

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 10:52 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2019 Time: 10:52 am
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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH CROWN POINT (15-0126) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,125,225	107,331	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	1,125,225	107,331	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 10:52 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1201 SOUTH MAIN STREET			PO Box:						1.00
2.00	City: CROWN POINT			State: IN		Zip Code: 46307		County:		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCISCAN HEALTH CROWN POINT	150126	23844	1	12/31/1973	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									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)					01/01/2018		12/31/2018		20.00
21.00	Type of Control (see instructions)					1				21.00
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	Y				23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	170	77	126	150	5,349	132			24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 10:52 am			
		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		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (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	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1	60.02

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		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)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				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. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
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
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	EMERGENCY MED	3450	0.00	1.98	0.000000	67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N 0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	76.00

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.							107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.								109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 10:52 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	877,034	25,185			0118.01
		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
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 10:52 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/16/2019		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y			6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y				7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y		12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N		13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N		14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N		15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/27/2019	Y	03/27/2019	17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 10:52 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 X33175		HONG.YANG@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2019 10:52 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR - 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: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 10:52 am

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	172	62,780	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		172	62,780	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	20	7,300	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		214	78,110	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		214				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		19	6,935			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 10:52 am

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)	13,048	0	24,184			1.00
2.00 HMO and other (see instructions)	4,464	2,588				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,048	0	24,184			7.00
8.00 INTENSIVE CARE UNIT	1,287	310	2,539			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	1,331	3,325			12.00
13.00 NURSERY		768	2,510			13.00
14.00 Total (see instructions)	14,335	2,409	32,558	1.88	922.02	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				1.88	922.02	27.00
28.00 Observation Bed Days		1,035	6,453			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	1,007	3,596			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 10:52 am

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	3,293	1,346	7,958	1.00
2.00 HMO and other (see instructions)			838	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,293	1,346	7,958	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 10:52 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	72,527,208	0	72,527,208	2,246,995.00	32.28
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	10,686	10,686	624.00	17.13
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		12,030,271	0	12,030,271	364,228.00	33.03
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,295,604	0	1,295,604	38,080.00	34.02
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		788,007	0	788,007	13,356.00	59.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		383,925	0	383,925	3,036.00	126.46
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		11,961,940	0	11,961,940	362,159.00	33.03
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,703,429	0	20,703,429		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		376,567	0	376,567		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		4,502,130	0	4,502,130		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	875,578	0	875,578	22,502.00	38.91
27.00	Administrative & General	5.00	16,472,636	-10,686	16,461,950	437,632.00	37.62

5/30/2019 10:52 am

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 10:52 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		382,331	0	382,331	4,139.00	92.37	28.00
29.00	Maintenance & Repairs	6.00	1,029,176	0	1,029,176	33,878.00	30.38	29.00
30.00	Operation of Plant	7.00	1,502,250	0	1,502,250	56,140.00	26.76	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,495,233	0	1,495,233	109,755.00	13.62	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,102,899	-772,028	330,871	20,937.00	15.80	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	772,028	772,028	48,854.00	15.80	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,741,217	0	1,741,217	47,680.00	36.52	38.00
39.00	Central Services and Supply	14.00	348,963	0	348,963	20,712.00	16.85	39.00
40.00	Pharmacy	15.00	2,336,884	0	2,336,884	58,357.00	40.04	40.00
41.00	Medical Records & Medical Records Library	16.00	418,398	0	418,398	10,636.00	39.34	41.00
42.00	Social Service	17.00	1,991,021	0	1,991,021	50,725.00	39.25	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2019 10:52 am

	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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	60,879,268	-10,686	60,868,582	1,886,282.00	32.27	1.00
2.00	Excluded area salaries (see instructions)	1,295,604	0	1,295,604	38,080.00	34.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	59,583,664	-10,686	59,572,978	1,848,202.00	32.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,133,872	0	13,133,872	378,551.00	34.70	4.00
5.00	Subtotal wage-related costs (see inst.)	25,205,559	0	25,205,559	0.00	42.31	5.00
6.00	Total (sum of lines 3 thru 5)	97,923,095	-10,686	97,912,409	2,226,753.00	43.97	6.00
7.00	Total overhead cost (see instructions)	29,696,586	-10,686	29,685,900	921,947.00	32.20	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2019 10:52 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	865,045	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	5,144,835	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,629,223	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	662,843	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	27,675	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)	413,012	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,103,332	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,220,677	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	13,354	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,079,996	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/30/2019 10:52 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.257309	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		20,412,384	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		87,523,941	6.00	
7.00	Medicaid cost (line 1 times line 6)		22,520,698	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,108,314	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,108,314	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	7,828,272	6,916,393	14,744,665	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,014,285	6,916,393	8,930,678	21.00
22.00	Payments received from patients for amounts previously written off as charity care	1	250	251	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,014,284	6,916,143	8,930,427	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		11,771,064	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		360,473	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		554,574	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		11,216,490	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,080,205	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,010,632	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,118,946	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		15,864,274	15,864,274	-6,135,974	9,728,300	1.00
2.00	00200		0	0	6,545,202	6,545,202	2.00
4.00	00400				323,931	20,283,430	4.00
5.00	00500	875,578	19,083,921	19,959,499	687,045	20,283,430	5.00
6.00	00600	16,472,636	29,344,672	45,817,308	0	46,504,353	6.00
6.00	00600	1,029,176	1,535,054	2,564,230	0	2,564,230	6.00
7.00	00700	1,502,250	3,316,688	4,818,938	0	4,818,938	7.00
7.01	00701	0	926,882	926,882	0	926,882	7.01
8.00	00800	0	668,974	668,974	0	668,974	8.00
9.00	00900	1,395,996	302,892	1,698,888	0	1,698,888	9.00
9.01	01851	99,237	22,070	121,307	0	121,307	9.01
10.00	01000	1,102,899	999,478	2,102,377	-1,471,661	630,716	10.00
11.00	01100	0	0	0	1,471,661	1,471,661	11.00
13.00	01300	1,741,217	154,160	1,895,377	0	1,895,377	13.00
14.00	01400	348,963	271,929	620,892	-1,794	619,098	14.00
15.00	01500	2,336,884	5,487,967	7,824,851	-4,607,972	3,216,879	15.00
16.00	01600	418,398	118,011	536,409	0	536,409	16.00
17.00	01700	1,991,021	443,450	2,434,471	0	2,434,471	17.00
21.00	02100	0	0	0	10,686	10,686	21.00
22.00	02200	0	0	0	265,108	265,108	22.00
23.00	02300	178,947	158,575	337,522	-1,927	335,595	23.00
23.01	02301	54,129	3,196	57,325	0	57,325	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,421,317	4,624,708	22,046,025	-1,304,795	20,741,230	30.00
31.00	03100	2,358,953	351,096	2,710,049	-52,036	2,658,013	31.00
35.00	02060	2,220,895	905,900	3,126,795	-45,810	3,080,985	35.00
43.00	04300	0	0	0	1,169,334	1,169,334	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,397,977	15,860,742	20,258,719	-9,947,810	10,310,909	50.00
51.00	05100	1,318,959	121,233	1,440,192	-29,038	1,411,154	51.00
52.00	05200	168,082	19,935	188,017	0	188,017	52.00
53.00	05300	0	947,374	947,374	-55,936	891,438	53.00
54.00	05400	3,948,011	4,378,503	8,326,514	-256,684	8,069,830	54.00
54.01	05401	426,902	324,674	751,576	-748	750,828	54.01
54.02	05402	0	15	15	0	15	54.02
54.03	05403	47,890	21,353	69,243	0	69,243	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	801,782	3,012,974	3,814,756	-2,363,400	1,451,356	55.01
55.02	03140	638,416	398,196	1,036,612	-128,957	907,655	55.02
55.03	03450	352,342	57,624	409,966	-82	409,884	55.03
60.00	06000	0	8,687,780	8,687,780	-8,940	8,678,840	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,116,246	272,604	1,388,850	-11,542	1,377,308	65.00
66.00	06600	576,872	73,023	649,895	-425	649,470	66.00
66.01	06601	454,161	12,918	467,079	-1,500	465,579	66.01
66.02	06602	104,597	29,636	134,233	-473	133,760	66.02
67.00	06700	229,366	780	230,146	0	230,146	67.00
67.01	06701	74,468	4,142	78,610	-377	78,233	67.01
67.02	06702	27,490	7,575	35,065	0	35,065	67.02
68.00	06800	157,233	215	157,448	0	157,448	68.00
68.01	06801	145,852	1,448	147,300	0	147,300	68.01
68.02	06802	46,814	254	47,068	0	47,068	68.02
69.00	06900	328,671	15,852	344,523	-134	344,389	69.00
71.00	07100	0	540,166	540,166	2,816,459	3,356,625	71.00
72.00	07200	0	0	0	10,313,177	10,313,177	72.00
73.00	07300	0	0	0	4,607,629	4,607,629	73.00
74.00	07400	0	333,800	333,800	-204	333,596	74.00
76.00	03020	297,990	514,866	812,856	-3,613	809,243	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	205,585	27,035	232,620	0	232,620	90.00
90.01	09001	72,703	3,660	76,363	0	76,363	90.01
90.02	09002	0	13,974	13,974	0	13,974	90.02
90.03	09003	468,555	276,748	745,303	-4,639	740,664	90.03
90.04	09004	15,942	294	16,236	0	16,236	90.04
91.00	09100	3,493,278	3,859,770	7,353,048	-72,629	7,280,419	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		8,319,230	8,319,230	-1,701,126	6,618,104	113.00
118.00							
		71,464,680	132,722,290	204,186,970	6	204,186,976	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	989,501	-1,119,136	-129,635	-6	-129,641	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	3,940	3,940	0	3,940	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	501,220	501,220	0	501,220	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	-55,064	-55,064	0	-55,064	194.03
194.04 07954 CENTER OF HOPE	73,027	23,929	96,956	0	96,956	194.04
200.00 TOTAL (SUM OF LINES 118 through 199)	72,527,208	132,077,179	204,604,387	0	204,604,387	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,260,797	10,989,097	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-567	6,544,635	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,393,802	21,677,232	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,257,237	40,247,116	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,564,230	6.00
7.00	00700	OPERATION OF PLANT	-103,204	4,715,734	7.00
7.01	00701	OPERATION OF PLANT - FP	0	926,882	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	668,974	8.00
9.00	00900	HOUSEKEEPING	-21	1,698,867	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	-7,984	113,323	9.01
10.00	01000	DIETARY	-152,861	477,855	10.00
11.00	01100	CAFETERIA	-856,587	615,074	11.00
13.00	01300	NURSING ADMINISTRATION	-4,857	1,890,520	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-205,158	413,940	14.00
15.00	01500	PHARMACY	258,541	3,475,420	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,540,868	2,077,277	16.00
17.00	01700	SOCIAL SERVICE	-336,329	2,098,142	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,686	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	265,108	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	335,595	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	57,325	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-176,836	20,564,394	30.00
31.00	03100	INTENSIVE CARE UNIT	-24,722	2,633,291	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-645,864	2,435,121	35.00
43.00	04300	NURSERY	0	1,169,334	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,095,002	8,215,907	50.00
51.00	05100	RECOVERY ROOM	0	1,411,154	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-42	187,975	52.00
53.00	05300	ANESTHESIOLOGY	-683,066	208,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-113,652	7,956,178	54.00
54.01	05401	RADIOLOGY - I-65	0	750,828	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	15	54.02
54.03	05403	LOWELL RADIOLOGY	-1,583	67,660	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	-8,973	1,442,383	55.01
55.02	03140	CARDIOLOGY	-9,511	898,144	55.02
55.03	03450	NEURO-DIAGNOSTICS	-11,775	398,109	55.03
60.00	06000	LABORATORY	-36,577	8,642,263	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-29,348	1,347,960	65.00
66.00	06600	PHYSICAL THERAPY	0	649,470	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	465,579	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	-5,040	128,720	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	230,146	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	78,233	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	35,065	67.02
68.00	06800	SPEECH PATHOLOGY	0	157,448	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	147,300	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	47,068	68.02
69.00	06900	ELECTROCARDIOLOGY	-79,653	264,736	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,356,625	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,313,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,607,629	73.00
74.00	07400	RENAL DIALYSIS	0	333,596	74.00
76.00	03020	RADIATION ONCOLOGY	-25,000	784,243	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-7,906	224,714	90.00
90.01	09001	DIABETES CLINIC	0	76,363	90.01
90.02	09002	OUTPATIENT CLINICS	0	13,974	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	-8,333	732,331	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	16,236	90.04
91.00	09100	EMERGENCY	-3,333,297	3,947,122	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-6,618,104	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,385,081	186,801,895	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	-129,641	192.00
194.00	07950	FHC	0	0	194.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/30/2019 10:52 am
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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.01	07951	CONVENT	0	3,940	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	501,220	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	-55,064	194.03
194.04	07954	CENTER OF HOPE	0	96,956	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,385,081	187,219,306	200.00

RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Date/Time Prepared:
5/30/2019 10:52 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	772,028	699,633	1.00
	TOTALS		772,028	699,633	
B - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,553	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	10,686	0	2.00
	TOTALS		10,686	1,553	
D - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,470,374	1.00
	TOTALS		0	6,470,374	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,816,459	1.00
2.00		0.00	0	0	2.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	2,816,459	
F - PROPERTY INSURANCE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	74,828	1.00
	TOTALS		0	74,828	
G - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	263,555	1.00
	TOTALS		0	263,555	
H - INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	328,965	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	961,903	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,030	3.00
	TOTALS		0	1,291,898	
I - NURSERY					
1.00	NURSERY	43.00	1,057,128	112,206	1.00
	TOTALS		1,057,128	112,206	
J - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,607,629	1.00
	TOTALS		0	4,607,629	
K - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,313,177	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	10,313,177	
L - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,701,126	1.00
	TOTALS		0	1,701,126	
500.00	Grand Total: Increases		1,839,842	28,352,438	500.00

