYSIS	0.445703	500,850	223,230 74.00
76.00	03020	RADIATION ONCOLOGY	0.241507	134,133	32,394 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.264847	938	1,186 90.00
90.01	09001	DIABETES CLINIC	2.111537	0	0 90.01
90.02	09002	OUTPATIENT CLINICS	1.636431	290,255	474,982 90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.724683	0	0 90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.202032	5,911,056	1,194,222 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)	0.903201	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		96,720,693	22,816,708 200.00
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)		96,720,693	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T126		Date/Time Prepared: 5/26/2015 11:01 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		1,557,999		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.400117	2,111	845	50.00
51.00	05100 RECOVERY ROOM	0.527779	620	327	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.150332	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.055113	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157329	116,249	18,289	54.00
54.01	05401 RADIOLOGY - I-65	0.149658	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.458191	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.340661	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.118768	0	0	55.01
55.02	03140 RADIOLOGY	0.128816	0	0	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.191036	0	0	55.03
60.00	06000 LABORATORY	0.180465	184,647	33,322	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.207512	78,045	16,195	65.00
66.00	06600 PHYSICAL THERAPY	0.370999	921,333	341,814	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.355917	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.213008	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.279594	831,323	232,433	67.00
67.01	06701 OCCUPATION THERAPY I-65	0.320802	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.285941	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.330128	251,382	82,988	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.446144	29,276	13,061	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.285095	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.208960	7,938	1,659	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.294343	131,600	38,736	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.564817	540	305	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.205083	566,794	116,240	73.00
74.00	07400 RENAL DIALYSIS	0.445703	16,905	7,535	74.00
76.00	03020 RADIATION ONCOLOGY	0.241507	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.264847	0	0	90.00
90.01	09001 DIABETES CLINIC	2.111537	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	1.636431	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.724683	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.202032	0	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.903201	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,138,763	903,749	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)		3,138,763		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 11:01 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,459,349	30.00
31.00	03100	INTENSIVE CARE UNIT		403,371	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		3,769,579	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.400117	1,006,636	50.00
51.00	05100	RECOVERY ROOM	0.527779	97,479	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.150332	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055113	383,018	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157329	1,454,847	54.00
54.01	05401	RADIOLOGY - I-65	0.149658	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.458191	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.340661	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.118038	554,062	55.01
55.02	03140	CARDIOLOGY	0.127135	207,694	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.190694	83,595	55.03
60.00	06000	LABORATORY	0.180308	2,045,150	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.207241	555,483	65.00
66.00	06600	PHYSICAL THERAPY	0.370999	57,294	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.355917	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.213008	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.279594	24,154	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.320802	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.285941	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.330128	27,247	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.446144	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.285095	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.208229	79,153	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.294343	360,284	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.564817	130,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205083	4,146,486	73.00
74.00	07400	RENAL DIALYSIS	0.445703	32,809	74.00
76.00	03020	RADIATION ONCOLOGY	0.241507	50,249	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.255414	0	90.00
90.01	09001	DIABETES CLINIC	2.111537	0	90.01
90.02	09002	OUTPATIENT CLINICS	1.636431	27,972	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.724683	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	90.04
91.00	09100	EMERGENCY	0.201929	489,541	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)	0.903201	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		11,813,464	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)		11,813,464	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T126		Date/Time Prepared: 5/26/2015 11:01 pm	
		Title XIX	Subprovider - IRF	Tefra	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		27,447		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.400117	0	0	50.00
51.00	05100 RECOVERY ROOM	0.527779	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.150332	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.055113	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157329	0	0	54.00
54.01	05401 RADIOLOGY - I-65	0.149658	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.458191	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.340661	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.118038	0	0	55.01
55.02	03140 RADIOLOGY	0.127135	0	0	55.02
55.03	03450 RADIOLOGY-NEURO-DIAGNOSTICS	0.190694	0	0	55.03
60.00	06000 LABORATORY	0.180308	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.207241	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.370999	0	0	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.355917	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.213008	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.279594	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	0.320802	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.285941	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.330128	0	0	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.446144	409	182	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.285095	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.208229	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.294343	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.564817	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.205083	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.445703	0	0	74.00