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RECLASSIFICATIONS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	772,028	699,633	0		1.00
	TOTALS		772,028	699,633			
B - MEDICAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,553	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	10,686	0	0		2.00
	TOTALS		10,686	1,553			
D - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,470,374	9		1.00
	TOTALS		0	6,470,374			
E - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,034	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	94	0		2.00
5.00	PHARMACY	15.00	0	343	0		5.00
6.00	PARAMED PRGM-(SPECIFY)	23.00	0	1,927	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	135,461	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	48,057	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	45,758	0		9.00
10.00	OPERATING ROOM	50.00	0	1,810,151	0		10.00
11.00	RECOVERY ROOM	51.00	0	29,038	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	55,936	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	215,715	0		13.00
14.00	RADIOLOGY - I-65	54.01	0	748	0		14.00
15.00	CARDIAC CATHETERIZATION LAB	55.01	0	361,884	0		15.00
16.00	CARDIOLOGY	55.02	0	1,749	0		16.00
17.00	NEURO-DIAGNOSTICS	55.03	0	82	0		17.00
18.00	LABORATORY	60.00	0	8,940	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	11,542	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	425	0		20.00
21.00	PHYSICAL THERAPY I-65	66.01	0	1,500	0		21.00
22.00	PHYSICAL THERAPY ST JOHN	66.02	0	473	0		22.00
24.00	OCCUPATION THERAPY I-65	67.01	0	377	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	134	0		25.00
26.00	RENAL DIALYSIS	74.00	0	204	0		26.00
27.00	RADIATION ONCOLOGY	76.00	0	3,613	0		27.00
28.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	4,639	0		28.00
29.00	EMERGENCY	91.00	0	72,629	0		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6	0		30.00
	TOTALS		0	2,816,459			
F - PROPERTY INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	74,828	11		1.00
	TOTALS		0	74,828			
G - INTERNS AND RESIDENTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	263,555	0		1.00
	TOTALS		0	263,555			
H - INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	328,965	14		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	961,903	14		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,030	14		3.00
	TOTALS		0	1,291,898			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,057,128	112,206	0		1.00
	TOTALS		1,057,128	112,206			
J - PHARMACY							
1.00	PHARMACY	15.00	0	4,607,629	0		1.00
	TOTALS		0	4,607,629			
K - IMPLANT RECLASS							
1.00	INTENSIVE CARE UNIT	31.00	0	3,979	0		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	52	0		2.00
3.00	OPERATING ROOM	50.00	0	8,137,659	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	40,969	0		4.00
5.00	CARDIAC CATHETERIZATION LAB	55.01	0	2,001,516	0		5.00
6.00	CARDIOLOGY	55.02	0	127,208	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,794	0		7.00
	TOTALS		0	10,313,177			
L - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,701,126	11		1.00
	TOTALS		0	1,701,126			
500.00	Grand Total: Decreases		1,839,842	28,352,438			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,496,378	1,418,100	0	1,418,100	0	1.00
2.00	Land Improvements	15,150,836	352,842	0	352,842	0	2.00
3.00	Buildings and Fixtures	152,266,498	1,062,994	0	1,062,994	0	3.00
4.00	Building Improvements	796,915	0	0	0	0	4.00
5.00	Fixed Equipment	156,446,842	13,939,586	0	13,939,586	1,231,907	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)	337,157,469	16,773,522	0	16,773,522	1,231,907	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	337,157,469	16,773,522	0	16,773,522	1,231,907	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,914,478	0				1.00
2.00	Land Improvements	15,503,678	5,701,212				2.00
3.00	Buildings and Fixtures	153,329,492	5,251,187				3.00
4.00	Building Improvements	796,915	796,915				4.00
5.00	Fixed Equipment	169,154,521	47,703,059				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)	352,699,084	59,452,373				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	352,699,084	59,452,373				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	14,817,554	0	0	1,046,720	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,817,554	0	0	1,046,720	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	15,864,274				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	15,864,274				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	187,116,975	0	187,116,975	0.542771	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	157,627,175	0	157,627,175	0.457229	0	2.00
3.00	Total (sum of lines 1-2)	344,744,150	0	344,744,150	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,979,287	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,470,374	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,449,661	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	3,254,988	1,046,720	0	-1,291,898	10,989,097	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	74,828	0	0	-567	6,544,635	2.00
3.00	Total (sum of lines 1-2)	3,329,816	1,046,720	0	-1,292,465	17,533,732	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/30/2019 10:52 am

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	-36,704	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-7,090,000				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,867,920				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-856,587	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 and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 PENSION EXPENSE	A	1,404,000	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
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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
33.01 ADVERTISING	A		0	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 NON ALLOWABLE INTEREST EXP	A	-6,618,104		INTEREST EXPENSE	113.00	0	33.02
33.03 UNCLAIMED PROPERTY RECEIPTS	B	-3,400		ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 MISCELLANEOUS - OTHER OPERATING	B	-28,605		ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05 CAPITAL CARRY-FORWARD -- OLD	A	-567		CAP REL COSTS-MVBLE EQUIP	2.00	14	33.05
33.06 CAPITAL CARRY-FORWARD -- NEW	A			CAP REL COSTS-MVBLE EQUIP	2.00	14	33.06
33.07 LOBBYING DUES	A	-3,529		ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08 PATIENT/PHYSICIAN TELEPHONE	A	-91,722		ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 PATIENT ACCOUNTING MISC. REV	B	-7,790		ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10 HEALTH PROMOTION/WELLNESS REVENUE	B	-1,715		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11 EDUCATION MISC REV	B	950		ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 HUMAN RESOURCES MISC REV	B	500		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13 OTHER OPERATING REV - PHYSICIAN	B			ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14 REST HOME -- UTILITIES	B	-103,204		OPERATION OF PLANT	7.00	0	33.14
33.15 MASSAGE THERAPY REV	B	-13,375		RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16 MISC INCOME	B	-951		ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17 SPIRITUAL CARE - MISC REV	B	-4,804		ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18 SOCIAL ACCOUNTABILITY (DEPT. 9910)	A	-1,973		ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19 CHILDBIRTH CLASS REVENUE	B	150		ADULTS & PEDIATRICS	30.00	0	33.19
33.20 SAFESITTER PROGRAM REVENUE	B	-1,800		ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21 MISCELLANEOUS - OTHER OPERATING	B			ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22 MAIL ROOM	B	-207,240		ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23 CLINIC MISC REV	B			CLINIC	90.00	0	33.23
33.24 OTHER NURSING REV	B	-345		NURSING ADMINISTRATION	13.00	0	33.24
33.25 OTHER REVENUE -- RADIOLOGY	B	-7,020		RADIOLOGY-DIAGNOSTIC	54.00	0	33.25
33.26 ADMIN PROPERTY TAXES	A	-6,877		ADMINISTRATIVE & GENERAL	5.00	0	33.26
33.27 RADIOLOGY DIAGNOSTICS PROPERTY TAX	A	-32,170		RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28 ADJUST TO MEDICARE DEP	A	-35,732		CAP REL COSTS-BLDG & FIXT	1.00	11	33.28
33.29 DONATIONS EXPENSE (SUB 714350)	A			ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30 ST. JOHN DIAGNOSTIC PROPERTY TAX	A			RADIOLOGY DIAGNOSTIC - SJ	54.02	0	33.30
33.31 CHERRY CREEK PHYSICAL THERAPY PROPE	A			PHYSICAL THERAPY	66.00	0	33.31
33.32 ST. CLARE CLINIC PROPERTY TAXES	A			CLINIC	90.00	0	33.32
33.33 ENVIRONMENTAL SVCS - FP	B	-7,984		ENVIRONMENTAL SERVICES - FP	9.01	0	33.33
33.34 MISCELLANEOUS - OTHER OPERATING	B	-21		HOUSEKEEPING	9.00	0	33.34
33.35 MISCELLANEOUS - OTHER OPERATING	B	-2,560		ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36 MISCELLANEOUS - OTHER OPERATING	B			EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.36
33.37 DISCOUNTS EARNED/REBATES	B			OPERATION OF PLANT	7.00	0	33.37
33.38 DISCOUNTS EARNED/REBATES	B	-121,526		DIETARY	10.00	0	33.38
33.39 DISCOUNTS EARNED/REBATES	B	-102,170		CENTRAL SERVICES & SUPPLY	14.00	0	33.39
33.40 DISCOUNTS EARNED/REBATES	B	-102,988		CENTRAL SERVICES & SUPPLY	14.00	0	33.40
33.41 DISCOUNTS EARNED/REBATES	B	-209,726		PHARMACY	15.00	0	33.41
33.42 DISCOUNTS EARNED/REBATES	B	-109,412		ADULTS & PEDIATRICS	30.00	0	33.42
33.43 DISCOUNTS EARNED/REBATES	B	-139,447		OPERATING ROOM	50.00	0	33.43
33.44 DISCOUNTS EARNED/REBATES	B	-5,615		RESPIRATORY THERAPY	65.00	0	33.44
33.45 MISCELLANEOUS - OTHER OPERATING	B	-335		RADIOLOGY-DIAGNOSTIC	54.00	0	33.45
33.46 MISCELLANEOUS - OTHER OPERATING	B	-31,335		DIETARY	10.00	0	33.46
33.47 MISCELLANEOUS - OTHER OPERATING	B			EMERGENCY	91.00	0	33.47
33.48 MISCELLANEOUS - OTHER OPERATING	B	770		ADMINISTRATIVE & GENERAL	5.00	0	33.48
33.49 MISCELLANEOUS - OTHER OPERATING	B	-13,070		ADULTS & PEDIATRICS	30.00	0	33.49
33.50 MISCELLANEOUS - OTHER OPERATING	B	4,066		OPERATING ROOM	50.00	0	33.50
33.51 APPLICATION PROCESSING FEES	B	-29,150		ADMINISTRATIVE & GENERAL	5.00	0	33.51
33.52 DISCOUNTS EARNED/REBATES	B	-29,163		LABORATORY	60.00	0	33.52

Provider CCN: 15-0126 Period: From 01/01/2018 To 12/31/2018 Worksheet A-8
 Date/Time Prepared: 5/30/2019 10:52 am

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		
33.53 DISCOUNTS EARNED/REBATES	B	-56,252	RADIOLOGY-DIAGNOSTIC	54.00	0	33.53
33.54 HAF FEES	A	-5,348,865	ADMINISTRATIVE & GENERAL	5.00	0	33.54
33.55 WORKSHOP/SPEAKER INCOME	B		ADMINISTRATIVE & GENERAL	5.00	0	33.55
33.56 ST. JOHN PHYSICAL THERAPY PROPERTY TAX	A	-5,040	PHYSICAL THERAPY ST JOHN	66.02	0	33.56
33.57 FP SURGERY CENTER PROPERTY TAX	A	-11,965	OPERATING ROOM	50.00	0	33.57
34.00 PRENATAL ASSISTANCE PROPERTY TAX	A	-42	DELIVERY ROOM & LABOR ROOM	52.00	0	34.00
34.01 LOWELL RADIOLOGY PROPERTY TAX	A	-1,583	LOWELL RADIOLOGY	54.03	0	34.01
34.02 EKG ALLIED HEALTH TUITION REVENUE	B	-76,020	ELECTROCARDIOLOGY	69.00	0	34.02
34.03 ER ALLIED HEALTH TUITION REVENUE.	B	-104,954	EMERGENCY	91.00	0	34.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,385,081				50.00

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

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

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 10:52 am

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	INTEREST	1,701,126	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	3,024,275	3,392,168
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	21,167,232	21,643,323
4.00	15.00	PHARMACY	COEP / PHARMACY	468,267	0
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,542,511	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,903,411	25,035,491

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 10:52 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,701,126	11		1.00
2.00	-367,893	9		2.00
3.00	-476,091	0		3.00
4.00	468,267	0		4.00
4.01	1,542,511	0		4.01
5.00	2,867,920			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:
5/30/2019 10:52 am

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	30.00 ADULTS & PEDIATRICS	71,500	40,000	31,500	197,500	179	1.00
2.00	31.00 INTENSIVE CARE UNIT	80,554	7,000	73,554	197,500	588	2.00
3.00	35.00 NEONATAL INTENSIVE CARE UNIT	705,779	626,879	78,900	197,500	631	3.00
4.00	50.00 OPERATING ROOM	2,090,369	1,639,537	450,832	197,500	1,503	4.00
5.00	53.00 ANESTHESIOLOGY	683,066	683,066	0	197,500	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	4,500	4,500	0	197,500	0	6.00
7.00	55.01 CARDIAC CATHETERIZATION LAB	24,450	0	24,450	197,500	163	7.00
8.00	55.02 RADIOLOGY	36,520	5,500	31,020	246,400	228	8.00
9.00	55.03 NEURO-DIAGNOSTICS	11,775	11,775	0	246,400	0	9.00
10.00	60.00 LABORATORY	50,000	0	50,000	239,400	370	10.00
11.00	65.00 RESPIRATORY THERAPY	23,733	23,733	0	197,500	0	11.00
12.00	69.00 ELECTROCARDIOLOGY	9,900	0	9,900	197,500	66	12.00
13.00	76.00 RADIATION ONCOLOGY	25,000	25,000	0	197,500	0	13.00
14.00	90.00 CLINIC	7,906	7,906	0	197,500	0	14.00
15.00	90.03 OCCUPATIONAL MEDICINE CLINIC	8,333	8,333	0	197,500	0	15.00
16.00	91.00 EMERGENCY	3,249,897	3,221,497	28,400	197,500	227	16.00
17.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	8,983	8,983	0	197,500	0	17.00
18.00	5.00 ADMINISTRATIVE & GENERAL	52,525	39,325	13,200	197,500	94	18.00
19.00	13.00 NURSING ADMINISTRATION	4,512	4,512	0	197,500	0	19.00
20.00	16.00 MEDICAL RECORDS & LIBRARY	1,643	1,643	0	197,500	0	20.00
21.00	17.00 SOCIAL SERVICE	336,329	336,329	0	197,500	0	21.00
200.00		7,487,274	6,695,518	791,756		4,049	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	30.00 ADULTS & PEDIATRICS	16,996	850	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	55,832	2,792	0	0	0	2.00
3.00	35.00 NEONATAL INTENSIVE CARE UNIT	59,915	2,996	0	0	0	3.00
4.00	50.00 OPERATING ROOM	142,713	7,136	0	0	0	4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.01 CARDIAC CATHETERIZATION LAB	15,477	774	0	0	0	7.00
8.00	55.02 RADIOLOGY	27,009	1,350	0	0	0	8.00
9.00	55.03 NEURO-DIAGNOSTICS	0	0	0	0	0	9.00
10.00	60.00 LABORATORY	42,586	2,129	0	0	0	10.00
11.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	69.00 ELECTROCARDIOLOGY	6,267	313	0	0	0	12.00
13.00	76.00 RADIATION ONCOLOGY	0	0	0	0	0	13.00
14.00	90.00 CLINIC	0	0	0	0	0	14.00
15.00	90.03 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	15.00
16.00	91.00 EMERGENCY	21,554	1,078	0	0	0	16.00
17.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	17.00
18.00	5.00 ADMINISTRATIVE & GENERAL	8,925	446	0	0	0	18.00
19.00	13.00 NURSING ADMINISTRATION	0	0	0	0	0	19.00
20.00	16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	20.00
21.00	17.00 SOCIAL SERVICE	0	0	0	0	0	21.00
200.00		397,274	19,864	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	30.00 ADULTS & PEDIATRICS	0	16,996	14,504	54,504	1.00
2.00	31.00 INTENSIVE CARE UNIT	0	55,832	17,722	24,722	2.00
3.00	35.00 NEONATAL INTENSIVE CARE UNIT	0	59,915	18,985	645,864	3.00
4.00	50.00 OPERATING ROOM	0	142,713	308,119	1,947,656	4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	683,066	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	4,500	6.00
7.00	55.01 CARDIAC CATHETERIZATION LAB	0	15,477	8,973	8,973	7.00
8.00	55.02 RADIOLOGY	0	27,009	4,011	9,511	8.00
9.00	55.03 NEURO-DIAGNOSTICS	0	0	0	11,775	9.00
10.00	60.00 LABORATORY	0	42,586	7,414	7,414	10.00
11.00	65.00 RESPIRATORY THERAPY	0	0	0	23,733	11.00
12.00	69.00 ELECTROCARDIOLOGY	0	6,267	3,633	3,633	12.00
13.00	76.00 RADIATION ONCOLOGY	0	0	0	25,000	13.00
14.00	90.00 CLINIC	0	0	0	7,906	14.00
15.00	90.03 OCCUPATIONAL MEDICINE CLINIC	0	0	0	8,333	15.00
16.00	91.00 EMERGENCY	0	21,554	6,846	3,228,343	16.00
17.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	8,983	17.00
18.00	5.00 ADMINISTRATIVE & GENERAL	0	8,925	4,275	43,600	18.00
19.00	13.00 NURSING ADMINISTRATION	0	0	0	4,512	19.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:
5/30/2019 10:52 am

	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		
20.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	1,643		20.00
21.00	17.00	SOCIAL SERVICE	0	0	0	336,329		21.00
200.00			0	397,274	394,482	7,090,000		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,989,097	10,989,097			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,544,635		6,544,635		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,677,232	100,238	8,560	21,786,030	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	40,247,116	2,833,836	292,280	5,005,334	48,378,566
6.00 00600	MAINTENANCE & REPAIRS	2,564,230	20,955	67,509	312,926	2,965,620
7.00 00700	OPERATION OF PLANT	4,715,734	1,775,475	66,669	456,767	7,014,645
7.01 00701	OPERATION OF PLANT - FP	926,882	0	944	0	927,826
8.00 00800	LAUNDRY & LINEN SERVICE	668,974	122,443	7,405	0	798,822
9.00 00900	HOUSEKEEPING	1,698,867	74,099	10,562	424,460	2,207,988
9.01 01851	ENVIRONMENTAL SERVICES - FP	113,323	0	0	30,174	143,497
10.00 01000	DIETARY	477,855	337,863	44,490	100,603	960,811
11.00 01100	CAFETERIA	615,074	0	0	234,739	849,813
13.00 01300	NURSING ADMINISTRATION	1,890,520	284,658	769,365	529,426	3,473,969
14.00 01400	CENTRAL SERVICES & SUPPLY	413,940	278,003	78,602	106,104	876,649
15.00 01500	PHARMACY	3,475,420	35,214	1,547	710,541	4,222,722
16.00 01600	MEDICAL RECORDS & LIBRARY	2,077,277	150,981	5,624	127,216	2,361,098
17.00 01700	SOCIAL SERVICE	2,098,142	56,230	319	605,380	2,760,071
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	10,686	0	0	3,249	13,935
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	265,108	0	0	0	265,108
23.00 02300	PARAMED ED PRGM-(SPECIFY)	335,595	0	12,053	54,410	402,058
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	57,325	0	20,665	16,458	94,448
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,564,394	1,034,060	386,350	4,975,613	26,960,417
31.00 03100	INTENSIVE CARE UNIT	2,633,291	214,653	274,214	717,251	3,839,409
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,435,121	262,050	145,217	675,274	3,517,662
43.00 04300	NURSERY	1,169,334	0	0	321,425	1,490,759
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,215,907	477,066	1,123,095	1,337,227	11,153,295
51.00 05100	RECOVERY ROOM	1,411,154	180,569	41,009	401,036	2,033,768
52.00 05200	DELIVERY ROOM & LABOR ROOM	187,975	262,171	0	51,106	501,252
53.00 05300	ANESTHESIOLOGY	208,372	25,634	36,403	0	270,409
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,956,178	571,273	1,211,009	1,200,412	10,938,872
54.01 05401	RADIOLOGY - I-65	750,828	0	129,351	129,802	1,009,981
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	15	0	0	0	15
54.03 05403	LOWELL RADIOLOGY	67,660	0	21,223	14,561	103,444
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	1,442,383	115,566	475,919	243,786	2,277,654
55.02 03140	CARDIOLOGY	898,144	56,532	292,628	194,114	1,441,418
55.03 03450	NEURO-DIAGNOSTICS	398,109	33,782	13,646	107,131	552,668
60.00 06000	LABORATORY	8,642,263	181,698	560	0	8,824,521
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,347,960	35,456	37,446	339,400	1,760,262
66.00 06600	PHYSICAL THERAPY	649,470	73,676	2,625	175,401	901,172
66.01 06601	PHYSICAL THERAPY I-65	465,579	0	11,528	138,090	615,197
66.02 06602	PHYSICAL THERAPY ST JOHN	128,720	0	0	31,803	160,523
67.00 06700	OCCUPATIONAL THERAPY	230,146	0	0	69,740	299,886
67.01 06701	OCCUPATIONAL THERAPY I-65	78,233	0	0	22,642	100,875
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	35,065	0	0	8,358	43,423
68.00 06800	SPEECH PATHOLOGY	157,448	0	0	47,807	205,255
68.01 06801	SPEECH PATHOLOGY I-65	147,300	0	0	44,347	191,647
68.02 06802	SPEECH THERAPY ST. JOHN	47,068	0	0	14,234	61,302
69.00 06900	ELECTROCARDIOLOGY	264,736	76,439	35,059	99,934	476,168
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,356,625	0	0	0	3,356,625
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,313,177	0	0	0	10,313,177
73.00 07300	DRUGS CHARGED TO PATIENTS	4,607,629	0	0	0	4,607,629
74.00 07400	RENAL DIALYSIS	333,596	10,407	0	0	344,003
76.00 03020	RADIATION ONCOLOGY	784,243	0	709,070	90,605	1,583,918
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	224,714	0	0	62,509	287,223
90.01 09001	DIABETES CLINIC	76,363	2,420	0	22,106	100,889
90.02 09002	OUTPATIENT CLINICS	13,974	194,082	5,224	0	213,280
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	732,331	16,700	6,239	142,466	897,736
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	16,236	0	0	4,847	21,083
91.00 09100	EMERGENCY	3,947,122	346,818	122,650	1,062,149	5,478,739
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0
91.02 09102	EXPRESS CARE	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	4.00	4A			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	186,801,895	10,241,047	6,467,059	21,462,963	185,653,202	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-129,641	138,719	1,083	300,863	311,024	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	3,940	0	0	0	3,940	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	501,220	583,394	75,507	0	1,160,121	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	-55,064	25,937	0	0	-29,127	194.03
194.04	07954	CENTER OF HOPE	96,956	0	986	22,204	120,146	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	187,219,306	10,989,097	6,544,635	21,786,030	187,219,306	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 10:52 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,378,566					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,033,142	3,998,762				6.00
7.00	00700	OPERATION OF PLANT	2,443,713	883,701	10,342,059			7.00
7.01	00701	OPERATION OF PLANT - FP	323,230	0	0	1,251,056		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	278,288	60,943	202,332	421,922	1,762,307	8.00
9.00	00900	HOUSEKEEPING	769,203	36,881	122,446	87,234	156,441	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	49,990	0	0	0	0	9.01
10.00	01000	DIETARY	334,721	168,163	558,304	0	21,211	10.00
11.00	01100	CAFETERIA	296,052	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,210,237	141,682	470,386	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	305,401	138,369	459,388	0	5,118	14.00
15.00	01500	PHARMACY	1,471,082	17,527	58,190	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	822,543	75,147	249,491	0	0	16.00
17.00	01700	SOCIAL SERVICE	961,534	27,987	92,917	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,855	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	92,356	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	140,066	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	32,903	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,392,335	514,678	1,708,740	0	890,026	30.00
31.00	03100	INTENSIVE CARE UNIT	1,337,546	106,839	354,706	0	60,583	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,225,458	130,429	433,026	0	41,821	35.00
43.00	04300	NURSERY	519,340	0	0	0	18,333	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,885,507	237,448	788,331	0	192,660	50.00
51.00	05100	RECOVERY ROOM	708,510	89,874	298,382	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	174,623	130,489	433,226	0	0	52.00
53.00	05300	ANESTHESIOLOGY	94,203	12,759	42,359	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,810,808	284,337	944,005	0	44,254	54.00
54.01	05401	RADIOLOGY - I-65	351,850	0	0	300,879	43,508	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	5	0	0	0	311	54.02
54.03	05403	LOWELL RADIOLOGY	36,037	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	793,473	57,520	190,967	0	15,432	55.01
55.02	03140	CARDIOLOGY	502,151	28,138	93,417	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	192,535	16,814	55,824	0	14,117	55.03
60.00	06000	LABORATORY	3,074,225	90,436	300,248	0	2,031	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	613,228	17,647	58,590	0	0	65.00
66.00	06600	PHYSICAL THERAPY	313,944	36,670	121,746	0	51,417	66.00
66.01	06601	PHYSICAL THERAPY I-65	214,318	0	0	328,840	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	55,922	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	104,472	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	35,142	0	0	40,443	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	15,127	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	71,505	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	66,765	0	0	71,738	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	21,356	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	165,884	38,045	126,312	0	10,479	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,169,358	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,592,832	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,605,174	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	119,841	5,180	17,197	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	551,794	0	0	0	8,875	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	100,061	0	0	0	1,063	90.00
90.01	09001	DIABETES CLINIC	35,147	1,205	3,999	0	9,422	90.01
90.02	09002	OUTPATIENT CLINICS	74,301	96,599	320,712	0	49,547	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	312,747	8,312	27,595	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	7,345	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,908,645	172,620	573,102	0	125,658	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,822,830	3,626,439	9,105,938	1,251,056	1,762,307	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	108,352	69,044	229,227	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
194.01	07951	CONVENT	1,373	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	404,155	290,370	964,035	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	12,909	42,859	0	0	194.03
194.04	07954	CENTER OF HOPE	41,856	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	48,378,566	3,998,762	10,342,059	1,251,056	1,762,307	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 10:52 am	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,380,193					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	193,487				9.01
10.00	01000	DIETARY	188,392	0	2,231,602			10.00
11.00	01100	CAFETERIA	0	0	0	1,145,865		11.00
13.00	01300	NURSING ADMINISTRATION	158,725	0	0	79,331	5,534,330	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	155,014	0	0	16,183	0	14.00
15.00	01500	PHARMACY	19,635	0	0	44,924	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	84,187	0	0	8,151	53,892	16.00
17.00	01700	SOCIAL SERVICE	31,354	0	0	46,019	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	4,332	600	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	1,091	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	576,590	0	2,063,184	370,380	2,991,834	30.00
31.00	03100	INTENSIVE CARE UNIT	119,691	0	168,418	49,161	509,789	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	146,119	0	0	43,314	455,077	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	266,012	0	0	99,815	480,008	50.00
51.00	05100	RECOVERY ROOM	100,685	0	0	27,932	222,598	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	146,186	0	0	5,079	4,780	52.00
53.00	05300	ANESTHESIOLOGY	14,294	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	318,541	0	0	101,748	28,051	54.00
54.01	05401	RADIOLOGY - I-65	0	78,469	0	10,236	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	1,457	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	64,439	0	0	16,090	110,824	55.01
55.02	03140	CARDIOLOGY	31,522	0	0	13,385	19,581	55.02
55.03	03450	NEURO-DIAGNOSTICS	18,837	0	0	8,197	0	55.03
60.00	06000	LABORATORY	101,315	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	19,770	0	0	28,530	0	65.00
66.00	06600	PHYSICAL THERAPY	41,081	0	0	9,626	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	85,762	0	7,841	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	1,940	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,071	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	10,547	0	2,006	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	744	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,895	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	18,709	0	2,487	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	853	0	68.02
69.00	06900	ELECTROCARDIOLOGY	42,622	0	0	7,462	47,312	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,803	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	7,054	18,771	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,898	0	90.00
90.01	09001	DIABETES CLINIC	1,350	0	0	1,279	14,111	90.01
90.02	09002	OUTPATIENT CLINICS	108,220	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	9,312	0	0	10,341	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	294	1,400	90.04
91.00	09100	EMERGENCY	193,385	0	0	84,460	575,702	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,963,081	193,487	2,231,602	1,122,606	5,534,330	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	77,350	0	0	21,413	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