76.00	03020 RADIOLOGY ONCOLOGY	0.241507	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.255414	0	0	90.00
90.01	09001 DIABETES CLINIC	2.111537	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	1.636431	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.724683	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.201929	0	0	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.903201	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		409	182	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)		409	182	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 11:01 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,333,908	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,777,969	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)		853,885	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		4,080,662	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		213.07	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.43	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		2.46	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		2.03	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.67	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)		1.67	12.00
13.00	Total allowable FTE count for the prior year.		2.21	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.		2.18	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.02	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		2.02	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.009480	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.009861	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.009480	21.00
22.00	IME payment adjustment (see instructions)		181,910	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.36	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)		181,910	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.41	30.00
31.00	Percentage of Medicaid patient days (see instructions)		10.79	31.00
32.00	Sum of lines 30 and 31		12.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 11:01 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000130388	0.000135235	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		32,147,672		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		32,147,672		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,694,130		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).		65,377		52.00
53.00	Nursing and Allied Health Managed Care payment		8,159		53.00
54.00	Special add-on payments for new technologies		0		54.00
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)		41,704		58.00
59.00	Total (sum of amounts on lines 49 through 58)		34,957,042		59.00
60.00	Primary payer payments		1,702		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		34,955,340		61.00
62.00	Deductibles billed to program beneficiaries		3,205,344		62.00
63.00	Coinurance billed to program beneficiaries		180,880		63.00
64.00	Allowable bad debts (see instructions)		279,740		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		181,831		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		26,231		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,750,947		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 PSR		1,421		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
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)		-106,540		70.93
70.94	HRR adjustment amount (see instructions)		-59,103		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 11:01 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
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)		97,203		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		31,489,522		71.00
71.01	Sequestration adjustment (see instructions)		629,790		71.01
72.00	Interim payments		30,895,475		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		-35,743		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		62,224		75.00
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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	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	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 11:01 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		9,830	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,756,340	2.00
3.00	PPS payments		15,746,820	3.00
4.00	Outlier payment (see instructions)		18,131	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		37,399	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,830	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		48,447	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		48,447	14.00
<b>Customary charges</b>				
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)		48,447	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		38,617	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		9,830	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		15,802,350	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,511,857	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		12,300,323	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		26,332	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,326,655	30.00
31.00	Primary payer payments		4,651	31.00
32.00	Subtotal (line 30 minus line 31)		12,322,004	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		373,009	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		242,456	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		163,644	36.00
37.00	Subtotal (see instructions)		12,564,460	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-273	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,564,733	40.00
40.01	Sequestration adjustment (see instructions)		251,295	40.01
41.00	Interim payments		12,285,568	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		27,870	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/26/2015 11:01 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		30,793,075		12,233,368	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/14/2014	44,900	07/14/2014	52,200	3.01
3.02		12/17/2014	57,500		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)		102,400		52,200	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		30,895,475		12,285,568	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		27,870	6.01
6.02	SETTLEMENT TO PROGRAM		35,743		0	6.02
7.00	Total Medicare program liability (see instructions)		30,859,732		12,313,438	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150126  
Component CCN: 15T126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/26/2015 11:01 pm  
PPS