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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	
194.01	07951	CONVENT	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	325,300	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	14,462	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	1,846	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,380,193	193,487	2,231,602	1,145,865	5,534,330	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV		
	14.00	15.00	16.00	17.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
7.01 00701 OPERATION OF PLANT - FP						7.01	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	1,956,122					14.00	
15.00 01500 PHARMACY	5,189	5,839,269				15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1	0	3,654,510			16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	3,919,882		17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	18,790	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00	
23.00 02300 PARAMED PRGM-(SPECIFY)	928	3,643	0	0	0	23.00	
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	86,943	1,046	239,915	257,344	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	18,428	94	32,464	34,822	0	31.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	15,238	0	78,447	84,146	0	35.00	
43.00 04300 NURSERY	0	0	22,471	24,104	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	510,352	13,122	350,780	376,264	0	50.00	
51.00 05100 RECOVERY ROOM	9,271	0	43,314	46,461	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	3	10	32,277	34,622	0	52.00	
53.00 05300 ANESTHESIOLOGY	14,144	99,262	94,501	101,367	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	38,465	139	713,290	764,987	0	54.00	
54.01 05401 RADIOLOGY - I-65	2,319	0	107,769	115,598	0	54.01	
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02	
54.03 05403 LOWELL RADIOLOGY	0	0	2,680	2,875	0	54.03	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
55.01 05501 CARDIAC CATHETERIZATION LAB	34,835	0	138,185	148,224	0	55.01	
55.02 03140 RADIOLOGY	7,254	0	69,366	74,405	0	55.02	
55.03 03450 NEURO-DIAGNOSTICS	1,150	0	23,237	24,925	0	55.03	
60.00 06000 LABORATORY	2,366	586	508,457	545,396	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00 06500 RESPIRATORY THERAPY	11,494	1,123	79,120	84,868	0	65.00	
66.00 06600 PHYSICAL THERAPY	148	0	18,194	19,516	0	66.00	
66.01 06601 PHYSICAL THERAPY I-65	536	0	17,208	18,458	0	66.01	
66.02 06602 PHYSICAL THERAPY ST JOHN	149	0	4,770	5,117	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	9,891	10,610	0	67.00	
67.01 06701 OCCUPATION THERAPY I-65	62	0	2,546	2,730	0	67.01	
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	9	0	1,038	1,113	0	67.02	
68.00 06800 SPEECH PATHOLOGY	8	0	5,036	5,402	0	68.00	
68.01 06801 SPEECH PATHOLOGY I-65	100	0	6,504	6,977	0	68.01	
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	1,484	1,591	0	68.02	
69.00 06900 ELECTROCARDIOLOGY	270	0	35,991	38,606	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	248,659	0	174,304	186,967	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	910,525	0	96,743	103,771	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,694,650	296,474	318,012	0	73.00	
74.00 07400 RENAL DIALYSIS	135	0	4,277	4,588	0	74.00	
76.00 03020 RADIOLOGY ONCOLOGY	1,556	0	57,425	61,596	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	1,611	0	4,813	5,163	19	90.00	
90.01 09001 DIABETES CLINIC	41	0	223	239	0	90.01	
90.02 09002 OUTPATIENT CLINICS	41	0	0	0	0	90.02	
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	774	22,225	7,760	8,323	0	90.03	
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	13	0	301	323	0	90.04	
91.00 09100 EMERGENCY	32,942	5	373,255	400,372	18,771	91.00	
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01	
91.02 09102 EXPRESS CARE	0	0	0	0	0	91.02	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,955,959	5,835,905	3,654,510	3,919,882	18,790	118.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
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Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
	14.00	15.00	16.00	17.00	SERVICES-SALARY & FRINGES APPRV	
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	94	0	0	0	0	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	0	0	0	0	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04 07954 CENTER OF HOPE	69	3,364	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,956,122	5,839,269	3,654,510	3,919,882	18,790	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - FP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	357,464				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		551,627			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			128,442		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	46,053,432	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	6,631,950	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	6,170,737	0 35.00
43.00 04300	NURSERY	0	0	0	2,075,007	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	18,353,594	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	3,580,795	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,462,547	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	743,298	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,987,497	0 54.00
54.01 05401	RADIOLOGY - I-65	0	0	0	2,020,609	0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	331	0 54.02
54.03 05403	LOWELL RADIOLOGY	0	0	0	146,493	0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	CARDIAC CATHERIZATION LAB	0	0	0	3,847,643	0 55.01
55.02 03140	CARDIOLOGY	0	0	0	2,280,637	0 55.02
55.03 03450	NEURO-DIAGNOSTICS	0	0	0	908,304	0 55.03
60.00 06000	LABORATORY	0	0	0	13,449,581	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,674,632	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	1,513,514	0 66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	0	1,288,160	0 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	0	228,421	0 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	428,930	0 67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	0	194,351	0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	61,454	0 67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	290,101	0 68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	364,927	0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	86,586	0 68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	128,442	1,117,593	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,135,913	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,017,048	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,521,939	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	501,024	0 74.00
76.00 03020	RADIATION ONCOLOGY	0	0	0	2,290,989	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	357	0	0	404,208	-376 90.00
90.01 09001	DIABETES CLINIC	0	0	0	167,905	0 90.01
90.02 09002	OUTPATIENT CLINICS	0	0	0	862,700	0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	1,305,125	0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	30,759	0 90.04
91.00 09100	EMERGENCY	357,107	551,627	0	10,846,390	-375,878 91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0 91.01
91.02 09102	EXPRESS CARE	0	0	0	0	0 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-OTHER PRGM COSTS APPRV							
	22.00	23.00	23.01	24.00	25.00			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	357,464	551,627	128,442	183,045,124	-376,254	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	816,504	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	5,313	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	3,143,981	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	41,103	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	167,281	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	357,464	551,627	128,442	187,219,306	-376,254	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/30/2019 10:52 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	46,053,432	30.00
31.00	03100	INTENSIVE CARE UNIT	6,631,950	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,170,737	35.00
43.00	04300	NURSERY	2,075,007	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	18,353,594	50.00
51.00	05100	RECOVERY ROOM	3,580,795	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,462,547	52.00
53.00	05300	ANESTHESIOLOGY	743,298	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,987,497	54.00
54.01	05401	RADIOLOGY - I-65	2,020,609	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	331	54.02
54.03	05403	LOWELL RADIOLOGY	146,493	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	3,847,643	55.01
55.02	03140	CARDIOLOGY	2,280,637	55.02
55.03	03450	NEURO-DIAGNOSTICS	908,304	55.03
60.00	06000	LABORATORY	13,449,581	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,674,632	65.00
66.00	06600	PHYSICAL THERAPY	1,513,514	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,288,160	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	228,421	66.02
67.00	06700	OCCUPATIONAL THERAPY	428,930	67.00
67.01	06701	OCCUPATION THERAPY I-65	194,351	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	61,454	67.02
68.00	06800	SPEECH PATHOLOGY	290,101	68.00
68.01	06801	SPEECH PATHOLOGY I-65	364,927	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	86,586	68.02
69.00	06900	ELECTROCARDIOLOGY	1,117,593	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,135,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,017,048	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,521,939	73.00
74.00	07400	RENAL DIALYSIS	501,024	74.00
76.00	03020	RADIATION ONCOLOGY	2,290,989	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	403,832	90.00
90.01	09001	DIABETES CLINIC	167,905	90.01
90.02	09002	OUTPATIENT CLINICS	862,700	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	1,305,125	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	30,759	90.04
91.00	09100	EMERGENCY	10,470,512	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	91.01
91.02	09102	EXPRESS CARE	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	182,668,870	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	816,504	192.00
194.00	07950	FHC	0	194.00
194.01	07951	CONVENT	5,313	194.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
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Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	3,143,981	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	41,103	194.03
194.04	07954 CENTER OF HOPE	167,281	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	186,843,052	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
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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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	100,238	8,560	108,798	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,833,836	292,280	3,126,116	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	20,955	67,509	88,464	6.00
7.00 00700	OPERATION OF PLANT	0	1,775,475	66,669	1,842,144	7.00
7.01 00701	OPERATION OF PLANT - FP	0	0	944	944	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	122,443	7,405	129,848	8.00
9.00 00900	HOUSEKEEPING	0	74,099	10,562	84,661	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	9.01
10.00 01000	DIETARY	0	337,863	44,490	382,353	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	284,658	769,365	1,054,023	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	278,003	78,602	356,605	14.00
15.00 01500	PHARMACY	0	35,214	1,547	36,761	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	150,981	5,624	156,605	16.00
17.00 01700	SOCIAL SERVICE	0	56,230	319	56,549	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	12,053	12,053	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	20,665	20,665	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,034,060	386,350	1,420,410	30.00
31.00 03100	INTENSIVE CARE UNIT	0	214,653	274,214	488,867	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	262,050	145,217	407,267	35.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	477,066	1,123,095	1,600,161	50.00
51.00 05100	RECOVERY ROOM	0	180,569	41,009	221,578	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	262,171	0	262,171	52.00
53.00 05300	ANESTHESIOLOGY	0	25,634	36,403	62,037	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	571,273	1,211,009	1,782,282	54.00
54.01 05401	RADIOLOGY - I-65	0	0	129,351	129,351	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03 05403	LOWELL RADIOLOGY	0	0	21,223	21,223	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	115,566	475,919	591,485	55.01
55.02 03140	CARDIOLOGY	0	56,532	292,628	349,160	55.02
55.03 03450	NEURO-DIAGNOSTICS	0	33,782	13,646	47,428	55.03
60.00 06000	LABORATORY	0	181,698	560	182,258	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	35,456	37,446	72,902	65.00
66.00 06600	PHYSICAL THERAPY	0	73,676	2,625	76,301	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	11,528	11,528	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	76,439	35,059	111,498	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	10,407	0	10,407	74.00
76.00 03020	RADIATION ONCOLOGY	0	0	709,070	709,070	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DIABETES CLINIC	0	2,420	0	2,420	90.01
90.02 09002	OUTPATIENT CLINICS	0	194,082	5,224	199,306	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	16,700	6,239	22,939	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	346,818	122,650	469,468	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	91.01
91.02 09102	EXPRESS CARE	0	0	0	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
118.00	0	10,241,047	6,467,059	16,708,106	107,185	118.00
NONREIMBURSABLE COST CENTERS						
192.00	0	138,719	1,083	139,802	1,502	192.00
194.00	0	0	0	0	0	194.00
194.01	0	0	0	0	0	194.01
194.02	0	583,394	75,507	658,901	0	194.02
194.03	0	25,937	0	25,937	0	194.03
194.04	0	0	986	986	111	194.04
200.00				0		200.00
201.00		0	0	0	0	201.00
202.00	0	10,989,097	6,544,635	17,533,732	108,798	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

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Part II
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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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,151,139				5.00
6.00	00600	MAINTENANCE & REPAIRS	67,293	157,319			6.00
7.00	00700	OPERATION OF PLANT	159,169	34,766	2,038,359		7.00
7.01	00701	OPERATION OF PLANT - FP	21,053	0	0	21,997	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	18,126	2,398	39,878	7,419	197,669
9.00	00900	HOUSEKEEPING	50,101	1,451	24,133	1,534	17,547
9.01	01851	ENVIRONMENTAL SERVICES - FP	3,256	0	0	0	0
10.00	01000	DIETARY	21,802	6,616	110,038	0	2,379
11.00	01100	CAFETERIA	19,283	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	78,828	5,574	92,710	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	19,892	5,444	90,543	0	574
15.00	01500	PHARMACY	95,818	690	11,469	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	53,576	2,956	49,173	0	0
17.00	01700	SOCIAL SERVICE	62,629	1,101	18,313	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	316	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,016	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	9,123	0	0	0	0
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	2,143	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	611,806	20,248	336,786	0	99,832
31.00	03100	INTENSIVE CARE UNIT	87,120	4,203	69,910	0	6,795
35.00	02060	NEONATAL INTENSIVE CARE UNIT	79,819	5,131	85,347	0	4,691
43.00	04300	NURSERY	33,827	0	0	0	2,056
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	253,079	9,342	155,375	0	21,610
51.00	05100	RECOVERY ROOM	46,148	3,536	58,809	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,374	5,134	85,386	0	0
53.00	05300	ANESTHESIOLOGY	6,136	502	8,349	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	248,214	11,186	186,058	0	4,964
54.01	05401	RADIOLOGY - I-65	22,917	0	0	5,290	4,880
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	35
54.03	05403	LOWELL RADIOLOGY	2,347	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	CARDIAC CATHETERIZATION LAB	51,682	2,263	37,639	0	1,731
55.02	03140	CARDIOLOGY	32,707	1,107	18,412	0	0
55.03	03450	NEURO-DIAGNOSTICS	12,541	662	11,003	0	1,583
60.00	06000	LABORATORY	200,237	3,558	59,177	0	228
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	39,942	694	11,548	0	0
66.00	06600	PHYSICAL THERAPY	20,448	1,443	23,995	0	5,767
66.01	06601	PHYSICAL THERAPY I-65	13,959	0	0	5,782	0
66.02	06602	PHYSICAL THERAPY ST JOHN	3,642	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	6,805	0	0	0	0
67.01	06701	OCCUPATION THERAPY I-65	2,289	0	0	711	0
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	985	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	4,657	0	0	0	0
68.01	06801	SPEECH PATHOLOGY I-65	4,349	0	0	1,261	0
68.02	06802	SPEECH THERAPY ST. JOHN	1,391	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	10,805	1,497	24,895	0	1,175
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	76,165	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	234,016	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	104,552	0	0	0	0
74.00	07400	RENAL DIALYSIS	7,806	204	3,389	0	0
76.00	03020	RADIATION ONCOLOGY	35,941	0	0	0	995
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,517	0	0	0	119
90.01	09001	DIABETES CLINIC	2,289	47	788	0	1,057
90.02	09002	OUTPATIENT CLINICS	4,840	3,800	63,210	0	5,557
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	20,371	327	5,439	0	0
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	478	0	0	0	0
91.00	09100	EMERGENCY	124,318	6,791	112,955	0	14,094
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0
91.02	09102	EXPRESS CARE	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,114,943	142,671	1,794,727	21,997	197,669
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,057	2,716	45,179	0	0
194.00	07950	FHC	0	0	0	0	0

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
194.01	07951	CONVENT	89	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	26,324	11,424	190,006	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	508	8,447	0	0	194.03
194.04	07954	CENTER OF HOPE	2,726	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,151,139	157,319	2,038,359	21,997	197,669	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 10:52 am	
Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	181,546					9.00
9.01	01851	0	3,407				9.01
10.00	01000	10,118	0	533,808			10.00
11.00	01100	0	0	0	20,455		11.00
13.00	01300	8,525	0	0	1,416	1,243,719	13.00
14.00	01400	8,326	0	0	289	0	14.00
15.00	01500	1,055	0	0	802	0	15.00
16.00	01600	4,522	0	0	145	12,111	16.00
17.00	01700	1,684	0	0	821	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	77	135	23.00
23.01	02301	0	0	0	19	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	30,970	0	493,522	6,612	672,350	30.00
31.00	03100	6,428	0	40,286	878	114,564	31.00
35.00	02060	7,848	0	0	773	102,269	35.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,287	0	0	1,782	107,871	50.00
51.00	05100	5,408	0	0	499	50,024	51.00
52.00	05200	7,851	0	0	91	1,074	52.00
53.00	05300	768	0	0	0	0	53.00
54.00	05400	17,108	0	0	1,816	6,304	54.00
54.01	05401	0	1,382	0	183	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	26	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	3,461	0	0	287	24,905	55.01
55.02	03140	1,693	0	0	239	4,400	55.02
55.03	03450	1,012	0	0	146	0	55.03
60.00	06000	5,441	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,062	0	0	509	0	65.00
66.00	06600	2,206	0	0	172	0	66.00
66.01	06601	0	1,510	0	140	0	66.01
66.02	06602	0	0	0	35	0	66.02
67.00	06700	0	0	0	73	0	67.00
67.01	06701	0	186	0	36	0	67.01
67.02	06702	0	0	0	13	0	67.02
68.00	06800	0	0	0	52	0	68.00
68.01	06801	0	329	0	44	0	68.01
68.02	06802	0	0	0	15	0	68.02
69.00	06900	2,289	0	0	133	10,632	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	312	0	0	0	0	74.00
76.00	03020	0	0	0	126	4,218	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	70	0	90.00
90.01	09001	72	0	0	23	3,171	90.01
90.02	09002	5,812	0	0	0	0	90.02
90.03	09003	500	0	0	185	0	90.03
90.04	09004	0	0	0	5	315	90.04
91.00	09100	10,386	0	0	1,508	129,376	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1 through 117)		159,144	3,407	533,808	20,040	1,243,719	
NONREIMBURSABLE COST CENTERS							
192.00	19200	4,154	0	0	382	0	192.00
194.00	07950	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