Title XVIII

Subprovider -  
IRF

		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				0	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		2,502,668		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)		2,502,668		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		34,585		0	6.02
7.00	Total Medicare program liability (see instructions)		2,468,083		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/26/2015 11:01 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			8,090 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			18,522 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,474 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			38,084 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			523,906,935 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			18,699,300 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,452,776 8.00
9.00	Sequestration adjustment amount (see instructions)			29,056 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,423,720 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,594,684 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-170,964 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150126 Component CCN: 15T126	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/26/2015 11:01 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,025,902 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			3,039 3.00
4.00	Outlier Payments			543,497 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.304110 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,572,438 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,572,438 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,572,438 19.00
20.00	Deductibles			7,296 20.00
21.00	Subtotal (line 19 minus line 20)			2,565,142 21.00
22.00	Coinsurance			46,816 22.00
23.00	Subtotal (line 21 minus line 22)			2,518,326 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,518,326 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			126 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,518,452 32.00
32.01	Sequestration adjustment (see instructions)			50,369 32.01
33.00	Interim payments			2,502,668 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			-34,585 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			543,497 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 11:01 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
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))			2.47	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)			2.03	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.67	6.00
7.00	Enter the lesser of line 5 or line 6			1.67	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	1.61	1.61	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	1.61	1.61	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	1.61		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	2.21		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.18		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	2.00		17.00
18.00	Per resident amount	78,868.37	83,022.63		18.00
19.00	Approved amount for resident costs	0	166,045	166,045	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)			166,045	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	20,082	2,589		26.00
27.00	Total Inpatient Days (see instructions)	40,385	40,385		27.00
28.00	Ratio of inpatient days to total inpatient days	0.497264	0.064108		28.00
29.00	Program direct GME amount	82,568	10,645		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,504		30.00
31.00	Net Program direct GME amount			91,709	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 11:01 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		800,019	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		44,193,792	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)		1,702	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		44,192,090	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		17,803,569	42.00
43.00	Primary payer payments (see instructions)		4,651	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,798,918	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		61,991,008	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.712879	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.287121	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		91,709	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		65,377	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		26,332	50.00

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

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet G

Date/Time Prepared:  
5/26/2015 11:01 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	32,935,328	0	0	0	1.00
2.00	Temporary investments	8,871,038	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	27,751,068	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,059,416	0	0	0	6.00
7.00	Inventory	1,826,818	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,665,666	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)	63,990,502	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	12,496,378	0	0	0	12.00
13.00	Land improvements	13,493,439	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	153,897,071	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	7,325,011	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	126,791,506	0	0	0	19.00
20.00	Accumulated depreciation	-133,173,897	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	180,829,508	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	255,035	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,672,518	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,927,553	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	246,747,563	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	10,334,685	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,903,533	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	1,985,160	0	0	0	43.00
44.00	Other current liabilities	3,675,853	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,899,231	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	-2,546,899	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-2,546,899	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,352,332	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	228,395,231				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)	228,395,231	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	246,747,563	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet G-1

Date/Time Prepared:  
5/26/2015 11:01 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		207,473,709			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,504,167				2.00
3.00	Total (sum of line 1 and line 2)		230,977,876			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)		230,977,876			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		230,977,876			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	Deductions (debit adjustments) (specify)		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: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/26/2015 11:01 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	29,723,452		29,723,452	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	2,224,855		2,224,855	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)	31,948,307		31,948,307	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,978,590		6,978,590	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	9,608,018		9,608,018	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,586,608		16,586,608	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	48,534,915		48,534,915	17.00
18.00	Ancillary services	198,554,441	284,504,650	483,059,091	18.00
19.00	Outpatient services	0	0	0	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	247,089,356	284,504,650	531,594,006	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		185,780,349		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)		185,780,349		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150126

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet G-3

Date/Time Prepared:  
5/26/2015 11:01 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	531,594,006	1.00
2.00	Less contractual allowances and discounts on patients' accounts	319,258,528	2.00
3.00	Net patient revenues (line 1 minus line 2)	212,335,478	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	185,780,349	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,555,129	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication 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	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	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	0	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	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS OTHER REVENUE	5,304,972	24.00
25.00	Total other income (sum of lines 6-24)	5,304,972	25.00
26.00	Total (line 5 plus line 25)	31,860,101	26.00
27.00	PROVISION FOR DOUBTFUL ACCOUNTS	8,355,934	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	8,355,934	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,504,167	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150126	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 11:01 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,486,623	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		131,665	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)		104.34	3.00
4.00	Number of interns & residents (see instructions)		2.02	4.00
5.00	Indirect medical education percentage (see instructions)		0.55	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		13,676	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.41	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		10.79	8.00
9.00	Sum of lines 7 and 8		12.20	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.50	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		62,166	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,694,130	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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