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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	
194.01	07951	CONVENT	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	17,471	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	777	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	0	33	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	181,546	3,407	533,808	20,455	1,243,719	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 10:52 am	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						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						9.01
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	482,203					14.00
15.00	01500	1,279	151,421				15.00
16.00	01600	0	0	279,723			16.00
17.00	01700	0	0	0	144,119		17.00
21.00	02100	0	0	0	0	332	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	229	94	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	21,433	27	18,362	9,461		30.00
31.00	03100	4,543	2	2,485	1,280		31.00
35.00	02060	3,756	0	6,004	3,093		35.00
43.00	04300	0	0	1,720	886		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	125,809	340	26,847	13,832		50.00
51.00	05100	2,285	0	3,315	1,708		51.00
52.00	05200	1	0	2,470	1,273		52.00
53.00	05300	3,487	2,574	7,233	3,726		53.00
54.00	05400	9,482	4	54,619	28,139		54.00
54.01	05401	572	0	8,248	4,250		54.01
54.02	05402	0	0	0	0		54.02
54.03	05403	0	0	205	106		54.03
55.00	05500	0	0	0	0		55.00
55.01	05501	8,587	0	10,576	5,449		55.01
55.02	03140	1,788	0	5,309	2,735		55.02
55.03	03450	283	0	1,778	963		55.03
60.00	06000	583	15	38,915	20,050		60.00
60.01	06001	0	0	0	0		60.01
65.00	06500	2,833	29	6,055	3,120		65.00
66.00	06600	37	0	1,392	717		66.00
66.01	06601	132	0	1,317	679		66.01
66.02	06602	37	0	365	188		66.02
67.00	06700	0	0	757	390		67.00
67.01	06701	15	0	195	100		67.01
67.02	06702	2	0	79	41		67.02
68.00	06800	2	0	385	199		68.00
68.01	06801	25	0	498	256		68.01
68.02	06802	0	0	114	59		68.02
69.00	06900	67	0	2,755	1,419		69.00
71.00	07100	61,298	0	13,340	6,873		71.00
72.00	07200	224,449	0	7,404	3,815		72.00
73.00	07300	0	147,673	22,690	11,691		73.00
74.00	07400	33	0	327	169		74.00
76.00	03020	384	0	4,395	2,264		76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	397	0	368	190		90.00
90.01	09001	10	0	17	9		90.01
90.02	09002	10	0	0	0		90.02
90.03	09003	191	576	594	306		90.03
90.04	09004	3	0	23	12		90.04
91.00	09100	8,121	0	28,567	14,718		91.00
91.01	09101	0	0	0	0		91.01
91.02	09102	0	0	0	0		91.02
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		482,163	151,334	279,723	144,119	0	118.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

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From 01/01/2018
To 12/31/2018

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Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
	14.00	15.00	16.00	17.00	SERVICES-SALARY & FRINGES APPRV	
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	23	0	0	0		192.00
194.00 07950 FHC	0	0	0	0		194.00
194.01 07951 CONVENT	0	0	0	0		194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0	0	0		194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0		194.03
194.04 07954 CENTER OF HOPE	17	87	0	0		194.04
200.00 Cross Foot Adjustments						332 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118 through 201)	482,203	151,421	279,723	144,119		332 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - FP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP					9.01
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,016				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		21,983			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			22,909		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			3,766,660		30.00
31.00 03100	INTENSIVE CARE UNIT			830,942		31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT			709,369		35.00
43.00 04300	NURSERY			40,094		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			2,337,011		50.00
51.00 05100	RECOVERY ROOM			395,312		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			377,080		52.00
53.00 05300	ANESTHESIOLOGY			94,812		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,356,169		54.00
54.01 05401	RADIOLOGY - I-65			177,721		54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ			35		54.02
54.03 05403	LOWELL RADIOLOGY			23,980		54.03
55.00 05500	RADIOLOGY-THERAPEUTIC			0		55.00
55.01 05501	CARDIAC CATHETERIZATION LAB			739,282		55.01
55.02 03140	CARDIOLOGY			418,519		55.02
55.03 03450	NEURO-DIAGNOSTICS			77,887		55.03
60.00 06000	LABORATORY			510,462		60.00
60.01 06001	BLOOD LABORATORY			0		60.01
65.00 06500	RESPIRATORY THERAPY			140,388		65.00
66.00 06600	PHYSICAL THERAPY			133,354		66.00
66.01 06601	PHYSICAL THERAPY I-65			35,736		66.01
66.02 06602	PHYSICAL THERAPY ST JOHN			4,426		66.02
67.00 06700	OCCUPATIONAL THERAPY			8,373		67.00
67.01 06701	OCCUPATION THERAPY I-65			3,645		67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN			1,162		67.02
68.00 06800	SPEECH PATHOLOGY			5,534		68.00
68.01 06801	SPEECH PATHOLOGY I-65			6,983		68.01
68.02 06802	SPEECH THERAPY ST. JOHN			1,650		68.02
69.00 06900	ELECTROCARDIOLOGY			167,664		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			157,676		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			469,684		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			286,606		73.00
74.00 07400	RENAL DIALYSIS			22,647		74.00
76.00 03020	RADIATION ONCOLOGY			757,845		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC			7,973		90.00
90.01 09001	DIABETES CLINIC			10,013		90.01
90.02 09002	OUTPATIENT CLINICS			282,535		90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC			52,139		90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT			860		90.04
91.00 09100	EMERGENCY			925,605		91.00
91.01 09101	EMERGENCY ROOM PHYSICANS			0		91.01
91.02 09102	EXPRESS CARE			0		91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	16,337,833
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES			200,815	0
194.00	07950	FHC			0	0
194.01	07951	CONVENT			89	0
194.02	07952	OTHER NON REIMB - BUILDINGS			904,126	0
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH			35,669	0
194.04	07954	CENTER OF HOPE			3,960	0
200.00		Cross Foot Adjustments	6,016	21,983	22,909	51,240
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	6,016	21,983	22,909	17,533,732

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 10:52 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	3,766,660	30.00
31.00	03100	INTENSIVE CARE UNIT	830,942	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	709,369	35.00
43.00	04300	NURSERY	40,094	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,337,011	50.00
51.00	05100	RECOVERY ROOM	395,312	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	377,080	52.00
53.00	05300	ANESTHESIOLOGY	94,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,356,169	54.00
54.01	05401	RADIOLOGY - I-65	177,721	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	35	54.02
54.03	05403	LOWELL RADIOLOGY	23,980	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	739,282	55.01
55.02	03140	CARDIOLOGY	418,519	55.02
55.03	03450	NEURO-DIAGNOSTICS	77,887	55.03
60.00	06000	LABORATORY	510,462	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	140,388	65.00
66.00	06600	PHYSICAL THERAPY	133,354	66.00
66.01	06601	PHYSICAL THERAPY I-65	35,736	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	4,426	66.02
67.00	06700	OCCUPATIONAL THERAPY	8,373	67.00
67.01	06701	OCCUPATION THERAPY I-65	3,645	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,162	67.02
68.00	06800	SPEECH PATHOLOGY	5,534	68.00
68.01	06801	SPEECH PATHOLOGY I-65	6,983	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,650	68.02
69.00	06900	ELECTROCARDIOLOGY	167,664	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	157,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	469,684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	286,606	73.00
74.00	07400	RENAL DIALYSIS	22,647	74.00
76.00	03020	RADIATION ONCOLOGY	757,845	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	7,973	90.00
90.01	09001	DIABETES CLINIC	10,013	90.01
90.02	09002	OUTPATIENT CLINICS	282,535	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	52,139	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	860	90.04
91.00	09100	EMERGENCY	925,605	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	91.01
91.02	09102	EXPRESS CARE	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,337,833	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	200,815	192.00
194.00	07950	FHC	0	194.00
194.01	07951	CONVENT	89	194.01

5/30/2019 10:52 am

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 10:52 am
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Cost Center Description		Total	
		26.00	
194.02	07952 OTHER NON REIMB - BUILDINGS	904,126	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	35,669	194.03
194.04	07954 CENTER OF HOPE	3,960	194.04
200.00	Cross Foot Adjustments	51,240	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	17,533,732	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	544,864				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,198,366			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,970	6,799	71,651,630		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	140,508	232,156	16,461,950	-48,378,566	138,869,867
6.00 00600	MAINTENANCE & REPAIRS	1,039	53,622	1,029,176	0	2,965,620
7.00 00700	OPERATION OF PLANT	88,032	52,955	1,502,250	0	7,014,645
7.01 00701	OPERATION OF PLANT - FP	0	750	0	0	927,826
8.00 00800	LAUNDRY & LINEN SERVICE	6,071	5,882	0	0	798,822
9.00 00900	HOUSEKEEPING	3,674	8,389	1,395,996	0	2,207,988
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	99,237	0	143,497
10.00 01000	DIETARY	16,752	35,338	330,871	0	960,811
11.00 01100	CAFETERIA	0	0	772,028	0	849,813
13.00 01300	NURSING ADMINISTRATION	14,114	611,102	1,741,217	0	3,473,969
14.00 01400	CENTRAL SERVICES & SUPPLY	13,784	62,433	348,963	0	876,649
15.00 01500	PHARMACY	1,746	1,229	2,336,884	0	4,222,722
16.00 01600	MEDICAL RECORDS & LIBRARY	7,486	4,467	418,398	0	2,361,098
17.00 01700	SOCIAL SERVICE	2,788	253	1,991,021	0	2,760,071
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	10,686	0	13,935
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	265,108
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	9,574	178,947	0	402,058
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	16,414	54,129	0	94,448
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	51,271	306,876	16,364,189	0	26,960,417
31.00 03100	INTENSIVE CARE UNIT	10,643	217,807	2,358,953	0	3,839,409
35.00 02060	NEONATAL INTENSIVE CARE UNIT	12,993	115,345	2,220,895	0	3,517,662
43.00 04300	NURSERY	0	0	1,057,128	0	1,490,759
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,654	892,068	4,397,977	0	11,153,295
51.00 05100	RECOVERY ROOM	8,953	32,573	1,318,959	0	2,033,768
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,999	0	168,082	0	501,252
53.00 05300	ANESTHESIOLOGY	1,271	28,915	0	0	270,409
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,325	961,897	3,948,011	0	10,938,872
54.01 05401	RADIOLOGY - I-65	0	102,743	426,902	0	1,009,981
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	15
54.03 05403	LOWELL RADIOLOGY	0	16,857	47,890	0	103,444
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	5,730	378,020	801,782	0	2,277,654
55.02 03140	CARDIOLOGY	2,803	232,433	638,416	0	1,441,418
55.03 03450	NEURO-DIAGNOSTICS	1,675	10,839	352,342	0	552,668
60.00 06000	LABORATORY	9,009	445	0	0	8,824,521
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,758	29,743	1,116,246	0	1,760,262
66.00 06600	PHYSICAL THERAPY	3,653	2,085	576,872	0	901,172
66.01 06601	PHYSICAL THERAPY I-65	0	9,157	454,161	0	615,197
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	104,597	0	160,523
67.00 06700	OCCUPATIONAL THERAPY	0	0	229,366	0	299,886
67.01 06701	OCCUPATIONAL THERAPY I-65	0	0	74,468	0	100,875
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	27,490	0	43,423
68.00 06800	SPEECH PATHOLOGY	0	0	157,233	0	205,255
68.01 06801	SPEECH PATHOLOGY I-65	0	0	145,852	0	191,647
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	46,814	0	61,302
69.00 06900	ELECTROCARDIOLOGY	3,790	27,847	328,671	0	476,168
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,356,625
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,313,177
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,607,629
74.00 07400	RENAL DIALYSIS	516	0	0	0	344,003
76.00 03020	RADIATION ONCOLOGY	0	563,210	297,990	0	1,583,918
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	205,585	0	287,223
90.01 09001	DIABETES CLINIC	120	0	72,703	0	100,889
90.02 09002	OUTPATIENT CLINICS	9,623	4,149	0	0	213,280
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	828	4,956	468,555	0	897,736
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	15,942	0	21,083
91.00 09100	EMERGENCY	17,196	97,420	3,493,278	0	5,478,739
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0
91.02 09102	EXPRESS CARE	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	507,774	5,136,748	70,589,102	-48,378,566	137,274,636	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	860	989,501	0	311,024	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	3,940	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	28,926	59,975	0	0	1,160,121	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,286	0	0	29,127	0	194.03
194.04	07954	CENTER OF HOPE	0	783	73,027	0	120,146	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,989,097	6,544,635	21,786,030		48,378,566	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.168514	1.258979	0.304055		0.348373	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			108,798		3,151,139	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001518		0.022691	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	398,347				6.00	
7.00	00700	OPERATION OF PLANT	88,032	310,315			7.00	
7.01	00701	OPERATION OF PLANT - FP	0	0	70,158		7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	6,071	6,071	23,661	895,333	8.00	
9.00	00900	HOUSEKEEPING	3,674	3,674	4,892	79,479	300,570	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	0	9.01
10.00	01000	DIETARY	16,752	16,752	0	10,776	16,752	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,114	14,114	0	0	14,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,784	13,784	0	2,600	13,784	14.00
15.00	01500	PHARMACY	1,746	1,746	0	0	1,746	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,486	7,486	0	0	7,486	16.00
17.00	01700	SOCIAL SERVICE	2,788	2,788	0	0	2,788	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,271	51,271	0	452,175	51,271	30.00
31.00	03100	INTENSIVE CARE UNIT	10,643	10,643	0	30,779	10,643	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,993	12,993	0	21,247	12,993	35.00
43.00	04300	NURSERY	0	0	0	9,314	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,654	23,654	0	97,880	23,654	50.00
51.00	05100	RECOVERY ROOM	8,953	8,953	0	0	8,953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,999	12,999	0	0	12,999	52.00
53.00	05300	ANESTHESIOLOGY	1,271	1,271	0	0	1,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,325	28,325	0	22,483	28,325	54.00
54.01	05401	RADIOLOGY - I-65	0	0	16,873	22,104	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	158	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	5,730	5,730	0	7,840	5,730	55.01
55.02	03140	CARDIOLOGY	2,803	2,803	0	0	2,803	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,675	1,675	0	7,172	1,675	55.03
60.00	06000	LABORATORY	9,009	9,009	0	1,032	9,009	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,758	1,758	0	0	1,758	65.00
66.00	06600	PHYSICAL THERAPY	3,653	3,653	0	26,122	3,653	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	18,441	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0	0	2,268	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	4,023	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	3,790	3,790	0	5,324	3,790	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	516	516	0	0	516	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	4,509	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	540	0	90.00
90.01	09001	DIABETES CLINIC	120	120	0	4,787	120	90.01
90.02	09002	OUTPATIENT CLINICS	9,623	9,623	0	25,172	9,623	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	828	828	0	0	828	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	17,196	17,196	0	63,840	17,196	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	361,257	273,225	70,158	895,333	263,480	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,878	6,878	0	0	6,878	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	28,926	28,926	0	0	28,926	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,286	1,286	0	0	1,286	194.03
194.04	07954	CENTER OF HOPE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,998,762	10,342,059	1,251,056	1,762,307	3,380,193	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.038389	33.327615	17.831979	1.968326	11.245943	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	157,319	2,038,359	21,997	197,669	181,546	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.394930	6.568677	0.313535	0.220777	0.604006	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet B-1	
Date/Time Prepared: 5/30/2019 10:52 am								
Cost Center Description			ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	41,605					9.01
10.00	01000	DIETARY	0	150,935				10.00
11.00	01100	CAFETERIA	0	0	1,493,164			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	103,376	553,412		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	21,088	0	22,156,338	14.00
15.00	01500	PHARMACY	0	0	58,540	0	58,773	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	10,621	5,389	9	16.00
17.00	01700	SOCIAL SERVICE	0	0	59,967	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	5,645	60	10,510	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	1,422	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	139,544	482,637	299,172	984,780	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,391	64,061	50,977	208,727	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	56,442	45,506	172,596	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	130,068	47,999	5,780,598	50.00
51.00	05100	RECOVERY ROOM	0	0	36,398	22,259	105,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,618	478	30	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	160,202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	132,587	2,805	435,687	54.00
54.01	05401	RADIOLOGY - I-65	16,873	0	13,339	0	26,268	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	1,898	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	20,967	11,082	394,561	55.01
55.02	03140	CARDIOLOGY	0	0	17,442	1,958	82,161	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	10,682	0	13,021	55.03
60.00	06000	LABORATORY	0	0	0	0	26,794	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	37,177	0	130,189	65.00
66.00	06600	PHYSICAL THERAPY	0	0	12,543	0	1,679	66.00
66.01	06601	PHYSICAL THERAPY I-65	18,441	0	10,218	0	6,069	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	2,528	0	1,690	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,305	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	2,268	0	2,614	0	707	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	969	0	107	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	3,773	0	86	68.00
68.01	06801	SPEECH PATHOLOGY I-65	4,023	0	3,241	0	1,129	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	1,111	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	9,724	4,731	3,058	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,816,487	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,313,178	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,530	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	9,192	1,877	17,628	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	5,080	0	18,243	90.00
90.01	09001	DIABETES CLINIC	0	0	1,666	1,411	470	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	468	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	13,475	0	8,768	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	383	140	149	90.04
91.00	09100	EMERGENCY	0	0	110,059	57,568	373,120	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,605	150,935	1,462,856	553,412	22,154,484	118.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description	ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	9.01	10.00	11.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	27,903	0	1,068	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	0	0	0	0	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	0	0	0	194.03
194.04 07954 CENTER OF HOPE	0	0	2,405	0	786	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	193,487	2,231,602	1,145,865	5,534,330	1,956,122	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.650571	14.785186	0.767407	10.000379	0.088287	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	3,407	533,808	20,455	1,243,719	482,203	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.081889	3.536675	0.013699	2.247365	0.021764	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	4,460,660					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	709,921,138				16.00
17.00 01700 SOCIAL SERVICE	0	0	709,921,138			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,002		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,002	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	2,783	0	0	0		23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	799	46,603,487	46,603,487	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	72	6,306,131	6,306,131	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	15,238,320	15,238,320	0	0	35.00
43.00 04300 NURSERY	0	4,365,044	4,365,044	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	10,024	68,139,118	68,139,118	0	0	50.00
51.00 05100 RECOVERY ROOM	0	8,413,716	8,413,716	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8	6,269,774	6,269,774	0	0	52.00
53.00 05300 ANESTHESIOLOGY	75,827	18,356,868	18,356,868	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	106	138,589,428	138,589,428	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	20,934,145	20,934,145	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	520,658	520,658	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	26,842,368	26,842,368	0	0	55.01
55.02 03140 RADIOLOGY	0	13,474,270	13,474,270	0	0	55.02
55.03 03450 RADIOLOGY	0	4,513,730	4,513,730	0	0	55.03
60.00 06000 LABORATORY	448	98,767,791	98,767,791	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	858	15,369,102	15,369,102	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	3,534,159	3,534,159	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	3,342,595	3,342,595	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	926,621	926,621	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,921,338	1,921,338	0	0	67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	0	494,471	494,471	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	201,563	201,563	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	978,334	978,334	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	1,263,482	1,263,482	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	288,185	288,185	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	6,991,295	6,991,295	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,858,498	33,858,498	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,792,250	18,792,250	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,350,183	57,590,053	57,590,053	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	830,803	830,803	0	0	74.00
76.00 03020 RADIOLOGY ONCOLOGY	0	11,154,726	11,154,726	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	934,917	934,917	1	1	90.00
90.01 09001 DIABETES CLINIC	0	43,281	43,281	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	16,978	1,507,312	1,507,312	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	58,420	58,420	0	0	90.04
91.00 09100 EMERGENCY	4	72,504,885	72,504,885	1,001	1,001	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	INTERNS & RESIDENTS				
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	15.00	16.00	17.00	21.00	22.00			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		4,458,090	709,921,138	709,921,138	1,002	1,002	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FHC	0	0	0	0	0	194.00
194.01	07951	CONVENT	0	0	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	0	0	0	194.03
194.04	07954	CENTER OF HOPE	2,570	0	0	0	0	194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		5,839,269	3,654,510	3,919,882	18,790	357,464	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		1.309059	0.005148	0.005522	18.752495	356.750499	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		151,421	279,723	144,119	332	6,016	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.033946	0.000394	0.000203	0.331337	6.003992	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED PRGM- (SPECIFY)	1,001	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	1,001	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	RADIOLOGY - I-65	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	55.01
55.02	03140	CARDIOLOGY	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	55.03
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CLINIC	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	90.04
91.00	09100	EMERGENCY	1,001	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	91.01
91.02	09102	EXPRESS CARE	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,001	118.00

5/30/2019 10:52 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)		
		23.00	23.01		
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	FHC	0	0	194.00
194.01	07951	CONVENT	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVORIAL HEALTH	0	0	194.03
194.04	07954	CENTER OF HOPE	0	0	194.04
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	551,627	128,442	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	551.075924	128.313686	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,983	22,909	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	21.961039	22.886114	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 10:52 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		46,053,432	14,504	46,067,936	30.00
31.00	03100 INTENSIVE CARE UNIT		6,631,950	17,722	6,649,672	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		6,170,737	18,985	6,189,722	35.00
43.00	04300 NURSERY		2,075,007	0	2,075,007	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		18,353,594	308,119	18,661,713	50.00
51.00	05100 RECOVERY ROOM		3,580,795	0	3,580,795	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,462,547	0	1,462,547	52.00
53.00	05300 ANESTHESIOLOGY		743,298	0	743,298	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,987,497	0	17,987,497	54.00
54.01	05401 RADIOLOGY - I-65		2,020,609	0	2,020,609	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		331	0	331	54.02
54.03	05403 LOWELL RADIOLOGY		146,493	0	146,493	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		3,847,643	8,973	3,856,616	55.01
55.02	03140 RADIOLOGY		2,280,637	4,011	2,284,648	55.02
55.03	03450 NEURO-DIAGNOSTICS		908,304	0	908,304	55.03
60.00	06000 LABORATORY		13,449,581	7,414	13,456,995	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,674,632	0	2,674,632	65.00
66.00	06600 PHYSICAL THERAPY	0	1,513,514	0	1,513,514	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	1,288,160	0	1,288,160	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	228,421	0	228,421	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	428,930	0	428,930	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	194,351	0	194,351	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0	61,454	0	61,454	67.02
68.00	06800 SPEECH PATHOLOGY	0	290,101	0	290,101	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	364,927	0	364,927	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	86,586	0	86,586	68.02
69.00	06900 ELECTROCARDIOLOGY		1,117,593	3,633	1,121,226	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		5,135,913	0	5,135,913	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,017,048	0	15,017,048	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,521,939	0	12,521,939	73.00
74.00	07400 RENAL DIALYSIS		501,024	0	501,024	74.00
76.00	03020 RADIOLOGY ONCOLOGY		2,290,989	0	2,290,989	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		403,832	0	403,832	90.00
90.01	09001 DIABETES CLINIC		167,905	0	167,905	90.01
90.02	09002 OUTPATIENT CLINICS		862,700	0	862,700	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		1,305,125	0	1,305,125	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		30,759	0	30,759	90.04
91.00	09100 EMERGENCY		10,470,512	6,846	10,477,358	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		9,703,183	0	9,703,183	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		192,372,053	390,207	192,762,260	200.00
201.00	Less Observation Beds		9,703,183		9,703,183	201.00
202.00	Total (see instructions)		182,668,870	390,207	183,059,077	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 10:52 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	38,184,279		38,184,279				30.00
31.00	03100	INTENSIVE CARE UNIT	6,306,131		6,306,131				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,238,320		15,238,320				35.00
43.00	04300	NURSERY	4,365,044		4,365,044				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,367,897	50,771,221	68,139,118	0.269355	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,446,034	5,967,682	8,413,716	0.425590	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,225,925	43,849	6,269,774	0.233269	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	5,579,428	12,777,440	18,356,868	0.040492	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,873,814	105,715,614	138,589,428	0.129790	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	100,680	20,833,465	20,934,145	0.096522	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	890	519,768	520,658	0.281361	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	14,182,685	12,659,683	26,842,368	0.143342	0.000000		55.01
55.02	03140	CARDIOLOGY	4,314,864	9,159,406	13,474,270	0.169259	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	672,664	3,841,066	4,513,730	0.201231	0.000000		55.03
60.00	06000	LABORATORY	36,275,764	62,492,027	98,767,791	0.136174	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	12,926,438	2,442,664	15,369,102	0.174027	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,378,375	1,155,784	3,534,159	0.428253	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	4,628	3,337,967	3,342,595	0.385377	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	356	926,265	926,621	0.246510	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,669,126	252,212	1,921,338	0.223245	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	715	493,756	494,471	0.393048	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	201,563	201,563	0.304887	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	861,647	116,687	978,334	0.296526	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	1,332	1,262,150	1,263,482	0.288826	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	288,185	288,185	0.300453	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	2,164,290	4,827,005	6,991,295	0.159855	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,911,484	17,947,014	33,858,498	0.151688	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,117,723	9,674,527	18,792,250	0.799109	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,603,762	13,986,291	57,590,053	0.217432	0.000000		73.00
74.00	07400	RENAL DIALYSIS	769,734	61,069	830,803	0.603060	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	248,145	10,906,581	11,154,726	0.205383	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,563	932,354	934,917	0.431944	0.000000		90.00
90.01	09001	DIABETES CLINIC	0	43,281	43,281	3.879416	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,507,312	1,507,312	0.865863	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	1,280	57,140	58,420	0.526515	0.000000		90.04
91.00	09100	EMERGENCY	19,938,245	52,566,640	72,504,885	0.144411	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	2,467,823	5,951,385	8,419,208	1.152505	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	296,202,085	413,719,053	709,921,138				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	296,202,085	413,719,053	709,921,138				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 10:52 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.273877		50.00
51.00	05100	RECOVERY ROOM	0.425590		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233269		52.00
53.00	05300	ANESTHESIOLOGY	0.040492		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129790		54.00
54.01	05401	RADIOLOGY - I-65	0.096522		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	0.281361		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.143676		55.01
55.02	03140	CARDIOLOGY	0.169556		55.02
55.03	03450	NEURO-DIAGNOSTICS	0.201231		55.03
60.00	06000	LABORATORY	0.136249		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.174027		65.00
66.00	06600	PHYSICAL THERAPY	0.428253		66.00
66.01	06601	PHYSICAL THERAPY I-65	0.385377		66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.246510		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.223245		67.00
67.01	06701	OCCUPATION THERAPY I-65	0.393048		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.304887		67.02
68.00	06800	SPEECH PATHOLOGY	0.296526		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.288826		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.300453		68.02
69.00	06900	ELECTROCARDIOLOGY	0.160375		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.151688		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.799109		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217432		73.00
74.00	07400	RENAL DIALYSIS	0.603060		74.00
76.00	03020	RADIATION ONCOLOGY	0.205383		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.431944		90.00
90.01	09001	DIABETES CLINIC	3.879416		90.01
90.02	09002	OUTPATIENT CLINICS	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.865863		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.526515		90.04
91.00	09100	EMERGENCY	0.144506		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	1.152505		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 10:52 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		46,053,432	14,504	46,067,936	30.00
31.00	03100 INTENSIVE CARE UNIT		6,631,950	17,722	6,649,672	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		6,170,737	18,985	6,189,722	35.00
43.00	04300 NURSERY		2,075,007	0	2,075,007	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		18,353,594	308,119	18,661,713	50.00
51.00	05100 RECOVERY ROOM		3,580,795	0	3,580,795	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,462,547	0	1,462,547	52.00
53.00	05300 ANESTHESIOLOGY		743,298	0	743,298	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,987,497	0	17,987,497	54.00
54.01	05401 RADIOLOGY - I-65		2,020,609	0	2,020,609	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ		331	0	331	54.02
54.03	05403 LOWELL RADIOLOGY		146,493	0	146,493	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB		3,847,643	8,973	3,856,616	55.01
55.02	03140 RADIOLOGY		2,280,637	4,011	2,284,648	55.02
55.03	03450 NEURO-DIAGNOSTICS		908,304	0	908,304	55.03
60.00	06000 LABORATORY		13,449,581	7,414	13,456,995	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,674,632	0	2,674,632	65.00
66.00	06600 PHYSICAL THERAPY	0	1,513,514	0	1,513,514	66.00
66.01	06601 PHYSICAL THERAPY I-65	0	1,288,160	0	1,288,160	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0	228,421	0	228,421	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	428,930	0	428,930	67.00
67.01	06701 OCCUPATION THERAPY I-65	0	194,351	0	194,351	67.01
67.02	06702 OCCUPATION THERAPY ST. JOHN	0	61,454	0	61,454	67.02
68.00	06800 SPEECH PATHOLOGY	0	290,101	0	290,101	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0	364,927	0	364,927	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0	86,586	0	86,586	68.02
69.00	06900 ELECTROCARDIOLOGY		1,117,593	3,633	1,121,226	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		5,135,913	0	5,135,913	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,017,048	0	15,017,048	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,521,939	0	12,521,939	73.00
74.00	07400 RENAL DIALYSIS		501,024	0	501,024	74.00
76.00	03020 RADIOLOGY ONCOLOGY		2,290,989	0	2,290,989	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		403,832	0	403,832	90.00
90.01	09001 DIABETES CLINIC		167,905	0	167,905	90.01
90.02	09002 OUTPATIENT CLINICS		862,700	0	862,700	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC		1,305,125	0	1,305,125	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT		30,759	0	30,759	90.04
91.00	09100 EMERGENCY		10,470,512	6,846	10,477,358	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		9,703,183	0	9,703,183	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		192,372,053	390,207	192,762,260	200.00
201.00	Less Observation Beds		9,703,183		9,703,183	201.00
202.00	Total (see instructions)		182,668,870	390,207	183,059,077	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 10:52 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	38,184,279		38,184,279				30.00
31.00	03100	INTENSIVE CARE UNIT	6,306,131		6,306,131				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,238,320		15,238,320				35.00
43.00	04300	NURSERY	4,365,044		4,365,044				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,367,897	50,771,221	68,139,118	0.269355	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,446,034	5,967,682	8,413,716	0.425590	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,225,925	43,849	6,269,774	0.233269	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	5,579,428	12,777,440	18,356,868	0.040492	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,873,814	105,715,614	138,589,428	0.129790	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	100,680	20,833,465	20,934,145	0.096522	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	890	519,768	520,658	0.281361	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	14,182,685	12,659,683	26,842,368	0.143342	0.000000		55.01
55.02	03140	CARDIOLOGY	4,314,864	9,159,406	13,474,270	0.169259	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	672,664	3,841,066	4,513,730	0.201231	0.000000		55.03
60.00	06000	LABORATORY	36,275,764	62,492,027	98,767,791	0.136174	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	12,926,438	2,442,664	15,369,102	0.174027	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,378,375	1,155,784	3,534,159	0.428253	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	4,628	3,337,967	3,342,595	0.385377	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	356	926,265	926,621	0.246510	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,669,126	252,212	1,921,338	0.223245	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	715	493,756	494,471	0.393048	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	201,563	201,563	0.304887	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	861,647	116,687	978,334	0.296526	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	1,332	1,262,150	1,263,482	0.288826	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	288,185	288,185	0.300453	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	2,164,290	4,827,005	6,991,295	0.159855	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,911,484	17,947,014	33,858,498	0.151688	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,117,723	9,674,527	18,792,250	0.799109	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,603,762	13,986,291	57,590,053	0.217432	0.000000		73.00
74.00	07400	RENAL DIALYSIS	769,734	61,069	830,803	0.603060	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	248,145	10,906,581	11,154,726	0.205383	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,563	932,354	934,917	0.431944	0.000000		90.00
90.01	09001	DIABETES CLINIC	0	43,281	43,281	3.879416	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	1,507,312	1,507,312	0.865863	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	1,280	57,140	58,420	0.526515	0.000000		90.04
91.00	09100	EMERGENCY	19,938,245	52,566,640	72,504,885	0.144411	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)	2,467,823	5,951,385	8,419,208	1.152505	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	296,202,085	413,719,053	709,921,138				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	296,202,085	413,719,053	709,921,138				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 10:52 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIOLOGY - I-65	0.000000		54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000		54.02
54.03	05403 LOWELL RADIOLOGY	0.000000		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.000000		55.01
55.02	03140 RADIOLOGY	0.000000		55.02
55.03	03450 NEURO-DIAGNOSTICS	0.000000		55.03
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 PHYSICAL THERAPY I-65	0.000000		66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
67.01	06701 OCCUPATION THERAPY I-65	0.000000		67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.000000		67.02
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.000000		68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000		68.02
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 RADIATION ONCOLOGY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CLINIC	0.000000		90.01
90.02	09002 OUTPATIENT CLINICS	0.000000		90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000		90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000		91.01
91.02	09102 EXPRESS CARE	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/30/2019 10:52 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,766,660	0	3,766,660	30,637	122.94	30.00
31.00	INTENSIVE CARE UNIT	830,942		830,942	2,539	327.27	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	709,369		709,369	3,325	213.34	35.00
43.00	NURSERY	40,094		40,094	2,510	15.97	43.00
200.00	Total (lines 30 through 199)	5,347,065		5,347,065	39,011		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,048	1,604,121				
31.00	INTENSIVE CARE UNIT	1,287	421,196				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	14,335	2,025,317				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 10:52 am	
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	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,337,011	68,139,118	0.034298	8,770,814	300,821	50.00
51.00	05100	RECOVERY ROOM	395,312	8,413,716	0.046984	1,353,492	63,592	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	377,080	6,269,774	0.060143	0	0	52.00
53.00	05300	ANESTHESIOLOGY	94,812	18,356,868	0.005165	2,105,170	10,873	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,356,169	138,589,428	0.017001	18,990,257	322,853	54.00
54.01	05401	RADIOLOGY - I-65	177,721	20,934,145	0.008490	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	35	0	0.000000	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	23,980	520,658	0.046057	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	739,282	26,842,368	0.027542	4,492,363	123,729	55.01
55.02	03140	CARDIOLOGY	418,519	13,474,270	0.031061	2,314,784	71,900	55.02
55.03	03450	NEURO-DIAGNOSTICS	77,887	4,513,730	0.017256	381,343	6,580	55.03
60.00	06000	LABORATORY	510,462	98,767,791	0.005168	18,217,945	94,150	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	140,388	15,369,102	0.009134	7,496,828	68,476	65.00
66.00	06600	PHYSICAL THERAPY	133,354	3,534,159	0.037733	773,201	29,175	66.00
66.01	06601	PHYSICAL THERAPY I-65	35,736	3,342,595	0.010691	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	4,426	926,621	0.004776	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	8,373	1,921,338	0.004358	986,728	4,300	67.00
67.01	06701	OCCUPATION THERAPY I-65	3,645	494,471	0.007372	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	1,162	201,563	0.005765	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	5,534	978,334	0.005657	369,251	2,089	68.00
68.01	06801	SPEECH PATHOLOGY I-65	6,983	1,263,482	0.005527	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,650	288,185	0.005725	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	167,664	6,991,295	0.023982	1,246,709	29,899	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	157,676	33,858,498	0.004657	5,561,684	25,901	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	469,684	18,792,250	0.024993	4,561,296	114,000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	286,606	57,590,053	0.004977	21,720,322	108,102	73.00
74.00	07400	RENAL DIALYSIS	22,647	830,803	0.027259	510,507	13,916	74.00
76.00	03020	RADIATION ONCOLOGY	757,845	11,154,726	0.067939	99,800	6,780	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,973	934,917	0.008528	0	0	90.00
90.01	09001	DIABETES CLINIC	10,013	43,281	0.231349	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	282,535	0	0.000000	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	52,139	1,507,312	0.034591	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	860	58,420	0.014721	0	0	90.04
91.00	09100	EMERGENCY	925,605	72,504,885	0.012766	7,699,875	98,297	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	793,361	8,419,208	0.094232	1,400,906	132,010	92.00
200.00		Total (lines 50 through 199)	11,784,129	645,827,364		109,053,275	1,627,443	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 10:52 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	30,637	0.00	13,048 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,539	0.00	1,287 31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,325	0.00	0 35.00
43.00	04300	NURSERY	0	0	2,510	0.00	0 43.00
200.00		Total (lines 30 through 199)	0	0	39,011		14,335 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0				35.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 10:52 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	0	55.01
55.02 03140 RADIOLOGY	0	0	0	0	0	0	55.02
55.03 03450 RADIOLOGY	0	0	0	0	0	0	55.03
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	0	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
67.01 06701 OCCUPATIONAL THERAPY I-65	0	0	0	0	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	0	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	0	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	128,442	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03020 RADIOLOGY ONCOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	551,627	91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	0	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	680,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 10:52 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
		4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	68,139,118	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	8,413,716	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,269,774	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	18,356,868	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	138,589,428	0.000000	54.00	
54.01	05401	RADIOLOGY - I-65	0	0	0	20,934,145	0.000000	54.01	
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0.000000	54.02	
54.03	05403	LOWELL RADIOLOGY	0	0	0	520,658	0.000000	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00	
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	0	26,842,368	0.000000	55.01	
55.02	03140	CARDIOLOGY	0	0	0	13,474,270	0.000000	55.02	
55.03	03450	NEURO-DIAGNOSTICS	0	0	0	4,513,730	0.000000	55.03	
60.00	06000	LABORATORY	0	0	0	98,767,791	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,369,102	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	3,534,159	0.000000	66.00	
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	3,342,595	0.000000	66.01	
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	926,621	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,921,338	0.000000	67.00	
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	494,471	0.000000	67.01	
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	201,563	0.000000	67.02	
68.00	06800	SPEECH PATHOLOGY	0	0	0	978,334	0.000000	68.00	
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	1,263,482	0.000000	68.01	
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	288,185	0.000000	68.02	
69.00	06900	ELECTROCARDIOLOGY	0	128,442	128,442	6,991,295	0.018372	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,858,498	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,792,250	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	57,590,053	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	830,803	0.000000	74.00	
76.00	03020	RADIATION ONCOLOGY	0	0	0	11,154,726	0.000000	76.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	934,917	0.000000	90.00	
90.01	09001	DIABETES CLINIC	0	0	0	43,281	0.000000	90.01	
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0.000000	90.02	
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	1,507,312	0.000000	90.03	
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	58,420	0.000000	90.04	
91.00	09100	EMERGENCY	0	551,627	551,627	72,504,885	0.007608	91.00	
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0.000000	91.01	
91.02	09102	EXPRESS CARE	0	0	0	0	0.000000	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,419,208	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	680,069	680,069	645,827,364		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 10:52 am
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	8,770,814	0	14,152,366	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,353,492	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	2,105,170	0	3,017,763	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	18,990,257	0	41,233,398	0	54.00	
54.01	05401 RADIOLOGY - I-65	0.000000	0	0	0	0	54.01	
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0	54.02	
54.03	05403 LOWELL RADIOLOGY	0.000000	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	0.000000	4,492,363	0	3,769,828	0	55.01	
55.02	03140 RADIOLOGY	0.000000	2,314,784	0	3,310,669	0	55.02	
55.03	03450 NEURO-DIAGNOSTICS	0.000000	381,343	0	849,166	0	55.03	
60.00	06000 LABORATORY	0.000000	18,217,945	0	6,446,402	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0.000000	7,496,828	0	789,079	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	773,201	0	77,002	0	66.00	
66.01	06601 PHYSICAL THERAPY I-65	0.000000	0	0	0	0	66.01	
66.02	06602 PHYSICAL THERAPY ST JOHN	0.000000	0	0	0	0	66.02	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	986,728	0	73,927	0	67.00	
67.01	06701 OCCUPATION THERAPY I-65	0.000000	0	0	0	0	67.01	
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.000000	0	0	0	0	67.02	
68.00	06800 SPEECH PATHOLOGY	0.000000	369,251	0	17,579	0	68.00	
68.01	06801 SPEECH PATHOLOGY I-65	0.000000	0	0	0	0	68.01	
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	0	0	68.02	
69.00	06900 ELECTROCARDIOLOGY	0.018372	1,246,709	22,905	1,709,224	31,402	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,561,684	0	3,617,595	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,561,296	0	1,752,998	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	21,720,322	0	6,770,461	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	510,507	0	49,998	0	74.00	
76.00	03020 RADIATION ONCOLOGY	0.000000	99,800	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	586,311	0	90.00	
90.01	09001 DIABETES CLINIC	0.000000	0	0	75	0	90.01	
90.02	09002 OUTPATIENT CLINICS	0.000000	0	0	0	0	90.02	
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	0	90.03	
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	0	0	90.04	
91.00	09100 EMERGENCY	0.007608	7,699,875	58,581	8,776,152	66,769	91.00	
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0	91.01	
91.02	09102 EXPRESS CARE	0.000000	0	0	0	0	91.02	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,400,906	0	1,456,638	0	92.00	
200.00	Total (lines 50 through 199)		109,053,275	81,486	98,456,631	98,171	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 10:52 am
Title XVIII			Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.269355	14,152,366	23,344	0	3,812,011	50.00
51.00	05100	RECOVERY ROOM	0.425590	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233269	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040492	3,017,763	0	0	122,195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129790	41,233,398	0	0	5,351,683	54.00
54.01	05401	RADIOLOGY - I-65	0.096522	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.281361	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	0.143342	3,769,828	0	0	540,375	55.01
55.02	03140	CARDIOLOGY	0.169259	3,310,669	0	0	560,361	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.201231	849,166	0	0	170,879	55.03
60.00	06000	LABORATORY	0.136174	6,446,402	0	0	877,832	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.174027	789,079	0	0	137,321	65.00
66.00	06600	PHYSICAL THERAPY	0.428253	77,002	0	0	32,976	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.385377	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.246510	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.223245	73,927	0	0	16,504	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0.393048	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.304887	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.296526	17,579	0	0	5,213	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.288826	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.300453	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.159855	1,709,224	0	0	273,228	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.151688	3,617,595	0	0	548,746	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.799109	1,752,998	0	0	1,400,836	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217432	6,770,461	0	26,782	1,472,115	73.00
74.00	07400	RENAL DIALYSIS	0.603060	49,998	0	0	30,152	74.00
76.00	03020	RADIATION ONCOLOGY	0.205383	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.431944	586,311	0	43	253,254	90.00
90.01	09001	DIABETES CLINIC	3.879416	75	0	0	291	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.865863	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.526515	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.144411	8,776,152	0	0	1,267,373	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	1.152505	1,456,638	0	0	1,678,783	92.00
200.00		Subtotal (see instructions)		98,456,631	23,344	26,825	18,552,128	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		98,456,631	23,344	26,825	18,552,128	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 10:52 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	6,288	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	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,823		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RADIATION ONCOLOGY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	19		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)	6,288	5,842		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	6,288	5,842		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2019 10:52 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,637	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,637	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)		24,184	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		13,048	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		46,067,936	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)		46,067,936	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		46,067,936	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,503.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,619,886	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		19,619,886	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 10:52 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,649,672	2,539	2,619.01	1,287	3,370,666	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	6,189,722	3,325	1,861.57	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				23,557,382		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				46,547,934		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)				2,025,317		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,708,929		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,734,246		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				42,813,688		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				6,453		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,503.67		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				9,703,183		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 10:52 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,766,660	46,067,936	0.081763	9,703,183	793,361	90.00
91.00	Nursing School cost	0	46,067,936	0.000000	9,703,183	0	91.00
92.00	Allied health cost	0	46,067,936	0.000000	9,703,183	0	92.00
93.00	All other Medical Education	0	46,067,936	0.000000	9,703,183	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 10:52 am	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,709,731	30.00
31.00	03100	INTENSIVE CARE UNIT		3,208,146	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.273877	8,770,814	50.00
51.00	05100	RECOVERY ROOM	0.425590	1,353,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233269	0	52.00
53.00	05300	ANESTHESIOLOGY	0.040492	2,105,170	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129790	18,990,257	54.00
54.01	05401	RADIOLOGY - I-65	0.096522	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.281361	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.143676	4,492,363	55.01
55.02	03140	CARDIOLOGY	0.169556	2,314,784	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.201231	381,343	55.03
60.00	06000	LABORATORY	0.136249	18,217,945	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.174027	7,496,828	65.00
66.00	06600	PHYSICAL THERAPY	0.428253	773,201	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.385377	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.246510	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.223245	986,728	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.393048	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.304887	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.296526	369,251	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.288826	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.300453	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.160375	1,246,709	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.151688	5,561,684	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.799109	4,561,296	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217432	21,720,322	73.00
74.00	07400	RENAL DIALYSIS	0.603060	510,507	74.00
76.00	03020	RADIATION ONCOLOGY	0.205383	99,800	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.431944	0	90.00
90.01	09001	DIABETES CLINIC	3.879416	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.865863	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.526515	0	90.04
91.00	09100	EMERGENCY	0.144506	7,699,875	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	1.152505	1,400,906	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		109,053,275	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)		109,053,275	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 10:52 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,096,332	30.00
31.00	03100	INTENSIVE CARE UNIT		688,854	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		5,183,417	35.00
43.00	04300	NURSERY		854,151	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.269355	2,451,824	50.00
51.00	05100	RECOVERY ROOM	0.425590	643,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.233269	1,034,455	52.00
53.00	05300	ANESTHESIOLOGY	0.040492	645,025	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129790	2,750,267	54.00
54.01	05401	RADIOLOGY - I-65	0.096522	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.281361	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.143342	991,386	55.01
55.02	03140	CARDIOLOGY	0.169259	361,458	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.201231	67,466	55.03
60.00	06000	LABORATORY	0.136174	3,983,100	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.174027	1,110,409	65.00
66.00	06600	PHYSICAL THERAPY	0.428253	376,434	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.385377	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.246510	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.223245	80,791	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.393048	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.304887	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.296526	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.288826	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.300453	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.159855	139,346	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.151688	1,395,964	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.799109	574,872	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217432	5,261,162	73.00
74.00	07400	RENAL DIALYSIS	0.603060	42,550	74.00
76.00	03020	RADIATION ONCOLOGY	0.205383	775	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.431944	0	90.00
90.01	09001	DIABETES CLINIC	3.879416	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.865863	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.526515	0	90.04
91.00	09100	EMERGENCY	0.144411	1,046,397	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	1.152505	183,406	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		23,140,582	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)		23,140,582	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 10:52 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,190,659	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,908,373	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)		992,073	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		7,847,703	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		215.32	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.43	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		1.39	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.96	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.98	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)		0.96	12.00
13.00	Total allowable FTE count for the prior year.		1.88	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		1.58	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.47	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.47	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.006827	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.009140	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.006827	21.00
22.00	IME payment adjustment (see instructions)		108,394	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		29,233	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.02	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)		108,394	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		29,233	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.42	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.61	31.00
32.00	Sum of lines 30 and 31		18.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.47	33.00
34.00	Disproportionate share adjustment (see instructions)		325,182	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 10:52 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000172912	0.000347757	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,170,043	2,876,949	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	875,128	725,149	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,600,277		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	32,124,958		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		32,154,191	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,609,819	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).		50,689	52.00
53.00	Nursing and Allied Health Managed Care payment		23,117	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		81,486	58.00
59.00	Total (sum of amounts on lines 49 through 58)		34,919,302	59.00
60.00	Primary payer payments		18,861	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		34,900,441	61.00
62.00	Deductibles billed to program beneficiaries		3,085,132	62.00
63.00	Coinurance billed to program beneficiaries		74,370	63.00
64.00	Allowable bad debts (see instructions)		244,223	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		158,745	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		31,060	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,899,684	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-113,496	70.93
70.94	HRR adjustment amount (see instructions)		-118,615	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 10:52 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			31,667,573	71.00
71.01	Sequestration adjustment (see instructions)			633,351	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			29,908,997	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,125,225	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			569,323	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2019 10:52 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,190,659	0	22,190,659		22,190,659	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,908,373	0		6,908,373	6,908,373	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	992,073	0	948,849	43,224	992,073	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,847,703	0	5,869,650	1,978,053	7,847,703	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.006827	0.006827	0.006827	0.006827		5.00
6.00	IME payment adjustment (see instructions)	22.00	108,394	0	82,660	25,734	108,394	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	29,233	0	29,233	0	29,233	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	108,394	0	82,660	25,734	108,394	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	29,233	0	29,233	0	29,233	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0447	0.0447	0.0447	0.0447		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	325,182	0	247,981	77,201	325,182	11.00
11.01	Uncompensated care payments	36.00	1,600,277	0	638,052	260,519	898,571	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	32,124,958	0	24,809,907	7,315,051	32,124,958	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	32,154,191	0	24,839,140	7,315,051	32,154,191	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,609,819	0	2,019,815	590,004	2,609,819	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2019 10:52 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	26,858,955	7,905,055	34,764,010	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,369,721	0	1,807,639	562,082	2,369,721	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	141,280	0	136,796	4,484	141,280	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0045	0.0045	0.0045	0.0045		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	10,664	0	8,135	2,529	10,664	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0372	0.0372	0.0372	0.0372		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	88,154	0	67,245	20,909	88,154	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,609,819	0	2,019,815	590,004	2,609,819	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,190,659	22,190,659		22,190,659	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,908,373		6,908,373	6,908,373	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	992,073	948,849	43,224	992,073	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,847,703	6,058,121	0	6,058,121	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.006827	0.006827	0.006827		5.00
6.00	IME payment adjustment (see instructions)	22.00	108,394	82,660	25,734	108,394	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	29,233	29,233	0	29,233	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	108,394	82,660	25,734	108,394	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	29,233	29,233	0	29,233	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0447	0.0447	0.0447		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	325,182	247,981	77,201	325,182	11.00
11.01	Uncompensated care payments	36.00	1,600,277	875,128	725,149	1,600,277	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	32,124,958	24,345,277	7,779,681	32,124,958	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	32,154,191	24,374,510	7,779,681	32,154,191	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,609,819	2,019,815	590,004	2,609,819	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			26,394,325	8,369,685	34,764,010	19.00

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,369,721	1,807,639	562,082	2,369,721	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	141,280	136,796	4,484	141,280	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0045	0.0045	0.0045		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	10,664	8,135	2,529	10,664	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0372	0.0372	0.0372		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	88,154	67,245	20,909	88,154	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,609,819	2,019,815	590,004	2,609,819	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-113,496	-105,342	-8,154	-113,496	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-118,615	-90,981	-27,634	-118,615	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 10:52 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,130	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,453,957	2.00
3.00	OPPS payments		15,475,605	3.00
4.00	Outlier payment (see instructions)		82,365	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		98,171	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,130	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		50,169	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		50,169	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		50,169	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		38,039	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		12,130	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		15,656,141	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,669	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,989,085	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		12,674,517	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		20,216	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)		12,694,733	30.00
31.00	Primary payer payments		7,706	31.00
32.00	Subtotal (line 30 minus line 31)		12,687,027	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		310,351	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		201,728	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		189,205	36.00
37.00	Subtotal (see instructions)		12,888,755	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-245	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,889,000	40.00
40.01	Sequestration adjustment (see instructions)		257,780	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		12,523,889	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		107,331	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2019 10:52 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		29,908,997		12,554,889	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	09/05/2018	31,000	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		-31,000	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		29,908,997		12,523,889	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,125,225		107,331	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		31,034,222		12,631,220	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/30/2019 10:52 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126		Period: From 01/01/2018 To 12/31/2018		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 5/30/2019 10:52 am	
				PPS			
				1.00			
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.44	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					1.39	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)					0.95	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					1.98	6.00
7.00	Enter the lesser of line 5 or line 6					0.95	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	1.91	1.91		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	0.92	0.92		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00	0.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00	0.00		10.01	
11.00	Total weighted FTE count	0.00	0.92	0.92		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.88	1.88		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.58	1.58		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	1.46	1.46		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.01	
17.00	Adjusted rolling average FTE count	0.00	1.46	1.46		17.00	
18.00	Per resident amount	85,495.29	89,933.61	175,428.90		18.00	
19.00	Approved amount for resident costs	0	131,303	131,303		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)			1.03		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality 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)			131,303		25.00	
		Inpatient Part A	Managed care				
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	14,335	4,464	18,799		26.00	
27.00	Total Inpatient Days (see instructions)	33,644	33,644	67,288		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.426079	0.132683	0.558762		28.00	
29.00	Program direct GME amount	55,945	17,422	73,367		29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		2,462	2,462		30.00	
31.00	Net Program direct GME amount			70,905		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 10:52 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		830,803	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		46,547,934	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)		18,861	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		46,529,073	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		18,564,258	42.00
43.00	Primary payer payments (see instructions)		7,706	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		18,556,552	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		65,085,625	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.714890	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.285110	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		70,905	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		50,689	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		20,216	50.00

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

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet G

Date/Time Prepared:
5/30/2019 10:52 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	91,929,539	0	0	0	1.00
2.00	Temporary investments	6,380,126	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	33,320,294	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,435,263	0	0	0	6.00
7.00	Inventory	3,529,165	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,242,053	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)	131,965,914	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,914,478	0	0	0	12.00
13.00	Land improvements	15,503,678	0	0	0	13.00
14.00	Accumulated depreciation	-10,062,977	0	0	0	14.00
15.00	Buildings	155,786,003	0	0	0	15.00
16.00	Accumulated depreciation	-71,668,024	0	0	0	16.00
17.00	Leasehold improvements	796,915	0	0	0	17.00
18.00	Accumulated depreciation	-796,915	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	170,666,902	0	0	0	23.00
24.00	Accumulated depreciation	-96,661,278	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)	177,478,782	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	563,397	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	1,751,710	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,315,107	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	311,759,803	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,193,672	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,713,467	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,008,522	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	799,000	0	0	0	43.00
44.00	Other current liabilities	959,126	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,673,787	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	664,958	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-9,322,086	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-8,657,128	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	9,016,659	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	302,743,144				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)	302,743,144	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	311,759,803	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-1

Date/Time Prepared:
5/30/2019 10:52 am

		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		280,508,693		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		26,889,412			2.00
3.00	Total (sum of line 1 and line 2)		307,398,105		0	3.00
4.00	FUND BALANCE ADJUSTMENT	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		307,398,105		0	11.00
12.00	FUND BALANCE ADJUSTMENT	4,654,961		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		4,654,961		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		302,743,144		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	FUND BALANCE ADJUSTMENT		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	FUND BALANCE ADJUSTMENT		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2019 10:52 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	44,771,418		44,771,418	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	44,771,418		44,771,418	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,330,521		6,330,521	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	15,256,011		15,256,011	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,586,532		21,586,532	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	66,357,950		66,357,950	17.00
18.00	Ancillary services	203,257,453	362,049,633	565,307,086	18.00
19.00	Outpatient services	19,969,386	63,659,802	83,629,188	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSEABLE	0	811,632	811,632	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	289,584,789	426,521,067	716,105,856	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		204,604,387		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	ROUNDING	15			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)		15		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		204,604,372		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0126

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-3

Date/Time Prepared:
5/30/2019 10:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	716,105,856	1.00
2.00	Less contractual allowances and discounts on patients' accounts	490,608,289	2.00
3.00	Net patient revenues (line 1 minus line 2)	225,497,567	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	204,604,372	4.00
5.00	Net income from service to patients (line 3 minus line 4)	20,893,195	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	39,149	6.00
7.00	Income from investments	36,704	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	876,299	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	856,587	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	7,790	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	180,974	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	853,018	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	1,294,878	24.00
24.01	PREMIUM REVENUE	1,850,818	24.01
25.00	Total other income (sum of lines 6-24)	5,996,217	25.00
26.00	Total (line 5 plus line 25)	26,889,412	26.00
27.00	BAD DEBTS	0	27.00
27.01	EQUITY TRANSFERS	0	27.01
27.02	TOTAL NON-OPERATING INCOME	0	27.02
27.03	CONTRIBUTIONS OF PPE	0	27.03
27.04	MINORITY INTEREST	0	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	26,889,412	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0126	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 10:52 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,369,721	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		141,280	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)		92.18	3.00
4.00	Number of interns & residents (see instructions)		1.47	4.00
5.00	Indirect medical education percentage (see instructions)		0.45	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		10,664	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.61	8.00
9.00	Sum of lines 7 and 8		18.03	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.72	10.00
11.00	Disproportionate share adjustment (see instructions)		88,154	11.00
12.00	Total prospective capital payments (see instructions)		2,609,819	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00